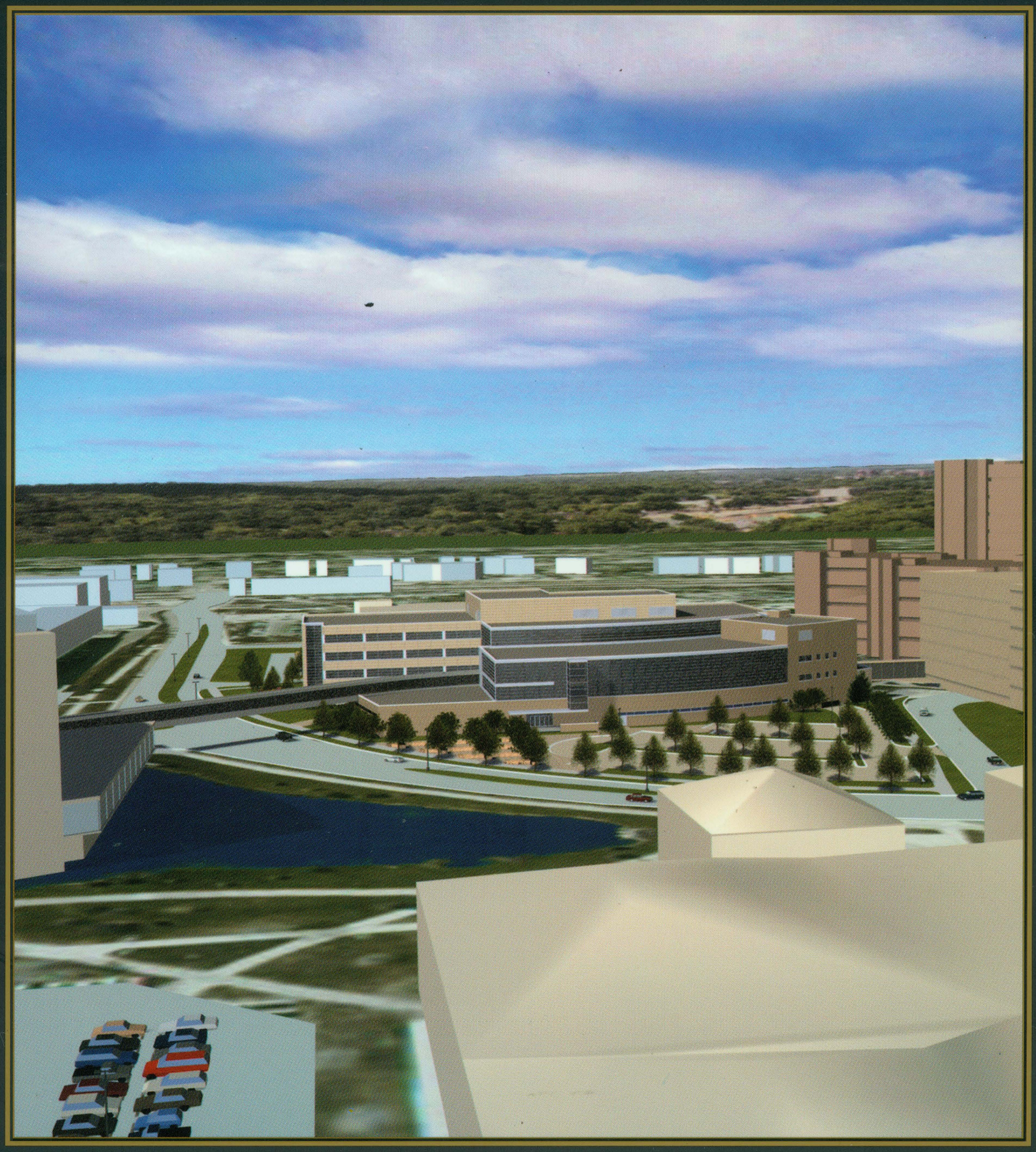
The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY



VOLUME 3
NUMBER 4
FALL 2001

Changing the landscape of west campus

QUARTERLY
The Magazine for
University of Wisconsin Medical School
Alumni and Friends

Published quarterly by the Wisconsin Medical Alumni Association and the University of Wisconsin Medical School

For more information, call 608/263-9893

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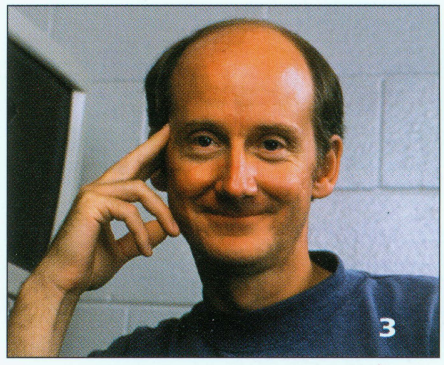
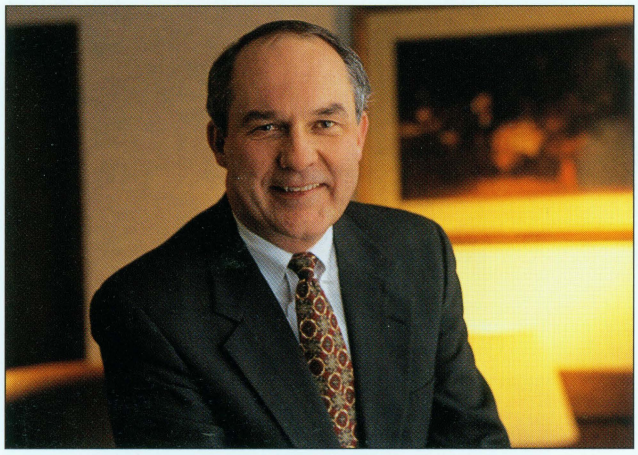


From the Dean

I believe we can officially declare this new academic year to be one of the most significant in the history of the University of Wisconsin Medical School. Following the "cross-over" year of 2000–2001, we now are forging ahead into the 21st century with unprecedented momentum. After years of functioning with a woefully inadequate physical plant, we now can clearly see a future that features one of the finest instructional facilities in the world. According to the architects, the new Health Sciences Learning Center raises the bar for every American medical school. Groundbreaking for the building took place September 7, and we expect to be educating a new generation of doctors in the structure by 2004. Now that construction has begun, we can turn our attention to the Interdisciplinary Research Complex, the next major project in the HealthStar Initiative.



UW Medical School Dean Dr. Philip Farrell

In this issue of the *Quarterly*, you will read about the long and laborious process that began this westward migration of health sciences and health care facilities on the University of Wisconsin–Madison campus. A 1965 decision to abandon plans to expand the Medical School's home of Wisconsin General Hospital on University Avenue in favor of more spacious grounds adjacent to the William S. Middleton Veterans Administration Hospital was key to the movement. Once the hospital finally located in 1979 to its present site and became the University of Wisconsin Hospital and Clinics, the westward movement of the Medical School was inevitable.

In the past few years, we have seen steady growth on the edge of campus neighboring Shorewood, and we are expecting more. These developments include:

- Waisman Center expansion
- Completion of Rennebohm Hall School of Pharmacy
- Health Sciences Learning Center groundbreaking
- Academic utilization of the WARF building
- Interdisciplinary Research Complex
- Possible new School of Nursing building next to Rennebohm Hall
- Improved facilities at UW Hospital and Clinics, including a new pediatric intensive care unit, six operating rooms, and cancer and radiology expansions
- Increased parking through an enhanced partnership with the Veterans Hospital

All of this represents a wonderful opportunity for the Medical School. Faculty engaged in basic, clinical and translational research and instruction will benefit enormously from closer relationships with all health science academics.

This growth also signals the transformation of the west campus into what I believe will be a veritable powerhouse of health sciences facilities and activities. I don't have a crystal ball, but I'm willing to predict that these developments will require construction in the not-too-distant future of a "Western Union," a gathering place equalling the utility and popularity of the two other student unions on campus.

In fact, students have contributed significantly to the gradual improvement of our facilities. Students first brought my attention to the alarming conditions at the Medical Science Center in 1994, when I became interim dean. They played a crucial role in enlisting alumni support for renovations of student lounges and administrative offices. In a sense, students helped stimulate the construction of the Health Sciences Learning Center. It is being created with students and for students.

I'm convinced that historians of the future will view the new building as the development that elevated the school to its proper place in the top echelon of American medical schools, in keeping with the stature of the rest of the University of Wisconsin–Madison.

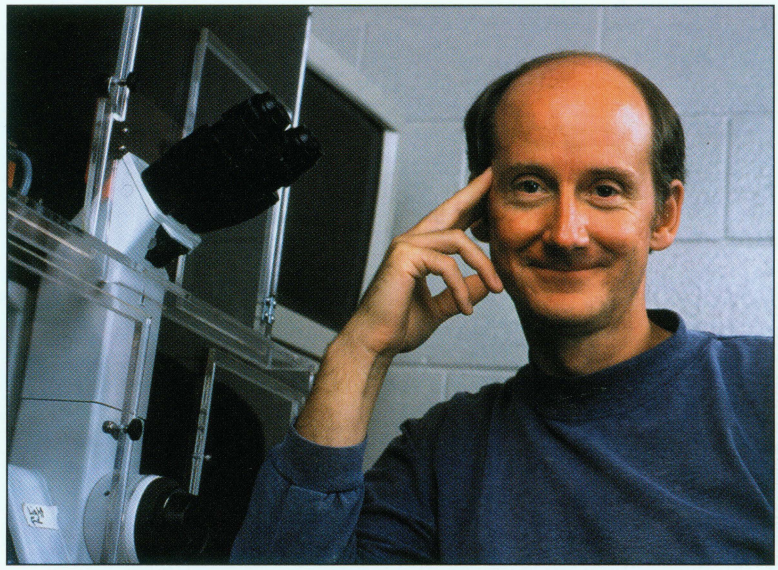
Wisconsin at heart of stem cell advances

Stem cell research has riveted national attention lately, and Wisconsin has been at the heart of the discussions. The work was pioneered at University of Wisconsin–Madison by developmental biologist **Dr. James Thomson**, an assistant professor in the University of Wisconsin Medical School Department of Anatomy who works out of the Regional Primate Research Center on campus. In 1998, he and a local team of scientists were the first in the world to successfully isolate and grow human embryonic stem cells. Thomson appeared on the cover of *Time* magazine in late August, 2001.

Embryonic stem cells are the most primitive cells that can form any tissue or organ in the body. They arise early in development, when embryos are less than a week old, and remain undifferentiated for a very short time before transforming into other types of cells. Scientists believe the genetically diverse cells hold great promise for treating currently incurable diseases. They hope to be able to direct stem cells to make cells that could be useful in treating such devastating diseases as Alzheimer's, Parkinson's and diabetes.

Thomson and his colleague Dr. Dan Kaufman, a hematology fellow at UW Medical School, reported recently in the *Proceedings of the National Academy of Sciences* that they have been able to coax one line of undifferentiated cells down a developmental pathway to become blood cells. The research demonstrates the potential for creating in the laboratory a novel source of blood cells for transplantation and transfusion.

The Wisconsin Alumni Research Foundation (WARF), the organization that has patented thousands of discoveries made at UW–Madison,



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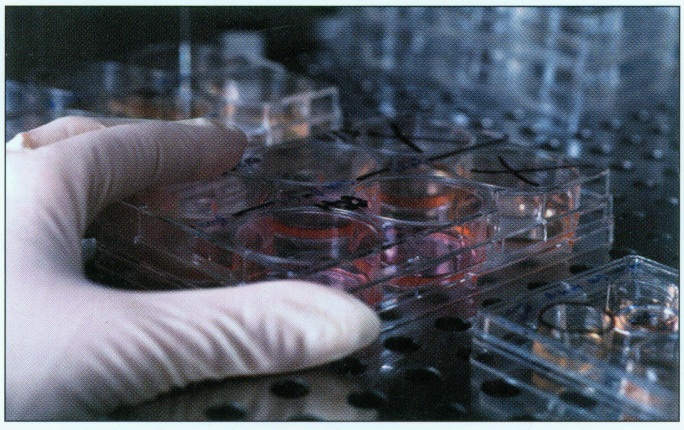


JEFF MILLER

holds the rights to the five cell lines Thomson derived from surplus fertility clinic embryos. WARF also holds the patent on the unique technique Thomson developed to culture the cell lines. In their undifferentiated state in the laboratory, stem cells can divide indefinitely.

WARF is one of the 10 organizations worldwide that owns the 64 existing stem cells lines. To ensure widespread distribution of its cell lines, WARF will make them available to researchers funded by the National Institutes of Health (NIH). Thomson already has an NIH grant for stem-cell research on monkeys, a situation that may make it easier for him to get additional funding.

In a special announcement, the NIH encouraged federally funded investigators to take full advantage of President Bush's August 9 decision to support research on stem cells that have already been harvested from embryos.

"The NIH is working to ensure that the scientific community will soon be able to use federal funds to tap the extraordinary research potential of human embryonic stem cells," according to an NIH statement.

An intensely private person, Thomson has recently begun to speak out on the national stem cell debate, fearing that politics may be muddying the issue. He cautiously supported President Bush's position.

"I am very pleased that President Bush made a decision that will allow human embryonic stem cell research to go forward. The proposed compromise will slow the research, but the compromise is better than halting the research entirely," he said.

Faculty elected to top leadership

University of Wisconsin Medical School faculty members continue to be elected to top leadership positions in their professional organizations and societies. Drs. **John Fallon, John Niederhuber and Layton Rikkers** all have been honored with new distinctions.

Fallon, the Harland Winfield Mossman Professor of Anatomy at the Medical School, is the new president of the American Association of Anatomists (AAA). His two-year term began in April. More than a century-old, the AAA is the professional home for some 1,500 biomedical researchers in anatomy and anatomical science. Seven Nobel laureates have been members of the AAA.

