By offering treatment at a much younger age than others in the world, John Siebert gives hope to patients with this rare, disfiguring condition.

Match Day
Students share their jubilation upon learning where their medical training journey will take them next.

Spring on Campus (above)
Springtime offers a splendid opportunity to venture about town on a bicycle and enjoy the scenery.

Parry-Romberg Syndrome
By offering treatment at a much younger age than others in the world, John Seibert gives hope to patients with this rare, disfiguring condition.

On the Cover
Pediatric care has a different look during various periods in history. This vintage photo shows a great contrast to today’s gleaming American Family Children’s Hospital.
Our "basic science" Department of Medical Physics is integrally enmeshed in clinical care and research. Dr. Newcomer's position reflects the growing integration of our academic medical center, which includes our school, UW Medical Foundation and UW Hospital and Clinics—our academic group practice and primary teaching hospital, respectively—as we weave together the tripartite missions of patient care, research and education. Another milestone in the history of the SMPH and our Wisconsin Partnership Program is our substantial commitment to focus our resources and attention on the horrible epidemic of infant mortality in disadvantaged populations in Milwaukee and other southeastern Wisconsin communities. This has led to the creation of the Lifecourse Initiative, a strategic community-academic partnership that represents the best traditions of the Wisconsin Idea. In another important area, all of the components of UW Health have joined forces to launch the UW Health Accountable Care Organization (ACO), which has the lofty aim of improving the quality of care while lowering costs in our statewide service to enrolled Medicare participants. We hope that both the Lifecourse Initiative and the UW Health ACO will serve as national models for how to tackle these tough imperatives. This issue of Quarterly also highlights some extremely exciting areas of discovery, including cutting-edge, interdisciplinary cardiology research, which soon will expand into beautiful new space in the Wisconsin Institutes for Medical Research's second tower; our Dream Team, which is joining forces with researchers from other nationally recognized institutions in the battle against pediatric cancer; the creation of retinal patches; pioneering work in the care of patients with Parry-Romberg Syndrome; the challenge of tackling rising female mortality rate; and insights gained from work being done with animal models as we seek to understand more about pathological anxiety. At the same time, we are delighted to celebrate the healthy resolution of the annual rite of non-pathological anxiety, i.e., our medical students' successful competition for residency training positions on Match Day. Certainly the students' transition from nervous applicants to successfully matched graduates was greatly eased and facilitated by our creative Wellness-Inspired Student Enrichment Program, which emphasizes healthy approaches to managing the inevitable stresses of careers in the health sciences. After an incredibly long, frigid winter, spring was heartily welcomed throughout our campus and, indeed, throughout the state. As always, it's a season for rebirth and celebration of the next phase in the cycle of life, including the progression of the seasons at an academic health center. Even more than the blooming daffodils and tulips, Match Day and graduation continue to delight all who participate. We look forward to celebrating with you future seasonal cycles.

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

I love spring at the University of Wisconsin School of Medicine and Public Health (SMPH). We get to watch the buds opening on Picnic Point and the trees flowering on Lakeshore Path. We also experience so much academic joy in this season. This year is our school's busiest time, as students finish their coursework and exams, and make plans for summer research, board exams, Match Day and graduation. We experience the delight of watching students reach the fruition of their hard work. It is impossible to express the joy and satisfaction that the faculty and staff experience during Match Day and graduation, as we share in the students' elation over the culmination of their hard work resulting in their MD degrees.

The Wisconsin Medical Alumni Association (WMAA) is vital to these activities. The WMAA supports student government organizations to make sure they are able to lead our students. It also supports student service organizations, such as MEDIC, which provides health care for thousands of people without health insurance in Dane County, and the many interest groups that assist the students' speciality choices. Additionally, along with alumni, faculty and staff, the WMAA provides support for the Gold Humanism Honor Society monthly meetings, at which students discuss challenging patient care topics, and Learning Community events, such as the recent House Cup Competition, that build community among students.

Many of these events and programs, including opportunities for students to "shadow" practicing physicians, depend on alumni volunteers. We are so grateful for the alumni who provide this support, and for those who shared an evening with students at our recent Operation Education program.

Students enjoyed learning about the various medical specialties directly from faculty and alumni who work in those fields (see the Winter 2013 Quarterly). As you'll read in the Student Life section, the WMAA helps students get through some of the stressful times during medical school. The WMAA often provides healthy, light breakfasts on exam days. The association also supports the school's new Wellness-Inspired Student Enrichment Program and helped institute student-led yoga and other programs aimed at reducing students' stress and improving their academic performance.

This year, the WMAA provided students with pedometers and held a contest among the school's Learning Communities to encourage exercise by counting how many thousands of steps each group took. The association also filled with remarkable tales of our Department of Pediatrics embodies the wonderful traditions of the Wisconsin Idea. Another important component of our school's history involves the evolution of our Department of Medical Physics, which has the lofty aim of improving the quality of care while lowering costs in our statewide service to enrolled Medicare participants. We hope that both the Lifecourse Initiative and the UW Health ACO will serve as national models for how to tackle these tough imperatives.
Department of Pediatrics

A HISTORY OF DEDICATED PATIENT CARE, EDUCATION AND RESEARCH IMPROVE CHILDREN’S HEALTH AND WELL-BEING

Pediatrics at the University of Wisconsin School of Medicine and Public Health (SMPH) began as the Section of Pediatrics within the Department of Medicine. It included a director, John Gonce, MD, and three faculty members. In 1932, Gonce became the first professor of pediatrics, and in 1957—a year after his death—the school created the Department of Pediatrics. Its first chair, Nathan Smith, MD, and five other chairs (see timeline) have expertly guided the department’s growth and activities through decades of medical breakthroughs, economic challenges and demands for additional training programs. The department’s chairs have held the position of Alfred D. Daniels Professor on Diseases of Children endowed by Mr. Joseph Daniels.

“Each chair oversaw prodigious growth, including major accomplishments and increases in the number of faculty and trainees,” says Norm Fost, MD, MPH, an SMPH professor of pediatrics who founded the Department of Pediatrics. Early on, faculty members recognized the importance of reaching beyond themselves. They formed relationships with Madison-area pediatricians, established mutually beneficial links within the university, and encouraged contact with other SMPH clinical and basic science departments. These alliances have nourished the department and enhanced its ability to succeed in its tripartite mission: patient care, research and education.

While this early history is recorded in black and white, many luminous characters made great strides toward improving the health of generations of children. A cluster of current and former faculty members who spent the 1970s and ’80s in the department bonded much like kids who grew up on the same block. As with any neighborhood, some have stayed, others have moved away, and new neighbors have arrived. But the ties created as they worked together toward this common cause have lasted throughout their lives. Years later, camaraderie and friendships remain.

The earliest free-standing children’s hospital in Madison was the Mary Cornelius Bradley Hospital for the Study of Children’s Diseases. Planning began in 1916 by Dr. Harold Cornelius Bradley and his wife Mary Josephine Crane. Following the death of their 6-year-old daughter, Mary, they began in 1916 by Dr. Harold Cornelius Bradley and his wife Mary Josephine Crane. Following the death of their 6-year-old daughter, Mary, they began 13 years later, space concerns and a desire for a free-standing space for children’s health care spurred a fundraising campaign and construction of today’s State Orthopedic Hospital, it was renamed University Hospital; it now is called the Medical Sciences Center at 600 Highland Avenue. People who staffed the move recall a complex series of events as they carefully transitioned patients to the new location.

Years later, space concerns and a desire for a free-standing space for children’s health care spurred a fundraising campaign and construction of today’s State Orthopedic Hospital, it was renamed University Hospital; it now is called the Medical Sciences Center at 600 Highland Avenue. People who staffed the move recall a complex series of events as they carefully transitioned patients to the new location.

In 1957, when the Bradley Hospital became too small for patients’ needs, pediatric care moved to the building pictured above. Built in 1930 as the State Orthopedic Hospital, it was renamed UW Children’s Hospital. This hospital, on Linden Drive, was connected via underground tunnel to the circa 1924 Wisconsin General Hospital. Located at 1300 University Avenue, Wisconsin General was later named University Hospital; it now is called the Medical Sciences Center (MSC).

In 1976, the growing UW Children’s Hospital and University Hospital moved to the new Clinical Science Center at 600 Highland Avenue. People who staffed the move recall a complex series of events as they carefully transitioned patients to the new location.

Norm Fost, MD, MPH—shown here (center) training resident Dan Hall (left) in the mid-1970s—directed the Department of Pediatrics Residency Program from 1973 to 1994. The program expanded greatly under Fost’s leadership. According to an early 1980s report by chair William Segar, MD, the program successfully attracted and retained outstanding physicians from Wisconsin and other regions. That trend continues.

Tuffli recently penned a series of documents about the first 30 years of the department, an SMPH alum and private practitioner in Madison for 33 years, he was a faculty member of the SMPH Department of Pediatrics from 1967 until his 2003 retirement. His yet-to-be-published vignettes describe the careers of notable leaders, health care providers and those who forged important changes and discoveries.

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Charles Lobeck, MD, PhD
1957–1963
Before coming to the UW, Smith was an associate professor of pediatrics at the University of California, Los Angeles.

1964–1974
A former US Army Air Force sergeant before college, Lobeck specialized in cystic fibrosis research and patient care. In 1975, he became dean of the University of Minnesota Medical School, then returned as SMPH vice dean.

