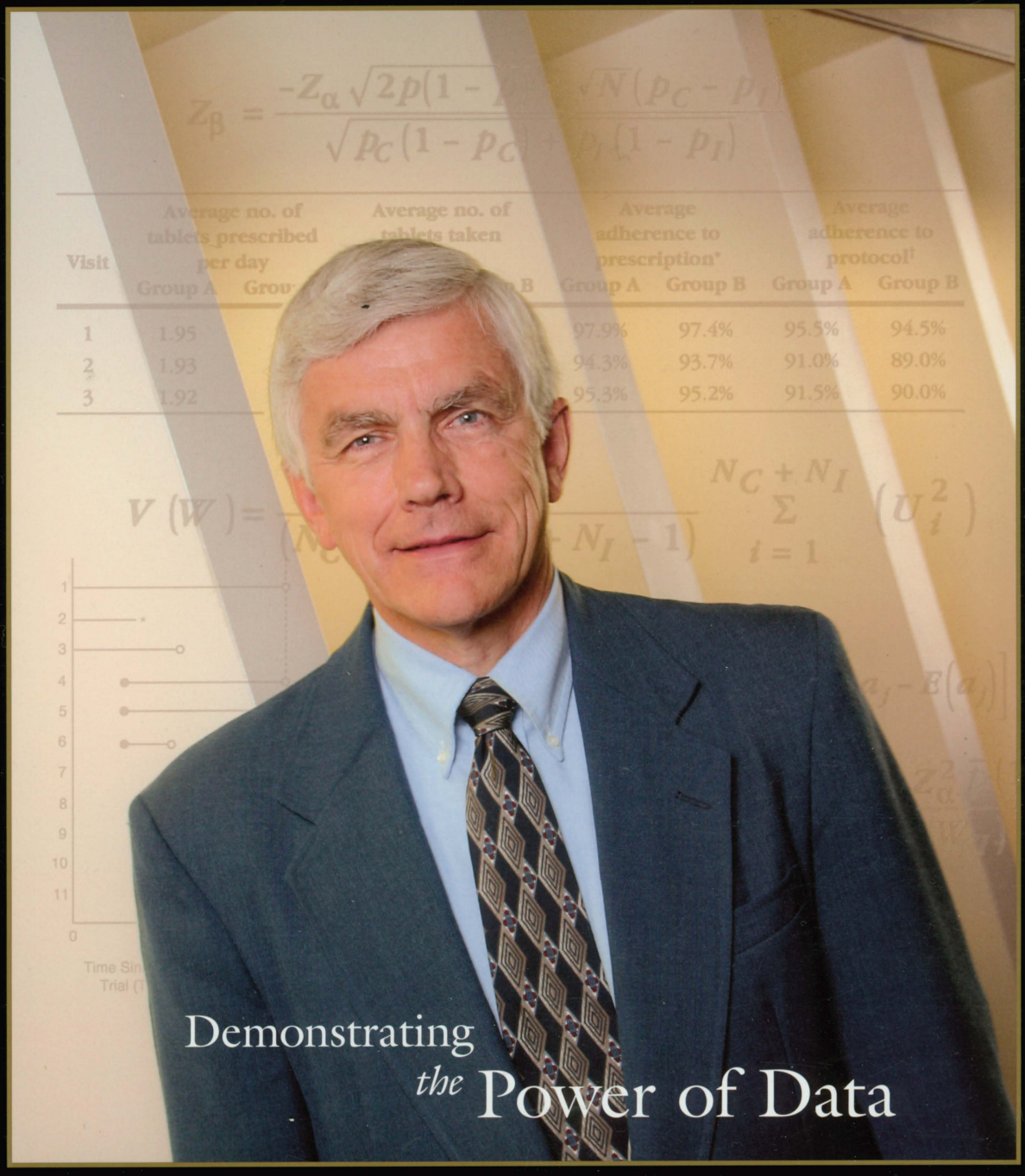
The Magazine for University of Wisconsin Medical School Alumni and Friends

QUARTERLY



VOLUME 5
NUMBER 3
SUMMER 2003

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

***Quarterly* is published four times a year by the Wisconsin Medical Alumni Association and the University of Wisconsin Medical School.**

For editorial information, call (608) 263-9893.

For address corrections, call (608) 263-4915.

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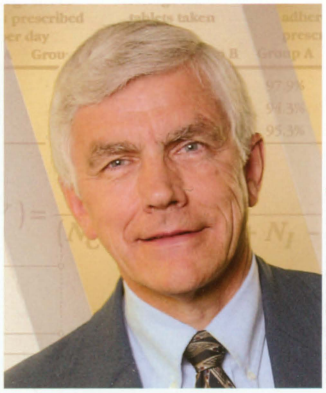

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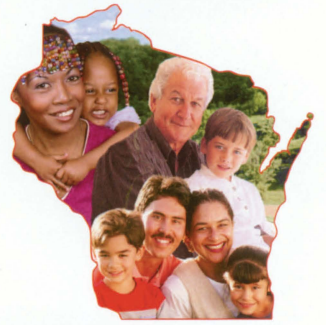


Departments

■ Dean's Message

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

As we celebrate the completion of another academic year, I want to salute the graduating Class of 2003. Each student contributed to the unique character of this class. The students were remarkable in many ways—for their stellar academic performances, their collegiality, their enthusiasm for learning, their dedication to community service and social medicine, and the number of leaders who emerged from the group. This class bonded in an amazing way; furthermore, it may have established a record for romantic connections made over a four-year period!

Now the members of the Class of 2003 have begun their residency training programs. Slightly over 60 percent are focusing on primary care specialties. These graduates are carrying on a rich UW Medical School tradition of interest in primary care careers, which include internal medicine, family medicine and pediatrics. In addition, significant numbers of the graduating class chose residencies in anesthesiology, general surgery, emergency medicine and diagnostic radiology.

These all are good choices because there currently are shortages of physicians in almost every specialty. However, other factors contribute to good choices. For instance, I believe that it is very important for students to identify and select a specialty that evokes a commitment or passion in them. Then they must follow their hearts to attain satisfaction with their careers.

The Medical School's class mentor program is one creative way for students to relate easily and personally to a physician who has had years of clinical experience and can provide advice on specific careers and ways to prepare for them. You can read about Sandra Osborn, MD '70, mentor to the class of 2006, in this *Quarterly*. As the practice of medicine becomes increasingly complicated, we need to do an even better job of helping our students with systematic and proactive career counseling.

Indeed, in its recent survey of UW Medical School, the Liaison Committee for Medical Education (LCME) identified career counseling as an area that requires more of our attention. As you will read in this issue, the LCME identified several key areas in which we excel, as well as a few in which we must work harder. We appreciate this critical analysis; it will help us redouble our efforts. I believe that all problem areas should be viewed as opportunities. What's more, I'm encouraged that the LCME gave us the maximum accreditation—eight years—rather than the usual seven years.

It goes without saying: UW Medical School has attained world-class excellence in many important areas. One prime example that you will read about in this *Quarterly* is our Department of Biostatistics and Medical Informatics. Under the direction of Chair David DeMets, PhD, whom I first met 30 years ago when we both were working at the National Institutes of Health, this department has achieved international stature and recognition in a mere 10 years.

All of UW Medical School's achievements relate directly to the hard work, talent and commitment of individuals such as Dave DeMets. As Vince Lombardi once said, "The dictionary is the only place where success comes before work."

■ Executive Director's Message

Karen S. Peterson
WMAA Executive Director

Greetings, medical alumni. Recently we experienced two of the Wisconsin Medical Alumni Association's largest events of the year—alumni weekend and graduation—and I'd like to comment on both.

Alumni weekend was a fantastic success, with three days of many special activities. We honored the Class of 1953, recognized many award recipients and celebrated eight class reunions (from 1943 to 1978). Alumni enjoyed a variety of WMAA-sponsored faculty presentations.

The Class of 2003 experienced a memorable graduation day, beginning with a recognition ceremony at the Union Theater and followed by Medical School graduates later participating in the campus commencement ceremony at the Kohl Center. In the evening, the WMAA and the Medical School co-sponsored a celebration for the graduates and their families and friends. Nearly 1,000 people turned out for this festive occasion at the beautiful Monona Terrace Convention Center.

Now I look to the future, always mindful of our strategic plan, which emphasizes increased marketing to alumni, outreach efforts and student participation.

Outreach and marketing

Geographical events

To date, most WMAA events have been in the greater Milwaukee and Madison areas. While we have a large percentage of alumni living in these areas, our goal is to reach out to more alumni across the state and the nation. We will test this plan by holding events in other locations, starting in the Wausau-Wisconsin North woods and Green Bay areas. These events are planned for the early fall. The goal will be to provide area alumni an opportunity to socialize, and to educate alumni about the WMAA.

Fall reunions

In an effort to increase participation, the classes of 1983, 1988, 1993 and 1998 have opted to move their class reunions to the fall. The date is set for September 20 and events will include a football tailgate party and tickets to the North Carolina game.

Homecoming

Plans for Homecoming 2003 are well under way. Mark your calendars for October 18th. The WMAA will host its annual tailgate that morning at Union South before the Purdue game. Tickets for medical alumni will be available through our office.

Student programs

Medical students are more involved in the WMAA than ever before! The Medical Student Association and many student interest groups actively participate in our events and outreach efforts. The student participation committee serves as an advisory group to our board. This group has recently requested that the WMAA sponsor a local "mentor" program, which will match area alumni to students who are interested in their specialty areas. We will work with students and Dane County alumni this summer and fall to get the program up and running.

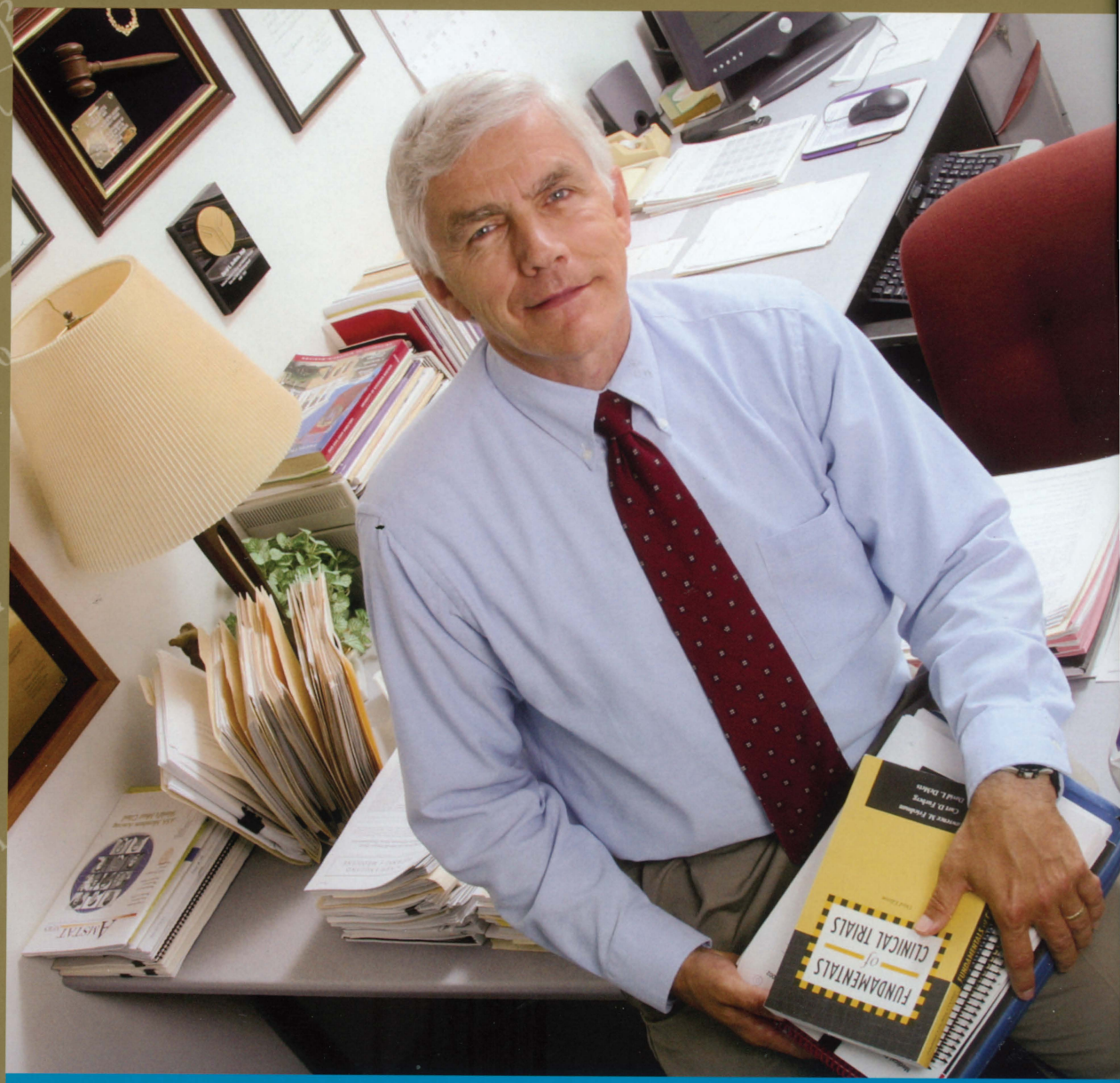
Class representatives

For many years, class representatives have been an invaluable resource to the WMAA. They now are working to meet the goals of our strategic plan. Representatives encourage their classmates to participate in all of our events, forward news about themselves for use in the *Quarterly*, recommend people for WMAA awards and identify others who might lead some of our efforts.

As always, I urge you to contact me with any thoughts or concerns. E-mail me at kspeters@facstaff.wisc.edu, phone me at (608) 263-4913 or drop me a line addressed to Karen S. Peterson, Executive Director, Medical Alumni Association, 4252 Medical Sciences Center, 1300 University Avenue, Madison, WI 53706-1532. I look forward to hearing from you.

Reminder

Visit **http://www.med.wisc.edu/alumni** to keep up to date on all WMAA events and happenings. From here you also can update your records, join our association, nominate your colleagues or classmates for awards and sign up for events.



David DeMets and the Department of Biostatistics and Medical Informatics demonstrate

The Power of Data

by Dian Land

Lifetime achievement awards usually come at the end of an illustrious career, but for David DeMets, PhD, chair of the University of Wisconsin Medical School Department of Biostatistics and Medical Informatics, the honor came two years ago when he was a mere 57 years old. He is still in the prime of his professional life.

In 2001, the National Institutes of Health (NIH) gave DeMets its Robert S. Gordon Jr. Lectureship Award in recognition of his "unique innovations in statistical research; significant contributions to the design, ethical conduct and analysis of clinical trials; and outstanding leadership in data and safety monitoring of trials." The award is the highest honor the NIH confers in DeMets' field.

Many noteworthy achievements in an extremely productive career contributed to the NIH award, but DeMets believes that, in all likelihood, one series of studies on heart failure treatment stood out as particularly deserving of recognition. Conducted over a ten-year period, the studies ultimately had a pivotal impact on clinical practice, resulting in a dramatic shift from near hopelessness in treating chronic heart failure to the current annual mortality rates of less than 20 percent for moderate or more advanced stages of disease.

The studies began after DeMets came to Wisconsin from a 12-year stint at the NIH, where he had last served as chief of the Mathematical and Applied Statistics Branch of the National Heart, Lung and Blood Institute. He had been recruited to Wisconsin in 1982 to develop a statistical and data management infrastructure at the Medical School. At the time, UW-Madison's world-famous statistics department had links to most schools on campus, but not to the Medical School.

Originally housed within the UW Comprehensive Cancer Center (UWCCC) and supported wholeheartedly by former UWCCC director Paul Carbone, MD, PhD, the new biostatistics program soon became a university center. Under DeMets' leadership, the center grew to become a full-fledged department in less than a decade. In 1997, the department broadened its focus to include medical informatics, and in 2002, it marked its 10th anniversary.

"At first, my research at UW centered on cancer clinical trials, but then my interests drifted back to cardiology research, on which I had concentrated during my NIH years," DeMets says.

In his first years at the NIH, during the 1970s, DeMets provided statistical support to a steadily growing body of government-sponsored clinical trials. The early trials in which he participated assessed new treatments for pulmonary embolisms, use of bronchial dilators and drugs for respiratory distress syndrome. Later in his NIH tenure, he participated in clinical trials dealing with heart attacks, hypertension, arrhythmias, coronary artery disease and congestive heart failure. Many of the studies were published in top journals, including the *New England Journal of Medicine, Lancet* and the *Journal of the American Medical Association.*

> *"Even though I'm trained as a mathematician and statistician, I got to step back and see the change of a whole treatment regime, worldwide."*
>
> David DeMets, PhD

With significant contributions from DeMets, the NIH developed a system for conducting the clinical trials it sponsored. The system consisted of creating a steering committee to write and oversee a study protocol, a network of investigators to carry out the study, a statistical center to collect and analyze the data and an independent group to monitor the data and determine whether the study needed to be stopped for producing either benefit or harm to subjects.

In 1983, DeMets and a former NIH colleague teamed up on a pharmaceutical-sponsored study to assess a new heart failure drug. "We applied the NIH model to our private study, which really hadn't been done before in the United States," he says. "This allowed academics to participate in industry-sponsored trials just as they had done for NIH-funded trials. The modified model preserved much of the academic spirit of these industry trials."

Many of the early studies showed that the heart failure drugs failed, but in 1999, one study with the acronym "MERIT"—a clinical trial to evaluate a beta-blocker for mild to moderate disease—proved successful. "This success was totally unexpected," DeMets recalls. "Clinicians had worried that beta-blockers, which they had used for some 25 years to treat hypertension and myocardial infarctions, would not work for heart failure, and might even be harmful."

A second international study, called "COPERNI-

CUS," showed that beta-blockers were a potent force for serious heart failure as well. In just five years, the two studies were among a group of four that completely changed the way physicians and their patients viewed the disease.

"It was a great feeling to see this shift...to be a part of it," DeMets says. "Clinicians often observe progress in their patients on a daily basis. Even though I'm trained as a mathematician and statistician, I got to step back and see the change of a whole treatment regime, worldwide."

A secondary outcome of the series of studies was that researchers from across the country and around the globe came to regard the UW department as the premier place to go for biostatistical collaborations on heart failure. Pharmaceutical companies and the federal government have since come to regard DeMets and other department faculty members equally invaluable as collaborators on studies dealing with stroke, ophthalmology, diabetes, pediatrics and AIDS.

"Today, we have more offers for work than we could possibly accept, especially since industry-sponsored trials have increased in recent years," says DeMets. "Furthermore, all of the department faculty members, now totaling 27, are highly respected for their own research—much of which deals with statistical and bioinformatics methodology."

