QUARTERLY

For Students, Faculty, Alumni and Friends of University of Wisconsin School of Medicine and Public Health

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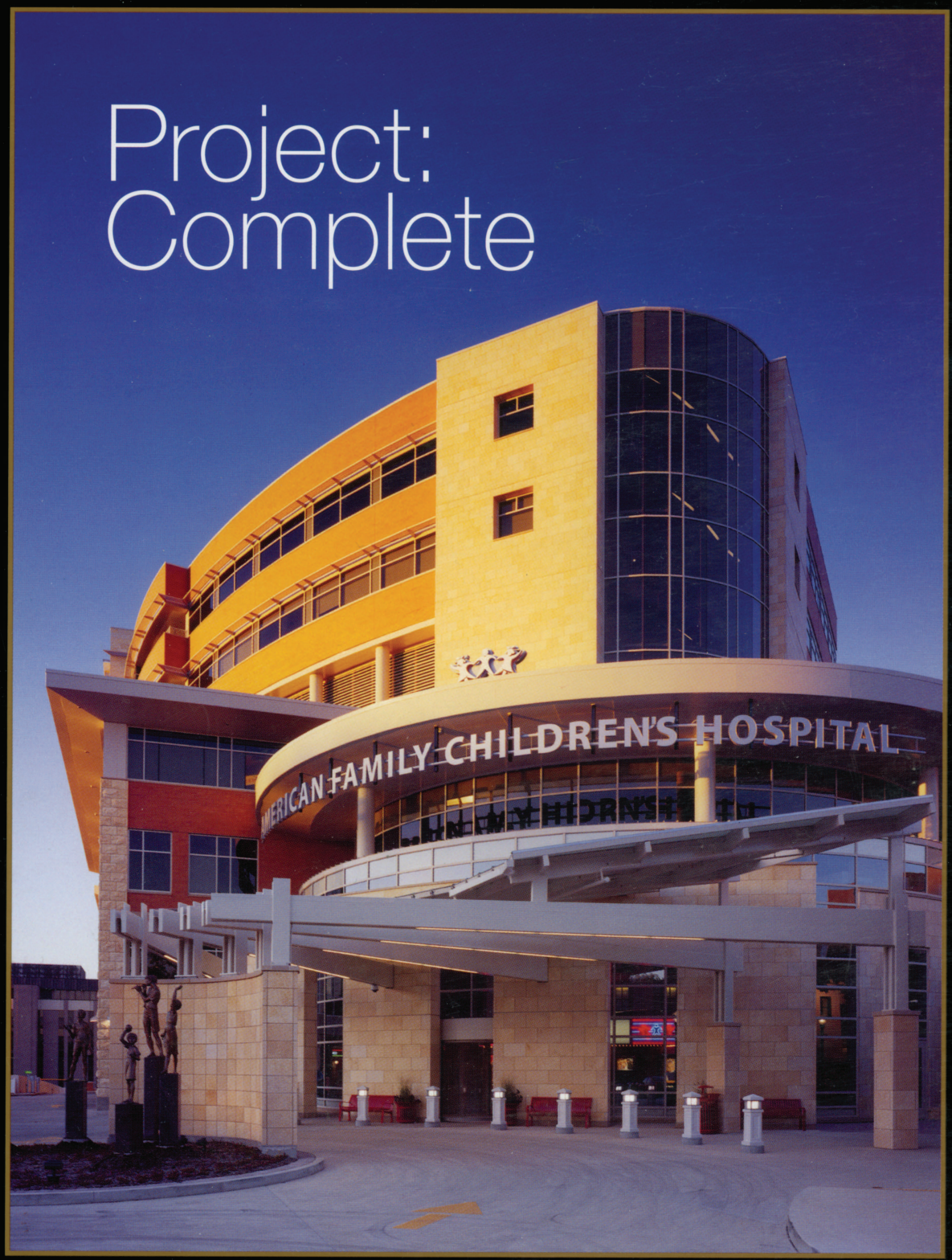

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QUARTERLY
The Magazine for Students, Faculty, Alumni and Friends of University of Wisconsin School of Medicine and Public Health

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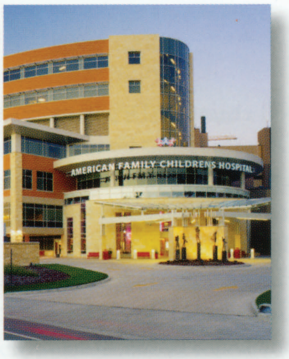


Robert Golden, MD
Dean, UW School of Medicine and Public Health
Vice Chancellor for Medical Affairs, UW-Madison

This is a time of exciting new beginnings for the UW School of Medicine and Public Health, and in this edition of the *Quarterly* you will read about many of them.

The start of the academic year always symbolizes rebirth and rejuvenation. At the end of each summer, we greet the new year and the new class of medical students at the White Coat Investiture Ceremony. This year's ceremony welcoming the Class of 2011 was exceptional, and we were so fortunate to have Dr. Jeffrey Grossman, our senior associate dean for clinical affairs, deliver such an inspirational keynote address to the class members and their assembled families and friends. You can read the entire presentation beginning on page 20.

We also recently celebrated the completion of three important construction projects—the American Family Children's Hospital, the Microbial Sciences Building and the Hedberg HealthEmotions Research Institute Building. These new facilities signal the beginning of new services, technologies, productivity and comfort for our patients, researchers, students and teachers. If you haven't visited the buildings, I invite you to at least read about them in the pages that follow. They represent important new developments for our school.

Important new beginnings also are occurring with our most recent recruitment of three outstanding department chairs. Laurel Rice, MD, from the University of Virginia, will chair our Department of Obstetrics and Gynecology, a program that illustrates a strong partnership between the school and Meriter Hospital in Madison. Valerie Gilchrist, MD, who will lead our Department of Family Medicine, brings invaluable experience as the family medicine chair at two other public institutions. Susan Lederer, PhD, from Yale University, will be the new chair of our Department of Medical History and Bioethics. All of these stellar leaders will be on board by the beginning of the new calendar year.

We are tremendously enthusiastic about the birth and growth of our Institute for Clinical and Translational Research, which recently received a major grant from the National Institutes of Health. Winning this highly competitive national award, which puts us among the top medical schools in the country, simply could not have happened without the exceptional leadership of Marc Drezner, MD, and the "dream team" he assembled on campus and around the state, including at Marshfield Clinic.

Marc is uniquely qualified to lead this major initiative, which aims to link basic and clinical discovery with meaningful translation into communities throughout Wisconsin where diverse populations are served. This essential work aligns perfectly with the vision we have of transforming ourselves into the first school ever to combine medicine and public health under one roof.

Finally, as you will read in this and coming issues of the magazine, this academic year we will celebrate our school's centennial in many unique ways. It is fairly easy to guarantee that this will be the best centennial celebration our school has ever observed! As we look back on and honor the 100 years that have brought us here, we must also look forward to the new century and many new beginnings, knowing that the best is yet to come.

Another exciting year in the life of our professional family began in August, when we welcomed the Class of 2011 at new student orientation in the Health Sciences Learning Center and introduced them to the continuing learning they will receive from their instructors, books and patients.

The class of 155 people is 56 percent women, the largest percentage of women to matriculate in any class of medical students at the School of Medicine and Public Health (SMPH). Fifty percent of the class members are graduates of UW-Madison while 61 percent are graduates of Wisconsin colleges and universities (including the Madison campus). The academic, research and social service backgrounds of these students are outstanding. Some of us family elders have commented that we might not have been accepted as students now!

The White Coat Ceremony took place on Sunday, September 16, following a highly stimulating address by Jeffrey Grossman, MD, senior associate dean for clinical affairs. At the ceremony we watched a marvelous transition as the section of students seated at the front of the Memorial Union Theater changed from a varying group of individuals to a united group wearing their white coats. It was a wonderful feeling to welcome this youngest generation to our family.

Following the white coat portion of the afternoon, the second annual Gold Humanism Awards were presented to 24 fourth-year students selected by their classmates for having demonstrated exemplary attitudes and behaviors characteristic of the most humanistic physicians. First-year students will view these award winners as inspirational.

In the past year Dean Robert Golden has announced the names of five new department chairs at the SMPH. We welcome Paul Harari, MD, in human oncology; Robert Pearce, MD, in anesthesiology; Laurel Rice, MD, in obstetrics-gynecology; Susan Lederer, PhD, in medical history and bioethics; and Valerie Gilchrist, MD, in family medicine. We also welcome all the other new faculty and staff who have joined us recently.

If you have come to campus lately, you may have noticed that our SMPH home continues to grow larger with all the progress that has occurred in the construction of the Interdisciplinary Research Complex. If you haven't seen it, you definitely should plan to visit this spectacular building, which should be open for business next spring.

The Alumni Homecoming celebration is nearly here. The variety of events will provide many opportunities for old friends to visit and get reacquainted as well as many options to make new friends, including with members of the student body. We would like alumni to welcome these new members to our family whenever possible, and we ask that you continue to build these relationships as you provide mentoring and fellowship through the Generalist Partnership Program, through the Student Alumni Partner Program and as across-the-country hosts for the fourth-year class as they evaluate different residency training programs.

Sandra Osborn, MD '70
WMAA President

I look forward to seeing many of you at Homecoming and other events of the new academic year. I encourage you to participate whenever you can and to meet our students and newer family members.

And don't forget to visit the candy bowl!

American Family Children's Hospital

Doors Open

The six-story, one-of-a-kind facility is designed to be a refuge for sick and injured children and their families. Contributions came from American Family Insurance and the community at large.

by Corissa Runde

With laughter and music echoing through the brightly colored halls, the American Family Children's Hospital opened its doors to the public on a sun-drenched summer day, July 29, 2007. Hundreds of families wandered the halls in a scavenger hunt; Bucky Badger and Ronald McDonald posed for pictures with children; and entertainers created a festival atmosphere with song, dance and face painting. Perhaps it was a fitting debut for this one-of-a-kind, $78 million facility, designed to be a refuge for sick and injured children and their families.

"Today, we can say proudly that we have a full-service children's hospital, right here in Madison," said Donna Sollenberger, president and chief executive officer of UW Hospital and Clinics. "Most families, thankfully, will never see their child hospitalized. Should the need arise, however, any child, parent, grandparent or friend who enters our hospital will be awed by this facility that is designed around a child's and family's every need."

With a colorful "All Things Wisconsin" theme throughout, the hospital first welcomes visitors to a small-town Wisconsin environment from the moment they step off the elevators. Tractor tire tracks lead to the security office, with its crimped metal walls designed to look like a grain silo.

Just as the farmland gives way to the city, a train station "Guest Depot" greets visitors as they turn the corner, along with a pharmacy and gift shop that looks

and feels like an old-time community drug store. A flashing movie theater marquee welcomes people to the Pierce Family Theater, where patients and families can take in a film.

Just outside the theater, a faux sugar maple tree's full fall foliage towers above park benches and a fireplace in the main lobby's sunny atrium. Around the bend in the Lake Michigan beach area stands a replica of the Fond du Lac, Wisconsin, lighthouse.

"I was trying to think of a word to describe my reaction to this building—and I think it's 'magical,'" said Sollenberger. "I think it will really capture the hearts and the minds of not only our community, but most importantly, our patients."

As he toured the new 61-bed hospital for the first time, five-year-old Paul Natzke stared in awe at everything from the aqua blue 1957 Chevrolet Bel Air that serves as seating in the lobby to the photos and artwork of Badger athletes in the Special Procedures Clinic.

"You have to see this room!" Paul excitedly told his mom, Kathie, as he deftly maneuvered his wheelchair through the halls. "It's Badger football!"

Paul knows a little something about what the inside of a children's hospital looks like. Diagnosed with spina bifida at birth, he was hospitalized 20 to 25 times at UW Children's Hospital for various surgeries and observations.

Kathie Natzke says the new children's hospital is leaps and bounds ahead of the old one when it comes to amenities for families. The old children's hospital was housed within the UW Hospital and Clinics building. At 125 square feet, the patient rooms quickly grew cramped for families who wanted to be with their children around the clock.

In the new hospital, inpatient rooms are double that size, including a family sleeper sofa in each room. Each room also contains ample storage, a flat-screen TV with a DVD player, and a workstation with a data jack and its own lighting—allowing parents to catch up on work without disturbing their child. Each room has a window view and measures 250 to 300 square feet.

"That's just huge to have a big enough room for families and friends to visit," says Natzke, of Belleville, Wisconsin. "I really do think that helps the kids heal faster, having their families around them."

In the new hospital, patients' siblings also get special attention. In Tyler's Place, siblings can play and hang out with other children. For Paige Natzke, Paul's 10-year-old sister, Tyler's Place would have been a welcome distraction when her little brother was hospitalized.

"All I remember is sitting in the corner while Paul was in bed sleeping or something," says Paige. "Here in the new hospital, siblings have something to do. And it's a lot bigger place—it just makes it a little more fun."

The six-story hospital began coming to life about four years ago, and the project gained steam when American Family Insurance stepped forward with a $10 million gift to spearhead the "No Finer Gift" fundraising campaign. American Family ultimately contributed about $15 million, and a total of $41 million was raised in the community.