1975–1984
Segar earned his medical degree in his home state of Indiana. He became an expert in fluid and electrolyte metabolism, pediatric fluid therapy and dialysis, was in charge of helping build the UW’s renal service.

1985–1995
An SMPH professor of pediatrics and population health sciences, Farrell is an expert on cystic fibrosis research and patient care, as well as newborn screening. He was the SMPH dean from 1985 to 2006.

1995–2005
Having joined the department in 1974 as an intern, Friedman is a pediatric nephrologist. In 2011, he became the dean of the University of Minnesota Medical School.

2006–Present
An infectious disease expert, Wald earned her medical degree from the State University of New York Downstate Medical Center. She is the pediatric-in-chief of American Family Children’s Hospital.

Today’s American Family Children’s Hospital is a comprehensive pediatric medical and surgical center featuring nationally recognized pediatric specialists who are SMPH faculty members in a wide range of fields. Named for a gift from American Family Insurance, the state-of-the-art facility with 168 beds is a center of expert outpatient and inpatient care in a warm, soothing atmosphere that enhances a child’s ability to heal. It is connected to UW Hospital and Clinics and the SMPH.

The modern Department of Pediatrics’ world-class faculty members provide everything from preventive health care to highly specialized programs. These include a pediatric intensive care unit, internationally recognized transplant surgery program, children’s cancer center and pediatric asthma center.

The department has 39 residents, 20 fellows and 147 faculty members, who provided care for more than 137,000 clinic visits in 2012. Its researchers are conducting more than 40 clinical trials.
At the jubilant Match Day ceremony on March 15, excitement buzzed among members of the Class of 2013, their family and friends, and many proud University of Wisconsin School of Medicine and Public Health (SMPH) faculty and staff who have taught and mentored the students throughout the past four or more years.

One by one, each student opened an envelope to reveal where he or she would spend the next few years in a residency. Match Day occurs simultaneously around the nation, following months of anticipation after students submit their applications to their potential residency choices. A computer-matching program links student preferences with available options.

About 45 percent of 165 students in the school’s MD Program matched into residencies in internal medicine, family medicine, pediatrics and internal medicine/pediatrics. Twenty students in the Wisconsin Academy for Rural Medicine (WARM), which trains students in rural areas of the state, were among the students who learned their residency locations (see page 11). Seventy percent are entering primary care and 50 percent will stay in Wisconsin.

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Match Day!

Main photo: Dae Hee Kim’s family shares their glee about his match location. Above, left to right: Students choose a slogan and design for their event shirts; Natalie Weisensel’s match included a marriage proposal by Brandon O’Neill; Angel Matos and his wife celebrate the news of his match.
The SMPH Class of 2013 placed a slightly higher percentage of graduates into primary care residencies than the nation as a whole. “The past three years have been consistent, with around 45 percent entering primary care,” says Christopher Stillwell, SMPH director of student services. “As many other medical schools have struggled to maintain their primary care numbers, our school has actually increased its percentage since 2010.”

Nationally, about 40 percent of this year’s U.S. medical school graduates matched into a primary care residency. According to the American Academy of Family Physicians, the U.S. will need 52,000 more primary care physicians by 2025 to keep up with population growth and an increase in patients who were previously uninsured. Thirty-seven SMPH students (22.4 percent) matched into primary care residencies; Nicholas Coorough and Catherine McManus, fourth-year co-class presidents, address their peers.

“As a state institution, the School of Medicine and Public Health is fully committed to addressing Wisconsin’s needs,” notes Robert Golden, MD, dean of the SMPH. “This includes the full spectrum of clinical care providers, with a special emphasis on underserved areas, as well as the next generation of academic leaders.”

The school also provides many opportunities for medical students to conduct research. For instance, during medical school, Nicholas Coorough was first author on three published research projects that focused on the thyroid gland.

“I am very proud of this accomplishment because the papers were the result of a lot of hard work,” says the La Crosse native, who served as a co-president for the Class of 2013 and matched to a Wisconsin residency. “I wanted to learn how to do medical research so I could understand the process and better analyze findings of papers that will impact my future practice.”

Coorough notes that his experiences at the UW School of Medicine and Public Health have been outstanding in a number of ways. “I have made great friendships and connections that will last a lifetime. I have received a world-class education that has prepared me for my future training as a general surgeon and an active member of my community,” he shares.

Record Number of WARM Students Receive Matches

In the 2013 Match Day at the University of Wisconsin School of Medicine and Public Health (SMPH), the most Wisconsin Academy for Rural Medicine (WARM) graduates received residency matches since the program’s first graduating class in 2011.

Twenty WARM students learned where they will spend the next few years of their training. Last year, 11 WARM participants were matched. Currently, 25 first- and second-year SMPH students are enrolled in WARM. The program trains students in rural areas of Wisconsin. These students complete their rotations in communities with a shortage of physicians and medical facilities.

Joshua Schulist, who did his training in the Marshfield Clinic system, is among this year’s WARM students who received a match. A native of Rosholt, Wisconsin, he will soon begin a residency in family medicine at the SMPH.

He says, “The WARM Program provided a perfect opportunity for me to get training in a rural setting to better prepare me for a career in small-town Wisconsin, where I hope to practice.”

He describes his time at the SMPH as very rewarding. “Although at times it was stressful, I wouldn’t trade a thing about my medical school training,” he says. “I am fortunate to have been part of such a prestigious institution that offered me one of the best educations in the nation. I have made many great friends, worked with some of the most innovative and inspiring health care professionals, and had the opportunity to help change the lives of many patients for the better.”

Schulist received scholarships for academic excellence and served as a “big sibling” to guide two SMPH underclassmen. Another graduate, Jenna K. Sander-Sebranek of Richland Center, matched to a family medicine residency in Wisconsin. “I plan to one day practice as a family medicine doctor, including obstetrics, in a small town in Wisconsin,” she shares. “My goal has been to return to Richland Center to practice, and help care for the people I know and love—they have supported me and my dream my whole life.”

Her training included rotations at Gunderson Lutheran Hospital in La Crosse, Tomah Hospital and Clinic and Richland Medical Center. She received scholarships from the Richland Medical Center, Partners of the Richland Hospital and the Richland Hospital Foundation because of her commitment to rural medicine.
When her parents brought newborn Lucy Hancocks home to Moonta Bay, not far from Adelaide, Australia, her mother noticed there was something a bit off about the baby’s face. By the time Lucy was a few months old, concerned mom Jodie Hancocks had started visiting specialists to learn why the left side of her baby’s face seemed pinched and discolored by blotchy skin. When Lucy was 8 months old, her parents had an answer: Lucy had a rare condition called Parry-Romberg Syndrome (PRS).

“It was devastating,” says Hancocks. “The doctor said, ‘Don’t go home and look on the Internet. There’s nothing you can do. We will just wait until she’s grown, and then we will repair it.’”

Determined to learn more, and hopeful that someone could do something sooner than that doctor advised, Hancocks went home, searched the Internet and found information about John Siebert, MD ’81, all the way around the world at the University of Wisconsin School of Medicine and Public Health (SMPH) in Madison. A professor in the SMPH Division of Plastic and Reconstructive Surgery within the Department of Surgery, Siebert has become the world expert in treating PRS. He has seen more than 500 patients with the disorder and is one of the first physicians to advocate treating children like Lucy at a young age, before their faces become noticeably asymmetrical.

Lucy, now 4 years old, arrived in Wisconsin in late March to have Siebert perform the girl’s first microsurgery. As Hancocks had learned, in the past, physicians waited until the child had stopped growing before attempting treatment. However, during the 20 years Siebert spent at New York University (NYU) Medical School—where he was part of a multidisciplinary team that included psychiatrists, orthodontists and others—he pioneered treating children at a young age.

Siebert’s two-fold contribution to treating the disorder is significant. First, he pioneered surgery on children as young as 3 years old. Second, he developed a microsurgery technique that involves transplanting a free flap of vascularized tissue, usually from near the armpit. He reattaches the veins and arteries to this flap and “sculpts” the transplant to even out the face.

Discovering a pair of 19th-century pathologists, PRS causes wasting of one-half of the face. Often, the first sign is the “coup de sabre,” a gray shadow down the middle of the forehead that marks the delineation between healthy tissue on one side and diseased tissue on the other. It is a rare disorder, with fewer than 1,000 cases estimated worldwide, but Siebert believes some cases are missed.

Siebert says PRS is thought to be an autoimmune disease along the lines of scleroderma or lupus. It begins in the fat of the face, which abruptly starts dying. Tissue death can spread to underlying tissues and facial bones, and can affect the hair and neck. It is more common in females and on the left side of the face.

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Above: Siebert visits Lucy Hancocks the day after her first surgery in April. Upper right: He examines Lucy, on normal childhood.

“It gives them a chance to have a relatively childhood is better, and they grow up into the facial bones. 

in patients who aren’t treated until an older had surgery before age 8. They found that the team followed a cohort of 25 children who various types of hemifacial atrophy. 

and stitch it so it stays in the right place.”

‘Build a Bear’ at the mall,’’ he says. “We have patients’ childhood, has special this expert, who cares deeply about his patients’ childhood, has special memories of his own youthful years in Baraboo, Wisconsin. 

Siebert’s father, who shares his name, and uncle—John Siebert, MD ’55, and Eugene Winston, MD ’55—founded the Medical Associates practice in Baraboo. The younger Siebert grew up swimming in Devil’s Lake and accompanying his dad on house calls. He met the love of his life, Kimberly Bildsten, in first grade.