In addition to the extramural collaborations and individual research endeavors, faculty members partner extensively with UW Medical School and UW-Madison researchers, assisting with design, execution and analysis in the "big-three" areas of basic science investigations, epidemiologic studies and clinical trials. Topics have included, for example, the *in vitro* assessment of the cancer-fighting properties of various compounds, the effectiveness of screening newborn babies for cystic fibrosis, and the safety and efficacy of specific gene therapies.

In recent years, department faculty also have supplied support for the promising new areas of genomics studies—those involving the sequencing and mapping of genomes, or the entire set of genes, for humans and other organisms—and imaging analysis projects—which are under way in several UW departments.

As with all Medical School departments, teaching also is an integral part of the mission of the Department of Biostatistics and Medical Informatics. Faculty share responsibility for instruction in the Biostatistics Training Program for doctoral and master's degree students, which is administered by the Department of Statistics. They also teach graduate students in the relatively new Medical Informatics Training Program offered in collaboration with the Department of Computer Sciences. The programs are supported with funding from three NIH training grants. In addition, the department offers a new four-course capstone certificate in fundamentals of clinical trials for medical and postdoctoral fellows.

Broadly speaking, faculty expertise aligns along three programmatic areas applied to both research and teaching.

The biostatistics group features a strong foundation in statistical theory, methodology and application for biomedical research. "This discipline provides the methods for sound study design, proper data analysis and appropriate interpretation of results," DeMets notes.

The clinical trials effort supplies an understanding of the statistical aspects of the design, execution and analysis of clinical trials. "Clinical trials are the most definitive tools for evaluating treatments, drugs, devises, strategies, surgeries and behavioral modification," DeMets says. "With proper statistical support, they have the clear and powerful potential to improve the quality of healthcare and to control costs."

The medical informatics initiative applies computer science theory and methods to molecular biology. "We apply this discipline to genomics research, image analysis and clinical informatics, which involves the storage, retrieval and sharing of biomedical information," says DeMets. "Its ultimate purpose is to help basic scientists and clinicians better use medical knowledge in order to provide better medical care."

Looking back at his department's progress over the past decade, DeMets marvels at its rapid growth and attributes its success to the talent, cooperation and hard work of many people. "My main task as department chair has been to recruit the very best faculty, provide an environment that helps them thrive and mentor them as needed. The results have been one of the top biostatistics-bioinformatics programs in the country," he says, adding that the UW Department of Statistics and the Department of Computer Sciences have been key partners. "We also are deeply indebted to the institutional support and the individual support of people such as Paul Carbone, former cancer center director, and Philip Farrell, dean of the Medical School."

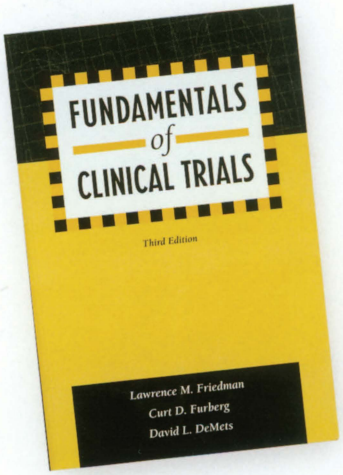
The next decade offers even more opportunities for the department, DeMets

predicts, adding that he expects his team to make major contributions in several areas.

Genomics and imaging analysis are two such areas. "With one of the largest collections of biologists in the world working on a single campus, UW-Madison should be a hotbed of future genomics activity," he says. "And the growing image analysis group that draws from the areas of ophthalmology, radiology, radiation oncology, neurology and cardiology could very quickly develop into a world-class resource."

DeMets also hopes that in the near future his department can contribute significantly to helping improve the health of the people of Wisconsin through the Blue Cross/Blue Shield plan. "In collaboration with the Medical School's Department of Population Health Sciences, we would like to develop a statewide clinical trials network," he says.

DeMets believes that the department is poised to step up to the challenges and continue to impact the field in important ways. No doubt, many additional recognition awards can be anticipated.



Books shape a discipline, define a career

Two books co-authored by David DeMets, PhD, chair of the University of Wisconsin Medical School Department of Biostatistics and Medical Informatics, summarize the impact he has had on his field. Considered gold standards on the topics they address, the books have helped shape national guidelines and ensure that they are followed.

In ***Fundamentals of Clinical Trials***, now in its third edition, DeMets and his colleagues assist would-be and somewhat experienced investigators by offering a discussion of fundamental principles of clinical trials. The textbook provides useful details on steps such as study design, sample size, patient recruitment, data collection, assessment of health effects, data analysis, and reporting and interpreting results. The extensive information is based on knowledge gained from the authors' three decades of experience with all aspects of clinical trials.

Joining many biostatistics professors around the country, DeMets uses the text in his teaching of UW residents and fellows; he hopes to be offering UW medical students a distilled version soon. He has two main goals for the classes and the book.

One is to give learners the tools to read the clinical trials literature critically. "Not all trials are equally sound, no matter where they may have been published," he stresses. "We show researchers and clinicians how to identify a study's strengths and weaknesses."

The second goal is to teach physicians what they need to know to conduct their own clinical trials. "We provide doctors who want to have careers as academic clinical researchers the building blocks they need," he says.

Data Monitoring Committees in Clinical Trials, the only book of its kind, represents the centerpiece of DeMets' research career. Data monitoring is a concept he has been thinking about for some 25 years. "Through the activity of independent committees, data monitoring protects the safety of clinical trial participants, the credibility of each study and the validity of study results," he explains.

The committees review and evaluate data as researchers accumulate it, helping determine definitively whether the study is harming or helping the subjects who are involved. "Either outcome warrants stopping the trial," says DeMets. "Data can also prove that a study will be futile, and I believe that this also is a justification for closing out a study."

The decision-making involves sophisticated mathematical processes that make sense of data's natural tendency to fluctuate. Sometimes the numbers in one study show, for example, that the treatment is working, while other times they show that it is not. "After you gather enough data, you must distinguish signal from noise," says DeMets.

DeMets' data-monitoring text, which he co-authored with two other statisticians, was published in 2001, approximately the same time that the U. S. Food and Drug Administration issued guidelines urging inclusion of data monitoring committees in all trials involving serious clinical outcomes such as death, heart attack, stroke, cancer recurrence or hospitalization.

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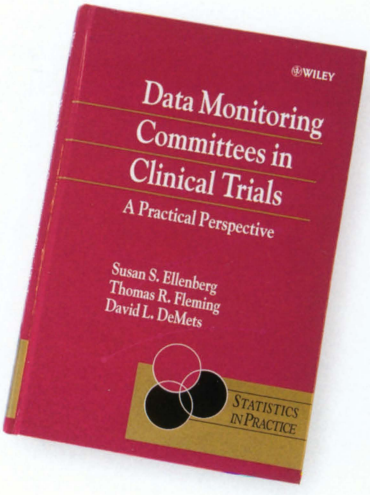


National medical school accreditation process confirms:

UW meets the highest standards

Susan Skochalek, MD, MPH, senior associate dean for academic affairs.

The Liaison Committee on Medical Education (LCME) is the national accrediting authority for medical education programs leading to the MD degree in the United States and Canada. In March, University of Wisconsin Medical School successfully completed an LCME evaluation and review, and was granted full accreditation for the next eight years, the maximum time awarded.

Quarterly reporter Jon Sender recently sat down with Susan Skochelak, MD, MPH, senior associate dean for academic affairs and a professor of family medicine, to discuss the LCME process and what it means for UW Medical School. Following are highlights of the discussion.

Q: What is the significance of LCME accreditation?

Skochelak: Accreditation is a process of quality assurance that determines whether an institution meets high standards of function, structure and performance to ensure that medical education takes place in a rich environment that will foster broad academic purposes. Accreditation by the LCME also confers eligibility for participation in federal student loan programs and is required by most state licensure boards as a condition for licensing the school's graduates.

Q: What was involved?

Skochelak: The accreditation process began two years before our scheduled site visit from the LCME survey team. Medical schools must perform a detailed self-assessment analysis to evaluate strengths and weaknesses, and to make necessary changes as items are identified. Over 200 faculty, staff and students were involved in our institutional self-study, which culminated in the development of a medical education database and a detailed self-study task force report. Three months later, a survey team conducted a site analysis to verify and update information compiled in the school's medical education database, clarify any issues that were unclear and view first-hand the learning environment and facilities.

The LCME survey team visited us in November and met with constituencies of the Medical School—faculty (including basic scientists and clinicians), the student body (both medical students and residents), academic staff and administrators. The LCME site visit team measured our compliance with over 125 standards for medical education.

It's important to note that student involvement is a crucial component of the entire process. Medical students are required to present their own self-assessments of their school to the LCME, and to conduct the assessment without faculty, staff or administration influence. Our students were enthusiastic and professional, putting in hours of their own time, separate from their other obligations. In addition to designing, developing and writing the student self-study, students also participated on all self-study task forces, contributed to the student sections of the database and served as guides or interviewees during the site visit.

Q: What did we learn?

Skochelak: We use the LCME accreditation process several ways. First, we learn how well UW Medical School programs compare to the national standards. And we perform very well. So well, that the Medical School achieved an eight-year accreditation. This is an exceptional ranking that places us in the top tier of U. S. and Canadian medical schools (an accreditation cycle normally occurs every seven years, but can be less).

Full LCME accreditation is recognition of excellence for a medical school and is reflective of the high standards to which UW Medical School holds itself and its students.

In order to stay current and vital, UW Medical School is using the LCME self-study report as a vehicle for change. The self-study process provides analysis from faculty, staff and students, as well as observations from peers, that helps to assess our strengths and weaknesses.

Q: What are some areas for improvement?

Skochelak: Of the more than 125 standards, the LCME report indicated that there are four standards with which UW Medical School is not in compliance. We knew one standard would be of concern: the school's current facilities. The LCME team registered concerns on the age and limited space of our classrooms and research facilities, and this same standard was criticized in previous LCME accreditation reports. There is an expectation that first-rate medical schools have modern facilities that provide students and researchers with the array of tools needed to succeed at the highest levels. In addition, our inadequate facilities hinder optimal working relationships between students, faculty and administration. The Health Sciences Learning Center, opening in August 2004, will address many of the classroom issues. Still, the Medical School's research facilities are insufficient, and upgrading them remains a priority.

While the LCME team praised our education programs, it reported that we do not fully meet the standard for self-directed learning, problem solving and clinical correlations with basic science principles. The faculty and staff were praised for their dedication to teaching, but we need to strive for a balanced curriculum that includes high-quality lectures, applied learning and problem solving in small-group sessions, and more support for the technology that promotes self-directed learning. We also will need to move away from the "binge and purge" approach to learning and taking exams, and concentrate on information management and problem solving skills. Fortunately, these are areas in which we can make significant progress.

A third item listed was the need to improve career counseling for students. While the LCME acknowledged that the Medical School hosts a number of programs designed to provide information about future career options, it stated that students would be better served by a more visible, coordinated effort. We anticipate that the new dean of students will provide major leadership in this area.

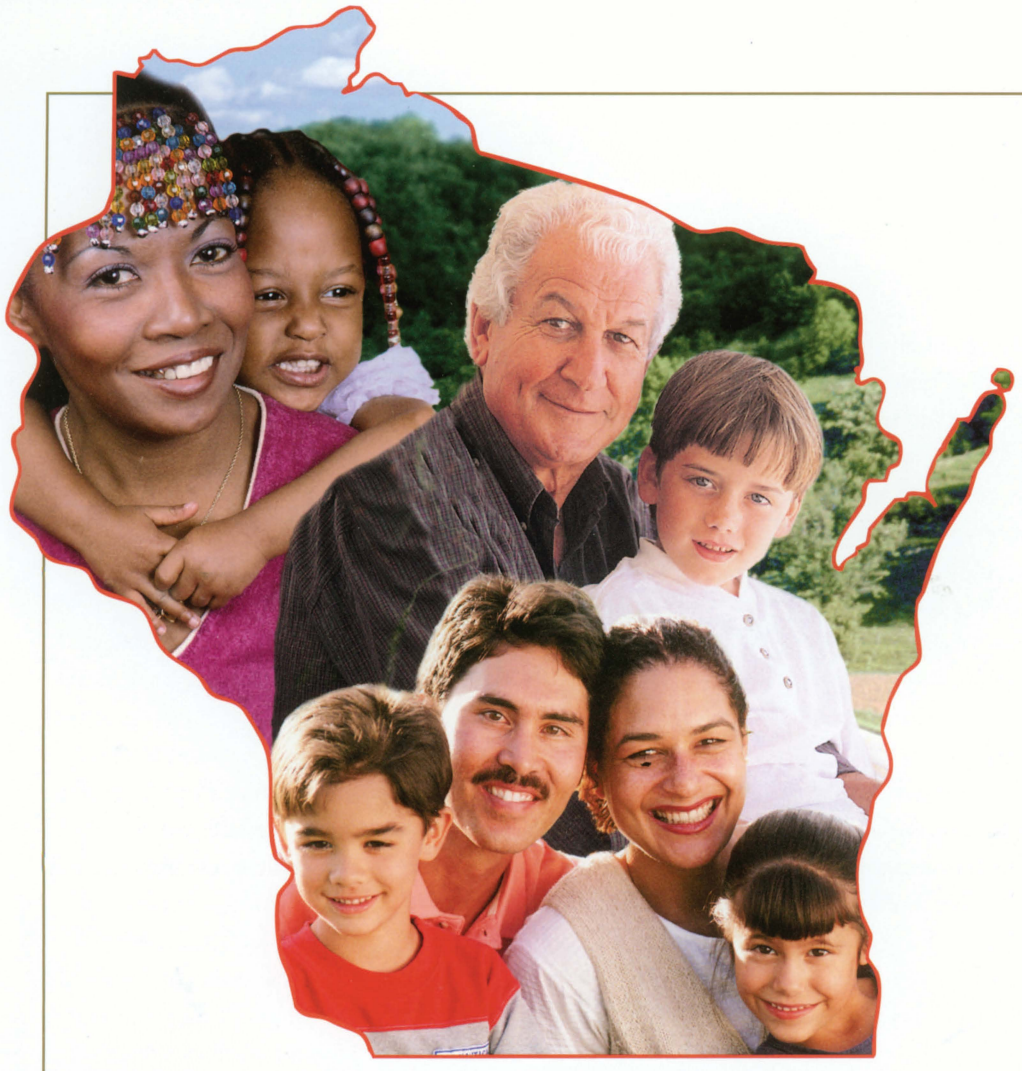
The final area that needs attention is the learning climate. Students report encountering lack of respect and public belittlement during clinical rotations. While this problem is not pervasive, several administrators—including Dean Farrell; Dr. Carl Getto, associate dean for hospital affairs; Dr. Jeff Grossman, chief executive officer of UW Medical Foundation; and Donna Sollenberger, chief executive officer of UW Hospital and Clinics—are taking concrete steps to eliminate this very important concern. A code of conduct for faculty and staff in clinical sites is being developed, along with an action plan to ensure a learning environment that is respectful and safe.

Q: What's the good news?

Skochelak: The LCME site visit summary and accreditation report indicates that UW Medical School continues its tradition of educational excellence. The site visitors commended the students and faculty for their enthusiasm and commitment to the school. Our integrated courses, clinical experiences, statewide campuses and dedicated faculty are enormous strengths of our program.

It is reassuring that we already have mechanisms in place to address the concerns cited by the LCME. Furthermore, our students feel comfortable with the administration, and give high ratings for its responsiveness. Students feel satisfied that we are creating the right initiatives to improve all aspects of the Medical School.

UW Medical School provides a great environment in which to learn medicine, and the LCME report recognizes and affirms what we do best and where we need to do better. With the opening of the Health Sciences Learning Center, and the roadmap provided in the LCME accreditation process, the drive behind UW Medical School's pursuit of excellence will continue unabated.



Wisconsin Partnership Fund for a Healthy Future

Destined to improve health in the Badger state

by Linda Dietrich

On April 10, 2003, the University of Wisconsin System Board of Regents unanimously accepted a far-reaching, five-year plan to use funds from the sale of Blue Cross & Blue Shield (now known as Cobalt) stock to improve the health of Wisconsin's residents.

The plan, developed by UW Medical School and the Oversight and Advisory Committee (OAC), is the result of an open and deliberative process over the last several months.

Known as the *Wisconsin Partnership Fund for a Healthy Future,* the plan capitalizes on the school's statewide resources and strengths in education, research and community service to directly address state health priorities. According to Dean Philip Farrell, MD, PhD, the plan "embodies the Wisconsin Idea. It makes the Medical School, which is already reaching out to the state in many ways, even more active in fulfilling that philosophy."

The Regents' action is the second of a three-step approval process required by the state insurance commissioner's order approving the conversion of Blue Cross & Blue Shield United of Wisconsin and the distribution of proceeds to the state's two medical schools. The next step in the approval process will occur when the plan is submitted to the Wisconsin United for Health Foundation for final approval.

Working in collaboration with the OAC *(see page 13 for list of members)*, the Medical School developed a comprehensive plan designed to create a lasting, statewide improvement in Wisconsin's health status. It focuses on the priorities of the state's health plan, *Healthiest Wisconsin 2010,* including existing and emerging communicable diseases, preventive health, tobacco use and healthcare accessibility, as well as the school's strategic priorities of aging, women's health, cancer, cardiovascular disease, community and population health, neuroscience and rural health.

The resulting plan integrates the state's health goals with the school's strengths and unique ability to use the

> *"The Wisconsin Partnership Fund for a Healthy Future* will forever improve the health and well-being of Wisconsin's residents, affecting generations to come and making the state a national model for population health." Philip M. Farrell

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

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

"UW Medical School's tradition of reaching out to Wisconsin's communities goes back to 1926, when it established community-based faculty and student training sites," says Farrell. "These mutually beneficial collaborations will continue as faculty and staff work side-by-side with community organizations to advance population health."

The second component, the Medical Education and Research Fund, entails improving health through medical education, research and discovery. Commenting on its potential impact on the UW Medical School, Farrell explains, "I believe that in the future, all the great medical schools will become more balanced between the traditional approach to medicine—disease orientation—and this new approach, which understands the relationship between human biology and environmental and lifestyle factors. It emphasizes the study of disease as a combination of genetic, environment and behavioral factors. These funds will transform UW Medical School into such a school, a school of medicine and public health, allowing us to move forward at a time when other fiscal sources are constrained."

The fund will support five areas of excellence. One will advance medical education for future physicians and other health providers, teaching new ways to practice medicine, integrating population health into the curriculum and offering distance education to Wisconsin's practitioners.