Fallon and his research teams have studied tissue patterning in the developing embryo for some 30 years, analyzing the way asymmetrical digits and limbs emerge and become fixed in amphibians, reptiles, birds and humans.

While serving as assistant dean for graduate studies at the Medical School during the early 1990s, Fallon reinvigorated the MD/PhD program on the Madison campus. In 1993, he was elected a fellow of the American Association for the Advancement of Science. In 1999, he was named the Mossman professor—a distinction named to honor the UW Medical School anatomy professor who was an authority on fetal membranes and comparative reproduction.

Niederhuber, director of the University of Wisconsin Comprehensive Cancer Center, was elected president of the Society of Surgical Oncology last spring. With the stated purpose of improving the diagnosis and treatment of patients with cancer, the organization represents 1,740 members.

Niederhuber is also a professor of surgery and the assistant dean for oncology at the Medical School. He specializes in management of gastrointestinal tumors, including tumors of the pancreas and liver, as well as breast cancer. He directs a National Institutes of Health-funded research laboratory that focuses on basic cancer biology and the immune system's response to tumors.

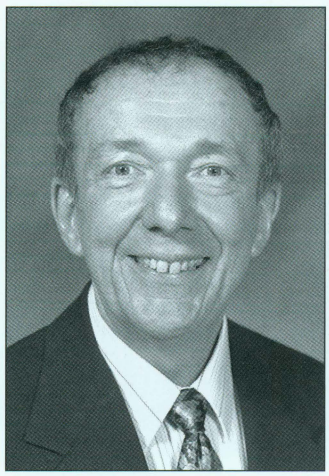
He serves on the editorial board of six major medical publications and is an editor of a major reference textbook for oncology. He is a past chairman of the American College of Surgeons Commission on Cancer and is vice president and president-elect of the American Association of Cancer Institutes.

Rikkers, the A. R. Curreri Professor and Chairman of the Department of Surgery at UW Medical School, was elected president of the Society for Surgery of the Alimentary Tract (SSAT). The organization has a membership of 2,300 surgeons with a significant interest in gastrointestinal (GI) surgery. The role of the SSAT is to foster research and education in GI surgery. As president, Rikkers hopes to develop and formalize training opportunities in advanced gastrointestinal surgery, while preserving the specialty of general surgery.

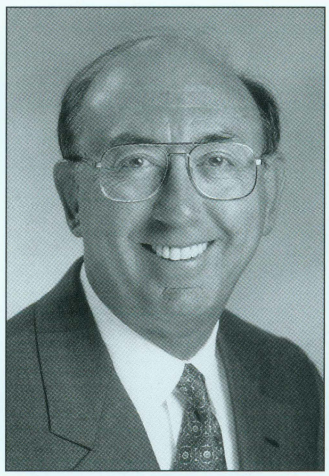
Rikkers specializes in hepatobiliary, pancreatic and gastrointestinal surgery, including the treatment of portal hypertension. He currently is conducting an NIH-funded multicenter randomized clinical trial comparing two treatments for portal hypertension.

Past chairman of the American Board of Surgery, he is editor-in-chief of *Annals of Surgery*. He also serves on the editorial boards of *Digestive Surgery*, *American Journal of Surgery*, *British Journal of Surgery* and *Journal of Gastrointestinal Surgery*.

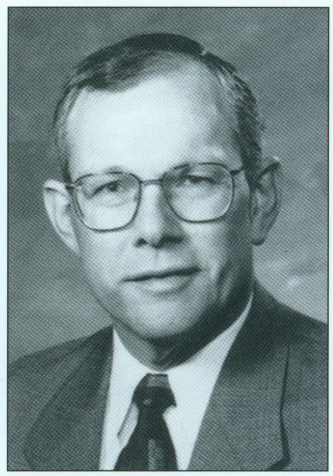
In 1996, Rikkers was named surgery chair and the Curreri Professor. The professorship honors Dr. Anthony R. Curreri, one of the Medical School's most distinguished academicians.



Dr. John Fallon



Dr. John Niederhuber



Dr. Layton Rikkers

Pharmacology faculty honored

Philanthropist Dorothy Shaw endowed the Milwaukee Foundation's Shaw Scientist Awards Program 20 years ago with the intention of supporting the advancement of health and biological science at the University of Wisconsin campuses in Madison and Milwaukee. Judging by the standards she established, the UW Medical School Department of Pharmacology is advancing it very far indeed. Pharmacology is the only academic department on either campus to hold the distinction of having five active Shaw Scientists simultaneously.

Nominees must undergo a rigorous winnowing process—nominating committees at the Graduate School and statewide levels must approve all candidates. The winners, listed below, each have received or will receive $200,000 over five years.

Dr. Emery Bresnick's research program addresses the broad question of how locus control regions (LCRs) of genes are "turned on" —genetic functions that ensure that the activity of genes will be regulated in certain cells. Using synthetic LCRs to activate genes and exercise control of cell function, Bresnick and his associates are establishing basic knowledge upon which future gene therapy strategies may be based.

Dr. Shigeki Miyamoto's research focuses on understanding mechanisms involved in intracellular signaling pathways through the transcription factor NF-B and anti-cancer agents. He and his colleagues are studying how cancer cells autonomously turn on cellular information pathways by mimicking the molecular signals of normal cells. Breaking that code could lead to revolutionary cancer therapies.

Dr. Johannes Hell and colleagues are recognized for groundbreaking work on the mechanisms by which voltage- and ligand-gated calcium channels affect signal transmission between neurons in the brain that may underlie the molecular mechanism of memory. Hell's work has a particular application to the biochemistry surrounding the onset of Alzheimer's.

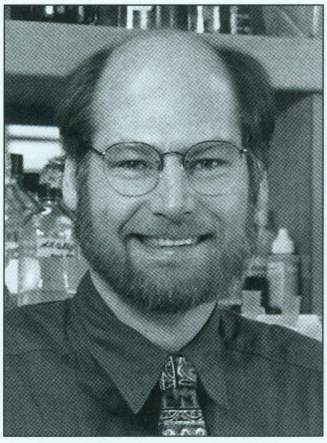
Dr. Anna Huttenlocher shares the laurels of her Shaw Scientist appointment between the UW Medical School pharmacology and pediatrics departments. She and her team members characterize the molecular signaling mechanisms that regulate cell adhesion during cell migration and tumor cell invasion. Unlocking these mechanisms could yield insight into improved cancer control measures.

Dr. Patricia J. Keely and her co-workers study the molecular events by which intracellular signaling through specific cell surface receptors, such as integrin receptors, regulates the interaction between normal breast epithelial cells and those associated with breast cancer.

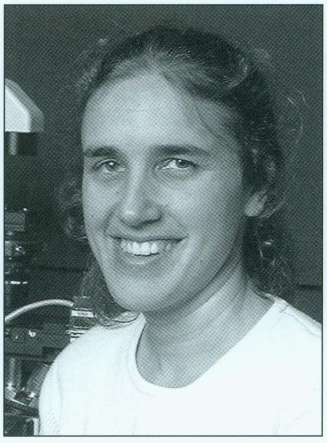
Dr. Arnold Ruoho, chair of the pharmacology department, is both proud and pleased with his star researchers. The Shaw Scientist Program provides both personal prestige and an excellent springboard for faculty who are beginning to establish career credentials, he notes. "In the case of these five, each has leveraged his or her Shaw grant into several additional grants," he says. "It has made a critical difference for them."

Dr. Emery Bresnick

Dr. Shigeki Miyamoto



Dr. Johannes Hell



Dr. Anna Huttenlocher

Dr. Patricia J. Keely

Ground is broken for new Health Sciences Learning Center

By Dian Land

The groundbreaking ceremony included, from left, Medical Scholar Abigail Rao, Chairman of the University of Wisconsin Board of Regents Jay Smith, UW–Madison Chancellor John Wiley, U.S. Secretary of Health and Human Services Tommy Thompson, UW Medical School Dean Philip Farrell, UW School of Nursing Dean Katharyn May and UW School of Pharmacy Dean Melvin Weinswig.

Rain and steamy heat did not reduce attendance or dampen enthusiasm on the afternoon of September 7, 2001, when an excited group gathered for the long awaited groundbreaking for the Health Sciences Learning Center.

Tommy Thompson, Secretary of the United States Department of Health and Human Services, came home to Wisconsin to take part in the milestone event in a project that has been dear to his heart for some five years. State and campus dignitaries attended, including Governor Scott McCallum, key state senators, University of Wisconsin–Madison Chancellor John Wiley as well as University regents, vice chancellors and deans of the health sciences schools. Many faculty, students and staff were also on hand to pack the tent.

"Tommy Thompson played the most important role in moving this project forward when, as governor, he signed the budget bill authorizing the HealthStar Initiative to build health sciences facilities at UW–Madison," remarked University of Wisconsin Medical School Dean Dr. Philip Farrell. "Tommy took a personal interest in the Health Sciences Learning Center, one of HealthStar's main buildings, from the moment we first talked about it in 1996."

The Health Sciences Learning Center will be connected to the northeast corner of UW Hospital and Clinics' K module, at right, and Rennebohm Hall, at left.

At the ceremony, Farrell recognized the many UW–Madison leaders who were integrally involved in advocating and planning for the building. He also praised Medical School alumni for their gifts totalling $2.5 million, which will fund the 350-seat auditorium to be named Alumni Hall. "Medical School faculty have donated $3.5 million and are continuing to give," he noted, adding that UW Hospital and Clinics has also pledged $1 million. The building, which consists of over 155,000 usable square feet, will cost approximately $55 million to construct.

At a press conference immediately preceding the groundbreaking, Thompson, who has played a pivotal role in national decisions on embryonic stem-cell policies, stated that UW–

Madison is poised to play an even greater leadership role in biomedical breakthroughs than it has historically.

"UW–Madison is in the catbird seat," he said. "The new Health Sciences Learning Center that we are breaking ground for today is another large step."

Thompson commended Farrell for his efforts in advancing the Learning Center. "This dream is your dream," he said, addressing the dean. "You really are the sparkplug and the inspiration for making this possible, and I want to thank you from the bottom of my heart."

The Learning Center will be the interdisciplinary educational facility for all students in the health professions at UW–Madison. The pride of Wisconsin will be among the most sophisticated facilities in the country. It has been designed by Davis Brody Bond of New York, an award winning architectural firm specializing in educational buildings and libraries, in association with the Milwaukee-based firm of Kahler Slater.

Lecture halls in the building will be fully wired, with computer hook-ups at each desk. The three auditoriums will feature individual keypads to transmit questions to the lectern, a full spectrum of audio-visual capabilities and comfortable seating, making access convenient for people in wheelchairs.

The Health Sciences Learning Center will be the interdisciplinary educational facility for all students in the health professions at UW–Madison.

The Learning Center will be the home of the consolidated health sciences library, a unification of information resources from Middleton, Weston and pharmacy school libraries. The dynamic new library will occupy nearly one-third of the building, extending through two of its four levels.

In the Teaching and Assessment Center, students will learn to make clinical correlations with technologies such as computerized radiological images and tools to analyze cell structure. The large basic-skills clinic will simulate a patient care environment, and in small multi-purpose classrooms, students will practice interviewing and examining model patients.

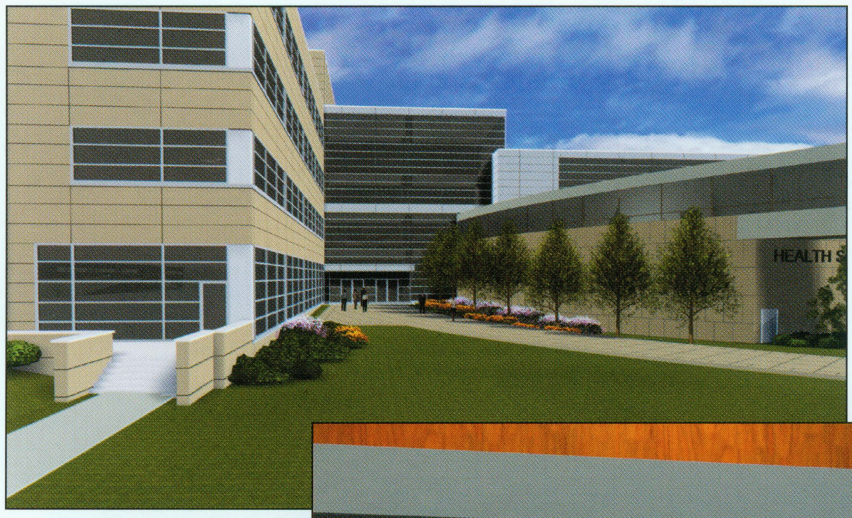
From the podium, U.S. Secretary of Health and Human Services Tommy Thompson addressed UW health sciences deans Farrell, Weinswig and May, and Wisconsin Governor Scott McCallum.

Through the power of computers and other technologies, the Learning Center will also be a beacon to medical, nursing, pharmacy and allied health students and professionals throughout the state. Four distance education classrooms will allow UW faculty to deliver curriculum to more than 200 hospitals, clinics and classrooms.

Once construction is competed in late 2003, the new building will house the Wisconsin Medical Alumni Association, the Office of Continuing Medical Education and other administrative units as well as the dean's office. The structure will also contain computer laboratories and training rooms, offices for student organizations, several lounges, group study rooms, carrells, lockers and a café.

The groundbreaking held doubly special meaning for Farrell. "I've looked forward to this day for more than 20 years, since University of Wisconsin Hospital and Clinics opened in March 1979," said Farrell, who accompanied the first group of pediatric patients to the new hospital from the old Wisconsin General Hospital. "It was clear then that additional academic facilities would be needed, and that the planned further development of the west campus was essential."

During a celebration dinner at Monona Terrace following the groundbreaking, guests were given a "virtual tour" of the new building, including a visual walk through Alumni Hall. Medical School Vice Dean Dr. Paul DeLuca also outlined plans for the next component of the HealthStar Initiative, the Interdisciplinary Research Complex, which will feature translational research bridging basic science and clinical practice.