“Baraboo was a great place to be a kid,” he says. “I knew from the time I was 7 years old that I was going to be a surgeon.”

Siebert played basketball and golf at Wheaton College in Wheaton, Illinois—he’s raised his children—Ashley, now 30 and working on Wall Street, and Christopher, a basketball player at Lawrence University in Appleton, Wisconsin—but always kept a home in Baraboo for summers and holidays. The Siebert children grew up as Green Bay Packers fans, and they told people they were “from New York—and Wisconsin.”

Siebert says his family loved the energy of New York, and his practice flourished. With his invention and refinement of microsurgery techniques, Siebert became world renowned for his treatment of facial asymmetries. He was regularly named by New York magazine as one of the top doctors in the city, and he won the prestigious James Barnett Brown prize from the American Association of Plastic Surgeons for his contributions to the field. Outside of medicine, he was a member at the famed Winged Foot Golf Club.

But once Ashley was in college, Chris announced that he would like to go to high school in Baraboo. Additionally, Kimberly’s aging mother in Baraboo needed more help. Wisconsin beckoned.

Upon learning that Siebert wanted to move “home,” Michael Bentz, MD, professor and chairman of the SMPH Division of Plastic and Reconstructive Surgery, was thrilled.

“He’s a world authority on microsurgery and a master surgeon,” Bentz says. “Everything he does, he does well. People love to watch him operate. He’s so technically proficient, it’s like watching ballet.”

Siebert says that several developments made it possible for him to return: the construction of the American Family Children’s Hospital and the UW Health Transformations Clinic, and the completion of Highway 12 as a four-lane route between Madison and Baraboo. His commute to Madison takes as long as his former commute to Manhattan, but is more scenic and leisurely.

This summer, he’s planning to hit the Wisconsin senior golf tour and play some father-son tournaments with Chris. He says he finds golf both challenging and relaxing, and says he feels close to both his son and his late father when he’s on the course. Even though the Baraboo Country Club doesn’t have quite the reputation as Winged Foot, Siebert is free with the trick shot.

“You can take the boy out of Wisconsin,” he says. “But I guess you can’t take the Wisconsin out of the boy.”

And, thanks to the Internet, Siebert’s patients have no trouble finding him, whether he’s in Madison or Manhattan. When Hancocks launched her search, she found a CNN.com story on another of Siebert’s PRS patients, Christine Honeycutt of North Carolina. Hancocks reached out to Christine’s mother, Vicki Honeycutt, via the “Christine’s Champions for Hope” web site.

Honeycutt encouraged the Hancocks family to come to Madison for Lucy’s surgery and helped them start “Lucy’s Champions for Hope,” which raised enough money to bring their entire family to the United States for Lucy’s surgery.

Siebert and his staff scheduled Lucy and Christine, who needed follow-up surgery on her nose and eyelid, for the same week in April, so the two families could meet in person. Despite the different accents, they had much in common, especially a fondness for the plastic surgeon who helped save their daughters’ faces.

“We just love Dr. Siebert and would do anything for him,” says Honeycutt, who started a patient tribute Internet page devoted to Siebert. “He’s not only a great surgeon, he’s a wonderful, caring human being.”

Left: Vicki and Christine Honeycutt share an affinity for helping other families learn about the successful care Christine has received from Siebert. Above: Siebert checks Christine’s facial tissue in the clinic prior to a scheduled follow-up surgery on her nose and eyelid in April.
Modern and contemporary art provided a stimulating environment for the Wisconsin Medical Alumni Association (WMAA) annual Winter Event on February 8. More than 100 University of Wisconsin School of Medicine and Public Health (SMPH) alumni, faculty members, students, friends and relatives gathered at the enchanting Madison Museum of Contemporary Art (MMoCA) to socialize, view the art and enjoy contemporary American cuisine from Fresco, the museum’s roof-top restaurant.

Second-year SMPH student Matt Bobel attended this year, as well as last year’s Winter Event at the Chazen Museum of Art. “I was happy that both events were held at Madison cultural centers that I had not yet visited. Both were on my Madison bucket list,” he says.

The event centers on the WMAA’s commitment to engage alumni and medical students in activities that build and maintain lifetime relationships. It highlighted the new Medical Student Ambassador Program (MSAP), which fosters opportunities for medical students to develop relationships with SMPH alumni through tours, volunteering and more. Ambassadors helped host the event.

“The Winter Event was a wonderful opportunity to connect with SMPH alumni,” says Medical Student Ambassador Nikki Kamps, a second-year SMPH student. “Many of them were eager to hear about our lives as medical students today and share insight they have gained as practicing physicians.”

SMPH alumnae and WMAA board member Sandra Osborn, MD ’70, adds “We encourage medical students to attend our events as they begin to feel a part of the alumni association as they are studying and advancing toward graduation. We also hope it gives them an opportunity to talk with us and get a perspective on what it’s like to be a practicing physician. We consider ourselves a family, and we want them to feel included as members.”
Mindy Christianson will be starting as an assistant professor in reproductive endocrinology and infertility at Johns Hopkins in July 2013. Her area of academic/research focus is fertility preservation for female cancer patients. She completed an OB/GYN residency in 2010 at Johns Hopkins University School of Medicine and will complete a reproductive endocrinology and infertility fellowship in 2013.

Philip Mercado (above, right) and his family participated in the White House Easter Egg Roll this year. Mercado is the chief of general surgery at Kaiser Permanente Medical Center in Baldwin Park, California.

Dave Lipski practiced vascular surgery in Louisville, Kentucky, for 15 years. In December 2012, he established a solo practice in phlebology, called the KentuckyOne Vein Care Center, in Louisville. Lipski completed a general surgery residency at University of Louisville and a vascular surgery fellowship at Henry Ford Hospital in Detroit. He married his wife, Michele, just three weeks after graduating from medical school. They are due to celebrate 23 happy years together. They have two daughters: Megan, who is in college pursuing a premedical curriculum and playing volleyball; and Mallory, who is in sixth grade. Lipski enjoys riding his Harley Davidson motorcycle. He says his favorite medical school memory is taking a break by walking to Babcock Hall with Professor Ed Bensu to get an ice cream cone during his summer research project.

It has been, and continues to be, a big year for Michael H. Levin. He turned 70, retired from general psychiatry private practice after 34 years and will celebrate 50 years of marriage in September. He continues to work two days per week at the Contra Costa County Mental Health Clinic in California. He has completed 30 marathons and 30 ultra-marathons, including Sub 24-Hour Western States 100-Miler. He also biked the Paris-Brest-Paris 750-mile ride in 1967 and 1991. Levin and his wife, Judy, have two sons, one daughter and two granddaughters.

Rolf Simonson completed a trip of more than a year on his sailboat, traveling on Lake Michigan, the Illinois and Tennessee Rivers, the Gulf of Mexico to Key West, Florida, along the east coast to the Hudson River, then through the Erie Canal to Lake Erie and to Lake Michigan. Aside from sailboat racing, Simonson enjoys cross-country and downhill skiing, travel, biking, kayaking, astronomy and woodworking. He retired from the Pediatrics Department at Aurora Sheboygan Clinic, Sheboygan, Wisconsin, in 2006. He and his wife, Katherine, have four children and eight grandchildren.

It was greatly helped in the preparations for the meeting by First Lady Marie-Louise, who received her bachelor’s and master of library science degrees from UW-Madison. The WTA is a multispecialty organization dedicated to the advancement of trauma care. Despite the locale of the annual meeting, serious science is presented by many of the national leaders in trauma, and more than 35 papers from the presentations are published in the Journal of Trauma and Acute Care Surgery. His presidential address, "Evidence-Based Medicine: What It Is, What It Isn’t, Are We Practicing It?" will be published in the December 2013 issue.

Gene Wegner retired in 2012 from his independent radiology practice, which covered small community hospitals since 1975. Wegner had the first tele-imaging setup in Wisconsin to read X-rays. Before having knee replacements, Wegner participated in sailing, water skiing, ice boating, golf and tennis. He also raised horses for many years and collects classic automobiles. The Wegners own a condominium in Costa Rica, where they spend time each winter.

McKetta Moore and Dahlen had a “Mom and Pop” family medicine office together for 30 years, where they practiced the “old-fashioned” way of caring for “the skin and its contents, from cradle to the grave.” They celebrated their golden wedding anniversary in 2009 before Dahlen passed away.

Ronald Burmeister completed 41 years of teaching in 2011 at the University of Illinois College of Medicine at Rockford. He was recently awarded the position of clinical associate professor emeritus of obstetrics and gynecology by the university. He completed 35 years of practice in OB/GYN and infertility in 2006. He is a charter member of the faculty, and he incorporated medical students and residents into his medical practice and lectured at various academic levels. He also received the Faculty Recognition Award in 2003 and the Faculty Distinguished Teaching Award in 2008. Burmeister makes his home in Rockford with his wife, Carol, and continues his “other” career as a church organist and liturgist.