The four other areas of excellence will consolidate resources to target rapidly-evolving research initiatives, all keyed to new advances in preventing and treating health problems affecting vast numbers of Wisconsin residents. Among the most intriguing is the Wisconsin Population Health Research Network, which will assess and track the health status of residents, helping researchers and physicians analyze the occurrence and prevalence of ailments such as cancer, Alzheimer's disease, neurological problems and heart disease.

A second area of excellence, targeted on emerging opportunities, will support quickly-surfacing health threats requiring rapid response and immediate resources, such as research into SARS. Another area will emphasize research on disease genomics and regenerative medicine using stem cells, supporting scientists who are seeking a better understanding of the basic mechanisms of disease, and ways to prevent and cure them. The fourth area of excellence will give biomedical researchers tools needed to investigate how genetics affect an individual's susceptibility to disease and response to treatment.

Farrell is excited and optimistic about the plan. "The *Wisconsin Partnership Fund for a Healthy Future* will help the Medical School evolve into a model institution, using all its expertise, from sophisticated science to fundamental human compassion and interaction," he says. "It will forever improve the health and well-being of Wisconsin's residents, affecting generations to come and making the state a national model for population health."

Diverse perspectives, common commitments produce an effective OAC

Patrick Boyle, PhD, UW Regents' liaison to the OAC.

by Linda Dietrich

In 2000, Wisconsin Insurance Commissioner Connie O'Connell ensured that decisions about spending the Blue Cross & Blue Shield stock proceeds would represent broad and diverse perspectives when she wrote in her order that both recipients of the funds—University of Wisconsin Medical School and the Medical College of Wisconsin—were required to appoint oversight and advisory committees.

The Oversight and Advisory Committee (OAC) that was formed to direct and approve the funds allocated for public health consists of four community members, four UW Medical School members and one member appointed by the insurance commissioner. In essence, the OAC has assumed responsibility for supporting programs and projects that have the greatest potential for improving the health of the public.

"We have an outstanding Oversight and Advisory Committee," says Patrick Boyle, PhD, who serves as the University of Wisconsin System Regents liaison to the OAC and UW Medical School. "The OAC members have put aside parochial interests and relationships and are seriously committed to contributing to a healthier Wisconsin. They show a genuine interest in the people of state."

Boyle, former chancellor of UW-Extension, represented the Regents' point of view as the OAC was created and as the committee collaborated with UW Medical School to develop a five-year expenditure plan. "The members of the Board of Regents are extremely interested in and supportive of this project and they wanted to ensure that it proceeded in a timely and effective manner," Boyle says. "And since the Blue Cross funds are coming to an entity of the University of Wisconsin System, the Regents wanted to make sure that each step of the process conforms to University policies and to provide guidance to ensure successful implementation of the program."

Boyle played a key role in helping meet the insurance commissioner's order to create an oversight and advisory committee. "I viewed that role as extremely important, because this committee is essential to the plan's success. I was anxious to see that we had broad representation and chose people who were committed to the purpose and objectives of the insurance commissioner's order," says Boyle, who was intimately involved in screening, interviewing and selecting the committee members.

Boyle is impressed with the way the committee works and the members mesh. "We have individuals who are extremely community-oriented, who have worked with different health groups, and who represent urban and rural sectors, as well as the tribal communities. Then we have physicians, who, even though they have great interest in population health and how the Medical School can extend its expertise to the people of the state, still represent strong Medical School beliefs and interests," he says. "It has been a great example of how people who are dedicated to a cause can come together and develop a level of trust and cooperation that results in an extremely effective decision-making group. These people have come to trust each other, respect each other and listen to each other's beliefs and thoughts."

Boyle's assessment is that the committee's effectiveness has paid off, and that the group—with critical input from the public—has created an important plan. "The plan provides a blueprint for the direction that can be taken in the next five years —both for research and education, and community projects," says Boyle, whose years of experience in extending the university's resources to all corners of the state make him particularly interested in community projects. "Ultimately, a big part of the plan is to provide communities and people the best and most current resources so that they can help themselves become healthier."

Members of the Oversight and Advisory Committee

PUBLIC MEMBERS

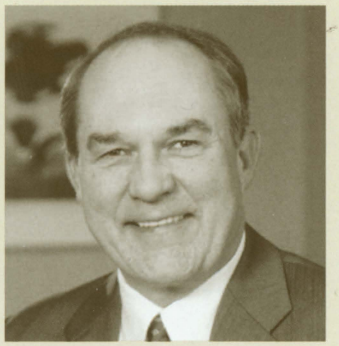
Margaret MacLeod Brahm, chief executive officer of the American Lung Association of Wisconsin (Urban and Community Health Advocate)

Nancy Miller-Korth, vice chair, nursing consultant, Great Lakes Inter-Tribal Council (Minority Health Advocate)

Douglas N. Mormann, secretary, health officer, La Crosse County (Statewide Health Advocate)

Gregory Nycz, executive director, Family Health Center of Marshfield, Inc. (Rural Health Advocate)

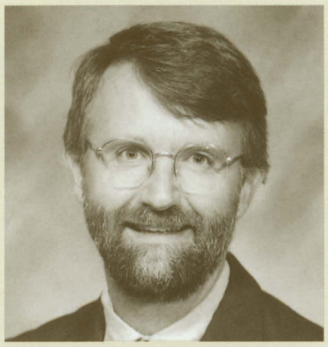
UNIVERSITY OF WISCONSIN MEDICAL SCHOOL MEMBERS



Philip Farrell, MD, PhD, chair, dean, UW Medical School

Patricia Kokotailo, MD, MPH, associate professor of pediatrics

Patrick E. McBride, MD, MPH, professor of medicine and family medicine



Patrick L. Remington, MD, MPH, professor of population health sciences

INSURANCE COMMISSIONER'S APPOINTEE

Mary Lauby, executive director, Wisconsin Coalition Against Domestic Violence

For more information on the *Wisconsin Partnership Fund for a Healthy Future,* visit the Blue Cross page on the Medical School Web site: www.med.wisc.edu/BlueCross or contact the program director, Eileen Smith, at (608) 262-2698 or via e-mail at emsmith2@facstaff.wisc.edu

Planning begins on the new Interdisciplinary Research Complex

by Dian Land

With construction on the Health Sciences Learning Center soon to be completed, University of Wisconsin Medical School has turned its attention to the last major component of the HealthStar Initiative: the Interdisciplinary Research Center (IRC).

HealthStar is an ambitious program begun in 1996 to construct new health sciences research and education facilities on the west end of the University of Wisconsin-Madison campus. Rennebohm Hall, the new School of Pharmacy building, also falls under the HealthStar umbrella—a university-state partnership that has been undertaken in response to inadequate medical and pharmacy school buildings on central campus.

The learning center contains state-of-the-art instructional facilities and the consolidated health sciences libraries. The IRC will house laboratories and related facilities for translational biomedical research.

"The IRC project is essential for our institution," says Paul DeLuca, PhD, Medical School vice dean and associate dean for research. "We are woefully short of high-quality laboratory research space. According to a recent assessment of UW Medical School by the Liaison Committee for Medical Education, the primary accrediting organization for medical schools, we are lacking at least 200,000 square feet of space."

DeLuca says that the school's dramatic increase in faculty research activity in the past five years has only exacerbated the problem.

"The school recently has achieved a level of research excellence that is remarkable. We've gone from total research expenditures of $80 million in 1998 to nearly $200 million today," he says. "We want that trajectory to continue, but the only way we can accomplish that continued growth is with radically improved facilities. With such facilities, we will create a medical school of unprecedented excellence."

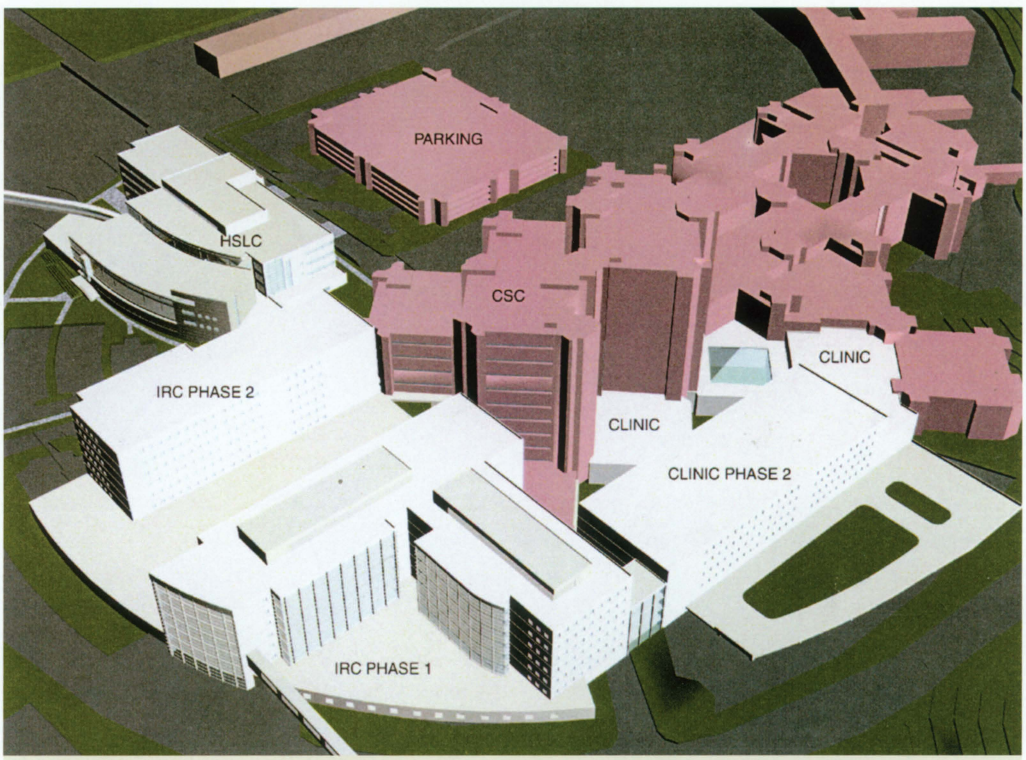
The IRC will be a two-phase project, with the first phase—including potential additional enhancements, if funding is available—to address the most immediate needs of the school. To consist of nearly 260,000 assignable square feet, the phase-one structure will house a significant Comprehensive Cancer Center presence, an imaging science center, an ophthalmology research institute, molecular medicine laboratories, a vivarium and building support space. Estimated costs for construction of phase one, which is expected to begin by 2005, are approximately $120 million. Plans also include the possibility of phase-one enhancements, such as an additional 65,000 square feet of laboratory space, which would add approximately $40 million to the project.

The building will be strategically located adjacent to University of Wisconsin Hospital and Clinics—proximity that will foster the exchange of information between scientists working in the new building and clinicians treating patients at the hospital.

"Translational research—science that moves nimbly from bench to bedside—will be a hallmark of the IRC," DeLuca says. "Indeed, we will encourage the rapid movement of new knowledge on fundamental aspects of disease processes to the broader community outside the university. In this way, the IRC will provide clear health benefits to the people of Wisconsin."

Medical School officials have hired Zimmerman Design Group and Hellmuth, Obata and Kassabaum, Inc. (HOK), as architects and engineers for the project. Zimmerman, based in Milwaukee, designed Grainger Hall on the UW-Madison campus. HOK, a Finnish company with offices in St. Louis and Chicago, is a noted laboratory designer.

"We should reach the pivotal point of 35 percent completion on design work for phase one by late summer of 2004. We will need to have money for the entire project committed at that point," DeLuca says. "If everything works perfectly in terms of fund raising, we would hope to occupy the building in 2008."



The Interdisciplinary Research Complex (IRC), the third and final component of the HealthStar Initiative, will be a two-phase project. A preliminary drawing shows plans for both phases as well as possible additions to UW Hospital and Clinics. The first phase of the IRC construction will bring approximately 260,000 assignable square feet of sorely needed facilities for translational biomedical research.

PHOTO: Tom McInvaille

A creative mind advances

Neuroscience Rehabilitation

by Kris Whitman

With a mind for the mind-boggling and a warm, international style, it's easy to see why Paul Bach-y-Rita, MD, attracts research colleagues from around the globe to collaborate in the pursuit of potentially life-enhancing neuroscience research. By refining biomedical systems Bach-y-Rita has invented, the researchers pursue their goal to enable blind people to visualize the world around them, restore balance for individuals who've lost their vestibular function, and offer stroke victims the chance for recovery long after some thought would be possible.

His work—conducted over several decades and in many countries—centers on brain plasticity, or the brain's capacity to radically reorganize itself following various types of sensory loss. Vision, balance, the effects of stroke and other brain damage, as well as diabetes-related tactile loss are among his research topics.

"In these types of circumstances, the brain can rewire itself, thus allowing different sections of the brain to take over functions of the damaged cells," explains Bach-y-Rita, a professor in the University of Wisconsin Medical School Department of Orthopedics and Rehabilitation Medicine and the UW-Madison Engineering School Department of Biomedical Engineering. He joined the UW faculty in 1983, coming from the University of California at Davis and the Martinez Veterans Administration Medical Center in Martinez, California.

Bach-y-Rita's work is earning widespread attention and praise. Upon giving him the 2002 Coulter Award of the American Congress of Rehabilitation Medicine (ACRM), presenter and ACRM member Denise Tate, PhD, explained that his "main strength from the beginning has been his integration of rehabilitation, science, neuroscience and engineering in a creative and striking fashion." Tate called

him one of the most significant and prolifically creative scientists in the field of neuroscience rehabilitation in the 20th century, adding that his work is often 20 to 30 years ahead of its time.

Bach-y-Rita's manner of thinking may differ from that of other scientists. "I have a very selective memory. I file experiences in my mind and may come back to them 30 years later," he explains. "In some cases, things that seemed clear to me years ago, people are now beginning to understand."

One such occurence relates to non-synaptic diffusion neurotransmission (NDN), or the theory that electrical impulses can be transmitted in the brain through extracellular fluid rather than solely between synapses. "In the early 1960s, I was extrapolating data from microelectrode studies in cells and living animals, and it seemed clear from my results that non-synaptic neurotransmission was occurring," Bach-y-Rita says.

In 1962, he published the concept, but it was nearly 25 years before anyone took it seriously, primarily because certain scientific tools were not yet very sophisticated, he says. However, new research by others has validated his theory, and additional research is under way regarding the exciting potential of NDN to influence recovery from brain damage long after most experts previously believed could be possible.

Seeing with the tongue?

Finding himself nowadays amid a whirlwind of press interest in his team's research, Bach-y-Rita quips, "I'm afraid I'm losing my anonymity." His work has been featured in recent issues of *Discover* and *Science* magazines and on the National Geographic and Discovery TV channels.

The publicity focuses primarily on a sensory substitution system in which a television camera secured to a helmet and worn by a blind person provides signals that are transduced onto a strip of electrodes placed on the person's tongue, allowing that person to "visualize" the environment.

"You don't see with your eyes; you see with your brain," says Bach-y-Rita. "You can compensate for sensory loss by rehabilitating the very malleable brain and turning to surviving sensory systems such as the skin and tongue to substitute for lost vision." The nerve-rich, saline-drenched tongue can perceive stimuli more profoundly than the face or even the fingertips.

Bach-y-Rita explains that people who use the tongue interface initially feel impulses, but soon forget about that sensation. They then are able to perceive their surroundings and react automatically.

He offers the following analogy: "When you see a blind person come into a room with a cane, and wave the cane by the doorway and a chair, that person is getting input to his or her hand from the cane, and the message goes to the brain. The hand is just a relay." However, unlike a waving cane, the impulses sent through the tongue can relay myriad information to the brain through the device's complex circuitry, allowing users to perceive more details than they could with a cane.

Tate of the ACRM points out that "the potential applications of this sensory prostheses device are enormous, not only for the obvious value the device would have for the blind, but for enhancing the effectiveness of sighted individuals in unusual and extreme environments."

Bach-y-Rita is communicating with the U.S. Navy about applications that the tongue interface may have for Navy SEALs, such as allowing them to "see" in dim underwater environments or at night. Scientists in France are using Bach-y-Rita's concept to devise a system that aids surgeons by means of signals sent to their tongues.

The next step is miniaturizing the tongue interface devices through work being carried out at Wicab, Inc., a private company established by Bach-y-Rita in conjunction with the Wisconsin Alumni Research Foundation (WARF) two years ago.

"Technology exists to put the whole array, including the electronics and battery, into a dental retainer," he says, adding that the helmet and camera apparatus could be slimmed down into a pair of eyeglasses. "However, it is expensive to make the whole package, and that's what we're working on," he explains. Once funding comes through, Bach-y-Rita predicts, the general blind population could be using this technology about five years later.

Using an adaptation of the tongue interface, Bach-y-Rita's team also has developed a tactile substitution system which, according to preliminary evidence, will enable individuals with greatly impaired vestibular function—or none at all—to maintain their balance while standing or walking *(see sidebar on page 19).*

On the UW-Madison campus, Bach-y-Rita collaborates closely with neuroscience researchers Mitch Tyler, MS, PE, and Yuri Danilov, PhD, on sensory substitution research. "Paul

has been waiting many years for technology to catch up with his ideas. We now have some wonderful tools to test his theories and learn more about what's behind the phenomenon of brain plasticity," explains Tyler.

Similarly, Bach-y-Rita has collaborated with Medical College of Wisconsin researcher Jacqueline Wertsch, MD, to develop a sensory substitution system to help diabetic patients prevent ulcers on their feet. Bach-y-Rita explains that foot ulcers occur because nerve damage resulting from diabetes significantly reduces feeling. "If you have feeling in your feet, you automatically relieve the problem, but diabetics can't do that. We created an insole that sends impulses to the person's leg so they know when to take action to protect their feet."

A career path as unique as the man himself

Of Spanish descent, Bach-y-Rita credits much of his critical thinking, willingness to take risks and comfort in foreign cultures—characteristics that have benefited him in his career—to experiences that he had as a youth and young adult. His father, Pedro Bach-y-Rita, played a major role.

"My father was a professor of language and spoke seven languages. Fortunately, I was able to spend time growing up in different cultures—including 12 years in Mexico over my lifetime — where I could learn languages firsthand. My father said, 'Don't try to get good at it, just use it to communicate.' As a result, it's been easy for me to learn languages because I don't try to avoid making mistakes," he says. Bach-y-Rita is fluent in Spanish, Italian and French and speaks enough Portuguese and German to converse. "Another thing about my father, which I didn't know until I was 14, is that he always took the opposite end of a debate from what he thought I would take, which was his way of helping me develop intellectually," he adds.