The new hospital also offers:

- Expanded Hospital School rooms
- A library-like Family Resource Center
- The Robert and Jean Rennebohm Special Procedures Clinic for patients undergoing sedation or procedures such as chemotherapy or dialysis
- Telemetry technology that allows children to leave their hospital rooms, with signals from their medical equipment sent directly to their nurses
- Expanded rehabilitation rooms for physical, speech and voice therapy
- A bone marrow transplant suite that's specially air-filtered to help keep kids safe from infections
- Imaging rooms with twinkling starlight ceilings to offer distraction for children while procedures are done
- A Positive Image Center to help children deal with the negative effects of illness and treatment.

With a colorful design throughout, the hospital features "All Things Wisconsin" themes, from farmland to lakes to cities.

The Journey

to American Family Children's Hospital

The Orthopedic Hospital, built in 1931, first served children with orthopedic problems but quicky expanded to include pediatric patients with all kinds of health issues.

by Dian Land

In a thoroughly planned and meticulously orchestrated process involving dozens of people, pediatric inpatients were moved on August 29, 2007, from the UW Children's Hospital located inside UW Hospital and Clinics into the new adjacent American Family Children's Hospital. After preparing for the transfer for months, all hands mobilized early in the morning and pushed beds and cribs with their precious cargoes through the halls, down the elevators and over into the sparkling new hospital.

According to all who were involved, the move was a resounding success.

The faultless patient transfer was similar to—and yet very different from—the one that occurred on a chilly Saturday in March 1979, recalls Philip Farrell, MD, PhD, former medical director of UW Children's Hospital and chair of pediatrics at University of Wisconsin School of Medicine and Public Health. That's the day pediatric inpatients were moved from the Children's Hospital that was located behind Wisconsin General Hospital to the then new Clinical Sciences Center, or CSC (UW Hospital and Clinics), on the west end of campus.

"There might have been 30 or 40 sick children who had to be moved," says Farrell, a young pediatrician at the

time. "Members of the National Guard backed semi tractor-trailers up to the old hospital and we moved the beds in, securing IV poles and blood pressure monitoring equipment."

The move went much smoother than expected, says Farrell, who had told his wife not to expect him home early that evening. "We had it all done before 10 in the morning," he says.

For the 60 years previous to that move, two freestanding facilities clustered to the north of the old general hospital had been dedicated to the care of children. The first, Mary Cornelia Bradley Memorial Hospital, was immediately pressed into use in response to the influenza epidemic of 1918. The small hospital served its purpose until 1931, when the university opened the larger and better equipped Orthopedic Hospital for Children one block to the west. It later became known simply as the Children's Hospital.

For many years, though, surgeons still performed advanced surgeries on children at Wisconsin General, and this meant that the young patients had to be transported between buildings outside, at times with snow on the ground.

"We'd swaddle our newborns and carry them over in little incubators we called hot boxes," remembers cardiothoracic surgeon John Pellet, MD, now professor emeritus of surgery.

A tunnel connecting the hospitals was built in the late 1960s. And by the next decade, the field of pediatrics began changing in fundamental ways.

"Thanks in large part to the efforts of John Pellet, we became a major referral center for kids with serious diseases," says Farrell. "And we saw our first pediatric intensive care unit—Unit II—in the UW Children's Hospital in 1970. It was clear that the pediatrics field was transitioning from chronic care to a combination of chronic and acute care."

Mary Cornelia Bradley Hospital was the first hospital dedicated solely to the care of children.

When it was first proposed that pediatrics be folded into the new CSC under construction in the late 1970s, some faculty members feared that integration of the Children's Hospital into UW Hospital and Clinics would signal a loss of identity for their discipline.

But Farrell and many others saw it differently. "The CSC was really advanced for its time and the children's hospital was getting old fast," he says. "I also felt that the interdisciplinary care of children was the wave of the future, so being close to departments like radiology, pathology, cardiology and surgery was very important."

Now, the American Family Children's Hospital—an entity unto its own, but still linked integrally to UW Hospital—represents the best of both worlds.

"The children's hospital has the great advantage of being close enough and integrated and we also have the separate, specially allocated facilities the patients and their families deserve," says Farrell. "It's fabulous."

Farrell saw his first clinic patient at the American Family Children's Hospital the same day that inpatients were moved in.

Semi tractor-trailers (left) backed up to Wisconsin General Hospital in 1979 to move pediatric patients across campus to the new Clinical Sciences Center. The recent transfer of patients to the new American Family Children's Hospital (right) was also a resounding success.

The new building unites the Department of Medical Microbiology and Immunology and the Department of Bacteriology. Based at two distinct schools, they share common interests.

Campus Microbiologists Share a New Home

"The environment created by this building encourages the cross-disciplinary work and discussion that can help solve problems and advance research."

by Dennis Chaptman

As researchers and students stepped into the new Microbial Sciences Building at the University of Wisconsin-Madison recently, they found a facility designed to spark cross-college exchanges of ideas aimed at answering biological questions of unprecedented complexity and importance.

The new building is home to both the Department of Medical Microbiology and Immunology in the UW School of Medicine and Public Health and the Department of Bacteriology in the UW College of Agriculture and Life Sciences. The 40 faculty members and hundreds of students in the combined departments share common interests in the five traditional areas of microbiology: bacteriology, mycology, parasitology, virology and immunology.

"We've already found some new synergies," says Rod Welch, PhD, professor and chair of medical microbiology and immunology. "Rather than segregate the two departments on separate floors, we've mixed people up and broken down artificial barriers between us."

Adds Glenn Chambliss, PhD, professor and chair of bacteriology, "The environment created by this building encourages the cross-disciplinary work and discussion that can help solve problems and advance research."

The 330,000-square-foot, $121.3 million facility—the campus' largest academic building—contains laboratories where world-class research is conducted. The labs are organized in "neighborhoods" of research suites that promote interaction. Common corridors running outside the suites are designed to accommodate noisy and shared equipment, and include environmental growth chambers for incubating and storing bacteria.

The building also includes eight biosafety laboratories that have enhanced safety features—including their own air supply—and are used to study microbial and biological pathogens.

The building features state-of-the-art classrooms and the 450-seat Ebling Symposium Center, which is capable of hosting national and international conferences and workshops on the microbial sciences.

It also has specialized instructional laboratories, including the Kikkoman Fermentations Laboratory, where students will learn the technology of large-scale production of micro-organisms—an essential process in the biotechnology industry. One part of the laboratory will be a small-scale pilot brewery donated by the Miller Brewing Company of Milwaukee.

Public areas in the building—notably the gathering area in the spectacular atrium overlooking historic Hiram Smith Hall—are designed to stimulate interaction and scientific shoptalk. Serving as the building's "Main Street," the area features a café and seating areas equipped with rolling whiteboards on which scientists and students can brainstorm solutions to problems.

Welch says his department's former quarters in the Medical Science Center—the old Wisconsin General Hospital—were outdated and not conducive to collaboration. "Many of our labs were in old hospital rooms, where walls had been knocked down to jury-rig laboratories. It was not a good use of space," he says.

Welch and Chambliss agree that the new facility will be crucial in attracting and retaining top researchers and educating new generations of scientists.

The new building also houses:

- The Microbiology Doctoral Training Program, one of the nation's top-ranked programs. The program is coordinated jointly by the Department of Bacteriology and the Department of Medical Microbiology and Immunology.
- The Great Lakes Bioenergy Research Center, one of three national centers funded by the U.S. Department of Energy to explore promising sources of bioenergy, such as the conversion of plants into ethanol.
- Numerous laboratories dedicated to understanding the fundamental mechanisms underlying infectious diseases, such as influenza, malaria, meningitis, Lyme disease and encephalitis. Researchers are also investigating specific aspects of immunity and inflammation.
- The Food Research Institute, an interdisciplinary center that investigates food-borne diseases arising from bacterial, fungal and viral contamination.
- Research and development of new antibiotics: A number of microbiologists are searching for next-generation antibiotics capable of fighting off increasingly serious bacterial infections that are cropping up in hospitals around the world.
- Medical Microbiology and Immunology's bachelor of science degree program.

PHOTO: Jeff Miller/UW-Madison University Communications

Public areas—including those in the dramatic atrium—are designed to stimulate interaction and scientific shoptalk.

The new Hedberg HealthEmotions Research Institute Building features dramatic angles, high ceilings and contemporary furnishings.

Taking Emotion Research to a New Level

"This building will bring it all to a new level. It will serve as a magnet to attract the best new faculty in the world."

by Dian Land

A late-afternoon passing thunderstorm forced administrators at the HealthEmotions Research Institute to quickly alter their grand opening celebrations on August 22, 2007, but nothing could dampen the spirits of the crowd on hand. They bypassed the large tent that had been set up outside and instead gathered inside the new Hedberg HealthEmotions Research Building for enthusiastic speeches acknowledging all the people who contributed to making the stunning new facility a reality.

Leaving the most important acknowledgment until last, Ned Kalin, MD, institute co-director, expressed his deep gratitude to Donald Hedberg, a longtime patron of the institute whose most recent $2 million gift helped fund the building that now carries his name.

It was Hedberg's support and encouragement a dozen years ago that got Kalin and institute co-director Richard Davidson, PhD, first thinking about bringing together scientists representing a variety of disciplines from across campus to explore the way emotion influences mental and physical health.

Since then, HealthEmotions scientists have become global leaders in the neuroscience of emotion and consciousness.

"This building will bring it all to a new level," said Davidson at the grand opening. "It will serve as a magnet to attract the best new faculty in the world."

The 43,000 square-foot facility features dramatic angles, high ceilings and contemporary furnishings, with maple and aluminum trim throughout.

The lower-level sleep clinic and research center consists of three sleep research rooms where external light, noise and radio frequency interference are almost completely blocked out.

It contains:

- The magnetic resonance imaging suite of three adjacent rooms. The largest will contain a 3T MRI machine that provides the highest level of specificity with which to view the activation of brain structures. This machine is compatible with the MRI at the Waisman Center's Brain Imaging Lab. The suite also contains a control room and a practice room where patients and study volunteers can prepare for an MRI scan.
- Sleep clinic and research center. This dual-purpose space represents state-of-the-art facilities supporting translational research that moves quickly from the discovery phase to clinical practice. The lower-level center consists of three sleep research rooms where external light, noise and radio frequency interference are almost completely blocked out. Examination rooms for patient screening and testing also are located here.
- Laboratories for molecular, cellular and genetic investigations. Intelligently designed, the space supports productive collaborations among multiple scientists. Each wet lab has two tissue culture rooms and safety features including a large hood for handling hazardous materials.
- Laboratory office space. The Hedberg Building offers premium office space adjacent to laboratories. Offices have been thoughtfully designed to house full teams, promote creative thinking and elevate collaboration. Light is amplified; furniture can be easily moved.
- The classroom. Serving as either a lounge area or classroom, this space provides another venue to bring people together. With easily movable furniture and walls and two large presentation screens, it will be used for seminars and meetings or simply as an open space where people can work.
- Animal labs. Conveniently located adjacent to existing animal lab space, the new laboratories are securely tucked away at the back area of the building. The space, which features a special ventilation system and multiple observation rooms, is specifically designed for behavioral testing.
- The board room provides an impressive view and comfortable setting for the institute's guests. This room will host small seminars and institutional and departmental events such as residency and faculty recruitment meetings.

"This is a fabulous building," said Kalin at the grand opening, "but it's more about what we will do here. Our goal is to prevent devastating mental illness, better treat people who are suffering and bolster the physical and emotional resilience that promotes optimal health."

From Ivory Tower to Everytown, Wisconsin

Major Grant Will Help Move Scientific Discoveries to Practical Use

by Dian Land

The National Institutes of Health (NIH) recently awarded UW-Madison's new Institute for Clinical and Translational Research (ICTR) one of the largest grants in the history of the UW School of Medicine and Public Health (SMPH).

With $41 million over five years, ICTR administrators will find ways to do a better job of moving biomedical and health sciences discoveries quickly to local hospitals, clinics and healthcare providers' offices, where the new knowledge can be used most effectively to improve people's health.

The funding is part of the NIH's ambitious plan to transform the nation's clinical and translational research enterprise, which leaders feel has been disturbingly sluggish. UW is among the 12 latest institutions to receive grants in the highly competitive process.

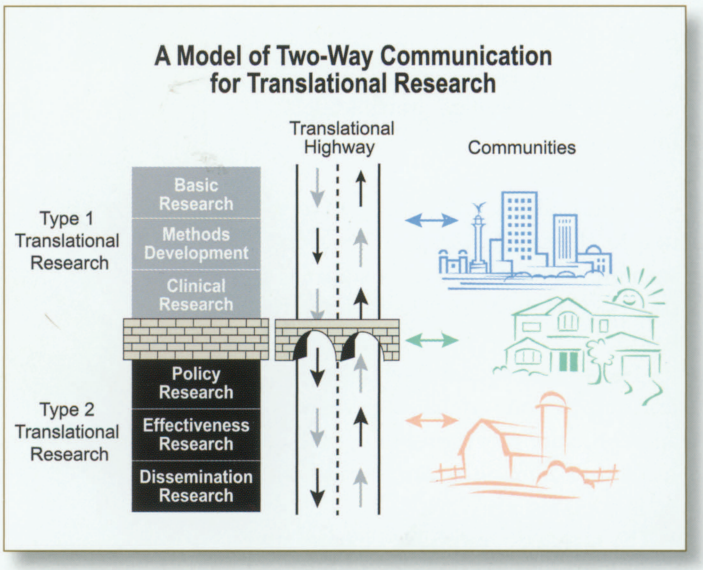
The institute will train researchers so that they understand the challenges and complexities of translating discoveries to practical use. It will coordinate an array of resources and set up extensive networks to ensure that knowledge flows freely.