Eugene Wegner (above, left) was a gracious host to fourth-year medical student, Anita Mantha, during her residency interview at Seattle Children’s Hospital in November. Reflecting on her experience with the Student Host Program, Martha says, “Dr. Moore spoke about how she was one of very few women in her class, which was very inspiring for me. She moved out to Seattle with her husband, James Dahlen ’61, and they were both family practice physicians for many years. I had a great time getting to know her.” Moore and Dahlen had a “Mom and Pop” family medicine office together for 30 years, where they practiced the “old-fashioned” way of caring for “the skin and its contents, from cradle to the grave.” They celebrated their golden wedding anniversary in 2009 before Dahlen passed away.
SUSAN J. BAZZELL, MD '98

As a clinical pharmacist on the Solid Organ Transplant Unit at University of Wisconsin Hospital and Clinics, my first visit to the operating room saw an organ harvest spark my interest in going to medical school. When I saw my first kidney transplant, I spent the whole time at the head of the bed with the anesthesiologist (thanks, Dr. Arndt!). I was really interested in the hemodynamic effects of the medications on the transplanted organs.

I completed a preliminary surgical internship at Maricopa County Hospital in Phoenix, Arizona, an anesthesiology residency at Mayo Clinic in Rochester, Minnesota, and a fellowship in pediatric anesthesiology at Cincinnati Children's Hospital.

I have focused my career on pediatric anesthesia. I have privileges at the University of Arizona Hospital and am seeking privileges at Banner Carondon Children's Medical Center in Phoenix. In March 2013, I went from being a full-time academic anesthesiologist at the University of Arizona to spending the majority of my time in a private practice. I have enjoyed working in a practice that includes a wide variety of patients.

I completed a medical mission in San Pedro Sula, Honduras. There, I participated in a particularly memorable case in which a woman had a severely disfigured and dysfunctional leg from an untreated femur fracture. We were able to give her a top replacement because of donated materials from one of the manufacturers. She and her family were so grateful, and being able to help was extremely rewarding.

Practicing anesthesia in an unfamiliar place and relying on my clinical and adaptive skills, instead of having all of the usual technology and equipment, made me a better anesthesiologist.

SUSAN M. MARTINELLI, MD '03

When I was in medical school, we had a mandatory anesthesia rotation. Prior to that rotation, I thought I would pursue a surgery subspecialty. When I rotated in anesthesia in La Crosse, Wisconsin, I fell in love with the specialty! During my residency at the University of North Carolina (UNC), I decided to pursue cardiothoracic anesthesia.

I completed my cardiac anesthesia fellowship at Duke University in North Carolina. Anesthesiology reaches all aspects of patient care, from critical care to pain management, and from caring for patients in the operating room to labor and delivery. We also care for patients of all levels of acuity, from a healthy child undergoing ear tube placement to the trauma patient who is bleeding out.

This specialty allows you to be a part of the whole patient while having the opportunity to be a proceduralist.

Recently, we did a single-lung transplant on an elderly gentleman, which went really well. The communication from the whole team was outstanding. We were able to entubate the patient in the operating room after the case. I think anesthesiology is an interesting and solid career choice. I believe the future will include a greater need for anesthesiologists during the perioperative period, and there will be a greater focus on critical care and simulation as part of anesthesiology training.
by Sharyn Alden

A

n old adage says a journey of a thousand miles begins with a single step, but sometimes the start of something new is several thousand miles from the starting line. Sometimes, too, the path to a career follows a circuitous route that rises from trying circumstances.

For Felix C. Yip, MD ’80, MBA, the journey to becoming a doctor began nearly 8,000 miles from Wisconsin. His family history and childhood experiences ignited his interest in helping others.

When Yip’s grandfather became ill during the Second Sino-Japanese War between the Republic of China and the Empire of Japan—which lasted from 1937 to 1941—he developed an eye infection that led to his death. That actually profoundly affected Yip. “My grandfather did not receive medical attention, and it was a contributing factor in my interest in medicine,” he shares.

During Yip’s youth, his family of 10 and several other families shared a 500-square-foot apartment in Hong Kong. His home was the balcony portion of the apartment. His life in a poor neighborhood—where he saw, up close, his family’s and neighbors’ struggles—propelled him to make a difference with his life. Yip became interested in science and biology. The combination of his experiences helped shape his work ethic and led to his relentless efforts to sponsor promising areas of medical research.

At age 17, Yip left his family in Hong Kong to pursue an undergraduate degree in molecular biology. He was drawn to the University of Wisconsin–Madison’s widely recognized biochemistry program.

Many “firsts” greeted him: It was his first visit to the U.S. and the first time he had no family around for guidance. He was also the first in his family to attend college.

During his undergraduate years, Yip worked in the laboratory of Fritz Bach, MD, the first director of the Immunobiology Research Center, who became Yip’s mentor. Bach, who died in 2011, pioneered a test that allowed doctors to find the relative who would be the closest match in an organ transplant, to avoid rejection.

“I was interested in renal transplant immunology and volunteered in Dr. Bach’s laboratory. His PhD student, Paul Sondel, supervised me. These top-notch, diligent scientists greatly influenced me,” Yip says.

Yip adds that both men inspired him in and outside of the classroom and laboratory. While there were many people who impacted his life, Bach and Sondel led by example, and that impressed Yip. Sondel, who now holds PhD and MD degrees, is the Reed and Carolee Walker Professor in Pediatric Oncology at the UW School of Medicine and Public Health (SMPH), heads the school’s Division of Pediatric Oncology and is a member of the UW Carbone Cancer Center.

“Whether they were playing volleyball or working on complex scientific endeavors, their attitude was to be the best person they could be,” says Yip. “They inspired me to always do my best—no matter what I was involved in. That has stayed with me.”

Upon earning his bachelor’s degree, with honors, in molecular biology, Yip entered the SMPH, where he earned his medical degree. He first considered specializing in obstetrics and gynecology because cervical cancer was not well treated then. However, his decision to enter urology was influenced by his wife, Mildred, whose father, brother and two uncles are physicians.

“She pointed out there was a severe lack of urologists,” says Yip. “At the time, Hong Kong had only one urologist for its entire population of 3 million people.”

Yip completed an internal medicine internship at University of Southern California (USC) Medical Center in Los Angeles. He then completed residencies in general surgery and urology and fellowships in uro Dynamics, female urology and pediatric urology at Kaiser Foundation Hospitals in Los Angeles. Following a second pediatric urology fellowship at British Columbia Children’s Hospital in Vancouver, Canada, he served on the faculty of Western University of Health Sciences in Pomona, California, and University of California, Los Angeles (UCLA), where he earned the 1991 Most Valued Clinical Faculty award.

Today, Yip is a board-certified urologist, chief of surgery at Garfield Medical Center and Pacific Alliance Medical Center, and a clinical professor of urology at the Keck School of Medicine at USC.

He and his wife are visionary donors whose impact on American philanthropy has been striking. For more than 20 years, their generous gifts have played pivotal roles in helping diagnose and treat diseases and enabling scholars to pursue medical education and research. They are philanthropic supporters of UCLA, where they have established endowed chair positions.

Recognizing the need for basic research and training to eradicate diseases, they have provided many sponsorships where they felt it would help further the research mission.

“Mildred and I enjoy funding scientific programs that ultimately may make a difference in people’s lives,” Yip says. “We look at it this way: You could use your money to buy an expensive painting, and it would undoubtedly give you pleasure. But you could also choose a different path and support work that enriches the lives of many people. That’s what we really enjoy doing.”

He also points out, “Anyone can contribute to something they believe in. You don’t have to be rich to give back.”

One of the Yips’ visionary funding endeavors involved the fight against cancer. They contributed $1 million, which was a major infusion for the creation of the UCLA Yip Center for Oral and Head and Neck Oncology Research in the School of Dentistry. He proudly notes, “Since then, the center was awarded $5 million from the National Institutes of Health, with the goal of UCLA being the premier center for head, neck and oral oncology research in the U.S.”

In conjunction with his SMPH class’ 30th anniversary in 2010, Yip returned to Madison. It was the first time I had been back since graduation,” he says. “As a student, I often walked between the Memorial Union and Helen C. White Library and remember it as a beautiful setting overlooking the water. Today, it’s as beautiful as ever!”

Soon after that reunion, Yip established the Class of 1980 Great People Scholarship Fund, with a gift of $100,000. He challenged his classmates to raise $1 million for the scholarship and promised to contribute another $100,000 as a matching donation.

—continued on next page
Continued from page 7

Department of Pediatrics

Colleagues, Stephenson also founded it could be a "beacon for young people" at teen pregnancy, and drug and alcohol abuse. transmitted diseases, child abuse, stress, found, and new ones have appeared."

Because practice has changed, but even years. Of course, the diagnostic methods an Asian community radio program. local and national professional organizations. has about 120,000 licensed physicians. Yip maintains memberships in several local and national professional organizations. Almost 12 years ago, serendipity played a part in Yip's life when he was listening to an Asian community radio program.

I heard about the high numbers of Asian people born with cleft palates. One in 600 live births in China is born with a craniofacial defect," he says. "In the past, these patients grew up as outcasts of society, unable to live a normal life. This is no longer the case." Yip's interest in craniofacial defects led to his sponsorship of the Craniofacial Scholarship Program, UCLA School of Dentistry and Shanghai (China) First Hospital. He points out, "The scholarship brought over a number of dentists, plastic surgeons, ENTS, surgeons and others to UCLA for training to build multispecialty craniofacial clinics in different hospitals in China." The idea was to help many centers of excellence at schools in various parts of the country, so they can further train doctors.

