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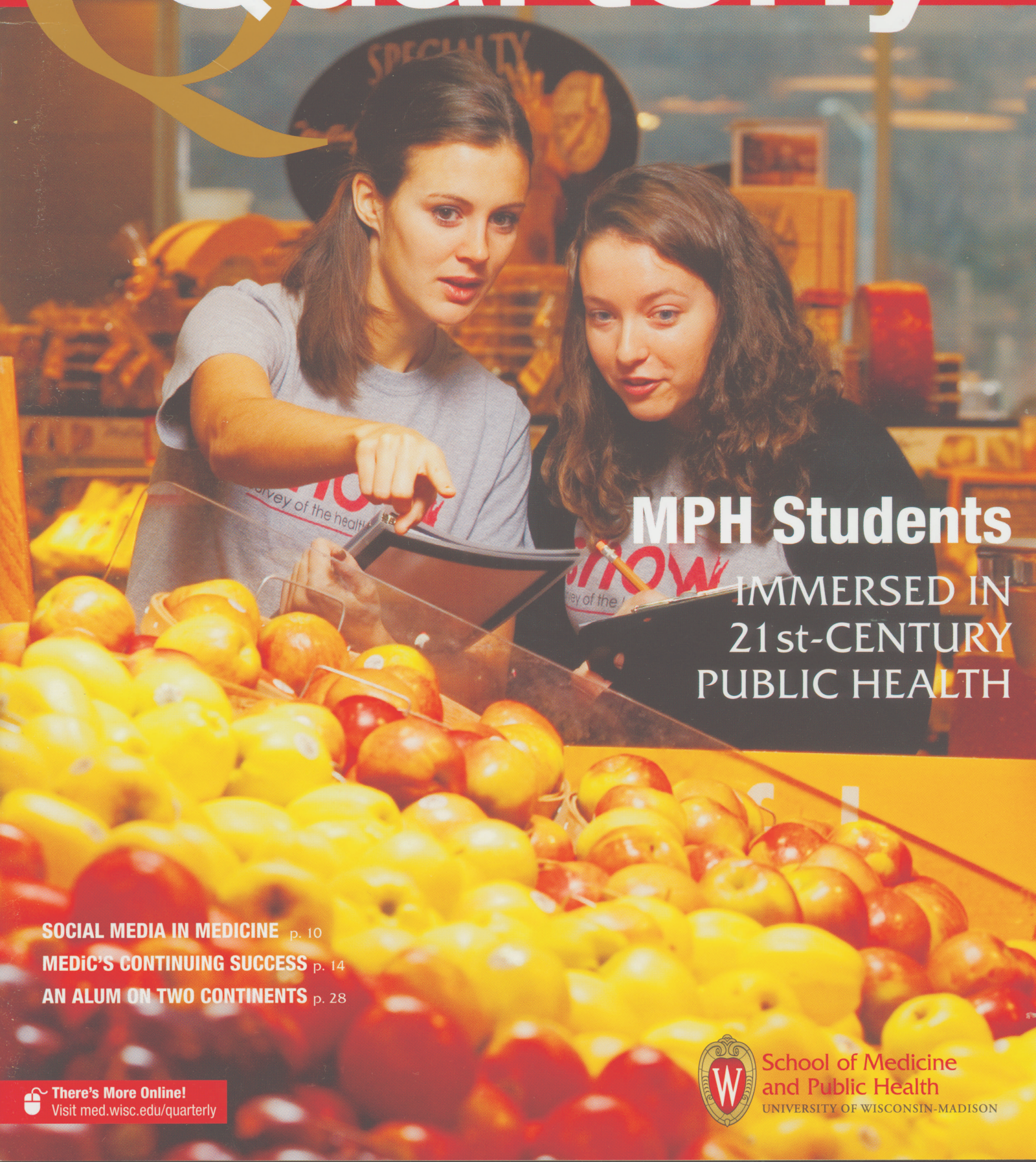
FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly



MPH Students IMMERSED IN 21st-CENTURY PUBLIC HEALTH

SOCIAL MEDIA IN MEDICINE p. 10
MEDiC'S CONTINUING SUCCESS p. 14
AN ALUM ON TWO CONTINENTS p. 28

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School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

QUARTERLY

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

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CALENDAR

MARCH 2012

MARCH 9 • WINTER EVENT

Friday, March 9

3:00 p.m.	WMAA Winter Event Board of Directors Meeting
6:00 p.m.	Winter Event at the Chazen Museum of Art

APRIL 2012

APRIL 26-28 • ALUMNI WEEKEND

Reunions for Classes of 1947, '52, '57, '62, '72 and '77

Friday, April 26	WMAA Spring Board of Directors Meeting

MAY 2012

MAY 18 • GRADUATION DAY

SEPTEMBER 2012

SEPTEMBER 23 • WHITE COAT CEREMONY

OCTOBER 2012

OCTOBER 12 • MIDDLETON SOCIETY BANQUET

OCTOBER 26-27 • HOMECOMING WEEKEND

Reunions for Classes of 1967, '77, '82, '87, '92, '97, '02 and '07

Friday, October 26	WMAA Fall Board of Directors Meeting
Saturday, October 27	WMAA Tailgate Party
	UW versus Michigan State Football Game

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

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Winter on Campus (above)

Runners have enjoyed the erratic winter weather this year. Four of them dressed for warm temperatures jog past ice-coated rocks on the shores of Lake Mendota.

On the Cover

As part of their MPH capstone project, students Madeline Duffy and Sarah Moen survey access to healthy food across the Badger State.

ROBERT N. GOLDEN, MD



As you know, this has been an unusually mild winter in Madison (although, like last year, Badger fans experienced a fairly harsh environment in Pasadena). There are many untested hypotheses—ranging from global warming to overly heated political debates—to explain why we were so delayed in welcoming the snow that we all have come to embrace.

Although I do not have an NIH grant to test my own hypothesis, I believe, in fact, that we can attribute the record-breaking temperatures here in Madison and throughout the state to the warm glow we experience as we observe our students advance the very best ideals and traditions of our School of Medicine and Public Health.

Some powerful events and activities described in this *Quarterly* illustrate several important aspects of what it means to transform into a school of medicine *and* public health.

Our entire academic community said goodbye to two iconic heroes who embodied our ideals. Paul Bertics personified the integration of and interplay between basic, clinical and translational science. A world-renowned researcher in our Department of Biomolecular Chemistry, Paul led a creative and productive interdisciplinary research team, and served in a key leadership role in our Carbone Cancer Center, itself the prototype for building bridges that span basic, clinical and population research.

Among our medical students and our academic affairs staff, Paul was perhaps primarily recognized as the beloved director of our MD admissions program, and as a gifted teacher. He received every known teaching honor (some of them more than once), and he embodied the synergies afforded by bringing together science, education and service. Paul's sudden and untimely death was a terrible shock to us all. Through a series of activities, including an SMPH memorial service and a planned scientific symposium in his honor this spring, we are coming together as a community to embrace his legacy and celebrate the gifts he shared with us.

We also mourned the loss of longtime colleague James Crow. In a revolutionary way, Jim served as a founding father of the entire field of genetics and did so in a manner that innovatively brought together basic molecular genetics and population genetics. As described in this issue of the magazine, you will see that he was a revered teacher as well as a national leader, whose impact advanced the world of science as well as the world of education.

Jim held many pivotal leadership roles in our school, including interim dean, and he continued well into his 90s to be a vibrant and active participant in activities at the school, on campus and throughout the entire Madison community.

Through our transformation we have come to realize that the focus of the Wisconsin Idea needs to be expanded beyond the boundaries of the state into the entire global village. Thus, we are excited to highlight in our "Alumni Profile" an alumnus who is making a difference in Europe in a way that is entirely consistent with the Wisconsin Idea. Walter Burgdorf's record of service reflects an enduring love of Madison and a commitment to advancing our Wisconsin ideals well beyond their site of origin.

Finally, this *Quarterly* illustrates that our transformation also involves making a difference in people's lives by addressing disparities among disadvantaged segments of our society. I know you will find it inspiring to read about our student group MEDiC, which recently celebrated its 20th birthday. MEDiC has even attracted the attention of the White House. President Obama noted in a letter commending the group that MEDiC exemplifies "the kind of commitment to your community that moves America a step closer to its great promise."

We are extremely proud of our students, alumni, faculty and staff. Together we are creating a growing "family" dedicated to pursuing important goals and ideals that hold enormous promise for improving the health of populations, communities and patients.

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

KAREN S. PETERSON



We at the Wisconsin Medical Alumni Association (WMAA) look forward to 2012 with great enthusiasm! Before I tell you about it, I'd like to point out a few of the many successes we had in 2011. None of our successes would be possible without the support of our alumni—those of you who donate financial support and those of you who volunteer your time.

The WMAA is the only alumni organization on the UW-Madison campus that has made raising funds for the Great People need-based scholarships a top priority. As a result, I am proud to report that in conjunction with our generous alumni and friends—and our School of Medicine and Public Health and the UW Foundation—we have established 12 named Great People funds. Gifts and pledges to date are totaling more than $800,000. With the 50 percent match each from the UW Foundation and the WMAA, the endowment balance for Great People scholarships established within our school will soon approach $1.5 million. This puts us well on our way to acheiving the WMAA goal of reducing medical student indebtedness!