Mark Lefebvre, vice president for health sciences at University of Wisconsin Foundation, concluded the evening program with a progress report on the HealthStar campaign. He predicted that fund raising through ever-expanding partnerships will continue to support the complete development of health sciences on the burgeoning west end of campus.

The Health Sciences Learning Center will contain the consolidated health sciences libraries, the Teaching and Assessment Center, distance education classrooms, computer laboratories, group study rooms and lounges. Alumni Hall, a 350-seat auditorium, will be fully wired and accessible.

Moving the medical center to the western edge

By Eric Olmanson

Editor's Note:
The University of Wisconsin Medical School recently celebrated the long awaited groundbreaking for the new Health Sciences Learning Center, an event that holds tremendous promise for the future of the school. A glance at history reminds us, however, that another watershed period occurred for the school in the mid–1960s. At that time, a decision was made to abandon plans to expand the school's home at Wisconsin General Hospital vertically and across University Avenue. After much deliberation, decision makers chose instead to construct a new "University Medical Center" on the western edge of the Madison campus.

There were worrisome problems with the new plan, particularly the fact that it split the school's faculty. Basic scientists would remain, for the most part, at the central-campus site, and clinical scientists would relocate to the new facility. But once University of Wisconsin Hospital and Clinics was finally completed, the school was able to move critical parts of its program out of inadequate clinical facilities, where students, interns and residents were trained in crowded wards. The new medical center gave the school the space it needed to grow into a leader in academic medicine.

The decision more than three decades ago to construct a hospital on the west end of campus set the stage for the groundbreaking that took place this past September. It was the beginning of a migration that slowly gained momentum—one that ultimately will result in reuniting most of the Medical School faculty in one critical mass. The significant turn of events of the 1960s sparked the development of what, in all likelihood, will become a flourishing enclave of health sciences programs and activities on the far end of campus.

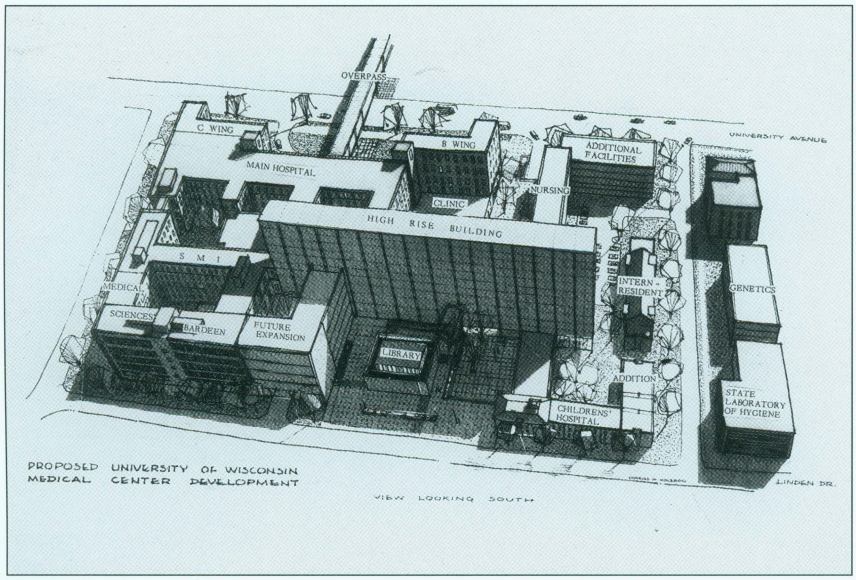
Dr. Eric D. Olmanson prepared the following preliminary account of important events in conjuction with research he is conducting to support the writing of a comprehensive history of UW Medical School. University Historian Dr. John W. Jenkins will author the study, which is scheduled for publication as part of the school's centennial celebration in 2007.

By 1965, most experts agreed that expansion at the Medical School's current site would be inadequate for expected future growth. But a final decision would not be made for another four years.

By 1960, amidst concern at national and state levels about a looming shortage of physicians and other medical personnel, there was a growing consensus that medical facilities at the Univerity of Wisconsin needed to be expanded. An internal study in 1953 and an external study in 1957 both concluded that inadequate facilities were a significant problem for the Medical School. While numerous factors complicated planning for the expansion, the most problematic turned out to be the University's decision to move to a new site on the western edge of campus. But the project already had a history. Previously, after mouths of deliberation, state legislators thought they had arrived at the best solution to the problem--to expand on site. However, not long after the decision had been made, new information convinced University officials that the only rational choice was to move to a new site. In hindsight, the move was indeed a good idea.

In May of 1960, the UW Board of Regents administratively combined the schools of medicine, nursing, the Wisconsin General Hospital, State Laboratory of Hygiene and the Wisconsin Psychiatric Institute into the "University Medical Center." Attention then focused on improving facilities for the entire complex. On December 22, 1960, the Campus Planning Commission (CPC) approved a plan to expand the Medical Center south across University Avenue, and shortly afterward, the regents endorsed the plan.

The project was deemed so important that a bipartisan legislative study committee, informally called the Draheim-Molinaro Committee, was formed to study it. In May 1964, the committee endorsed the Medical Center building program, and in August the Legislature appropriated $8 million for phase one of the three-part, six-year program expected to be completed in the 1969–71 biennium. But construction did not even begin until May 1973, nor did it take place anywhere near the original Medical Center location. What explains this long delay and different location?



Early plans for expansion of the Medical School included a high-rise addition at the original University Avenue site.

A change of plan

Part of the problem was that 1965 was a good year for medical education. Nationally, President Lyndon B. Johnson had declared war on disease, and enormous amounts of federal money were available to construct medical educational facilities and to fund research on cures for killers like heart disease, cancer and stroke. The promise of matching federal funds encouraged universities to begin planning medical facilities on a scale that previously had been unthinkable. Shortly after the consultants UW had hired began their work in December 1964, it was clear that the Medical Center could be a lot bigger and better than anyone had dreamed when the Draheim-Molinaro Committee approved expansion on the original site.

The consultants, James Hamilton Associates, provided a valuable service by stepping in during a key stage of planning and looking at all available information on projected student enrollment, program changes, available funding and the spatial needs of each unit of the Medical Center. They recognized what no one had yet seen. By April, they concluded that, even allowing for expansion south of University Avenue, the current site would not even accommodate the future expansion they could already anticipate.

Working closely with representatives of the Medical School, University Hospital, the UW President's and Chancellor's offices and the State Bureau of Engineering, the consultants determined that the best available site would be 45 undeveloped acres on the western end of campus, north of the Veterans Administration Hospital. They began planning simultaneously for the west campus site while continuing planning for the original site that they now knew was inadequate. No evidence has yet surfaced to suggest that anyone involved suspected that proposing and planning for the alternative site might anger the very politicians who had been so supportive of expanding on the original site.

University President Fred Harvey Harrington first alerted the regents at their October 1965 meeting that an alternate site was in the works. In the next month, after serious debate and deliberation, the Campus Planning Commission approved the plan to move the Medical Center in stages to the west campus site. Even though the move would split the Medical School, the committee concluded that the advantages of the new site far outweighed the disadvantages. After hearing presentations by Madison Campus Chancellor Robben Fleming and Medical School Dean Peter Eichman on January 7, 1966, the regents approved the recommendation to move the Medical Center to the west campus site.

First signs of trouble

In June, the University requested $283,000 from the state Legislature to prepare a master development plan for the Medical Center complex and to retain a consultant during the programming stage of development. However, the request was tabled by the State Building Commission (SBC), and instead, a special subcommittee, with members of the original Draheim-Molinaro Committee, was appointed to reexamine the issue of expansion in light of the site change. Committee members, especially Senator Draheim (R-Neenah) and Assemblyman Moli-

naro (D-Kenosha), were openly hostile to the idea of moving to the new site. Not surprisingly, the special subcommittee's report did not support the move, insisting that before any decision on siting be made, the state's Coordinating Committee on Higher Education (CCHE) would have to define the Madison campus' role in medical education for Wisconsin. Furthermore, even if CCHE did determine that the Medical Center needed to expand beyond prior expectations, the original site would still have to be considered.

Meanwhile, Governor Warren P. Knowles had appointed a Task Force on Medical Education in Wisconsin, which encouraged growing speculation that a new medical school might be established in Milwaukee, and that the state might bolster the medical program at Marquette University. This revived an ancient rivalry between the state's capital city and its largest metropolis. Some politicians thought that by hindering the expansion of the UW–Madison Medical Center, they could improve the chances for one in Milwaukee. In its December 1967 report, the task force concluded that there should be three centers for medical education in Wisconsin. One would be at Madison, with an increased capacity of 160 entering medical students; a second at Marquette, with 160; and, third, a new medical school in Milwaukee, with a capacity for 100 entering students. The task force also concluded that the physical plant and present site of the UW Medical Center would not do and should be moved. The report bolstered the argument for the new site, but also encouraged those who thought Milwaukee would be a more appropriate location.

Continuing power struggles

For the next two years, the prospects for the Medical Center's move west went back and forth like a ping-pong ball. On February 16, 1968, the regents granted UW administrators authority to proceed with development of a master plan. Four days later, the University Affairs Subcommittee of the SBC held up funds for the plan. But then in April, after concluding that the original site was "wholly inadequate," the subcommittee turned around and authorized the University to adjust its planning and programming to accommodate 160 entering medical students and to proceed with planning and evaluation for a move west.

The consulting firm of Lester Gorsline Associates was contracted by the Bureau of Engineering to complete the evaluation. After a thorough consideration of several options—the original site, possible rural or urban sites and the west campus site—the consultants strongly recommended the west campus location. They calculated it would cost significantly more to expand on the old site than it would to move to the new one, in part because buildings that were obsolete for the Medical School could be used for other University purposes. On September 13, 1968, the SBC voted to approve the relocation of the Medical Center to the west, and the next month the CPC voted to grant authority to proceed with master planning and to prepare preliminary drawings for the move. In November, the regents voted to seek funds for Medical Center planning. Finally, in December, the State Bureau of Engineering found all aspects of the consultants' report to be "both rational and responsible." The bureau advanced $385,000 for programming and master site planning and recommended that the Legislature approve $1.5 million for completion of the master plan and the design of phase one of the Medical Center construction.

Construction of UW Hospital and Clinics in the mid-1970s on the edge of the UW–Madison campus began the Medical School's migration westward.

On January 21, 1969, however, the new Draheim-Molinaro Committee released another report critical of the move. The committee had visited medical centers at Stanford and the University of California, and conferred with Gorsline Associates, but it still maintained that the Medical Center should be expanded and developed at its original University Avenue location. Gorsline Associates did not agree. Two months later, they released a detailed study of the existing site, with and without additional land, concluding again that the advantages of expanding on site were outweighed by the advantages of the proposed west campus location.

A ceremonial groundbreaking for the new Center for Health Sciences finally took place May 23, 1973.

A few days later, the Legislature's Joint Finance Committee toured the proposed site to make a final decision. Should the Medical Center expand south of University Avenue, as favored by Draheim-Molinaro? Or should it move west, as favored by the Medical School administration and faculty, the University administration, the Board of Regents, the Campus Planning Commission, the campus Department of Planning and Construction, the Governor's Task Force on Medical Education, the University Affairs Subcommittee of the State Building Commission, the State Bureau of Engineering and every outside consultant hired to study the problem? Despite the imbalance in numbers, it would continue to seem like an even battle for a while longer.

In April, a block of state legislators that included Senator Draheim introduced a substitute amendment to Senate Bill 283,to approve the expenditure of a sufficient sum from the medical education fund "to plan for the phased construction of the medical school. . . and expansion of the University of Wisconsin Medical Center at its present site." But this last resistant move was shot down. On May 1, 1969, after twice authorizing and then withholding funds, the Joint Finance Committee approved the first steps toward building a new Medical Center on the west campus. But construction still did not moved forward, as in June the state Senate eliminated $1.3 million in funds that had been earmarked to finance planning for the move to the new site.

In August—amidst renewed concern about medical education in the state that was spurred by reports in Milwaukee, Green Bay and Madison newspapers that for the first time UW Medical School had to reject qualified Wisconsin applicants—legislators worked out a compromise. It allowed the site question to be settled by an "independent committee of five persons to be selected by the Governor, no one of whom shall be a member of the Legislature or connected with the University of Wisconsin or any Department or Agency of the State of Wisconsin." On October 23, 1969, Governor Knowles publicly named the five people whom he had appointed to the committee.

Westward ho!

The independent committee's report, released exactly two months later, was like a double-edged sword. On the one hand, it found "that the interests of the people of Wisconsin would best be served by expeditiously proceeding with the Medical Center expansion at the west campus site." But it also charged that the "lack of consistent direction and effective leadership on the part of the University has meant additional planning costs and substantial delays in even the commencement of planning and design of the facilities, and will certainly mean substantial increases in the ultimate cost, well beyond the current estimates." As unfair as these charges may have been, the committee effectively settled the site question.

In short order, campus decision makers approved planning for the first phase of construction, and the SBC released money to pay for it. Meanwhile, administrators worried about how to obtain increasingly scarce federal funds, which were being siphoned off by the Vietnam War. Nevertheless, medical education continued to evolve. On December 18, 1970, the regents approved the reorganization of the Medical Center as the Center for Health Sciences. Finally, on Wednesday, May 23, 1973, construction workers broke ground just north of the Veterans Hospital for phase one of the new Health Sciences center. The *Wisconsin State Journal* reported that Chancellor Edwin Young said he had overheard former Medical School Dean Peter Eichman, by then with the National Institutes of Health, say: "I never thought I'd see this day come."

VIEWPOINT

The end of managed care . . . and beyond

By Dr. Derek van Amerongen

Americans have said loudly and clearly that their primary concern in seeking medical care is to have maximum choice—of physicians, hospitals, treatments and drugs. Lack of choice, manifested in the restrictions on coverage that managed care organizations instituted in the early 1990s, was a prime driver of the backlash that recently resulted in the Patients' Bill of Rights legislation in Congress. Employers (who actually pay the bills for most insured people) and health plans also have heard this message.