"A success story involved two scholars who were able to obtain funding of 10 million RMB (Chinese Yuan) to build clinics in Southern China to care for patients with cleft palates," Yip shares. As fate would have it, the Yips' grandson, now 3 years old, was born with a cleft palate, years after Yip got involved with a scholarship to train doctors about the defect. Family remains the core of Yip's life. His daughter Lea, who graduated from the University of Pennsylvania's Wharton School, is the mother of Yip's grandson.

I love being able to help others train to do work that is needed." Still, he's never far from work, and most Sundays, he can be found doing surgery. Starting out with nothing more than a keen interest in surgery when he arrived at UW-Madison, with the passing of each year, Yip's enthusiasm for his work and dedication to serving others continues to grow.

"I feel this is the least I can do to thank the people of Wisconsin who helped me during my seven years in Madison and Black River Falls, Wisconsin," says Yip, who adds that he hopes the Class of 1980 sets an example for other classes to help advance the mission of the school by raising funds. It is remarkable to see the generosity of alumni and classmates like Dr. Yip and his wife. We are so inspired by his gift," says Pat McBride, MD '80, MPH, the SMPH associate dean for students and president of the Wisconsin Medical Alumni Association (WMAA). He adds, "The Class of 1980 is very generous and supportive of our school. We've often received the WMAA Brown Derby Award. We have started scholarships and awards and encourage other classes to do the same."

Yip has come a long way from his youthful longing to make a difference to his February 2013 appointment to the Medical Board of California by Governor Jerry Brown. Yip is one of seven California physicians on the board, which is charged with licensing and disciplining medical doctors. The state has about 120,000 licensed physicians.

In 2013, he earned his MD degree from USC School of Dentistry and Shanghai (China) First Hospital. She and William Hsiao, PhD, of Harvard University, Boston, have collaborated on a number of international health studies. "We supported her large-scale health care reform study in Quzhou, China," says Yip. When asked what interests him the most, Yip quickly responds, "My passion is medicine. But there's only so much surgery I can do, so I thoroughly enjoy being able to help others train to do work that is needed." Still, he's never far from work, and most Sundays, he can be found doing surgery. Starting out with nothing more than a keen interest in surgery when he arrived at UW-Madison, with the passing of each year, Yip's enthusiasm for his work and dedication to serving others continues to grow.

The Yips' oldest son, Kyle, started college at age 13, younger than Yip had done. Kyle earned bachelor and master of science and doctor of dental surgery degrees from UCLA. In 2013, he earned his MD degree from USC during his maxillofacial oral surgery residency. Their youngest son, Wesley, earned his undergraduate degree at Columbia University. He is a first-year medical student at USC and is interested in urology. Winnie Yip, PhD, Yip's sister, also has a project being supported by Yip and his wife. Winnie Yip is a professor of health policy and economics at Oxford University in England. She and William Hsiao, PhD, have collaborated on a number of international health studies.

"We supported her large-scale health care reform study in Quzhou, China," says Yip. When asked what interests him the most, Yip quickly responds, "My passion is medicine. But there's only so much surgery I can do, so I thoroughly enjoy being able to help others train to do work that is needed." Still, he's never far from work, and most Sundays, he can be found doing surgery. Starting out with nothing more than a keen interest in surgery when he arrived at UW-Madison, with the passing of each year, Yip's enthusiasm for his work and dedication to serving others continues to grow.

DEPARTMENT OF PEDIATRICS

Moffet reflects, "Medical practice has changed immensely during the past 50 years. Of course, the diagnostic methods and medications have changed, but even the diseases have changed, some have disappeared as preventive measures were found, and new ones have appeared.” Indeed, the "70s and "80s saw increases in significant concerns such as sexually transmitted diseases, child abuse, stress, teen pregnancy, and drug and alcohol abuse. The late John Stephenson, MD, founded the Adolescent Alcohol Drug Intervention Program at UW Hospital and Clinics. In this era, the department expanded other clinical services and added several subspecialty programs, such as the Clinical Genetics and Eating Disorders Programs. Education also rose steadily. By the early '80s, fellowships included renal, neonatology, immunology, child psychiatry, hematology, endocrinology and developmental disabilities. "With well-trained pediatricians, carefully done research, improved diagnosis and treatment methods, and a concerned, dedicated staff, the dreams of the department will be transformed into better health for tomorrow's infants and children," wrote Segar.

Today, the department provides outstanding educational opportunities for medical students, residents, fellows and health care providers. Its faculty are committed to sustaining a challenging, innovative atmosphere for learning.

During the tenure of three recent chairs—Farrell, Friedman and Ellen Wald, MD (core time)—the clinical enterprise expanded significantly, including the advent of the American Family Children’s Hospital. "We can now provide family-centered care of the highest quality so that a child shouldn’t have to leave Madison to get the best care in the United States," says Wald, physician-in-chief of the American Family Children’s Hospital, which ranked in the top 50 pediatric hospitals in six medical and surgical specialties, according to the 2013 U.S. News and World Report rankings.

Three fourth-year medical students, four faculty leaders, four residents and one fellow from the University of Wisconsin School of Medicine and Public Health (SMPH) have been elected to Alpha Omega Alpha (AOA), the national medical honor society. Founded in 1902, the AOA recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. The organization’s values include honesty, honorable conduct, loyalty, virtue, unselfishness, ethical ideals, dedication to serving others and leadership. Members are elected by local chapters, of which there are 120 around the world.

The following SMPH faculty members, house staff and fellow were inducted into the AOA in April at a ceremony sponsored by the Wisconsin Medical Alumni Association (WMAA):

- James Gem, MD, professor of pediatrics, Division of Allergy, Immunology and Rheumatology; director, Allergy and Immunology Fellowship Training Program;
- Greg Kennedy, MD, PhD, assistant professor of surgery; associate chief, Section of Colon and Rectal Surgery; vice chair of quality, Department of Surgery;
- Patrick McLindon, MD, MPH, professor, Departments of Medicine and Family Medicine; associate dean for students, SMPH; president, WMAA;
- Joshua Barocas, MD, assistant professor of neurosurgery and biomedical engineering;
- Kerry Arens, MD, third-year emergency medicine resident;
- Cory Nolan, MD, third-year medicine resident;
- Ari Reichstein, MD, fourth-year general surgery resident; and
- Ryan Kipp, MD, third-year colon and rectal surgery resident;

"The newly elected students, house staff and faculty represent some of the best members of our profession and are exemplary role models for the incoming classes of students and trainees," says Laura Zakowski, MD ‘93, associate professor of medicine at the SMPH, who serves as the school's AOA chapter advisor.

There's More Online: Visit med.wisc.edu/41200
Researchers Building “Retinal Patch” to Restore Vision

A team led by University of Wisconsin School of Medicine and Public Health (SMPH) stem-cell scientist and ophthalmologist David Gamm, MD, PhD, is beginning work on a patch made of induced pluripotent stem cells (iPSCs) to help restore vision to people whose retinas have been damaged by degenerative conditions. The team will begin this work thanks to a $900,000 grant from the Foundation Fighting Blindness.

A pioneer in retinal stem-cell research whose lab has successfully turned skin and blood cells into retinal cells, Gamm is the director of the McPherson Eye Research Institute and associate professor of ophthalmology and visual sciences at the SMPH. His collaborators include James Thomson, PhD, VMD, and Derek Hei, PhD, of the UW-Madison; and Dennis Clegg, PhD, of the University of California, Santa Barbara.

Gamm says a patch to replace damaged retinal tissue could be the best strategy for reconstructing the outer retina when multiple cell types have succumbed to disease. “The challenge has been to get the transplanted cells to survive in the diseased retina, and arrange and connect themselves appropriately to restore vision,” says Gamm. “I believe our plan will make progress toward that goal.” They plan to create a two-layered patch of cells consisting of photoreceptor precursors, which can develop into vision-enabling rods and cones, and mature retinal pigment epithelial (RPE) cells, which nourish and remove waste from photoreceptors. A thin plastic film developed by Clegg’s group will serve as a structural backbone. A biodegradable gel will protect the cells and bring the layers together.

“In many retinal diseases, RPE and photoreceptors are lost,” says Gamm. “Because our patch is a pre-formed structure that resembles natural retina, it should give the cells a better chance of surviving and providing vision.”

Pedicatric Cancer Dream Team Includes UW Researchers

A “dream team” of pediatric cancer researchers at the University of Wisconsin Carbone Cancer Center (UW CCC) is among scientists at seven North American cancer research centers awarded $14.5 million over four years to develop new therapies for high-risk childhood cancers. Stand Up to Cancer, the American Family Children’s Hospital, former UW Children’s Hospital, for childhood cancer at the UW Madison, National academy of Sciences, chair of the SMPH Department of Psychiatry and director of the HealthEmotions Research Institute, adding that new treatments would benefit many anxious people. In the study, key anxiety-related symptoms were identified in young thesus monkeys using procedures similar to those used to assess extreme stress. Young monkeys are ideally suited for these studies due to their similarities in brain development and social behavior, Kalin notes. Combining behavioral and physiological measures and metabolic imaging, co-led authors Alexander Shackman, PhD, Andrew Fox and others showed that a core neural system marked by elevated activity in the central nucleus of the amygdala was consistent among young monkeys with chronically high anxiety. They also showed that monkeys with particular anxiety profiles, such as significant shyness, showed brain circuit changes. Evidence showed that the two kinds of brain circuits, one shared by all anxious individuals, the other specific to those with particular symptoms, work together to produce different presentations of pathological anxiety.