The WMAA also continues to organize programs to ensure that all of our students have an excellent experience during their time at the School of Medicine and Public Health. The Student Alumni Partnership Program, the Wisconsin Shadow Program and the Alumni Host Program are all designed to help our students as they progress through medical school. More than 400 alumni volunteers have generously offered to share their expertise with our students. Thank you!

The WMAA also funds numerous specialty interest group presentations by alumni and faculty. This is made possible by your generous donations to the WMAA. Groups such as the Family Medicine Interest Group, Doctors Ought to Care, MEDiC and the Surgery Interest Group have benefited from your gifts.

Now what about our enthusiasm for 2012? The WMAA kicked off the New Year by offering the annual "Operation Education," an event in which alumni, faculty and residents share their specialty interests with medical students. Nearly 90 students and 40 physicians participated. You can see photos from this event on the WMAA's Facebook page. It was a very successful evening!

We hope you can join us for the annual WMAA Winter Event on March 9, 2012. It will be held at the new Chazen Art Museum on the UW campus. You won't want to miss the opportunity to tour this museum's beautiful addition. For a preview, visit the Chazen website: chazen.wisc.edu. All medical alumni, residents and students are invited to attend. You can register for the event on the WMAA website at med.wisc.edu/winterevent.

Medical Alumni Weekend will be held April 26-28, 2012, and the classes of 1947, 1952, 1957, 1962 and 1972 will return for reunions.This will be an opportune time to meet medical students, tour our new facilities and learn about new programs and activities at the school.

The WMAA will soon launch a new strategic plan that will contain many ambitious goals.This plan will be unveiled in the next issue of the *Quarterly* and I'll be very eager to share it with you. As a prelude, I'll tell you that one goal is to ensure that EVERY medical student makes a meaningful connection with an alum while attending our school. We will need YOUR help to do this.

To learn more about any of the programs I've mentioned here, and how to volunteer to share your expertise with our students, please visit the WMAA website at med.wisc.alum.edu.

As always, please feel free to contact me with your ideas, questions and concerns. You can reach me at kspeters@wisc.edu, (608) 263-4913 or Karen S. Peterson, Assistant Dean for Alumni/External Relations and Director, WMAA, 750 Highland Avenue, Madison, Wisconsin 53705. I look forward to hearing from you!

Karen S. Peterson
Executive Director
Wisconsin Medical Alumni Association



Rebecca Osborn's work monitoring ticks in Wisconsin's North Woods should yield important information on how best to manage lakeshore property for animals and people.

BY SUSAN LAMPERT SMITH

Master of Public Health

DEGREE PROGRAM FOR THE TWENTY-FIRST CENTURY

When Rebecca Osborn told people about her Master of Public Health (MPH) capstone research project this past summer, the reaction was either envy or revulsion. Sometimes both.

The envy came from the location: she spent the summer in the vacation paradise of Vilas County, doing research on the shorelines of northern Wisconsin lakes. The yuck factor came from the details: once there, Osborn would reach into "live traps" and pull out mice, voles and squirrels and comb the little critters for ticks, then deposit the ticks into a vial before releasing the mammals back to the wild.

Her research bridged interests of the Wisconsin Department of Natural Resources (DNR), which is studying how habitat changes affect small mammal populations; Michigan Technological University; and Marshfield Clinic Research Foundation, where the ticks are being analyzed in a laboratory this winter. It also addresses a serious public health issue in Wisconsin. In the first decade of this century, tick-borne diseases have skyrocketed, with cases of Lyme disease up by 300 percent and cases of Anaplasmosis up by 600 percent.

Osborn, who worked for the DNR before enrolling in the MPH program at the University of Wisconsin School of Medicine and Public Health (SMPH), was surprised to discover that developed lakeshore—where suburban-looking mowed lawns sweep down to the water—actually had more ticks than those left in the native state or those with restored wildlife habitat. When the final work is done, it could yield important information on how best to manage lakeshore property for animals, and for people.

"I'm interested in the interface between the wildlife population and human health, and tick-borne diseases are really interesting from that perspective," says Osborn.

If your idea of public health is limited to vaccinating babies or tracking down the food that made people sick at the church potluck, welcome to public health in the 21st century.

"Our mission is really improving the health of the people of Wisconsin," says Thomas Oliver, PhD, the population health sciences professor who directs the program. "You do that by doing a lot of things that aren't traditionally labeled as public health, such as establishing more usable health information; building safer systems and environments where people live, work and play; and making health outcomes a concern for general community leadership and decision making."

Osborn's project is a good example of how students educated in the seven-year-old MPH program have spread out across Wisconsin. While Osborn was monitoring the tick population of the North Woods, other students were working on issues such as addressing the infant mortality problem in southern Wisconsin cities, surveying the healthy foods and recreational opportunities available in areas as diverse as inner-city Milwaukee and suburban Jefferson County, mapping health resources of communities and working with a local clinic near La Crosse to serve the Amish community.

–Continued on next page

The MPH program is a key part of the SMPH's transformation into what's believed to be the nation's only combined school of medicine and public health. The program welcomed its first students in the fall of 2005, thanks to seed money from the Wisconsin Partnership Program.

"Former SMPH dean Dr. Philip Farrell was committed to starting an MPH program, and his vision—and the support of the Partnership Program—led to a quick start," recalls Patrick Remington, MD '81, MPH, founding director of the MPH program and now associate dean for public health at the medical school.

Remington says that the program got a jump start because the school already had a strong public health faculty in its Department of Population Health Sciences. Unlike most peer institutions, the SMPH public health faculty never split away from the medical school—a trend among most universities in the mid-20th century—so the school already had built-in expertise in such areas as epidemiology and health services policy.

Ann O'Rourke, MD '02, MPH '06, now an assistant professor of surgery at the SMPH, was a member of that first MPH group, which she described as "a really special class" of professionals who had long wanted to supplement their education with a public health perspective. O'Rourke fit in her year of MPH studies between her second and third years of surgical residency at UW Hospital and Clinics.

O'Rourke says she first got interested in the public health aspects of medicine while working in a Rwandan refugee camp during her Peace Corps years in Africa. Fittingly, her MPH project, with mentor Marvin Birnbaum, MD '60, emeritus professor of medicine at the SMPH, was for the World Association of Emergency and Disaster Medicine, a group she continues to work with today.

Surveying Access to Healthy Food and Exercise Opportunities

One MPH capstone project this year sent five students across the Badger State to evaluate access to healthy food and exercise opportunities.

The students collected data for two projects associated with the Survey of the Health of Wisconsin (SHOW). Their work is beginning to illustrate that people living in neighborhoods with good access to recreational opportunities and healthy food also have lower rates of diabetes and obesity.

Under the direction of the SHOW program and mentors Kristin Malecki, PhD, and Anna Martinez-Donate, PhD, the students also prepared snapshots of the issues for local health departments in Brown, Dane, Jefferson, Milwaukee and Waukesha counties.

"The SHOW projects provided the students with an invaluable learning opportunity not often available to students at other schools of public health, on one of the most pressing and costly public health issues facing the state today," says Malecki, an assistant professor of population health sciences. "They experienced some of the ups and downs of field work and how national policies, programs and economics impact community perceptions and attitudes across the state."

For example, the students learned that gas stations and convenience stores make up a greater proportion of food stores in Wisconsin than do supermarkets and groceries. And in some areas where the gas station is the main food store, the liquor sections are larger than grocery sections.

"If the gas stations sold fresh produce, it might go bad before people bought it," says MPH student Madeline Duffy. "After being on the ground in Ashland County, I now realize that the problem is very complex, and multiple efforts may have to be made to fix it."

The students also found varying attitudes toward food choices. Sarah Moen says that in some places, restaurants would label menu choices as "healthy" and customers would order those items. But in northern Wisconsin, Kelli Blackmore says, they heard the opposite: "Up North, the restaurant owners told us that they don't have healthy food on the menu because no one orders it."

The students also experienced some of the challenges of field work. Moen was kicked out of grocery stores in Milwaukee because the owners thought she was spying for the competition, and student Navnit Sekhon encountered a suspicious woman who wondered why students were taking notes on the lack of sidewalks in her neighborhood.

The fifth member of the student team was Jessica Warrens.





Students listen as Patrick Remington, founding director of the MPH program and now associate dean for public health at the school, describes the public health structure of the state and nation.

Closer to home, O'Rourke says that her clinical practice as a trauma surgeon brings her into daily contact with public health issues that need to be addressed through preventive medicine.

"Most people view surgery as an end point, but just as in family medicine and other specialties, there are prevention issues in emergency medicine," she says. "For example, injuries are the biggest health problem in children. If you look at the individual child falling off a bike you might see it as an accident, but if you look at it as a population health issue, you can see that head injury prevention is really the issue."

The same view applies to preventing falls among the elderly population, O'Rourke says. She continues to bring this population health view to her work on the Wisconsin State Trauma Advisory Board.

Since its beginning, the popular MPH program has enrolled an average of 35 to 45 new students a semester. Students typically follow a 42-credit program that includes core courses in the pillars of pubic health education: biostatistics, environmental health, epidemiology, social and behavioral health sciences and health policy.

