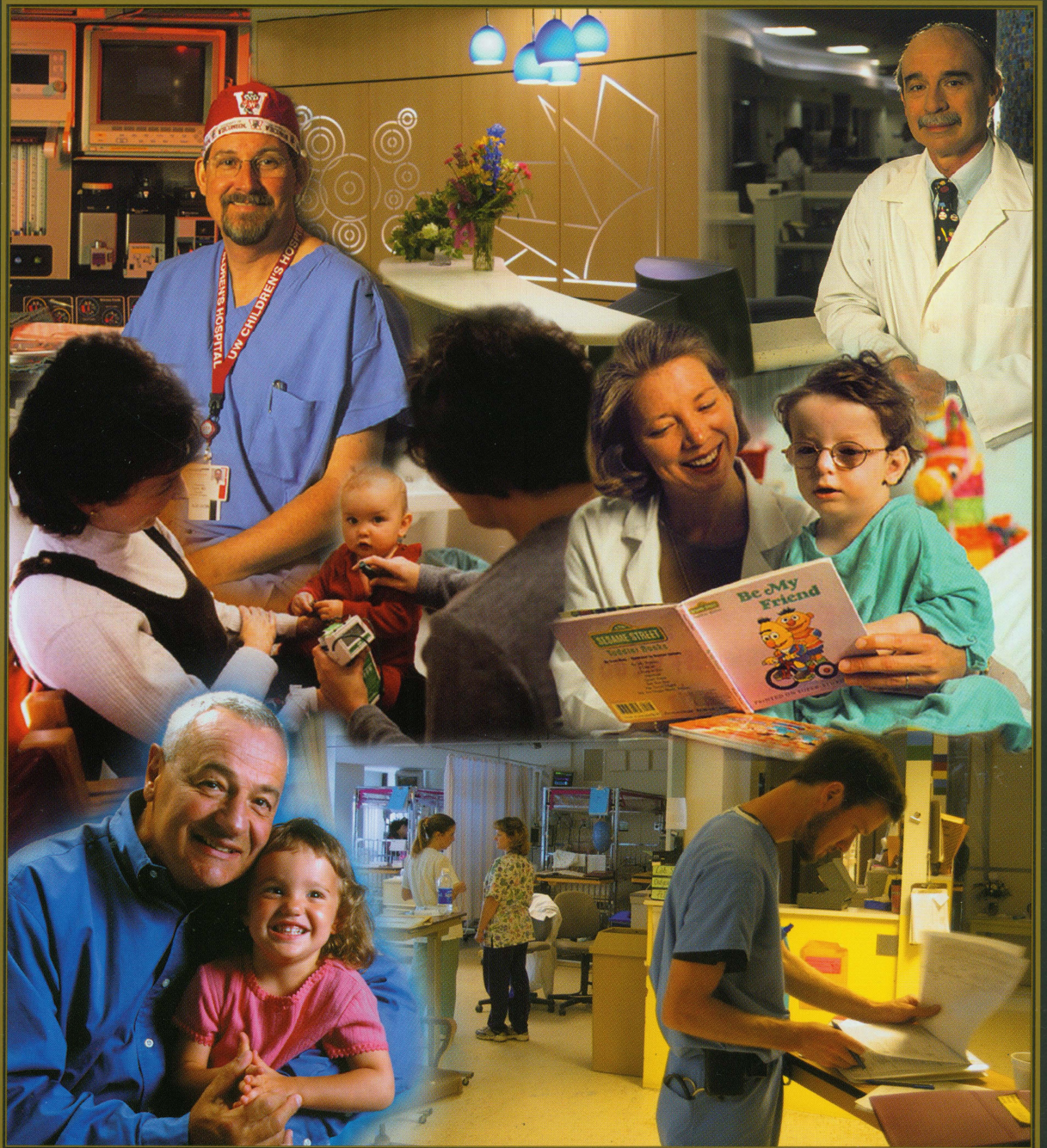


The Magazine for University of Wisconsin Medical School Alumni and Friends

# QUARTERLY



VOLUME 4  
NUMBER 3  
SUMMER 2002

*Building a world-class children's hospital*

# QUARTERLY

The Magazine for  
University of Wisconsin Medical School  
Alumni and Friends

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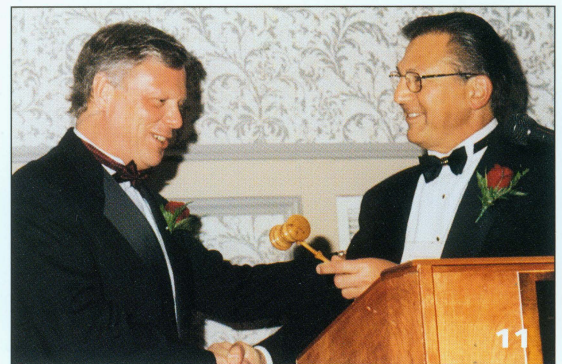
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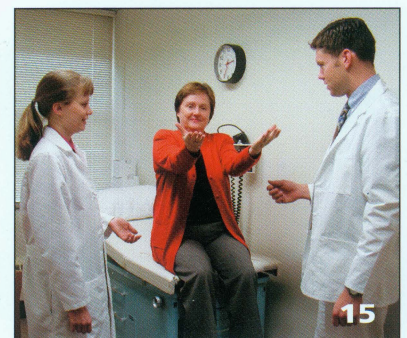
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As a pediatrician, I consider University of Wisconsin Children's Hospital a very special place. It is particularly meaningful to me, because I had the distinct privilege of serving as its medical director for eight years. As you will see in the cover story of this issue of the *Quarterly*, UW Children's Hospital has recently experienced a period of significant growth. The goal is to maintain that momentum and follow through with plans for another new, expanded children's hospital within University of Wisconsin Hospital and Clinics.

In fact, UW Children's Hospital has been evolving for a long time. Some 40 years ago, as a free-standing hospital adjacent to the old University Hospital, it served only a limited segment of the pediatric population—mainly children with chronic diseases. When the doors of the just-constructed Clinical Sciences Center opened in 1979, I was thrilled to escort young patients to the new hospital. Meshing into the hospital was a quantum leap for UW Children's Hospital. Since then, it has blossomed into a finely balanced program in pediatrics, one that we can confidently and proudly say has comprehensive excellence—in research, patient care, education and outreach.

Interdisciplinary working relationships—such as those that Children's Hospital medical director Aaron Friedman has forged with UW surgeons, anesthesiologists and radiologists—have been key to this success. This kind of cooperation once again has proven that when people focus on working together, rather than on which individual should get credit for the job, we all benefit in a big way with impressive results.

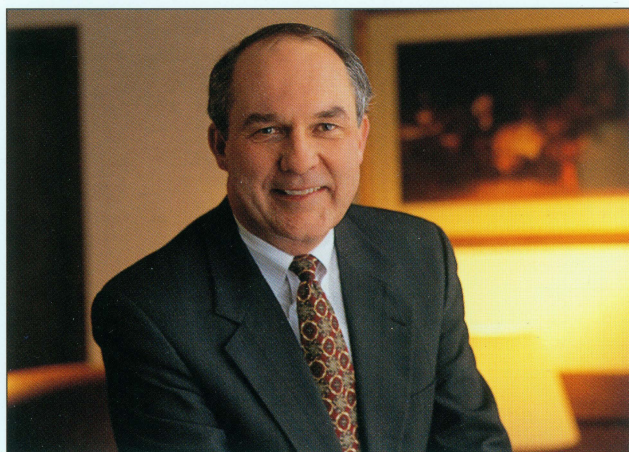
I have watched with great interest over the past few years as UW Children's Hospital has grown in new and very important ways. It now has a significantly expanded surgery section, and recently experienced the opening of a spectacular new pediatric intensive care unit. For this latest development, we owe sincerest thanks to Donna Sollenberger, president and chief executive officer of UW Hospital and Clinics. We are extremely fortunate to be working with Donna, who has bold visions for the kind of pediatric healthcare services and facilities our community needs and deserves. And she possesses the dedication and drive to empower her staff to make those visions materialize.

I believe that Donna would agree, as I do, with the assessment of some leaders that children are our most precious national resource. If for no other reason, we at UW Medical School must proceed in creating plans to further expand our Children's Hospital, combining the finest facilities and the most advanced technology with the warmest and most compassionate child-centered care.

In this *Quarterly*, you'll also read about our Blue Cross & Blue Shield program, which is now moving forward under the highly capable management of Eileen Smith, a former senior administrator at UW Hospital and Clinics. Eileen's administrative accomplishments as a key player in the hospital's transition from a state entity to a public authority, her experience as a volunteer community leader and her extraordinary communications ability make her the ideal choice for the complicated and extremely important Blue Cross program's top leadership position.

In addition to being a unique opportunity to improve the health of all Wisconsinites, the Blue Cross gift will be transforming to UW Medical School. It will allow us to greatly expand our horizon, which historically has consisted of understanding and dealing with illness and injury. The new funds will catalyze the further development of programs in population health, allowing us to concentrate more effectively on early risk recognition and the prevention of disease and impairment.

In my judgment, the great medical schools of the 21<sup>st</sup> century will be characterized by a broader, more balanced mission that emphasizes both intervention *and* prevention. This expansion will be the margin of excellence for UW Medical School; it will ensure that we are outstanding in all aspects of human health.



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

Greetings, 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 the success of both events. I'd also like to address WMAA's future plans for alumni and students.

Alumni Weekend, May 9–11, 2002, was a fantastic success. We honored the Class of 1952, recognized many award recipients and celebrated 11 class reunions (from 1942 to 1997). Alumni enjoyed a variety of faculty presentations sponsored by the WMAA as well as a powerful continuing medical education program by Drs. Norman Fost and Dennis Maki ('67).

The Class of 2002 will never forget graduation day on May 17. The day began with a recognition ceremony at the Union Theater, with Medical School graduates later participating in the campus commencement ceremony at the Kohl Center. Following that, 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 Monona Terrace Convention Center.

During the 2002 spring events, our organization also experienced a change of command: Dr. Harvey Wichman stepped down while Dr. Chris Larson began his term. I eagerly look forward to a working relationship with Chris that is as productive and pleasant as the past year's collaboration was with Harvey.

Now, we can begin to look forward to fall 2002 with great anticipation and enthusiasm. The new WMAA committees that we formed over the past year have been hard at work. The Student Participation Committee is already working with students to plan several events that accompany or precede the beginning of a new academic year, such as the student organizations fair, the Dean's Cup Competition and the White Coat Ceremony, to be held on September 15. Because one of the goals of the WMAA is to be more visible among students, we are designing events that will bring together students and alumni.

The Class Representative Committee is striving to make connections with more alumni. Class representatives will play a larger role in meeting this goal of our strategic plan. In the future, your class reps will be communicating with you more frequently. They will encourage you to get involved—to join us at Homecoming, attend a continuing medical education opportunity, serve on a WMAA committee or as alumni hosts. Class reps will also ask you to nominate your classmates for WMAA awards and to submit news for the *Quarterly*.

Our Events Committee is dedicated to increasing alumni participation by developing new ways to attract more alumni to all WMAA events. Plans for Homecoming 2002 are well under way. Mark your calendars for October 19, which will include the UW versus Ohio State football game, the annual WMAA-sponsored tailgate party, and a 10<sup>th</sup> anniversary party for the medical student band, "The Arrhythmias." Tickets for medical alumni will be available through our office. We also are looking forward to the annual winter event in Milwaukee and are planning new ways to structure Alumni Weekend and other events in order to persuade more alumni, including recent graduates, to join us.

I invite you to visit our Website at <http://www.med.wisc.edu/alumni> to keep current with coming events hosted by the WMAA and the Medical School. At this site, you can also update your records, join our association, nominate your colleagues or classmates for awards or even sign up for a particular future event.

As always, please feel free to contact me at any time with your ideas, issues or concerns. You can reach me by e-mail at [kspeters@facstaff.wisc.edu](mailto:kspeters@facstaff.wisc.edu), call me at 608/263-4913 or write me in care of the Wisconsin Medical Alumni Association, 4252 Medical Sciences Center, 1300 University Avenue, Madison, WI 53706-1532. I look forward to hearing from you!



*Karen Peterson*  
*WMAA Executive Director*

# Building a world-class children's hospital

BY MICHAEL FELBER



Dick Bennett, former Wisconsin Badger men's basketball coach, vividly recalls the anxious time in 1999 when his one-year-old granddaughter, Sara Stieber, of Green Bay, Wisconsin, was diagnosed with a life-threatening *E. coli* complication known as hemolytic uremic syndrome. Bennett's daughter and son-in-law received alarming advice from their local pediatrician: "If it were my child, I would get her on that helicopter and get her down to Madison."

It was not long before Sara boarded the Med Flight helicopter for the 45-minute flight to University of Wisconsin Children's Hospital, where she was placed on kidney dialysis in the pediatric intensive care unit. After two extremely anxious weeks, Sara's condition began to improve, allowing her to move to a regular room. Under the care of a UW pediatric nephrology team led by Sharon Bartosh, MD, Sara made an excellent recovery and was discharged after four weeks of hospitalization. Today, she is a healthy preschooler who soon will turn four years old.

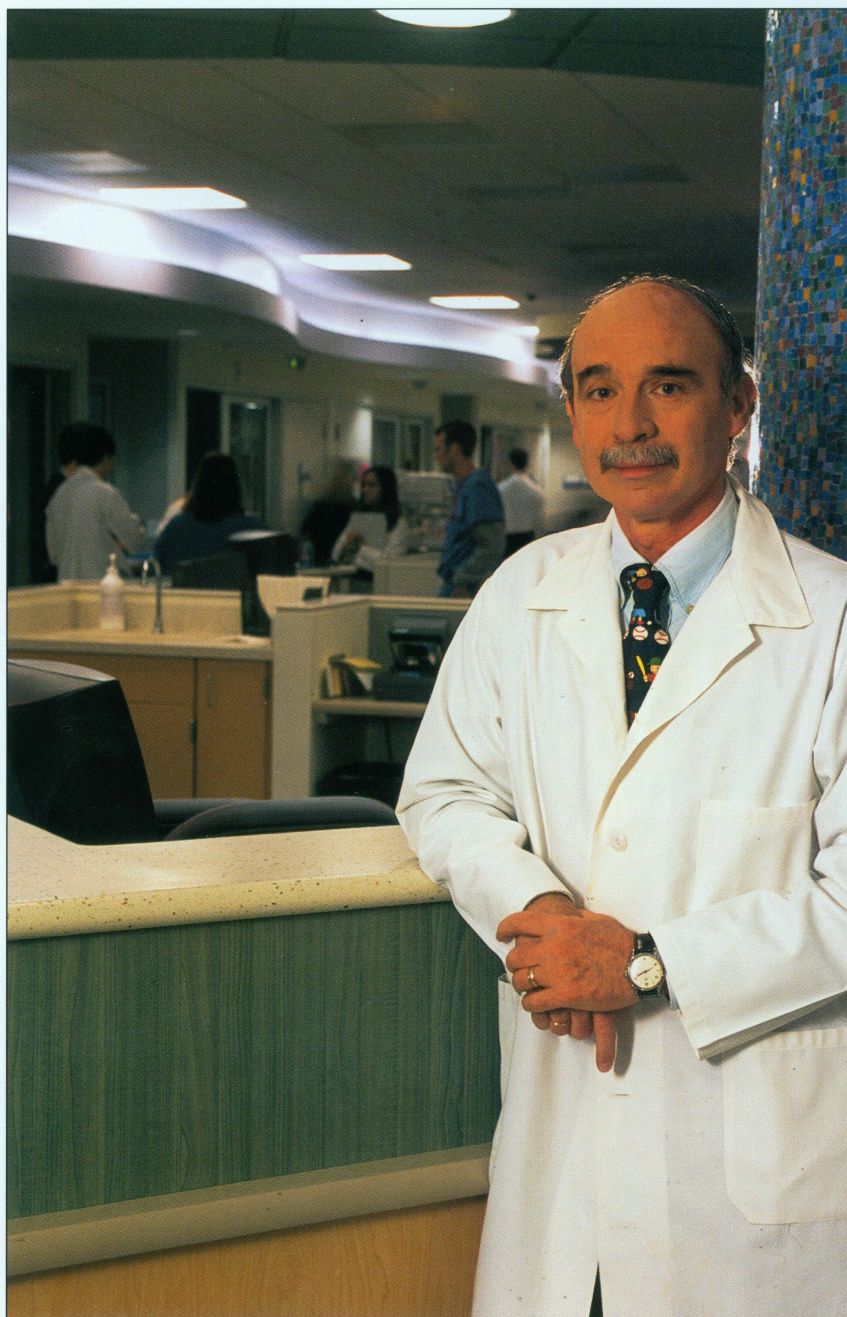
While Bennett did not know it at the time, Sara's treatment at UW Children's Hospital would be followed seven months later by another success—a trip for his 1999–2000 Wisconsin squad to the National Collegiate Athletic Association's Final Four basketball tournament. To get there, Bennett's scrappy Badgers would knock off the likes of heavily favored Arizona, Louisiana State and Purdue to advance to college basketball's pinnacle stage.

As emotionally fulfilling as it was for Bennett to reach the Final Four after 35 years in coaching, it paled in comparison to seeing his little granddaughter recover from a very serious illness. "When it became clear that Sara was going to make it," Bennett says, "that feeling surpassed the Final Four qualification. I cried faster when I heard about Sara than I did when we won that game against Purdue."

Sara's recovery is the kind of success story that makes UW Children's Hospital one of the leading pediatric health providers in the region. Originating in 1920 as the Mary Cornelia Bradley Hospital for the Study of Children's Diseases, UW Children's Hospital today is a 62-bed, full-service medical and surgical center that attracts patients and families from across Wisconsin, northern Illinois and beyond.

In the past four years, the hospital has experienced a major growth spurt, a trend that administrators say will only continue for years to come. One long-awaited milestone occurred in February, when the ribbon was cut for a \$5.4 million, 18-bed pediatric intensive care unit (PICU). Bennett and his granddaughter joined many others at the opening ceremony.

More than four times the size of the previous unit, and much more aesthetically appealing, the new PICU offers the most acutely ill children and their families an environment that soothes rather than stresses.



"While this is a place no family ever wants to be by choice, parents will appreciate knowing that this incredible, family-focused facility is here if their child should ever need first-in-class critical care," says Aaron Friedman, MD, medical director of UW Children's Hospital and chair of UW Medical School's Department of Pediatrics. "We view this new unit as a quantum leap forward in the care of critically ill and injured children from the region."

Constructed over 28 months, the new PICU provides a setting for the most advanced care that puts families first. It offers substantially more privacy than the old unit and is designed with a "through all seasons" theme.