Special attention will be paid to type 2 translational research, says ICTR director Marc Drezner, MD, professor of medicine and SMPH associate dean for clinical and translational research.

"This 'bedside to curbside' research involves community- and population-based studies in the real world, where things are not as controlled as they are during highly regulated clinical trials," Drezner says.

Type 1 translational research refers to investigations conducted earlier in the process that move from the laboratory to clinical trials. Fewer barriers have existed in this "bench to bedside" research, he says.

"Looking at translational research as a knowledge highway, we have seen that the flow generally slows down between types 1 and 2, so we will concentrate our efforts in that area," Drezner explains. "The trend has also been uni-directional, usually moving only from lab bench to community practice. But we believe that communities must be engaged throughout the entire process in a two-way communication."



The institute strives to improve the flow of knowledge between translational research types 1 and 2, and it seeks to ensure that communication between researchers and communities is bilateral.

As was reported in last spring's *Quarterly*, Drezner and his team have begun to build a network of key partners from across campus and around the state to start to improve the flow of information. Representatives of the four UW-Madison health sciences schools (Medicine and Public Health, Nursing, Pharmacy and Veterinary Medicine) and the College of Engineering are integrally involved, as is the Marshfield Clinic.

ICTR will enhance existing clinical research entities such as the Wisconsin Network for Health Research (WiNHR). A collaboration between the four largest healthcare systems in the state—UW Hospital and Clinics, Marshfield, Gundersen Lutheran in La Crosse and Aurora Health Care in Milwaukee—WiNHR will provide opportunities for interconnected statewide research that eventually will afford Wisconsin consumers and healthcare providers access to all manner of health and medical information.

Additional statewide links will be established through a community-academic partnership program.

"Input from public health departments and community

health offices throughout the Badger State will be essential to ensuring that research is relevant and reaches people and areas with the greatest needs," Drezner says.

With an infrastructure in place, ICTR will expand training programs to increase the output of clinical and translational researchers and improve their career development.

The institute will coordinate an array of resources for both new and established investigators. These will include a core group of biostatisticians and medical informatics experts as well as a core of translational technology services.

Type 1 translational research will also be enhanced by converting the UW General Clinical Research Center into the Clinical and Translational Research Core (CTRC), which eventually will have satellite units.

"Our goal is to create an environment that reduces the barriers and increases the incentives for researchers to solve community-based problems in translating new and existing knowledge into clinical practice," says Drezner.

The SMPH created ICTR last spring with major support from the Wisconsin Partnership Program and other sources.

Let the Celebrations Begin!

From its humble origins in the attic of Science Hall to its fantastic expanding home on the west end of the UW-Madison campus, UW School of Medicine and Public Health has come a long way in the past one hundred years. With the beginning of the 2007-08 academic year, the school begins an all-out, yearlong celebration to honor its past. School leaders plan to call attention to the theme "A Century of Inspiration" and mark the occasion at all special events during the year, from the White Coat Ceremony to graduation and beyond. You already may have noticed medical students sporting the centennial T-shirts the school has given each of them.

The celebrations begin in the most public of ways at the Homecoming football game, during the break between the first and second quarters, when historical images of the school will be flashed on the big screens and the announcer will ask Dean Robert Golden and Lt. Governor Barbara Lawton to come to the center of the field and say a few words.

Shortly after Homecoming, the atrium of the Health Sciences Learning Center will feature a multi-panel exhibit showcasing milestones in the school's history. The exhibit will be on display at other public places on the UW-Madison campus and at the State Capitol later in the year, and will travel in November to the annual meeting of the American Association of Medical Colleges in Washington, DC.

Other aspects of the celebrations include:

- An exhibition and at least two gallery installations in the Ebling Library Historical Reading Room and third-floor Gallery. "Skeletons in the Attic, Life in the Atrium: 100 Years of Medical Education at UW-Madison" runs from October 12 through next summer.
- A name-that-flavor ice cream contest sponsored by Babcock Hall.
- A coveted place on the cover of a coming issue of *Academic Medicine.*
- A specially created Web site where alumni, students, faculty and staff can order centennial gear and tell their stories.

Be sure to look for more information and coverage in future issues of the *Quarterly*.

EST. 1907
100 YEARS
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Lederer Appointed Chair of Medical History and Bioethics

by Kris Whitman

Susan E. Lederer, PhD, has been appointed chair of the Department of Medical History and Bioethics at UW School of Medicine and Public Health (SMPH), effective January 1, 2008. She is an associate professor in the Section of the History of Medicine at the Yale University School of Medicine.

Lederer will be returning to her alma mater, as she received her master's and doctoral degrees in the history of science at the UW-Madison. Upon receiving her PhD in 1987, she joined the faculty at the Pennsylvania State University College of Medicine, then moved to Yale and its school of medicine in 1999. She was a visiting professor at the Kennedy Institute of Ethics at Georgetown University in 2000 and 2001.

"Dr. Lederer is a wonderful fit for our medical history and bioethics department and we are absolutely delighted that she will be joining us," says SMPH dean Robert N. Golden, MD. "As a scholar with broad interests and a leader with substantial experience, she will further enhance a department that is already among the finest."

A historian of American medicine and a prolific writer, Lederer has authored several books. Her most recent endeavor, *Flesh and Blood: Organ Transplantation and Blood Transfusion in Twentieth-Century America*, will be published in 2008 by Oxford University Press.

She also wrote *Frankenstein: Penetrating the Secrets of Nature* (Rutgers University Press, 2002), which emerged from her work as the 1997-1998 guest curator for a National Library of Medicine-National Institutes of Health exhibit.

After her exhibit appeared at the UW-Madison Memorial Library, the *Wisconsin Engineer* online publication quoted Lederer as saying that the term Frankenstein can describe "anything unnatural with its origins in the lab or transgressions into the unnatural." According to Lederer, examples of such transgressions into the unnatural include human organ transplants from the recently dead, the pacemaker, the smallpox vaccine, the atomic bomb, genetically engineered food and animal cloning.

Lederer also wrote *Subjected to Science: Human Experimentation in America Before the Second World War* (Johns Hopkins University Press, 1997), co-authored *The Human Radiation Experiments: Final Report of the Advisory Committee on Human Radiation Experiments* (New York: Oxford University Press, 1996), and wrote numerous book chapters, journal articles and book reviews.

She has served on many editorial boards and national committees, including the Advisory Committee on Human Radiation Experiments during President Bill Clinton's administration. At both Yale and Pennsylvania State, she served in several administrative leadership roles and was a highly respected teacher and mentor. She will fulfill all of these responsibilities at the SMPH.

"I am excited to be returning to Madison and to have the opportunity to work with the leading scholars in the history of medicine and bioethics in the nation," says Lederer. "As the UW School of Medicine and Public Health celebrates its 100th anniversary, I feel honored to have the chance to participate in the department's continuing leadership in the fields of bioethics and of the history of medicine."

Rice Named Chair of Obstetrics and Gynecology

by Erica Salkin

Laurel Rice, MD, has been appointed chair of the Department of Obstetrics and Gynecology at the UW School of Medicine and Public Health (SMPH), effective October 1, 2007.

Rice comes to Madison from the University of Virginia, where she served as vice chair of obstetrics and gynecology since 2002. She also led the Division of Gynecologic Oncology since 1997, as well as initiated its fellowship training program. Prior to her appointment at Virginia, Rice was a faculty member in obstetrics, gynecology and reproductive biology at Massachusetts General Hospital, an affiliate of Harvard Medical School.

"Dr. Rice has an outstanding record as both a committed leader and teacher," says SMPH dean Robert N. Golden, MD. "We eagerly welcome her experience and energy as she embraces this role for us in a department that represents an important partnership between the medical school and Meriter Hospital in Madison."

Rice and her work have attracted local and national attention. The University of Virginia presented her the 2006 Sharon L. Hostler Women in Medicine Award. In 2003, she won a National Faculty Award from the American College of Obstetricians and Gynecologists Council on Resident Education in Obstetrics and Gynecology. She has also been recognized for her research into the causes and treatment of endometrial cancer.

Rice is board certified in obstetrics and gynecology, as well as gynecologic oncology. She completed her fellowship in gynecologic oncology at Harvard's Brigham and Women's Hospital, where she also did her internship and residency in obstetrics and gynecology. She received her medical degree from the University of Colorado School of Medicine and completed an additional program in medical management at the Darden Business School at Virginia.

"To say that I am enthusiastic about joining the faculty of the UW Department of Obstetrics and Gynecology would be a major understatement. I'm past enthusiastic," says Rice. "This is an outstanding department in an institution that is recognized nationally as a leader in the health field. With Dean Golden at the helm, the entire organization will extend its mission even further, and I am looking forward to working with him and the entire leadership team."

The department includes five clinical divisions: general obstetrics, gynecology, reproductive endocrinology and infertility, maternal-fetal medicine and gynecologic oncology. Physician faculty provide healthcare in hospitals and clinics across Madison.

Educational programs include undergraduate and graduate medical education in obstetrics and gynecology, as well as subspecialty training in maternal-fetal medicine and gynecologic oncology.

The research mission of the department, which includes basic science as well as translational and clinical research, is spearheaded by the reproductive sciences division. This division has a strong reputation for both successful research funding and leadership training. It sponsors the research-oriented Endocrinology Reproductive Physiology Training Program focused on preparing leaders in the field of reproductive biology.

Rice is married to Eugene Foley, MD, a nationally recognized leader in the field of colorectal surgery who was also ecruited to the SMPH faculty. They have two children, Olivia and Conor Foley, who will attend high school in the Madison area.

Gilchrist Appointed Chair of Family Medicine

by Doug Feingold

Valerie J. Gilchrist, MD, has been appointed chair of the Department of Family Medicine at the UW School of Medicine and Public Health (SMPH), effective January 1, 2008.

Gilchrist brings extensive experience in academic medicine leadership to the job, having served as chair of the Department of Family Medicine at both Northeastern Ohio Universities College of Medicine and the Brody School of Medicine at East Carolina University.

"Dr. Gilchrist's outstanding track record as a department leader at two universities and her individual record of scholarly achievement and national recognition make her ideally suited for us," says SMPH dean Robert N. Golden, MD. "Under her leadership, the best is yet to come for our Department of Family Medicine, which already is among the most respected in the country."

Gilchrist has been a member of key decision-making committees associated with the National Board of Medical Examiners as well as the Society for Teachers of Family Medicine, the North American Primary Care Research Group and the Association of Departments of Family Medicine. She has served on the editorial boards of five publications, including *Yearbook of Family Practice* and *Qualitative Health Research and Medscape*, and has been a peer reviewer for *American Family Physician*.

Gilchrist earned the Presidential Service Award in "Model Primary Care Medical School and Residency" from the North Carolina Academy of Family Physicians. *Ohio* magazine also named her a "memorable educator" in its 2004 issue featuring "Excellence in Educators."

Certified by the American Board of Family Practice, Gilchrist received her MD degree from the University of Toronto. Her family practice residency training was completed at the University of Toronto and the Youngstown Hospital Association. She is a graduate of the Family Medicine Fellowship Program at the University of North Carolina-Chapel Hill and the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program.

"I am honored to join one of the leading departments of family medicine in the country," says Gilchrist. "I am looking forward to working with members of the department and the School of Medicine and Public Health to improve the health and well-being of the citizens of Wisconsin."

Founded in 1970, UW's Department of Family Medicine (DFM) is one of the largest in the country. Its faculty, residents and staff work out of rural and urban community-training sites across the state.

In terms of research, the department is consistently ranked among the top five nationally in total National Institutes of Health grant awards.

In its annual list of "America's Best Graduate Schools," *US News and World Report* has ranked the department near the top for several years.

Gruling is the modern-day equivalent of a circuit-riding country doctor. She visits a different Wausau or Merrill long-term-care facility each day, providing geriatric care.

Kay Gruling, MD '88

A Model Family Doctor

by Scott Hainzinger

Growing up in the 1960s, Kay Gruling received conflicting career cues from popular television shows such as "Dream Girl of '67"—a precursor to today's bikini-bedecked reality shows—and the medical drama "Ben Casey."

"I was either going to be a model or a doctor," recalls Gruling.

She says this lightly, but there's more here than meets the ear. With good looks to spare, it was as plausible for this fetching fräulein from Merrill, Wisconsin, to have "gone Hollywood" as it was for her to master medicine in Madison and wow patients in Wausau.

Yet Gruling is more likely to blaze her own trail than to follow the crowd. Friend and former instructor William Nietert, MD '78, puts it this way: "Kay is never afraid to state her mind. She's going to do what she thinks is the right thing … and usually, she's right!"