A sixth course on public health principles and practice focuses on the core functions of public health and the governmental public health structure of the state and nation.

In addition to the core courses, students are required to complete a 400-hour field experience that results in a capstone paper and presentation. Students take additional elective courses that help them develop their personal interests or passions.

In its first years, the program focused on traditional, full-time students, but Oliver says it hopes to gradually expand to offer training for working professionals.

One attraction is the "dual degree" option, which allows students to tailor a public health degree to accompany degrees in medicine, nursing, veterinary science, law, public affairs, pharmacy and physical therapy.

"The dual degree enhances their education with a public health focus," says Barbara Duerst, RN, MS, the MPH program's associate director. "It is really something that sets us apart and makes us unique."

In recent years, an average of six medical students have been part of the program. They generally need less time to finish the program because the SMPH's MD curriculum emphasizes public health.

One physician who is enrolled this year is recent graduate Anthony Sturm, MD '11, who decided to earn his MPH before going on to a residency in family medicine. As a medical student, Sturm spent two years in clinics in Milwaukee as part of the SMPH Training in Urban Medicine and Public Health, or TRIUMPH, program.

Sturm's capstone project is an interactive map of community health assets, which he is creating for UW Health's Wingra Family Medicine Center using Google Maps and with assistance from the UW-Madison Applied Population Laboratory. The map can show resources ranging from Alcoholics Anonymous meetings in a neighborhood church to grocery stores and farmers' markets that sell fresh vegetables for patients looking to eat healthier.

"The idea is to let health providers and patients see what's available in their community," Sturm says. "This way, we don't just say, 'Get more exercise.' We now can show people that there's a walking track at a playground two blocks from their home."

Sturm, whose goal is to care for the underserved, says the MPH degree will allow him to take a leadership role in preventive health in whatever community he winds up practicing medicine in.

"I think it's valuable leadership training for helping make the connection between a primary care practice and the larger community," Sturm says. "Working in Milwaukee as part of the TRIUMPH program made me even more aware that we don't practice medicine in a vacuum. There's a whole world out there affecting our patients before they ever arrive in our offices in need of healthcare."

Remington likes to say that the MPH training can help physicians become aware of others in the community who are valuable allies in the world of preventive medicine and public health.

"We're training students to think of themselves as part of the 'public health pit crew' and see themselves as members of a team, not cowboys working on their own," Remington says.

–Continued on page 37

The Paul F. Cranefield Collection







BY CHRIS FRAZEE



A rare and valuable book by 16th-century Flemish anatomist Andreas Vesalius was recently on display in the Ebling Library.

The book, from the last striking of Vesalius' original woodcuts before they were destroyed during World War II, was part of an exhibit showcasing the extensive collection that had belonged to Paul F. Cranefield, PhD, MD, a noted cardiac electrophysiologist who earned his doctoral degree from UW-Madison.

Cranefield donated more than 1,800 books, 7,000 reprints and 300 pieces of ephemera to the library. The collection included texts such as *Anatomical exercitations, concerning the generation of living creatures* by William Harvey (1653) and *Les oevres d'Ambroise Paré* (1579), as well as collectibles such as a check to Nobel Prize winner Niels Bohr and a letter signed by Albert Einstein.

The Paul F. Cranefield Lecture was also part of the event. Olaf S. Anderson, MD, professor of physiology and biophysics at Weill Cornell Medical College, spoke on "Regulating Membrane Protein Function by Altering Lipid Bilayer Properties" and described his friendship with Cranefield, also a faculty member at Weill Cornell.

Cranefield was a longtime editor of the *Journal of General Physiology* and helped shape the field of cardiac electrophysiology—including the areas of membrane excitability and arrhythmias.

A man for all seasons, he also was deeply interested in the history of science, literature and avant-garde theater.



James Cleary uses Twitter to communicate with hospice and palliative care colleagues worldwide.

BY ERIC KLISTER

Social Media and Medicine

NEW OPPORTUNITIES FOR NETWORKING AND COMMUNICATION

In case you still had doubts about whether social media has a place in medicine, consider the question posed recently by the *New England Journal of Medicine* for its 200th anniversary essay contest.

"In the last twenty years, the Internet and social networking have brought profound changes in how information is communicated. How can we harness this technology to improve health?"

The question is aimed at medical students, most of whom likely were early adopters of Facebook and Twitter, but it's a conversation worth having in any healthcare setting, even if you don't know a hashtag from a retweet.

One could argue that social media has had a place in medicine for years, but until recently, the conversation was held almost exclusively among patients, who could connect through online communities such as PatientsLikeMe and websites that allow patients to rate their physicians, such as Angie's List.

But since about 2009, healthcare providers have become more active in social media. One estimate out of the University of Maryland Medical Center suggests that more than 1,200 U.S. hospitals have some type of social media presence. And a recent report by QuantiaMD, an online physician community with more than 125,000 members, notes that 90 percent of physicians are engaged in social media for personal use, and 65 percent use it professionally.

The University of Wisconsin School of Medicine and Public Health (SMPH) has followed the trend. In addition to the school's active presence on Facebook and Twitter, faculty and students are using social media for advocacy, as an educational resource and as a research tool.

TWEETING FOR PAIN RELIEF

James Cleary, MD, has had a Twitter account for about three years, but until March 2011, he couldn't find a use for it.

"I always thought it was this business of celebrities telling us what they were doing," says Cleary, an associate professor of medicine who until recently was director of the Palliative Care Service at UW Hospital and Clinics and is now director of the Pain and Policy Studies Group (PPSG) at the medical school.

Ironically, one of the reasons celebrities use Twitter—to take control of their own messages—ended up being one of the reasons why Cleary finally decided to try his hand at tweeting.

After a newspaper article about the PPSG appeared in early 2011 that Cleary and his colleagues felt was negative and erroneous, they decided to mount a social media campaign that would correct the story. Cleary jumped into Twitter and also created a blog to advocate for hospice and palliative care and for improved access to opioids worldwide.

On Twitter, Cleary is able to have conversations with hospice and palliative care colleagues around the world by including a hashtag—#hpm—in his tweets. Among his 740 followers are fellow palliative care physicians, students, hospice organizations and global health leaders, including Agnes Binagwaho, MD, the health minister of Rwanda.

–Continued on next page

Cleary often "retweets"—the Twitter term for sharing—articles from *Palliative Medicine* and other medical journals. And he has participated in Twitter chats where he's able to respond in real time to questions and comments whether he's in the office or in another country.

While Twitter has proved to be a useful medium for sending out messages in short bursts, when Cleary has more to say, he still uses e-mail and the PPSG group blog. His writings often include a video from "Life Before Death," a short-film series focused on pain management and palliative care in which Cleary is often featured.

In a recent blog, for example, he addressed the question of what it means to be cured using a few quotes on the subject as food for thought. The accompanying five-minute video addressed the question in greater depth.

Although Cleary admits that social media appeals to his geeky side, he discounts the notion that social media is a frivolous activity. It has become an essential part in the implementation of advances in healthcare.

"This is work," Cleary says. "This is a deliberate move within advocacy to embrace (social media)."

INSIGHTS INTO ADOLESCENT BEHAVIOR

Most people use Facebook to share photos or post "status updates," which can be anything from a link to an interesting news story to letting friends know what you had for lunch.

Megan Moreno, MD, MSEd, MPH, uses Facebook as a valuable research tool.

An assistant professor of pediatrics at the SMPH, Moreno studies how adolescents use media and technology, and how that impacts their health behaviors.

Over the last several years, social media has been a focus of her research. The work has examined the prevalence of health risk behaviors, including an analysis of alcohol references on social networking sites and the association between depression references on Facebook and self-reported depression using a clinical scale.

Several of her studies have gained national attention, and Moreno and her Adolescent Health Research Team have become leaders in the field.

Moreno first began to notice the impact of social media on adolescents' lives in 2005, while she was on a fellowship at the University of Washington School of Medicine in Seattle. She was seeing patients with disparate backgrounds and interests, but they had one thing in common: They were all using MySpace, a social networking site similar to Facebook.

"I would get kids referred to our abdominal pain clinic, and when you asked them when their abdominal pain started, they would say, 'It started when those kids started posting pictures of me on MySpace,'" she says. "So I just felt like there was this new phenomenon that was cutting across these different groups and affecting their health in these different ways, and I wanted to understand more about what that was."

It can be difficult for physicians to get adolescent patients to open up about what's going on in their worlds, but as Moreno was learning more about MySpace, she was struck by how openly teens would discuss depression, alcohol and sex there.

The new ability to "communicate" with teens "just blew my mind," she says.

And she was intrigued by the ability to search profiles by zip code, which made it easy to compare what teens were thinking about in different cities. Applying what she found to thinking about adolescent health problems, Moreno was seeing all of the precursors displayed in one location.

Moreno's social media studies have progressed from identifying the prevalence of displays of risky behaviors to establishing validity. For example, she has found that teens who talked about "getting wasted" on social media were more likely to score into the problem drinking scale, and teens who talked about being depressed were more likely to score into a depression category.

The members of Moreno's research team have played a key role in her studies. Students in her lab are required to work on their own projects, and many of their pilot studies have led to future research.

A study that used Facebook to analyze alcohol use by college freshmen, conducted

Join the Conversation

The SMPH and many affiliated with it are active on a number of social networking sites. The list here represents a good place to start if you're looking for new "friends" to follow.