The study sets the stage for improved strategies for preventing extreme childhood anxiety from blossoming into full-blown anxiety disorders.

Brain Origins of Variation in Pathological Anxiety

Findings from nonhuman primates suggest that an overactive core circuit in the brain, and its interaction with specialized circuits, accounts for variability in symptoms in patients with severe anxiety. In a study published in the Proceedings of the National Academy of Sciences, University of Wisconsin School of Medicine and Public Health (SMPH) researchers describe work that provides an understanding of the root causes of clinical variability in anxiety disorders. Using a well-established nonhuman primate model of childhood anxiety, scientists identified a core circuit that is chronically over-active in all anxious individuals. They also identified specialized circuits that are over- or under-active in individuals prone to particular symptoms. These insights explain why people with anxiety have such different symptoms and presentations. They give us ideas for helping people with different types of anxiety,” says senior author Neil Kalin, MD, chair of the SMPH Department of Psychiatry and director of the HealthEmotions Research Institute. "Our study has important implications for the development of novel treatments that would benefit many anxious people. In the study, key anxiety-related symptoms were measured in young thesus monkeys using procedures similar to those used to assess extreme stress. Young monkeys are ideally suited for these studies due to their similarities in brain development and social behavior, Kalin notes. Combining behavioral and physiological measures and metabolic imaging, co-led authors Alexander Shackman, PhD, Andrew Fox and others showed that a core neural system marked by elevated activity in the central nucleus of the amygdala was consistent among young monkeys with chronically high anxiety. They also showed that monkeys with particular anxiety profiles, such as significant shyness, showed brain circuit changes. Evidence showed that the two kinds of brain circuits, one shared by all anxious individuals, the other specific to those with particular symptoms, work together to produce different presentations of pathological anxiety.

This study sets the stage for improved strategies for preventing extreme childhood anxiety from blossoming into full-blown anxiety disorders.

Mortality is Worsening for Women in Some Regions

A new University of Wisconsin School of Medicine and Public Health study uncovered a startling fact. Women’s mortality rates in almost 42.8 percent of American counties got worse during the 15 years ending in 2006, while male mortality rates in 3.4 percent of counties over the same period.

While mortality rates improved in most U.S. counties, women in some parts of America faced worse premature mortality rates (dying at or before age 75). Mortality rate is a ratio of the number of deaths in a group compared with its population. “We were shocked to see that female mortality rates were worsening in more than 42 percent of counties,” says David Kindig, MD, PhD. SMPH professor emeritus of population health sciences. Higher female mortality was most strongly associated with living in the rural South or the West, higher smoking rates and lower education. The study found that the availability of primary care physicians did not affect mortality rate changes. To do the study, Kindig and Erik R. Chang, PhD (then an SMPH doctoral candidate) averaged mortality rates over five years at the study’s onset and five at the end, and compared the averages. They used statistical “smoothing” to make sure changes in small numbers from lightly populated counties did not skew results.

“Socioeconomic and behavioral factors are under-appreciated for their effects on health, but our data show that those factors are important,” says Kindig.

“There is no single silver bullet for population health improvement,” the authors concluded. “Investments in all determinants of health—including health care, public health, behaviors and social and physical environments—will be required.”

The study was supported by the Robert Wood Johnson Foundation and published in the March 2013 edition of Health Affairs.
The Art of Wellness

by Mike Klawitter

The Art of Wellness at the University of Wisconsin School of Medicine and Public Health (SMPH) is a program designed to help medical students cope better with the rigors and stressors of medical school. The program was initiated in 2004 by Lucille Marchand, MD, associate professor of family medicine at SMPH. Marchand was inspired by her own personal experiences of stress and burnout during her first year of medical school in Colorado. She recalls feeling overwhelmed by the demands of medical school and realizing that the conventional approach of memorizing facts and preparing for exams was not sufficient to address the stress and challenges of medical training.

Marchand coordinated funding, resources, and instructors to establish a meditation class for medical students (see sidebar article on page 33). She notes that students who took this meditation course appeared to change when they took a trip to India and met doctors who practiced meditation.

Marchand directed the Healer’s Art, which is dedicated to exploring and fostering holistic, whole-person approaches to healing and health care. The Healer’s Art encourages students to “be” in their bodies, while cultivating mindful awareness and self-compassion. In addition to building strength and flexibility, yoga and meditation classes offer students a chance to connect with a sense of peace and well-being in the midst of their demanding schedules.

“I try to provide tools that help students calm their minds and reconnect to their bodies. For example, making your exhalation longer than your inhalation, or using a mental ‘body scan’ that moves your awareness from head to toe,” Berndtson shares. “Being open to sensation in your body without bracing against it can help you to feel grounded when your mind is spinning a little too fast.”

While she says medical school is enjoyable, she notes that it is important to acknowledge when she needs a break. Yoga and meditation have proven to be helpful before exams, she says.

“When things start to fall apart due to the stress level of exams, I know my body is getting worked up. I hit the ‘pause button’ and ask myself ‘What’s going on?’”

Berndtson adds, “Having tenderness toward ourselves is rare in our society. One of my biggest goals is to have people approach themselves with a sense of kindness and compassion. If you can’t offer that to yourself, it will be difficult to offer that to other people, including our patients.”

Another person who cares deeply about this subject is Lucille Marchand, MD, an integrative medicine specialist and professor of family medicine at the SMPH. She directs an elective course called The Healer’s Art, now in its tenth year at the school.

Developed in 1991 at the University of California, San Francisco School of Medicine, the course promotes self-care and wholeness, including techniques for sharing grief, honoring loss and accepting awe, mystery and surprise as part of a physician’s practice. The idea is to get physicians to take better control of their lives so they don’t get burned out.

“The Healer’s Art encourages students to do what is most meaningful to them,” Marchand says. “It’s not necessarily the thing that’s going to get them an A, but it incorporates things that are going to help them be full, happy and healthy practitioners. It doesn’t negate getting the A, but focuses on what is most important, such as making time for themselves.”

While medical students must memorize facts and study a lot, Marchand explains, The Healer’s Art encourages them to step outside the box and look at the things they may be missing beyond the classroom.

“There is this whole other world students had before they got to medical school,” she

Patricia Liu, who recently completed her first year of medical school, participates in classmate Kate Bernstom’s yoga class.
by Eric Klister

One of the most valuable lessons Josh Reiher learned while pursuing his medical degree didn’t take place in a traditional classroom or on a clinical rotation.

It happened during a medical trip to India between his first and second years in the MD Program at the University of Wisconsin School of Medicine and Public Health (SMPH). He learned from Western and Eastern physicians and was exposed to the culture of the Tibetan Buddhist refugees he helped care for. He was impressed by their outlook on life and intrigued by their awareness of the connection between mind and body on health.

That trip sparked Reiher’s interest in mindfulness, a form of meditation in which one’s attention is focused on a direct experience. When he returned to Madison, he read books by Jon Kabat-Zinn, PhD, a University of Massachusetts Medical School professor who established the mindfulness-based stress reduction program used by health care organizations across the country.

Reiher eventually enrolled in an eight-week course offered through the UW Health Integrative Medicine Program. “It changed my life,” says Reiher, who graduated this spring from the SMPH and matched into a family medicine residency.

What Reiher learned through mindfulness training helped him manage the stress that comes with being a medical student. “I found that when I was in a good mental state of mind, everything else kind of worked itself out, whether it was knowledge, or recall, or caring for patients,” he explains.

Then he had an idea. If mindfulness worked for him, perhaps it could benefit other medical students. So Reiher worked with Katherine Bonus, director of the UW Health Mindfulness Program, to set up a six-week mindfulness-based stress reduction course. Bonus and other instructors from the program taught the course.

“We have all these amazing physicians and faculty members at UW, and it’s a perfect opportunity for medical students to take advantage of it,” notes Reiher.

Student Fosters Stress Reduction through Mindfulness

The home of the University of Wisconsin School of Medicine and Public Health (SMPH) Western Academic Campus—and a town known for its beautiful bluffs overlooking the Mississippi River—La Crosse became the first site for a new series of statewide outreach events planned by the Wisconsin Medical Alumni Association and SMPH faculty and staff members.

The March event included a dinner at which third-year SMPH students who are doing rotations at Gunderson Lutheran Hospital could meet SMPH alumni who practice in that region. The students also had a chance to thank the volunteer faculty who make the regional training sites a reality for them.

In La Crosse and at other SMPH Academic Campuses, the school’s faculty and students participate in statewide education and research, with an emphasis on health care for underserved rural and urban populations.
Hamdan’s Passion Drives Innovation

by Gian Galassi

When internationally known cardiovascular medicine expert Mohamed Hamdan, MD, MBA, describes the research potential of the Wisconsin Institutes for Medical Research (WIMR), you may expect him to rely on hard data. He could elaborate upon WIMR I’s successes—like how the number of invention disclosures increased significantly and how researchers are landing prestigious grants since that building opened in 2008. But Hamdan prefers to communicate a more humanistic view, much like a motivational speaker. “In order to excel in research, we need to be passionate, we need to build synergy among our teams, and we need the freedom to share and communicate our ideas,” says Hamdan, the Herman and Alileen Tuchman Chair in Clinical Cardiology and chief of the Division of Cardiovascular Medicine at the University of Wisconsin School of Medicine and Public Health (SMPH). “That is the future of research, and the WIMR complex is designed to foster that philosophy.” His enthusiasm is much more than boosterism. It stems from the success he’s had applying this philosophy in his research and clinical practice.