*"We view this new unit as a quantum leap forward in the care of critically ill and injured children from the region," says Aaron Friedman, MD, UW Children's Hospital medical director, of the new pediatric intensive care unit. Dick Bennett, shown on facing page with his granddaughter, is a big fan of the Children's Hospital.*



*In 1999, the Children's Hospital recruited Dennis Lund, MD, of Harvard Medical School, as its first surgeon-in-chief. Since his arrival, the hospital has significantly expanded the number of pediatric surgical specialists.*

"This is the nicest PICU I have ever seen, period," says Dennis Lund, MD, surgeon-in-chief of UW Children's Hospital, who adds that he has visited a large number of the pediatric intensive care units in the country. "Before, there was no space for parents to be with their child, and staff were on top of each other like sardines. Our new PICU has sleep space for a parent in each patient room, plus a set of five separate family sleep rooms. It also includes showers, storage space and a waiting room with kitchen and computer facilities for families."

While the additional space, privacy and child-friendly interior design are all striking, the most notable change is the lack of noise, says Lund. "It is very calm, even when there is something frenzied going on," he says.

In addition to constructing expansive intensive care facilities in recent years, UW Children's Hospital has been building in another area. It also has been increasing the number of pediatric surgical specialists required to handle every possible case presented by young patients throughout the state. The process began in 1999 when Lund was recruited from Harvard Medical School and Children's Hospital, Boston, as the first UW Children's Hospital surgeon-in-chief. Lund says that the subsequent ramp-up of surgical services has helped turn the flow of surgical traffic toward—rather than away from—Madison.

"The watchword now is that any child who needs surgical care of any sort can be cared for here," Lund says. "There had been a history here of providing pediatric specialty care by specialists who saw children only part time, but now it is different. Our mantra is that children are not little adults. They have a completely unique set of problems, and ways that their healthcare needs to be approached."

In the past few years, UW Children's Hospital specialists have performed surgery annually on approximately 4,000 children 18 years old or younger. Since Lund's arrival, pediatric specialists have been recruited in general surgery, anesthesiology, cardiothoracic surgery, orthopedic surgery, plastic/reconstructive surgery and urology. Other pediatric surgeons on staff specialize in burns, gynecology, neurosurgery, ophthalmology, otolaryngology (head and neck) and transplantation.

With these capabilities, says Friedman, "virtually every child, regardless of the complexity of his or her case, can now be treated here. Moreover, the strengths of the university, especially in the biological and medical sciences, enhance our ability to translate the very latest research advances into our clinical care."

Perhaps no cluster of diseases bears out Friedman's point better than childhood cancer. As little as 30 years ago, only three in 10 childhood cancer patients appeared to survive their disease—and then only for an uncertain time. Today, nearly four out of five children diagnosed with cancer will be cured. Several of the treatments responsible for this astounding improvement in survival rates—especially for leukemia patients—are direct outgrowths of research protocols led by Paul Sondel, MD (PG), PhD, and other members of the pediatric hematology/oncology division that he heads at UW Children's Hospital.

"People like Paul and Dr. Joe Matloub, who is clinical director of the UW Children's Hospital childhood cancer team, are consistently involved on the national scene in the types of clinical trials that are done in the children's cancer study groups," Friedman says.

Many other UW pediatric clinical researchers contribute regularly at the national level to the advancement of new and more effective treatments for seriously ill children. (See sidebar on pages 9 and 10.)

With strong clinical and research teams now on board, and the new PICU up and running, hospital leaders believe that the time has come to address the one remaining obstacle: the physical facility itself.

"While the quality of our physicians, nurses and staff is incredibly well regarded, the physical facility is inadequate," says Donna Sollenberger, president and chief executive officer of UW Hospital and Clinics. "At 125 square feet, inpatient rooms are simply too small. Young patients come with



*Pediatric nephrologist Sharon Bartosh, MD, who headed the team that cared for Dick Bennett's granddaughter, takes a moment to read with another patient at the Children's Hospital.*

families, and there is not enough room to get a parent's bed in the room. Parents don't have a place to shower or eat. The facility just does not support what you need to care for children in 2002."

With some children's hospitals building inpatient rooms as large as 300 to 400 square feet, the growing obsolescence of UW Children's Hospital's physical plant becomes more pronounced. The lack of space can be inordinately difficult for leukemia patients and other children recovering from procedures such as bone marrow or stem-cell transplants.

"It is very emotionally and physically difficult to go through the transplant process as it is," oncologist Sondel says. "To minimize risk of infection, our patients are typically confined to their rooms for between three and eight weeks. It would make it much easier if we had a brighter, larger facility with room for parents, visitors, exercise equipment, computers and so on."

## More than a hospital: Special services for families and patients

"Children are not supposed to get sick," says Dennis Lund, MD, surgeon-in-chief of UW Children's Hospital. If they do, however, UW Children's Hospital offers families a number of services designed to alleviate some of the stress that naturally comes with the situation.

- **Family Housing:** Many families travel considerable distances to UW Children's Hospital. The Ronald McDonald House of Madison, located one block from the hospital, offers comfortable, inexpensive lodging for families of children being treated at UW Children's Hospital and other Madison-area hospitals. The 18-bedroom home has a shared kitchen, dining area and living room. UW Medical School Dean Philip Farrell spearheaded the drive to create the Ronald McDonald House of Madison.
- **A Child Life Program:** Kids don't stop being kids just because they are admitted to the hospital. The Child Life program seeks to provide as much normalcy during the child's hospital stay as possible. From holiday celebrations to picnics to a "pet pals" program that brings animal visitors to the pediatric unit, certified Child Life specialists help children return home both emotionally and physically healthy.
- **UW Children's Hospital School:** Unique to the region, the Hospital School ensures that hospitalized children keep up with their studies. Staffed by three Madison Metropolitan School District teachers, the program offers individualized instruction to patients in a nurturing environment.



*“While the quality of our physicians, nurses and staff is incredibly well-regarded, the physical facility of the Children’s Hospital is inadequate,” says Donna Sollenberger, president and chief executive officer of UW Hospital and Clinics.*

Added to UW Children’s Hospital’s hunger for more space is its need for a stronger identity—an essential prerequisite to developing a clearer bond with the community. Such a bond is needed to engender sufficient support to remedy the existing space shortage. Because UW Children’s Hospital is located within the much larger UW Hospital and Clinics structure, many Madisonians are not even aware of its existence as a full-service children’s healthcare provider.

To address the need for more space and a stronger identity, hospital leaders are in the early stages of planning for a new facility that would be attached to UW Hospital, but would clearly have a distinct entrance and child-like look and feel. The goal would be to build rooms approximately 250 to 300 square feet in size—more than double the size of the current rooms.

Says Sollenberger, “Although things are still very preliminary, our UW Hospital and Clinics Authority Board has approved plans that—if everything falls into place—could result in a \$55 million, 80-bed UW Children’s Hospital tower within four to six years.”

She cautions that several UW–Madison and municipal approvals will be required before

ground is broken. Moreover, she says, the authority board’s funding plan calls for the hospital’s \$25 million contribution to be matched by \$30 million from private philanthropy. “Our hope is that there are enough donors out there who agree that this is the best way to care for children in this community,” Sollenberger says. “We believe that there are many supporters who want to see such a dream become reality.”

While fundraising efforts for the new facility are still in the early stages, the University of Wisconsin Foundation is actively recruiting a full-time development director whose first major task will be to spearhead the UW Children’s Hospital capital campaign.

“The fundraising effort is still in the quiet phase,” says Nancy Dohm of Madison, who chairs the 16-member UW Children’s Hospital Advisory Board, a panel of prominent community and business leaders committed to growing the facility. “We are working with the UW Foundation to help identify potential major donors who could help create this incredibly valuable community asset.” The goal, Dohm says, is to raise a significant amount of funds before launching the public component of the capital campaign.

Perhaps few are as anxious to experience a new hospital as are the staff members, who are unstinting in their dedication to patients despite the condition of the current facility, which clearly shows its age. “It is time to put our children’s services into a setting that patients deserve, that the staff will be proud to call their workplace and that the community recognizes,” Friedman says.

Adds Lund, “We’re never going to be the size of children’s hospitals in Boston, Philadelphia or even Milwaukee, and we shouldn’t try to be. But what we can do here is marry a first-class clinical facility for children to a world-class research university. That would be something unseen anywhere in this part of the country.”

Acknowledging that many challenges lie ahead before construction begins, Lund has little doubt that the dream of a new UW Children’s Hospital will come true. “It’s kind of like the alignment of the planets,” he says. “All of the pieces are coming together. We have the clinical piece in place. We have the research piece in place. We have the administrative piece in place. Now we need to finish the puzzle; we need the new hospital facility.”

# Children's Hospital researchers contribute to clinical advances

Patients and families benefit not only from the care they receive at UW Children's Hospital, but also from the latest research conducted by its scientists. The rapid translation of research findings for use by UW clinicians ensures that sick children receive the most advanced treatments available.

Faculty from the UW Medical School's Department of Pediatrics are currently involved in approximately 70 basic and clinical research projects. What follows is a sample of areas in which faculty members and other scientists at UW Children's Hospital have made their mark on the national scene.

## Childhood Cancer

The survival rate for leukemia and other childhood cancers has improved more dramatically over the past three decades than for any other form of the disease. The pediatric hematology/oncology division at UW Children's Hospital, headed by Paul Sondel, MD (PG), PhD, has played no small role in this remarkable improvement.



*Information flows easily among all UW Children's Hospital staff members. Discoveries made in the laboratories of researchers translate rapidly to the clinic, ensuring that sick children receive the most advanced treatments available.*

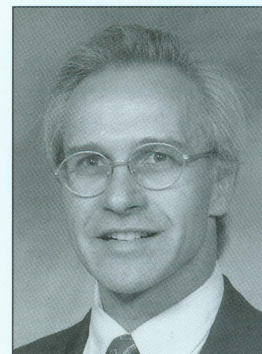
Much of the progress occurred through collaborative work with the national Children's Oncology Group (COG). The UW team has continued to provide leadership for past and present clinical trials, and Sondel has served as immunotherapy leader for the group.

"Our institution was one of the initial members of the COG," Sondel says. "With almost half of all childhood cancer patients in the United States participating in COG research protocols, great strides have been made toward more effective cancer treatments and higher cure rates."

One such protocol seeks to determine whether children with high-risk neuroblastoma, a malignancy largely found in infants and toddlers that is especially difficult to treat, are less likely to experience a recurrence of their disease following treatment with a form of immunotherapy pioneered in Sondel's research lab. In this nationwide trial, following the completion of chemotherapy some children will receive immunotherapy consisting of anti-tumor monoclonal antibody together with two growth factors (IL2 and GM-CSF) that help white blood cells use the antibody to kill cancer cells. Ongoing research in Sondel's lab, supported by the National Cancer Institute, is investigating ways that linking the IL2 directly to the antibody can improve the anti-tumor effectiveness of this strategy.

Another study, expected to be the largest childhood cancer clinical trial in history, is led by UW Children's Hospital's Yousif Matloub, MD, clinical director of pediatric hematology and oncology. This trial, which is testing improved schedules for the administration of effective drug combinations, aims to enhance the treatment and cure rates for children with acute lymphoblastic leukemia, while decreasing the side effects of the treatment.

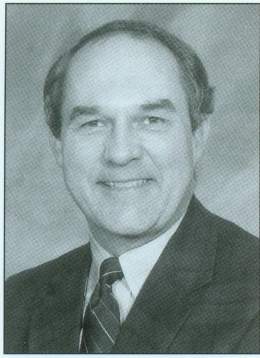
"We have three major goals," Sondel says. "We want to improve the cure rate, especially for children with malignant brain tumors and other cancers where the survival rate is not as high. We want to prevent some of the side effects associated with cancer treatments. And we are calling for leadership at the national level to help former childhood cancer patients mainstream back into a normal life at school or work."



*Paul Sondel, MD, PhD*



*Yousif Matloub, MD*



*Philip Farrell, MD, PhD*

## Cystic Fibrosis

The debate was intense back in the early 1980s. Do early diagnosis and treatment of cystic fibrosis (CF) really benefit patients with this disease—and do the benefits outweigh the risks of stigmatizing children who might have CF?

Researchers at UW Children's Hospital, led by Philip Farrell, MD, PhD, and Michael Rock, MD, tackled that question in 1985 when they launched a clinical study involving every newborn in Wisconsin. Cystic fibrosis, the most common potentially fatal genetic disease among Caucasians, produces pancreatic deficiency, chronic respiratory problems and salt loss that can lead to severe dehydration.

In April 1985, the Wisconsin CF Neonatal Screening Group (including researchers from UW Medical School, the Medical College of Wisconsin and the State Laboratory of Hygiene) began the nation's only randomized, controlled clinical trial of newborn screening for CF. All infants born in the state were tested for CF, and half were randomly assigned to early diagnosis and treatment; the other half received standard diagnosis and treatment. Patient enrollment in the study ended in June 1994, but the wealth of information from the research has proved a treasure trove for those concerned about children with CF.

Among the studies already published from the CF data, the most recent, in the *Journal of the American Medical Association*, revealed both risks and potential benefits of early treatment of CF. In that study, researchers found a pronounced "center effect"; that is, infants treated in clinics where they mixed with older CF patients had a much higher risk of lung infection with a common but dangerous germ than those treated in separate clinics dedicated only to infants and young children with CF. The researchers say infection risk could be reduced if more children were seen in such specialized clinics.

## Juvenile Diabetes

While caring for diabetic children for over 30 years, Michael J. MacDonald, MD, of UW Children's Hospital, also has been among the nation's premier researchers of this disease, which is diagnosed in one in 300 children each year.

MacDonald studies the genetics of type 1 diabetes and the biochemistry of the pancreatic insulin cell. He began his diabetes research while still a medical student at Washington University, showing that the frequency of type 1 diabetes is lower and type 2 diabetes is higher in African-American children.

Since coming to Madison in 1974, MacDonald and his team have been studying the biochemistry of the insulin cell. The work, supported by the National Institutes of Health and the Robert Wood Johnson Family Trust, attempts to elucidate the ways in which metabolic fuels, such as glucose

and amino acids, stimulate insulin release.

"With metabolic, enzymologic and molecular biologic approaches, we have discovered several signaling pathways in the insulin cell," MacDonald says. "This information is of potential benefit for preserving insulin cells for transplantation, and bioengineering artificial insulin cells for the treatment of type 1 diabetes."

MacDonald's work also has been helpful in understanding the biochemical failure of the insulin cell in type 2 diabetes. With the support of the Oscar Rennebohm Foundation, MacDonald launched UW Children's Diabetes Center in 1990. The Rennebohm Foundation sponsors the other major interest of his laboratory—studying the inheritance of childhood diabetes.

In 1980, MacDonald was one of the first to recognize the benefits of the insulin pump in the treatment of diabetes in children. Since then, the UW pediatric diabetes clinic has helped several hundred children with diabetes improve their lives with "the pump."

## Asthma in Children

Why do some allergic children develop chronic asthma and others do not? Over the last decade, the number of children diagnosed with asthma has increased an astonishing 170 percent—and no one seems able to explain why. Robert Lemanske, MD '75, a nationally recognized asthma researcher who treats asthmatic patients at UW Children's Hospital, eagerly seeks the answers.

One of Lemanske's high-profile research studies, known as COAST (Childhood Origins of Asthma), is based on his theory that children develop asthma because of a combination of bad genetic luck and a common childhood virus.

Some children, he says, inherit an imbalance of immune system hormones called cytokines and, as a result, become allergic to environmental triggers like house dust or pet dander. Because not all allergic children develop asthma, Lemanske believes that something has to direct the allergic response into the lower airway.

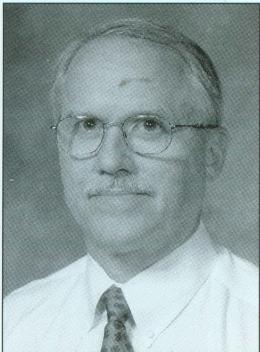
"We believe that that 'something' is actually the respiratory syncytial virus (RSV)," states Lemanske. "The time at which children catch this virus, which nearly every child gets by age two, may explain why some kids develop asthma and others do not."

With the generous help of some 300 families who have participated in the COAST study, Lemanske's efforts could prove to be a major breakthrough.

"If the COAST project shows our theory to be correct," he says, "it would help physicians identify children at risk of developing asthma and allow them to intervene aggressively at the first signs of the disease. By doing this, we can forestall lung damage later in life."



*Michael Rock, MD*



*Michael J. MacDonald, MD*



*Robert Lemanske, MD*

# Christopher Larson brings big vision to the job

BY SUSAN PIGORSCH

Chris Larson, MD '75, practices ophthalmology in Sheboygan, Wisconsin. But as the new president of the Wisconsin Medical Alumni Association (WMAA), he is also focusing on Madison—and the future of the Medical School—like never before.

"In ten years, Wisconsin will see a turnover in physicians," Larson says. "We don't want to have a shortage. That's why we're beginning to plan now; so that we can meet the healthcare needs of the state in the decade ahead."

It is fitting that Larson take a long view of the Medical School and the crucial role it plays in the state. After all, he started his own affiliation with the WMAA a decade ago, when he was first elected to the board of directors.

"I've enjoyed getting involved with the Medical School in ways that I hadn't been before," he says, including serving on the financial committee of the association and as a liaison with student representatives. "Meeting and talking with the medical students, and finding ways that we could directly help them, have been constantly rewarding," he notes. So has the opportunity to get to know a breadth of committed WMAA members.

As incoming president of the association, Larson aims to continue the organization's efforts to attract and involve alumni—although few could expect to keep up with the example he has set. Larson regularly flies his own plane the 120 miles to Madison, where he keeps a "beater" vehicle at the airport for the final leg of the commute to campus. As involved as he is, Larson will continue building the alumni association's relationship with the dean's office, the UW Foundation and the Medical School. He will also take a good look at why medical school applications at Wisconsin recently have declined.

The WMAA board has appointed an *ad hoc* committee to look at the potential source of the problem—tuition. UW Medical School now has the highest tuition in the Big Ten. "This

decline in applications to the Medical School is not the only issue on the board's plate," notes Larson, "but it is the one that has grabbed our attention." The issue is fueled by the debate over what has caused the current shortage of nurses in the United States.

"We need to figure out how to attract good people to Wisconsin, how to support the needs of the state and how to keep medical school graduates where they'll do the most good, preferably in-state," says Larson. The issue of tuition levels is gaining intensity now that some medical schools are offering free tuition to accepted students. "Obviously, that takes sizeable endowments," Larson says, adding that UW Medical School does not yet have them. "Here, legislators and the UW Board of Regents determine the cost of education."