Facebook

Wisconsin Medical Alumni Association: Go to www.facebook.com and search for "WMAA"
SMPH: facebook.com/uwsmph
UW Health: facebook.com/uwhealth

Twitter

SMPH: @uwsmph
Department of Family Medicine: @widfm
UW Health: @uwhealth
James Cleary, MD: @jfclearywisc
Patrick Remington, MD '81, MPH, associate dean for public health: @plremington
Kevin King@iamkevinking

YouTube

UW Health: youtube.com/uwhealthwi
DFM: youtube.com/wifamilymedicine

Blogs

Cleary: painpolicy.wordpress.com
King: mindlessscience.wordpress.com



Megan Moreno (left), with Kaitlin Bare, uses Facebook to study how adolescents use media and technology, and how it impacts their health behaviors.

by Med 4 Kerry Gannon, earned best poster and distinguished young investigator awards at the 2010 "Excellence in Paediatrics" conference that drew 1,500 attendees from 93 countries.

Hope Villiard, a UW-Madison undergraduate who has been accepted to the SMPH's Wisconsin Academy for Rural Medicine, has studied whether Facebook could be used as a means to help improve the fitness of residents in rural areas. She thinks Facebook has potential as a means of providing good health information to adolescents.

"Facebook has an informal way to it—you don't have to talk face to face but can still get questions answered," Villiard says.

With the insights gained through social media research, Moreno will be able to develop interventions. One step in that direction came from a 2009 study in which Moreno emailed 95 inner-city young adults to warn them about the dangers of posting details about risky behaviors on MySpace.

While Moreno believes that there are vast opportunities for interventions, she notes that a key will be placing the right message in the right place at the right time.

"One of the things we learned with alcohol and sex is that not everything works the way you think it will," she says. "An intervention that works well in the alcohol world might not work in the tobacco world."

A YOUTUBE SENSATION

When one thinks of videos that go viral on YouTube, clips of cute puppies and babies come to mind. A video about how to read an electrocardiogram? Not so much.

Yet, a video produced by the SMPH Department of Family Medicine (DFM) that describes this basic skill has been viewed more than 400,000 times.

Even more impressive is that the ECG video isn't just a one-hit wonder. The department's YouTube channel has had nearly two million views, about half of which have come since August 2010. Several videos have had more than 100,000 views.

The department's channel, established in 2007, is outperforming most of the leading medical schools that use YouTube, including Harvard, Johns Hopkins and Stanford.

It all started with a simple idea. The department already had a library of videos used in residency education, but they weren't easily accessible. There also was no place for supplemental educational material that residents could view on their own time. YouTube provided the perfect solution.

What the department didn't expect was that the videos would be watched by so many people who had no SMPH connections.

"Having our content on YouTube has introduced people to UW Family Medicine who would normally never think of us," says Jim Witkins, web architect for the DFM.

The DFM YouTube channel features resident and physician recruitment videos, demonstrations of common procedures and integrative medicine videos. Most of the videos are less than 10 minutes long.

"Here, people have embraced the concept and have looked at the positive aspects of it," says Melissa Stiles, MD, a professor in the department who has been a faculty champion of the YouTube project.

DFM isn't the only group that has embraced video sharing. UW Health has

–Continued on page 37



MEDiC Clinics

20 years of meaningful experiences for students, faculty, patients and the community

by Med 2 Parker Hoerz
MEDiC Council President

In 1991, seven medical students approached Dr. Ted Goodfriend with a desire to address medical and social needs in the community, yearning for more patient contact in their first years of medical school. The students began with the intention of starting a Medical Information Center, called MEDiC, but quickly recognized the need for more active medical care.

Today, their initiative has matured into a network of seven student-run free clinics that serve more than 1,800 patients a year. In 2010, a total of 250 MEDiC clinics provided the equivalent of $250,000 of medical care for just over $8,000—a mere $4.40 per patient, on average.

Of course, much of the savings comes from the time and resources donated by our volunteer physicians and our community partners. While the MEDiC clinics focus on acute care, our growing referrals network allows us to serve as an entry point to the healthcare system for those with chronic health issues.

As MEDiC's local value has increased, awareness and appreciation of it has spread. This past fall, President Obama honored MEDiC with the President's Volunteer Service Award. It was incredible to realize that from its humble beginnings 20 years ago, our program had grown into something worthy of national recognition.

For many students, faculty and patients, MEDiC has provided a meaningful, at times career-defining, experience.

"The best thing I've done since I've been at the University of Wisconsin has been to help start MEDiC," Goodfriend has said. It's an impressive claim coming from a physician of his stature—a highly regarded teacher and busy practitioner who ran a robust research program for years.

Goodfriend is always quick to credit students with MEDiC's establishment and progress.

"The power behind MEDiC is the enthusiasm and participation of the students," he explains.

MEDiC is run by a council of about 40 students from the UW MD, PA, PT, pharmacy





Left: Med 1 May Tun and Med 2 Kelli Pointer examine a patient at ARC House Clinic. Above left: Med 2 Henry Harrison helps a young visitor find a book. Above right: physician assistant student Joseph Strangfeld prepares a urinalysis under the watchful eye of resident Kevin Thao.

and nursing programs, with guidance provided by advisor Sharon Younkin, PhD, and medical director Don Schalch, MD.

For the students, the ability to work with MEDiC is a privilege. For many, including myself, MEDiC was a big reason for choosing to attend the SMPH. The program provides an opportunity to get hands-on experience early in our education, serving as a source of motivation at a time when it is easy to feel overwhelmed by books and lectures.

"We are so grateful for the weekly reminder at clinic about the real reason we are pursuing this profession—to care for those in need, recognizing the importance of treating the whole person," say Med 3s Kristin Sonderman and Anne Becker, who were coordinators at the Salvation Army Clinic last year.

But even more, MEDiC represents the school's commitment to preparing students to work with vulnerable populations, to work within the constraints of limited resources, and to address the deficits and disparities in the U.S. healthcare system.

The first part of this process is learning about the current healthcare delivery situation.

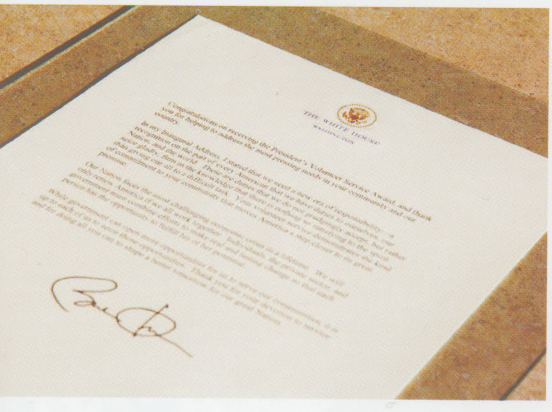
"MEDiC has offered such a valuable learning experience, not only in terms of patient care, but also in understanding the barriers that prevent an unfortunately large portion of our population from receiving the care they need," says Med 1 Andrea Dale, 2011–12 referrals coordinator. "I think this understanding is the first step health professions students can take to begin to break these barriers down."

From what we can tell, the program seems to be having a real impact on student-patient interaction.

"It makes you feel blessed. Very blessed. It makes me feel like they understand where I'm coming from," says one MEDiC patient.

For me, what is most rewarding is the opportunity to work alongside other students, physicians, advisors and community partners. It is inspiring to see these people pour themselves into such a worthy cause, and it gives me hope for the future of healthcare.

It's this mutual exchange with the community and the resulting educational opportunities that make MEDiC such a natural part of the SMPH. MEDiC provides the sort of opportunities we need to continue our transformation into a cutting-edge school of medicine and public health.



President Obama honored MEDiC with a signed award.