Seven years before Pedro Bach-y-Rita died of a heart attack at age 73 while mountain hiking at 9,000 feet, he suffered a massive stoke. Upon autopsy, the pathologist discovered severe tissue damage from the stoke. "Doctors said it's extremely rare for someone to recover to the extent he did," says Bach-y-Rita, crediting a home rehabilitation program that his psychiatrist-brother fashioned for their father, which resulted in his regaining the ability to walk and return to his teaching profession.

"My father had completely scarred brainstem tissue, which means all of the nerve fibers were destroyed. But under a microscope, it appeared that about 2 percent of the fibers remained. I found literature citations that described how cutting the optic track 98.5 percent would still retain visual function. I wrote in one of my books that it seemed that about 2 percent of remaining nerve tissue was necessary for the basis of brain reorganization," Bach-y-Rita says, adding that he adapted the "2 percent theory" to his research with vestibular function *(see sidebar)*.

Long before his father's illness and death, Bach-y-Rita developed an interest in vision research and rehabilitation through work experiences during a time in which he had temporarily "dropped out of medical school and hitchhiked around the United States." He undertook training to be a masseur in Florida's tourism industry and, during training, was hired to teach anatomy and physiology to blind veterans in the massage program.

"I learned so much about blind people by working with them—and I've been working with them ever since. Strangely, just a few months before that, I had my first serious experience with paraplegics at Boeing Aircraft Company in Seattle. I had a job removing metal burrs from manufactured parts, which is something they usually hire paraplegics to do. I got to know and understand a lot about my paraplegic co-workers in the six weeks I worked there. I think this helped me in my future career," he says.

After completing medical school at Universidad Nacional Autónoma de México in 1959, Bach-y-Rita became the only physician in a small Mexican village for six months; then went on to postdoctoral work in the United States, France, West Germany, Italy, Sweden and Mexico. He currently serves as a consultant to the president of the Universidad Autónoma del Estado de Morelos in Mexico.

Looking at the big picture

"Dr. Bach-y-Rita is rare in that as a physician-scientist he approaches things in a highly integrative manner," says UW Medical School's Vice Dean and Associate Dean for Research Paul DeLuca, PhD. "Most scientists try to divide a problem into manageable bites and resolve the individual bites, but Dr. Bach-y-Rita has always had the ability to look at the big picture, then pull everything back to a central theme."

Beth Meyerand, PhD, an assistant professor in the UW Medical School Department of Medical Physics, has collaborated with Bach-y-Rita for four years. Together, they're in the early stages of research using functional magnetic resonance imaging to better understand how the tongue interface device actually interacts with the brain. Their goal is to learn whether it affects the "vision

center" or another part of the brain. "I think Dr. Bach-y-Rita is unique in his collaborative approach, which is why he's so successful," Meyerand says. "He does not operate in a vacuum, but takes advantage of the various resources available. His research is truly interdisciplinary."

At this stage in Bach-y-Rita's career, he says that he prefers to collaborate with people like Meyerand because it allows him to share his knowledge and keep research going in various directions without having to delve too deeply into one aspect. Many of his current collaborators are former students.

Meyerand points out that Bach-y-Rita has continued to grow even as he has become a senior researcher. "There's no indication of his interests trailing off, as you so often see when people are farther along in their careers. And he willingly embraces new technology," she says.

Bach-y-Rita shares that he has no interest in a formal retirement. He says, "I'm planning to work until I drop, which is what my father did, literally."

PHOTO: Tom Medaglia

A BALANCING ACT

Paul Bach-y-Rita, MD, has carried his sensory substitution research a step further by adapting the tongue interface device to restore a sense of balance in people who've lost their vestibular function. Cheryl Schiltz of Windsor, Wisconsin, is one such individual.

Since 1997, when Schiltz lost her vestibular sense due to a side effect of the antibiotic gentamicin, she has been unable to walk without staggering. Schiltz often requires some type of support and must consciously focus and refocus her eyes in order to see clearly when in motion. Several thousand individuals have had the same reaction in the past 40 years. Two years ago, Schiltz's physician recommended she contact Bach-y-Rita.

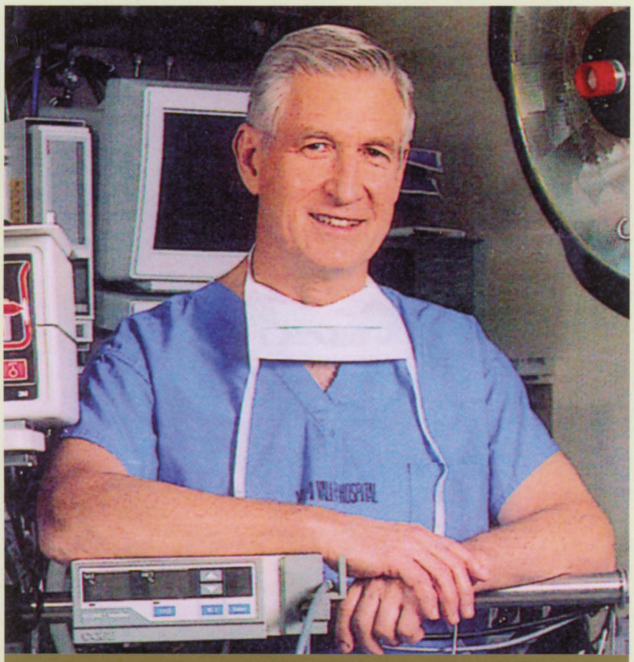
In experiments with Bach-y-Rita's tongue interface, Schiltz dons a helmet containing an accelerometer. The workings are based on the same concept as a carpenter's level with an air bubble that indicates its angle. The helmet responds to Schiltz's movements by sending impulses through a computer to a strip of electrodes on her tongue. By keeping the impulses centered on her tongue, she is able to maintain her balance without assistance. Schiltz reports that this is the only time she feels "normal."

Bach-y-Rita was as surprised as Schiltz when she began experiencing "normal" balance for extended periods of time after the electronic interface was disconnected. Most recently, after 20 minutes on the device, she experienced a three-hour after-effect.

"When I questioned Cheryl closely, even though she had been told she had a 100 percent vestibular loss, she told me that, at the end of one of the tests, she was starting to get a little nauseated. Knowing that, I suspected she must have some remaining vestibular tissue that had temporarily reorganized through use of our interface," explains Bach-y-Rita. Although this trace of function surfaces when Schiltz uses the interface, it is only temporary. She has no ability to function normally without the interface, he adds.

"Over time, we may be able to develop this into a type of rehabilitative therapy for people like Cheryl. With continuous training, she may get to the point where she doesn't need to use the interface at all." Bach-y-Rita links the possibility to the "2 percent" theory he has applied to vision and stroke *(see main article)*: With as little as 2 percent of nerve fibers remaining following brain damage, the brain is capable of reorganizing itself to allow different sections of the brain to take over functions of the damaged cells.

K.W.



Kenneth Oberheu, MD '61

A career ends, but the commitment continues

by Moira Urich

Commitment to medicine and commitment to the community—these have been the two guiding principles for Kenneth Oberheu, MD '61, all of his adult life. The values were instilled in him by a number of people as he grew up and attended schools in Wisconsin.

Now, after an exceptional 40-year cardiothoracic surgery career in Dayton, Ohio *(see sidebar for career milestones),* Oberheu has recently retired…partially, that is. What does retirement mean to someone who takes his commitments very seriously? For Oberheu, it means continuing to teach cardiothoracic surgery residents at the Medical University of South Carolina in Charleston and working closely with the Society of Thoracic Surgery on its Standards and Ethics Committee. His years of clinical experience and his dedication to helping others make him an excellent role model in his own right.

Oberheu feels strongly about supporting the development of young physicians. Perhaps that's due to two physicians whose divergent behaviors so clearly influenced his own early development in the small town of Cedarburg, Wisconsin.

From one he learned how not to practice medicine. When Oberheu was about 10 years old, he developed appendicitis. He overheard the doctor in the next room telling his parents that surgery was necessary. Oberheu recalls that when his parents questioned how they could afford it—his father and mother had a limited income and no insurance—the doctor curtly answered, "Well, he may die then."

"The doctor didn't say, 'Don't worry, we'll take care of Ken and it will work out okay somehow,'" says Oberheu. "I started thinking then, 'Why should he scare my mother and dad like this? Why should saving people's lives depend on whether they have money? It shouldn't be like this.'"

Luckily for Oberheu, Cedarburg offered a more worthy role model, Bevand Blanchard, MD, whose son, Bert, was a good friend of Oberheu's. "The two of us boys would sit by the phone at his house. If Dr. Blanchard was out and someone called, we ran down the street with his messages. We were the beepers of the day," says Oberheu with characteristic humor. "We would see Bert's dad treat patients and talk with families. Sometimes Dr. Blanchard would even take us both along to the hospital. This was very inspiring."

Oberheu vividly remembers the day when his career plans were solidified. As a high-school senior, he was a fire department volunteer. One Sunday morning when the siren sounded, Oberheu jumped into his car to follow the rescue squad to the site of a plane crash. "I arrived at the field and started driving down the lane when I met Dr. Blanchard coming toward me. 'Don't go back there,' he said. He then told me it was Bert who had been killed in the plane crash."

The young Oberheu drove around in a daze for hours, finally stopping by the Blanchard house. "Dr. Blanchard looked at me and said, 'It's up to you now.' From that moment on, I knew I would become a doctor, regardless of what it would take."

While Oberheu attended UW as an undergraduate and a medical student, he began to view his upbringing more objectively, recognizing the support he had received —not only from his family, but also from others in his close-knit hometown.

"One of several part-time summer jobs I had was at Oswald's gas station," he relates. "The owner knew I needed my '39 Chevy to get back and forth to school. If I needed anything for the car, he'd take care of it. The understanding was that he would keep a tally and I would pay him back when I started my practice some 15 years later. He never charged a penny of interest. He was one of a number of people who helped me reach my goals."

While he was a UW student, Oberheu met his future wife, Marilee, on a double date—although that first night she was the other man's date. As Oberheu lists the various people who have helped shape his views and his life, he first names Marilee. "I would not have been as successful in fulfilling my goals if we had not married," he says. "I have been very fortunate."

Other mentors have included Ben Lawton, MD, and his wife. Lawton was a thoracic surgeon at the Marshfield Clinic in central Wisconsin, where Oberheu completed his preceptorship. "He was very down to earth," Oberheu says. "He talked about disproportionate salaries—with surgeons making too much money compared with, say, pediatricians—and he advocated the salaried positions that Marshfield eventually implemented. I also hoped to adopt his passion for life."

Oberheu also credits his parents, particularly his mother, as invaluable supporters and role models. "I think of all the sacrifices my mother made for me," he says. "And when I wanted to quit delivering papers, my father told me that I could if I found an obituary listing 'too much work' as the cause of death. I still look for that, but haven't found it yet!"

Oberheu's strengths of character and discipline very likely are why UW Medical School named him outstanding graduate of 1961. The award was given to: "The Medical Student who best exemplifies those qualities of Heart, Mind and Soul that combine to make the 'True Physician.'" The same qualities also may explain why Oberheu was so successful in founding the open-heart program at Miami Valley Hospital and in directing the program for four decades.

Oberheu is continuing his passion for medicine by teaching young surgeons and by working toward the delivery of fair and equitable healthcare. "When I look back on my life," he says with a smile, "I have no regrets. I would it all over again."

CAREER MILESTONES

- Upon graduating from University of Wisconsin Medical School, Oberheu went to Dayton, Ohio, for his internship and general surgery residency. Except for a thoracic surgery residency at the University of Michigan, Oberheu spent his entire career at Miami Valley Hospital (MVH) in Dayton.
- In 1968, he founded the open-heart program at MVH. Because the hospital administrator initially opposed the idea, Oberheu was on his own, establishing the program and raising the funding. Until MVH volunteers raised the money for a heart-lung machine, MVH shared one with a hospital across town. Oberheu ferried the machine back and forth in his station wagon.
- Oberheu performed the first open-heart surgery at MVH, as well as the first coronary bypass surgery. He was chief of staff from 1976 to 1978. Under his tutelage, the open-heart program flourished.
- Oberheu was a clinical professor and the director of Wright State School of Medicine's Division of Cardiovascular and Thoracic Surgery from 1975-2001.

A winter wilderness adventure

Between conference activities, UW Medical School students Megan Stumm, Rob Deisz, Brian Branchford and Christine Diamond snowshoed at Yellowstone National Park.

by Brian Branchford and Amy Slawter, Med II's

Madison, Wisconsin, with its elevation of 200 feet, is not exactly a hotbed of high altitude pulmonary edema (HAPE), high altitude cerebral edema (HACE) or respiratory alkalosis caused by high altitude. Nor is it an area where avalanches, moose and bear attacks or jellyfish stings seem to be a real problem. In order to learn about these kinds of situations, one may have to travel elsewhere.

That is exactly what a group of 26 first- and second-year students from University of Wisconsin Medical School had in mind as we embarked on a 27-hour (one way) journey to Jackson, Wyoming, last February for the Winter Wilderness Medical Conference sponsored by the Wilderness Medical Society. With the help of travel funding from the Medical Student Association, a travel grant from Associated Students of Madison, and lots of work at medical school bake sales, pre-football game tailgate fundraisers and a benefit featuring the medical school's own bluegrass band "AS IS," the group set out to enjoy the outdoor activities and to learn about some areas of medical interest not included in the UW Medical School curriculum.

One might wonder: What exactly is wilderness medicine? Paul S. Auerbach, MD, founding officer and past president of the Wilderness Medical Society, answered this question with his opening talk at the conference. Auerbach described wilderness medicine as a multifaceted discipline, encompassing clinical medicine, basic science research and interaction with the natural environment.

He also explained the role that wilderness medicine ought to play in our training

as medical students. "In medical schools, when students learn about wilderness medicine, they should learn first about the wilderness and what is becoming of it," he said. "No student should graduate from medical school without one cogent lecture that explains the relationship of the earth and global environment issues to the health and welfare of man."

Throughout the four-day conference, UW medical students were able to learn this lesson and much more.

The conference was a wonderful opportunity to interact with physicians, residents and medical students from all over the country and world. We were able to see how physicians in different specialties incorporate wilderness medicine into their careers. We capitalized on the opportunity to make contacts for potential fourth-year rotations and research opportunities between the first two years of medical school. The organizers of the conference were ecstatic to see the record number of medical students in attendance, the majority of whom were from our own UW.

Between conference activities, our student group was able to spend some time enjoying the outdoor recreation that Jackson has to offer. We also learned skills and information pertinent to our lives and hobbies back home in Wisconsin. Specific talks included the diagnosis and treatment of hypothermia, frostbite, reptile and arthropod bites, wilderness management of orthopedic trauma from skiing and snowboarding injuries, proper water treatment for prevention of disease and how to construct a wilderness medical kit.

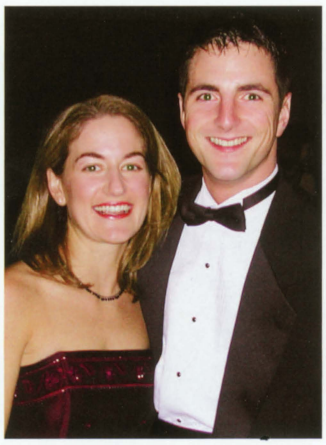
The overall message that we received from the conference was that wilderness medicine is something that can be applied to many different fields of medicine and is useful in our everyday lives as well. While each UW student took home something a little different from the trip, we believe that it was a positive and educational experience for all.

After learning a great deal about wilderness medicine, the group enjoyed skiing and snowboarding at Jackson Hole, Wyoming. Back row (left to right): Trevor Pitsch, Colin Mooney, Drew Zinkel. Front row (left to right): Amy Slawter, Brian Haugen

Organizers of the conference were ecstatic to see the record number of students in attendance, the majority of whom were from UW.

Black Bag Ball

UW Medical School students, faculty and alumni gathered March 28, 2003, at the Concourse Hotel in Madison for the annual Black Bag Ball. The Wisconsin Medical Alumni Association (WMAA) sponsors the event each year—one of many efforts on behalf of the WMAA to connect students and alumni. Guests enjoyed one of the talented medical student bands, "Gut Bucket Bluegrass Band" during the social hour, followed by a sit-down dinner and dancing to tunes spun by a disk jockey.



Chris Grindel, Med II, and fiancée Megan Dowling enjoyed the festivities.

Meghan Saur and Sam Lubner, Med IVs, will soon be married.

Jon Van Roo and Karin Witte, Med I class presidents, posed together.

Donn Fuhrmann, MD '76, and his wife, Audrey, enjoyed their first Black Bag Ball.

First-year students Stacy Sawtelle, Mike Stadler and Katie Nixdorf had a ball.

Medical students in the "Gut Bucket Bluegrass Band" entertained guests during social hour. (Left to right) Drew Zinkel, Austin Johnson, Simon Parkinson and Einav Shochat.

Medical students dressed their finest for the special occasion.

Mentor Sandra Osborn, MD '70: Helping the next generation of physicians

by Dian Land

When students ask, Sandy Osborn, MD '70, mentor to the Class of 2006, offers her perspective as a seasoned professional on almost any aspect of medical school, clinical practice and life in general.

After only their first week of classes last fall, almost all first-year students at University of Wisconsin Medical School knew exactly where they could find Sandy Osborn, MD '70, during any of their morning lectures in Bardeen Hall, room 140. As mentor to the Class of 2006, Osborn made it her practice the entire year to sit in the same seat in the back row of the hall —for every class possible.

She also was a fixture in the small-group discussions that complement the lectures that are such an integral part of the first two years of medical school, and she attended as many extracurricular and social events as she could.

Osborn takes her four-year job seriously—as have all the mentors in the Medical School's 17-year-old program —making herself available to students who have questions relating to their current studies, future careers and even their personal lives. Her style is somewhat reserved, but if asked, she is eager to offer her perspective as a seasoned professional on almost any aspect of medical school, clinical practice or life in general.

When she agreed to take the mentor job, Osborn decided that she would call an end to her nearly 30-year career as a general pediatrician with Dean Clinic in Madison, Wisconsin. "It seemed that it would be easier to leave the clinic completely and put all my energies into being a mentor," she says. "But I did feel a sense of sadness at first. I missed my patients and their parents. Once that feeling passed, though, I felt that being a mentor was a very special opportunity."

Osborn says it's exciting to be in close contact with the next generation of physicians, and she's impressed that the class members are "bright, focused, determined to get all the information they can and wanting very much to be good physicians."

Although she recalls many of the same qualities in members of her own UW Medical School Class of 1970, she has found that the education of medical students today is much different than what she experienced. "Advances in genetics—such as the Genome Project—have greatly increased everyone's understanding of so many disease processes," she says. "And all students today use computers extensively, which, of course, we never did."