Current medical students have been meeting with the WMAA board regularly to voice their concerns. "The students are engaged throughout the meetings," Larson says. "What we're hearing is that the amount of debt incurred by students determines their choice of specialty." Students who start out wanting to be primary care physicians, for example, "may, by the third year, choose a specialty that will allow them to pay off their debt more quickly." These students may also be more likely to leave the state to pursue a specialty.

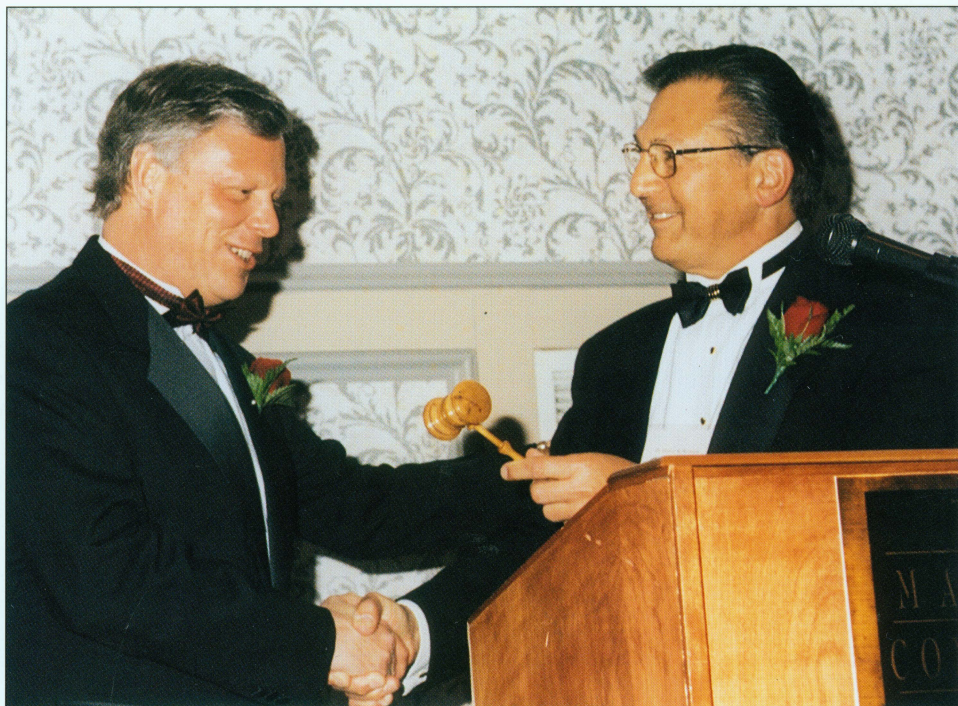
As the WMAA task force continues to look for answers, Larson says the association will not lose sight of the great successes of the past year. "The greatest item of support is the



\$2.5 million that alumni raised for Alumni Hall,” he notes, which will be part of the Health Sciences Learning Center now under construction. This high-tech space will provide students as well as alumni an auditorium equipped with the very best in learning technology.

“We’re also continuing to build our relationship with students,” Larson says. From WMAA-sponsored events, such as the Black Bag Ball and the White Coat Ceremony, the association is finding ways to support students today in hopes that they will drive the continuing excellence of the Medical School tomorrow.

“By working more closely with the Medical School’s admissions committee,” Larson adds, “we’ll have a chance to help identify students who hopefully will stay in Wisconsin ten years from now.”



*Past WMAA president, Harvey Wichman ('65), officially handed over leadership of the organization to new president, Christopher Larson ('75), during Alumni Weekend last spring. The gavel was passed at the Awards Banquet.*

## Wisconsin Medical Alumni Association

### Coming Events, 2002–2003

#### White Coat Ceremony

Sunday, September 15, 2002, Memorial Union

#### Homecoming, October 18-19, 2002

#### Friday, October 18

- 10:00-11:30 a.m. Editorial Board meeting, Waisman Center
- 12:00 – 1:00 WMAA Executive Committee meeting
- 1:30-4:00 p.m. WMAA Board of Directors fall meeting, Waisman Center
- 6:00 p.m. Homecoming Dinner for Board of Directors, Past Presidents and Class Representatives, Fluno Center

#### Saturday, October 19

WMAA football tailgate, Union South  
UW vs. Ohio State  
Time to be determined

#### 10th anniversary celebration for UW medical student band, “The Arrhythmias”

After the football game, Union South

#### Alumni weekend, May 8-10, 2003

For additional information about these events, please visit the WMAA website at [www.med.wisc.edu/alumni/](http://www.med.wisc.edu/alumni/)

### Homecoming 2002 is right around the corner

Mark your calendar for Saturday, October 19, 2002. The Wisconsin Medical Alumni Association (WMAA) will host its annual tailgate party at Union South prior to the University of Wisconsin versus Ohio State University football game.

The WMAA and the Medical School will co-sponsor the 10th anniversary celebration of the medical student band, “The Arrhythmias,” following the football game, also at Union South.

Football game, tailgate and 10th anniversary celebration tickets will be available through the WMAA office. Priority for game tickets will be given to Medical School alumni who are members of the WMAA or the Middleton Society. Requests for football and tailgate tickets must be received by September 1, 2002.

For additional information about these events, please visit the WMAA website, email [kspeters@facstaff.wisc.edu](mailto:kspeters@facstaff.wisc.edu) or call (608) 263-4915.

## Blue Cross & Blue Shield program moves forward

BY DIAN LAND

With all legal challenges to the sale of stock from Cobalt Corporation finally removed, the two Wisconsin medical schools have begun moving forward to execute the state insurance commissioner's order to use the funds for education, research and public health.

Cobalt Corporation was formed in March 2001, when Blue Cross & Blue Shield United of Wisconsin converted to a for-profit health insurance company. The transfer of the proceeds from the sale of the stock to the medical schools is meant to compensate for the years when, as a non-profit company, Blue Cross & Blue Shield did not have to pay taxes. When all or a portion of the 31.3 million common shares of Cobalt stock are sold, the schools will split the proceeds, which could amount to between \$150 million and \$300 million for each, depending on the value of stock at the time of the sale.

At University of Wisconsin Medical School, Eileen Smith will head the initiative that school leaders believe will be profoundly transforming.

A former senior administrator at University of Wisconsin Hospital and Clinics who was integrally involved in its transition to a public authority, Smith was appointed by UW Medical School Dean Philip Farrell, MD, PhD.

"This Blue Cross & Blue Shield gift is so important to the future of the state of Wisconsin and to the Medical School that we knew we had to recruit a person who was proven in terms of talent, performance, sensitivity and both organizational and communication skills," Farrell says. "In my mind, there was no one else for the job but Eileen Smith."

In 22 years at UW Hospital, Smith directed human resources, quality improvement, risk management, patient relations and other functions. With former hospital president and chief executive officer Gordon Derzon, she oversaw the complicated, three-year process of changing the hospital from a state entity to a public authority.

During those years, Farrell and Smith also served together on the board of directors of the Madison Ronald McDonald House, a home away from home offering lodging for families of children being treated at UW Children's Hospital and other Madison hospitals. Smith is now president of the board.

Smith began the Blue Cross & Blue Shield assignment last October and now is devoting all her energies to it. *(Continued on next page.)*



*The Blue Cross & Blue Shield gift offers a unique opportunity to advance the health of the people of Wisconsin, says Eileen Smith.*

## A brief overview of the Blue Cross & Blue Shield gift

- In 1999, Blue Cross & Blue Shield United of Wisconsin (BC/BS) submitted an application to the Wisconsin Office of the Commissioner of Insurance to convert to a for-profit stock corporation. BC/BS proposed to transfer 100 percent of its value to a new public health foundation. Over time, the foundation would sell its shares in the converted BC/BS and divide the proceeds equally between University of Wisconsin Medical School and the Medical College of Wisconsin.
- A consumer coalition contested the BC/BS proposal, arguing for the creation of an independent public health foundation to determine how the proceeds should be spent.
- In March 2000, the insurance commissioner approved the conversion proposal with several modifications meant to provide for public participation in, or accountability for, management of the conversion funds.
- Major modifications by the insurance commissioner to the BC/BS proposal included:
  - Establishment of the Wisconsin United for Health Foundation Board. The board's primary purpose is to provide a vehicle to realize the full value of BC/BS and transfer those funds to the medical schools. The foundation will also review and approve the revised five-year expenditure plans submitted by the medical schools to ensure compliance with the insurance commissioner's order.
  - Thirty-five percent of the funds generated by the proceeds of the conversion must be directed toward improving public health in the state. The schools may use the remaining 65 percent for research and healthcare provider education. Funds cannot be used to replace resources otherwise available.
  - The governing board of each medical school is required to create a nine-member Public and Community Health Oversight and Advisory Committee (PCHOAC), consisting of four university members, four public members and one member appointed by the insurance commissioner. In collaboration with its respective medical school, the committee will direct and approve the use of the public health funds. The committee will also review, monitor and report to the governing boards on funds committed for medical research and healthcare provider education.
- On March 21, 2002, the Wisconsin Supreme Court denied the petition for review filed by the consumer groups, ending all legal challenges involving the conversion.

"This is an extremely challenging initiative, in some ways as challenging as the reorganization of the hospital was, or more so," Smith says. "Once again, we are bringing together many elements to build an infrastructure and a process that will serve us well in making sound decisions."

With the assistance of an *ad hoc* screening committee, Smith has begun the meticulous process of screening potential members of the Public and Community Health Oversight and Advisory Committee (PCHOAC), who will be selected by the UW Board of Regents. Each medical school is required to create a PCHOAC comprising four university members, four public members and one member appointed by the insurance commissioner.

The committees will approve the use of the public health funds, which must total 35 percent of the total funds generated by the proceeds of the conversion. The PCHOAC will also review, monitor and report to the Board of Regents on funds committed for medical research and healthcare provider education, representing 65 percent of the proceeds.

The Blue Cross & Blue Shield gift offers a unique opportunity to advance the health of the people of Wisconsin, Smith says. "It also challenges us to attempt to make sure that the proceeds support Medical School initiatives that have the greatest potential to improve the public's health," she says. "We will strive to ensure that the decision-making process for use of these funds is fair and understandable and follows the requirements specified in the insurance commissioner's order."

Smith expects that the PCHOAC screening and selection process will be completed by the end of the summer. The first major task of the committee will be to participate in the development of a five-year expenditure plan for distribution of the proceeds.

## Zakowski inducted into UW Teaching Academy

UW Medical School assistant professor of medicine **Laura J. Zakowski, MD '90**, was inducted into the UW-Madison Teaching Academy in the spring, an honor that places her among the best educators at the university.

The Teaching Academy brings together outstanding teachers to share best practices of teaching and learning. Created by the faculty senate in 1993, the academy consists of about 120 elected fellows from departments and programs

throughout the university.

Zakowski's resumé reflects her long-standing interest in education and teaching, listing many awards, honors, national presentations and peer-reviewed articles on various aspects of teaching. She spends fifty percent of her time in those activities, the other half with patients at the UW Health East Clinic.

She is co-director of UW Medical School's four-semester *Patient, Doctor and Society* (PDS) course, in which students learn basic history and physical examination skills. She oversees instruction in and designs

curriculum for two of the four PDS semesters. She also instructs second-year students on menopause in the endocrine pathophysiology course, and presents lectures on hypertension and contraception to medical residents. In clinic, she serves as a preceptor to three residents and two first- or second-year medical students.

"From one-on-one and small group teaching in clinic and at the Medical School, to lecture hall instruction, I relish working with active learners," Zakowski says.

Her own learning experiences as a student

helped stimulate her interest in teaching. "Early in my career, I realized that my best role models were teachers who challenged me to think while they were teaching, not those who lectured to us," she says. Zakowski remembers most vividly her third-year preceptors while she was a student at UW Medical School. "Dr. Don Schalch was my attending on inpatient medicine, and his calm demeanor and excellent abili-

ties as the leader of our team of students and residents impressed me the most," she says.

## Pfizer Scholars Grant awarded to pediatric asthma researcher

UW Medical School pediatric asthma researcher **Marzena E. Krawiec, MD**, has been awarded a 2002 Pfizer Scholars Grant for Faculty Development in Pediatric Health. Her research project, "Identifying Markers of Airway Inflammation in Young, Wheezing Children," was one of only two selected from a national recruitment.

"Little is known about the initiation, progression and chronicity of inflammation resulting in asthma in the young pediatric population," says Krawiec, UW Medical School assistant professor of pediatrics. "This project will investigate inflammatory cells and mediators in the pediatric airway that may facilitate the identification of children at risk for developing asthma. Such identification may further our understanding of the inception and evolution of childhood asthma and allow for timely intervention toward the prevention of more acute chronic asthma that can develop in adulthood."

The grants are awarded annually by Pfizer Inc., U.S.



*With the help of a standardized patient, Laura Zakowski, MD '90, (left) shows medical student Michael Grinney, Class of 2004, how to perform a neurological examination.*



*The Health Sciences Learning Center continues to take shape immediately adjacent to UW Hospital and Clinics, with work proceeding on the building's foundation system. At left, the foundation for the lower-level garage is being completed, while on the right of the photograph the formwork for the ceiling of the garage is being finished. Both areas comprise what will be the Education Wing. Just north of this area, excavation for the lower level of the Library Wing is beginning.*

Pharmaceuticals to encourage outstanding clinical research to improve the health and welfare of children. Krawiak will receive \$130,000 to carry out the two-year project at UW Children's Hospital. Honorees were selected by a six-member academic advisory board consisting primarily of pediatrics professors from throughout the United States.

### **From "Good morning, America" to "Good luck, Class of 2002"**

Several times each week, **Timothy Johnson, MD**, brings cutting-edge medical information into the living

rooms of millions of television viewers as medical editor of ABC News' *Good Morning America*, *World News Tonight*, *Nightline* and *20/20*. On May 17, 2002, he focused his down-to-earth charm on a more specific audience—UW Medical School Class of 2002. Johnson delivered the class commencement address at the Wisconsin Union Theater.

In his speech, which he titled "Unexpected Journeys," he urged medical students to be open to new possibilities as they begin their professional careers.

"Given our training as scientists, it's not surprising that we

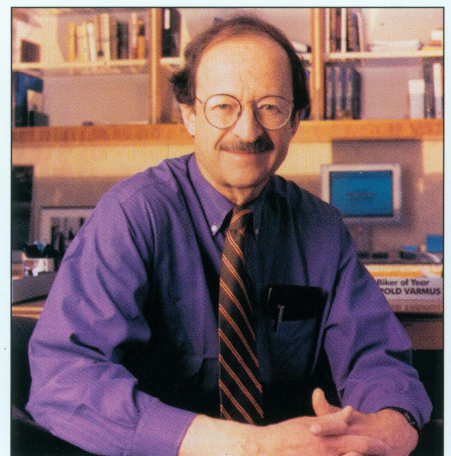
tend to approach our lives in rational fashion, mapping out our choices in an objective manner," he said. "But I can tell you, on this day when you are really thinking hard about your futures, you will be in for many surprises that you can't possibly plan for. I urge you to be open to these possibilities when they appear because they may turn out to be the best moments in your lives."

A native of Rockford, Illinois, Johnson earned an MD

degree from Albany Medical College and a master's in public health from the Harvard School of Public Health. Before becoming medical editor with ABC-TV, he served as director of emergency and ambulatory services at Union Hospital in Massachusetts and research fellow in the department of continuing medical education at Harvard Medical School and Massachusetts General Hospital.

### **Varmus presents first Temin lecture**

Nobel Prize winner **Harold M. Varmus, MD**, former director of the National Institutes of Health and current president and chief executive officer of Memorial Sloan-Kettering Cancer Center in New York, delivered the first Howard M. Temin Lecture on campus on May 1, 2002.



*Harold Varmus (above) won the Nobel Prize in 1989. His friend, Howard Temin, won the prize in 1975.*

The lectureship was the latest of several ways in which the UW–Madison community honors Temin's life and work. Each year, thousands of people are reminded of him as they take the Lakeshore Path that bears his name. Temin himself bicycled or walked the trail almost every day on his way to work at the McArdle Laboratory for Cancer Research, now part of the UW Comprehensive Cancer Center. At the lab, and perhaps along the path, he developed the radical ideas on how genetic information flows in cells that won him, along with David Baltimore and Renato Dulbecco, the Nobel Prize in Physiology or Medicine in 1975.

Temin, who died in 1994 after 34 years as a McArdle faculty member, has also been memorialized with the Howard M. Temin Professorship in Cancer Research, which was created in 1997. John A. T. Young, whose anthrax research is capturing global attention, holds the professorship.

In addition to being one of UW–Madison's most distinguished scientists, Temin was a dedicated mentor and teacher. He was instrumental in establishing the university's strong virology program and always encouraged graduate students

and postdoctoral fellows to participate in it.

Students, in fact, spearheaded the initiation of the Temin lectureship. The McArdle graduate student organization, called the Data Club, chose Varmus and invited him to present the first lecture. Varmus, who won the Nobel Prize in 1989 for his work on the genetic basis of cancer, was also a friend of Temin's.

### **Dahl wins pain society's Distinguished Service Award**

The American Pain Society (APS) recently gave its 2002 Distinguished Service Award to **June Dahl, PhD**, UW Medical School professor of pharmacology. The award honors outstanding and dedicated service to the APS.

Dahl is known nationally for her advocacy and education efforts to improve the management of pain. Her work helped motivate the Joint Commission on Accreditation of Healthcare Organizations to implement pain management standards for all patient care institutions that it accredits.

Dahl is cofounder of the Wisconsin Cancer Pain Initiative, the first of many state organizations that have since blossomed around the country, and currently serves as

executive director of the American Alliance of Cancer Pain Initiatives.

At UW Medical School, she directs the pharmacology course for second-year students and teaches a fourth-year elective on cancer pain management. She also is a member of the UW Comprehensive Cancer Center.

Dahl has served the APS with great distinction as a member of the organization's board of directors, the Clinical Practice Guidelines Executive Committee, the Committee on Health Policy and Legislation and the Committee on Quality Care.

With 3,500 members, the APS seeks to advance pain-related research, education, treatment and team-oriented professional practice.

### **Bresnick earns Romnes Fellowship**

UW Medical School associate professor of pharmacology **Emery H. Bresnick, PhD**, is one of five University of Wisconsin–Madison faculty members to receive a 2002 Romnes Fellowship. The award recognizes exceptional faculty who have attained tenure within the prior four years. The Wisconsin Alumni Research Foundation supports the \$50,000 fellowships, which



*Emery Bresnick, PhD, is the only Medical School faculty member to win a Romnes Fellowship this year.*

are named after the late H. I. Romnes, former chair of the board of AT & T and former president of the WARF Board of Trustees. A UW–Madison Graduate School committee chooses the recipients.

Bresnick's research program sheds light on physiological mechanisms that control gene transcription in the context of chromosome segments, termed domains. He has made important discoveries on how intercellular communication results in changes in gene activity that control the development of complex organisms.