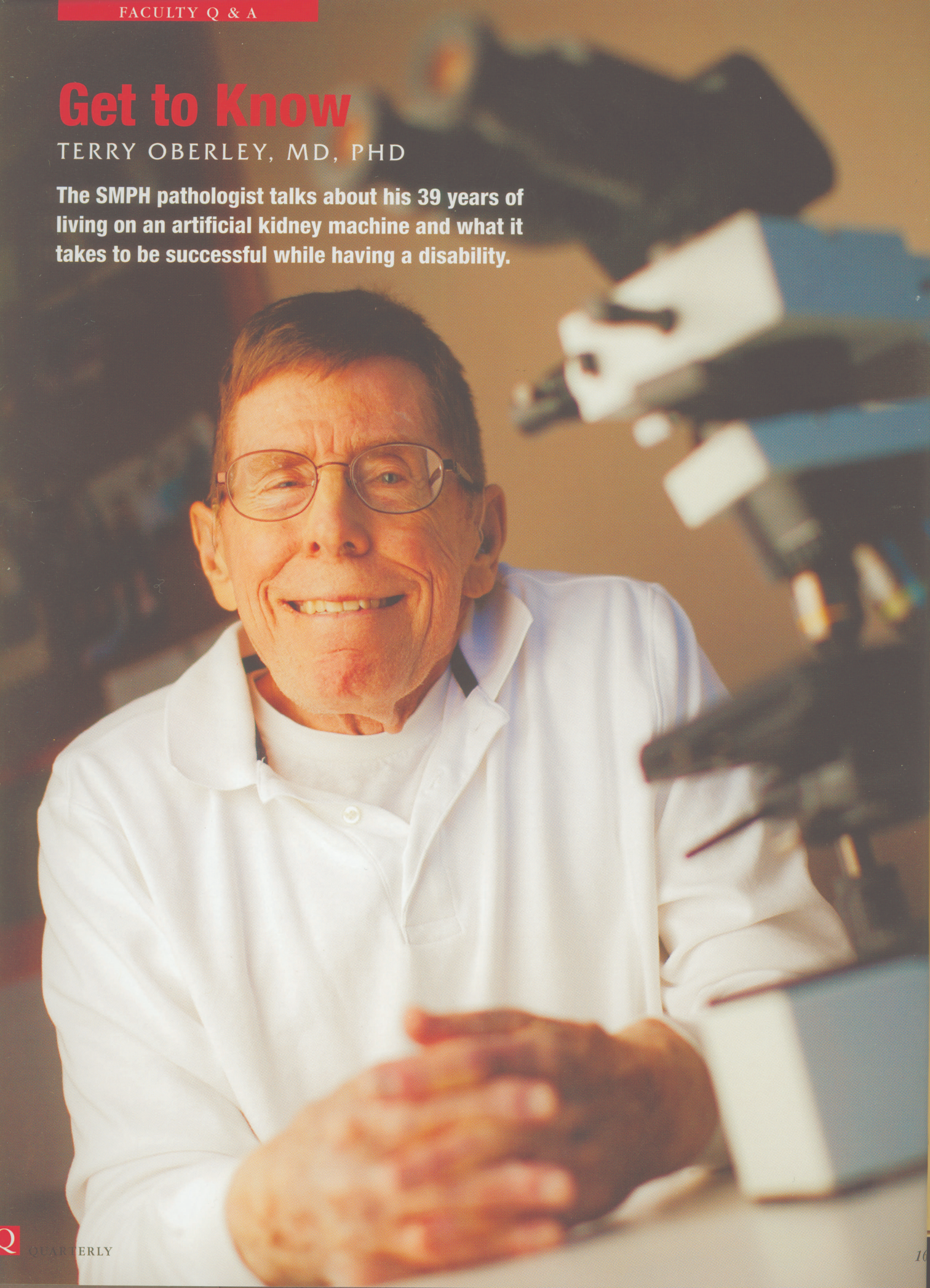
MEDiC CLINICS:

- Grace Clinic
- Salvation Army Clinic
- Salvation Army Dental Clinic
- South Side Clinic
- Safe Haven Mental Health Clinic
- Michele Tracy Preventive Health Clinic
- ARC House Clinic

Get to Know

TERRY OBERLEY, MD, PHD

The SMPH pathologist talks about his 39 years of living on an artificial kidney machine and what it takes to be successful while having a disability.



In the middle of medical school, while you were working on your PhD, your life came to a screeching halt. What happened?

My kidneys failed. I knew I had a kidney disease because my identical twin brother and I were diagnosed with it when we were 9. I had a biopsy when I was a freshman undergraduate at Northwestern University but it predicted I wouldn't go into kidney failure for 20 years. I thought there would be many dramatic changes in treatment in that time and maybe I'd never go into renal failure. But after my first year of medical school at Northwestern, a second biopsy predicted I would go into renal failure in five years. That one was right. At age 27, in 1972, I started artificial kidney treatment. I finished my PhD, then my last two years of medical school, while I was on dialysis.

Wasn't dialysis relatively primitive at the time?

Dialysis could not be used long-term until a vascular surgery technique was developed, shortly before 1972, that allowed repeated sticking of large-bore needles into arterialized veins. Even with that, it was not clear how long an individual could live on dialysis.

What was it like to be on dialysis during medical school?

I would go to my clinical rotations as a Med 3 and 4 on Sunday afternoon, work all night and all Monday, and get off around 5 p.m. At 10 p.m. on Monday, Wednesday and Friday nights I would dialyze overnight at the hospital. I'd get up at 6 a.m., then work until the next dialysis. I would go home only on Saturday mornings. So the entire week I would see my wife and infant son for only a period of about 24 hours.

Were there times when you thought you couldn't continue?

At times I became so depressed that I was ready to quit medical school. But then the first physician who had gone through medical school on dialysis came to give a lecture about how to succeed on dialysis. It was Dr. Andrew Peter Lundin, a nephrologist. He said, "Sir, you can do it." That was all I needed. I became the second person at the time to go through medical school on dialysis. I found that one of the keys to success when you have a disability is to meet someone who has the same disability and has been successful.

How did you come to specialize in pathology?

I decided on a career in pathology because I like the intellectual nature of the field—it's a mixture of basic science and clinical medicine. I thought the hours would be good. That was before I became a kidney pathologist supporting the transplant service at UW Hospital and Clinics. Then I was on call 24/7 for many years. I also chose pathology so I could do research.

What was some of your early research about?

The first 10 years I studied kidney cell biology. My goal was to cure kidney disease. I authored 27 papers on the topic. My brother, who was a physicist, persuaded me to switch to the field he pioneered—electronic biology. I realized there's an inherent conflict of interest, emotionally, if you study your own disease. You're so intent on curing it, you're obsessed with it. That's not healthy.

How long have you been on dialysis now?

For 39 years, longer than almost anyone. My wife helped me dialyze at home for the majority of those years. Then we hired nurses. These days, sophisticated new technology makes patients feel much more normal. Unfortunately, it involves dialyzing four times a week for five hours each time.

Have you been able to live a relatively normal life on dialysis?

When I started dialysis, I expected to pass away soon, to have tremendous pain all the time, but mostly I expected to not lead a normal life of any sort. Instead, until five years ago, I led a normal life except for one illness. I never missed work. I had a family I cherish, including two sons. I became a leader in my department. Most people didn't know I was on dialysis.

What do you do all those hours on dialysis?

Until the last few years, I did research: reading, writing papers, talking to people on the phone.

But you recently ended your clinical practice?

I now have a disability that causes my hands to not work well. It's a long-term complication of dialysis that produces a deficiency of cholesterol leading to muscle atrophy. Now I'm taking prednisone and testosterone and I'm getting stronger. Nobody knew about this side effect until I figured it out. The same muscle atrophy contributed to my brother's death in 2008.

You then discovered another long-term complication of dialysis.

I learned that my capillaries aren't normal, so I have a tendency to bleed. This became very apparent when I had a hip replacement in January 2009. I lost six units of blood and much of the dwindling cholesterol in my body. I got weaker and weaker because I couldn't get my cholesterol up.

You experienced additional strain as well that year.

Yes, my wife, who had had breast cancer, died. I really fell apart then. My son (Matthew Oberley, MD '09, now a third-year pathology resident at UW)) and his family moved in. They've been helping me for two years.

How have you been able to deal with the loss of your wife and brother?

I wrote a memoir for self-therapy. The main purpose of the book is to talk about how a person deals with disabilities.

You seem very positive now.

My health problems are under better control, I've written my book and I'm very excited about my current research. I'm working on the metabolism of reactive oxygen species. Since reactive oxygen species are substrates for antioxidant enzymes, I've been studying the role of these enzymes in cancer. This is the redox imbalance theory of cancer, which my brother and I advanced. I work on this every

–Continued on page 37

ALUMNI SHARE MEDICAL SCHOOL MEMORIES AT

Great People Scholars Reception



Left: Scholarship recipient Heather Nennig meets former SMPH faculty member Benton Taylor, who recently created the Dr. Benton and Mary Taylor Great People Scholarship.



Right: Talking with Fred Robertson, Dennis Maki (right) hosted the reception to discuss the Great People Scholarship Program's success and the importance of continued support.

by Merry Anderson

When the Great People Scholarship Fund was launched in 2008, Dennis Maki, MD '67, and his wife, Gail, were among the first faculty and staff leaders to participate in this program, which was established to increase need-based financial aid for qualified students.

Recently, the Makis hosted a reception to introduce the first two Great People Scholars attending the SMPH and provide an update on the program's success and the importance of continued support.

The event, held last October, gave Maki the opportunity to recognize Benton Taylor, MD, who had recently established the Dr. Benton and Mary Taylor Great People Scholarship.

A 50 percent match from both the Wisconsin Medical Alumni Association and the UW Foundation doubled Taylor's gift.

Taylor, who completed his internal medicine residency at UW Hospital and Clinics, worked at the William S. Middleton Memorial Veterans Hospital and was a professor in the SMPH Department of Medicine for nearly 30 years.

"I felt it was important to help support medical students, who are paying so much for their education these days," he says.

He recalls paying only $125 each trimester when he was in medical school at Baylor College of Medicine.

Taylor also wanted to honor the memory of his wife, Mary, a revered Madison nurse for 43 years.

SMPH alumni, current and former faculty and Department of Medicine



Right: UW-Madison Interim Chancellor David Ward and Dean Robert Golden are on hand with Dennis Maki to praise the Great Scholarship Program. Below: Medical student Phil Miles chats with Sheila Cohen.





Medical physics professor Chuck Mistretta and his wife, Darlene (left), pose with Donna Katen-Bahensky, president and CEO of UW Hospital and Clinics.

residents shared advice with first-year medical students Phil Miles and Heather Nennig, the latest Great People Scholarship recipients.