Nietert, Wisconsin Medical Alumni Association (WMAA) immediate past president, taught obstetrics, broad-range family medicine and geriatrics during Gruling's residency in Wausau.

For her part, Gruling can trace "a feeling or intuition" toward medicine all the way back to age five. She recalls being captivated by televised medical shows, as well as being extremely curious whenever local veterinarians tended to the needs of the horses she and her three siblings showed.

–Continued on next page.

During her residency at UW's Wausau Family Practice Center in the late 1980s, Gruling (right) observed as technician Pat Monaco pointed out details in an X-ray.

While TV and the medical community offered few female role models, Gruling benefited from two strong and supportive women on her high school faculty. "My chemistry and physics teachers were good role models. These women were smart, highly motivated and they helped me develop my interests," Gruling says.

Her physics teacher was so supportive, in fact, that she offered to give the grade-conscious teenager a "B"—instead of the "A" she'd earned—as a favor.

"She said, 'That will take the pressure off.' But I'm thinking: Then I'll have to work harder to get into medical school!" Gruling explains.

She kept her "A," but says female mentors "helped me see that we were at a point where women could realistically think about doing new and non-traditional things."

Going to college wasn't a new thing in the Gruling home; her father was a teacher and principal who did graduate work at UW-Madison during Kay's childhood. Even so, paying for four years of university-level education for his fourth child was a bit of a stretch for a teacher's salary, even with the UW Founders Award and other scholarships Gruling received. So she lived with an elderly aunt in Wausau and completed her first two years of college at UW-Marathon Center (UWMC).

The small-college environment there gave her the freedom "to do things you couldn't do at a large university," such as being vice president of the student government and participating in multiple co-curricular activities each semester. And the college's science and math classes attracted top students; many of Gruling's classmates are now dentists, doctors, pharmacists and veterinarians.

Her parents are both of German descent and they sometimes spoke a German dialect (Pomeranian) at home. So when Gruling transferred to UW-Madison in fall 1982, she opted to study the German language along with her pre-medicine curriculum.

"I knew I'd have to prove myself to my classmates, since I was coming in as a junior, and was from a smaller campus," she says. "I took comparative anatomy my first semester … and I showed 'em: I earned the highest final exam score in a class that included both juniors and seniors."

Gruling completed her senior year at a university in Bonn, Germany, on a scholarship from Rotary International. Her experience as a student and goodwill ambassador to Rheinische Friedrick-Wilhelms Universitat allowed her to not just learn a language, but also to develop a greater understanding for people from different cultures and backgrounds.

As much as she relished her time in Germany, Gruling was excited to return to Wisconsin and begin UW Medical School in fall 1984. Roughly one in three of her medical school classmates were women, 45 of 151 students. The UW School of Medicine and Public Health now matriculates more women than men in each class—and has done so for a decade. The Class of 2011 is 56 percent women, 44 percent men.

Two male mentors—John Beasely, MD, and Patrick McBride, MD '80, MPH—were key influences when Gruling chose a medical specialty.

"I chose family medicine because they inspired me to put 100 percent effort into everything I do," she says. "They also opened my eyes to the huge potential within this specialty, and I came to realize that family medicine was what really excited and interested me."

Adds Gruling, "I love seeing patients, and I enjoy

the wonderful, long-term relationships that can develop between a doctor and a patient. I couldn't have chosen any other field."

She made another crucial decision in the summer after her first year of medical school. An impromptu choice to drop by a community festival led her to Tim Buttke, the fourth-generation Wausau dairy farmer she married in 1988. After graduating from medical school that spring, Gruling settled into the historic Buttke farmstead. She got involved in farm-related activities and pursued a residency at Wausau Family Practice Center.

Buttke was still milking cows then, and Gruling enjoyed bringing city-slicker students and residents to the farm to help bale hay or try their hand at milking. She also "tried to play doctor" to a sick cow once or twice, but found that nothing in the animals' anatomy "was where I expected it to be."

Once she finished her residency, Gruling threw much of her time and energy into building a practice, staying late day after day and delivering babies at all hours. Before long, she and Tim were both working 80-hour weeks.

"One of us needed more flexibility, especially after the arrival of our children, so Tim sold the cows and went into banking," Gruling says.

As Calla, now 13, and Isaac, 10, grew, the family became increasingly busy outside of work. Gruling got good at dashing to school activities and athletic events, only to be paged back for a delivery or an emergency. Somehow she also made time to shoot and share so many digital photos that she's become the de facto parent-photographer for most events.

Yet even a well-organized, highly-efficient person like Gruling is apt to hit the figurative wall if she pushes too hard for too long. The transition for Gruling came in fall 2006, with some management changes at the clinic and the realization that she was working too many hours. She wanted to be fully present at her children's activities rather than hovering in a work-induced holding pattern.

True to form, Gruling devised an ambitious solution. She became the modern-day equivalent of a circuit-riding family doctor last fall. She suggested that Marshfield Clinic-Wausau Center provide full-time geriatric physician services to long-term-care facilities in Wausau and Merrill.

And, naturally, she offered to be that physician-at-large. Is it any surprise that the planned, preferable workload of five facilities—or one facility per day—has already swelled to six?

It took months to establish practice protocols, get all six facilities on electronic medical records and arrange for the support of a physician assistant and, eventually, a medical assistant to complete clerical tasks.

As things stand, at week's end Gruling's hand is sore from co-signing and writing stacks of orders. In a typical week, she sees 75 to 100 patients; most of them are at least 70 years old, but some are in their 20s or 30s.

Her workdays currently include an hour or more of travel time, about four hours with patients, and three to five hours of patient-related activities such as co-signing charts, talking to patients and family members and returning phone calls. She also puts in two to three hours dictating chart notes daily.

As those numbers suggest, Gruling still works far more than the 40 to 45 hours she hoped would be required; however, the service is meeting real needs for patients, their loved ones and the participating facilities.

"Patients and family members benefit when a doctor makes rounds at the nursing home at least once a week," Gruling says. "People want to know what's going on; they want to talk to the doctor.

"The nursing home facilities have been highly supportive of the program," she says. "We're breaking new ground, so we're building the systems in each facility by trial and error. It's still a work in progress, but we've come a long way."

This family physician's career has come a long way, too. This fall, she'll bring her unique viewpoint and experience, as well as insight acquired while serving on more than a dozen state and national professional groups, to another new role—as a member of the WMAA board of directors.

Says Nietert, who nominated her for position, "As a medical student, Kay Gruling was always responsible, always on time, often outspoken—and quick to take on a leadership role. She'll be a good resource for the alumni association."

Gruling also has a keen sense of humor, Nietert adds, which complements superb professional skills and "makes her a very popular family practitioner in a small town." Nietert's theorem: "I often say: 'Never pass up a chance to be amazed or amused.' From what I see, Kay follows that too."

Hearing that Gruling spoke of having had to choose between modeling and medicine, the former teacher is quick to correct his former star student.

"Kay probably could have become either a model or a doctor," Nietert says. "Instead, she did a more difficult thing—she became a model doctor."

Wearing the *White Coat:* The Long and Short of It

Jeffrey Grossman, MD, the school's senior associate dean for clinical affairs and president and CEO of the UW Medical Foundation, presented the following keynote address at this year's White Coat Ceremony.

Good afternoon. Welcome to the White Coat Investiture Ceremony for the UW School of Medicine and Public Health Class of 2011.

I'm very touched by the honor of being asked to share a few thoughts with you on this day of celebration. First, I want to add my own congratulations to Dr. Golden's, to all of you who have made it to this special place, and to those of you, family and friends, who made it possible.

Having just dropped my daughter off for her first pre-med year at college, I've had only a taste of what it takes to get where you are, and I'm impressed. As a cohort, you are ever more accomplished than your predecessors, many of whom, myself included, would not be here today had we been held to the same high standards that you have met. This knowledge, along with my own experience in trying to guide a teenage daughter, humbles me, and leads me to wonder if I might be the least qualified person in the room to impart any wisdom to your cohort. But, with full knowledge of how hard it is to be a prophet in one's own home, perhaps I can do better here.

It feels as though it was a very short time ago that I came to Madison with a freshly minted MD, to begin life as a doctor. When I do the math, 32 years have elapsed in the blink of an eye. My first weeks in Madison played out like a bad country-western song

—my girlfriend left me and my dog died. If I'd had a pickup truck, I'm sure it would have broken down. I trust your first weeks have been better ones.

When I was invited to make these remarks, I couldn't remember experiencing a white coat ceremony myself, and for good reason. A bit of research revealed that the ceremony was not just another event that I slept through in medical school, but is a rather new tradition—the first white coat ceremony took place in 1993 at Columbia University's College of Physicians and Surgeons. It was supported by a grant from a foundation established by pediatrician and neurologist Dr. Arnold Gold, who was "dedicated to fostering humanism in medicine." The Arnold P. Gold Foundation identifies the essential components of the white coat ceremony, each designed to "help create an environment which fosters establishing a psychological contract for professionalism and empathy in medicine."

As you'll experience today, the ceremony usually consists of "a welcome from the school administration," followed by an inspirational message from a role model (for today, that's me), the receipt of the white coat, the swearing of an oath and, finally, a reception with a "party" atmosphere. We will strive to re-create this last piece of the ceremony with particular energy and accuracy.

Now it's time for my shot at inspiration and role modeling.

This ceremony officially begins a new leg on your journey to an extraordinary career, no matter where you settle in medicine. But as you sit here, perhaps some of you are even now thinking about the four long years before you really get to become a doctor, and the additional years of training and education beyond that. The pathway to a medical career is often viewed as the ultimate example of "delayed gratification." As my daughter put it as she was considering a pre-med major, "When do those people party?"

In my opinion, with the exception of missing a party or two, this notion of delayed gratification is without merit. Don't confuse delayed compensation with delayed gratification. Savor the experience of the next four years, soak it up, enjoy it, revel in the profound things you will see, learn and experience. Be transformed. This is not four more years of college courses, it's not graduate school, it's not the minor leagues of doctordom (although the short white coats might make it seem so) and it is far more than an investment on a future payback.

These four years will open to you a unique set of challenges, puzzles, human dramas, tragedies, comedies and epiphanies. And that's just anatomy class!

If, as may happen to some of you, you go through medical school but never practice medicine, you will still have had a rich and irreplaceable life experience. You will discover passions, find incredible role models, define the responsibilities of your life and be part of an amazing community. So be in the moment each day you are here. As Einstein said, "Don't think too much about the future, it comes fast enough." Your parents and I can attest to this.

The white coat ceremony, according to the Gold Foundation, is to "alert beginning students to the need to balance excellence in science with compassionate patient care," thus "helping to identify the characteristics of a complete doctor." Since this is a white coat ceremony, let's talk a bit about white coats. The symbolism of these garments is complex and has been the subject of significant critique. The white coat came into being with the concept of aseptic surgery, which originated in the United States about 1889; its purpose

was to protect physician and patient from cross-contamination. White coats also gave physicians the appearance of scientists, with the "authority of science ... seen as validating the practice of medicine." Finally, given the Western cultural meanings of whiteness—life, purity, innocence and goodness—it is easy to see how the white coat became the favored garment for physicians.

But as individuals who will soon be wearing one, you should know that the symbolism of the white coat has been questioned and criticized, as has the white coat ceremony itself. Critics contend that the white coat is, at best, a flawed symbol. It is a bright reminder of educational, technical, social and economic differences between physicians and patients. It is a mark of privilege. As such, critics have suggested, it represents an imbalance of power between physicians and patients; it is a mark of separation rather than union with our patients; it reflects the elitism, entitlement and paternalism that are seen as unfortunate hallmarks of medicine. So, we have a paradox; this symbol, the white coat, which attaches you to each other and to your future colleagues, may alienate you from those you are pledged to serve.

Any honest assessment of the culture of medicine would find some truth in this analysis, but that's not the point

of this ceremony. In fact, in my mind, the value of this ceremony is wholly the opposite. The symbols of our profession are just that, abstract representations of an underlying reality. It is on that reality that I ask you to focus. How we use our knowledge in caring for our patients, how we respond to the deep social inequities that have such a dramatic effect on our patients' lives, how we respond to the human condition—these are the actions that will eventually determine how the symbols of medicine are interpreted.

Today is a wonderful time for reflection on our symbols, our actions, our culture, our obligations and responsibilities. It's a time to remind ourselves of the opportunity and duty we have to continuously shape and reshape our expectations of ourselves, our colleagues, our organizations and our society.

Let's talk for a moment about how wearing the white coat will affect people's perceptions of you and what your responsibilities are in relation to those perceptions. For better or worse, the white coat connotes authority. Our own internal culture tells us that the short white coats don't carry the authority of the long white coats, but think about how easily this distinction is lost on a typical patient. Wearing the white coat, you will be seen as a person with the authority of special knowledge. You will be seen as a person with the authority of one who has accepted special moral obligations. You will be seen as a person with the authority of a person who has a unique place in the world of human relationships.

How you react to these expectations will help determine what can be said about the doctors and white coats that surround you and will follow you. It may seem a stretch to sit here today and think about your part in determining the social meaning of the white coat and the other trappings of medicine, but as soon as you put that coat on, you become part of medicine's future and its legacy.