As a result, we stand on the threshold of a fundamental change in how medical care will be financed and delivered. This change will be far more sweeping than the effects of managed care have been. Managed care was predicated on the premise that modifying physician behavior would drive cost-effective medicine, leading to better outcomes and lower costs. Even if costs did not come down, at least they would be justified by better results in terms of the health of the population.

A number of tools were invented or refined to accomplish this overall improvement. Evidence-based medicine, the broad application of clinical guidelines, rigorous quality management, credentialing of physicians and hospitals—all were brought to bear on a medical care system that historically had no systematic definition or monitoring of quality. As much as physicians and patients have chafed under managed care rules, the American medical system is far more organized and sophisticated than it was in the past.

Managed care also has engendered the idea that health care is, and should be, cheap. By providing drug coverage and routine care and testing for millions of people who never had access to them in the fee-for-service model, use of these services grew dramatically in the last decade. People now erroneously believe that medications actually cost only $10–15, and MRIs are free. The unfortunate result has been an entitlement mentality among the insured population. But the lack of choice has been the most significant failure of managed care, and therein lies its fatal downfall.

Managed care will soon be gone. In just two to three years, we will see the advent of an entirely new model for health insurance. It will offer a staggering array of choices to the consumer, including the ability to go almost anywhere for care, receive almost any treatment or drug, and do so without someone like me—the medical director of a large health plan—saying there is no coverage.

But—and this is an important caveat because there is no free lunch in the real world—it will come at a cost. Choice is expensive; consumers can expect to assume a larger portion of that cost than at any time in the last 60 years. The shift will be away from trying to change how doctors practice to letting consumers decide. The new paradigm will offer the consumer information, choices, tools to self-manage care, and access to the discounts and networks health plans set up. Then it will be up to each individual to select the type of care and providers he or she wishes. Accountability and responsibility will move from the third party—the health plan, employer or government—back to the doctor and patient, where it should be (and where the public has emphatically said it wants it to be).

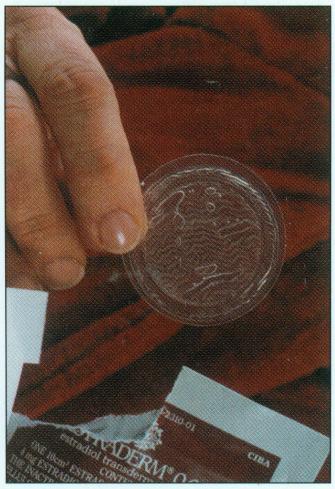
This will be a brave new world for many: those wedded to the managed care concept; those who grew up in a paternalistic, third-party payer system; those who want to go back to the unfettered days of fee-for-service medicine; and those who want someone else to make decisions and choices for them.

The challenge is to learn from the missteps of the recent past at the same time as we preserve the accomplishments. There undoubtedly will be many more upheavals as our society embarks on a consumer-focused approach to medicine. It will, however, be an exciting journey and one that has the potential to move our entire medical system to a higher plane of performance and satisfaction for those who use it.

Dr. Derek van Amerongen is the chief medical officer at Humana/ChoiceCare in Cincinnati, Ohio. He earned a Master of Science degree in administrative medicine from UW Medical School's Department of Preventive Medicine in 1996.

High-dose estrogen patch improves memory in women with Alzheimer's

In a small but carefully designed study, a University of Wisconsin Medical School geriatrics researcher has found that high doses of a particular form of estrogen are associated with measurable improvements in both attention and memory in women with Alzheimer's disease.



"A great deal more research must be done before we can recommend estrogen as a treatment for memory problems in Alzheimer's patients. But these findings suggest that giving a high dose of estrogen via the patch is associated with significant improvements in some important measures of memory," says UW Medical School Associate Professor of Medicine Dr. Sanjay Asthana, who directed the study.

Twenty post-menopausal women with Alzheimer's disease were randomly assigned to either placebo or .10 milligrams of estradiol per day, a dose commonly used to treat menopause symptoms. Estradiol is the most potent form of estrogen. Both the estrogen and the placebo were delivered through a patch applied to the skin.

As a group, the women who received the estrogen patch performed significantly better than the placebo group in both verbal and recent visual memory, which includes remembering words and figures. They were also able to name more pictures on a memory test.

The study appeared in a recent issue of *Neurology*.

Previous findings about the role of estrogen in women with Alzheimer's disease have reached various conclusions. "This study, I believe, keeps the area of estrogen research alive for its possible value in Alzheimer's treatment," Asthana notes.

UW surgeons perform first implant for Parkinson's

An Illinois woman recently became the first Parkinson's disease patient at University of Wisconsin Hospital and Clinics to undergo deep brain stimulation, a procedure in which electrodes are placed in the brain and connected to a pacemaker-like device that delivers electrical impulses to disable certain nerve cells.

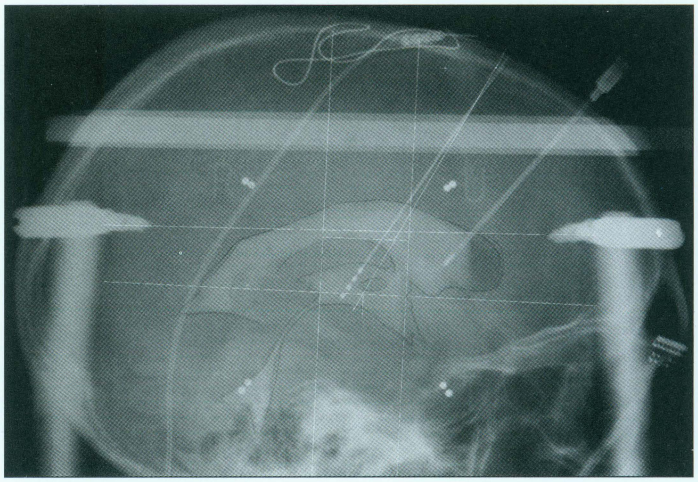
The goal of the implant is to reduce or eliminate disabling tremors, increase mobility and lower the need for high doses of medicine.

In a nearly six-hour procedure during which the patient was conscious and speaking, Dr. P. Charles Garell, UW Medical School assistant professor of neurosurgery, placed an electrode into a region of the brain that processes information and then relays it to muscles. In future procedures, he will insert a controller device that connects to the electrodes under the skin near the patient's collarbone. The patient will then be able to control her symptoms by using a magnet to adjust the amount of electrical stimulation the device delivers to her brain.

Deep brain stimulation was approved by the Food and Drug Administration in 1997 for treatment of tremor problems. Parkinson's disease is a chronic, progressive neurological disorder that produces tremors, muscle stiffness and slow movement. Most of the nearly one million Americans with Parkinson's are treated successfully with medications, but surgical approaches of various kinds have been used when the drugs become less effective over time.

"Deep brain stimulation has the powerful advantage of being reversible," says Garell. "Brain cells are not destroyed in the procedure; they are stimulated at various rates depending on the patient's symptoms."

The approach is still relatively new, he says, but it is showing promise in a high percentage of patients worldwide.



Transplant team performs 100th laparoscopic kidney procedure

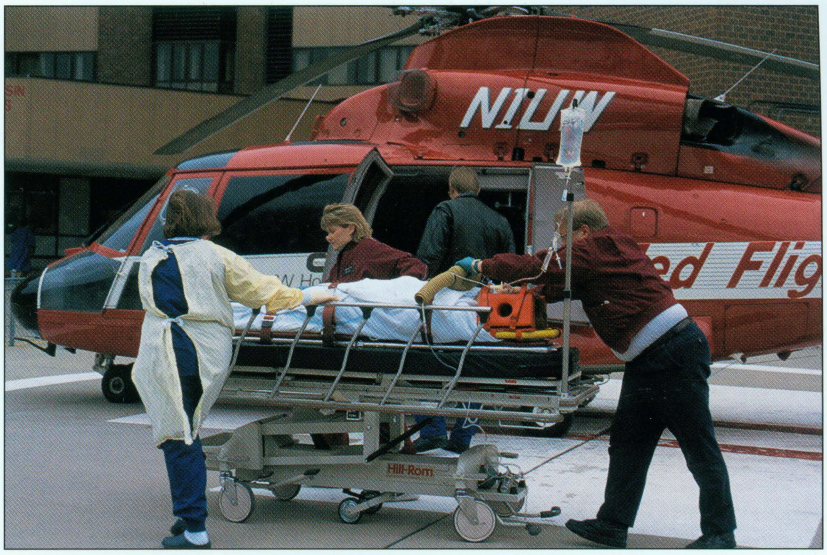
Transplant surgeons at University of Wisconsin Hospital and Clinics performed their 100th laparoscopic nephrectomy this summer, just 18 months after their first. The procedure is less invasive than traditional surgical methods and produces a much quicker and less painful recovery time for donors. The surgeons hope it will increase the number of people interested in becoming living donors.

"We are extremely pleased that we have performed so many laparoscopic nephrectomies in such a short time," says Dr. Anthony D'Alessandro, who did the laparoscopic organ retrieval. "But most importantly, it means that we are increasing awareness of living-kidney donation and, therefore, have the ability to save more lives."

For the procedure, surgeons make several small incisions, each less than an inch in length, through which tiny surgical instruments—including a small camera—are passed. Surgeons perform the operation while viewing it all on a television monitor. The kidney ultimately is removed through a three- to four-inch incision, compared to an eight- or nine-inch incision made with traditional surgery.

"The entire procedure is done through these incisions, which don't require us to incise large muscle groups," says D'Alessandro, director of multiorgan transplantation at UW Hospital.

Kidneys from living donors often do better than those from cadaver donors, he adds. "Consequently, the laparoscopic procedure makes life-saving living donations more attractive than ever."



Hospital trauma center re-verified "Level One"

Following a rigorous examination process, University of Wisconsin Hospital and Clinics has been re-verified as a "Level One" trauma center, the highest rating available for trauma facilities in the country.

Level one facilities are deemed capable of providing patients with the most advanced and comprehensive care available. National studies have shown that hospitals that successfully complete the trauma center verification process set by the American College of Surgeons (ACS) have better patient outcomes—lower death rates and complications.

"Being re-verified as a level-one trauma center is a great example of this hospital's continuing efforts toward providing the highest quality of care possible to our community," says Dr. Michael Schurr, director of the UW Hospital trauma service.

Some of the ACS level-one standards include:

- A team of trauma care specialists available on site 24 hours a day
- A specially trained staff and a wide array of highly specialized diagnostic and treatment equipment through all phases of trauma care, including the emergency room, operating room and intensive care units
- Comprehensive clinical lab services available around the clock
- Designated operating room availability and staffing 24 hours a day

UW's trauma center provided care for more than 1,200 trauma and burn patients in 2000. Forty-three percent of its trauma admissions were people injured in Dane County, Wisconsin. Thirty-three percent of admitted trauma patients were transported to UW Hospital by Med Flight.

Dogs guide anesthesiologists to a genetic mutation

BY AARON R. CONKLIN

Since time immemorial, dogs have held an honored place in our hearts, by our hearths and at our sides. Poets have sung the praises of canine loyalty. Hunters have relied on their athleticism and tracking skill, and few children can resist the lolling tongue and playful paws of a newborn puppy. Soon, through the work of a pair of Wisconsin researchers, the rest of us may have an equally compelling reason to thank our friends in the dog kingdom—for sharing a genetic code that so closely resembles our own.

With the help of Barry and Charlie, Drs. David Brunson (left) and Kirk Hogan have found a mutation that causes malignant hyperthermia, a potentially fatal complication resulting from certain types of anesthesia.

Working with a colony of research dogs, Dr. Kirk Hogan, an associate professor of anesthesiology at University of Wisconsin Medical School, and Dr. David Brunson, a professor in the UW School of Veterinary Medicine, have made a significant discovery. The pair has isolated and identified a genetic mutation that causes a fatal reaction in humans and dogs exposed to certain common types of anesthesia.

The mutation causes malignant hyperthermia (MH), a rare complication during or after surgery in which, instead of relaxing, the muscles tighten and self-destruct. As a result, large amounts of potassium and calcium are released into the bloodstream, leading to cardiac arrest.

The two researchers are an unlikely couple: Hogan, the human anesthesiologist with a love of history and a delightfully wry sense of humor, towers over the more reserved Brunson, who's one of only about a hundred veterinary anesthesiologists certified in the United States. Their collaboration—one of those all-too-rare instances when the nebulous concept of "translational research" really does translate across medical disciplines—could become the tip of a vast iceberg of genetic discovery.

"Work on dog genes has been going on for quite some time," says Hogan, who has been studying the subject at UW for the last decade, in collaboration with researchers at the Bowman Gray School of Medicine and the University of Minnesota. "Because dogs have been selectively bred for so many years—far longer than any other domesticated animal—they have traits that are tremendously fascinating for us to identify at a genetic level."

Isolating these genetic traits would be akin to the proverbial search for the needle in the haystack, save for modern advances in molecular biology that make finding such needles much more efficient. There is additional incentive: Dogs are also susceptible to a variety of cancers, some of which also afflict humans, a fact that makes studying the animals even more appealing to geneticists.

Malignant hyperthermia was first discovered in humans in the 1950s. (Interestingly, doctors in north central Wisconsin were among the first to recognize it. The presence of a group of families that carries the mutation makes the Badger State one of three in the U.S. to have an unusually high incidence of MH.) According to Hogan, anesthesiology departments in bustling urban hospitals might encounter a patient carrying the genetic mutation that triggers MH once or twice a year.

Thanks to technological and medical advances made in the last 30 years, the malady's

former 95 percent fatality rate has been reduced to under 5 percent. In most cases, quick detection and rescue in the operating room will avert disaster, but it still can be a matter of life and death. Without practical screening tests, anesthesiologists are unable to tell who is likely to experience the frightening reaction because patients are otherwise in good health and show no outward signs of the disorder. Moreover, affected patients often undergo multiple surgeries successfully, only to have MH trigger on the fifth—or even 15th—procedure. Since alternate drugs with no potential for producing malignant hyperthermia are available, knowing who is at risk beforehand can be life-saving.