Another striking difference she has noticed is that the school today shows a deep commitment to helping students succeed—offering assistance with review sessions, exam preparation and general counseling. "When I was a student, I wasn't aware of any support of this kind from the administration," says Osborn, who was a single mother raising two small children while she was a medical student.

For her own part, Osborn likes to respond to her students by serving, generally,

First-year students Karin Witte and Jon Van Roo caught up with Osborn during a lunch-time session on student-run organizations.

as a resource person to point them in the right direction. She has been especially gratified to connect some of them with her former Madison colleagues and friends who have been willing to host students in their medical offices or at the hospital.

A past president of the State Medical Society of Wisconsin, Osborn also strives to develop a sense of professionalism in the mostly young students she mentors. "From the day they started here, I told them that they are professionals," she says. "They aren't out in practice yet, but they are serious learners who will be soon." Osborn wants students to know that the medical society exists to help them with professionalism—in their future careers and even as medical students. Also deeply involved in the Wisconsin Medical Alumni Association, she urges students to recognize it as another organization that will be a life-long resource.

Next fall, Osborn will again find a permanent seat for herself in the school's lecture halls, and after that, when the students begin their third- and fourth-year clinical rotations at sites around the state, she plans to get in her car and visit as many of them as she can. Once the class graduates in 2006, she's not sure what she will do.

"I've gotten a little smarter through this new medical school experience, but I don't know where it will lead," she says, adding that some kind of volunteer medical work may be possible. In any case, with recent hobbies like marathon running, ballet dancing and iceskating, she's fairly certain that her life after mentoring will remain active.

Graduation 2003

The University of Wisconsin Medical School honored the graduating Class of 2003 on May 16, 2003, at its traditional Recognition Ceremony, which precedes university-wide commencement exercises each spring. The new physicians have since dispersed to residency training programs across the country, as listed on the following four pages. Eighty-five of the 140 members of the class who are entering residencies—just over 60 percent—are focusing on primary care specialties. This year, 13 UW graduates also entered anesthesiology residencies, 10 began general or preliminary surgery residencies, six matched with emergency medicine residencies and five with diagnostic radiology residencies. Forty-six of the students chose residency programs in Wisconsin; 36 of the programs are affiliated with UW.

Congratulations to the Class of 2003!

Naureen Alim
Baylor College of Medicine
Houston, Texas
Internal Medicine

Marcos Nicolas Alvarez, Jr.
Lenox Hill Hospital
New York, New York
General Surgery

Louella Beltran Amos
Medical College of Wisconsin
Milwaukee, Wisconsin
Pediatrics

Beth Marie Amspaugh
Degree Expected December 2003

Elizabeth Marie Arias
University of Washington School of Medicine
Seattle, Washington
Internal Medicine

Mahammad Khalil Aslam
Oregon Health and Science University Hospital
Portland, Oregon
Internal Medicine

Paul Brian Atkinson
University of Arizona Medical School
Tucson, Arizona
Internal Medicine and Neurology

Elizabeth Ruth Bade
Saint Luke's Medical Center
Milwaukee, Wisconsin
Family Medicine

Jay Shankar Balachandran
McGaw Medical Center of Northwestern University
Chicago, Illinois
Internal Medicine

Jonathan Hartley Ballard
University of Virginia Medical Center
Charlottesville, Virginia
Pediatrics

Brenda Jean Banaszynski
University of Tennessee College of Medicine
Memphis, Tennessee
Family Medicine

Melissa Ann Barnett
Medical College of Wisconsin
Milwaukee, Wisconsin
Internal Medicine

Kalindi Aimee Batra
Northern New Mexico Family Practice
Santa Fe, New Mexico
Family Medicine

Sarah Anne Becherer
George Washington University School of Medicine
Washington, DC
Psychiatry

Lindsey Knowles Bennett
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine-Dermatology

Kenyita Tamara Berryhill
Medical College of Wisconsin
Milwaukee, Wisconsin
Pediatrics

Sara Lynn Best
Research Associate, Department of Urologic Surgery
University of Minnesota Medical School
Minneapolis, Minnesota

Selena Rae Beutler
Medical College of Wisconsin
Milwaukee, Wisconsin
Emergency Medicine

Joseph Louis Bobadilla
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
General Surgery

Kristen Kathleen Boebel
Hennepin County Medical Center
Minneapolis, Minnesota
Internal Medicine

Jenny Keli Brault
Indiana University School of Medicine
Indianapolis, Indiana
Pediatrics

Lee Joshua Brock
David Grant Medical Center, Travis Air Force Base
Fairfield, California
Pediatrics

Adam Joseph Cambray
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine

Anders Daniel Carlstedt
Swedish Covenant Hospital
Chicago, Illinois
Transitional Year
Loyola University Medical
Maywood, Illinois
Anesthesiology

Kristen Marie Carr
National Cancer Institute
National Institutes of Health
Bethesda, Maryland
Pathology

Sean Michael Cashin
Michigan State University
Kalamazoo, Michigan
General Surgery

Heather Elizabeth Certain
Virginia Commonwealth University School of Medicine
Richmond, Virginia
Internal Medicine

Monica Chadha
Pennsylvania State University
Hershey, Pennsylvania
Internal Medicine

Alexis Ann Cirilli
Dartmouth-Hitchcock Medical Center
Lebanon, New Hampshire
Pediatrics

Stephen Michael Dahmer
Beth Israel Medical Center
New York, New York
Family Medicine

Noel Rakhi Dasgupta
Oregon Health and Science University Hospital
Portland, Oregon
Internal Medicine

Michele Lynn Deneys
University of Wisconsin Medical School
Madison, Wisconsin
Psychiatry

Teresa Marie Donart
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Anesthesiology

Timothy Donald Drews
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Radoslaw Maciej Dutkiewicz
Riverside Methodist Hospitals
Columbus, Ohio
Internal Medicine

Sunu Sara Eapen
Aurora Sinai Medical Center
Milwaukee Wisconsin
Internal Medicine

Nicholas Murphy Edwards
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Pediatrics

Darren Richard Ellenbolt
Saint Luke's Medical Center
Milwaukee, Wisconsin
Family Medicine

Jill Noelle Fenske
University of Michigan Hospitals
Ann Arbor, Michigan
Family Medicine

Slim Fgaier
University of Illinois College of Medicine
Chicago, Illinois
Internal Medicine-Pediatrics

Luke William Fortney
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Carrie Lou Frost
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Charles John Galanis
Johns Hopkins University School of Medicine
Baltimore, Maryland
General Surgery

David Gary Gerhard
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Pediatrics

Erik Paul Gierahn
Charles R. Drew University of Medicine and Science
Los Angeles, California
Emergency Medicine

Jacqueline Marie Graham
Medical College of Wisconsin
Milwaukee, Wisconsin
Internal Medicine
Ohio State University Medical Center
Columbus, Ohio
Anesthesiology

Juneko Elaine Grilley
Hennepin County Medical Center
Minneapolis, Minnesota
Internal Medicine

Richard Joseph Guajardo
Christus Spohn Memorial Hospital
Corpus Christi, Texas
Family Medicine

Donna Jean Habeck
Aurora Sinai Medical Center
Milwaukee, Wisconsin
Internal Medicine

Amy Jean Hanna
Staten Island University Hospital
Staten Island, New York
General Surgery

Laurel Marie Hansen
University of Minnesota Medical School
Minneapolis, Minnesota
Family Medicine

Carleen Lynn Hanson
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Pediatrics

Tracy RuthElin Hartmann
Hennepin County Medical Center
Minneapolis, Minnesota
Emergency Medicine

Daniel Edward Hemsworth
Aurora Sinai Medical Center
Milwaukee, Wisconsin
Internal Medicine
Degree Conferred December 2002

Anne Niebler Hennessy
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Chasity Ann Henry
Michigan State University
Grand Rapids, Michigan
Pediatrics

Jill Anne Holbrook
Postdoctoral Fellowship in Hematology and Molecular Biology
University of Heidelberg
Heidelberg, Germany

Christoper James Hollman
Postponing Postgraduate Training

Gregory James Horwitz
University of Kansas School of Medicine
Kansas City, Kansas
Urology

Evelyn Kanyu Hsu
University of Washington School of Medicine
Seattle, Washington
Pediatrics

Patricia Ann Hsu
Loyola University Medical Center
Maywood, Illinois
Orthopedic Surgery

Daniel James Jackson
Research Specialist, Asthma Clinical Research
University of Wisconsin Medical School
Madison, Wisconsin

Kathryn Margaret Jenkins
Gundersen Lutheran Medical Foundation
La Crosse, Wisconsin
Transitional Year
Saint Louis University
Saint Louis, Missouri
Ophthalmology

Jeffrey Brian Jensen
Mayo Graduate School of Medicine
Rochester, Minnesota
Anesthesiology

Lianne Lynn Johnsen
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Anesthesiology

Natasha Rae Johnson
Oregon Health and Science University Hospital
Portland, Oregon
Internal Medicine

Zinije Jonuzi
Postponing Postgraduate Training

Nicole Melissa Joseph
University of Colorado School of Medicine
Denver, Colorado
Internal Medicine

Jeremy Scott Juern
Hennepin County Medical Center
Minneapolis, Minnesota
General Surgery

John Terence Kelly
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine

Paula Elizabeth Keppeler
Medical College of Wisconsin
Milwaukee, Wisconsin
Pediatrics

Jason John Klovning
Tulane University School of Medicine
New Orleans, Louisiana
General Surgery

Daniel William Knoch
Saint Luke's Medical Center
Milwaukee, Wisconsin
Transitional Year
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Ophthalmology

Melissa Sue Koller
Gundersen Lutheran Medical Foundation
La Crosse, Wisconsin
Internal Medicine

Eric Lee Kroner
Medical College of Wisconsin
Milwaukee, Wisconsin
Pediatrics

Laura Kristine Kuhn
Family Practice Residency of Idaho
Boise, Idaho
Family Medicine

Selahattin Said Kurter
Medical College of Wisconsin
Milwaukee, Wisconsin
Internal Medicine
Medical College of Wisconsin
Milwaukee, Wisconsin
Physical Medicine and Rehabilitation
Degree Conferred December 2002

Robin Jean Kutil
University of Minnesota Medical School
Minneapolis, Minnesota
Family Medicine

Joanne Marie Lagatta
University of Chicago Hospitals
Chicago, Illinois
Pediatrics

Jean Marie Larson
University of Florida College of Medicine
Gainesville, Florida
Family Medicine

Sydney Rachel Leach
William Beaumont Hospital
Royal Oak, Michigan
Emergency Medicine

Nathan Matthew Lebak
McGaw Medical Center of Northwestern University
Evanston, Illinois
Internal Medicine

Wei Ching Lee
McGaw Medical Center of Northwestern University
Chicago, Illinois
Anesthesiology

James Lawrence Lodahl
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Anesthesiology

Sarah Elisabeth Lowery
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Sam Joseph Lubner
Washington University School of Medicine
Saint Louis, Missouri
Internal Medicine

Joseph Lum
University of California - San Francisco School of Medicine
Fresno, California
Internal Medicine
Degree Conferred December 2002

Brian Robert Mamerow
University of North Carolina Hospitals
Chapel Hill, North Carolina
Emergency Medicine

Brian Keegan Markhardt
Mary Imogene Bassett Hospital
Cooperstown, New York
Transitional Year

Susan Marie Martinelli
University of North Carolina Hospitals
Chapel Hill, North Carolina
Anesthesiology

Sharon Lynn Martinez
Degree Expected December 2003

Heather Anne McCutcheon
Strong Memorial Hospital of the University of Rochester
Rochester, New York
Pediatrics

Jason Wade Morgenson
Natividad Medical Center
Salinas, California
Family Medicine

Sarah Alice Moriarty
Mercy Medical Center
Merced, California
Family Medicine

Samuel Todd Nadler
University of Washington School of Medicine
Seattle, Washington
Internal Medicine

Jeniel Emily Nett
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine

Thang Cao Nguyen
University of California-San Francisco School of Medicine
San Francisco, California
Family Medicine
Degree Conferred December 2002

Andrew George Nowell
University of Iowa Hospitals and Clinics
Iowa City, Iowa
General Surgery

Russell Kent Pachynski
Stanford University Hospital
Stanford, California
Internal Medicine

Carrie Leigh Pettey
University of Minnesota Medical School
Minneapolis, Minnesota
Pediatrics

Tu Thao Ham Pham
San Joaquin General Hospital
French Camp, California
Transitional Year
Stanford University Hospital
Stanford, California
Diagnostic Radiology

Anthony Edward Pilch
Saint Mary-Corwin Medical Center
Pueblo, Colorado
Family Medicine

Kimberly Ann Placzkowski
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine

Bridget Anne Pribbenow
Saint Mary's Family Practice Residency
Grand Junction, Colorado
Family Medicine

Srinevas Kadumpalli Reddy
Duke University Medical Center
Durham, North Carolina
General Surgery

Rebecca Ann Redman
University of North Carolina Hospitals
Chapel Hill, North Carolina
Internal Medicine

Daniel Michael Ries
University of Minnesota Medical School
Minneapolis, Minnesota
Internal Medicine-Pediatrics

Sumit Nikunj Ringwala
University of Minnesota Medical School
Minneapolis, Minnesota
Internal Medicine

Stephen Graham Rommelfanger
Saint Luke's Medical Center
Milwaukee, Wisconsin
Family Medicine

Joanna Blythe Ruchala
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Internal Medicine

Rebecca Ann Russell
University of Minnesota Medical School
Minneapolis, Minnesota
Pediatrics

Kristin Ruth Rusterholz
Medical College of Wisconsin
Milwaukee, Wisconsin
General Surgery

Janet Lynn Sailor
Johns Hopkins University School of Medicine
Baltimore, Maryland
Diagnostic Radiology

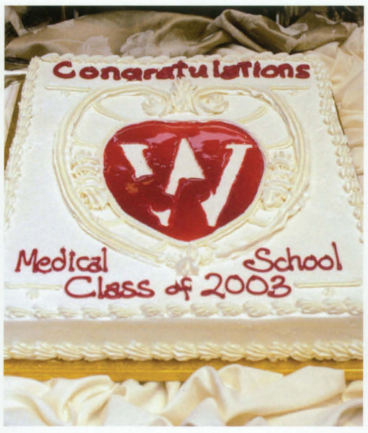
Deanna Mary Sasaki-Adams
University of North Carolina Hospitals
Chapel Hill, North Carolina
General Surgery
University of North Carolina Hospitals
Chapel Hill, North Carolina
Neurological Surgery

James Clayton Sasaki-Adams
University of North Carolina Hospitals
Chapel Hill, North Carolina
Internal Medicine

Tina Marie Sauerhammer
Postponing Postgraduate Training

Meghan Galvin Saur
Washington University School of Medicine
Saint Louis, Missouri
Internal Medicine
Washington University School of Medicine
Saint Louis, Missouri
Diagnostic Radiology

Anneke Schlicht
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine



Graduation party: "The band never performed better."

The festivities culminated with the annual graduation party, hosted jointly by the alumni association and the Medical School. Nearly 1,000 guests—graduates and their families and friends—attended the event at Monona Terrace. The celebrants danced to music played by the Arrhythmias, the medical student band (at left). "The band never performed better," says Dean Philip Farrell. "The musical talent of the Class of 2003 will be sorely missed. It's important for the school to continue one of its finest traditions, so we must recruit more musicians." The dean encouraged interested students to contact current bandleader Tom Syverud.

Kristopher Michael Schroeder
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Anesthesiology

Sarah Ann Shock
Mount Sinai School of Medicine
New York, New York
Internal Medicine
New York University School of Medicine
New York, New York
Diagnostic Radiology

Michael James Simek
Virginia Mason Medical Center
Seattle, Washington
Transitional Year
Ohio State University Medical Center
Columbus, Ohio
Physical Medicine and Rehabilitation

Cynthia Marie Singley
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Psychiatry

Matthew William Solverson
Cedar Rapids Medical Education Foundation
Cedar Rapids, Iowa
Family Medicine

Nicole Erin St. Clair
Boston University Medical Center
Boston, Massachusetts
Pediatrics

Michael Robert Staudinger
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Matthew Lee Stiles
Pennsylvania State University
Hershey, Pennsylvania
Anesthesiology

Michele Heidi Stueve
Resurrection Medical Center
Melrose Park, Illinois
Internal Medicine
Mayo Graduate School of Medicine
Rochester, Minnesota
Physical Medicine and Rehabilitation

Regan Nell Theiler
Emory University School of Medicine
Atlanta, Georgia
Obstetrics and Gynecology

Jennifer Ann Thiel
Saint Luke's Medical Center
Milwaukee, Wisconsin
Transitional Year
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Diagnostic Radiology

Matthew Hamilton Twohig
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Pathology

Reda Uzgiris
New York Methodist Hospital
Brooklyn, New York
Emergency Medicine

Brian David Vaillant
University of Washington School of Medicine
Seattle, Washington
Neurology

Deja Starr Van De Loo
Exempla Saint Joseph Hospital
Denver, Colorado
Family Medicine

Nathan Lee Van Zeeland
Vanderbilt University Medical Center
Nashville, Tennessee
Orthopedic Surgery

Jennifer Janelle Vickery
Marshfield Clinic/Saint Joseph's Hospital
Marshfield, Wisconsin
Transitional Year
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Anesthesiology

Kevin Michael Vogt
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Danyon James Wagner
University of Vermont
Burlington, Vermont
Internal Medicine

Thomas John Westfall
McGaw Medical Center of Northwestern University
Chicago, Illinois
Internal Medicine

Bambi Radecki Weyers
Michigan State University
Grand Rapids, Michigan
Transitional Year
Washington University School of Medicine
Saint Louis, Missouri
Radiation Oncology

Jennifer Jeanne Whitfield
Postponing Postgraduate Training

Stephanie Lynn Whitt
Medical College of Wisconsin
Milwaukee, Wisconsin
Pediatrics

Rachel Katherine Wierzba
University of Virginia Medical Center
Charlottesville, Virginia
Internal Medicine

John James Wilson
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Nellie May Wirsing
Oregon Health and Science University Hospital
Portland, Oregon
Family Medicine

Mark Joseph Wolowick
Rush-Presbyterian-Saint Luke's Medical Center
Chicago, Illinois
Anesthesiology

Robert McDonald Wrenn
University of Wisconsin Hospital and Clinics
Madison, Wisconsin
Anesthesiology

Leslie Wallene Yang
University of Chicago Hospitals
Chicago, Illinois
Internal Medicine

Blenda Yun
Thomas Jefferson University Hospital
Philadelphia, Pennsylvania
Obstetrics and Gynecology

Sandra Zegarra
Advocate Lutheran General Hospital
Park Ridge, Illinois
Pediatrics

Corey Jay Zeller
University of Wisconsin Medical School
Madison, Wisconsin
Family Medicine

Medical Students Honored

This spring's student honors and awards ceremony, held May 15 in the Memorial Union Great Hall, marked the end of another year of high achievement for UW Medical School students. Nearly 100 of them—from all four classes—were given awards, citations and scholarships for activities above and beyond the usual demands of medical school. Some of the awards and winners included:

- **The Christopher Dahl Award**, established to memorialize the son of June Dahl, PhD, UW Medical School professor of pharmacology. The award, which recognizes a student who exhibits outstanding humanistic qualities and scholarly ability, went to Nathan L. Van Zeeland.