I have great faith in your ability to reshape this legacy. I don't get to spend much time with first-year students, but I get to know some of you very well in the second and fourth years. I'm impressed. I think that you are a generation that has as much of a commitment to social responsibility and justice as any that came before you. I hope that you are the perfect generation to help us make the transition from the old model of medicine, focusing solely on curing disease patient by patient, to one that is enhanced by a broader commitment to the health of our communities and our world.

When we talk about humanism in medicine, we are talking about the expression of a virtuous set of values. Sometimes I think that when we of the "long coats" talk about attention to humanism and compassion to you of the "short coats," we are doing it as much to remind ourselves of where we want to be, and how we sometimes drift from the true course, as we do it to instruct you. It's easy to declare our values in speeches like this, it's quite another thing to take those declared values and live them with the same clarity, dedication and consistency with which we espouse them. This is the "walking the walk," the "putting your money where your mouth is" part of life.

Here is my message to you: We have much to teach you about the health and disease of the human condition, but when it comes to values and their expression, you should take a back seat to no one. I believe that at this time in your life, you are as close to an alignment between your declared and expressed values as you'll ever be. Maintain, increase, dedicate yourself to that proximity of declared and expressed values. Live those values every time you have the chance.

That chance will surely come in many ways as you interact with colleagues and patients. We talk about the "hidden curriculum" in education, and the concept is well studied in medical school and post-graduate training. The "hidden curriculum" is not about biochemistry or pathophysiology, not about the diagnosis and treatment of heart disease or cancer.

Rather, it consists of those things learned outside the classroom. The "hidden curriculum" represents the culture of medicine, the place where we see the true expression of our values, manifest in informal conversation, through body language and observed interactions; the things said or done at lunch, on rounds, in the hallway, at the patient's bedside. The hidden curriculum teaches how we really relate to each other, our environment and our patients.

This out-of-class learning will introduce you to wonderful people whose values, behaviors and lifestyles will leave you inspired. Grab on to these role models, learn from them, let them help you inform your decisions about career and life! But the "hidden curriculum" has a darker side that incorporates many of today's criticisms against medicine, the kinds of negative values and images I spoke about earlier.

So why belabor this today, a day of celebration? Because the hidden curriculum is organic, is played out in real time and, I believe, can be shaped by the "short coats" as well as the "long coats." The "hidden curriculum" need not be hierarchical. Don't be overly impressed with the "long coats." This is a place of learning, not indoctrination. Grow comfortable with uncertainty and some trepidation, but not with intimidation. Trust your values, speak and act them. Go out and be a teacher in the "hidden curriculum."

What else can you do well, so early in your career, without the full benefit of a medical education and training? Let me give you a suggestion by way of example. My clinical career has been in internal medicine, pulmonary and critical care medicine. It's been—and still is—a wonderful career. With a bit of thought, I could produce a substantial list of people whom I've helped back to health from serious illness, and a smaller number of people for whom knowing what to do and when to do it actually saved their lives. I have gratifying memories of many of these patients, one of whom was a young woman whose unborn child I had the pleasure of meeting some two decades later as a medical student. But the patients that I remember the best, those whose names and faces are indelibly etched in my memory, are not those for whom a cure was at hand: A 16-year-old girl dying of Hodgkin's disease when I was a third-year medical student; a 27-year-old engineer, just my age, also dying, this time of aplastic anemia, when I was a third-year resident; a 40-year-old man progressively paralyzed by muscular dystrophy over the 20 years I've cared for him; a 78-year-old artist and musician with inexorable and untreatable scarring of his lungs, who I remember every day by his artwork, which hangs in our home.

And there are many others, none of whom we could cure, but all of whom gave me the privilege of being a part of their lives when they were most in need of someone to talk to, to share a story with or to make them feel safe. It was an honor to be that person. My point in telling you this is to awaken you to the incredible opportunity you have to listen when you put on your white coat and sit with patients. You will have access to an intensity and complexity of human emotion more compelling than any soap opera, any episode of "Grey's Anatomy" or "ER" or "House." And while experiencing this privilege of listening, you will be more helpful to your patients than you could ever imagine.

So wear your white coats well. You'll find that they have a practical use—plenty of room for the things you need, stethoscopes, reflex hammers, manuals, cell phones, PDAs, a cookie or (preferably, from my perspective) a Rice Krispie bar for later. Whatever your size, your white coat will have ample room for a good heart and a strong backbone. It's also all right to let it cloak a bit of anxiety and uncertainty. But it has no room for hubris, elitism, conceit, pretension, self-importance or imperiousness. And above all, when you put this coat on, wear your humanity on your sleeve.

Again, I extend, on behalf of all our faculty members, the warmest welcome, and our anticipation of a great partnership with you.

Now, let's move on to the rest of the ceremony. I look forward to being able to tell my daughter that while you may have missed a few parties along the way, you still know how to rise to the occasion.

Transitional Clerkship

Eases Medical Students' Uncertainty

by Kris Whitman

For many third-year medical students about to embark on the hands-on, clinical portion of their training, anxiety spikes as they navigate from the student-centered atmosphere of medical school to the patient-centered environment of hospitals and clinics.

"In the wards, students are no longer the center of the universe, and it can be hard for them to make that mental shift," explains Yolanda Becker, MD, associate professor of surgery (transplantation) and director of the surgery clerkship at the UW School of Medicine and Public Health (SMPH). Students often find it stressful to begin putting the knowledge they gained in years one and two into real-life practice caring for patients on a daily basis.

Becker and Ann Ruscher, MD, associate professor of anesthesiology, co-direct the SMPH's curriculum for years three and four. Together, they set out to expand and refine the school's transitional clerkship into a two-day session that would orient students to the new culture they will encounter in the hospital and "create a gentler landing to the wards," explains Becker.

The resulting new transitional clerkship, which launched in summer 2006 and was further refined for summer 2007, has received accolades from medical students.

The transitional clerkship is helpful for the new M3s in many ways, says Glenn Shi, a third-year medical student who is now doing a neurology rotation at UW Hospital and Clinics. "It was the perfect opportunity for the students to have questions regarding the wards answered, often by the directors of rotations. For some students like myself, these unanswered

The two-day clerkship orients third-year students to the new culture they will encounter in the hospital. Many hands-on sessions are included.

questions caused some minor and absolutely unnecessary anxiety in the days before wards."

In addition, he says, "the transitional clerkship gave the faculty a chance to tell the students a little bit about the culture of the hospital, which, I now recognize, is very unique and different from the classroom setting. Finally, it was a great set of events to get the entire class together at the same time before we embarked on our journey into the wards."

The mandatory clerkship—which is funded through the school's Innovations in Medical Education (IME) grant from the Wisconsin Partnership Program—is not specific to one hospital but features topics that are common among all clinical environments.

Sessions include professionalism, communication, multi-disciplinary teamwork, reviews of HIPAA and universal precautions protocols, and taking care of oneself during the clinical years. A virtual tour of the operating room is included, as well as hands-on sessions such as starting an IV, maintaining a sterile environment, writing a prescription, reading and recording in patient charts and practicing intubations on plastic models.

More than 80 teachers, healthcare professionals, alumni and administrators—including Roberta Rusch, project manager and curriculum manager for years three and four, and Tim Jensen, administrative assistant—helped organize the transitional clerkship. Many shared their knowledge and skills with the 161 student participants. This year's event focused on small group sessions and provided multidisciplinary panels of nursing staff, residents, advanced practice nurses, physician assistants and more.

Instructors demonstrate how to start an IV, perform an intubation on a plastic model and maintain a sterile environment.

Patrick McBride, MD '80, MPH, associate dean for students, praised the professionals who created and implemented the clerkship, stating that students with whom he has spoken "appreciate the opportunity to receive such an objective-focused orientation to the skills they will need when facing the great challenges of the next stage of their training."

Third-year medical student Rachel Uttech, who is now doing a surgery rotation at UW Hospital and Clinics in Madison, says, "The transitional clerkship gave us an opportunity to ask questions of residents and attending physicians to help us feel more comfortable with how things work on the wards."

Clerkship coordinators continually seek feedback through surveys of participants and clerkship directors, and plan to refine each year's experience to best meet the students' needs. They hope the clerkship teaches more than the basics but also helps students learn to become lifelong learners.

Many of the clerkship talks are available on the IME Digital Video Library—also funded through the IME grant—which offers audio and video files for free for anyone to use at their convenience. Some topics may be helpful refreshers for alumni to review, says Becker. The IME Video Library is available at http://videos.med.wisc.edu/.

Walking for *Breast Cancer* Research

by Lyndsey Runaas, Med 1 and Katie Williams, Med 1

The fall semester of the first year of medical school can be an all-consuming experience. It is not always easy to keep perspective when you are busy learning about the brachial plexus and the Krebs cycle. Last fall, we may not necessarily have been seeing the big picture, but we were certainly working toward that light at the end of the tunnel—summer vacation, a mere six months away. How should we spend our "last summer of freedom"?

As we thought about that, we realized we both had family members who had previously participated in fund-raising walks to benefit breast cancer. One of us, Katie, had a particular interest in the cause since she has a strong family history of the disease. The other, Lyndsey, was interested in doing something that provided more perspective on why she was in medical school. For these reasons, we both decided to look into the Susan G. Komen Breast Cancer 3-Day Walk.

The term "walk" might not accurately describe the intensity of this event. Over the course of three days, thousands of women and men walk 60 miles to raise money for breast cancer research, education, screening and treatment. Participants spend the nights camping in tents beneath the stars. It is also a major financial commitment; each walker must raise at least $2,200.

These factors might have been enough to scare away some people, but clearly, as medical students, we don't scare easily. Particularly after watching the emotional and inspiring promotional DVD, we knew this was an event we had to participate in. In February we officially signed up for the Chicago 3-Day walk to be held August 10-12, 2007. This just happened to be the last weekend of summer vacation and a time we both were free. Clearly fate wanted us to take on this challenge.

Next came the training. The organizers suggest a 24-week training program, which is great if you aren't trying to cram for exams. However, we did manage to get some training walks in during second semester. We really hit the pavement once classes ended and summer began. We did one training walk with other Madison women who were planning to participate. We met them at 7 a.m. one Sunday morning and took a nice 12-mile jaunt around Lake Monona. This was our longest training walk at that point and it left us both a little scared. Our feet hurt. We decided to keep soldiering on, but made a point to invest in better socks, which, we were sure, would make all the difference.

Meanwhile, we spent a lot of energy trying to raise money. Letters were written, e-mails were sent and cookies were baked. Raising $2,200 is a challenging task if you spend most of your time with fellow medical students who are surviving on financial aid

money. With perseverance and creativity, though, we finally met our goals.

Before we knew it, it was days before the walk and important decisions had to be made. What were we going to wear? The promotional materials showed walkers decked out in pink hats, shirts, tutus, feather boas. You name it, if it was pink they had it on. After collecting a modest amount of pink gear—bandanas, Packer hats, tank tops—we were good to go.

We arrived at Schiller Woods Forest Preserve in suburban Chicago as bright-eyed and bushy-tailed as possible, given our 4:15 a.m. wakeup call. Any tiredness we were feeling, however, melted away at the sight of the park. It looked as if someone had spilled a bottle of Pepto-Bismol over the entire area. In the center of it all was a giant pink stage surrounded by pink flags and pink people everywhere you turned. Slowly, we shuffled together for the opening ceremony.

The emcee was alternately heartfelt and humorous. She thanked us for taking the time out of our lives to **do** something about breast cancer. To take steps—not just metaphorically, but actual steps—to fight this disease that touches so many people's lives. She also complimented us on our wardrobe, making us glad that we had not neglected that important facet of the walk. With that, we hit the trails prepared to knock out our first 22 miles.

It turns out that walking a total of 60 miles is not as easy as it may seem. Luckily the volunteer crew took good care of us. At "pit stops" every few miles we found porta-potties, snacks, water and medical care for the countless blisters. Given the intensity of our physical activity and the 90-plus-degree heat, the volunteers were also quite vigilant about our health.

"Drink and pee; no IV" was a mantra chanted by most of the medical staff. For those walkers who did need some kind of medical assistance, circulating ambulances and vans as well as bikers—wearing tutus, capes and the occasional set of angel wings—constantly checked on our health status. And, of course, the walkers themselves were looking out for each other.

Each night, we dragged our tired feet back into camp, where we had a chance to sit down to dinner with our fellow walkers and swap stories from the trail. We learned who had blisters where, what ointments were best for the ubiquitous rashes, and which flavor of Gatorade was best for pushing through the last few miles of the day.

We talked with 30-year-breast-cancer survivors and women who had received their diagnoses just a few months before. We met people who walked for friends unable to complete the journey themselves. We met veteran walkers—some who were participating for their third or fourth time!

Bedecked in pink, Lyndsey Runaas (left) and Katie Williams looked fresh at the start of the walk. At the closing ceremony (opposite), the crowd raised their worn sneakers to honor participating cancer survivors.

Some of these conversations continued as we waited in line to use the showers in the back of a semi-truck, a unique experience. Most of the conversations tapered off as everyone headed back to the sea of magenta tents for a well-deserved rest. Unfortunately, sleep was interrupted on our second night as we awoke at 3 a.m. to the sounds of rain falling on our tents, thunder shaking the sky and our fellow walkers scurrying about. Of course it was storming—it was Chicago in August! We were "relocated" to a nearby community college building for an hour while the storm passed.