"I was incredibly honored to meet all the physicians—including Dr. Taylor—who support medical education for talented students from less priviledged backgrounds," says Nennig, who aspires to become a primary care physician for an underserved community.

UW-Madison Interim Chancellor David Ward and SMPH Dean Robert Golden, MD, spoke about the importance of private support—and support of students in particular.

Implanted Neurons Take Charge of Brain Circuitry

Wisconsin scientists report that neurons made in the lab from human embryonic stem cells and implanted into the brains of mice can successfully fuse with the brain's wiring and both send and receive signals.

The work, appearing recently in the *Proceedings of the National Academy of Sciences*, represents a crucial step toward deploying customized laboratory-grown cells to repair damaged brains or replace faulty cells affected by disorders such as Alzheimer's, Parkinson's and Lou Gehrig's disease.

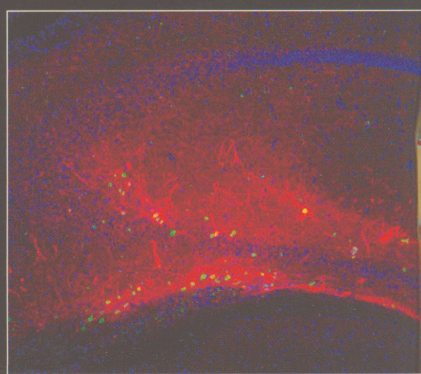
"We show for the first time that these transplanted cells can both listen and talk to surrounding neurons of the adult brain," says lead author Jason P. Weick, PhD, a post-doctoral fellow in the laboratory of Su-Chun Zhang, MD, PhD, professor of neurology and neuroscience at the UW Waisman Center.

The team transplanted their lab-grown neurons into the adult mouse hippocampus and observed the cells as they integrated in live tissue taken from the animals.

Weick and colleagues also reported that the human neurons adopted the rhythmic firing behavior of many brain cells talking to one another in unison. And, perhaps most importantly, that the human cells could modify the way the neural network behaved.

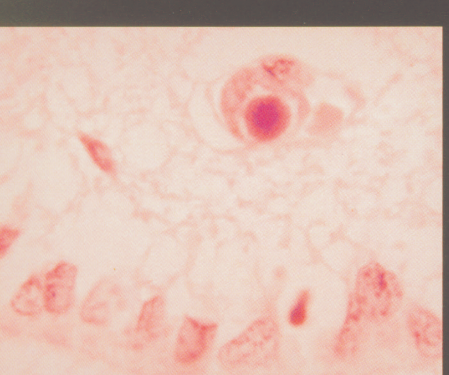
A critical tool that allowed the UW group to demonstrate this capacity was a new technology called optogenetics, where light, instead of electric current, is used to stimulate the activity of the neurons.

"This allowed us to stimulate only transplanted human cells, and lots of them at once," says Weick.



The new study suggests that clinicians may use light-based stimulation therapy to manipulate transplanted tissues and cells.

New Evidence Links Virus to Brain Cancer



Tilting the scales in an ongoing debate, SMPH researchers have found new evidence that human cytomegalovirus (HCMV) is associated with glioblastoma multiforme (GBM), the brain cancer that killed Senator Edward Kennedy.

The new research may place HCMV in an expanding group of viruses associated with cancer. Among others, human papilloma virus (HPV) leads to cervical cancer, Epstein-Barr virus (EBV) produces lymphoma and hepatitis C virus (HCV) causes liver cancer.

"The viruses may not directly cause cancer on their own, but they play a critical role in the process," says lead author Robert Kalejta, PhD, associate professor of oncology at the SMPH.

Two years ago, Kalejta's team showed that two HCMV proteins shut down a key protein that restricts tumor growth in general.

"HCMV can also do every one of the things generally considered the 10 hallmarks of cancer," he says.

In the current study, published in the *Journal of Virology*, Kalejta and his post-doctoral fellow found that HCMV is statistically more likely to be present in GBM tissues than in other brain tumor and epileptic tissues. The whole virus genome, not a portion of it, was present in GBM samples. And the data suggested that a minority of GBM cells were infected with HCMV.

"We hypothesize that HCMV may be infecting only tumor stem cells, unlike other viruses, which infect every single tumor cell," says Kalejta. "This hypothesis leads us to predict that HCMV functions by a unique mechanism that no other virus uses."

Kalejta will begin looking for the new mechanism soon.

"But the tide is turning on the debate," he says.

Delays Reduce Quality of Discharge Summaries

Discharge summaries are often incomplete and delayed, according to an SMPH study.

The findings, recently published in the *Journal of General Internal Medicine*, determined that reports regularly lacked necessary information on diet, activity level, therapy and pending laboratory tests of nursing home patients after departure from the hospital.

The study involved 489 Medicare patients treated for strokes and hip fractures who were sent to nursing homes after hospital discharge.

The Joint Commission requires that hospitals submit discharge summaries within 30 days after a patient is discharged. The summaries often serve as the primary template for guiding the care of patients discharged to nursing homes, especially in the first few days after arrival.

"They are an essential part of communication during the transitional care period," says lead author Amy Jo Haavisto Kind, MD '01, PhD '11, assistant professor of medicine in the division of geriatrics.

The researchers found that the summaries were often completed many days after the patient had been discharged to the nursing home. And as the time grew longer, the quality of the information in the summaries became poorer or more incomplete.

"Our study is the first to suggest that the quality of the document starts getting worse the longer you wait to create a discharge summary," says Kind. "Important items are omitted, and because of that, patient care may suffer."

The Joint Commission standard for creating discharge summaries within 30 days doesn't optimally support



patients who need care right after discharge, Kind says. The summaries should be completed by the day of discharge.

Advance Directives Don't Work for High-Risk Surgery



Advance directives, also called living wills, are a poor tool for helping patients express their wishes about surgery, a new SMPH study suggests.

The study found that only 50 percent of surgeons who do high-risk operations such as cardiac surgery discuss advance directives with their patients before surgery. Fifty-four percent said they would decline to operate if the patient had such a directive limiting post-operative life support the surgeon thought might be necessary for survival.

"Surgeons have a fierce sense of responsibility for bringing their patients out of surgery alive," says vascular surgeon Margaret "Gretchen" Schwarze, MD, MS, assistant professor of surgery, who led the study. "Surgeons don't like advance directives because they feel the directives tie their hands behind their backs."

Advanced directives typically limit the use of routine and short-term treatments that enable patients to achieve the outcomes they desired from their surgery.

Schwarze and co-authors surveyed some 900 cardiothoracic surgeons, vascular surgeons and neurosurgeons. While all reported discussing the possibility of a poor surgical outcome and nearly all discussed the need for post-operative life-supporting therapy, only 52 percent asked patients specifically about whether they had written advance directives.

"I have abandoned the idea that advance directives work for surgery," says Schwarze, who studies surgical decision making. "A more useful approach involves having a conversation with a patient to clarify his or her goals for a high-risk operation, especially in the event of an unanticipated clinical outcome."

The study, appearing in the *Annals of Surgery*, was accompanied by an editorial calling the findings "troubling."

Homecoming 2011

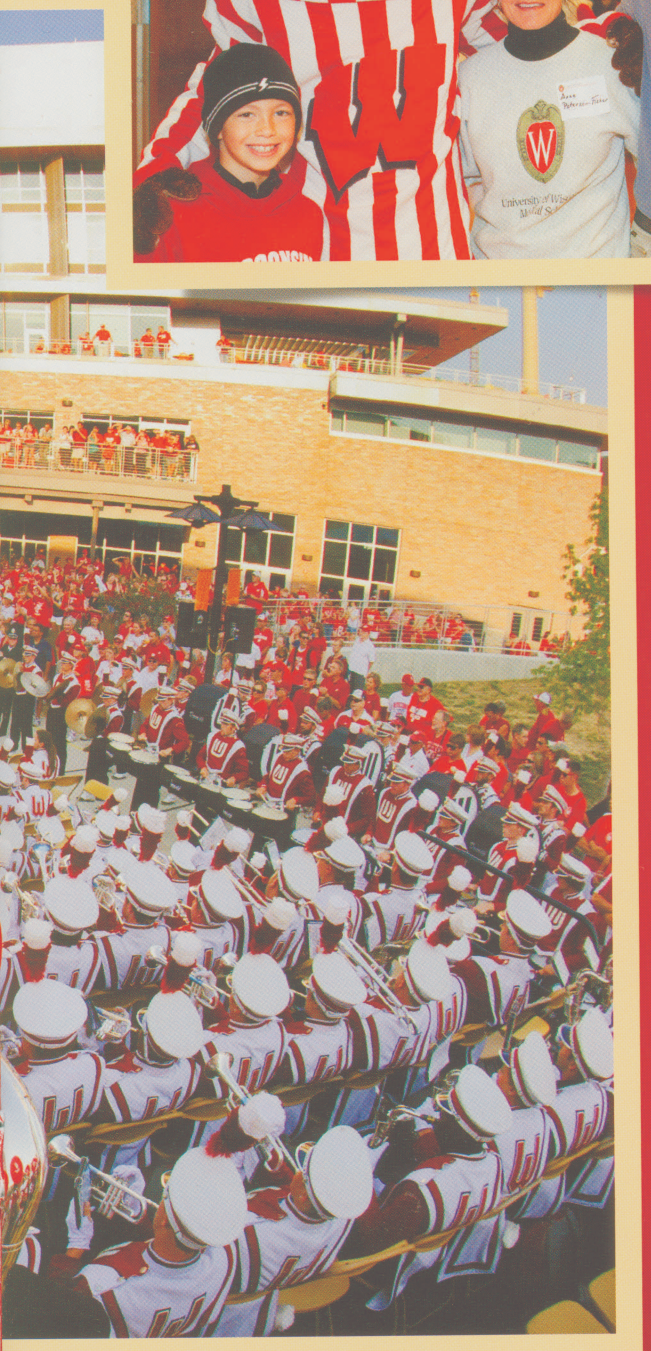


JEFF MILLER, UNIVERSITY COMMUNICATIONS

The UW Marching Band helped the university community celebrate the opening of Union South last fall, after being closed two years for renovations. It was just a few weeks before the medical alumni held their tailgate at the favorite venue. Above right, Anne Petersen-Fisher and family enjoyed connecting with Bucky.