"By paying attention to complications like this, we do two things," explains Hogan. "First, we learn a lot more about a disorder that's dramatically important to understanding human anesthesia. The second consequence is that we begin to take seriously what's going on in animal anesthesia."

Hogan's second point is especially dear to Brunson.

"One of the big concerns I have is that it seems that the incidence of unexpected death in veterinary anesthesiology is much higher than it should be, and much higher than in human anesthesiology," says Brunson. "If we knew more about this mutation, maybe we could change that." Because many veterinarians dispute the very existence of canine MH, and even fewer are trained to detect its warning signs, hard numbers have not been available to back up his theory until now.

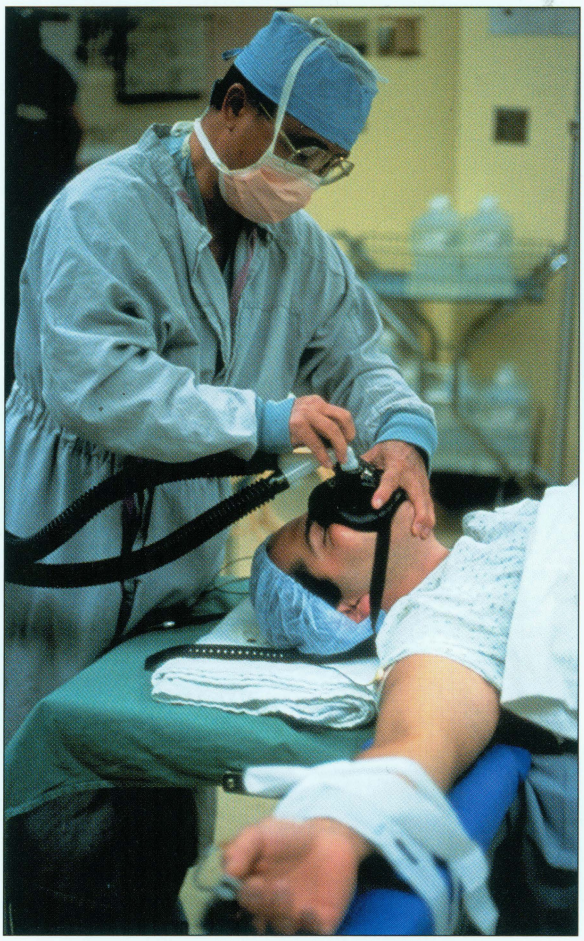
The dogs themselves seem blissfully unaware of the potential impact their genetic code offers to animal and human science alike. Barry, an affable black Laborador mix, is the first dog in which Hogan and Brunson were able to isolate the mutation, using blood and muscle-tissue samples. In human years, he's pushing 90; he has his good and bad days, but there's still a playful light in his eyes. Barry's son, a yellow-coated mutt named Charlie, is in the prime of his life, but aside from a wildly wagging tail, he too seems "underwhelmed" by a hint of possible stardom.

The difference in appearance between father and son is in fact an important clue to the inheritance of malignant hyperthermia in dogs. The trait they carry is unusual for dog genetics in that it's autosomal-dominant—in other words, only a single parent's copy of the mutation is required to transmit it to the succeeding generation. Because of this, it can affect any breed, although there appear to be some types of dogs—greyhounds, Labrador retrievers and St. Bernard's, to name a few—that are more susceptible.

Eventually, Hogan and Brunson plan to use their findings to develop a test panel for humans and animals to flag genetic pitfalls like malignant hyperthermia before the patient ever enters the operating room. The technology to create such a test already exists. Once the desire to implement it drives the cost down to a manageable level, it could become standard procedure, both in the hospital and the veterinary clinic.

"Our work opens the door to do things like this to ensure safety for patients," says Hogan. "Like a road sign, genetic tests will be a warning that lets you know about danger before you go into surgery, instead of shoulder washboards that tell you the trouble you're in is going to get worse unless you do something right now."

Hogan and Brunson's findings appear in the September edition of *Anesthesiology.*



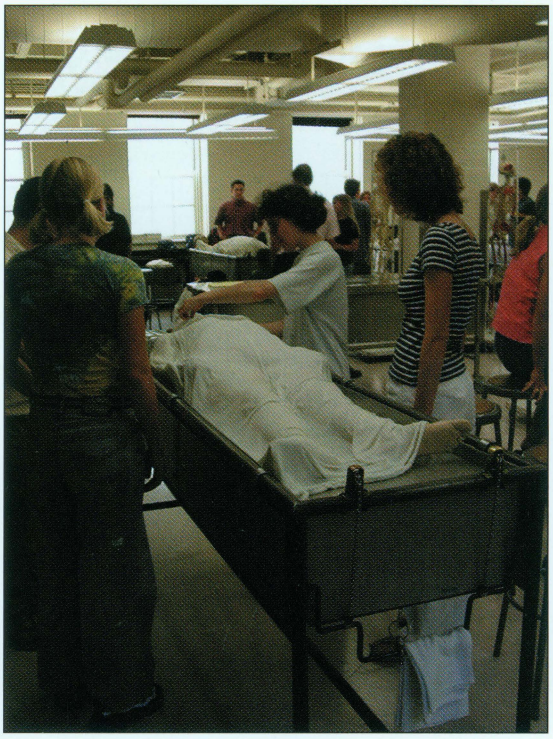
Class of 2005 is on its way

By Dian Land

Members of the Class of 2005 are already immersed in biomolecular chemistry courses, gross anatomy laboratories and pre-clinical patient-centered medicine classes at University of Wisconsin Medical School. They've begun an experience that over the next four years will stretch them personally and bond them as a group in ways they may not have imagined.

During orientation, new students found their way to their mailboxes and had their first exposure to gross anatomy laboratory.

They got their first taste of their new lives as medical students during a two-day orientation in August. School leaders, select faculty members and upper-class students welcomed them. Talks were presented on ways to succeed as medical students, resources that are available and perspectives on professionalism. Students participated in team- and trust-building "ropes courses" and had their first introduction to the cadavers with which they will be working the entire semester. Although they will be supremely challenged by their education at UW Medical School, members of the



Class of 2005 bring skills, talents and qualities that should allow them to succeed as medical students as well as physicians.

Profile of the Class

The Class of 2005 is diverse, ranging in age from 21 to 40. Well over half of the 147 class members are women—83, a record number for the school. Students attended undergraduate colleges and universities all over the country, from Alaska to New Hampshire and of course the upper Midwest. Eighty-two were UW–Madison graduates. They've worked at an array of jobs, including horse trainer, aerobics instructor, web page designer, water ballet coach, pharmacy technician and tour guide at Lambeau Field, home of the Green Bay Packers.

The students are smart. Among them are people whose academic achievements earned them designations such as magna cum laude, Phi Beta Kappa, National Dean's List and Mortar Board. Many have won major scholarships and have been given distinguishing awards. Their average science grade point average as undergraduates was 3.63 on a 4-point scale.

Their scores on the Medical College Admissions Tests (MCAT) were strong. The average biological science score of the class was 10.3 on a scale in which 1 is lowest and 15 is highest. The national average was 8. The UW students scored an average of 10 on the MCAT physical science test and 9.8 on the verbal reasoning tests.

Like so many preceding UW Medical School classes, the Class of 2005 is socially conscious and involved. The students have volunteered for organizations such as Meals on Wheels, Adopt a Grandparent, Rape Crisis Line, Head Start, Ronald McDonald House and the AIDS Resource Center. They've worked in soup kitchens and with children who are terminally ill and those born addicted to drugs.

The students like to have fun, too. They enjoy playing musical instruments, weaving, acting, folk dancing and chess. Many have traveled extensively, from Southeast Asia and Russia to Belize and Kenya. And they love sports, including weight lifting, fencing, ping-pong and scuba diving.

"This is a stellar, well-rounded class," says UW Medical School Associate Dean of Students Dr. Mikel Snow. "I expect these students will thrive during their four years with us."

Before classes began, members of the Class of 2005 participated in team-building ropes courses, sorted out their schedules and were welcomed by school administrators.

DOCTOR TO BUCKY BADGER AND MANY OTHERS

David Bernhardt, '89, wears several hats

BY AARON R. CONKLIN

Dr. David Bernhardt's three sons, Alex, Ryan and Spencer, who are 9, 7 and 4, respectively, think their dad is pretty cool. As a team physician for the University of Wisconsin Athletic Department, Bernhardt's purview includes the UW "spirit squad." And that means mascot Bucky the Badger is among his regular patients. Taking his sons to see a few assorted athletic events also keeps his popularity high on the home front.

But being Bucky's doctor is only one of Bernhardt's many professional responsibilities. He teaches medical students and residents at UW Children's Hospital. He handles primary care for patients at UW Sports Medicine Clinic. He supervises more than 30 physicians as the co-division head for general pediatrics. And as a team physician, he's also responsible for treating the athletes on several high-profile UW sports teams, including men's and women's basketball and women's volleyball. Last time we checked, Bernhardt wasn't able to leap tall buildings in a single bound, but his resume seems to suggest he just might master that soon.

You could think that a doctor who wears so many professional hats might have a large head—or, at least, that his head might be in constant peril of exploding. In fact, the opposite is true: David Bernhardt is one of the most level-headed practitioners you're likely to meet.

"I am pretty driven," the 39-year old Madison native admits. "But I can't do it alone. The team approach is a huge savior. I rely on so many people—outreach athletic trainers, physical therapists, fellow physicians, nurses, secretaries and of course the ever popular Palm Pilot."

With his close-cropped hair and wire-rim specs, Bernhardt's appearance almost breathes an air of severity—that is, until you look into his eyes. There's a playful light there that belies it all; it's surely a big part of the instant rapport he's able to create with patients and colleagues.

In the clinic setting at UW Sports Medicine, Bernhardt displays his firm grasp of the line that every physician strives to tread—that delicate balance between professionalism and approachability, between the doctor as healer and doctor as friend. Patients from ages six to 88 come to him with complaints about hips, necks and anterior cruciate ligaments. Most open up to him quickly, and he treats them as more than just an ankle or shoulder injury. He jokes with one patient about packing a large spineball into her vacation suitcase; later, he razzes a medical student good-naturedly about an offbeat diagnosis.

Dr. Greg Landry, the former chair of the division of general pediatrics, has known Bernhardt for more than 10 years. He describes his long-time colleague and friend as a "can-do" kind of doc. "David has a nice mix of intensity and the ability to have fun," says Landry. "Even in the most difficult situation, he's a calming force."

Bernhardt is one of those rare individuals who has always known what he wanted to do. "Most people struggle with career and life choices," says Colleen Clark-Bernhardt, his wife of 16 years. "With David, there was never a question."

Bernhardt was drawn to medicine at an early age. His father, Louis, Class of '63, is a cardiothoracic surgeon at St. Mary's Hospital in Madison. Young David's pediatrician and high school team physician, Dr. Bill Bartlett, was both a friend and mentor—so much so that Bernhardt continued seeing him until he was nearly 30.

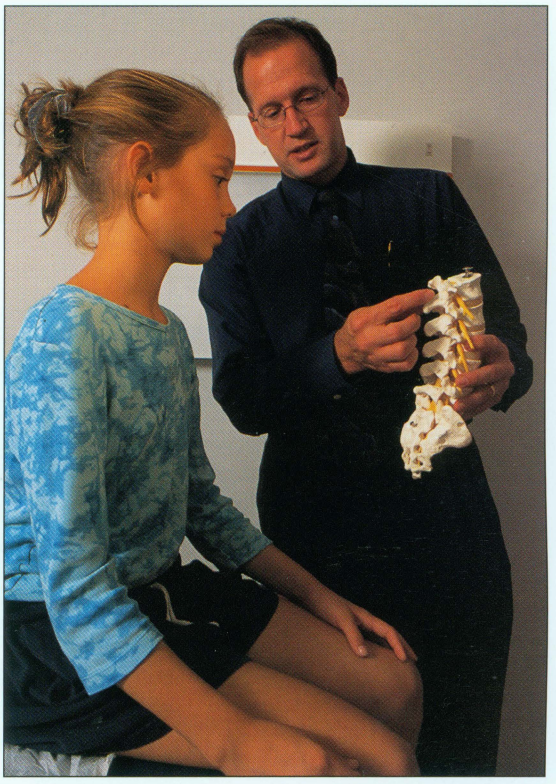
Bernhardt spent his first two years of medical school in New York. He transferred back to UW Medical School for years three and four, both for cost considerations and because he missed the Midwest. Orthopedic surgery was the first discipline he tried, but long hours in the operating room failed to stir his soul. Sports medicine and pediatrics were another matter; in these he found a calling that sustains him.

For the past 12 years since graduating from UW Medical School, he's been trying to do for others what Bill Bartlett once did for him—to make more than a medical difference in someone's life. "What does it for me is seeing these young innocent kids, some of whom find themselves in unfortunate situations, and being able to intervene, to play a role in promoting both their physical and mental health," he says. On the sports medicine side, Bernhardt is constantly intrigued by the physical and psychological battles involved in returning injured athletes to their sport.

In sports medicine and pediatrics, Bernhardt found the calling that sustains him.

Frequently, the battle isn't easy; sometimes, parents can be an obstacle. Most parents he encounters in clinic at UW Sports Medicine take a sensible approach to their childrens' participation in sports, but there are the occasional zealots who push too hard—or for the wrong reasons.

"The kids want to have fun," says Bernhardt. "But we've treated the 17-year-old who doesn't want to play soccer anymore, and his parents are pushing him out the door because they've gone to all his games from the time he was six years old. The family dynamic there can be pretty tense, and trying to be an advocate for the child or adolescent is a role I see myself playing."