The third day was difficult. We really needed the kind words, sprinklers and popsicles volunteers provided. The fact that we knew we would be crossing the finish line that day helped as well. The walk ended with everyone coming together arm in arm to cross the finish line. The path was lined with friends and family cheering us on during the final steps of a long journey. As we finished, we were filled with a sense of accomplishment and pride. We had done something proactive, not just for our own health as women, or for the health of our families, but for the health of our future patients.

The closing ceremony added to our sense of accomplishment, while also humbling us. We watched as survivors—women who have faced challenges we have never known—walked past and raised the 3-Day flag. In the 3-Day tradition, we raised our well-worn sneakers in their honor.

As the ceremony wound down, the emcee reminded us, "Everyone deserves a lifetime." With those words, she captured the reasons why we walked and the reasons why we returned for our second year of medical school more determined than ever.

The Healer's Journey

With this issue of the Quarterly, *we introduce a new section called The Healer's Journey. Here we will showcase writing by members of the UW School of Medicine and Public Health extended family—students, alumni, faculty, staff—that reflects personal experiences in our world of healing. We also invite health professionals and patients associated with UW to submit their pieces, which can be prose or poetry. Our hope is that the writing and reading of such reflections will allow more humanity into our busy lives.*

For the inaugural issue, we asked two people who we knew had done such writing to share a story with us. And so, as examples of the kind of reflections we are looking for, below you will find "Daugher, MD" by a faculty member, and "The Allure of Nothing" by a student.

In the future, we look forward to publishing essays submitted by our readers. We seek well-written pieces that thoughtfully capture insightful, moving, illuminating or humorous experiences revealing the art and richness of medicine.

A small committee of associate deans and medical editors will review submissions and decide which to publish. Guidelines are as follows:

- *Manuscripts can be no longer than 1,200 words*
- *Subject matter should relate to any aspect of working, studying or living at the SMPH or in the field of medicine generally*
- *Submissions are subject to editing*

Send manuscripts to Quarterly, *Health Sciences Learning Center, Room 4293, Madison, WI 53705.*

Daughter, MD

by Laura Zakowski, MD '90

As soon as she was diagnosed, Mom called to tell me she had Parkinson's disease. Since I was a medicine resident, I immediately visualized patients I cared for with this condition. I tried not to see Mom in the same state as a patient I cared for just a few weeks before in the ICU. He could barely move his first finger and blink his eyes to communicate.

I ignored this image and reassured Mom the best I could over the telephone, but this was a poor substitute for being there. I called her neurologist as soon as I could. I wished I could refer her to ones I knew, but she lived 2,000 miles away from them. I felt helpless, an emotion I would experience frequently over the next seven years.

Mom took numerous medications and was impressively compliant with all of them, but her course continued to decline rapidly. When I finished my residency and moved closer to home, I saw little resemblance between Mom standing next to me in my wedding picture and Mom, the thin elderly woman who now could only watch me hang pictures on the walls of my new house.

Over the next four years while my son grew from a baby to a child who could put on his coat, tie his shoes and use his knife and fork, my mom needed more help with her coat and shoes and couldn't use a knife.

Mom was raised in a traditional household, and her career was her children, her husband and the care of her house. The loss of control over her career was almost as hard for her as it was for my father to assume responsibility for the household tasks he avoided his entire life.

While caring for her over many weekends, I discovered what did become important for her as her disability progressed. Instead of the feel of freshly laundered clothes she hung in the sun, she preferred my

–Continued on page 30.

The Allure of Nothing

by Adam Kadlec, Med 4

Although I am plagued with the naivete that is characteristic of medical students, I have seen enough to know that medicine is filled with poignant and unforgettable moments: a new mom looking at her baby with pure joy, a sudden vascular injury in the operating room that fills the field with blood, a dying man yelling in delirium. At these moments, the privilege of being a caregiver is most apparent.

Some of my most memorable experiences, though, have become significant only upon reflection. Often, these are not moments of presence—a sight, a smell, a sound—but rather ones of absence. And that's where Mr. J's story begins.

Mr. J was a 77-year-old man who underwent a bladder removal. As the operation was finishing up, we all commented on how well the case had gone and how pleased Mr. J would be with the excellent quality of the operation. True, we were unable to extubate him before sending him to recovery, but we did not regard that as a serious problem. After taking Mr. J to the recovery room, I scrubbed into another case and I forgot about him for a while.

But about an hour into the next case, an anesthesiologist came into the room and told us that Mr. J had just suffered an apparent stroke. He had become confused and then developed worsening right-sided weakness. He was having trouble speaking.

We had to move along with the operation at hand, which we did, but with decidedly gloomier dispositions. I felt a pull to go see how Mr. J was doing, to check his vitals and examine him, to watch the anesthesiologists caring for him. Instead, I stayed in the OR paying little attention to the operation I was supposed to be watching, awaiting my chance to get back to recovery to see how Mr. J was doing.

I finally got back to the recovery room—after being scolded by anesthesia for driving the next patient's bed too fast—and saw a team of people around Mr. J's bed. He was still intubated. His eyes were closed. A nurse told me that he had become completely unable to speak, although his comprehension appeared intact.

His wife and daughter were quietly talking outside the room. I could see that his wife had been crying. I could only observe for a few minutes before my chief resident pulled me away for afternoon rounds. I hoped I'd be able to see him in the ICU the next day.

I didn't mind coming in early to pre-round the next morning; I was eager to check on Mr. J. The sudden onset and dangerous nature of his condition sparked both my humanistic and academic interests. As I expected, he was in the ICU, sedated and not talking.

At first, I just stood in his room and looked at his drips, lines and various other medical attachments. I don't think I'll forget standing there at that dark and very early hour, my hands in my short little white coat, my ears hearing every beep an ICU makes, and my eyes just barely catching all the blinking multi-colored lights outside his room.

I could have stood there for much longer, but I knew there were more people to see. I turned my attention to my duties and got his vitals, talked to his nurse and performed my physical exam. Then I went on with the day.

Mr. J made remarkable progress in the ICU. He was extubated on his first night and after three days was sent to our floor free of his IVs. He had even gained some strength in his proximal muscles, but still could not speak.

Our verbal relationship consisted of me asking, "How are you doing today?" and him nodding. A variation was me asking him to squeeze my fingers and him being unable to do it. Because the silences seemed awkward, I usually just talked most of the time I was in the room, not expecting any response. "Gee, looks like that urine is a nice clear yellow. That's great, just great...."

As the days passed by, I still hadn't heard Mr. J talk. In fact, I realized, I had never heard him talk. Yet for some reason, I liked him more and more.

–Continued on page 30.

The Allure of Nothing *Continued*

For some reason, this situation bothered me. Here was a guy I really liked—I saved him for last on my pre-rounds because he was my favorite—but I had never spoken with him. Perhaps I sensed his positive attitude to a sudden event, conveyed through quiet gestures like the nod of his head and the look in his eyes when there were no words.

At any rate, this thought troubled me as I asked him—for probably the tenth time—to give my fingers a squeeze, and, for the tenth time, he couldn't do it. I started to feel like a nuisance, but I just couldn't shake my genuine affection for him, and I continued to talk to him every morning.

This is why I say that Mr. J's story is one of absence. What I remember most is him not talking. It was a deficit that stirred my compassion. For me, it has always been easier to care about things that are there—a tumor, an infection, a malformation, a broken bone. I'm a hands-on person with plans to become a surgeon so I often think in terms of what I see and touch. It's sometimes easy to forget that many of our patients' problems are ones of absence or deficiency. There's the Mr. J who can't speak, the elderly woman who can't do her laundry anymore, the teenager who doesn't feel any reason to live. Sometimes it is the deficit that stays with us.

Mr. J gave me a gift before he was discharged. On post-op day nine, I walked into his room, tired and bleary-eyed as usual, went to his bedside and lifted his gown to examine his abdomen. I didn't realize that I hadn't greeted him until he grunted, "Mornin'."

My eyes locked on his. He smiled. We both laughed. "Mornin'," he said again. And we laughed some more. That one word made my month. I took his hand and held it. It was still weak from his stroke. I told him how glad I was that he was making progress. He nodded so vigorously that his bed shook. He even gave me a little squeeze back—another improvement. It was one of the warmest moments I've had with a patient.

Later that morning, Mr. J was transferred to an inpatient rehabilitation facility. I really hope that he's doing well. My time with Mr. J taught me that caring about something that isn't there can be as engaging and rewarding as something that is there. I still like the things I can see and hear and touch… but I am also on the lookout for the next Mr. J.

Daughter, MD *Continued*

touch, especially if I could brush her hair or apply lotion to her skin. Instead of the appearance of her perfectly cooked meal at the table, she proudly displayed the perfectly folded napkins that she labored over for at least a half an hour.

Dad gradually adjusted to the role of caregiver, and he made many of the decisions about Mom's healthcare. My uncle asked me to talk to Dad about using complementary medicine, and my sister asked me to convince Dad to take Mom to a regional Parkinson's disease treatment center. I am sure they both felt that I would have the most success convincing Dad to do things differently, but he rarely took anyone's advice, especially when he didn't ask for it. My practice, like that of most internists, is filled with patients who don't take my advice about diet and exercise, but my concerned relatives didn't know that.

Without being my mother's primary care physician or neurologist, my medical background could be of assistance to her in only limited ways. I knew I couldn't objectively make decisions about her care, and this contributed to my feeling of helplessness. But there were instances when I could help. Dad called me after visiting the doctor, and I could translate for him what the neurologist said. I could help Mom work out a reasonable schedule for her medications. I could also figure out why Mom would suddenly "fall asleep" in her wheelchair—she was actually quite orthostatic and would intermittently lose consciousness.

The call in the middle of the night just seven years after Mom told me she had Parkinson's disease caught me by surprise. Even though I saw her deteriorate rapidly and knew she had a progressive illness, I tried not to think about her death. My feeling of relief that she didn't suffer in the end was mixed with sorrow that I couldn't do more to help her.

In spite of my education and clinical experience, I could only help Mom get dressed, take her pills and brush her hair.

Mentoring Young Physicians

A New Award Memorializes Laurence Tempelis, MD '74

Throughout his life, Larry Tempelis was strongly committed to mentoring. Whether it was providing guidance for medical students, words of wisdom for his children, advice for a colleague or moral support to the child next door, everyone benefited from his counsel.

Tempelis was also a shining example of professionalism throughout his career, serving as a role model to University of Wisconsin-Madison students, staff and colleagues. As a physician, he was a devoted clinician, researcher, teacher and patient advocate who provided hope and compassion while fostering a team approach to patient care. He possessed a strong moral compass, characterized by honesty and sensitivity to the feelings and needs of others.

Tempelis graduated from the UW School of Medicine and Public Health (SMPH) in 1974. He loved practicing medicine and caring for patients and their families. He was certified in internal medicine, medical oncology and hematology by the American Board of Internal Medicine.

Tempelis' colleagues, family, friends and patients have created the Dr. Larry Tempelis Peer Mentoring in Professionalism Award to honor his memory following his death in November 2006.

In creating the Dr. Larry Tempelis Peer Mentoring in Professionalism Award, the Tempelis family (from left: Jenny, Anne, Jane, Peter, Eric and Mindy) honored Tempelis' patient care and mentoring philosophies.

The award is particularly relevant these days, as mentoring is a key element in the five learning communities at the SMPH. Each serves as the academic home to one-fifth of the students throughout their four years at the school. This structure creates an opportunity for mentoring relationships between students who are in their clinical years and their more junior colleagues.

A major mentoring focus is professionalism—the body of knowledge, skills and attitudes that enables physicians to serve their patients with respect, sensitivity and compassion. In the learning communities, senior medical students serve as role models and mentors to other students by leading organizations and communicating clinical and other kinds of experiences.

In his roles as a clinician, teacher and research scientist, Tempelis enjoyed passing on skills, wisdom and perspective to others as they were developing their careers. He also served as a mentor to UW students, house staff and his colleagues.

Tempelis advised his own children to seek mentors in developing careers in public service. He also actively mentored many other young people, contributing to their careers as nurses, physicians and other healthcare professionals.

The creators of the new award wish to memorialize Larry's accomplishments and continue his legacy by recognizing one senior medical student each year who has been most successful in mentoring junior colleagues.

The first award recipient is Gina Shirah, MD '07, who currently is doing her residency at Maricopa Medical Center in Phoenix.

Wisconsin Alcohol Abuse

HIGHEST IN THE NATION

Wisconsin has a serious drinking problem, according to a recent study directed by Paul Moberg, PhD, senior scientist at the UW Population Health Institute.

Wisconsin adults have the highest national rate of binge drinking (five or more drinks on one occasion) as well as chronic, heavy drinking (30 or more drinks in one month for females and 60 or more for males). High school and underage drinking rates also top national averages, according to the study, which was released Sept. 17, 2007.

Researchers also found that reported illegal drug use was at the national average, while drug-related deaths in Wisconsin were lower than the national average.

The report concludes that Wisconsin's heavy use of alcohol results in a substantial burden on the criminal justice system, representing major fiscal costs to all levels of government.