Hamdan earned his medical degree and completed an internship at the American University of Beirut, Lebanon. He then completed a research fellowship, internship and residency at the University of Iowa, followed by additional fellowships in cardiology and cardiac electrophysiology at the Stanford University Medical Center and the University of California, San Francisco, respectively.

At the University of Utah Hospitals and Clinics before he joined the SMPH, Hamdan developed the first multidisciplinary faint and fall clinic in the United States. It brought together specialists from different disciplines to provide quicker diagnoses, improved outcomes and, ultimately, better overall health care compared to models in which patients must visit multiple clinics.

“The concept is pretty simple,” describes Hamdan, who recently established the UW Health Multidisciplinary Faint and Fall Clinic in Madison. “Instead of sending patients from one department to another, we brought experts from different disciplines together to improve the overall patient experience. In addition, we have created standardized protocols to improve adherence to national guidelines and thus clinical care.”

The idea was borne from Hamdan’s years of professional experience and inspired by what he’d learned while pursuing an executive master of business administration degree, which he earned at the University of Utah while he was a professor of internal medicine there. “These experiences have completely changed my views on the way we deliver health care and our approach to medical research,” notes Hamdan.

He says similar multidisciplinary concepts are working well in WIMR I—and will be prevalent in WIMR II upon its completion—aided by WIMR’s unique design. Hamdan strongly believes that encouraging interaction among researchers creates the kind of creative energy that breeds medical innovation and improves the patient experience and clinical outcomes.

“Most of the great ideas in medical research start as a result of a freedom to communicate, particularly among people who hold different ideas or come from disciplines other than our own,” says Hamdan. Hamdan looks forward to reaping the benefits of WIMR II in his own translational research, which examines the detrimental effects of heart rhythm disturbances on cardiac function and blood pressure regulation. While most of his research is done directly with patients in the UW Health Electrophysiology Clinic and in large animal models, he foresees building relationships with basic science researchers in WIMR that will, ultimately, lead to improvements in clinical practice.

“I’m excited about extending my work to the cellular level and collaborating with colleagues in the heart failure and vascular biology research groups to better understand the effects of rhythm disturbances on cardiac function and hypertension,” he shares. “The implications of our work could have a huge impact on the way we treat patients with heart rhythm disturbances.”

Currently, the treatment of hypertension and coronary artery disease is not related to the treatment of arrhythmias, Hamdan explains. But if he and his colleagues can show that rhythm disturbances lead to blood pressure elevation and coronary artery disease progression, an argument could be made that suppressing arrhythmias may significantly decrease, or even eliminate, the need for anti-hypertensive medications in some patients with hypertension. It also could attenuate disease progression in patients with coronary artery disease.

This kind of game-changing potential excites Hamdan about the future of research in WIMR II, where many members of his department soon will reside. While he knows it will take money, resources and time, he says it’s the professionals around him who will make the difference. “We all aspire, at the end of our careers, to look back and think that we’ve made a difference,” Hamdan observes. “That’s why people do research. Being at UW with all the available resources, including WIMR and the incredible leadership here, I’m confident it will afford my colleagues and me the best chance to achieve that goal.”
JACKSON TO BECOME NEW CHAIR OF MEDICAL PHYSICS

Edward F. Jackson, PhD, will become the new chair of the Department of Medical Physics at the University of Wisconsin School of Medicine and Public Health (SMPH). He will begin his new position on September 1, 2013. Jackson joins the SMPH from the University of Texas M.D. Anderson Cancer Center, where he is a professor and the deputy department chair in the Department of Imaging Physics and director of the Medical Physics Graduate Education Program.

He received his bachelor’s and master’s degrees from Auburn University in Auburn, Alabama, and his doctorate from the University of Texas Health Science Center at Houston.

“The Department of Medical Physics is internationally renowned as one of the first and leading programs of its kind,” says SMPH Dean Robert Golden, MD. “We are delighted that Dr. Jackson will lead the department forward into the future. His outstanding record of achievement as a scientist, educator and academic leader fits perfectly with the traditions of this remarkable department.”

Jackson has received numerous institutional and national awards and recognition for his research and teaching accomplishments. He is a fellow of the American Association of Physicists in Medicine (AAPM) and the American College of Radiology. He has served as chair of the Commission on Accreditation of Medical Physics Education Programs (CAMPEP) Graduate Education Program Review Committee, and as a member of the board of directors of CAMPEP and AAPM.

NEWCOMER TO BECOME NEW CHIEF AMBULATORY MEDICAL OFFICER

Peter Newcomer, MD ’95, will become UW Health’s first chief ambulatory medical officer (CAMO) on July 1, 2013.

Newcomer is an outstanding physician leader who has served most recently as vice chair for operations and quality in the University of Wisconsin School of Medicine and Public Health’s (SMPH) Department of Medicine. He is also an SMPH associate professor of medicine.

An internist who practices at UW Health West Clinic in Madison, Newcomer serves on the UW Health Ambulatory Operations Council and has been instrumental in advancing many UW Health initiatives, including implementation and optimization of its electronic medical record system, and establishment of UW Health ambulatory service standards.

In his new role, Newcomer will provide clinical leadership for all ambulatory care throughout the UW Health enterprise, including primary, specialty and sub-specialty care. The role is central to UW Health’s growth as an accountable care organization and its transition to new care delivery and payment models.

Newcomer will report to the chief executive officers of the UW Medical Foundation and UW Hospital and Clinics, as well as to SMPH Dean Robert Golden, MD. Newcomer also will be the SMPH assistant dean for ambulatory affairs.

Newcomer earned his medical degree from the SMPH. He then completed his internship and residency in internal medicine at the University of Colorado. He began his clinical practice in Oregon and returned to UW in 2000 as an assistant professor of medicine.

Board certified in internal medicine, Newcomer earned a master’s degree in medical management from Carnegie Mellon University and completed the UW Medical Foundation Physician Leadership Development Program.

UW HEALTH PARTNERS AS AN ACCOUNTABLE CARE ORGANIZATION

UW Health has been selected by the Centers for Medicare and Medicaid Services (CMS) as one of 100 new Accountable Care Organizations (ACOs) to participate in the Medicare Shared Savings Program, creating access to high-quality, coordinated care to as many as 4 million Medicare beneficiaries across the country.

Doctors and health care providers can establish Accountable Care Organizations to work together to provide higher quality care to their patients. Since passage of the Affordable Care Act, more than 200 Medicare ACOs have been established. Beneficiaries, whose primary physician participates in an ACO, always have the freedom to choose doctors inside or outside of the ACO. Accountable Care Organizations share with Medicare any savings generated from lowering the growth in health care costs, while meeting standards for quality of care.

“As an academic health center with a large primary care practice, UW Health is excited to be on the forefront of improving care coordination for all the populations we serve,” says UW Health ACO President and CEO Jonathan Jaffery, MD. “Participation in the Medicare Shared Savings Program is part of our ongoing commitment to innovation and excellence in high-quality, efficient, patient and family-centered care.”

ACOs must meet quality standards to ensure that savings are achieved through improving care coordination and providing care that is appropriate, safe and timely. CMS has established 33 quality measures on care coordination and patient safety, appropriate use of preventive health services, improved care for at-risk populations, and patient and caregiver experience of care. Federal savings from this initiative are up to $940 million over four years.

If you have questions or concerns, please visit www.medicare.gov/acos.html or call 1-800-MEDICARE and tell the operator you are asking about ACOs (TTY users should call 1-877-486-2048).

COMMUNITY AWARDS AIM TO REDUCE INFANT MORTALITY

The Wisconsin Partnership Program has pledged $4 million to 23 projects aimed at improving support for African American women, fathers and families, with the goal of eliminating racial disparities in Wisconsin birth outcomes.

The grants target efforts in Beloit, Kenosha, Milwaukee and Racine, Wisconsin, which account for nearly 90 percent of the state’s African American infant deaths. Grants were awarded through the Lifecourse Initiative for Healthy Families, a $10 million initiative of the University of Wisconsin School of Medicine and Public Health and its Partnership Program, to address the state’s high infant mortality rate. The projects advance interventions recommended in the communities’ local action plans, and combine the unique skills and expertise of community groups, nonprofit organizations, government agencies, and university faculty and staff.

“We are excited to begin creating change through these grants,” says Patrick Remington, MD, MPH, associate dean for public health and chair of the Partnership Program’s Oversight and Advisory Committee. “Several projects will target expectant fathers, whose role in healthy families has long been neglected.”

The committee awarded five implementation grants of up to $400,000, including projects to improve support for expectant fathers and young couples at risk for stress, and work with families in Milwaukee’s poorest areas to improve access to health care between pregnancies. It also awarded 11 implementation grants of up to $150,000, including projects to create group prenatal care in Kenosha County and increase breastfeeding rates through education and social support.

The committee also awarded seven development grants of up to $50,000, including projects to highlight the importance of a father in a child’s life and to help high-risk new and expectant mothers give their babies the best possible start.