As the Midwest representative to the Sports Medicine Committee of the American Academy of Pediatrics —yet another hat on his overflowing rack— Bernhardt frequently finds himself at the forefront of discussions about tough youth sports-related topics: fan violence, kid safety, proper nutrition and coaching techniques. The list also includes the hottest issues facing high school and college athletics today—supplement use. Last year, Bernhardt and his colleagues in UW Sports Medicine surveyed the prevalence of creatine, a popular commercial supplement, among Wisconsin high school athletes. The results were alarming: 15 percent of the respondents admitted to trying it.

"The reason it's hot is that nobody knows the efficacy of this stuff and nobody knows the safety record," explains Bernhardt. "Many people are using it to improve their performance, but it's a slippery slope—if this one is OK, what about the next one? Suddenly we're not talking about supplements anymore, but using hormones and drugs to go faster and be stronger." The trickle-down effect from professional athletes to youth soccer is quite real, says Bernhardt: "These kids see an athlete win a gold medal using Vitamin Y, and it's easy for them to want to do the same thing."

Bernhardt's free time—that is, when he has any—is spent with his family. He earmarks his evening hours to connect with his sons, and he frequently takes them to the athletic events he works. Occasionally, there's time for an early morning run or swim.

Not that you'll ever catch him complaining about his frenetic schedule. "I'm happy when I go to work every day, happy seeing the patients, working with the medical students and residents," he says, a satisfied smile stealing across his face. "It's the perfect job. I don't see why anyone would do anything else."

Class Notes

1960

Leslie M. Klevay of Grand Forks, ND, recently received the Klaus Schwarz Commemorative medal from the International Association of Bioinorganic Scientists. The award identifies leaders in trace element research. He serves as a research leader at the Grand Forks Human Nutrition Research Center and professor of internal medicine at the University of North Dakota. Klevay is best known for his discoveries on disruptions of biochemistry and physiology caused by copper deficiency. Dietary copper deficiency probably is a contributor to heart disease.

1961

The American Diabetes Association has given **H. Peter Chase** of Denver, CO, the Outstanding Physician Clinician in Diabetes Award, established to stimulate, acknowledge and reward superlative clinicians in the field of diabetes. For 20 years, Chase has served as clinical director of the Barbara Davis Center for Children's Diabetes, one of the country's premier treatment centers. His book, *Understanding Insulin-dependent Diabetes*, is used extensively to educate newly diagnosed patients.

1966

Presently living in Tomah, WI, **Robert Seward** has had a solo practice in internal medicine for the past 15 years. Previously, he practiced at a Veterans Administration hospital for 12 years. He says he is "still going strong" despite having undergone bypass surgery. His plans for the future include a possible move to a VA hospital in Spokane, WA. He enjoys jazz, golf, biking, reading and his three "wonderful kids."

1971

Robert Jaeger has been elected to the Executive Board of the American College of Obstetricians and Gynecologists, and is the first Wisconsin physician to serve in this capacity since 1962. He has practiced as an obstetrician and gynecologist in the Rice Clinic and as a member of the staff of St. Michael's Hospital in Stevens Point, WI, since 1976. A long-time active member of the State Medical Society of Wisconsin, he is a member of its Commission of Public Health, and represents Wisconsin physicians as a member of the state delegation to the American Medical Association.

1976

Barbara J. Olson lives with her husband, John O. Lastetter, PhD, in Nashville, TN, where she practices pediatric neurology. She and John are currently building a new house, which will include a studio for her metal and stained glass hobbies.

1977

Randy L. Judd of Orlando, FL, has been appointed director of immunohistochemistry and image analysis at the Center of Advanced Diagnostics. He and Cathy Rustin were married in 1990. Their children, Robert, 7, and Jessie, 5, love Orlando, Mickey Mouse and all!

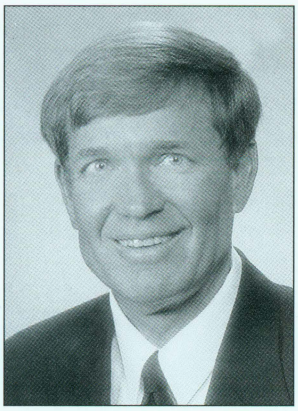
1992

Brian Redmond currently is in private practice in Battle Creek, MI, working as an orthopedic surgeon specializing in sports medicine. He is team physician for Albion College; the Michigan Creek Battle Cats, a minor league affiliate of the Houston Astros; and the Michigan Rattlers, a semi-pro football team.

1996

Recently declared a diplomat of the American Board of Emergency Medicine, **Michael J. Foley** of Madison is a staff physician in the Department of Emergency Medicine at St. Mary's Hospital Medical Center and a flight physician with Med Flight. **Paul Heinzelmann** completed a family practice residency at St. Luke's Hospital in Milwaukee and now is a physician for Andean Health and Development (AHD), a U.S.-based non-profit organization working to build a reliable primary health care model in rural Latin America. He travels frequently to the Ecuadorian jungle and then returns to Milwaukee for stints as an urgent care physician. He also recently completed tropical medicine training at Johns Hopkins School of Public Health and is planning to pursue a diploma in tropical medicine and hygiene from the Royal College of Physicians in London. When he is in Baltimore, Heinzelmann stays with his former UW Medical School friend, **David Derdzinski** (Class of '97), who is completing a residency in anesthesia at Johns Hopkins. While the two were students in Madison, they started the UW International Health Exchange, collecting over seven tons of supplies and sending them to hospitals in Eastern Europe.

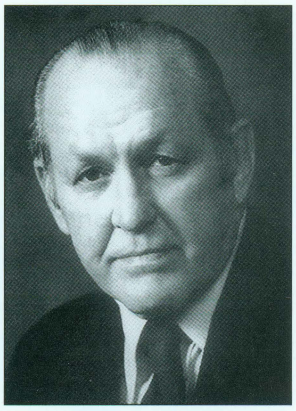
Post-graduate



Edward P. Horvath of Bay Village, OH, has accepted a position as medical director of Global Healthcare and Medical Operations for the General Electric Company in Cleveland. From 1993–99 he was a staff physician in general internal medicine at the Cleveland Clinic Foundation.

Nirmala J. Rozario has been named medical director of the geriatrics/rehabilitation center at the Veterans Administration Hospital in Tuskegee, AL.

C. J. Wheeler, Jr., a retired major in the United States Marine Corps Reserve (1942–45), is a recipient of the Purple Heart and the Presidential Unit Citation. He is former



chief of thoracic surgery at Lewisburg Community Hospital in Tennessee (1973–75) and past medical director of Schick-Shadel Hospital in Dallas-Fort Worth (1991–93). He now has retired—albeit, "restlessly," he admits—in Richardson, TX. From 1954 to 1956, he served a fellowship in thoracic surgery at University of Wisconsin Hospital and Clinics while he maintained a collateral position as instructor of surgery at the UW Medical School.

Faculty notes

Rudolph C. Hecht, and his wife, Ilse, both former full-time faculty members in the UW Medical School Department of Family Medicine and Practice, this summer attended a small reunion of Mexican graduates of UW doctoral programs from the 1970s and 80s. Honorary Consul of Mexico in Madison since 1974, Hecht reports, "It was a most stimulating experience to share time with this group of important professionals and scientists who years ago had their advanced training at UW–Madison." They all return to Madison from time to time, and continue to have much contact, both professional and personal, with colleagues on campus.

In Memoriam

James L. Albrecht, '47
February 10, 2001
Raymond D.Cornford,
'63, December 24, 2000
Claude D. Davis, '67
May 30, 2001
James L. Dean, '43
May 6, 2001
Paul R. Ebling, '55
June 28, 2001
Samuel H. Ferguson, '51
Albert L. Fisher, '50
March 14, 2001
C. Adrian Hogben, '43
May 24, 2001
Bernard Hulbert, '41
February, 1998
Henry Lawson, '40
February 21, 2000
Karl A. Liefert, '40
July 1, 2001
Harold Lubing, '43
March 28, 2001
George Maxwell, PG
February, 2000
James A. Merritt, PG
April 18, 2001
Thomas Miller, '55
September 24, 1999
Erland R. Ottherholt,
'43, February 14, 2000
Edwin H. Schalmo, '49
July 21, 2000
Frederick Wippermann,
'38, November 26, 1999

Reaching out to residents

By Dian Land

The University of Wisconsin Medical School and the Wisconsin Medical Alumni Association (WMAA) are reaching out to recent graduates in residency programs across the country to ensure that the new physicians remain connected with their alma mater. Last year, while Dean Philip Farrell was at academic meetings in Baltimore, Maryland, and Gainesville, Florida, he and his wife, Alice, took time to host receptions and dinners for former UW Medical School students now in training in those two cities.

"We don't want to just say goodbye to our graduates when they finish their medical education with us," says Farrell. "We'd like them to come back to be our physician colleagues here in Wisconsin, where they are needed now and will be needed even more in the future when predicted shortages become a reality."

Dr. Eric Yang, Class of '99, is already beginning to think about the possibility of eventually practicing in Wisconsin, but first he'll finish an internal medicine residency at Johns Hopkins Medical School and then a cardiology fellowship at Mayo Clinic.

Yang is one of several UW Medical School graduates currently in residency at Johns Hopkins. Others include Drs. Patrick Sosnay, '00, who is also in the internal medicine program; James Gallagher, '98, who is participating in a psychiatry residency; Robert Alan, '98, pathology; David Derdzinski, '97, anesthesia; and Jennifer Dodson,'96, who will soon be completing a urology residency.

Drs. Eric Yang ('99) and Patrick Sosnay ('00)

Yang, who organized the small get-together in Baltimore last spring, doesn't need to be encouraged to stay involved with the Medical School. He proudly wears a UW pin on his lab coat lapel to let people know he's a Badger, and has talked Sosnay into doing the same. The two watch UW and Green Bay Packer football games together when they can find the time.

"I think it's important for graduates to remember what the Medical School gave them," says Yang, who was class president during his first and second years at UW Medical School. "We need to give back to the school." Yang's link to UW is further strengthened by a family tie—his younger sister, Leslie (also known as Wallene), is currently a Med 3 at the school.

Despite the rigorous challenge of residency training, Yang says UW Medical School prepared him well for it. "The second-year pathophysiology and pharmacology courses were well taught," he says. "The third- and fourth-year clinical experiences were strong. We had a lot of autonomy and good one-on-one instruction."

At the Gainesville gathering, the Farrells met with several Medical School alumni who are at the University of Florida. These included Drs. Brad Larson,'97, who is the chief resident in medicine; Tim Larsen, '99, who is in an anesthesia program; David Hei, '93, internal medicine; Anish Desai, '98, also internal medicine; Michael Green, '99, orthopedic surgery; and Charles Kwon, '00, pediatrics.

"During the evening, our conversation focused on the new Health Sciences Learning Center and earlier efforts to improve facilities at the Medical School, particularly through the HealthStar Initiative," says Farrell. "This brought back memories of Brad Larson's involvement in helping to shape the school's destiny when, as president of the Medical Student Association, he urged alumni to support the development of better student facilities at the Medical Science Center."

For the alumni association, maintaining communication with graduates is a strategic priority. "We want to identify leaders from recent graduating classes who will stay involved in the school and the alumni association for years to come," says Karen Peterson, executive director of the WMAA.

This year, the dean would like to develop plans for gatherings in Chicago and Oregon, where many former UW Medical School students are residents in training.

UW graduates fare well in residencies

Statistics show that University of Wisconsin Medical School graduates perform strongly in their residencies. Annual surveys conducted by the school's Office of Medical Education Research and Development in the last six years indicate that graduates and residency directors alike believe that the school prepares its students well for residencies.

A total of 441 graduates responding to the surveys after one year of residency gave an average score of 4.6 [range: 1 (poor)–6 (outstanding)] when they were asked to rate the quality of education they received at UW Medical School. Responding graduates agreed strongly that the UW curriculum provided them ample opportunity to learn basic medical sciences, giving this aspect of the curriculum an average rating of 4.2 on a scale of 1–5. Graduates also ranked the school high in helping them develop independent learning skills (3.9) and learn necessary clinical skills (3.8).

When residency directors were asked to compare UW residents at the end of their first year of residency with all other first-year residents, 630 responded for the graduating classes from 1995–99 with an average score of 7.3 on a scale ranging from 1 (worst ever) to 11 (best ever), with 6 being the average. This ranking has been rising steadily over the past five years; in 1999, the most recent year for which data is currently available, it was 8.0. Residency directors also ranked UW graduates highly for communicating effectively with patients (5.0 on a scale of 1–6), displaying humanistic behavior (4.8 on the same scale) and performing a physical exam (4.4 on the same scale).

The Medical School uses the evaluations to monitor how successfully its curriculum prepares students for their future careers. To this end, the data are contained in an evaluation report sent yearly to the UW–Madison Provost. The data are also presented to the Academic Affairs Leadership Council, the Educational Policy Council, and faculty and staff attending Medical Education Day, a school-wide day-long retreat held each April. It also serves as a resource for task forces and committees that have studied the Medical School admissions process, the Generalist Partner Program Initiative, the Medical Scholars Program, and student grading and assessment.

Volunteers wanted: Desktop medical consultants

Would you like to participate in medical relief work without ever leaving home? Andean Health & Development (AHD), a non-profit organization, is creating a registry of specialists to volunteer their services to help underserved patients living in remote areas of Ecuador. AHD hopes to bring specialty services to the Ecuadorian jungle by using telemedicine—cameras, computers and the Internet—to diagnose patients from a distance.

"We are looking for physicians who are willing to donate occasional time to interpreting problematic clinical cases and images sent over the Internet from Ecuador," says Dr. Paul Heinzelmann, '96, the AHD physician who is coordinating the project. "We particularly need help from dermatologists, radiologists, cardiologists and pathologists."