TODD BROWN, MEDIA SOLUTIONS (5)



RETURNING TO A FAVORITE VENUE IS PART OF THE FUN

by Dian Land

After two years of being closed for renovations, Union South was open for business just in time for Homecoming 2011, and the Wisconsin Medical Alumni Association (WMAA) jumped at the chance to return to a longtime favorite venue.

"We were thrilled to be back at Union South. It's so convenient for Badger football games, with Camp Randall just a few steps away," says Karen Peterson, WMAA executive director. "Everyone was amazed to see how beautifully the renovation turned out."

With nearly 600 alums attending the WMAA tailgate party on Saturday, the Badger physicians were the largest group there that day.

Donn Fuhrmann, MD '76, and wife Audrey stayed overnight and found the Union South Hotel very comfortable.

"It was wonderful," Fuhrmann says. "The building is so well designed and energy-efficient."

Renee Coulter, MD '79, was there with her daughter Becca, a current UW undergraduate.

"The building has a sleeker look than the old Union South," Coulter says.

Becca says it's a popular place to study.

In addition to enjoying the new Union South, alumni were treated to a huge Wisconsin victory—the Badgers beat Indiana 59-7. Many who returned for Homecoming were at the game with their classmates. The classes of 1971, '81, '86. '91, '96, '01 and '06 all held reunions over the weekend. In addition to the football game, many of the alums gathered at the Homecoming Dinner the night before the game.

Steve Fox, class representative for the Class of 1986, made sure that there was a good turnout for the reunion—16 members of the class were on hand for



Left: Elizabeth Petty, Katie Kelly and Louis Ptacek marvel at how things have changed. Below: Wendy Molaska, Keith McClelland and Paul and Nadine Weske have a lot to catch up on.







Above: Michael Braun, Beth Derfus, David Rein and John Meurer have fun at the Friday evening dinner. Right: Bucky poses with Patrick and Nancy McGrath, Donn and Audrey Fuhrmann, and, kneeling, Bill Gaertner and Betty Riley.

the fun. But Fox also got serious when he asked his classmates to step up and help create a Great People Scholarship.

"There are matching funds available for the scholarships, so I am challenging my classmates to ante up," Fox says.

If a class raises $25,000, both the WMAA and the UW Foundation will match it with a $12,500 contribution. An endowed scholarship of $50,000 can then be named after the class.

"The idea is that the class will sponsor a student for four years of medical school," says Peterson, who thought up the unique approach to the Great People Scholarship Fund with Jill Watson, director of development for medical alumni.

Dave Henningsen, class rep for the Class of 1991, took an interesting tack. He asked that at least 100 classmates contribute $250 or more.

"Feel free to give more, just in case there are less than 100 responders," he wrote in a letter to the entire class right after Homecoming.

Returning alumni also took in tours of the Health Sciences Learning Center, the first tower of the Wisconsin Institutes for Medical Research and the American Family Children's Hospital.

Before the festivities began, the WMAA board of directors devoted the bulk of their time to a spirited, detailed discussion on the strategic plan they are drafting. The five-year plan will be finalized soon and presented to membership in March 2012.

Reunions



TODD BROWN, MEDIA SOLUTIONS (6)

1981

Front row (left to right): Jack Anderson, Scott Peschke, Gordon Koltis, Arnold Krubsack and Steven Croy. Back row: Keith Meyer, Jon Winther, Pat Remington, Jami Walloch and Jeff Strong.



1986

Front row (left to right): Steve Fox, Brenda Warren, Amanda Strosahl, Cindy Pangallo, Ellen DeVries and Jean Bruce. Back row: Bob Whitcomb, John Warren, Dave Yenerich, Mark Urban, Steve Link and Mark Huftel.



1991

Front row (left to right): Dan Staddler, John Danner, Anne Petersen-Fisher, Vicky Viegut and Dave Henningsen. Back row: Paul Ruh, John Berkhoff, Tony Hecht, Steve Schlach and Mike Struck.



1996

Front row (left to right): Erica Meyer, Elizabeth Nodine, her daughter Claire and Amy Johnson. Back row: Charles Vega, Don Selzer and John Penner.



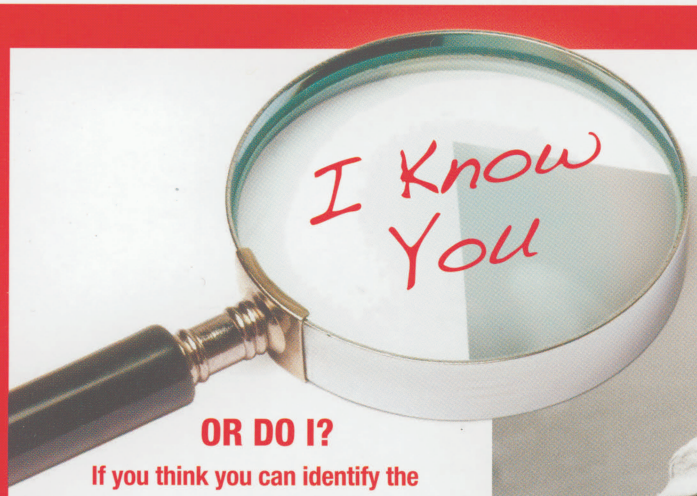
2001

Front row (left to right): Erica Berger, Margaret Berdelman, Wendy Molaska, Kellie Campbell, Mike Sloan and Alex Kendziorski. Back row: Brian Schreiber, Ryan Zantow, Paul Weske, Rich Tower, Tony Borboa, Russ Fredrickson and Paul Pienkos.



2006

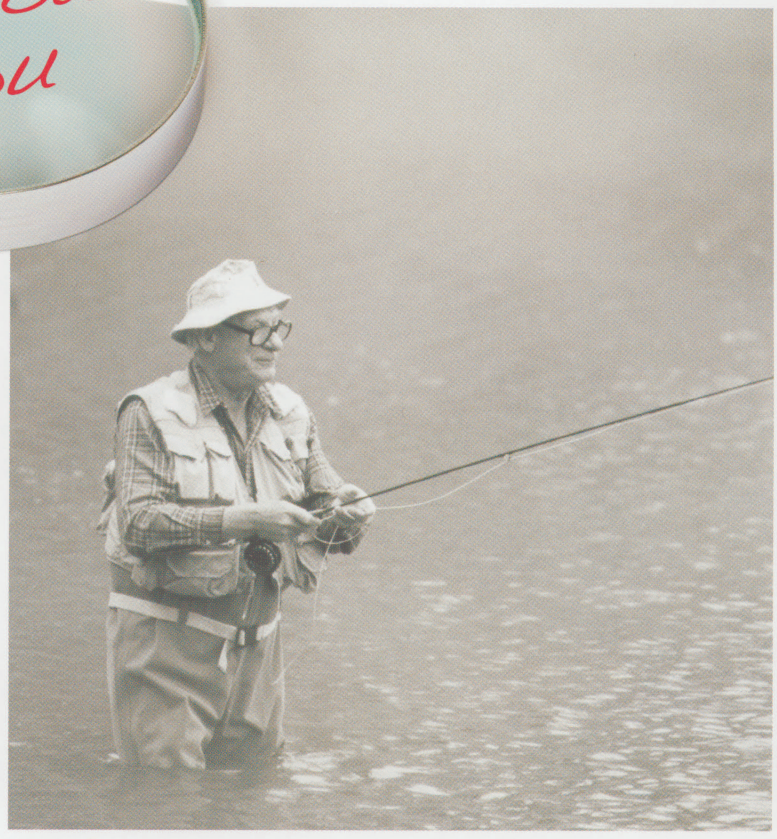
Left to right: Claudia Reardon, Katie Nixdorf, Jennifer Meyer-Carper, Tim Kruser, Amanda Sommerfeldt, Caroline Schmitt, Pete Halverson and Kelly Peters.



OR DO I?

If you think you can identify the SMPH alumnus at right, send your guess to quarterly@med.wisc.edu. We'll draw one of the correct responses and announce the winner in the next issue of the magazine.

HINTS: This alum studied under Drs. Ovid Meyer and William Middleton. He was a member of one of the first groups to perform in a student skit at Memorial Union. He waited tables at Piper's Cafe on Capitol Square, and as a resident, he donated gastric juice to Robert Schilling (below) for his studies on vitamin B-12.