- **The American Medical Women's Association Janet M. Glasgow Memorial Award**, which acknowledges the woman student who graduated first in the graduating class. Jennifer Vickery won the award.

- **The George and Laura Maki Scholarship**, given to a student who plans to specialize in internal medicine and who has demonstrated outstanding scholarly abilities and humanistic qualities. Jeniel Nett won the scholarship.

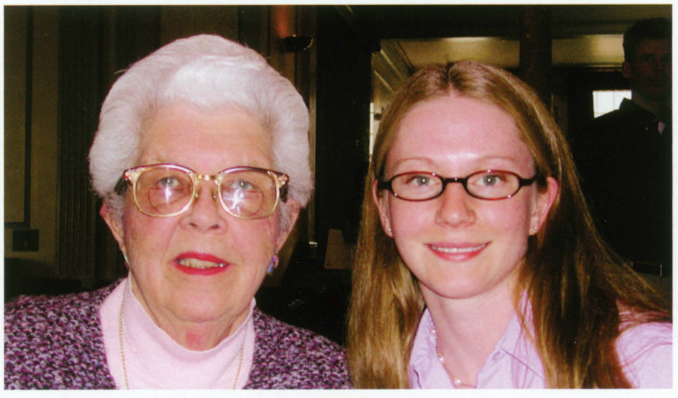
- **The Dr. D. Murray Angevine Pathology Award**, honoring the pathologist who served as UW pathology chair for many years and made contributions on the national level. The award, given to a student who exhibits outstanding achievement in pathology, went to Jason Carvalho.

- **The Michele Tracy Memorial Scholarship** memorializes the UW medical student who was tragically killed while participating in an educational service program in Malawi, Africa, in 1999. Awarded to a third-year student who demonstrates a commitment to community service and displays a strong interest in and devotion to public health, the scholarship was given to Rachel Quinn.

- **The Hanson Family Scholarship**, established in memory of Maurice and Elizabeth Hanson of Madison. Awarded to deserving second-year medical students based on financial need, the scholarship was given to Jinhee Choi, Cody Nikolai and Jennifer Poehls.

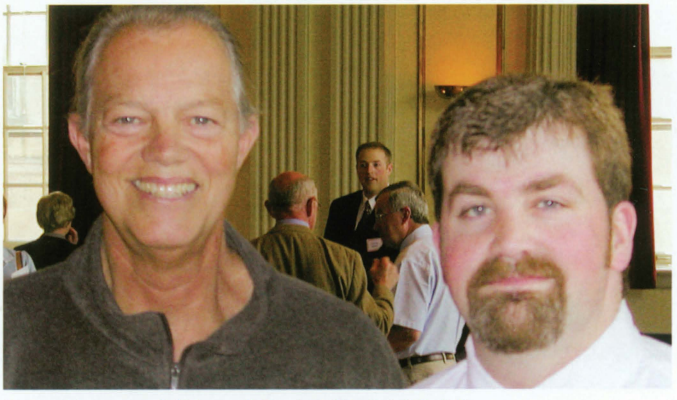
- **The Pat and George Rowe Scholarship**, honoring George Rowe, a respected faculty member at UW Medical School and mentor to the Class of 1993. Recognizing a second-year student for academic excellence, the scholarship was given to Christina Golner.

June Dahl, PhD, and Nathan Van Zeeland



Laura Maki and Jeniel Nett (right)

Don Tracy and Rachel Quinn



Peter Hanson, MD, and Cody Nikolai (right)

UW ranks high in primary care, family medicine, research

John Frey, MD, chair of the Department of Family Medicine.

by Dian Land

In the *US News* report of April 4, 2003, titled "America's Best Graduate Schools," University of Wisconsin Medical School ranked sixth among all United States medical schools in the primary care category. It shares that ranking with good company—University of California-San Diego and University of New Mexico. UW Medical School also came in at 29th in the research category, tied with Mount Sinai School of Medicine in New York.

In addition, for the first time, a UW Medical School department earned a position in the *US News* top ten rankings of specialties. The Department of Family Medicine shares eighth place in the family medicine category with Duke University and the University of Colorado Health Science Center.

"The department's ranking acknowledges the achievements of our statewide faculty and staff who have brought patient care, educational innovation and important research accomplishments to the people of Wisconsin and beyond for over 30 years," says John Frey, MD, chair of the department. "It's nice to see many years of work recognized by peers and others."

UW Medical School is home to one of the largest family medicine departments in the country. In 1970, the fledgling department consisted of a single faculty member, two support staff and three residents working out of offices at St. Mary's Hospital in Madison, Wisconsin. The department now has over 700 employees—faculty, residents and staff—at 15 rural and urban community-based training sites throughout the state. In addition, faculty members provide patient care at 20 associated UW Health clinics in southcentral Wisconsin.

Approximately 45 physicians graduate from the department's family practice residency training programs every year. Overall, 60 percent of the graduates practice in Wisconsin.

In addition to its teaching program, the department also supports an active research program. In 2002, it ranked third in National Institutes of Health funding among all family medicine departments at U.S. medical schools. Faculty and staff investigators currently conduct research on a variety of topics, from obesity in children to addiction in chronic pain patients.

"The Department of Family Medicine is superb across the board," says Medical School Dean Philip Farrell, MD, PhD. "The standing it attained this year reflects the balance all departments at the Medical School strive for—comprehensive excellence in teaching, research, patient care and community service."

Having met every construction milestone to date, the Health Sciences Learning Center is progressing on schedule. The building is almost completely enclosed, with work under way on the north face (shown above) of the building scheduled for completion this summer. Site work has begun with the construction of retaining walls and earthwork around the building. The connecting bridge to the School of Pharmacy's Rennebohn Hall is almost fully complete and construction will begin on the connector to the Clinical Sciences Center this summer. Inside the building, drywalling and painting have begun on the first floor and will continue throughout the rest of the building. The tiered floors in the lecture halls are in progress and most of the mechanical and electrical rough-in work is complete. Completion is expected in March 2004.

Symposium draws Nobel laureates, governor, scientists

by Jon Sender

Approximately 500 scientists gathered on campus May 20-23, 2003, for an international symposium organized by University of Wisconsin Medical School called "From DNA to Molecular Medicine."

The symposium marked two intertwined historic events: the 50th anniversary of the discovery of the double helix structure of DNA, and the recent completion of the sequencing of the human genome—the genetic blueprint for human beings—which could not have occurred without the first discovery half a century ago.

UW Medical School Dean Philip Farrell, MD, PhD, opened the symposium with a proclamation from Wisconsin Governor Jim Doyle, naming the week "Knowledge and Advances in DNA and Molecular Medicine at UW Medical School Week."

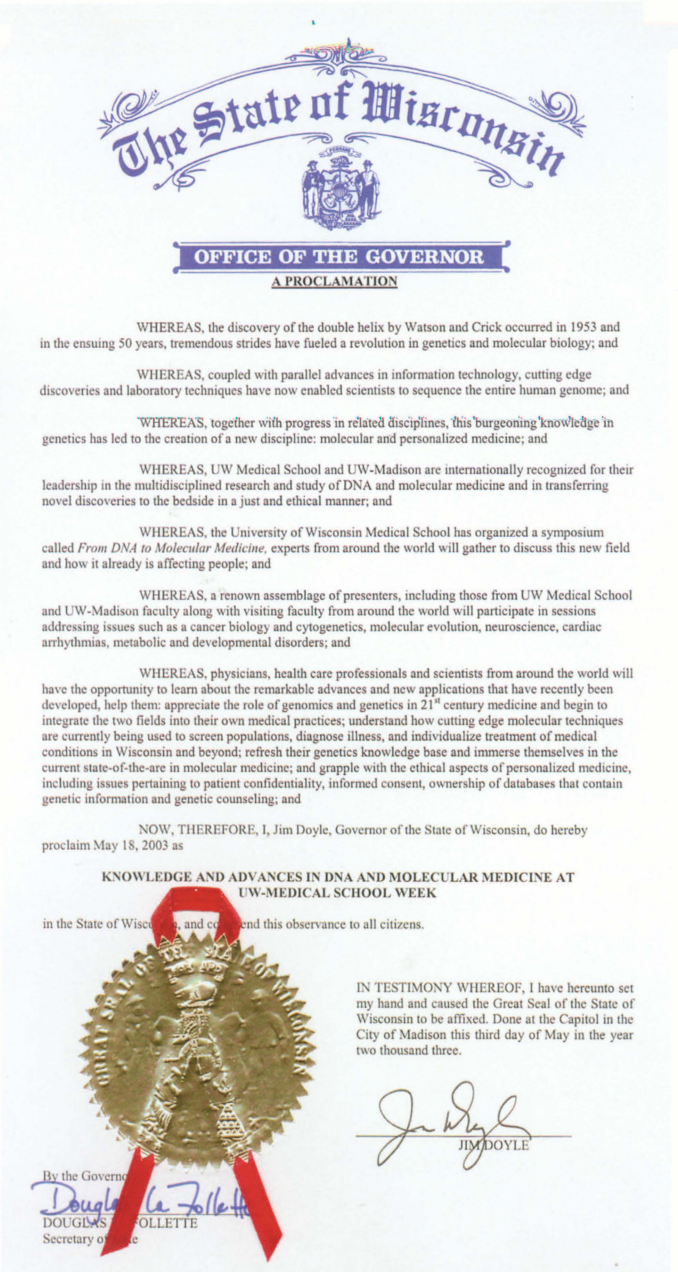
At a symposium banquet, the governor addressed the importance of the event. "The lesson of this anniversary celebration is that we should never turn our backs on the advance of scientific knowledge," he said.

Doyle praised UW researchers past and present. "Wisconsin is truly the birthplace of stem-cell research. Someday it will greatly improve the lives of people suffering from diseases like Alzheimer's, Parkinson's and diabetes," he said. "We have seen many other scientific advances here in Wisconsin of which we can be tremendously proud."

Following Doyle's comments, Sydney Brenner, PhD, 2002 Noble Laureate and now a distinguished professor at California's Salk Institute and a fellow of King's College at Cambridge, England, addressed the audience.

A stellar roster of 38 presenters, including UW Medical School and UW-Madison faculty members, as well as visiting faculty from around the world, joined participants in sessions addressing issues such as cancer biology and cytogenetics, molecular evolution, neuroscience, cardiac arrhythmias, and metabolic and developmental disorders.

Distinguished presenters also included Oliver Smithies, DPhil, a former UW-Madison faculty member and currently of the University of North Carolina, who won the 2001 Lasker Award; James Crow, PhD, professor emeritus of genetics and medical genetics at UW-Madison; and Phillip A. Sharp, PhD, winner of the 1993 Nobel Prize in Medicine and now director of the McGovern Institute for Brain Research at Massachusetts Institute of Technology.



The State of Wisconsin

OFFICE OF THE GOVERNOR

A PROCLAMATION

WHEREAS, the discovery of the double helix by Watson and Crick occurred in 1953 and in the ensuing 50 years, tremendous strides have fueled a revolution in genetics and molecular biology; and

WHEREAS, coupled with parallel advances in information technology, cutting edge discoveries and laboratory techniques have now enabled scientists to sequence the entire human genome; and

WHEREAS, together with progress in related disciplines, this burgeoning knowledge in genetics has led to the creation of a new discipline: molecular and personalized medicine; and

WHEREAS, UW Medical School and UW-Madison are internationally recognized for their leadership in the multidisciplined research and study of DNA and molecular medicine and in transferring novel discoveries to the bedside in a just and ethical manner; and

WHEREAS, the University of Wisconsin Medical School has organized a symposium called *From DNA to Molecular Medicine,* experts from around the world will gather to discuss this new field and how it already is affecting people; and

WHEREAS, a renown assemblage of presenters, including those from UW Medical School and UW-Madison faculty along with visiting faculty from around the world will participate in sessions addressing issues such as a cancer biology and cytogenetics, molecular evolution, neuroscience, cardiac arrhythmias, metabolic and developmental disorders; and

WHEREAS, physicians, health care professionals and scientists from around the world will have the opportunity to learn about the remarkable advances and new applications that have recently been developed, help them: appreciate the role of genomics and genetics in 21st century medicine and begin to integrate the two fields into their own medical practices; understand how cutting edge molecular techniques are currently being used to screen populations, diagnose illness, and individualize treatment of medical conditions in Wisconsin and beyond; refresh their genetics knowledge base and immerse themselves in the current state-of-the-are in molecular medicine; and grapple with the ethical aspects of personalized medicine, including issues pertaining to patient confidentiality, informed consent, ownership of databases that contain genetic information and genetic counseling; and

NOW, THEREFORE, I, Jim Doyle, Governor of the State of Wisconsin, do hereby proclaim May 18, 2003 as

KNOWLEDGE AND ADVANCES IN DNA AND MOLECULAR MEDICINE AT UW-MEDICAL SCHOOL WEEK

in the State of Wisc[illegible], and co[illegible]end this observance to all citizens.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this third day of May in the year two thousand three.

JIM DOYLE

By the Governo[illegible]

DOUGLAS [illegible] FOLLETTE

Secretary of [illegible]

Governor Jim Doyle (left) issued a proclamation declaring the week of May 19 to be "Knowledge and Advances in DNA and Molecular Medicine at UW Medical School Week."

Growth factor shows promise in Parkinson's patients

by Terry Devitt

By pumping a potent growth factor directly into the human brain, an international team of scientists has demonstrated significant remediation of the debilitating symptoms of Parkinson's disease.

The study was a phase-1 clinical trial designed primarily to assess the safety of a protein called glial cell line-derived neurotrophic factor, or GDNF. The treatment produced a remarkable increase in the motor skills of five patients with Parkinson's who were in advanced stages of the disease, as well as the ability of their brains to store the neurotransmitter dopamine, a key chemical that helps the brain control muscles.

"Nobody has ever put a growth factor directly into the brain before," says co-author Clive Svendsen, PhD, University of Wisconsin Medical School professor of anatomy. "Our main concern was the safety issue, and it is important to keep in mind the limited scope of the trial, but the clinical results we observed were impressive."

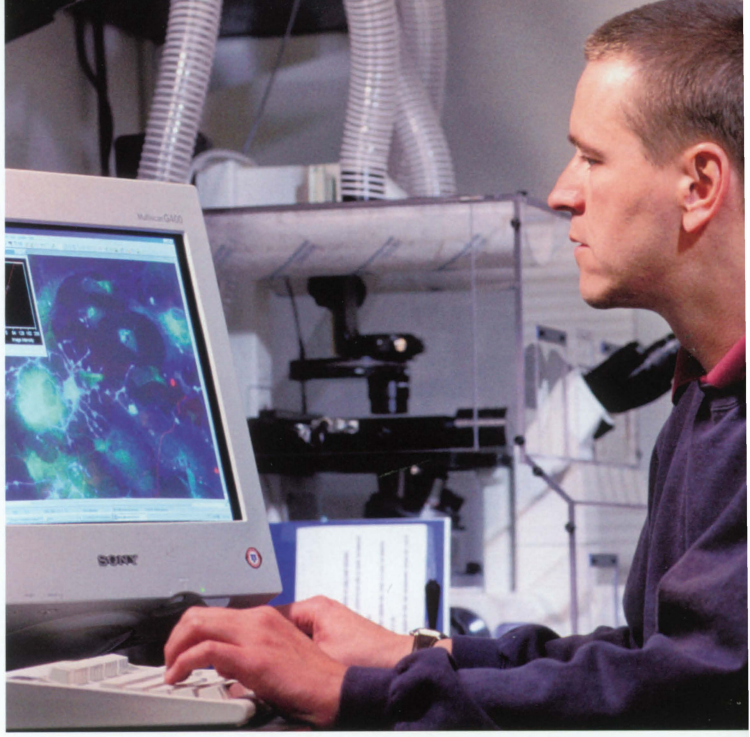
The study, reported recently in *Nature Medicine,* was conducted at the Frenchay Hospital, Institute of Neurosciences, in Bristol, England. It was coordinated by neurosurgeon Steven S. Gill, MD, and neurologist Peter Heywood, PhD.

Parkinson's is caused by the death of the brain cells that produce dopamine. It is a chronic, progressive and ultimately fatal disease characterized by uncontrollable shaking and an inability of the brain to command muscles to move in a prescribed way.

The new study raises hope that GDNF, which has long been studied in animals, may one day become a new therapy for alleviating the symptoms of Parkinson's.

"GDNF is known to protect dopamine neurons from cell death," says Svendsen, a neuroscientist at UW-Madison's Waisman Center. "We know from rat models that GDNF has strong positive effects on dopamine neurons. It can make them produce new processes and function better."

The protein was administered to the brains of the five patients through a catheter. Every day for 18 months, pumps pushed up to 40 micrograms of the protein into a region of the brain called the putamen. There, it was absorbed by cells near the tip of the catheter and, Svendsen suspects, drawn deeper into the brain where the dopamine-producing cells reside.



Professor of Anatomy Clive Svendsen, PhD, and colleagues found that by administering a growth factor into the brains of Parkinson's patients they could safely improve clinical symptoms and daily quality of life in the volunteers.

"The tests showed reductions in many of the rating scores for Parkinson's disease," the authors wrote. "This study warrants careful examination of GDNF as a treatment for Parkinson's disease."

After one year, patients exhibited no serious clinical side effects. The treatment also reduced dyskinesias, or involuntary muscle movements associated with the drug used most commonly for Parkinson's disease.

Measurements of motor skills showed a 39 percent improvement, while tests to assess daily living activities showed a 61 percent improvement in patients given GDNF. PET scans showed a significant increase in the brain's ability to store dopamine, suggesting a direct effect of GDNF on the ability of dopamine to do its job of controlling the body's muscle movement.

"What we're seeing is that GDNF either upregulated dopamine metabolism, or it has inspired sprouting (of cells)," Svendsen says. "Either way, you've got more dopamine, which is good news."