A pilot study to evaluate the feasibility of using simple "store-and-forward" electronic technology is now under way, says Heinzelmann, who regularly visits the local hospital in the town of Pedro Vicente Maldonado. The study is supported by a small grant from University of Wisconsin Medical School's Department of Family Medicine. Researchers from Massachusetts Institute of Technology and Harvard University School of Public Health have provided software and technical assistance for the project.

"This project will not only bring specialist opinion to the physicians at the hospital in Ecuador, it will also allow opportunities for reciprocal learning," says Heinzelmann. "The spectrum of diseases there is different. It includes tropical diseases and advanced cases of problems rarely encountered in the U.S."

Physicians interested in participating in this pilot project should contact Heinzelmann via e-mail: ph2065@yahoo.com or by phone: (414)529–5085. Please include your specialty, comfort level with using the Internet, and the number of patient cases on which you would be willing to consult each month. There is no reimbursement for the services and no assumed liability. AHD is also seeking funding to continue its work; donations are tax-deductible.

AHD was created by Dr. David Gaus, UW Medical School clinical associate professor of family medicine at the Milwaukee clinical campus. For more information on AHD, see http://www.andeanhealth.com.

Coming Events

WMAA *Quarterly* Editorial Board meeting
Friday, October 26, 2001
10–11:30 a.m., University Club

WMAA Board of Directors meeting
Friday, October 26,
1–4 p.m., University Club

WMAA Board of Directors and Past Presidents Dinner
Friday, October 26
6:00 p.m., University Club

Homecoming (Michigan State vs. Wisconsin)
Saturday, October 27
Tailgate at 10:00 a.m. (subject to change), Memorial Union
Game time, 1:05 p.m. (subject to change)

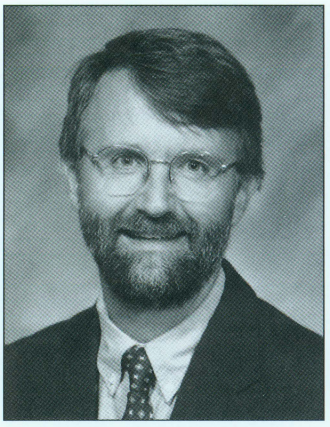
Alumni Weekend 2002
May 9–11, 2002

For additional information about these events, please visit the WMAA website at www1.med.wisc.edu/Alumni/ or call the WMAA office at (608) 263–4915.

New *Quarterly* editorial board members appointed

Dr. Kathryn Budzak

Dr. Maureen Mullins



Dr. Patrick Remington

Beginning this fall, a new editorial board will help guide the direction of the *Quarterly*. The editorial board—which comprises alumni and Medical School faculty who are alumni—will take the place of the previous advisory and editorial boards.

The board acts as a critical link between the medical alumni and the Medical School by helping plan the content for each issue of the *Quarterly* and by critiquing each issue after publication. New members include Drs. Kathryn Budzak ('69), Maureen Mullins ('79) and Patrick Remington ('81). Returning members who served on the previous board include Drs. Sandra Osborn ('70), Ellen Lewis ('41) and Russell Lewis ('41). Ex-officio members include Dean Philip Farrell, WMAA President Dr. Harvey Wichman ('65), WMAA Executive Director Karen Peterson and *Quarterly* Editor Dian Land.

Budzak, who previously served as a long-time member of the *Quarterly* editorial board, is pleased to be a part of the publication again. "This editorial board, representing both the Medical School and the WMAA, was adopted to enhance communications between the editorial staff and both organizations," she says. "The goal of the new board is to continue to produce a high-quality publication, with a focus on achieving a balance between the Medical School and the WMAA."

"Each audience complements the other," Mullins notes. "The Medical School benefits from a strong WMAA; and as alumni we want to see a strong medical school, we want to know what issues are currently at the forefront of medical education. Topics of interest to one audience—stem cell research, for example—will also be of interest to the other."

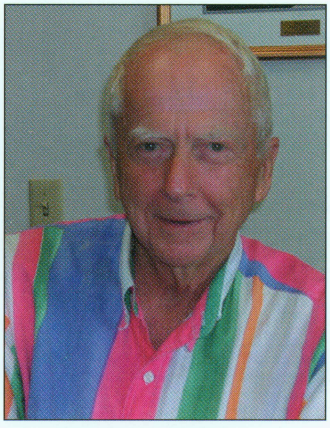
For Budzak, the *Quarterly* isn't merely a source of news; it's also a means of staying connected. "The publication not only keeps me tuned into what's going on in the Medical School, it has also kept me interested in the WMAA," she says. "Learning what alumni are doing—often in non-medical endeavors such as volunteer activities—offers a human interest perspective I appreciate."

Jackson elected to WMAA board of directors

Dr. Thomas Jackson, Class of '67, has been elected to the Wisconsin Medical Alumni Association board of directors. Jackson is a professor of medicine at the UW Medical School's Milwaukee Clinical Campus. He practices general internal medicine, teaches residents and medical students, and has served in a variety of leadership roles over the past 26 years. His professional interests include provision of care to underserved populations, recruitment of minority students into health careers, and research on smoking cessation. Active in his church, he also enjoys traveling (especially to Third World countries), reading mystery novels, spending time with his grandchildren and, of course, watching Packers and Badgers football games.

Meet Your Class Representatives

In case you've forgotten who your class reps are, we'd like to refresh your memories. Like all of us, they are busy people. Yet they set aside time to work for the Wisconsin Medical Alumni Association (WMAA), doing what they can to stay connected with their school and classmates. Below you will find updates on four class reps, information on what they've been doing in their personal and professional lives. They would love to learn what you've been up to. They encourage you to get involved in the WMAA.



Dick Anderson
Class of 1947

Type of practice: Pediatrics and child psychiatry

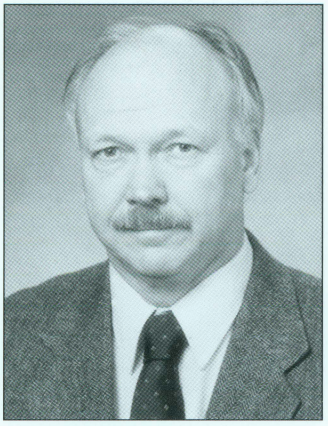
Fondest memory of UW Medical School: Graduating

Hobbies/interests: Art, music, relaxing

Other news: I'm alive and well and keeping healthy.

Faculty member remembered the most and why: Dr. Middleton, because he was a strong father-figure. He was devoted to students and kept in touch with them after they graduated.

Message to classmates: Stay healthy and have fun!



John Pederson
Class of 1972

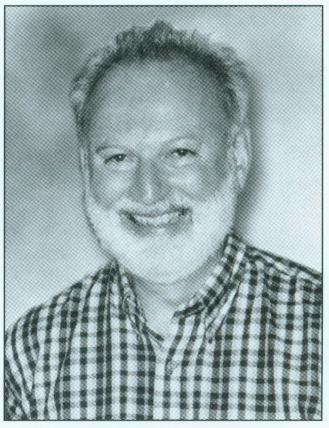
Type of practice: I retired from medicine and the practice of pathology in July 2000, after spending 22 years at St. Francis Medical Center in La Crosse, now Franciscan Skemp Healthcare.

Fondest memory of UW Medical School: I enjoyed the intellectual stimulation I got from faculty members with worldwide reputations. I particularly enjoyed some of my classes in the first two years of medical school, especially the gross anatomy classes taught by Drs. Petterson and Mortenson.

Hobbies: Gardening, running, taking courses for enjoyment at the UW–La Crosse. I'm active in volunteer organizations at church and the U. S. Fish and Wildlife Association. I collect antiquarian books.

Faculty member remembered: Dr. Middleton, because he was at the end of a long and distinguished career at the UW and was a transition figure between medicine when it was only "hands on" without much technology and the beginning of profound technological changes over the next 30 years. I also enjoyed being a preceptor with Dr. P. T. Bland in Westby in 1971. It was rural medicine at its finest.

Message to classmates: Please plan on attending our 30th year reunion in 2002. A letter has already been sent out, and you can refer to that for details.



Robert Roger Lebel
Class of 1982

Type of practice: Solo private practice in medical genetics, plus I'm a part-time medical director of a community hospital-based genetics service.

Fondest memory of UW Medical School: Presiding over the marriages of several classmates, since I was also ordained prior to medical school.

Hobbies/interests: Genealogy, having traced my ancestry extensively, including one line back to the mid–1300s. Active in local church as director of assisting ministers. I enjoy listening to classical music (I own over 1,000 CDs) and books on tape, especially biographies. I also work out at the gym five or six times a week.

Other news: I have authored over 170 publications, including materials in basic science, clinical practice and ethical issues in medicine. I'm active in the Illinois State Medical Society and DuPage County Medical Society. I serve on ethics and membership committees of the American College of Medical Genetics and am a life member of the American Society of Human Genetics.

Faculty member remembered the most and why: Enid Gilbert-Barness, because of her great poise while being so amazingly skilled and widely respected in worldwide professional circles. She could speak to us in second year as though we were her friends, teach gently but firmly, and invite us to the highest levels of competence. On top of that, her skills are strongly overlapping my area in genetics. Finally, we have remained in touch with occasional cases in which I consult her for expert opinions. Of interest: We once found ourselves on opposite sides as consultants in a legal case. . . her side won.

Message to classmates: I miss you! I really want all of you to get to Madison next spring for our 20th anniversary reunion. Would a few of you volunteer to help plan our weekend and make it a great rekindling of the good spirit we had in years past?

Plans for a reunion: I'll be there, and hope to find the whole crowd ready for a toast.

Diane Weis
Class of 1997

Type of practice: Internal medicine and pediatrics

Fondest memory of UW Medical School: Getting together with friends to either study or enjoy

continued from page 27

the sights and fun in Madison.

Hobbies/interests: I still enjoy sightseeing, scenic walks, spending time with family and friends, and singing.

Faculty member remembered the most and why: Dr. Julie Roosenheimer, because of her love for and dedication to teaching. She would make the most difficult topics fun and easy to comprehend.

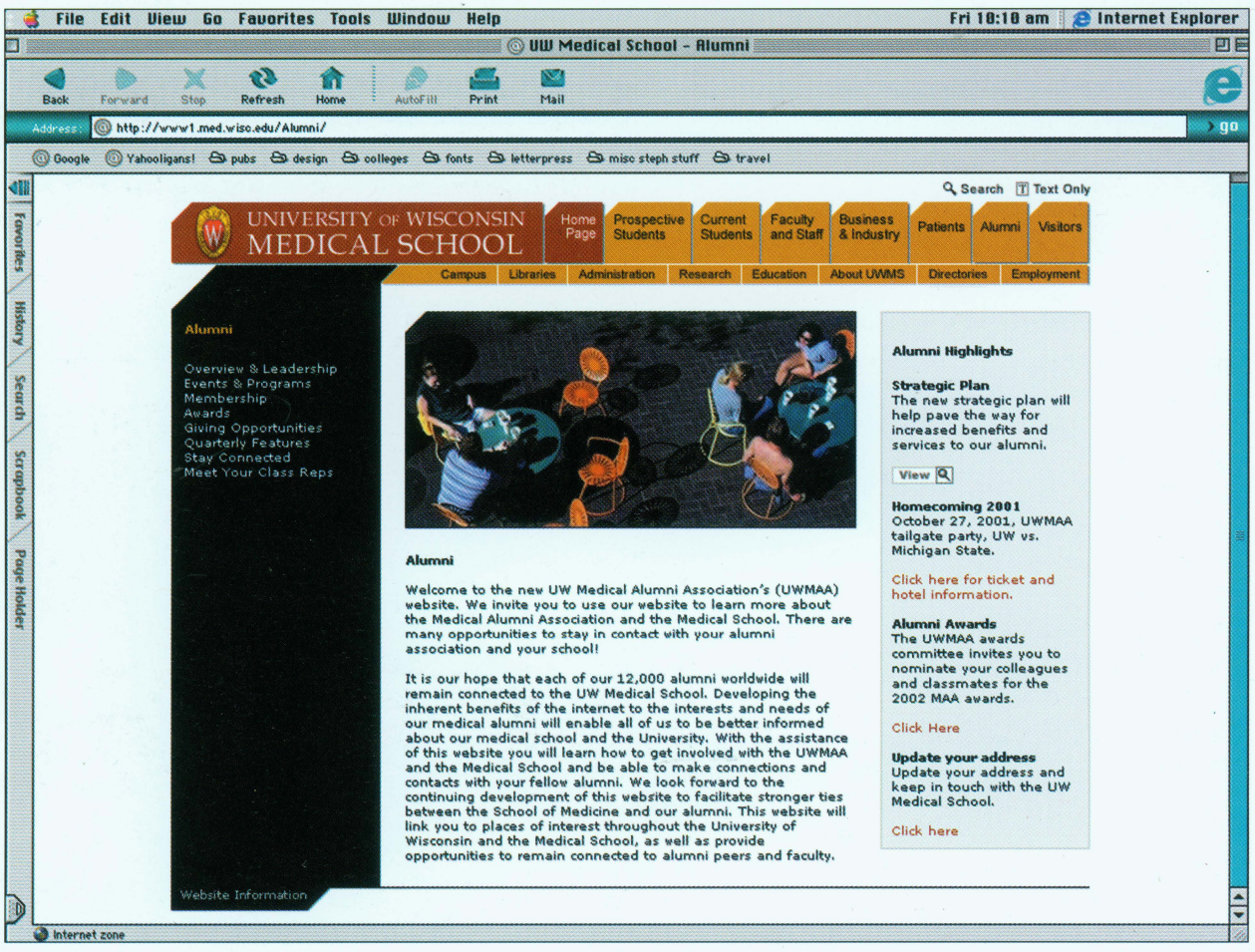
Message to classmates: I would love to see everyone again and find out how you all are doing. I hope everyone is enjoying the start of practice/fellowship or the end of residency.

Plans for a reunion: Let me know if you'd like to get together for a five-year reunion. You can reach me through email at dweis_2000@yahoo.com.