Bresnick serves as an editor for the *Journal of Biological Chemistry* and is a member of the National Institutes of Health Hematology II study section.

## A decade of tobacco research and intervention

BY LISA BRUNETTE

In the beginning, it was nicotine gum for “a bad habit.” Back in 1992, when the Center for Tobacco Research and Intervention (CTRI) got its start at University of Wisconsin Medical School, the medical case against tobacco was very well established. Virtually no one except those on the payroll of tobacco interests questioned smoking’s role in promoting lung cancer, and evidence of its damage to other body systems seemed to accumulate almost daily. The Surgeon General’s initial report on smoking was nearly 30 years old, health warnings on cigarette packs had been in place for decades, and TV ads for cigarettes had vanished twenty years earlier.

But in 1992, more than 48 million American adults still smoked. And most had an extremely hard time quitting, even when their

motivation was strong. Except for gum, which had been approved by the U. S. Food and Drug Administration (FDA) in 1984, there was little in the way of resources to offer smokers who wanted to quit. Similarly, there were virtually no scientific data on the kinds of approaches that could boost success rates.

“Ten years ago, smoking was still viewed as a ‘bad habit,’” recalls Michael Fiore, MD, MPH, the UW Medical School professor of medicine who founded CTRI. “Now we recognize tobacco use as a chronic disease that can be effectively treated. Today, we have five treatments approved by the FDA for smoking cessation: gum, the patch, nicotine nasal spray, the nicotine inhaler and bupropion.”

And CTRI, which began its life tucked away in a hard-to-find corner on the seventh floor of the Medical Sciences Center, has become a major international player in tobacco control. In the

*The first U.S. Public Health Service treatment guidelines on tobacco use was published in 1996 and its updated version in 2000. Both were completed under the direction of Michael Fiore, MD, MPH, and included major involvement by CTRI staff.*



space of just a decade, Fiore and his colleagues have quietly built the center from a small organization to an internationally recognized research, education and policy powerhouse. Its operating budget has grown from less than \$500,000 annually to more than \$6 million, with a good share of the funds coming from federal and state agencies. It now has its own suite of offices on Monroe Street, just off campus, and a staff numbering more than 70. Most important, CTRI's work has changed how health professionals think about and treat their patients' tobacco use.

## Research is the foundation

Even before CTRI was established, Fiore and key members of his team—associate director Tim Baker, PhD, and clinical services director Douglas Jorenby, PhD—were committed to tobacco research. Their early work together focused on clinical trials of the nicotine patch as well as various counseling approaches to help smokers. All three had been—and still are—involved in the UW Smoking Cessation and Prevention Clinic and they understood firsthand that new, evidence-based treatments were desperately needed.

But the battle has always been about more than individual smokers. Tobacco control specialists have long recognized that any effective fight against smoking must involve healthcare systems as well. In 1997, The Robert Wood Johnson Foundation chose CTRI as a National Program Office to award grants to health systems and academic institutions in order to evaluate how managed-care organizations could integrate effective tobacco cessation policies and treatments with their health plans. In Wisconsin, for example, CTRI leaders led by Marguerite Burns, MA, worked with the state to extend smoking-cessation treatment coverage to all state employees.

The major turning point in CTRI's research history, however, came in 1999, when it was chosen as one of seven academic centers nationwide to receive a five-year, \$10 million grant from the National Cancer Institute. The grant designated CTRI as a Transdisciplinary Tobacco Use Research Center focusing on relapse, one of the most powerful and least-understood obstacles for smokers struggling to stay off tobacco.

Baker, who is also a UW-Madison professor of psychology, guides the three large clinical trials now being conducted under the NCI grant. One



aims to create a better measure of tobacco dependence; another traces “the path to relapse” by having study participants record their symptoms and behavior on hand-held computers; and the third assesses whether adding a home-based, tailored computer program to standard treatment will improve long-term abstinence rates.

“Our work shows that tobacco dependence and withdrawal are multi-dimensional, with tremendous individual variation,” says Baker. “We need to understand the various indications of dependence and withdrawal among those trying to quit if we are to prevent relapse to smoking.”

## Creating national guidelines

Soon after CTRI was created, Fiore was asked to chair a national panel of experts charged with developing evidence-based treatment guidelines for tobacco users. The first U. S. Public Health Service treatment guideline on tobacco use was published in 1996 and its updated counterpart in 2000, both under Fiore's direction and with major involvement by all CTRI staff.

Not long into the process of creating the first guideline, Fiore's national stature in tobacco control took another major step forward. In a commentary in the *Journal of the American Medical Association (JAMA)*, he proposed that clinicians ask every patient at every visit if the patient is a smoker, and offer help if the smoker

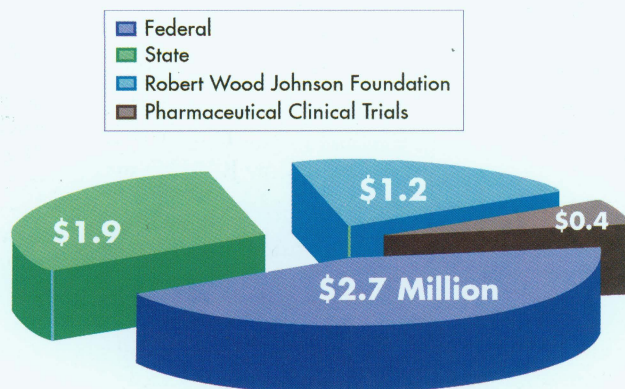
*With informational literature in English, Spanish and Hmong, the Wisconsin Tobacco Quit Line attracts thousands of smokers to its free telephone counseling service.*

is ready to quit. He argued that such a practice would not only help identify smokers and open the door to a quit attempt, but that failing to raise the issue sent a message that perhaps the healthcare provider did not view smoking as a serious risk to health.

"In the early 1990s, I felt we needed to do something significant—even a little dramatic—if we were to get clinicians to pay more attention to tobacco use," Fiore recalls. "As I thought about this challenge, it hit me: half of all smokers will die if they don't quit. If that doesn't warrant designating a 'vital sign,' then what does? Thank goodness *JAMA* agreed!"

While working diligently to get clinicians to ask routinely about smoking, Fiore's team published findings in 1996 showing that such routine queries doubled the rate of interventions with smokers.

### CTRI Sources of Income 2002 (Total \$6.1 Million)



#### Promoting the best practices: education and outreach

1999 was a turning point for CTRI in another way as well. That year, the Wisconsin Tobacco Control Board was formed with funds from Wisconsin's share of the master settlement agreement with the tobacco companies. The board set a goal to reduce tobacco use in Wisconsin by 20 percent by 2005. As a partner with the board, CTRI hired six outreach specialists to help clinicians throughout the state learn and adopt the best practices available to reduce patients' tobacco use. From Rhinelander and Eau Claire in northern Wisconsin to Madison

and Milwaukee in the south, the outreach group has worked with more than 5,000 healthcare providers thus far.

Two years later, CTRI launched the Wisconsin Tobacco Quit Line, a free telephone counseling service that offers customized help in smoking cessation. The Quit Line logged 18,500 calls in its first eight months of operation, exceeding even the most optimistic projections.

These efforts have been complemented by a partnership with the Wisconsin Women's Health Foundation. The goals are to promote tobacco cessation among women and girls; initiate a "mini-grants" program sponsoring innovative research by local organizations in the state; and conduct the first in-depth survey of behavior, attitudes and perceptions about tobacco use among Wisconsin residents.

As part of the Medical School, CTRI is in a unique position to influence the training of future physicians who will advise and treat tomorrow's smokers. Eight years ago, CTRI recommended smoking-cessation curricula for medical schools, and this year, UW Medical School offered first-year and fourth-year students courses on tobacco use and dependence. Richard Brown, MD, MPH, who teaches the courses, lauds Fiore and Jorenby for their contributions.

"Dr. Fiore is at the forefront of research to enhance the effectiveness of smoking cessation," Brown says. "He is truly a national treasure located right here in Madison."

#### Keeping the goal in mind

The list of accomplishments, milestones, publications, honors and awards for CTRI in its first decade would easily fill a tome. The staff is now large and diverse enough that CTRI publishes an internal newsletter to keep everyone up to date on developments. Fiore's own schedule is intense, especially because he maintains a day-a-week clinical practice in internal medicine. He points ruefully to a growing stack of medical journals in his office and laments that he needs to catch up on his reading. Still, despite all of CTRI's successes, it remains critical to him to remember why it is all being done.

"It's important that we not lose sight of the smokers," he says quietly. "These people have been vilified for so long. We are finally finding ways to help them get free of this addiction they have."

## *Implementing pain standards should be a team effort*

BY JUNE DAHL

Not long ago, I learned that at least one state medical society had passed a resolution asking for the rollback of pain management standards adopted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). While this was discouraging news, it wasn't entirely surprising. Physicians face many demands on their time, and the addition of yet another requirement may seem to some like one more onerous mandate.

While most of the doctors I've talked to agree with the purpose and importance of these standards, many are worried about how they are being implemented. Some feel caught between the proverbial "rock and a hard place": chastised if their pain-control efforts are not effective or reprimanded if they are perceived to be prescribing too many opioids. Some clinicians say the JCAHO surveyors have been inconsistent in how they assess compliance; others complain that the standards are not as clear as they should be.

As a devoted proponent of the standards, I believe strongly that they can and will improve patient care. Studies continue to show that unrelieved pain has serious adverse consequences for patients, and that patients recover more quickly when their pain is assessed and effectively treated. In my view, the answer to confusion and worry about the standards is not to drop them, but to clarify what they require, to educate all providers about how to implement them and to use proven organizational models in every healthcare setting.

In the many years that my UW colleagues and I have been working on pain management, we have found that it pays to use a "cookbook"—a manual that spells out, step by step, how to implement good pain care procedures. Having consistent protocols mapped out in detail for all to see and share simplifies pain care enormously. It helps ensure that those providing care have a common point of reference when confronting a patient's pain.

Take the issue of patient safety—a top priority for everyone in healthcare. Opioid analgesics are the most common drug category involved in sentinel events reported to JCAHO. They are

also, in many cases, the most effective medications available to relieve moderate to severe pain. Clearly, clinical judgments involving opioids must be made with systems that provide clear, up-to-date information on such matters as range of dosage, drug kinetics and related side effects.

The larger change that will make pain management easier and more effective will require moving beyond the traditional culture of medicine that emphasizes the sole judgment of the individual physician in patient-care decisions. As with other complex issues in healthcare, pain management works best when persons from many disciplines work together. Physicians should not have to go it alone; they should be free *and willing* to call on the knowledge and skills of nurses and pharmacists. This may require finding new ways for nurses to communicate patients' pain status to doctors or that competing disciplines resolve their turf battles in the interest of better care. The old model needs to be replaced with a team approach.

Finally, there's the issue of how JCAHO surveyors are implementing the standards. Here it is sometimes difficult to separate fact from fear. Some caregivers, for example, aren't clear about JCAHO documentation requirements. Many are mistakenly concerned that they are expected to eliminate all pain in order to be in compliance.

The Joint Commission will provide guidance on such questions if asked. We at UW are collecting data from caregivers about their fears and questions, and will forward the information to JCAHO to give them a reading on what is happening on the front lines.

Not long after I heard about the resolution opposing the pain standards, I contacted one of the effort's leaders to learn about his specific concerns and address them. The resolution has been withdrawn for now, and that's good news. Implementing and enforcing these standards in an area as complex as pain management is bound to involve some adjustments; questions and challenges are probably inevitable. The final message is that you're not alone: there are many resources available to help physicians meet the standards and, most importantly, improve patient care.



*June Dahl, PhD, is a UW Medical School professor of pharmacology. For nearly 20 years, she has been working to make pain assessment and treatment a national priority.*

## Giving patients their power

BY DIAN LAND

*"In this new model, physicians serve as catalysts for change. We merely facilitate patients' introspection and decision-making and assist them in carrying out their plans for change."*

Getting patients to change unhealthy behaviors—from smoking to bad eating habits to not taking prescribed medications—may be among the toughest challenges of being a physician. It surely is a challenge that must be faced dozens, if not hundreds, of times in a typical general practice. The problem can be painfully frustrating when physicians must watch the deterioration—and sometimes the death—of patients who are unable to change. Until recently, however, doctors have not been formally trained in patient behavior change; it has been a skill usually learned on the job in a haphazard way.

This academic year educators at University of Wisconsin Medical School began teaching students how to approach patient behavior change in a structured, innovative way. The instruction is currently part of the required, two-year *Patient, Doctor and Society* course, and it will be woven into the third-year curriculum beginning in 2004. The educational effort was funded by a grant from the U. S. Health Resources and Services Administration to introduce new aspects of communication,

information and community service into the UW curriculum.

The first-year curriculum focused specifically on tobacco intervention, but the skills taught can be applied to any kind of behavior change. The approach, which clearly reflects the evolving relationship between doctors and patients, recognizes that the power to change is in the hands of the patient.

"This is an empathic, empowering model that encourages patients to take stock of what's truly important in their lives and consider whether changing would serve *their* goals," says Richard Brown, MD, MPH, the UW Medical School associate professor of family medicine who led the curriculum design effort. "Basically it acknowledges that people are motivated to change when they realize that their current behavior is preventing them from attaining their goals in life."

The new model rejects the role physicians traditionally have played, which generally consists of trying to persuade patients to change by lecturing them in a caring and concerned way, says Brown. "In this new model, physicians serve as catalysts for change. We merely facilitate patients' introspection and decision making and assist them in carrying out their plans for change."

The model fuses two concepts developed over the past decade by behavioral scientists. "Stages of readiness to change" is a series of steps people naturally move through as they progress toward a change, beginning with not even thinking about it and ending with sustained action. Practitioners must recognize where patients fall on the readiness continuum in order to help them overcome known barriers at each step. By using a technique called "motivational interviewing," a non-confrontational communication style, practitioners help patients explore ambivalence about changes that they may want to make and overcome any obstacles that arise.



The success of motivational interviewing (MI) in the treatment of alcohol and substance abuse has stimulated a handful of clinicians to use it in promoting other kinds of behavior change.

Brown, an expert on MI and on alcohol and drug problems, also trained other UW faculty members to teach the curriculum he created. He has taught MI to healthcare providers across the United States and in Canada, Europe and Asia, and has developed MI curricula for the National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration. He directs an Internet-based MI course for the New England Addiction Technology Transfer Center and is the principal investigator on a federally-funded research project evaluating telephone-administered MI for primary care patients with alcohol use disorders.

Nationally, the concepts now being taught at UW Medical School are gaining recognition for their effectiveness in helping people change unhealthy behaviors. "The newest tobacco guidelines, which UW Medical School's Dr. Michael Fiore helped draft, emphasize that, to best assist people in quitting smoking, we need an approach that is sensitive to an individual's stage of change," says Brown.

Brown has been using the approach with his patients at UW Health Northeast Clinic for several years. "It took me a while to learn how to lay back, but I soon saw that not getting in peoples' faces gives them the space to make decisions that affect their lives, not just their health," he says. "I saw magical things happen to some of my patients."

Perfecting the technique takes practice, he notes. "There's an art to deciding what aspect of the model you're going to apply at any given moment with a patient," he says. "We will be showing students next year more about this art and how the model can be applied successfully to issues such as diet, exercise, alcohol, drugs, sex and violence."

In teaching the UW students the necessary skills, Brown used the handbook that he and family medicine department colleague Judie Pfeifer, MEd, wrote. The handbook guides students through the process of assessing stage of readiness, asking questions to help patients decide how their behavior fits with their life goals and learning which resources are available to suggest to patients. Students practiced the skills that they learned on a trained, standardized patient. Next year, the instruction will focus on techniques to work with patients who are not yet ready to change a variety of behaviors, but this year students learned to apply it just to tobacco use.

"My favorite aspect of this approach is the use of positive reinforcement by the healthcare provider," says student Scott Anderson ('05). "Instead of using scare tactics, we were taught to assess where individuals were in their effort to quit and provide them with support, resources and encouragement for each stage of the process."

Both Anderson and fellow classmate Chris Grindle ('05) agree that MI techniques will be applicable in many cases. "The methods of interviewing and patient interaction we learned will be very effective and useful, regardless of what area of medicine we pursue," Grindle says.

As physicians know all too well, unhealthy behavior is the number-one root cause of mortality in America. Behavior factors play a critical role in the treatment of myriad ailments, including heart disease, hypertension, high cholesterol and diabetes. "All day long, most of what we do as physicians is effective only if people change their behavior," says Brown. "But we see patients for merely a fraction of their lives in the exam room, and it's artificial."

The MI model explicitly states that physicians on their own cannot make patients change. "But this model gives us access to the levers and dials that help motivate patients to change for most of those minutes when we're not seeing them," says Brown.

## The spirit of motivational interviewing

The main purpose of motivational interviewing (MI) is to explore and resolve patient ambivalence. To best understand MI, it is vital to distinguish between its spirit and the techniques usually recommended to manifest the spirit, according to the most prominent promoter of MI, William R. Miller, PhD. There are as many variations in techniques as there are clinical encounters, he believes, but the spirit of the method is enduring. It can be summarized in the following key points.

- Motivation to change is evoked from the patient, not imposed by others.
- It is the patient's task, not the physician's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The counseling style is generally quiet and eliciting.
- The physician is directive in helping the patient examine and resolve ambivalence.
- Readiness to change is not a patient trait, it is a fluctuating product of interpersonal interaction.
- In the MI therapeutic relationship, participants are more like partners than experts and recipients.

For more details, see:  
[www.motivationalinterview.org](http://www.motivationalinterview.org)

## Brain, heal thyself

A UW Medical School research team reported recently that adult rats with strokes caused by blood-vessel blockage are able to grow new brain cells. The findings add to steadily accumulating evidence that the brains of mammals can produce new nerve cells.

The investigators, led by **Robert Dempsey, MD**, chair of neurological surgery, were trying to determine if the brains of stroke victims could be stimulated to form new nerve cells.

The researchers conducted their study on a group of adult male rats with ischemic strokes. As in humans, such strokes kill and damage nerve cells by depriving them of nutrients. The researchers then injected a chemical that incorporates into the DNA of dividing cells. Using specific antibodies, the researchers were able to see that some of the divided cells matured into nerve cells.

One week after the stroke occurred, the researchers found a significant increase in the number of dividing cells in the dentate gyrus, one of several small structures deep in the brain. The dentate gyrus is part of the hippocampus, which is important in memory, learning and the regulation of emotions.

The rats without stroke showed normal rates of cell division in the dentate gyrus,

but a very low rate of maturing into nerve cells.

"The cell growth took place in a location separate from where the stroke damaged the brain," notes Dempsey. "This represents a natural healing response of adult brain to a remote ischemic insult. If we come to understand what is happening at the molecular level when the brain is damaged, we will have great potential to replace nerve cells lost during a stroke."