Svendsen emphasizes the limited scope of the trial and the fact that it was not a double-blind study. But he expresses confidence in the results and says that they argue for a more comprehensive clinical trial with a larger number of patients. Such a trial is planned for the near future, he says.

Researchers find new clues to preventing anthrax toxicity

by Dian Land

Building on their 2001 discovery of a cellular doorway used by the anthrax toxin to enter cells, University of Wisconsin Medical School researchers have found a second anthrax toxin doorway, or receptor.

The researchers also learned that by isolating a specific segment of the receptor in the laboratory, they could use it as a decoy to lure the anthrax toxin away from the real cell receptors, preventing much of the toxin from entering cells and inflicting its usually fatal damage.

The findings appeared recently in the *Proceedings of the National Academy of Sciences.*

The new details should provide pharmaceutical companies important new ammunition to attack the grave problem of anthrax disease, says lead researcher John A. T. Young, PhD, the Howard M. Temin Professor of Cancer Research at the Medical School's McArdle Laboratory for Cancer Research.

"This discovery gives scientists more tools to understand how the anthrax toxin works," says Young, adding that he and his team were very surprised to find the second receptor, because the prevailing theory had been that only one exists. Heather Scobie, G. Jonah Rainey, PhD, and Kenneth Bradley, PhD, were co-authors on the paper.

The existence of two receptors makes it clear that the toxin's entry into cells is much more complicated than previously thought, notes Young, an expert on receptor molecules.

Scientists do know that to prevent anthrax disease, antibiotics must be administered immediately to kill anthrax bacteria that typically enter the body as spores via the skin, lungs or gastrointestinal tract. Once activated, the spores become bacteria and soon release toxins consisting of three components.

One toxic component, called protective antigen (PA), must attach, or bind, to a receptor before the rest of the toxin can enter cells. Once attached, PA transports the other components—edema factor and lethal factor—into the cells where they produce effects that can lead quickly to devastating disease symptoms.

Following their 2001 discovery of anthrax toxin receptor (ATR), UW researchers worked with a protein called human capillary morphogenesis protein 2, or CMG2, which has molecular features similar to ATR. "We thought we would use CMG2 as a starting point to make genetic changes to find which characteristics of ATR are important to receptor binding," says Young. "To our surprise, we found that CMG2 itself is an anthrax toxin receptor."

The existence of the two anthrax toxin receptors should interest cancer researchers, as both receptors are turned on during angiogenesis when new blood vessels are forming, Scobie says. "This may explain anthrax toxin's effectiveness in treating cancer, which has been shown in studies by other scientists," she says. "The toxin may have prevented the development of tumor-promoting angiogenesis."

In their previous work, Young and his colleagues used a laboratory-made version of the specific ATR segment that attaches to anthrax toxin as a decoy and found it prevented the toxin from entering the cell. Performing the same exercise with CMG2, they found the new decoy even more effective at enticing the toxin away from the real receptor.

"With a ratio of three parts CMG2 decoy to one part toxin, we could effectively neutralize the toxin. Much more of the ATR decoy was required to be effective," says Rainey.

Young says that his team is trying to understand why the new decoy works better. "Our hope is that an improved form of the decoy could be used therapeutically," he says.

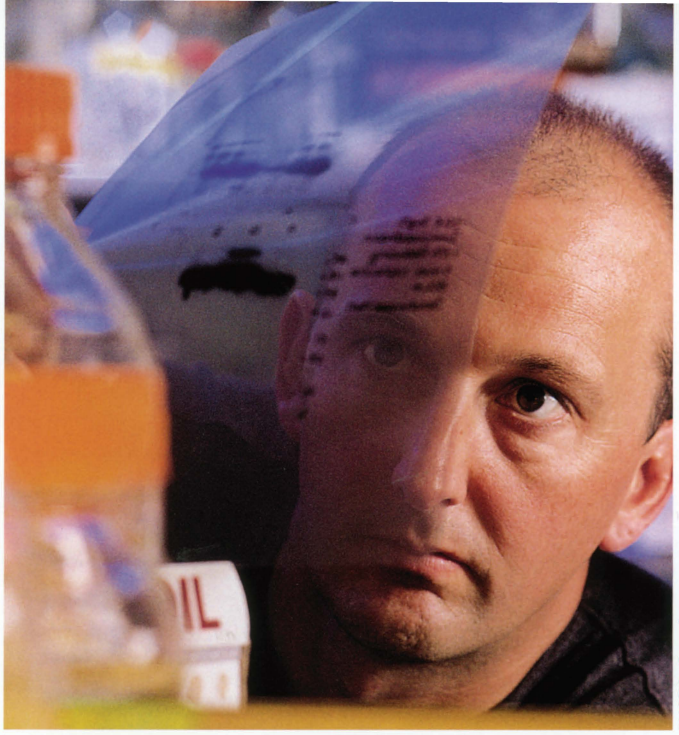


PHOTO: Jeff Miller/UW-Madison University Communications

PHOTO: Greg Sutter

John Young, PhD, and his team at the McArdle Laboratory for Cancer Research, found a second anthrax toxin receptor. The finding gives scientists an important new tool to understand how the toxin inflicts its usually fatal damage.

Alumni Weekend: A banquet and much more

Crystal Sandmire visited with Willis Warner (center) and Herb Sandmire (right), members of the Class of '53, at the 50th class recognition luncheon.

by Susan Pigorsch

A generation ago, collegiate reunions revolved around long-tabled banquets surrounded by old friends and faculty. Today, even though class dinners are still a treasured facet of the Alumni Weekend experience at Wisconsin, so, too, are lectures with world-class faculty, visits to campus cultural gems, continuing medical education programs, awards luncheons and even a sightseeing cocktail cruise around Lake Mendota.

"So many reunions focus on the usual round of speeches about what everyone in the class has accomplished both personally and professionally since they left school," says Sylvia Griem, MD '53. "But we wanted to have more fun than that." She asked every member of her fiftieth reunion class to prepare a nostalgic reminiscence of their days at UW Medical School. "We had a ball," reports Griem, the retired University of Chicago professor of medicine (dermatology), who serves as her class representative.

Following an elegant dean's reception at the Madison Club, which brought alumni together for the official start of Alumni Weekend, the Class of '53 gathered in a private dining room with more than half of their class members present. "People brought up things that we'd long forgotten," Griem says, "such as our days at the Chicago maternity center, no longer in existence, where each of us spent two or three weeks doing home deliveries in the inner city, sometimes on kitchen tables, during our fourth years."

Some other favorite stories involved the enigmatic Dean Middleton, known for his stern demeanor. Herbert Sandmire, MD '53, a former obstetrician from Green Bay, recalled the story of how, while driving a cab during his student days to help make ends meet, he had the misfortune of being hailed by Middleton.

"The dean did not approve of students working when, in his view, they should be devoting themselves to their studies," Griem recalls. "Herb tried to disguise himself by pulling down his hat and altering his voice, but at the end of the ride, the dean said, 'That was a nice ride, Sandmire,' with an intentionally ironic voice." The Class of '53 had only seventy-four members, and the dean knew each and every one of them.

The dilemma of students needing to seek employment while in medical school still garners the attention of the fifty-year class. Instead of a bricks-and-mortar type of class gift, they've elected to commemorate their half-century mark with a $24,450 gift to the scholarship fund they'd established back in 1983, presently totaling about $50,000.

Medical Student Association student members Katie Nixdorf, Angela Gatzke, Jessica Park and Mathew Aschbrenner joined class mentor Sandra Osborn, MD '70 (far left), and Dean Philip Farrell and his wife, Alice, at the Dean's reception.

Students are grateful for the efforts of the Class of '53 and the WMAA on their behalf. Many attended Alumni Weekend activities so that they could mingle and trade stories with those who survived the challenges of medical school and went on to enjoy fulfilling careers and family lives. At the WMAA board of directors meeting, students presented a report on their recent community service project in Cuba. At the awards banquet on Friday evening, students had a chance to salute the faculty members whom they'd nominated for medical alumni teaching awards. At the same time, alumni honored their own, including distinguished service and emeritus faculty awardees.

One of the best known recipients was Robert F. Schilling, MD '43, a faculty member at UW for five decades, who was also celebrating his sixtieth reunion with the Class of '43.

"If you stay in one place long enough, you'll be recognized," joked Schilling as he accepted the WMAA Medical Alumni Service Award at the Concourse Hotel. As one of the founding members of the alumni association, Schilling has given unfaltering support to the Medical School and to alumni. His thought-provoking writing on ethical and public policy issues and his more than fifty-year teaching career have earned him many prestigious titles and honors during his career. In addition, he always was proudly committed to his position on the editorial board of the *Quarterly*. At Alumni Weekend, he was greeted by scores of alumni, former students and peers ranging from the Class of '43 to the Class of '78.

"I'm grateful to my colleagues and it was fun to see all of my students," says Schilling, adding that he's impressed with the Medical School's future prospects with the new Health Sciences Learning Center under construction. "Famous medical schools don't stay famous simply because of the careers of their students. They are

Edward Tennant, Class of '48, his wife, Kaye, and emeritus professor Andrew Crummy (right) enjoyed the Dean's reception.

1953 classmates George Armstrong and George Theiler celebrated their 50th class reunion.

Chris Larson, MD '75, WMAA president (right), presented Bill Nietert, MD '78, class representative, the Brown Derby award. The Class of '78 received the award for the largest number of contributors in the annual fund drive.

famous for world-class research," he says.

Also during Alumni Weekend, participants had a chance to learn more about UW-Madison's high-caliber, scholarly efforts. At the "Day on Campus" program, a collaboration of the Wisconsin Alumni Association and WMAA, Clive Svendsen, PhD, professor of anatomy, reported on the promise and potential of his work with neural stem cells and the treatment of Parkinson's disease. Richard Davidson, PhD, of the Medical School's HealthEmotions Research Institute, gave a presentation on his work linking the effects of emotion on the brain and human health.

"These were absolutely superb lectures," says Griem, reporting that the Class of '53 was duly inspired throughout the recognition luncheon and Brown Derby awards that followed. Continuing medical education seminars also were offered on Saturday morning by UW Medical School faculty. Robert Lemanske, MD, presented novel findings from his research on childhood origins of asthma, and Craig January, MD, PhD, discussed the gene that is linked to heart disease and sudden cardiac death.

"I wish there could have been more exhibitions of faculty on the Alumni Weekend program," says Schilling, who believes alumni should learn even more about the breadth of talent at the Medical School. "Graduate students will continue to come to the UW for our world-class faculty," he notes, especially if world-class facilities are in the making.

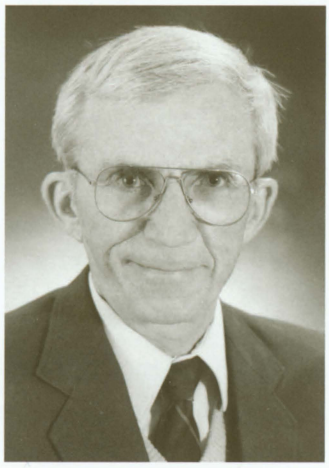
That said, Griem and members of the Class of '53 concluded their weekend with a jovial brunch at the new Hilton Hotel on the Capitol Square. "Dean Philip Farrell said that the incoming Class of 2007 is 60 percent women," Griem notes. "What a far cry from our day, when there were only four of us." Along with her classmates, Griem can't help but wonder what *their* fiftieth reunion will be like in 2057.

John Harting, PhD, chair of the Department of Anatomy and recipient of the first WMAA/Medical School Distinguished Teaching Professorship, spoke at the Dean's reception.

1968 classmates were intrigued by a display of the Health Science Learning Center.

Mathew Aschbrenner, Med I, and fellow Medical Student Association members relaxed at the Dean's reception.

Warren Otterson, MD '54, wins top WMAA award



Warren N. Otterson, MD '54

by Dian Land

This year, the Wisconsin Medical Alumni Association gave its highest honor to Warren N. Otterson, MD '54. The Medical Alumni Citation Award recognizes outstanding achievement in medical practice, academic activities and research endeavors.

Otterson's fruitful career path has taken him to many interesting places, culminating in the dean's suite at Louisiana State University (LSU) School of Medicine in Shreveport. But along the way, he always has chosen to stay involved with patients and students.

"I think it's paramount that the higher you get in medicine—especially when you're involved in administration and management—the more you need to stay in touch with students and patients," he says. "It can have a remarkably positive effect on morale in the entire medical center."

After graduating from University of Wisconsin Medical School, Otterson completed a rotating internship at University of Texas Medical Center in Galveston. He then had his first of several associations with the U. S. military—he was drafted into the Army and served a short tour of duty in Korea.

In 1958, he returned to Wisconsin to join the practice of Phillips T. Bland, MD '47, in Wesby. Like Bland, Otterson enjoyed serving as a preceptor for UW Medical School students doing clinical rotations away from Madison.

Otterson and his wife, Janet, had three of their four children while they lived in the small Wisconsin town, but Otterson decided to specialize in obstetrics and gynecology. Off the family went to Madigan General Hospital in Tacoma, Washington, one of the armed services' largest hospitals.

"Army residencies are known to be good, they pay well and the service is family-friendly," he says. "After a while, it became clear that I liked the Army atmosphere."

Otterson also liked teaching—he headed the residency training program in obstetrics and gynecology at Brooke Army Medical Center in San Antonio, Texas, for two years, then moved on to William Beaumont Army Medical Center in El Paso for five years. There, he directed the Department of Obstetrics and Gynecology, the residency program, the maternal-fetal medicine fellowship program and was chief of professional services and director of medical education. Otterson also was a consultant in obstetrics and gynecology to the Army surgeon general.

One unconventional approach he's taken to teaching is television and film productions to describe obstetric and gynecological procedures—he's edited or made 30 such educational tools. He also took the more traditional approach and published dozens of research articles and book chapters on topics covering obstetrics, with a special interest in the medical and surgical treatment of pelvic prolapse disorders.

Academic appointments ran parallel to the Army track Otterson took. He was a clinical faculty member affiliated with the University of Texas School of Medicine in San Antonio and then with the El Paso Division of Texas Tech University School of Medicine and the University of New Mexico. In October 1992, Otterson retired from the Army after 20 years, and continued at William Beaumont Medical Center as a civilian consultant in obstetrics and gynecology.

Three years later, Otterson found himself at Louisiana State University Medical Center and LSU medical school in Shreveport. He spent the last ten years of his career at LSU, where he rose from associate professor and residency program director to become department chair and then the acting dean of the school for six months. He later stayed on as a faculty member and retired in October 1995.

Otterson says that throughout his career he never really thought of himself as a leader, although it's clear that he is approachable, expressive and determined. "But I discovered late in my career that I made very good decisions," he says, adding that people he trusted and admired usually were the ones who encouraged him to take leadership positions.

Most important to Warren Otterson has been staying connected to people. "Partly due to computers and gadgets, physicians have somehow slipped into this thing whereby many don't communicate. It's very impersonal," he says. "We must start getting more personal again. Despite all the glitzy equipment, what matters most is talking, listening to and examining your patient."

WMAA honors excellence

At its annual awards banquet in May 2003, the Wisconsin Medical Alumni Association (WMAA) bestowed stellar alumni with emeritus faculty awards, the Medical Alumni Service Award, the Ralph Hawley Distinguished Service Award, distinguished teaching awards and the Medical Alumni Citation Award *(see story on previous page)*.

The **2003 Emeritus Faculty Awards** for a basic scientist and clinical scientist were presented, respectively, to **Renata Laxova, MD**, and **John R. Pellett, MD, PG**. These awards recognize individuals for long and effective service to the Medical School in the areas of teaching, research or administration.

Laxova's research focused on the prenatal detection and prevention of mental illnesses and the recurrence risks in offspring of parents with mental illnesses. In 1975, she joined the faculty of the UW-Madison Department of Genetics and the UW Medical School Department of Pediatrics. Her service involved clinical contact with patients and families—her first love—through genetic counseling. Laxova taught medical and clinical genetics, through which she guided students toward balancing science with the human element. She helped build a productive clinical genetics unit. She continues to lecture on topics such as the significance of human genome research for genetic diseases and genetics in the newborn nursery. Additionally, she publishes her perspectives on genetics and integrating genetic services with public health.

Marc Williams, MD '81, and Renata Laxova, MD

Pellett began his UW Medical School career in 1961, and in 1965, became the head of pediatric surgery. Three years later, he was appointed the head of the thoracic surgery section, an appointment he held until 2001. With a surgical career spanning 47 years, Pellett amassed many "firsts" in surgical advancement: He performed the first living related donor kidney operation in 1966, the first single lung transplant in Wisconsin in 1988, the first heart/lung transplant in Wisconsin in 1989, and the first double lung transplant in Wisconsin in 1992. Other accomplishments include co-performing the first successful conjoined twin separation in Wisconsin in 1984 and co-founding UW Hospital and Clinics' Comprehensive Lung Cancer Clinic. Pellett retired from the Medical School in 2002, but continues to participate in conferences and grand rounds.

John R. Pellett, MD, PG (left), and Louis Bernhardt, MD '63

Chris Larson, MD '75 (left), and Robert F. Schilling, MD '43

■ ■ ■

Robert F. Schilling, MD, '43, received the **Medical Alumni Service Award,** which honors an alumnus who has exhibited exceptional commitment to the WMAA over a period of years. Following an internship in Philadelphia, service in the U.S. Marine Corps, a residency at UW Hospital and a fellowship at Harvard Medical School, he returned in 1951 to UW Medical School as an assistant professor of medicine. He became a professor of medicine in 1962 and served as chair of the Department of Medicine from 1964 to 1971. He was conferred the title of Washburn Professor of Medicine. Schilling was given emeritus status in 1989. His support for the WMAA has been inspirational and unfaltering. He is a founding member of the WMAA's planning committee, which laid the groundwork for the association in 1955. His broad knowledge of the professional contributions of many alumni has provided a rich supply of worthy candidates for WMAA awards. He also has been a long-time editorial board member of the *Quarterly* and has enriched its pages with thought-provoking medical, ethical and public policy issues.

■ ■ ■

The WMAA honored **Robert G. Wochos, MD**, with its **Ralph Hawley Distinguished Service Award**. This award is conferred upon an alumnus who has made outstanding contributions to the local community through medical practice, teaching, research or other humanitarian activities.