The Wisconsin Partnership Program’s endowment resulted from conversion of Blue Cross Blue Shield to a for-profit corporation. It is charged with improving public health in Wisconsin.
Long-Time Mentor Enjoys the Journey

DON SCHALCH, MD

Interview by Kris Whitman

D

on Schalch, MD, is a professor emeritus in the University of Wisconsin School of Medicine and Public Health (SMPH) Division of Endocrinology, Diabetes and Metabolism in the Department of Medicine. Although he retired in 1999, he still rides his bicycle 12 miles round trip to work at the SMPH every day as a part-time faculty member—at age 83.

He also volunteers as the medical director and regular attending physician for MEDIC, the medical student-run network of eight clinics for uninsured and under-served people in the Madison area. In recognition of his efforts, in 2008, the fourth-year medical students in the Gold Humanism Honor Society chose Schalch as the first UW faculty member to receive the Leonard Tow Humanism Award. Three years later, based largely on his student mentoring, the Department of Medicine honored Schalch with the Schilling-Harkness Teaching Award.

In all, Schalch has been a mentor for most of his 53 years as a physician. In 1998, as the jewel in his crown, he was chosen as the class mentor for the SMPH Class of 2002. He spent 50 percent of his time over the next four years as a fellow medical student of the class. Those students took the unprecedented step of asking Schalch, and then lobbying the administration, to have him deliver an address at their graduation ceremony—following which they gave him a standing ovation.

The following Q & A describes his role in mentoring SMPH students.

Where did you study medicine?

I earned my medical degree from the University of Cincinnati, then completed my residency in internal medicine at the University of Rochester in New York, and fellowships in endocrinology at the University of Rochester and Washington University in St. Louis.

Why did you want to be a mentor?

My motivation for mentoring students is to help shape the type of doctor that I hope we will have for generations to come. My fondest wish is to have a positive impact upon our students’ lives and careers. I believe that medicine is a noble profession and that it is a true privilege to be a doctor. I also feel that the best doctors share this idealism. Our students do, too, but it needs to be nurtured and protected. Knowledge and intellect are naturally critical, but so are dedication, empathy, generosity and patience. I wanted to help new generations of doctors understand this. My dream is that my work as their mentor will help them find fulfillment and handle the challenges ahead of them as doctors and, in doing so, provide better care to their patients.

What responsibilities did you take on as a mentor?

My mandate as the mentor for the Class of 2002 was to be a friend, colleague, confidant and role model. In order to fully understand and assist with the students’ academic needs, I decided to do something I think no other mentor has attempted. Not only did I attend every class in the first two years and read all of the assigned material, but I took—and passed—all the examinations. Going through medical school a second time was my way of personally sharing my classmates’ medical school journey. I spent four hours each morning with the whole class, and my classmates knew that they were invited to come to my office, call or e-mail at any time, day or night. And they did.

It was a busy schedule. Twice a week, I would leave the old medical school building after attending classes, hop on my bicycle, stop at my office at UW Hospital, and keep going to see patients with endocrine disorders at West Clinic. These were long days, and therefore I subsequently requested that my faculty appointment be reduced to half-time so that I could spend more time as the class mentor.

After the first two years, students are split up to work in various clinical practice sites throughout the state. During the third and fourth years, I divided my time proportionately between attending clinical conferences with all of the “in town” students and driving to places like La Crosse, Marshfield, Milwaukee, Rice Lake and Minocqua, to see how students in those areas were doing.

What types of academic issues did you help students cope with?

Often students come to medical school with 4.0 GPAs and a long list of their extramural activities. They can get discouraged when they don’t get an “A” in every course. I had to convince students to keep their eye on their fundamental goal of becoming the best doctor they can be, and remind them to look upon fellow students not as competitors but as colleagues. If a student was really struggling, I could usually provide emotional support, put him or her in touch with the appropriate faculty member for advice or tutoring, explain the relevance between basic science studies and clinical medicine, and suggest opportunities for obtaining more clinical experience.

Were these the most serious problems your students faced?

The most serious problems the students confronted were personal. They were the joys and sorrows of daily living. I was a friend they could come to for solace and encouragement. Sometimes it was a problem in a student’s relationship with her or his “significant other.” Sometimes it was an illness in a student’s family.

After only one year of medical school, a true tragedy struck. A group of students was in Malawi for a month of volunteering in clinics. The bus they were riding in was hit by a train on their last day. One of the students, Michele Tracy, was killed, and many others were seriously injured. Despite desperately wanting to go to meet the students in South Africa to comfort them on their return trip to the U.S., I was unable to do so. I did my best to help them heal from this emotional and physical trauma after they arrived in Madison.

The class I mentored was extraordinarily close and mutually supportive, and I tried to nurture this quality. I was happy when one student called me the “glue” that helped hold the class together. The students did all sorts of interesting things together, including attending a “Wilderness Medicine Course,” and skiing in Colorado, organizing a weekend
of skiing in Michigan's Upper Peninsula, and going on a two-day canoe trip on the Wisconsin River. My wife, Joanne, and I felt honored to be asked to join them on all three of these adventures. Their devotion to one another was so noteworthy that during their graduation ceremony, Dean Philip Farrell referred to them as the "kumbaya class." That made me smile.

How were you able to commit so much time and energy to mentoring?

I could do it because Joanne supported me every step of the way. When I left at the crack of dawn and worked nights and weekends, she was patient. She understood when I needed to spend hours on the phone or didn’t come home for dinner because a student was in distress. I was a volunteer and so was she. She went to great lengths to make students feel at home. We invited every member of the class, 155 students, to our home for dinner—twice. They came in small groups because our house is not that big, and each time, Joanne organized a lovely dinner party. She cooked all the food herself. For dessert, she often made something exotic! Students also had a chance to play ping pong, canoe on Lake Mendota, listen to music or simply relax.

Joanne accompanied me to all sorts of student events, including TGIF nights, art shows and performances by the medical students and law student events, including TGIF nights, art shows and performances by the medical students and law student events, including TGIF nights, art shows and performances by the medical students and law student events. For dessert, she often made something exotic! Students also had a chance to play ping pong, canoe on Lake Mendota, listen to music or simply relax.

What about global health outreach?

For nine of the past 10 years, I have participated in seven- to 10-day service/ medical missions to Latin America. Our group usually consists of 10 to 12 second-year medical students and two to three volunteer doctors. Each day, we go in the back of a pick-up truck to small villages that are difficult to get to and from, and many of the 50 to 60 patients we see each day have never seen a doctor before. This experience has certainly shaped my view of medicine in the U.S. and the world. Both the accompanying faculty and students often describe this as one of the most meaningful experiences of their lives.

Our guidelines are as follows:

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

References:

WAITING

A friend told me recently that he looks forward to receiving each issue of Quarterly magazine, but that the three months between issues sometimes feels like a long wait. He even went so far as to say, “Reading your article is a highlight.” I was happy to hear that the magazine and my column are met with bated anticipation, and I can understand not liking to wait.

Most of my friends, Quarterly readers included, hate waiting. As physicians, we sometimes find ourselves having to cope with long turn-over times in the operating room. All of us occasionally have to deal with long check-out lines at the grocery store and long traffic lights. I confess that I am impatient when I have to wait. My Smart Phone has been indispensable in helping me deal with delays because I can spend those few minutes in line at the supermarket—which used to seem like an hour—texting, responding to e-mails, or checking in with my friends on Facebook.

Early in life, we learn about waiting. According to Alexander Pusateri (news@dailyhesman.com), some college students use guidelines to determine how long to wait: “five minutes for an instructor, 10 minutes for an adjunct professor and 15 minutes for a full professor.”

According to Leslie Alderman of The New York Times, although doctors don’t like to wait, they don’t seem to mind if their patients spend a lot of time camped out in their waiting rooms. Health care consultant organization Press Ganey reports that the average wait time to see a doctor last year was 23 minutes. The organization reports: “Neurosurgeons have the longest wait times (30 minutes) and optometrists the shortest (17 minutes). In urban areas and among certain specialties, the waits can be much longer.”

For many people, long waits are a big issue. About two-thirds of patients surveyed believe they should receive some sort of compensation—such as a discount on their bills—if they are kept waiting.

According to Alderman, there are things you, as a patient, can do if you are kept waiting:

1. Find a new doctor.
2. Sign up for a concierge practice (if you have the money).
3. Complain to the doctor.
4. Call your doctor’s office to see if he/she is running late before you show up.
5. Grab the first appointment of the day.
6. Don’t go to the doctor for minor issues.

My concern about item 6 is this: how can a patient know if his or her medical condition is something serious that needs to be seen? How can a patient know if the condition is something for which delaying the call to the doctor’s office, even for a day or two, might have long-term adverse consequences?

I am amused to think that doctors’ offices and the Department of Motor Vehicles are among the few businesses in which long waits seem to be fairly common. While medical emergencies certainly can cause delays, they should be relatively infrequent and not routine. Further, reasonable patients should understand when circumstances cause their wait to be longer than usual.

When I asked one physician about his office’s policy of “wave scheduling,” in which the doctor arrives at the clinic when six or eight patients are ready, with the first having to wait for an hour or more, he stated: “My time is valuable. I don’t want to waste any of it waiting for technicians to get patients to be ready to see me.”

Some doctors I know keep their patients waiting a long time as part of an explicit strategy. One doctor routinely comes to the clinic two and a half hours after the first scheduled appointment.

“When do you come so late?” I asked.

“Patients take a long time to be dilated and to be worked up,” he responded.

What’s your policy?

Christopher L. Larson, MD ’75
Quarterly Editorial Board Chair
We Want to Hear From You

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

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