The findings were presented April 23, 2002, at the annual meeting of the Neurosurgical Society of America. A great deal more work, however, must be done before it will be possible to repair human brains by stimulating them to grow new cells, says Dempsey. His lab is now working to identify the mix of brain chemicals necessary to stimulate cell growth in response to stress on the brain.

## Guidelines effective in primary-care settings

In a rigorously designed, randomized, controlled trial, UW Medical School researchers have found that non-physician staff members at local clinics who used national smoking cessation guidelines, coupled with free drug therapy and telephone counseling in selected cases, successfully helped a significant number of patients quit smoking.

The study is the first to provide hard evidence for the effectiveness of smoking cessation guidelines recommended in 2000 by the Agency for Healthcare Research and Quality (AHRQ), a division of the U. S. Public Health Service, in a primary care setting. Michael Fiore, MD, MPH, director of UW Medical School's Center for Tobacco Research and Intervention, headed the panel that drafted the guidelines.

The guidelines suggest that healthcare workers briefly assess smoking status and counsel each patient about smoking at every visit.

In the UW study headed by **David A. Katz, MD, MSc**, an assistant professor of medicine and population health sciences, researchers trained nurses and medical assistants at eight family practice and internal medicine clinics to perform the AHRQ-recommended interventions in a two-to-three-minute encounter.

During the baseline (pre-intervention) period of the trial, 1,023 cigarette smokers were enrolled at study clinics. Half of the clinics were randomized to the AHRQ-guideline intervention and the other half to "usual care." During the subsequent intervention period, a new cohort of smokers was enrolled at each clinic site, for a total of 1,141.

In the baseline period, both guideline and "usual care" clinics showed similar quit rates. During the intervention period, however, 57 percent of patients at guideline sites reported making at least one quit attempt, while 50 percent of patients at usual care sites tried quitting. At six-month follow-up, 15.4 percent versus 9.8 percent of patients abstained from smoking at guideline and usual care sites, respectively.

The findings may be particularly relevant, says Katz, as they highlight the importance of improving access to effective



smoking cessation therapies, such as drugs and counseling, which currently are not covered by many health insurance plans.

"For the 70 percent of U.S. smokers who visit their physician at least once a year, exposure to this intervention could lead to cessation for approximately 2 million smokers per year," he says.

Katz presented the findings at the plenary session of the Society of General Internal Medicine annual meeting in Atlanta.

### Federal funds support new attacks on asthma

Asthma has almost doubled within the last 15 years. The number of people affected has soared from 7.9 million in 1982 to 17 million today—an estimated 10 percent of the U. S. population.

With no definitive answer for the increase, the National Institutes of Health has awarded grants totaling \$19 million to University of Wisconsin Medical School asthma researchers to conduct three studies to find the answers.

"We are dealing with an asthma epidemic," says

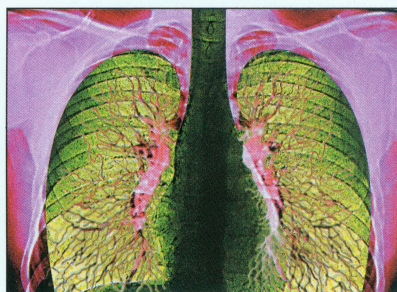
#### William W. Busse, MD

'66, UW professor of medicine and lead researcher for the studies. "In order for us to unlock some of the mysteries surrounding asthma, we must continue our efforts to

develop a better understanding of the disease."

One of the studies will attempt to establish how respiratory viruses, particularly the common cold virus—*Rhinovirus*—can contribute to the worsening or the development of asthma.

"We know that a person's genetic makeup plays only a part in the development of asthma, and cannot by itself cause the disease," explains Busse. "We believe that a major cause of asthma attacks



is the ability of some respiratory viruses, such as the *Rhinovirus*, to trigger or enhance airway inflammation. We also know that some people are more likely to wheeze with colds, and we think this is due to a diminished protective immune response against the virus. We hope this study will tell us how a virus has this ability, why some patients are likely to be infected and affected, and then possibly point the way to better treatments."

Another study will try to determine the features surrounding severe asthma.

Although this form of asthma affects only a small segment of the population, it brings the highest death rate and greatest costs for asthma patients. Busse and his associates will test the theory that a persistent respiratory infection by viruses or bacteria such as *Mycoplasma pneumoniae* or *Chlamydia pneumoniae* may inflame the lower airway. These infectious organisms may contribute to the production of inflammatory cells that then lead to severe asthma.

The UW researchers will also look comprehensively at the molecular makeup of cells believed to be pivotal in the development of asthma. Although the progression of asthma into a persistent disease in humans has many factors,

Busse believes that eosinophils may play a significant role in this process. The study will dissect the factors involving eosinophils and how they contribute to the development of the disease.

"Developing a blue print of the role eosinophils play and what makes them 'tick' is extremely important in this attack on asthma," adds Busse. "It is the kind of information that could have a profound impact on understanding asthma and the development of more effective and appropriate treatments."

### Hearing loss, heart disease association suggested

A study involving UW Medical School researchers adds to mounting evidence that an association exists between cardiovascular disease and age-related hearing loss, particularly in women who have had a heart attack.

The population-based study was conducted in Beaver Dam, Wisconsin, by researchers from the Department of Ophthalmology and Visual Sciences, and the UW Department of Communicative Disorders.

Cochlear function was tested in about 1,600 study participants, who ranged in age from 52 to 97. Participants' history of cardiovascular disease (CVD) was also assessed.

Researchers found that participants with a history of CVD were on average 54 percent more likely to have impaired cochlear function than adults without CVD. People who exercised at least once per week were on average 32 percent less likely than sedentary individuals to have impaired cochlear function.

Study participants with a history of heart attack were on average 80 percent more likely to have impaired cochlear function than those who had not had a heart attack. This was particularly evident in

women, says lead author **Peter Torre III, PhD**, a postdoctoral fellow in the Medical School's Department of Population Health Sciences.

Women with a history of heart attack were on average 2.7 times more likely to have impaired cochlear function than women who had not reported a previous heart attack. However, a history of heart attack was not associated with cochlear function in men.

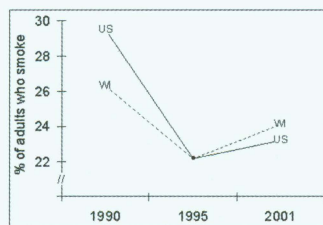
"It's possible that the apparent strong, cross-sectional association in women could have something to do with hormonal influences, but further research is needed to know for sure," says Torre.

The findings were presented in April at an American Heart Association meeting in Hawaii.

### **Wisconsin ranked 11<sup>th</sup> healthiest state**

We're number 11! We're number 11! It may not be the most inspirational rallying cry ever heard, but it is an accurate description of Wisconsin's position in the most recent set of rankings released by United Health Foundation, a national organization that rates the composite population health of the 50 states based on an extensive set of categories.

According to the report, Wisconsin dropped from the fourth-healthiest state in 1997 to just outside the top ten, but



***Prevalence of tobacco use in Wisconsin adults dropped from 26 percent to 24 percent between 1990 and 2001. But Wisconsin did not keep pace with national declines.***

UW Medical School experts say the news is not as bad as it first appears.

"It's a question of Wisconsin not keeping pace with the declines other states have realized in a few key health-risk categories," says **Patrick Remington, MD '81, MPH**, director of the Wisconsin Public Health and Health Policy Institute (WPHI). "We're improving, but other states are catching up to us."

A detailed analysis of these health rankings, conducted by the Institute's senior epidemiologist **Paul Peppard, PhD**, examined the reasons for Wisconsin's decline in overall health ranking. This analysis showed that in the decade between 1990 and 2001, the prevalence of tobacco use among Wisconsin adults dipped from 26 percent to 24 percent, and infant mortality rates dropped from 9 to 7 per 1,000 births. However, because of a more rapid decline in these factors nationally, Wisconsin's rank has slipped.

A recent report appearing in the *Journal of the American Medical Association* also reflected some of these shifts and added several sobering revelations. According to that tally, Wisconsin experienced a 6.1 percent increase in obesity and a nation-leading—19.6 percent—number of binge-drinkers, defined as those who consume more than five alcoholic drinks per day.

In other words, there is some work to do in raising Wisconsinites' awareness of health factors, and the Medical School is already moving forward. In the coming year, Remington and his fellow researchers at the Institute plan to apply a modified United Health formula to survey and rank the comparative health of counties and communities in Wisconsin.

### **Drug shows anti-cancer activity in advanced prostate cancer**

A potential new treatment for men with metastatic prostate cancer has demonstrated anti-cancer activity with stabilization and declining prostate-specific antigen (PSA) levels in some patients who participated in a Phase II clinical trial. The study was conducted at the University of Wisconsin Comprehensive Cancer Center (UWCCC) and Indiana University.

Investigators also found that the drug candidate, Panzem™

(also known as 2ME2), taken orally as a capsule, was safe and well-tolerated, and demonstrated signs of inhibiting blood vessel growth associated with the disease.

The drug was tested with prostate cancer patients whose PSA was rising or who had disease that had spread to the surrounding tissue and bone despite hormone treatment (termed hormone refractory), radiation or surgery.

"I am pleased with the study results, and I look forward to further research with Panzem in its new formulation as a potential treatment for patients with prostate cancer," says **George Wilding, MD**, UW Medical School professor of medicine and UWCCC medical oncologist.

With many other cancers, response is determined by tumor measurement, but with hormone refractory prostate cancer clinicians look at PSA levels as an indication of anti-cancer effect. Thirty-three hormone refractory prostate cancer patients, median age of 74 years, were enrolled in the study. Patients remained in the trial a median time of 16 weeks, with some patients as long as 48 weeks.

The data were presented recently at the American Society of Clinical Oncology Annual Meeting in Orlando.

# Learning communities to honor UW Medical School luminaries

BY DIAN LAND

University of Wisconsin Medical School luminaries will be honored in a unique way when their names are linked to the five learning communities that will be a key feature of the new Health Sciences Learning Center.

Designed to create a sense of unity, the learning communities will provide a physical space for student interaction as well as a formalized group to which students will belong. Thirty first-year students will combine with 30 second-year students to form each learning community, a meshing that will enhance coaching from year to year. The communities

will be located on the second floor of the new building, and each will consist of small-group rooms, break-out spaces, a laboratory and a computer demonstration center.

The learning communities will be named after people who have played critical roles in the development and enhancement of UW Medical School. They include Charles R. Bardeen, MD; William S. Middleton, MD; brothers Adolf Gundersen, MD, and Gunnar Gundersen, MD; Betty Bamforth, MD; and Alice McPherson, MD. Beginning with the following historical profile of Bardeen, we will be introducing *Quarterly* readers to these people who will always be important to the school.

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## CHARLES RUSSELL BARDEEN, MD

Historians no doubt agree that Charles Bardeen, MD, was the person who has influenced the University of Wisconsin Medical School more than any other. As the school's founding dean, he guided it through its crucial first years and perhaps its most significant developments. Bardeen's lasting influence was felt well beyond the Medical School—some of his ideas fundamentally changed American medical education.

Bardeen came to Madison in 1904, a time when the state was flourishing under the progressive leadership of Governor Robert LaFollette, and the university was expanding under President Charles Van Hise. The two shared the view that the one element the University of Wisconsin—Madison was missing was a medical school. Bardeen, a graduate of the innovative Johns Hopkins University School of Medicine, was asked to create a two-year program fully integrated into the university. It would be one of the first few to be unlike the freestanding proprietary schools that so long had been the norm.

Aware that he needed to garner wide support for the new school, Bardeen addressed the state medical society, state politicians and the general public. He insisted that modern medical practitioners required the broad scientific training only a university could provide. In three short years the new program was up and running, with 23 men and three women enrolled. *(Continued on next page.)*





*The five learning communities will be located on the second floor of the Health Sciences Learning Center, shown in the center of this computerized rendering. Each community will consist of small-group rooms, break-out spaces, a larger laboratory and a computer demonstration center.*

Bardeen was a scholarly physician, but he never had a clinical practice, nor was he particularly adept at interpersonal interactions. But he was a visionary dean. He wanted the new University of Wisconsin Medical School to evolve into a four-year program, one that would also introduce future physicians to physical diagnosis and clinical methods.

However, the vision would not materialize for 17 years. Bardeen had to battle local physicians, who believed that such an institution—one that would require a flow of patients and the establishment of a clinic—would rob them of their livelihood. Global crises such as World War I and the 1918 influenza epidemic severely diverted everyone's attention. Finally, in 1924, Wisconsin General Hospital opened its doors, and a year later the Medical School invited students to participate in a four-year curriculum.

Still, for several years the school had difficulty meeting the clinical needs of the extend-

ed curriculum. But from Bardeen's expansive mind came a solution: co-optation of state physicians into the medical school's educational activities. Beginning in 1926, fourth-year medical students would spend eight weeks working in one of several private practices scattered across the state. The preceptorship rapidly grew into one of the most popular aspects of medical education at the University of Wisconsin. By the time Bardeen died in 1935, imitations had spawned across the nation, and the preceptor concept became an important national innovation.

Today, UW Medical School students begin getting clinical experiences starting in their first and second years through the Generalist Partners Program. In the program, they shadow volunteer general physicians as they interact with patients in Madison-area hospitals and clinics. But the preceptorships Bardeen created remain the capstone clinical experience for many students.

## MEDIC: Students and physicians volunteer their services to those in need

by Corrie Kloplic ('04)  
Former MEDIC president

The year has been marked by profound change, yet MEDIC, the UW Medical School student organization, maintains its quest to provide healthcare services to those in need. Throughout the past few years, MEDIC has expanded its services and linked up nationally with other free clinics, while remaining one of the largest student organizations at the Medical School. More than 200 first- and second-year students and over 500 volunteer doctors combine to serve over 2,000 patients each year.

MEDIC consists of six clinics, each serving a distinct patient population. Grace Homeless Shelter Clinic, established in 1991, was the first MEDIC clinic. It currently serves homeless men at the Episcopal Church on the Capitol Square. The Salvation Army Clinic serves primarily single women and children. MEDIC operates the Safehaven Clinic for psychiatric patients at a transitional housing site. South Side Clinic, established in the

Madison Community Health Center (MCHC) building, serves uninsured residents of a largely low income, racially and culturally diverse neighborhood in Madison. Our Teen Clinic, which moved to the new Lussier Teen Center last February, seeks to attract more patients through ongoing publicity efforts.

Our newest clinic, the Michele Tracy Project, began as a series of monthly preventive health clinics directed at the residents of the Community Housing and Services (CHAS) building. CHAS provides short-term housing at a reduced rate for those with no other option, while assisting with job placement and linking to community resources. This clinic is named in memory of the late Michele Tracy of the UW Medical School Class of 2002, who organized the first clinics. Topics that have been addressed include: general healthcare, flu and respiratory health, smoking cessation, depression, first aid, infectious diseases, and our annual "Valentine's Heart Healthy Clinic." A new grant will allow MEDIC volunteers to expand to provide acute care and to target elderly through a collaboration with the Wisconsin Coalition of Aging.

MEDIC's mission includes building additional bridges to

existing community resources; thus we have teamed up with a variety of local programs. For example, MEDIC runs sports physical exam days for high school athletes over the summer and has been successful in clearing over 50 athletes for participation in sports. MEDIC works side-by-side with the Dane County Health Department to provide volunteer staff for "Well-Child Checks." We also brought the national

reading advocacy program, "Reach Out and Read," into clinics where children are read to while sitting in the waiting room. As part of the program, MEDIC recruits members of the undergraduate pre-medical society, Alpha Epsilon Delta, to volunteer and provide the children a book of their choice. MEDIC is also working to start a free dental clinic at MCHC, which we hope to open next year.



*The Salvation Army Clinic is one of six clinics served by volunteers involved in MEDIC.*



*First-year student Summer Hanson, left, is the coordinator at the Salvation Army Clinic. Corrie Kloplic, at right, is the former president of the MEDIC organization.*

In addition, MEDIC has undergone a technology upgrade and is working to get a computerized database in every clinic. With good record keeping, the clinics can clearly identify the most common problems and expand care to effectively meet the needs of the community. MEDIC also established a drug database and tracking system on its donated samples to better serve patients.

As the United States adapts to a lagging economy, MEDIC continues to be greatly affected by the budgetary shortfalls and their medical consequences. We have seen a significant increase in numbers of uninsured patients, many of whom are homeless and transient. As more and more people have less access to health-care, the ability to refer patients

and plug them into consistent healthcare has become MEDIC's greatest challenge.

To address this challenge, MEDIC developed a referral system with University of Wisconsin Hospitals and Clinics to send a limited number of patients to its specialty clinics. While this relationship has furthered the resources available through MEDIC, two local community clinics receiving the most referrals have been severely overworked and, therefore, have stopped seeing MEDIC

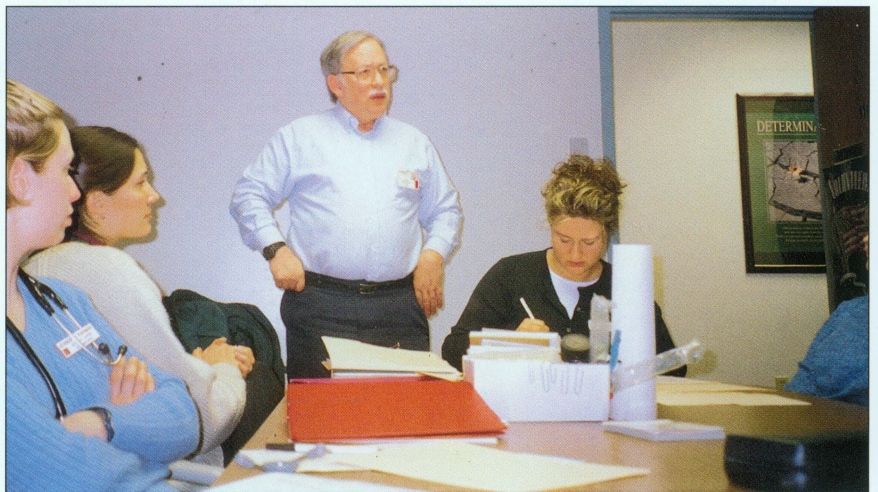
patients altogether. In order to ameliorate this difficult situation, MEDIC has appointed a referral chair to address the problem and gain access to primary care physicians who provide follow-up. We can only do this with the help of local physicians. If you could help by agreeing to take on just a few of our patients, or in any other way, contact Sarah Knutson at [seknutes@students.wisc.edu](mailto:seknutes@students.wisc.edu).

MEDIC has worked to increase opportunities for volunteers while addressing the significant needs within the Madison community. Each year the number of compassionate and motivated students interested in serving at MEDIC clinics greatly

outweighs the number of volunteer positions available.