"Our high rates of chronic heavy drinking and binge drinking result in a broad range of ill effects on the social, health and economic well-being of every resident," says Moberg. "Families, communities, businesses and educational institutions experience the impact of alcohol abuse through the resulting costs upon our healthcare and criminal justice systems as well as the wellness of our social institutions."

Based on data in the report, drug abuse and alcohol (but with the vast majority of the toll being from alcohol), in Wisconsin annually cause: 2,082 deaths, 5,992 motor vehicle injuries, 16,677 hospitalizations, 126,207 arrests and $189,741,774 in public funds spent on hospitalizations and treatment.

UW-Developed Bone Growth Drug

GOES INTO PHASE 2 CLINICAL TRIAL

School of Medicine and Public Health (SMPH) researchers have begun a phase 2 clinical trial to see if a drug developed by Madison-based Deltanoid can promote new bone growth in post-menopausal women with low bone density.

Osteoporosis specialist Neil Binkley, MD, associate professor of medicine, is the principal investigator on the UW arm of the multi-center study that will test the effectiveness of DP001, a new class of drug derived directly from vitamin D.

The drug, also known as 2MD, is the first major development of Deltanoid, the Madison-based company formed by Hector Deluca, PhD, a UW-Madison professor of biochemistry.

Currently, treatment options focus on preventing further breakdown of bone in patients with low bone density.

"What we need are drugs that build bone back up rather than simply prevent degradation," says Binkley.

DP001 could be just that. Because it's directly derived from vitamin D, DP001 addresses both of the problems that lead to falls and bone fractures in post-menopausal women—poor bone density and muscle weakness. Because DP001 secretes an enzyme that makes it self-regulating, there's no concern about toxicity or growing more bone than a patient requires.

Studies showed that the compound induces new bone formation in animal models of osteoporosis. Phase 1 clinical trials uniformly demonstrated that the compound is safe and well tolerated, resulting in changes in bone biomarkers consistent with the formation of new bone.

Viagra Increases Release

OF KEY REPRODUCTIVE HORMONE

The little blue pill may do more than get the blood pumping. Sildenafil—the generic name for Viagra—also increases release of a reproductive hormone in rats, according to a new study.

SMPH researchers led by Meyer Jackson, PhD, a physiology professor, reported recently that sildenafil increases the amount of oxytocin released by stimulation of the posterior pituitary gland, which regulates hormone levels in response to neural signals.

Published in the *Journal of Physiology*, the finding is the first indication of a chemical mechanism through which erectile dysfunction drugs may have physical effects besides increasing blood flow to sexual organs, says Jackson.

Oxytocin plays important roles in social interactions and reproduction, including triggering uterine contractions and lactation. It is also released during orgasm and has been linked to sexual arousal.

Oxytocin release is regulated by an enzyme that acts like a braking system, limiting hormone release by dampening neural excitation of the cells. This same enzyme, phosphodiesterase type 5, also limits blood flow by contracting the muscles around blood vessels.

In both places, sildenafil works by blocking this enzyme, essentially releasing the brakes, explains Jackson. In blood vessels, relaxing smooth muscle increases blood flow, which corrects erectile dysfunction, and in the posterior pituitary, the cells become more responsive. "The same stimulation will

produce more [oxytocin] release," says Jackson.

Jackson doesn't think his findings raise any significant safety issues related to Viagra use, but he does think they provide strong rationale for additional studies.

Stem Cell Therapy Recues

MOTOR NEURONS IN ALS MODEL

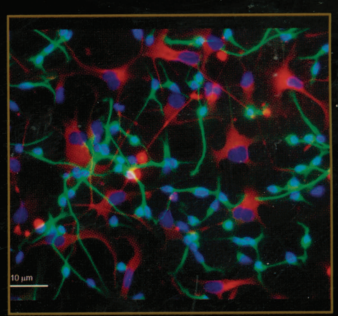
A team led by anatomy professor Clive Svendsen, PhD, has shown that it is possible to rescue the dying neurons characteristic of amyotrophic lateral sclerosis (ALS), a fatal neuromuscular disorder also known as Lou Gehrig's disease.

The new work, conducted in a rat model and reported in *Public Library of Science*, shows that stem cells engineered to secrete a key growth factor can protect the motor neurons that waste away as a result of ALS. An important caveat, however, is that while the motor neurons within the spinal cord are protected by the growth factor, their ability to maintain connections with the muscles they control was not observed.

In the study, nascent brain cells derived from human fetal tissue—neural progenitor cells—were engineered to secrete glial cell line derived neurotrophic factor (GDNF), a chemical shown to protect neurons but that is difficult to deliver to specific regions of the brain. The engineered cells were then implanted in the spinal cords of rats afflicted with a form of ALS.

When implanted, "the GDNF secreting cells survive beautifully in 80 percent of the animals," says Svendsen, who conducted the work with Waisman Center colleague Masatoshi Suzuki, PhD.

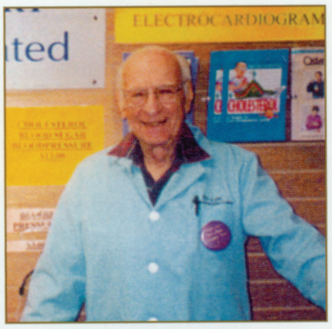
However, the scientists were unable to detect the connections between the neurons and the muscles they govern. While the obvious next step is to ferret out the reasons why, Svendsen



suggests the work further supports movement toward clinical trials in humans.

Class Notes

1943



Retired internist and cardiologist **Louis Sennett** founded Metro Medical Testing (MMT) in Milwaukee in 1998. In creating the company, Sennett's idea was to provide quick medical preventive testing at an affordable cost. MMT offers inexpensive lipid, blood glucose, PSA, bone density and H. Pylori tests as well as thyroid, liver and kidney function tests and many others. Stressing the importance of preventive health testing, Sennett also sets up an MMT booth at health fairs, shopping malls and local corporate offices around Milwaukee.

1944

Texas Tech Health Sciences University has given **John Buessler** the Designation of Distinction as emeritus founding dean of the Medical School and emeritus founding vice president. He also received the Statesmanship Award from the Joint Commission on Allied Health Personnel in Ophthalmology for being the 1969 co-founder of the organization.

William J. Little was given the American Medical Association (AMA) Foundation's Award for Excellence in Volunteerism, February 12, 2007. When Little retired from his 35-year career in internal medicine and pulmonology in Racine, Wisconsin, his passion for the medical field continued to grow through his countless hours of volunteer work and commitment to patient care for the uninsured. Soon after his retirement, he joined the board of directors of the Health Care Network Inc., a program coordinating volunteer services of local medical and dental providers who treat low-income and uninsured patients of Racine County. He readily accepted the leadership responsibility of recruiting retired physicians and nurses for the clinic, transitioning into his current role as volunteer medical director. He also coordinated the opening of an on-site clinic in Racine that has grown from one storefront space to now three in a matter of almost 17 years, serving thousands of patients with the help of more than 350 medical and dental volunteers. Although the Health Care Network remains his main focus, Little manages to volunteer his time in other community programs as well. He currently serves as president of the city's board of health and has served in this role for the past 13 years. He is also the founding president of the Geriatric Assessment Center in Racine.

1957

Henry W. Aufderhaar currently works part-time in a general practice at the Fort Medical Center in Fort Atkinson, Wisconsin, where he has worked the past 50 years.

Paul A. Baumann was chief of the Department of Radiation Oncology at Wesley Medical Center in Wichita, Kansas, from 1968 through 2000. Since retiring in 2003, he has completed a few locum tenens positions. He and his wife are active in Christian missions through their local Presbyterian congregation as well as by direct involvement in AIDS/HIV orphan support. They also supply bibles to seminary students in Ethiopia.

Glen E. Holt is a volunteer physician at the Community Health Center in Duluth, Minnesota. He is actively involved in the foreign medical exchange program between St. Mary's Duluth Clinic and a health system in Cameroon, Africa. He and his wife, Mary, have made five trips there since 2000.

1959

George Bogumill retired from Georgetown University in 2000. He works at Walter Reed Army Medical Center two days a week as a hand surgeon. He also does volunteer hand surgery overseas, most recently in St. Lucia, Honduras and Peru.

1960

Marvin L. Birnbaum was awarded the Wolters Kluwer Health Award for Outstanding Leadership in Disaster Medicine by the American Medical Association on July 18, 2007.

1966

H. Peter Barnes is about to move from Shirley Mills to Dover-Foxcroft, Maine. He claims it is "My last move," which is what he said eight moves ago. He's working four days a week with Mayo Practice Associates (the other Mayo). He tried retiring twice before. Between medicine and his "labradoodles," he is very busy—enjoying life more than he ever has, he says.

1967

Lee M. Tyne is still working as an orthopedist. He travels back and forth to Guatemala for medical- and church-related missions. His latest trip was to Central Asia to follow the ancient Silk Road and see the "Stan" countries as well as the Caucasus.

James H. Yahr goes to third-world countries to do cleft lip repairs and burn reconstruction. Last year he went to India, Guatemala, Peru and Mexico. He has done cleft repairs on children in Russia, Romania, Moldova, West bank, Taiwan and Vietnam.

1970

Fred Goldner says he is having a great time in private practice gastroenterology, now 14 years after a 23-year career in the U.S. Army. He was married on August 25, 2007, and honeymooned with his new wife in Greece.

1976

Richard Heuser, chief of cardiology at St. Luke's Medical Center in Phoenix, was part of the distinguished international faculty invited to speak in September at the 30 Year Anniversary of Coronary Angioplasty in Zurich, Switzerland, where coronary angioplasty originated. The first procedure was performed there by Dr. Andres Gruntzig in September 1977. The two-day event included lectures by the pioneers and leaders in the field of coronary angioplasty, a procedure that has transformed the treatment of heart disease. Heuser was involved in the early development of angioplasty in the U.S. He is also the inventor of the Covered Heart Stent, and was the first to introduce catheters for the treatment of shock and valve leakage. A clinical professor of medicine at the University of Arizona College of Medicine and the author of four textbooks on peripheral angioplasty, Heuser spoke on renal angioplasty.

1977

Psychiatrist **Susan Delphine Delaney** has written *Rx for Quilters: Stitcher-Friendly Advice for Every Body*. She has been given the Gold Award from the National Health Information Awards. She also is a haiku poet who has been published and awarded nationally and internationally.

David S. Howes is professor of medicine and program director of the Emergency Medicine Residency at the University of Chicago. He is also head of the Phemister Society at the University of Chicago Pritzker School of Medicine, where he says he has fun keeping track of 48 resident trainees and 100-plus medical students. The Phemister Society is named for Dallas B. Phemister (1882-1951), who was the first professor of surgery in the new Billings Hospital at the University of Chicago, where he also served as chair from 1927 to 1947.

Nelleen G. Noack directs the neuro-developmental center at the Gundersen Clinic in La Crosse, Wisconsin. He also directs the cerebral palsy and spina bifida clinics and the Comprehensive Child Care Center (autism and learning disability clinics).

David R. Spriggs is head of solid tumor oncology at Memorial Sloan Kettering Cancer Center. His clinical practice is centered at the Medical Gynecologic Oncology Laboratory Program, where he studies ovarian cancer.

1981

Marc Williams recently moved to Intermountain Health Care in Salt Lake City to become director of a new Clinical Genetics Institute. His wife, Janet, was hired as the supervising genetic counselor at the same institute. In his free time, he plays trombone in the orchestra of Sandy City and sings in the Utah Symphony Chorus. He also has an art business on the side, Diverse Ayres Fine Art. He specializes in American and European art of the Arts and Crafts period (1880-1940). Visit originalprints.com to see some of his inventory.

1982

Mark A. Supiano is chief of the Division of Geriatrics in the School of Medicine and director of the Veterans Administration-Salt Lake City Geriatric Research, Education and Clinical Center.

1985

Chris Patterson was recently appointed medical director of SouthernCare hospice in South Carolina. SouthernCare, Inc. provides hospice, grief counseling and community education on many topics. Patterson has been caring for nursing home residents and hospice patients in South Carolina since 1998. He has earned the designation CMD, certified medical director, through the American Medical Directors Association. In 2003, he became one of the few physicians in South Carolina to become board certified in palliative care and hospice medicine. In 2004, he also earned board certification in the subspecialty of pain medicine.

1987

Elizabeth Bartos is married, has two children and lives in a beautiful small mountain town in upstate New York. She recently took on the job of "chief of medicine" for her small hospital. She says figure skating lessons during the past three years have been a "fabulous addition to my life."

Jeffrey Britton is currently a member of the board of directors of the Wisconsin division of the American Academy of Pediatrics (AAP). He recently was honored with an AAP District II achievement award.

With Renée Schultz, **SuEllen Hamkins** just published a book titled *The Mother-Daughter Project: How Mothers and Daughters can Band Together, Beat the Odds and Thrive Through Adolescence.*

Randall Malchow deployed to Iraq in 2006 with the 47th Combat Support Hospital. In February 2007, he helped conduct an anesthesia workshop in Kathmandu, Nepal.

1997

Christina S. Granger is currently on staff at Connecticut Children's Medical Center. This practice is a private group affiliated with the University of Connecticut's Residency Training Program and Medical School. She is the pediatric urology residency coordinator and director of minimally invasive robotic surgery at the hospital.