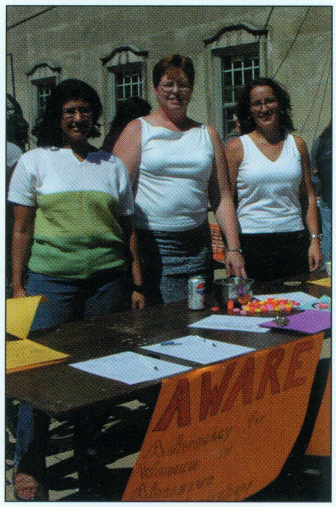
WMAA website:
A new way to stay connected

The Wisconsin Medical Alumni Association (WMAA) invites you to check-in via computer. The WMAA website—at www1.med.wisc.edu/Alumni/—is a new way to stay connected. Through the website, alumni can explore many opportunities, such as updating individual information for the WMAA database, nominating alumni for awards, joining the organization and becoming involved in its activities, and even getting Badger football tickets.

"We want alumni to start using the website because we feel it can be an easy and effective way to get and share important information," says WMAA Executive Director Karen Peterson. The WMAA website is part of the UW Medical School website, which is undergoing major changes. "Watch us expand electronically," says Peterson.

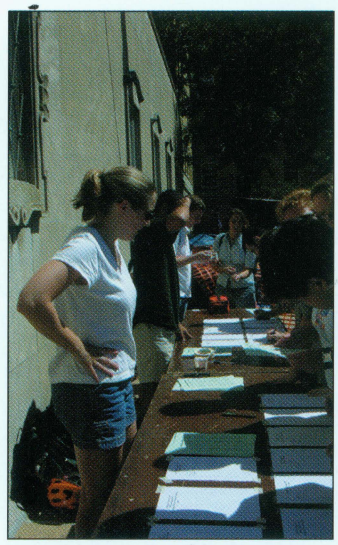


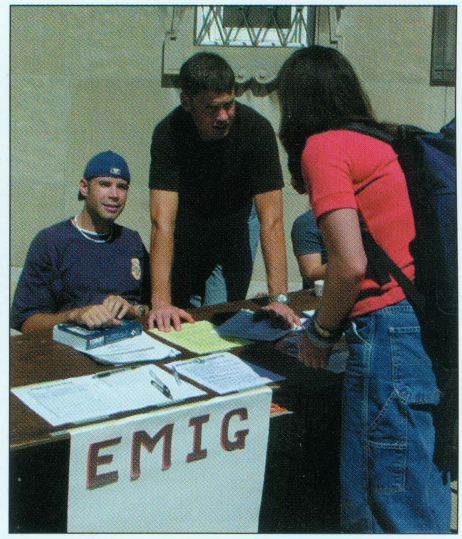
Student organizations abound



Students held an "Organizations Fair" one hot August afternoon; and ice cream provided by the Wisconsin Medical Alumni Association was a welcomed treat. Representatives of a variety of student organizations displayed and distributed information as a way of introducing new students to activities, programs and groups in which they can choose to participate. Many of the organizations are community-oriented, some have been formed to help students and others focus on professional activities. Below is a list of current student organizations.

- Advocacy and Intervention for Medical Students (AIMS)
- Advocacy for Women in Abusive Relationships (AWARE)
- American Medical Association—Medical Student Section (AMA-MSS)
- American Medical Student Association (AMSA)
- Child Abuse Prevention Project (CAPP)
- Christian Medical Society (CMS)
- Complementary and Alternative Medicine (CAM)
- Cross-Cultural Interest Group (CCIG)
- Dando a Luz/MoMS
- Doctors Ought to Care (DOC)
- Emergency Medicine Interest Group (EMIG)
- Ethics Committee
- Family Medicine Interest Group (FMIG)
- Gays, Bisexuals, Lesbians and Allies in Medicine (GBLAM)
- Internal Medicine Interest Group (IMIG)
- International Health Exchange (IHE)
- LOCUS
- MEDIC
- Medical Spanish
- Medical Student Association (MSA)
- Medical Students for the Arts (MFA)
- Medical Students for Choice (MSFC)
- Medical Students for Minority Concerns (MSMC)
- Ob-Gyn Interest Group
- Pediatrics Interest Group (PIG)
- Physicians As Health Activists (PAHA)
- Physicians for Social Responsibility (PSR)
- Public Health Interest Group (PHIG)
- Surgery Interest Group (SIG)
- Wilderness Medical Society (WMS)
- Women In Medicine (WIM)





PRESIDENT'S MESSAGE

Dr. Harvey Wichman

If you've been considering a return visit to the Medical School, mark your calendar for Homecoming 2001, which takes place October 27. Never have alumni had a better chance to see the future of medical education on the University of Wisconsin–Madison campus. And never have they had a better reason to celebrate.

The day begins with a Homecoming tailgate at Memorial Union, followed by group transportation to Camp Randall Stadium and tickets to the game against Michigan State. Afterwards, medical alumni are invited to visit the site of the future Health Sciences Learning Center. Groundbreaking took place September 7.

It will be incredibly exciting to see the plans for this state-of-the-art facility, and envision how it will tie in to adjacent UW Hospital and Clinics. The Health Sciences Learning Center will revolutionize health education, not only for the Medical School, but also for students enrolled in nursing, physical therapy, allied health and pharmacy. The citizens of Wisconsin will benefit for generations under the care of some of the best-trained health professionals in the world, while medical students will benefit from the proximity of the hospital to their faculty and classes.

A major contribution to the future center comes from alumni, who together raised $2.5 million for the 350-seat, ultra high-tech Alumni Hall. Your Wisconsin Medical Alumni Association also will be located in this tremendous new building, which will prove to be a huge advantage—especially to upperclassmen. They have long been separated from the association because the hospital, where they spend most of their time, is located blocks away. Upon completion of the new learning center, however, upperclassmen will have easy access to the WMAA and to its national network of alumni, many of whom volunteer to host graduating class members during residency visits.

The association's new home in the Health Sciences Learning Center also will foster greater connections between alumni, undergraduates and recent grads. To get things started, our board of directors has implemented a new strategic plan, forming an events committee that will find ways to involve the UW Medical School's broadest community. To help graduates connect with their school, the board has also launched a new Website (see page 28 for more information).

In another important development, the Wisconsin Medical Alumni Association's new affiliation agreement with UW Medical School includes the appointment of an alumnus to the Medical School's Admissions Committee. This representative will contribute to the student selection process, helping ensure that the best candidates are admitted to the school.

There are exciting changes ahead for UW Medical School and its alumni. We hope you'll join us at Homecoming on October 27, 2001, to celebrate a great future.

The Changing Face of Medical Education

Ellen and Russell Lewis
co-chairs of the Alumni Editorial Board

We graduated from the University of Wisconsin Medical School 60 years ago. After her internship, Ellen spent ten years as the school physician at LaCrosse State Teachers College before entering the pharmaceuticals field. Ten years after graduation, Russ came back to Madison for a residency in obstetrics/gynecology. Neither of these experiences had much to do with running a medical school. This makes us about as wise as the state legislators in telling the experts how to do their job. But we have ideas about it.

When we graduated, we knew of no one who planned to specialize, let alone in what field. After the war, which saw medical technology develop rapidly, people in power changed that by forcing graduating students to specialize in a new specialty they created—general practice. This effectively ended the internship, forcing medical school seniors to pick their future field while they were still in school. This allowed the technology to be taught during the training period.

Now as we sit watching our only TV for the day, Jeopardy and the evening news, we are struck by the obvious need for medical students to master several new subjects, which we think could require an added year of medical school. When we graduated we had learned in the classroom about things such as amino acids and acid base balance; clinically we learned how to make a correct diagnoses. We learned if we could diagnose diabetes, pernicious anemia or Dr. Middleton's favorite, pellagra, we could treat these problems. Otherwise, making a diagnosis of a non-surgical condition allowed us only to give the patient and family a prognosis.

When we were students, learning to become a doctor was so much simpler. With all the information there is to learn today, it's no wonder that most older doctors are baffled at—even worried about—what current students are required to learn in just four years. We think residencies are vital to accomplish this.

These days the media are bombarding us about managed care, HMOs and the business side of medicine. We learned zilch about these things. Like many others, we think the time has come to introduce students to this subject. We are pleased to hear that UW Medical School has begun to incorporate some of this into its curriculum.

Advertisements on television and in magazines feature doctors touting their expertise, but primarily we experience pharmaceutical companies advertising their cures for any number of health problems. The advertisements all conclude with the statement: "Ask your doctor if this drug is for you." It should be important for the doctor to know the answer. When we took pharmacology from Dr. Tatum and Dr. Seevers in the second semester of our sophomore year, there were not very many useful drugs and about all we learned was Dr. Tatum's statement that "the dose of any drug is enough."

Today there are medications to help almost everything, and if there is no cure as yet, there are experimental drugs to be tried. What's critical to remember is that many medications interact in negative ways with each other, as well as with what people eat and drink every day. Physicians' knowledge has to be staggering today, it seems to us. And on top of that, there is the constant threat of malpractice suits hanging over the heads of prescribing doctors.

We recently heard that only three medical schools in the country offer courses in geriatric medicine, which should be of concern with our rapidly aging population. We wonder if the time is not near when a fifth year may be needed to complete a thorough medical education. Then perhaps a course in medical history could also be squeezed in!

CME — Easy as 1 - 2 - 3

Through the University of Wisconsin Medical School, it is now possible to complete your medical updates in three easy steps and get credit within an hour plus the short time it takes to register. At http://www.cme.wisc.edu, click on "Online Courses" and register, read the material, and upon successful completion, print out your credit letter. It's all done online when you have a window of time – from your office, your home or anywhere that has Internet connection. This new fully automated system means no waiting for passwords, no phoning in payments, no waiting for material to be sent. It's immediate gratification.

Medical Courses for CME Credit

Most of these medical updates are approved for one hour of AMA category 1 credit, and it's often material that was presented at meetings you might have missed. There are now eight lectures available:

- Alternatives for Menopausal Symptoms $20
- Coronary Artery Stent Infections, $20
- Newborn Screening for Cystic Fibrosis, 1 1 1/2 hours/$250
- Upper Respiratory Tract Infections, $20
- Depression in Primary Care Treatment, $20
- Novel Anti-fungal Therapeutics, an audio course, $20
- Post Traumatic Stress Disorder, free for a limited time
- ECG—A Primary Care Approach, 5 hours/$30

Coming Soon

We are currently working on the courses below for online continuing medical education. Watch our website for the launch date.

- Endovascular Treatment of Aortic Disease
- Peripheral Arterial Disease
- Primary Care Dermatology
- Alzheimer's Disease
- Optimizing Your MRA
- CT Colonography

Non-Medical Courses for CME Credit

Providing continuing medical education is a priority at the University of Wisconsin Medical School. A recent survey distributed by the Office of Continuing Medical Education showed that physicians are interested in medical as well as non-medical courses that enhance their practice. General courses that improve medical record keeping, office or medical practice, or quality of life were requested. There are now 63 courses offered to meet the needs of physicians, medical and office staff, and for anyone who is curious about learning. These short courses are six weeks of study, two lessons/week. Some of these courses include:

- Introduction to the Internet
- Creating Web Pages
- Spanish
- Introduction to PC Troubleshooting
- Introduction to Windows 2000 Professional
- Introduction to Microsoft Excel

Physicians who are interested in category 1 CME credit for these non-medical courses must send a short email explaining how the course will improve their practice to Dr. George Mejicano, CME Director, mejicano@facstaff.wisc.edu.

Opportunities to Submit Your Work

If you are interested in having us review one of your lectures or power-point presentations for CME online use, please contact Rhonda Dix, Internet Outreach Specialist, at 608–265–5221, or email rkdix@facstaff.wisc.edu.

CME courses

November 2
Stroke, Madison

November 10–17
Update: Pulmonary Medicine & Endocrinology
Southern Caribbean Cruise

November 29–30
Critical Care, Madison

December 6–8
Infectious Diseases, Madison

December 13–15
Primary Care Conference, Madison

December 28–30
Clinical Cardiology, Orlando, FL

2002

January 11, 2002
Geriatrics Conference
Green Bay

January 18–19
Atrial Fibrillation
Boston

February 3–6
Annual Big Sky Radiology Conference
Big Sky, MT

Call for Nominations for 2002 WMAA Awards

The Wisconsin Medical Alumni Association (WMAA) Awards Committee invites you to nominate your colleagues and classmates for consideration for the 2002 WMAA awards listed below. Medical School alumni, faculty and staff, as well as other professional colleagues, may submit nominations. Complete nominations should include the following:

- A letter stating the award for which the nomination is submitted, outlining in detail the nominee's qualifications
- The nominee's curriculum vitae, including current address and phone number
- Secondary letters or materials in support of the nomination, if available

Medical Alumni Citation Award

The award honors a Medical School alumnus who has achieved distinction in medicine. Achievement is recognized through excellence in medical practice, academic activities and research accomplishment.

Medical Alumni Service Award

The award recognizes outstanding service to the WMAA. It is offered to an alumnus who has exhibited exceptional commitment to the association over a period of years.

Ralph Hawley Distinguished Service Award

The award is conferred on an alumnus who has made outstanding contributions to the local community through medical practice, teaching, research or other humanitarian activities.

Medical Alumni Association Honorary Life Membership

The award honors a UW Medical School or UW Hospital and Clinics employee who has been particularly supportive of and helpful to students and alumni.

The deadline for nominations for the 2002 WMAA awards has been extended to December 1, 2001. Submit nominations to Executive Director Karen S. Peterson, Wisconsin Medical Alumni Association, 4245 Medical Sciences Center, 1300 University Avenue, Madison, WI 53706-1532.

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 location. **Photographs** are welcome.

Name_____ Year_____

Home Address_____

Email Address_____

City_____ State_____ Zip_____

Recent Activities_____

_____

_____

_____

Have you moved? Please send us your new address.

Mail to: Wisconsin Medical Alumni Association
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Madison, Wisconsin 53706

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