But we are always in need of volunteer physicians, and residents as well. Any commitment you would be willing to make would be greatly appreciated.

MEDIC is doing amazing work in Madison and throughout Dane County. It is truly a testament to the character of students enrolled at University of Wisconsin Medical School, and the physicians within our community. A private grant was matched by the Wisconsin Medical Alumni Association (WMAA) three years ago that has provided the foundation for continued healthcare. MEDIC would like to extend a heartfelt thanks to the WMAA and the university for their support and encouragement.



*Murray Katcher, MD '75, UW Medical School professor of pediatrics, reviews cases with medical students at the end of the evening's clinic. Now medical director of the Salvation Army Clinic, Katcher has been integrally involved in MEDIC since it was created 11 years ago.*

## Classnotes

### 1942

#### **Reynold M. Nesemann**

maintains a limited geriatric family practice in Kewaunee, WI, where he is active as a physician-consultant to the county board. He enjoys bird hunting, golf and fishing. He and his wife, Jean, have four children and six grandchildren.

Retired general practitioner

**Marvin Wells** lives with his wife, Jean, in Albuquerque, NM. He remains active as a volunteer faculty at the University of New Mexico Medical School teaching third- and fourth-year medical students. He enjoys travel, literature and music. The couple has one child and two grandchildren.

### 1947

**Irvin M. Becker** lives in Milwaukee, WI, with his wife Margery. He continues to take courses at UW-Milwaukee and is also a visiting lecturer in history there. He teaches middle school students at Hartland University School in Milwaukee and, when spending time in Florida, teaches at the Education Center on Longboat Key. His hobbies are tennis, golf and biking.

Working toward his master gardener certification, **Arpad L. Masley, Jr.**, designed a two-acre demonstration native plant garden with over 115 native trees, shrubs and groundcovers, plus a butterfly-hummingbird garden, in Belfair, WA, where he and his wife, Peggy, live. The couple has three children and six grandchildren.

A book signing and reception was held at the Wisconsin Veterans Museum Foundation in Madison, WI, for **James F.**

**McIntosh**, a retired Madison physician and veteran. In his book, which is a compilation of oral histories, he acknowledges 220 Wisconsin veterans who review conflicts of the 20<sup>th</sup> century. He himself served in the Navy during World War II and the Korean War aboard the hospital ship *U.S.S. Haven*. While in private practice, he served as UW clinical professor of surgery and consultant at the Middleton VA Hospital. Retiring in 1988, he now spends his time traveling, writing and volunteering at the Wisconsin Veterans Museum.

### 1952

**D. Joe Freeman** is a retired cardiologist living in Wausau, WI. In 2001, he had the honor of cutting the ribbon with Wausau's mayor at the dedication of a new downtown block/square and park. His activities include traveling, reading, writing, community service/development and serving as president of North Central Conservancy Trust. He also has served as a member and director of the board of visitors for UW Systems and as a member of the UW Foundation Board. He and his wife, Mary Clare, have five children and 15 grandchildren.

**Baldwin E. Lloyd** is a retired family practitioner living in Tomah, WI. He currently is president of the Monroe County Habitat for Humanity, and a volunteer for CARE Interfaith and Hospice. Besides building houses, he likes making furniture. He and his wife, Florence (Flo),

have four children (Chris, Mary, Sue and David) and four grandchildren. His plans for the future include more volunteering and "creating sawdust."

Now living in Beaver Dam, WI, **William G. Richards** is a retired pathologist who specialized in nuclear medicine. He is past president of the Wisconsin State Pathology Society and the Dodge County Medical Society and a past member of the board of directors at Beaver Dam Community Hospital. His most recent honor was to be named recipient of the Alumnus of the Year Award from the Wisconsin Alumni Association. His activities include golfing, traveling, bicycling Europe, Canadian fishing and accompanying his wife, Sylvia, on European choir tours. He and Sylvia have four children and three grandchildren.

### 1957

**William A. Cook** lives in Amesbury, MA, and practices thoracic surgery in Andover. He is past president of the Southern Thoracic Surgical Association and presently is a member of the Massachusetts Medical Society board of trustees. He has four daughters and six grandchildren.

Family practitioner **George A. Richardson** and his wife, Jean Ann, live in Washington, MO. He recently received the Missouri Athletic Association's Distinguished Service Award for 30 years as school athletic physician. His favorite activity is golf, which he plans to do more regularly when he reduces his work to part-time in November 2002.

### 1959

**George P. Bogumill** retired from Georgetown University as distinguished professor of orthopedic surgery in July 2000. Since that time, he has spent three weeks at St. Jude Hospital in St. Lucia with Orthopedics Overseas and has planned to spend a week in Honduras with Hand Surgery Overseas. Also, he works with residents at Walter Reed Army Medical Center and Children's National Medical Center in the Washington, DC, area. He and his wife, Bonnie, reside in Arlington, VA.

### 1962

In his 31 years of practice in Rockford, IL, **Ronald E. Burmeister** has delivered over 3,000 babies. He retired from obstetrics in 1990 and practiced infertility and gynecology at the Rockford Reproductive Health and Fertility Center until 1995. Since then, his practice has been confined to infertility. Working with two reproductive endocrinologists in private practice, he has achieved excellent pregnancy statistics in all phases of infertility treatment. He is an assistant organist at Our Savior Lutheran Church and enjoys fly-fishing and cooking.

**David W. Cline** received the Wisconsin Army National Guard's award for 42 years of meritorious service. He and his wife, Wanda, live in Minneapolis, MN, where he practices psychiatry, specializing in child, adolescent and adult addictions. He enjoys tree farming, polo and the music of Richard Wagner. In the future, he hopes to develop a nature preserve on the farm that his father left to him.

Recently, **Walter F. Piering** received a 35-year faculty award from the Medical College of Wisconsin in Milwaukee, where he has served as medical director of the dialysis program since 1967. He and his wife, Bea, live in Brookfield, WI. They have four children.

## 1965

**Joel Teplinski** and his wife, Arleen, live in Encino, CA. A fractured spine secondary to previously undiagnosed osteoporosis forced Joel in 1998 into semi-retirement from a full practice in plastic and reconstructive surgery. While enjoying traveling and taking more than 22 credits of course work each semester, he continues to stay active in the medical community. He directs a wound care center and sees patients himself two afternoons a week. He also maintains his teaching time as an attending at the UCLA Department of Plastic Surgery and as director of the residency program at Sherman Oaks Hospital burn center. This summer he was installed as the first plastic surgeon ever to be president of the U.S. section of the International College of Surgeons. "It's gratifying to have the time and energy to open new doors since some old ones were forced shut," says Joel. "Not everyone is afforded this opportunity in life."

## 1967

Living in Coon Valley, WI, with his wife, Karen, **John G. Jaeger** practices anesthesiology in LaCrosse, WI, where his focus is on urgent care and occupational

health. He has received Army commendation medals for his service in Desert Storm in the Army Reserves and for participating in a medical mission to Bolivia. He is active on the board of directors of God's Word to the Nations Mission Society and board of directors for Westby Schools Scholarship committee. His hobbies are golf, gardening and piano lessons.

**Thomas C. Jackson** was a recipient of the 2002 Medical Alumni Distinguished Teaching Award. He and his wife, Carolyn, live in Milwaukee, WI, where he currently is a professor in the Department of Medicine at the UW Medical School, Milwaukee Clinical Campus. Last year, he received the 2001 Distinguished Internist-Wisconsin Chapter ACP/ASIM Award; in 1997, he was the honored recipient of the Governor's Award in Wisconsin Primary Care Education. His professional focus is on medical students and providing a free clinic for underserved populations.

**William J. Klish** practices pediatric gastroenterology and nutrition at Texas Children's Hospital in Houston, TX, and is professor of pediatrics and head of pediatric gastroenterology at Baylor College of Medicine in Houston. He received the 2000 Schwaenman Award for Lifetime Achievement from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition and the 2001 Arnold J. Rudolph Award for Lifetime Excellence in Teaching from Baylor College of Medicine. He presently chairs an obesity task force for the state of Texas to research solutions to the epidemic of childhood obesity in the United States. His plan for retirement (someday!) is to

spend the majority of his time in his newly remodeled house in Eau Claire, WI, located in the same neighborhood where he and his wife, Marian, grew up.

**Frederick J. Lamont**, a past recipient of the Physician Citizen of the Year for Brown County, practices internal medicine in Green Bay, WI. He presently is a member of the Board of Trustees for St. Norbert College in DePere. In September 2000, he and his wife, Kathy, adopted two boys from the Kamchatka Peninsula in far-eastern Siberia. He discloses a "scary," but undeniable, possibility that, when he retires at age 65, he could be his boys' soccer coach.

### Judith A. Wynemer

practices internal medicine and endocrinology at a clinic in Wilmington, NC. Her many activities include volunteer work with the Boy Scouts and Girl Scouts, the literacy council and the county museum. Her future agenda as a volunteer will be to offer her time at soup kitchens and Meals-on-Wheels.

## 1969

**Walter (Wally) Burgdorf**, a retired dermatologist and chairman of the Department of Medicine at the University of New Mexico in Albuquerque, now lives in Tutzing, Germany, near Munich. In the summer of 2000, Wally had the pleasure of meeting the "real Burgdorf," a Swiss researcher named Willy Burgdorfer, who discovered the causative bacteria for Lyme disease, known as *Borrelia burgdorferi*. Wally admits that he has been invited around the world to lecture on the tick-borne dis-

ease, but always has to kindly explain that Willy, not Wally, is the genius behind its discovery.

**John E. Woodford** was chosen as one of the top 50-Madisonians by Stealth, an organization whose goal is to honor "many who quietly do important community work and never expect our thanks." As a physician at Dean Medical Center, he has led teams of Dean doctors to Nicaragua to provide free healthcare to children. Back home, he was the first doctor in Madison, WI, to fit infants with headbands that correct flat head syndrome, which is caused by babies spending long periods of time on their backs.

## 1970

On March 7, 2002, the State Medical Society Foundation honored **Sandra L. Osborn**, a Madison pediatrician and former society president, at its first charity roast. In 2001, she received the Director's Award—the society's highest honor. Her determination to encourage the state to support anti-smoking efforts through a group called Tobacco Reduction: Using the Settlement was, in part, the impetus for conferring this award. She has had a practice at the Dean Clinic East (formerly the East Madison Clinic) for the past 29 years. Outside of work, she is a downhill skier and a runner.

## 1972

**Maury B. Berger** practices oncology in Ocala, FL, where he and his wife, Susan, live. He cites certification in internal medicine, hematology, oncology and vascular diseases as his proudest

career achievements. His major activities are playing tennis, bicycling, getting involved in community service and keeping the family close. The couple has two sons—both were All-American rowers at UW–Madison.

**Grant A. Hertel** and his wife, Susan, live in Phoenix, AZ, where he is chair of the Department of Pathology at Good Samaritan Regional Medical Center. His interests are gardening, traveling and antique tractors.

**Jay D. Iams** practices maternal-fetal medicine in Columbus, OH. He is F.P. Zispan Chair in Obstetrics and Gynecology at Ohio State University. He and his wife, Patricia, have five children. His plans for the future include seeing his children mature and watching, hopefully, Wisconsin beat Ohio State!

**Michael J. Layde** was recently honored for 25 years of service in the emergency department at St. Mary's in Milwaukee, WI. He is considering an urgent care or ambulatory care practice in the near future. He and his wife, Rochelle, have three children: Rebecca, Caroline and Matthew.

**Daniel T. Schelble** is chairman of the Department of Emergency Medicine at Akron General Medical Center in Ohio and professor of clinical emergency medicine at Northeastern Ohio Universities College of Medicine in Rootstown. He and his wife, Susan, reside in Stow, OH, and have two children—Anita and Dana—who both are bound for medical school.

Radiologist **Albert L. Wiley Jr.**, of Salter Path, NC, hit the campaign trail to solicit votes for the May 7, 2002, Democratic primary election in his bid for the U.S. Senate. The retired

Navy Reserve officer is no stranger to elections: He ran, albeit unsuccessfully, in the 2<sup>nd</sup> District for U.S. Congress in Wisconsin in 1982 and 1984 on the GOP ticket and in 1986 in the Republican primary for governor of the Badger State.

## 1977

"Retirement isn't as easy as it looks and sounds," reports

**Donald C. Fischer**, who retired to Bradenton, FL, in 1999, but returned in 2001 to psychiatric practice at Holy Family Hospital in Manitowoc to focus on patient care and program development. He remains active as an expert witness for PsyMed, Inc., and a board member for Rogers Memorial Hospital Foundation in Oconomowoc, WI. He intends "to take this time to learn how to retire by August 02."

**David S. Howes** and his wife, **Ruth B. Rosenthal** (also Class of '77), live in Evanston, IL. He is director of the Emergency Medicine Residency Program and associate professor of medicine at the University of Chicago/Pritzker School of Medicine. He is a member of the Council of Residency Directors, Society for Academic Emergency Medicine and the American College of Emergency Physicians. She is a clinical assistant professor of psychiatry at the Chicago Medical School/Finch University of Health Sciences and is a member of the American Psychiatric Association. The couple has two children.

**Scott M. MacRae** moved from Portland, OR, to Rochester, NY, to accept a University of Rochester Medical College professorship in ophthalmology, specializing in develop-

ing a technique in refractive surgery called customized ablation. He co-authored a text in ophthalmology, *Customized Corneal Ablation*, which talks about this technique to enhance vision beyond 20/20. Scott divulges that, every couple years, he and classmate **George Davis** meet on the Columbian River gorge to windsurf and revel in old times.

**Leslie Pratt**, husband, Marc Hanson, and their two children—Michael and Laura—live in St. Louis Park, MN, where she is director of the Park Nicollet Perinatal Clinic and specializes in perinatology. She is a fellow of the American College of Obstetrics and Gynecology and a member of the Society of Maternal-Fetal Medicine.

In addition to his clinical practice in general surgery in Rockford, IL, **Jeffrey E.**

**Schauer** is acting chairman of the Department of Surgery at the University of Illinois College of Medicine in Rockford. He is also on the board of directors of Rockford Memorial Hospital. Soon to be going out on his own, he and some of his associates are starting a new practice: Affiliated Surgeons of Rockford. It will be composed of eight members in general, vascular and thoracic surgery.

## 1980

**Mark H. Andrew** of Viroqua, WI, recently was installed as 149th president of the Wisconsin Medical Society, 2002–2003. He is a general surgeon at Vernon Memorial Hospital in Viroqua. He will lead activities throughout his presidential year

designed to encourage fellow physicians to help prevent youth violence. He is an avid basketball fan, making him well suited for his activities outside of work, which include serving as president of the Viroqua Basketball Club and volunteer coach for the city's eighth-grade basketball team.

## 1982

**Michael J. Bayer** and his wife, Cynthia, reside in Duluth, MN, where he is chief of dermatology at a Duluth multi-specialty clinic. His dual academic role is assistant clinical professor at the University of Minnesota-Duluth Medical School. He is active in old house and barn restoration through the Duluth Preservation Alliance. He and Cynthia have two children. One of his future plans—not uncommon to many—is "Heaven."

After taking three years' sabbatical from medicine and living on his cattle ranch, **James R. Carlson** of Tucson, AZ, began a solo practice in otolaryngology, The Carlson Ear, Nose and Throat Clinic. He is a member of the board of directors of Therapeutic Riding of Tucson and district chairman of the Boy Scouts of America Community Fundraising Committee. He enjoys golfing, horseback riding, scuba diving and being scoutmaster. He and his wife, Stephanie, have two boys: Roy and Harry.

Residing in Gladwyne, PA, with his wife, Ann, **Gregory T. Fossum** is a full-time faculty member at Jefferson Medical College in Philadelphia, PA. He is division director of reproductive endocrinology and infertility in the Department of Obstet-

rics and Gynecology. He was the three-time recipient of the National Faculty Award for Excellence in Resident Education in 1996, 1998 and 1999. He is a member of the Gladwyne Civic Association and has been a volunteer and a parade organizer for the last five years of its Memorial Day Parade. He enjoys fishing, boating and hunting. He and Ann have two children.

**Michael L. Flueckiger** practices emergency medicine in a family practice group in Atlanta, GA. His professional interest is travel-medicine, including patient transport via air ambulance and commercial plane. He and his wife, Joyce, have two children: Peter and Rachel.

## 1985

Now residing in Hastings, MN, **Lon B. Peterson** received an MBA in medical group management from the University of St. Thomas in Minneapolis in Dec. 2001. The major project he completed to earn the degree was titled: "Hospital-owned Physician Groups: A Case Study,

Review of Key Success Factors and Recommendations for the Case Group."

## 1993

**Neal Bhatia** recently joined the Department of Dermatology at the University of California-San Diego as an assistant clinical professor.

## 1994

**Lara M. Schrader**, a UCLA School of Medicine clinical instructor, was awarded the 2002 American Academy of Neurology Education & Research Foundation Corporate Roundtable Clinical Research Training Fellowship for her research on low frequency repetitive transcranial stimulation as a treatment for localization-related epilepsy. She accepted the award during the American Academy of Neurology's 54<sup>th</sup> Annual Meeting in April 2002. The fellowship is awarded to individuals who have completed residency training during the past five years and are interested in pursuing an academic career in clinical research.

**Kevin E. Wasco**, a general surgeon with Surgical Associates of Neenah, WI, was given the distinction of being elected a fellow of the American College of Surgeons in October 2001. He and his wife recently celebrated the birth of their second daughter.

## 1996

From New York, New York, **Vinod Kurup** reports that in July 2002, he begins a new job as an assistant professor of internal medicine at New York Medical College-Metropolitan Hospital.

## 1997

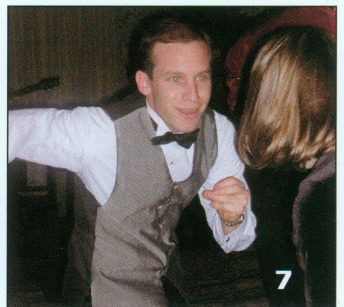
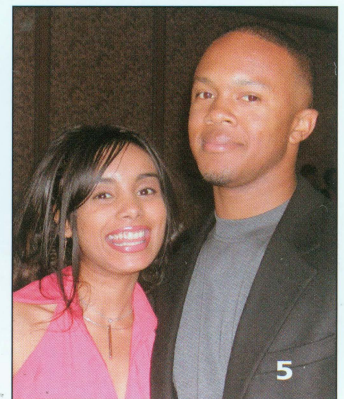
**Kathleen E. Carr Borseth** and her husband, Adam, live in Madison, WI. She completed a sports medicine fellowship at UW in 2002. She worked as a clinical instructor in the Department of Family Medicine at UW and was team physician for UW athletics and a volunteer team physician for Madison Memorial High School. Her hobbies are running, biking, boating and exercising her two giant schnauzers.