Heidi A. Huser has been practicing in the Twin Cities for over two years after doing full-range rural family medicine for almost five years.

Janet M. Legare is head of pediatrics at Boulder Community Hospital. She continues to work with children with special needs and has volunteered in India. She is a clinical assistant professor at the University of Colorado School of Medicine.

Kathleen A. Ritger has worked at the Chicago Department of Public Health doing infectious disease investigations and surveillance.

Jannette H. Rivera does missionary work and provides free healthcare in poverty-stricken communities in Central America.

2002

Allen Hayman is vice president of the Maine Society of Anesthesiologists. He is a staff anesthesiologist at York Hospital in Maine and Children's Hospital of Boston. He is an instructor of anesthesia at Harvard Medical School.

Jennifer Neels Hayman is a pediatric hospitalist at the Barbara Bush Children's Hospital. She is an instructor of pediatrics at the University of Vermont and assistant clerkship director of the medical student pediatrics rotation.

Benjamin Michael Lerner is the chief surgical resident and a vascular fellow at Medical College of Wisconsin. He also has been a visiting professor in vascular surgery at Exeter, England.

Mary Tornehl and her husband, **Christopher Tornehl**, just moved from Chapel Hill, North Carolina, to Eau Claire, Wisconsin, where Chris joined a private practice urology group, Western Wisconsin Urology. Mary is still considering several pediatric groups in Eau Claire.

2005

The American Academy of Family Physicians (AAFP) has given **Brian Arndt** the 2007 AAFP/Bristol Myers Squibb Award for Excellence in Graduate Medical Education. The award recognizes 20 resident members of AAFP for demonstrated leadership abilities, community involvement/social commitment and exemplary patient care/interpersonal relationships. A resident in the SMPH family medicine program, Arndt received the award at the AAFP's scientific assembly in Chicago in early October.

In Memoriam

Beryl Averbook '45
April 15, 2007
Los Angeles, California

Dorothy Betlach '46
September 15, 2007
Janesville, Wisconsin

Duane Block '51
January 2007
Bloomfield Hills, Michigan

James G. Brown '47
July 14, 2007
Alexandria, Virginia

Glen Cramer '59
December 2006
Carlsbad, California

Alan Fidler '46
February 2007
East Troy, Wisconsin

Martin Fliegel '50
July 8, 2007
Madison, Wisconsin

Lisa Forrest '82
June 25, 2007
Corrales, New Mexico

William J. Fox '52
June 23, 2007
Ventura, California

Richard Heilman '55
April 27, 2007
St. Paul, Minnesota

Kenneth A. Kliese '69
July 29, 2007
Rice Lake, Wisconsin

Harry Kniaz '66
August 23, 2007
Madison, Wisconsin

Everett W. Reinardy '38
June 13, 2007
Janesville, Wisconsin

Jacob W. Stutzman '43M
August 18, 2007
Naples, Florida

Joseph Weinstein '54
August 8, 2007
Sherman Oaks, California

CALL FOR NOMINATIONS

Wisconsin Medical Alumni Association (WMAA) Awards

The WMAA awards committee invites you to nominate your colleagues and classmates for consideration for the 2008 awards listed below. School of Medicine and Public Health (SMPH) alumni, faculty and staff, as well as other professional colleagues, may submit nominations. Complete nominations should include:

- A letter stating for which award you submit the nomination, 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

Deadline: Postmarked December 1, 2007.

Submit to: Karen S. Peterson, WMAA Executive Director, 750 Highland Avenue, Madison, WI 53705. E-mails are welcome at: kspeters@wisc.edu.

MEDICAL ALUMNI CITATION AWARD For an SMPH alumnus who has achieved distinction in medicine. Achievement is recognized through excellence in clinical practice, academic activities and research accomplishments.

MEDICAL ALUMNI SERVICE AWARD For outstanding service to the WMAA. This award is offered to an alumnus who has exhibited exceptional commitment to the association over a period of years.

RALPH HAWLEY DISTINGUISHED SERVICE AWARD For 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 For an SMPH or UW Hospital and Clinics employee who has been particularly supportive of and helpful to students and alumni.

Alaska Cruise & Cruise-Tour

Once again, the Wisconsin Medical Alumni Association and the Wisconsin Alumni Association are partnering to offer alumni a fantastic travel opportunity—this time to one of our nation's most beautiful states, Alaska.

Two options are available. The *seven-day* southbound "Voyage of the Glaciers" cruise, July 28 to August 4, starts in Whittier and concludes in Vancouver. Ports of call include **Skagway**, where you can stroll and shop on the boardwalk or take in the honky-tonk music at the famous Red Dog Saloon; **Juneau**, the state capital and site of the Mendenhall Glaciers, and **Ketchikan**, gateway to the fabulous Misty Fjords. We will cruise through Glacier Bay National Park, College Fjord and the famed Inside Passage.

Those with more time to spare are encouraged to join us for the complete *14-day cruise-tour*, July 22 to August 4. This tour combines a seven-day land tour of the interior before the seven-day cruise described above.

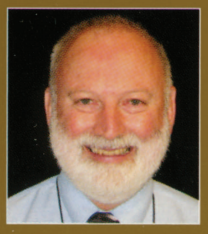
The trip begins in **Fairbanks** with two nights at the fabulous Fairbanks Princess Riverside Lodge. Take a luxury train to **Denali** and stay overnight at the Denali Princess Wilderness Lodge, a destination in itself. An excellent natural history tour of the park is included.

Next it's on to **Mt. McKinley** for one night at the McKinley Wilderness Lodge with breathtaking views of the mountain, then on to the **Kenai**, where Alaskans vacation, for two nights before boarding our ship in Whittier. Our ship will be the Coral Princess, a modern, mid-sized vessel with all the amenities.

For more information, contact WAA Travel at 888-922-8728.

Class Representatives

Robert (Bob) Roger Lebel



Class: 1982

Type of practice: Medical genetics

Fondest memory of medical school? Third Year Skits, classmates' weddings.

Hobbies/interests: Amateur astronomy, classical music, traveling and pontoon boating. Who knew that I would ever take to boating? A short cruise on the lake after dinner defuses the day, good music on the disc player, newspapers or other reading, and I'm slowed down. I've even held "seminars" with friends to discuss topics in ethics or medical education...over a brew or a bottle of wine. Quite civilized. The ABC's: discussing Aristotle or Aquinas accompanied by Bach or Brahms while consuming Cuervo or Chardonnay. Teaching and writing also are a major part of life in my job at the Greenwood Genetic Center, where I have created a network of cancer-genetics clinics around the northern part of the state, have performed over 100 fetal autopsies and given over 100 medical ethics lectures.

Other news: Our grandchildren are now 11, 10 and 9 years of age...but I am not getting any older.

Faculty member remembered the most and why: Dr. Enid Gilbert. She exhibited gentility mixed with high skill and gracious interest in teaching effectively.

Message to your classmates: I really want to see you in October!

Plans for a reunion: Tour, dinner, tailgate, football, informal gathering...all of it.

John V. Kryger

Class: 1992

Type of practice: Pediatric urology at American Family Children's Hospital in Madison. I'm an associate professor of surgery at UW School of Medicine and Public Health.

Fondest memory of medical school? The Med III Skits were a great time; we pulled together as a class and put on a great show. It brought out so many talents in us. The big audience in the Memorial Union Theater made it feel like a huge event.

Hobbies/interests: I enjoy spending time with my "kids"—Bear and Luke (our two black labs). I also enjoy waterskiing, attending Badger sports events and traveling.

Other news: I'm president-elect of the WMAA. I'm looking forward to engaging more new faces. I'm program director for the UW urology residency. In May 2007, I gave the State of the Art Lecture at the Society for Pediatric Urology annual meeting.

Faculty member remembered the most and why: Dr. Dennis Maki. I rotated through the TLC unit with him and then signed up for infectious disease consults. He challenged me and I felt great when I met the challenges.

Message to classmates: Take some time to reflect on our days in medical school—the people, the events, the memories. Remember how great it is to be part of the UW.

Plans for a reunion: We will have a fall reunion at the Homecoming football game this season. Some gyros on State Street would be a good topper!

Andrea DeMets

Class: 2002

Type of practice: General pediatrics, private practice

Fondest memory of medical school? Anatomy lab, spending time with friends, girls' trips to Florida.

Hobbies/interests: Traveling, jogging, playing tennis, spending time with my family and two super cute nephews.

Other news: I recently got engaged.

Faculty member remembered the most and why: Dr. John Harting, neuroanatomy. He was one of the best teachers!

Message to classmates: Looking forward to catching up with everyone!!

Plans for a reunion: Homecoming 2007. Go Badgers!!

Bridging the Past and the Present with Traditions

Christopher Larson, MD '75
Editorial Board Chair

The recent dedication of the American Family Children's Hospital seems an ideal time to reflect on some events I find historically significant and sentimentally appealing. These were the recurring gatherings outside the old Children's Hospital on central campus after home football games. For many, these meetings have all but fallen into obscurity. The time was the 1970s. The location was a parade route from Camp Randall, up Babcock and east on Linden Drive to Bascom Hill. The time was about 15 minutes after the "Fifth Quarter" of home football games.

The participants were students and fans of the team, supporters of the band and an audience made up of those who lined the streets or walked with the band to Bascom Hill, where the drum major, after a long day, praised and critiqued the band and led the final dismissal ceremony. The link between then and now, created by the new children's hospital, has been a wonderful opportunity to talk with staff and band members about their memories of these events.

Dr. Norm Fost, then chair of the Department of Pediatrics, recalls the special impromptu concerts. A steadfast supporter of the football team, he was not generally in the hospital after games, but recalls hearing of the excitement.

The post-game performances at the old children's hospital began somewhat by accident. During its final march from the stadium back to Music Hall, the band could be heard blocks away. Inpatients would ask to be taken to nearby windows or the north balcony. As the tradition evolved, many patients were escorted outside in beds, gurneys and wheelchairs, where they could better see and hear the band. Every IV pole on wheels was mobilized for these occasions.

On sunny fall afternoons, the enthusiastic patients, who had been escorted to a small area of lawn outside the building, made an irresistible audience for our band members. They soon made this a regular stop on their way to the dismissal ceremony on Bascom Hill. As the years passed, more and more fans learned of this special post-game event and began accompanying the band back along Babcock and Linden Drive. This routine became a part of many fans' Saturday ritual.

What is truly remarkable, according to D. Scott Sellinger, MD '73, then an orthopedic resident, was the dedicated house staff—including medical students, nurses, residents and orderlies—who willingly mobilized patients in every way to get as many of them as possible to the lawn. The windows and balconies provided a view for the more seriously ill children who couldn't be taken outside.

The band members, in their red uniforms, were tired after a long day, but the concert rapidly became a major event in the lives of not only the hospitalized kids, but also the student musicians.

Eventually, what began as a simple highlight in the lives of our inpatients hoping to catch a glimpse of the band became a tradition and a favorite stopping point for the band, rain or shine, as it performed for this most appreciative audience.

According to director Mike Leckrone, the band continued to offer scheduled concerts for the children in the Peds Unit at UW Hospital and Clinics on off-weekends. The facilities were crowded and not acoustically optimal. The emotional lift for the kids from these events was eagerly anticipated, but compared to the past, relatively diminished.

The new American Family Children's Hospital, with its open-air architecture and glass façade, is ideally structured to allow patients to once again take in the band's music on a spontaneous basis as students practice and learn their marching routines in a nearby field. These patients too will benefit from an occasional impromptu concert outside the north west wing. I look forward to seeing a bridging between the present and the past through this rich tradition.

Calendar of
Events

October 2007

OCTOBER 26-27
HOMECOMING WEEKEND
Reunions for the classes of
1967, 1977, 1982, 1992, 1997, 2002

October 26

2 p.m.	WMAA Board of Directors meeting
4 p.m.	Health Sciences Learning Center tours
6:30 p.m.	WMAA Homecoming dinner, Monona Terrace

October 27

9 a.m.	WMAA tailgate, Union South
11 a.m.	UW vs. Indiana football game

November 2007

November 9

6 p.m.	Alpha Omega Alpha Banquet Health Sciences Learning Center

May 2008

MAY 8-10
ALUMNI WEEKEND
Reunions for classes of
1948, 1953, 1958, 1963 and 1968

May 16

10 a.m.	Graduation Recognition Ceremony Class of 2008 Memorial Union Theater

PHOTO: Jeff Miller/UW-Madison University Communications

We Want to
Hear From You

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

Name _____ Year_____

Home Address_____

City _____ State_____ Zip_____

E-mail Address_____

Recent Activities _____

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Have you moved?

Please send us your new address.
Mail to: Wisconsin Medical Alumni Association
Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705

Rather connect by computer?

Please send your information to us at:
www.med.wisc.edu/Alumni/stay_connected

■ Observations

PHOTO: Jeff Miller/UW-Madison University Communications

The front steps of Olin House, the former official residence of UW-Madison chancellors, was decorated with Wisconsin-carved pumpkins and the silhouette of a black cat when university photographer Jeff Miller visited during Halloween 2002.

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Medical Alumni Association
Health Sciences Learning Center
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