George C. Mejicano, MD, MS (left), and Carl Getto, MD

Carl Getto, MD (left), and John C. Mansour, MD

Carl Getto, MD (left), and Arthur J. Ross III, MD

Carl Getto, MD (left), and John L. Olson, MD '82

Wochos was honored posthumously for his distinguished contributions to the practice of medicine. A Wisconsin native, he received his medical degree from the UW Medical School in 1944. Following an internship in Texas and service in the U.S. Army Air Force, he returned in 1947 to Madison to begin his surgery residency. Wochos then practiced surgery in San Luis Obispo, California, from 1951 through 1954 and in Green Bay from 1954 until his retirement in 1985. In Green Bay, he founded the Beaumont Clinic and served as president of the Brown County Medical Society and chief of the medical staff at St. Vincent Hospital. Wochos served two tours of duty on the hospital ship Medical Project Hope in Colombia in 1967 and Brazil in 1973. He served for many years as a consultant surgeon with the Green Bay free clinic.

■ ■ ■

Recipients of the **WMAA Distinguished Teaching Awards** are selected by a vote of the Medical School students in recognition of outstanding qualities as a teacher.

George C. Mejicano, MD, MS, was given the **Distinguished Award for Basic Sciences Teaching**. This award honors excellence by a basic science teacher in the first two years of medical school as identified by second-year medical students. Mejicano is an associate professor of medicine and the assistant dean for continuing medical education at UW Medical School.

John C. Mansour, MD, received the **Distinguished Award for Outstanding Resident Teaching**, which recognizes stellar teaching efforts of a resident teacher. Mansour is in his third clinical year of a general surgery residency.

■ ■ ■

The Distinguished Award for Clinical Science Teaching recognizes clinical teachers from each major teaching location (LaCrosse, Marshfield, Milwaukee and Madison) who are highly regarded by students for outstanding teaching efforts. This year's awards were given to **Arthur J. Ross III, MD; John L. Olson, MD '82; Barbara A. Horner-Ibler, MD; and Donald R. Yandow II, MD, PG,** respectively.

Ross practices pediatric surgery at Gundersen Lutheran Medical Center in La Crosse, formally designated the Western Clinical Campus of UW Medical School. He serves as that campus' associate dean. **Olson** is the director of the Marshfield Clinic Division of Education and the trustee of the Marshfield Clinic Research Foundation. His academic role includes serving as program director of the transitional-year residency program. **Yandow** is chief of radiology at the William S. Middleton Memorial Veterans Hospital in Madison. He is the course director of the medical student clerkship in radiology. **Horner-Ibler** is a physician at Aurora-Sinai Medical Center and a clinical assistant professor of medicine at the Milwaukee Clinical Campus.

Carl Getto, MD, and Barbara A. Horner-Ibler, MD '98

Robert G. Wochos, MD '44 (deceased 2003)

Donald R. Yandow II, MD, PG

Class Reunions, Alumni Weekend 2003

Class of 1943 (March)

Class of 1943 (November)

Class of 1953

Class of 1958

Class of 1963

Class of 1968

Class of 1973

Class of 1978

Class Notes

compiled by Kathleen Freimuth

1948

Embracing the community of Lake Mills, WI, both as resident and historian, **Roland R. Liebenow**, past vice president and medical director for CUNA Mutual Insurance Company, has just completed a book of historical articles about his hometown. Also, as project manager of the Lake Mills Historical Society, he has been assigned to create and place an engraved stone marking the site of the Lake Mills 1842 grist mill. He is a member of the Moravian Church Men's Fellowship; the Boy Scouts of America, CR Troop 148; and the American Legion. He and his wife, Martha, have three children, two of whom are ordained ministers.

Having retired in 1996 from a 40-year solo practice in internal medicine, **George P. Nichols** notes that he has made an important self-discovery: After so many years of having to study, he now realizes in retirement that he likes to study… psychiatry, medicine, history and numerous other subjects. His hobbies are writing, tennis, jazz, meteorology and "complaining about our cultural decline." He plays tennis twice a week and regularly walks his dog, Bid. He and his spouse, Barbara, live in Appleton, WI.

1953

Sylvia F. Griem, professor emerita of medicine at the University of Chicago and former president of the Chicago Dermatological Society, and her husband, **Melvin L. Griem**, professor emeritus from the University of Chicago, live in Ogden Dunes, IN. They enjoy sailing together on Lake Michigan, attending the Chicago Symphony, and being involved in Indiana Dunes environmental issues. They have three children—a radiation oncologist, a dermatologist and a comptroller—and three grandchildren.

Richard E. Hunter from Argyle, WI, has no intention of retiring from family practice—yet. He sees patients three days a week at the Blanchardville Clinic, which is a branch of the Monroe Clinic. He enjoys gardening—he is a member of the Wisconsin-Illinois Chapter of the North America Rock Garden Society—and reading historical works. He and his wife, Audrey, have two children and two grandchildren.

William J. Smollen and his wife, Charlotte, live in Racine, WI, where he practiced general surgery. He has served as chief of staff, chief of surgery and chief of emergency services during the span of his medical career. As a Horlick High School alumnus, he has returned to his alma mater to promote the establishment of a science wing at Horlick High, named for beloved alumna, physician and astronaut Laurel Salton Clark, MD '87.

A pediatrician in civilian practice for 23 years and a U.S. Navy Undersea Medicine Marine Corps Support team member and military family practitioner for 21 years, **Robert (Walt) Schroeder** retired in Oregon, WI, with his wife, Milagros. Although he has received various Navy awards in his career with the military, he is undeniably proud of the fact that he was the last WWII veteran—of 15 million—to retire from active service. Today, he volunteers at the Red Cross, the Salvation Army and as docent at the Wisconsin Veterans Museum in Madison. He and Milagros have five children and 10 grandchildren, all doing fine.

James A. Tibbitts is a retired general practitioner, and, as he describes it, "perhaps the last of my breed." He received the 50 Years Medical Service Award from the Pennsylvania Medical Society in 2003. He was honored with a community banquet at the time of his retirement, after serving the Jonestown, PA, community in solo practice for 29 years, which included 25 years as school physician for Northern Lebanon School District. His medical career included 12 years practice in Reedsburg, WI, where he also served on the school board and as Sauk County coroner for six years. He has been an active member of the United Presbyterian Church, serving as deacon and elder, and of the Synod of Wisconsin General Council while in Reedsburg.

1956

William C. Rouman retired from anesthesiology practice after more than 40 years of dedicated service to his specialty. He served on the staff of several major Milwaukee hospitals before joining the anesthesiology department of the Medical College of Wisconsin as an associate professor. He also served as chief of anesthesia at Froedtert Memorial Lutheran Hospital, which is the primary teaching hospital of the Medical College of Wisconsin. Although retired, he remains committed to teaching residents and medical students; he currently is clinical associate professor of anesthesiology at the medical college.

1958

After completing an internship at the University of Vermont in Burlington and a neurosurgery residency in Madison, WI, **William W. Cotanch** began a solo private practice in Rochester, NY. He continues his private practice today, concurrent with his role as clinical professor of surgery at the University of Rochester. He has one son.

As president of the Wisconsin Medical Examining Board, **Darold A. Treffert** recently observed a test given to UW Medical School Med 3 students who finished their medicine rotations. He is an international authority on Savant Syndrome, having advised actors such as Dustin

Hoffman, who played a savant in the movie "Rain Man," and sharing his knowledge of the subject on "Oprah" and "Larry King Live." He currently operates a private practice in Fond du Lac, WI, where he has served as superintendent of Winnebago Mental Health Institute. The Trefferts have four children and seven grandchildren.

Jerry E. Porter retired from the Marshfield Clinic in 1997 after 34 years of caring for three generations of patients. He interned at the University of Michigan in Ann Arbor, followed by a residency in pediatrics at the University of Iowa in Iowa City. He served his country in the U.S. Navy in San Francisco. He keeps in good health by gardening in Wisconsin during the summer and wintering in Sarasota, FL. He and his wife, Donna, have two daughters and two grandchildren.

Clemens S. Schmidt and his wife, Sylvia, live in Avoca, WI, where he practices psychiatry full-time as medical director of five community mental health centers in southwestern Wisconsin. He is a past recipient of the Physician-Citizen of the Year bestowed by the State Medical Society. He participates in a monthly radio program addressing mental health issues. Known to people of Iowa County as the "Avoca pumpkin farmer," he spends his free time growing pumpkins, squash and gourds.

1962

Richard A. Geline of Glenview, IL, was re-elected to the board of trustees of the Illinois State Medical Society during the organization's recent annual house of delegates meeting. A board-certified orthopedic surgeon, he has been in private practice since 1971. He currently serves on the medical staffs of Rush North Shore Medical Center at St. Francis Hospital in Evanston and Illinois Masonic Medical Center, where he held the post of medical staff president from 1991 to 1992. He is a member of the Illinois delegation to the American Medical Association.

1964

Peter C. Raich, an oncologist at Denver Health in Colorado, is co-investigator for two grants from the Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation, offering breast cancer treatment services to under-insured and uninsured patients in the Denver area. He will direct trials that investigate new and existing cancer treatments, including chemotherapy, radiation, surgery and biological therapies. He is pleased to report that, through the generosity of Komen Foundation, Denver Health can participate in the newest type of breast cancer treatments for medically underserved women.

1965

Upon recommendation from the membership committee of the American Psychiatric Association (APA), **Stephen C. Aron** was elevated on May 19, 2003, to life fellow status, reflecting his dedication to the work of the APA and the psychiatric profession. He practices general psychiatry in Aptos, CA, and teaches part-time at the University of California-Santa Cruz. He and his wife, Elida, have been married 21 years and have a daughter, Elizabeth, who plays intercollegiate volleyball for Boston College.

After 25 years of active service and five years of reserve duty —mostly as an undersea medical officer (submarine and diving medicine)— **Henry J. C. Schwartz** retired from the U.S. Navy on May 1, 2003. He was senior officer in the Navy's support mission to assist in the rescue of nine trapped Quecreek miners in Pennsylvania in July 2002. He also felt "privileged," he remarks, to participate in U.S.S. Monitor expeditions for the past two summers.

1968

Phillip S. Johnson of Cross Lake, MN, retired at the end of 2001, after 30 years in family practice. In February of 2003, he and his wife, Lola—a retired pharmacist—did volunteer work for two weeks in a remote village in La Mosquitia, Honduras.

In 2000, **Stuart A. Minkin** returned to private practice in general pediatrics after working for a large health system the previous four years. He says that he is once again enjoying the practice of pediatrics and his new position as medical director for a group of 47 pediatricians. He and his wife, Elizabeth, live in Bellevue, WA, where he enjoys downhill skiing, racquetball and traveling. The Minkins have two daughters: Jodi and Traci.

1973

Living in Portland, OR, with his wife, Ellen Waterston, **David A. Bong** is a physician-partner at the Vancouver Clinic in Washington, where he practices rheumatology. He is past president of the Northwest Rheumatism Association and a volunteer teaching faculty in the Southwest Washington Family Practice Residency Program. He actively pursues Nordic ski racing and is certified as an expedition mountaineering guide.

Patrick J. Fahey, and his spouse, Penny, live in Elmhurst, IL. He specializes in academic pulmonary medicine and is professor and chair of the Department of Medicine at Loyola University Medical Center in Chicago, while she has started her 20th year with Northwestern University as a member of its Spanish faculty. He proudly admits to being present at every Rose Bowl game in which the UW Badgers have played. The couple has two children, Kaitlin and Paddy. They all love to spend time at the Fahey summer home on Washington Island, WI.

1973

Richard S. Kane, a geriatric practitioner who lives in Milwaukee with his wife, Diane, is an associate profes-

sor at UW Medical School, Milwaukee Clinical Campus. He serves as editor of the Wisconsin Association of Medical Directors Newsletter, is active in county and state medical societies, and has researched and published articles on pathologic fractures due to disuse osteoporosis. His hobbies are stained glass and Tai Chi. He and Diane have two children: Ryan and Adam.

A resident of Madison, WI, **Karl A. Rudat** is an obstetrician-gynecologist with Dean Health Systems, where he has practiced for approximately 26 years. He currently is chair of its Department of Obstetrics-Gynecology and is former chair of Dean Medical Center and Dean Health Plan (Dean Care) board of directors and is former vice chair of Dean Health Systems board of directors. He and his wife, Marilyn, have three children and four grandchildren. He reports on former classmate **Rick Hill**, whom he sees weekly: Rick's "dedication to medicine is unchanged after 30 years."

1978

Daryl K. Knox returned home to Wisconsin in June 2003 to assume the medical directorship of Milwaukee County Behavioral Health Division. He and his wife, Cynthia, departed Texas, where he specialized in psychiatry at Texana MHMR in Rosenberg. His interests are exercise, travel, Bible study and reading science fiction. He and Cynthia have three children: Jocelyn, Justin and Jessica.

Within the past year, **Tom C. Krejcie** was promoted to full professor at Feinberg School of Medicine at Northwestern University and appointed vice-chair for research in its Department of Anesthesiology. He and his wife, Valerie, live in Skokie, IL, with their two sons, Ben and Alex

In 2000, **Judith D. Pruski** returned to Madison, WI, where she completed her master's degree in library science and, consequently, "retired" from medicine. She reports that she now has two degrees from UW-Madison—each from a different millennium. She has four cats (Valeria Victrix, Fiono, Basia and Zbyszko) that accompany her when she performs her favorite activities: reading, knitting and babysitting nephews.

1980

The University of Wisconsin-Eau Claire Alumni Association bestowed the Honorary Alumnus Award on **John P. Drawbert** in May 2003, for his past support and contributions to the university and the community. The award honors his enthusiasm and brilliance as an orthopedic surgeon whose care of the patient did not end when the surgery was completed. He has always believed that rehabilitative care is of equal importance to recovery and return to normalcy. As a result, he recruited and trained experts in rehabilitation medicine for involvement in a program that successfully served the UW-Eau Claire and the surrounding community.

1994

Douglas L. Schulz was recently appointed assistant clinical professor at the University of California, San Diego, in the Department of Family and Preventive Medicine. He currently resides in San Diego with his spouse, Jill Waalen (MD '97), and their 10-month-old son, Andrew.

1996

In March 2003, **Michelle L. Lotto** was appointed head of the section of neuroanesthesiology at the Cleveland Clinic Foundation. She is one of five neuroanesthesiologists providing anesthesia services to 15 neurosurgeons and three endovascular neurosurgeons. Additionally, she has been appointed to the Curriculum Development Committee for Neurosciences for the newly created Cleveland Clinic School of Medicine.

Post-Graduate

Diane (Haas) Baker (medicine internship '71; dermatology residency '72-74) is the 2003 president of the American Board of Dermatology. She also serves as delegate to the American Medical Association from the American Academy of Dermatology. Maintaining a private dermatology practice in Portland, OR, she is involved as an investigator in clinical trials with her husband, James W. Baker (MD '70) at the Allergy, Asthma and Dermatology Research Center in Lake Oswego, OR.

In November of 2002, **George L. Morris** (neurology residency '88), a neurologist/ epileptologist specializing in the medical management and surgical treatment of epilepsy, formed the Epilepsy Care Specialist, SC. He is the director of the Regional Epilepsy Center at St. Luke's Medical Center in Milwaukee. Prior to this position, he was professor of neurology at the Medical College of Wisconsin, where he developed the Comprehensive Epilepsy Program.

Justina A. Trott (residency '79) of Santa Fe, NM, was nominated president of the American College of Women's Health Physicians and director of the Santa Fe National Community Center of Excellence in Women's Health.

IN MEMORIAM

Arthur Foeste '45
April 2, 2003
Billings, Montana

Rita Krause '86
April 9, 2003
Iowa City, Iowa

George Marbry '39
October 30, 2002

Vernon McNeilus '50
July 5, 2002
Knoxville, Tennessee

John Wolf '68
April 2000

Robert Wochos '44
March 2003
Green Bay, Wisconsin

Russ Lewis writes

Focusing on the real malpractice

One of my favorite sayings for years has been: "When you are old enough to know the answers, nobody asks the questions."

It recently occurred to me, as my age gets ready to pass my IQ, that my responsibility in writing this column does not depend on someone asking a question. As a result, I will attempt to give my answer to a well-known and once again topical question: *How should we handle the malpractice problem?*

At present, the United States Congress is debating the question, but I expect it to get resolved about the same time as drug coverage for seniors gets acted upon—too late to help most of us.

The *Webster's Collegiate Dictionary* I was given at my high school graduation in 1934 defines malpractice as "wrongful or negligent practice or action, especially in professional or fiduciary conduct, as by a physician."

Herein lies the problem. Society sees it like the blind men who described the elephant—totally differently, depending on your exposure. Most physicians would be happy to accept Webster's definition. However, lawyers, judges, juries and patients often have other views.

It has become popular to believe that if something goes wrong, someone should get the blame. One thing that has not changed since I retired is that for every patient seen, the doctor must make literally dozens of decisions to the best of his or her judgment. But no one now living can make the correct call 100% of the time. Patients know this, but when a serious problem arises—and they are pushed by friends, lawyers or greed—they can give in to the temptation and sue.

President Bush may be too busy with Iraq or the economy to focus on malpractice, but to an old Alexander Hamilton federalist like me, I believe this problem requires a national solution. In the meantime, maybe Wisconsin could lead the way. And so I would ask our Governor Jim Doyle to try.

My answer is to reestablish Webster's definition. Errors in judgment do not normally reflect or imply wrongful or negligent action. What needs to be done is to try to carefully define those words as they apply to malpractice. I believe that a Blue Ribbon committee composed of doctors, lawyers, hospital administrators, judges, legislators and public representatives could set up stricter guidelines.

Hopefully, by clearly defining what malpractice really is; many suits would be eliminated. I believe it would cut down especially on the minor suits that exist solely to make money for a patient and his or her lawyer. These are the suits that so frequently are settled out of court to avoid publicity and court costs, saving both the physician and the insurance company money but often having little to do with real negligence. It is imperative that the present cap be kept.

CME conferences

July 30-August 1
Short Course on Clinical Research, Madison

July 31-August 3
Comprehensive Pain Review, Madison

August 23
Airway Management Workshop, Madison

September 19-20
Seminars in Pediatrics, Madison

October 1-4
Prolotherapy, Madison

October 10
Second Annual Symposium on Advances in Multidisciplinary Cancer Care, Madison

October 11
Peripheral Vascular Disease, Milwaukee

October 10-11
Fall 2003 Psychiatric Update, Madison

October 10-20
Update in Oncology & Rheumatology, Panama Canal Cruise

October 16-17
Mammography, Madison

Observations

Picnic Point, always a popular spot with UW Medical School students wishing to relax, beckons in the distance across Lake Mendota's University Bay. The Carillon Tower and Social Science Building appear in the foreground, with Elizabeth Waters Hall beyond them on Observatory Drive. Jeff Miller took this late summer shot in 1992.

PHOTO: Jeff Miller/UW-Madison University Communications

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