**Karla A. Feindt** and her husband, Paul, live in Salt Lake City, UT. She practices pediatrics at Willow Creek Pediatrics in Draper, UT, and is active in the physician mentor program for the University of Utah School of Medicine in Salt Lake City. She is also a volunteer physician at Open Door Homeless Adolescent Clinic. Her hobbies are backpacking, hiking, downhill skiing and snowshoeing—"anything to get up to the mountains surrounding Salt Lake City," she admits.

**Jessica K. Novak** and husband, **Marc A. Young** (both from the Class of '97), live in East Lansing, MI, where she is an assistant professor of internal medicine at Michigan State University and does volunteer work at a free clinic and for Meals-on-Wheels. Marc is chief resident in general surgery at Michigan State. Her hobbies include aerobics; his include musky fishing. Their shared interest/responsibility, however, is training their yellow Labrador named Maddie.

# Black Bag Ball

Medical students, alumni and faculty gathered last spring at the Concourse Hotel in Madison for the Black Bag Ball, sponsored by the WMAA. Guests enjoyed a sit-down dinner and music provided by the student band, "The Arrythmias," and a D.J.



1. Medical students looked especially dapper sporting tuxedos donated by Nedrobos Formal Wear 2. Anatomy department faculty members Edward Schultz (left) with wife, Jeannie, and John Harting (right), with wife Maureen Mullins, MD '79, join students Sabrina Guse and Steve Steinmetz. 3. Tom Shifler, Med II, and guest Katie Leischer dazzle the eyes with their formalwear. 4. A toast is made by medical students Kim Kegel, Brian Haugen, and Scott Parrish and

his guest. 5. Uma Swamy, Med I, introduces her guest, Tarik Bennett. 6. Dr. John and Lynn Kryger and Dr. Harvey and Donna Wichman enjoy the evening. Kryger, MD '92, began his term on the WMAA board of directors in May and serves on the student participation subcommittee. Wichman, MD '65, serves on the WMAA executive committee and chairs the class representative subcommittee. 7. Brian Arndt, president of the Medical Student Association, dances the night away!

## “Getting educated” at Alumni Weekend

by Susan Pigorsch

Continuing your medical education becomes all the more enjoyable when you're back on the campus where you earned your degree. And Alumni Weekend at UW Medical School, May 9–11, 2002, was no exception.



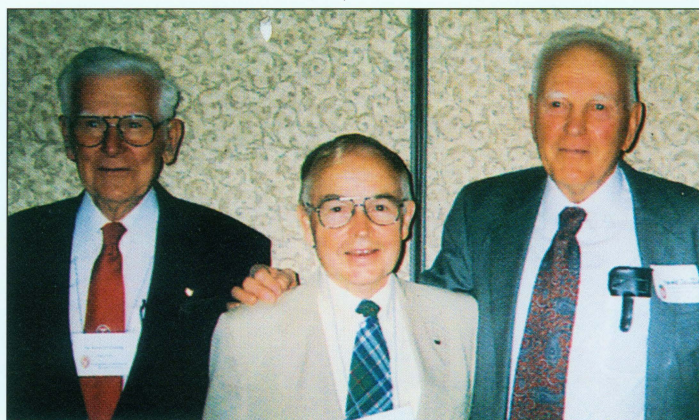
*Richard Anderson (center), MD '47, celebrates alumni weekend with first-year medical students Mark Reischel and Chris Grindel.*

First, there was the backdrop of Lake Mendota, Memorial Union Terrace and Library Mall, where the plum blossoms reached their peak. There was the collegial fun of remembering the best and hardest years of your life with the class members who saw you through them. But most engaging of all was the intellectual challenge of attending seminars with some of UW–Madison's top faculty.

Molly Carnes, MD, MS, director of the UW Center for Women's Health and Women's Health Research, made a presentation on the need for healthcare relating to gender at “Day on Campus.” She shared data highlighting the prevalence of gender-specific medical conditions, questioning why autoimmune diseases such as multiple sclerosis occur mostly in women, for example, while cancers such as lymphoma occur most-

ly in men. Alumni learned how the UW's women's health center has stimulated new research in aspects of women's health, from cell biology to public policy.

Norman Fost, MD, professor of pediatrics and director of UW's program in bioethics, took on the highly debated issue of stem-cell research. “The dispute is about federal funding, not about the moral status of embryos, as the press has led us to believe,” he said during his talk. “If the real issue were about the moral status of the embryo, we should have been debating it for the last thirty years.”

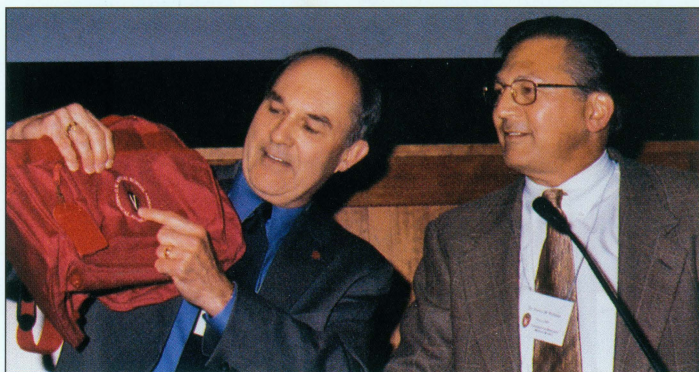


*Left to right: Richard Schilling, MD '43, UW Medical School professor emeritus, joins Ted Fox, MD '57, and Edward Miner, MD '57, at their class reunion. Schilling was a former faculty member to the class.*

Fost pointed out that in vitro fertilization (IVF) has resulted in the destruction of thousands of embryos after the parents no longer have use for them. Yet IVF is still common practice, and there are no proposals to ban it. However, by comparison, Fost said, “A tiny percent of embryos have been used in stem-cell research in the U.S., and all of them would've been destroyed even if there were no research.”

The weekend's continuing

education program concluded with a presentation by Dennis Maki, MD '67, UW professor of medicine and head of the Section of Infectious Diseases at UW Hospital and Clinics. Due to September 11, alumni found his topic, “The New Plague: Bioterrorism,” especially riveting. Explains Maki, “I talked about why we're seeing bioterrorism, why we'll see it again and how physicians can best prepare and recognize it when they see it.” Alumni were fascinated.

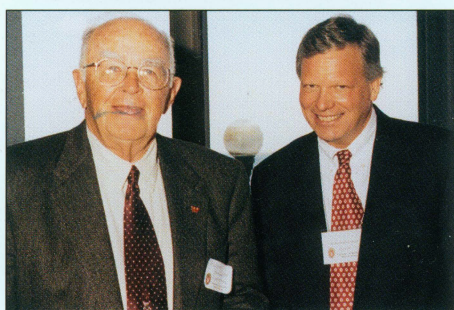


*Dean Philip Farrell presents Harvey Wichman, WMAA outgoing president, a newly designed gym bag during the Dean's reception. The logo on the bag signifies the affiliation agreement between the Medical School and the Wisconsin Medical Alumni Association.*

"These presentations were just excellent," reports Sandra Osborn MD '70, an Alumni Weekend attendee and a member of the Wisconsin Medical Alumni Association (WMAA) board. "The presenters received long applause, and there were more questions than there was time

to answer. We're lucky to have these wonderful faculty at Wisconsin."

In addition to education, Alumni Weekend was a time to celebrate the quality of UW Medical School. At the Dean's Reception held at the Fluno Center, classes returning for their sixtieth, fiftieth and forty-fifth reunions took a virtual tour of the new Health Sciences Learning Center and got a chance to meet and salute the leaders of WMAA and UW Medical School.



**Top picture: Members of the Class of 1957 celebrate alumni weekend. Left to right: Hugh Riordan, Janice Riordan, Constance Ferwerda, James Ferwerda and Anne Schierl. Middle: Richard Botham, MD '52, celebrates his 50<sup>th</sup> anniversary with new WMAA president, Christopher Larson, MD '75. Bottom: Harvey Wichman, MD '65, honors Gwendolyn Smythe at the Class of '52 recognition luncheon.**

At the awards banquet held at the Concourse Hotel, returning alumni saluted Wisconsin's prestigious faculty with teaching awards as well as alumni who have exhibited exceptional commitment to the Medical School and to the WMAA. At the alumni association's annual recognition luncheon, outgoing president Harvey Wichman, MD '65, presented the Brown Derby Awards to those alumni who have offered the school



**Dean Philip Farrell presents Harvey Wichman a package containing a football signed by coach Barry Alvarez. Wichman was honored for his service to the WMAA as president during 2000-02.**

special financial support.

Mixed in with the celebrations, including optional black-tie reunion dinners, was a continuing voice of concern regarding Wisconsin's ability to attract and retain the best and brightest students into the future. "The Wisconsin Medical Alumni Association's reason for being is to help the people following us in the profession," says Osborn. "We want to allow them to be the best they can be when they get out."

But there is a growing concern about medical school tuition and how it may soon limit the quality of medical students who can afford to attend medical school in their home state. "Wisconsin has an excellent low-interest loan program," Osborn notes, "which is useful to students, but costs still add up." There

are simply not enough scholarship funds available, she adds.

The WMAA board appointed an *ad hoc* committee to study the issue. As a member of the committee, Osborn says that the board charged the committee with two areas of action: to examine ways to make tuition more equitable, especially compared with other universities; and to seek means of reaching out to generous alumni who may make more scholarship funds available.

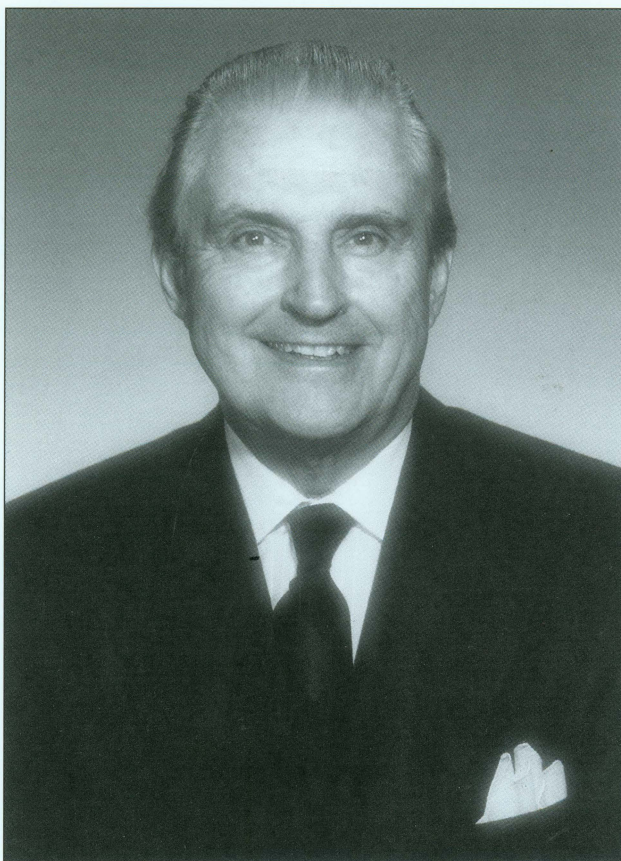
"It's not something that will change overnight," concludes Osborn. "But we really need to start getting information to the UW Board of Regents, who make recommendations to the legislature. This budget crunch time might not be the best time to change tuition levels, but it's a good time to start getting educated."

## WMAA top award goes to Tom Jansen

At the 2002 awards banquet on May 10, the Wisconsin Medical Alumni Association (WMAA) gave its highest honor to **G. Thomas Jansen, MD '50**. *The Medical Alumni Citation Award* recognizes outstanding achievement in medical practice, academic activities and research endeavors.

Born and bred in Wisconsin, Jansen attended the University of Wisconsin—Madison before entering University of Wisconsin Medical School. His distinguished career in dermatology began shortly after he finished his specialty training at UW Medical School and the University of Michigan. Following his post-graduate training, he moved in 1956 to the University of Arkansas Medical Sciences Campus in Little Rock, where he spent his entire career in academic medicine.

Jansen began his teaching duties as an instructor in dermatology, and was appointed clinical professor in medicine in 1969. He was head of the Division of Dermatology from 1970 to 1975, and culminated



his academic tenure serving as professor and chairman of the Department of Dermatology from 1975 to 1982. Over the years, he held hospital appointments at Arkansas Baptist Hospital, Senior Arkansas Children's Hospital, St. Vincent's Infirmary and Senior L.R. Consolidated VA Hospital.

Complementing his academic and clinical activities, Jansen held a remarkable number of top leadership positions in national organizations. He

served as president of the American Academy of Dermatology, the American Dermatological Association, the American Medical Association's Section of Dermatology and the Arkansas Dermatological Society. He was a founding member the American College of Chemosurgery.

Jansen's research presentations at scientific meetings and publications in academic journals—spanning four decades—ranged from necrotic spider

bites to advances in topical chemotherapy.

In addition to the WMAA, many other organizations have honored Jansen for his contributions. He received the Distinguished Service Award from the University of Arkansas Medical Sciences Campus in 1988, the Distinguished Service Award from the American Board of Dermatology in 1989 and the Everett C. Fox Award from the American Board of Dermatology in 1995. He was appointed an honorary foreign member of the British Association of Dermatologists in 1996.

A highlight of Jansen's career was the Gold Medal Award, presented by the American Academy of Dermatology in 1997. As its recipient, he was recognized for his visionary leadership and contributions as clinician, educator and researcher. The academy noted his "continuing devotion and unstinting dedication to the profession of dermatology and to the academy and its programs."

In giving Jansen the 2002 Alumni Citation Award, the WMAA expressed its gratitude to and respect for a man whose achievements clearly have been exceptional.

## WMAA honors excellence

The Wisconsin Medical Alumni Association (WMAA) honored a dozen stellar alumni and Medical School educators at the May 10, 2002 annual awards banquet, bestowing distinguished teaching awards, emeritus faculty awards, the Ralph Hawley Distinguished Service Award, the WMAA Service Award (see the *Quarterly* spring issue for a report on recipients Ellen and Russell Lewis, '41), and the Medical Alumni Citation Award (see story on opposite page).



*David B. Slautterback, PhD*

The **Emeritus Faculty Award for Basic Science** was given to **David B. Slautterback, PhD**, and the **Emeritus Faculty Award for Clinical Science** went to **Sigurd Sivertson, MD '47**. The awards recognize long and noteworthy service to the

Medical School in teaching, research or administration.

**Slautterback** is a UW Medical School emeritus professor of anatomy. Following service in the U.S. Army, he held positions in the anatomy departments at New York University Medical College and Cornell University Medical College, where he taught gross anatomy and histology while conducting research in cell biology.

In 1959, Slautterback joined the anatomy department at UW Medical School, where he worked until August 1994. For 15 years, he served as chair of the department.

**Sivertson's** commitment to UW Medical School began when he became a preceptor in 1963 and continued for nearly three decades. He held numerous positions, including clinical professor of medicine, assistant dean for education



*Sigurd Sivertson, MD '47*

and medical director of the Physician Assistant Program. He was also director of medical education and research at Adolf Gundersen Medical Foundation and assistant coordinator of Wisconsin Regional Medical Programs, Inc., in Madison.



*Irving N. Klitsner, MD '47*

The **Ralph Hawley Distinguished Service Award** is conferred on an alumnus who has made outstanding contributions to the local community through medical practice, teaching, research or other humanitarian activities. This year it was given to **Irving N. Klitsner, MD '47**.

Klitsner has held an array of leadership positions with the Southern California Permanente Medical Group. He was co-chief of the pediatrics department, Los Angeles area; acting medical director, San Fernando Valley area; and

associate medical director, Panorama City area.

Academically, he was a clinical professor in pediatrics at the University of Southern California Medical Center, Los Angeles. In 1982, he became director of adolescent medicine at the Permanente Panorama City facility. He continues to devote himself to teens and UCLA physicians-in-training as a volunteer at the Venice Family Clinic's adolescent healthcare program in Venice, California.

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

**John K. Harting, PhD**, chair of the UW Medical School Department of Anatomy, received the **Distinguished Award for Basic Science Teaching**, which honors excel-



*John Harting, PhD*

lence by a basic science teacher in the first two years of medical school, as identified by second-year students.

Widely regarded as an outstanding educator, Harting has received greater than 20 teaching commendations, including the University Distinguished Teaching Award, four previous WMAA distinguished teaching awards, the Dean's Teaching Award, the Gender Equity Teaching Award, and the Basic Science Faculty Representative Award for Investiture of Graduating Classes of 1991, 1999 and 2002. He also has been awarded nine Pre-clinical Teaching Awards.

With **Distinguished Awards for Clinical Science Teaching**, students recognize outstanding clinical teachers from each major training location associated with UW Medical School—Marshfield, La Crosse, Milwaukee and Madison. This year awards were given to **Steven Yale, MD**, of Marshfield; **Robert Shurtleff, MD**, of La Crosse; **Thomas Jackson, MD '67**, of Milwaukee; and **Herbert Chen, MD**, of Madison.



*Herbert Chen, MD*

**Yale** is associate program director of the Internal Medicine Residency Program at the Marshfield Clinic, where he is also in the Department of General Internal Medicine.

**Shurtleff** has been a physician in the Department of Anesthesia at Gundersen Lutheran Medical Center in La Crosse, and concurrently is clinical assistant professor of anesthesiology at UW Medical School.

**Jackson**, a professor in the Department of Medicine at the Medical School's Milwaukee Clinical Campus, practices general internal medicine and teaches residents and medical students. **Chen** holds appointments in the Department of Surgery at UW Medical



*Thomas Jackson, MD '67*



*Steven Yale, MD*

School, William S. Middleton Veterans Hospital in Madison, and the University of Wisconsin Comprehensive Cancer Center.

**Michael N. Wilkin, MD**, was given the **Outstanding Resident Teaching Award**,



*Robert Shurtleff, MD*



*Michael Wilkin, MD*

which recognizes superior teaching efforts in a resident teacher, as determined by third- and fourth-year UW Medical School students. Wilkin is a third-year resident in the Division of Urology at the UW Hospital and Clinics.

## Medical Students Honored

This spring's student honors and awards ceremony, held on May 16 at the Wisconsin Memorial Union, marked the end of another year of high student achievement. Nearly 100 students were given awards, citations and scholarships for activities above and beyond the usual demands of being a medical student.



1. Sharad Rajpal, Class of 2002, was the recipient of the Houghton Award. Given by the Wisconsin Medical Society Foundation, the award was established by Drs. John H. and William J. Houghton to honor medical students who show promise for becoming "complete physicians." Dean Philip Farrell praised Sharad.



2. Beth Weidel, Class of 2002, received the Charles Russell Bardeen Fourth-Year Student Award. Given by the WMAA, the award honors a fourth-year medical student who possesses the best attributes of a physician.



3. Irsk Anderson, Class of 2002, won the George and Laura Maki Scholarship, which recognizes a fourth-year medical student who is planning to pursue a career in internal medicine. Laura Maki congratulated Irsk.



4. Barbara Knox, Class of 2002, received the Dr. Francis Forster Award. Recognizing Forster's outstanding service to the Medical School as neurology department chair from 1958 to 1978, the award honors a graduating medical school student for excellence in neurology. Knox was joined by Associate Dean Mikel Snow, PhD. 5. Sara Lorenz, Class of 2006, received the Compassion in Action Scholarship, provided by the Paster Family Foundation. The award supports a medical student to develop and implement health related programs for a medically disadvantaged community. Dr. Zorba Paster presented the award. 6. Evelyn Hsu (right), Class of 2005, received the Michele Tracy Memorial Scholarship. Michele was a UW Medical School student who was tragically killed while participating in an educational service program in Malawi in 1999. The scholarship is awarded to a third-year student who demonstrates a commitment to community service, and displays a strong interest in and devotion to the field of public health. Candi Tracy, mother of Michele Tracy, was on hand during the award presentation.



**Irsk Jason Anderson**  
University of Chicago Hospital  
Chicago, Illinois  
*Internal Medicine*

**Kelly Lynn Andren**  
University of Utah Affiliated  
Hospitals  
Salt Lake City, Utah  
*Internal Medicine*

**Angela Margaret Arndt**  
University of Chicago Hospital  
Chicago, Illinois  
*Anesthesiology*

**Holly Trimble Ashley**  
University of Minnesota Medical  
School  
Minneapolis, Minnesota  
*Obstetrics and Gynecology*

**Christine Anne Babcock**  
University of Wisconsin Hospital  
and Clinics  
Madison, Wisconsin  
*General Surgery*

**Jamie Nadine Bakkum**  
Mayo Graduate School of  
Medicine  
Rochester, Minnesota  
*Obstetrics and Gynecology*

**Andrew Vernon Barger**  
Mayo Graduate School of  
Medicine  
Rochester, Minnesota  
*Diagnostic Radiology*

**Deborah Anne Bartz**  
Indiana University School of  
Medicine  
Indianapolis, Indiana  
*Obstetrics and Gynecology*

**Kalindi Aimee Batra**  
Degree expected December 2002

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University of Wisconsin Hospital  
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*Medicine-Primary Care*

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Geisinger Health System  
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*Dermatology*

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*Pathology*

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**Sara Ann Christensen**  
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*Physical Medicine and Rehabilitation*

**David Joseph Ciske**  
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*Internal Medicine*

**Rajiv Prakash Dange**  
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Albuquerque, New Mexico  
*Pediatrics*

**Shannon Leah Mason Dean**  
University of Wisconsin Hospital  
and Clinics  
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*Pediatrics*

**Andrea Lyn DeMets**  
Brown University  
Providence, Rhode Island  
*Pediatrics*

**Andrea Dimond**  
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Baltimore, Maryland  
*Pediatrics*

**Mark Eric Domroese**  
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*Physical Medicine and Rehabilitation*

**Joshua Miller Eberhardt**  
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**William Joseph Ehlenbach**  
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and Clinics  
Madison, Wisconsin  
*Internal Medicine*

**Jeffrey John Ekstrand**  
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*Pediatrics*

**Bassem Galal Elgohary**  
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*Internal Medicine*

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*Family Medicine*

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*Preliminary Medicine*  
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Madison, Wisconsin  
*Ophthalmology*

**Mark Evans Flanum**  
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*Orthopedic Surgery*

**Allison Sonny Friedenberg**  
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*Internal Medicine*

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*Family Medicine*

**Keyla Guadalupe**  
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**Alma Edith Guzmán**  
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Oak Lawn, Illinois  
*Pediatrics*

**Allison Jean Hahr**  
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**Lori Jean Handschke**  
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*Internal Medicine*

**Jennifer Jo Harelson**  
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**John Gary Hawkins**  
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# OF 2002

## Location and Focus



### Joseph Lum

Postponing postgraduate training

### Matthew Lawrence Lynch

Rush-Presbyterian-Saint Luke's Medical Center  
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General Surgery

### Heather Maria Matthews

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### Scott Michael Mead

University of Minnesota Medical School  
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### David Gregory Meuler

Medical College of Wisconsin  
Affiliated Hospitals  
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Pediatrics

### Lorrie Kirsten Miech

University of Florida College of Medicine  
Gainesville, Florida  
Psychiatry

### Sarah Jon Mirocha

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Lebanon, New Hampshire  
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### Sarah Catherine Moore

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### Amy Jillean Muchow

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### Kyle Britton Nagle

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Seattle, Washington  
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### Carrie Anne Narkis

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### Jennifer Neels-Hayman

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### Thang Cao Nguyen

Degree expected December 2002

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### Ann Puryear O'Rourke

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Madison, Wisconsin  
General Surgery

### Christopher Previn Peck

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Columbia, Missouri  
Preliminary Family Medicine  
Baylor University Medical Center  
Dallas, Texas  
Physical Medicine and Rehabilitation

### Rodolfo Mendoza Pina

Mercy Hospital of Pittsburgh  
Pittsburgh, Pennsylvania  
Preliminary Surgery  
Medical College of Wisconsin  
Affiliated Hospitals  
Milwaukee, Wisconsin  
Physical Medicine and Rehabilitation

### Vitaliy Yakovlevich Poylin

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Boston, Massachusetts  
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### Sharad Rajpal

University of Wisconsin Hospital and Clinics  
Madison, Wisconsin  
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### Matthew Alexander Rank

Ohio State University Medical Center  
Columbus, Ohio  
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### Mary Catherine Ratsch

University of Minnesota Medical School  
Minneapolis, Minnesota  
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### Charles Paul Reznikoff

Hennepin County Medical Center  
Minneapolis, Minnesota  
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### Amy Catherine Robertson

Saint Luke's Medical Center  
Milwaukee, Wisconsin  
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Vanderbilt University Medical Center  
Nashville, Tennessee  
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### Alaba Devonne Robinson

University of Cincinnati School of Medicine  
Cincinnati, Ohio  
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### David William Sadler

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Brooklyn, New York  
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### Megan Leigh Sarneck

Alaska Family Practice Residency  
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### Bryan Gordon Sauer

Postponing postgraduate Training

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### Sarah Catherine Schaeffle

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### Anneke Schlicht

Degree expected December 2002

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### Tara Marie Schulz

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### Michael Charles Schuster

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### Jason Daniel Slaikeu

Grand Rapids Medical Education  
Grand Rapids, Michigan  
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### Daniel Michael Smullen

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### Amy Elizabeth Sobota

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### Nicole Sroka

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### Sharon Allison Swencki

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### Mary Lynn Sy

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### Mindy Annette Tatera

Good Samaritan Medical Center  
Phoenix, Arizona  
Internal Medicine

### Nicholee Ruth Theiss

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Madison, Wisconsin  
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### Stephanie Jeanne Todd

Vanderbilt University Medical Center  
Nashville, Tennessee  
Pediatrics

### Christopher Karl Tornehl

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Chapel Hill, North Carolina  
Preliminary Surgery  
University of North Carolina Hospitals  
Chapel Hill, North Carolina  
Urology

### Trinh Thi Nhat Truong

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### Brett Elliot Twente

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### Gretchen Elizabeth Twork

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Lebanon, New Hampshire  
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### Kari Louise Tyne

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Minneapolis, Minnesota  
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### Teresa Marie Uy

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Affiliated Hospitals  
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### Kenneth John Van Dyke Jr.

University of Wisconsin Hospital and Clinics  
Madison, Wisconsin  
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### Christine Marie Virnig

University of Utah Affiliated Hospitals  
Salt Lake City, Utah  
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### Maria Van Vu

University of Minnesota Medical School  
Minneapolis, Minnesota  
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### Deborah Lynn Walters

University of Minnesota Medical School  
Minneapolis, Minnesota  
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### Jonathan Wanagat

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Seattle, Washington  
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### Joshua James Ward

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University of Wisconsin Hospital and Clinics  
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### Jennifer Isabel Weiser

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### Beth Ann Wiedel

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### Catherine Bedford Wilke

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University of Maryland Medical System  
Baltimore, Maryland  
Otolaryngology

### Steven Michael Zeddun

George Washington University School of Medicine  
Washington, District of Columbia  
Internal Medicine

### Andrew Jonathan Ziegert

University of Wisconsin Hospital and Clinics  
Madison, Wisconsin  
Diagnostic Radiology

# Class Reunions



1947



1952



1942



1949



1957



1962



1967



1972



1977



1982



1997

## Graduation party

The WMAA and the Medical School hosted the annual graduation party for the Class of 2002 graduates, their families and friends. Nearly 1,000 guests attended the event at the Monona Terrace Convention Center and enjoyed music by a violin-piano duet, the medical student band, called "The Arrhythmias" and Jute Box Bandstand. At lower right, class presidents Anna Marie Carley, Andrea DeMets and Teresa Uy present class mentor, Dr. Donald Schalch, accompanied by his wife, a gift from the class.



## Online CME — Twenty-four courses and counting

Thanks to physicians like many of you, who are willing to share your educational material with the medical community, new Continuing Medical Education online courses are becoming available every month. Physicians and healthcare professionals can now select from categories like Alzheimer's disease, Bioterrorism, Cardiovascular, Dermatology, Infectious Diseases, Pain Management, Primary Care Screening Guidelines, Psychiatry, Radiology and Women's Health.

Five courses for CME credit are now offered FREE:

- Alzheimer's Disease: An Update
- Dyslipidemias Guidelines Update
- Post-traumatic Stress Disorders
- Drug Diversion and Abuse
- Treating Tobacco Use and Dependence

Although the average \$20 registration fee is required to receive CME credit, all but one of the online courses can be viewed for FREE. For your convenience, our new portal now accepts online

payment by credit card on our secure server. If you pay online, there is no waiting. This means you can begin your course right after registration, take the online quiz, receive immediate feedback, and upon successful completion, print out your credit letter.

The average length of each course is one to five hours. Courses are offered in a variety of formats, such as text based, powerpoint slides, audio and video. The computer requirements are listed for each course under the "Begin Course" link. A new "Frequently Asked Questions" section is also available. All this can be found on the <http://cme.uwisc.org/> portal.

We are currently working on a Grand Rounds Pediatric Series, and A Pain Management Series. Some courses in the series may be available by the time you read this.

If you are interested in sharing your work for an online format, please contact Rhonda Dix by phone, (608) 265-5221, or e-mail, [rkdix@facstaff.wisc.edu](mailto:rkdix@facstaff.wisc.edu). Once your material is submitted, we do all the work!

---

## CME Courses

August 19–21  
**Emergency Care Conference**  
Madison, Wisconsin

September 6  
**Practical Women's Endocrinology**  
Madison, Wisconsin

September 13  
**Sports Cardiology**  
Madison, Wisconsin

September 15–22  
**Update: Pain Management & Cardiology**  
New England & Canada Cruise

September 16–17  
**Childhood Emergencies**  
Wisconsin Dells, Wisconsin

September 20  
**Podiatry**  
Madison, Wisconsin

September 23–27  
**Grant Funded Faculty Training in Addiction**  
West Palm Beach, Florida,

September 26  
**Focus on Rheumatology**  
Madison, Wisconsin

September 27  
**Low Back Pain**  
Madison, Wisconsin

September 28  
**Airway Conference**  
Madison, Wisconsin

October 12–13  
**Changing Physician Behavior**  
Madison

October 14–15  
**AIDS/HIV Conference**  
Madison, Wisconsin

October 18–19  
**Nuclear Cardiology**  
Milwaukee, Wisconsin

October 18–19  
**Seminars in Pediatrics**  
Madison, Wisconsin

October 21–25  
**Grant Funded Faculty Training in Addiction**  
West Palm Beach, Florida

October 24–25  
**Focus on Ultrasound**  
Madison

October 25  
**Alzheimer's Conference**  
Madison, Wisconsin

October 26  
**Pediatric & Adolescent Back Pain**  
Lake Geneva, Wisconsin

## IN MEMORIAM

### Ellen Sexton Lewis

Ellen Sexton Lewis, MD '41, former co-chair of the *Quarterly* editorial board, passed away on June 1, 2002 at the Don and Marilyn Anderson Hospice Center in Madison, Wisconsin. The cause of death was amyotrophic lateral sclerosis, ALS.



"We will sorely miss Ellen Lewis. In addition to being kind and gentle, she was an extremely knowledgeable person and an excellent writer," said Philip Farrell, MD, PhD, Medical School dean. "She was a dedicated alumna, and we greatly appreciated all her hard work. She did much to reinvigorate the *Quarterly*."

Members of the Wisconsin Medical Alumni Association board of directors expressed their combined sorrow at the loss of their colleague and friend. "Ellen was a role model for other alumni to follow. She was extremely proud of our organization, encouraged others to get involved, and was devoted to the process of making the WMAA a banner organization. She faced her disease in a very brave fashion and contributed to the *Quarterly* up until the end of her life. We will truly miss her."

Ellen was born at home in Marshfield, Wisconsin, on June 11, 1916, the first child of Dr. Walter G. and Ethel Sexton. In the same year, her father and six other physicians founded the Marshfield Clinic. She grew up in Marshfield, graduating as class valedictorian from Marshfield Senior High School in 1934. After attending the College of St. Catherine in St. Paul, Minnesota, for two years, she

transferred to the University of Wisconsin–Madison, where she earned her bachelor's degree in 1928 and was elected to Phi Beta Kappa.

She graduated from University of Wisconsin Medical School in 1941 and was elected to the Alpha Omega Alpha Honor Society. After an internship at Jersey City Medical Center in New Jersey, she returned to Wisconsin and married Donovan Olson. They lived in La Crosse, Wisconsin, from 1942 to 1953 and had five children. During that time, Ellen was the Director of Student Health at what was then the La Crosse State Teachers College.

In 1953, the Olsons moved to Winnetka, Illinois, where Ellen raised her family and was active in community affairs. After her children were grown, she joined the licensing department for G.D. Searle Pharmaceutical Company in Skokie, Illinois, a position she held until her retirement in January 1987. Her first husband died in 1975.

In 1987, Ellen married former high school and UW Medical School classmate, Russell Lewis, MD '41, who retired from the Marshfield Clinic the same year. They then moved to Madison. Ellen soon became a docent at the Elvehjem Art Museum, which became the new love of her life. She took all the art courses she could and remained active until declining health forced her to retire in 2000.

In addition to serving as co-chairs of the *Quarterly* editorial board, Ellen and Russell recently were awarded the 2002 Wisconsin Medical Alumni Association Service Award.

**Charles S. Bloom, '36**  
March 5, 2002  
Houston, Texas

**Kathryn Cozine, PG**  
December 21, 2001

**George K. Kambera, PG**  
Los Angeles, California

**James A. Kennedy, '45**  
March 12, 2002  
Cedar Rapids, Iowa

**Jules D. Levin, '38**  
Milwaukee, Wisconsin

**Eugene A. Mason, '52**  
West Palm Beach, Florida

**Andrew McBeath, '61**  
June 2, 2002  
Madison, Wisconsin

**David Neidhart, PG**  
Corrales, New Mexico

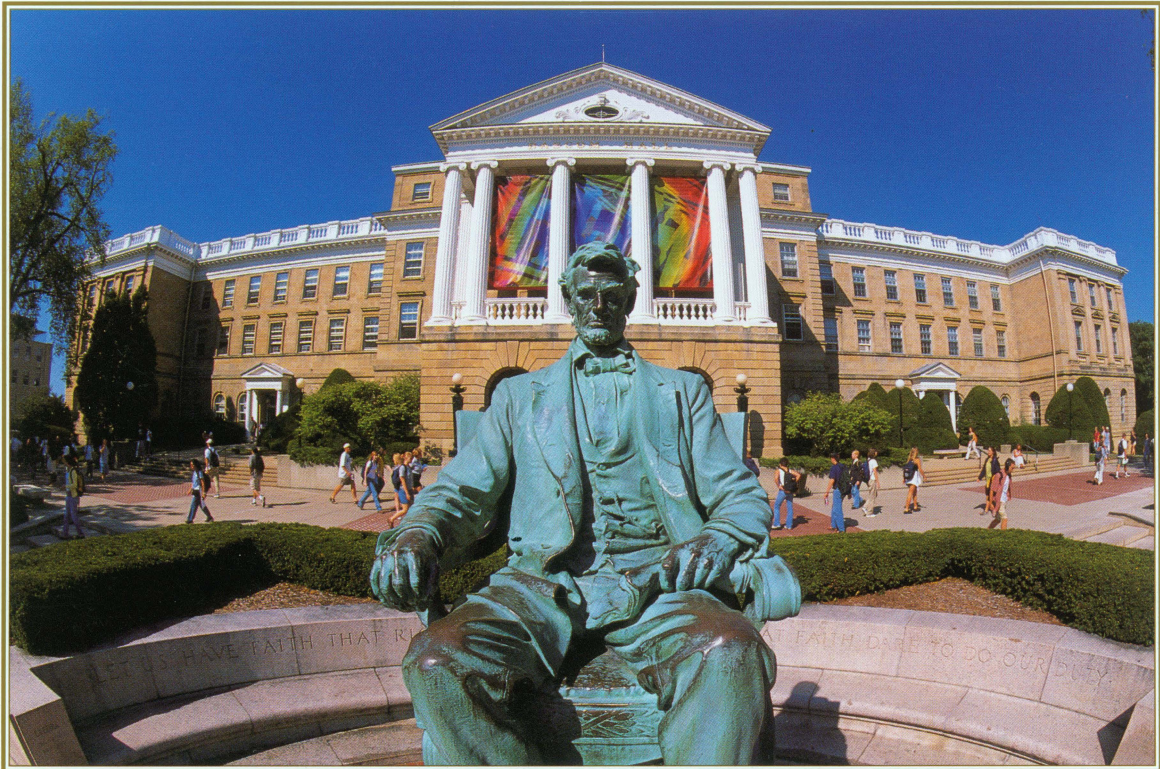
**Cary S. Peabody, PG**  
January 12, 2002

**Samuel Perlson, '51**  
June 12, 2002  
Milwaukee, Wisconsin

**Harry Watson, '53**  
June 5, 2001

**Richard Wolf, PG**  
January 14, 2001

# OBSERVATIONS



*Observations is a new addition to the Quarterly, featuring seasonal views of campus and environs. In the scene above, sesquicentennial banners hang from the Bascom Hall colonnade behind the stately statue of Abraham Lincoln. The picture was taken by Jeff Miller, university photographer, in the summer of 1998. The statue has since been restored.*

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