More than 50 people identified our last mystery alumnus, Robert Schilling, MD '43.

Many people sent in comments, some of which follow:

"Bob is a skilled outdoor sportsman, a devoted family man and my dear friend." – William Gilmore, MD '43

"The man was an island of calm in a stormy faculty period under a new dean in the mid to late '50s." – Theodore Eckberg, MD '58

"The cheerful, athletic, bow-tied baseball star and future academic leader has been a mentor in so many ways to generations of UW students and faculty." – Paul Sondel, MD

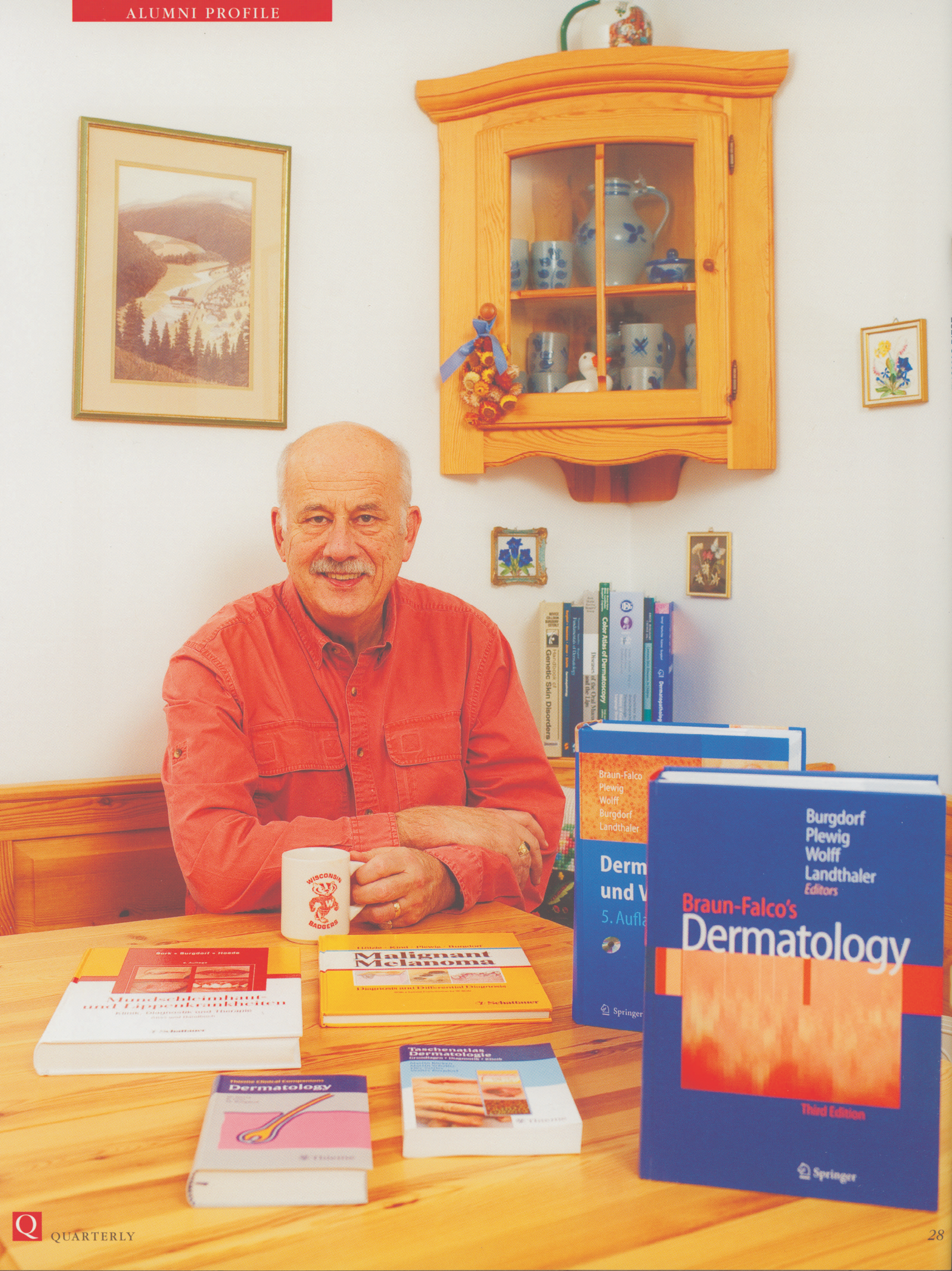
"Generations of students, residents and fellows at UW are fortunate to have been guided by Bob's wisdom and knowledge." – Peter Raich, MD '64

"He taught me how to do careful, concise lab work, maintain records and at the same time learn in a fun environment. He was a brilliant researcher, excellent clinician, terrific teacher and above all a compassionate person." – Bob Lederer, MD '67

John Ouellette, MD, was the winner of the prize.

Says John, "I rounded with Bob and played ball and hunted with him. I canoed with him when he was in his 80s. He carried an 80-pound canoe over a quarter mile all by himself. He refused help and caught more fish than the rest of us!"

Ouellette was a resident in internal medicine at UW from 1960 to 1964. He retired from clinical medicine in 2003. But he's not been idle. "I'm currently working mostly on my Richland County tree farm and was named 2010 Wisconsin Tree Farmer of the Year."


WISCONSIN
BADGERS
Handbook of Genetic Skin Disorders
Color Atlas of Dermatoscopy
Braun-Falco
Plewig
Wolff
Burgdorf
Landthaler
Burgdorf
Plewig
Wolff
Landthaler
Editors
Braun-Falco's
Dermatology
Third Edition
Springer
Malignant Melanoma
Diagnosis and Differential Diagnosis
Schaltbauer
Taschenatlas Dermatologie
Thieme Clinical Companions
Dermatology

Two Continents, Two Illustrious Careers

Walter Burgdorf, MD '69, has enjoyed two distinct career paths in dermatology: one in academic medicine in the United States, the other in medical writing, editing and translating in Germany.

by Sharyn Alden

Walter Burgdorf, MD '69, is a master of routine. For the past 40 years, every morning if at all possible, he has started his day the same way—by bringing his wife Dorothee coffee in bed.

With similar attention and care—and a little serendipity—Burgdorf has nurtured a rich career in dermatology on two continents. It has included clinical practice; pathological services; academic leadership; and medical writing, editing and translating.

Burgdorf is a world expert on a variety of dermatological conditions and skin cancer. He is widely respected for his work in a variety of practices covering both clinical and pathological services related to skin. He is an academic writer, editor and translator of prodigious productivity. And he is co-author of one of the world's most widely used dermatology textbooks.

Burgdorf's home base for the past two decades has been the village of Tutzing, located on a finger lake south of Munich, Germany, with commanding views of the Alps. It's about 4,510 miles from Wisconsin, but he maintains a strong connection to Madison and his alma mater. As a class representative, he has helped plan many reunions and has not missed a single one since moving to Germany.

He counts several SMPH faculty members as friends, including Robert Schilling, MD '43, Burgdorf's laboratory instructor during his sophomore year at medical school.

In a visit to Madison two years ago, Burgdorf recalls, "We bought subs at Fraboni's and had a nice lunch in Bob's office under the seventh-floor rafters of the old university hospital."

On such visits, Burgdorf may join Tuesday morning grand rounds and later take in some of the city's most venerable destinations. You might spot him trying on shoes at the Shoe Box in Black Earth (size 15), ordering a pizza at Paisan's or splurging on a turtle sundae at Michael's on Monroe Street.

"I absolutely love Madison and enjoy extolling its virtues," he says.

FULL CIRCLE TO GERMANY

World War II produced a profound uprooting of Burgdorf's early life.

"I was born in Chemnitz, an industrial town in Germany, in 1943," he says. "My mother, an American citizen, and I left Germany on the first boat carrying civilians from Europe back to the U.S. My father, a German chemical company executive, followed a few years later. We wound up living in Shorewood, Wisconsin, where I went to high school."

Germany also served as the setting where Burgdorf met his wife. In 1970, he was sent to Germany while serving as a general medical officer with the U.S. Army. Eventually, he and Dorothee moved to the U.S., crossing the Atlantic on board ship as he had done years before with his mother.

Dermatology is strongly linked to Germany and France, Burgdorf notes. Before World War II, almost every academic American dermatologist trained at some time in one of these countries, he says.

CAREER PATH

Burgdorf's interest in dermatology began in his teenage years when he developed severe acne. His dermatologist was UW's Roger Laubenheimer, MD '50.

"He was very kind to me and we stayed friends all these years until his death last spring," he says.

Burgdorf has never second-guessed his career choice.

"I was totally inept with a stethoscope so dermatology and later dermatopathology services were easy choices I have never regretted," he says with his characteristic self-deprecating sense of humor.

Following dermatology residency at University of Minnesota Hospitals, he completed a dermatopathology fellowship. He was fortunate to work with Juan Rosai, MD, one of the world's foremost surgical pathologists, to pioneer a tumor detection process involving labeled monoclonal antibody stains.

After a stint on the faculty at the University of Oklahoma, Burgdorf took a position as professor of pathology at the University of New Mexico School of Medicine. In 1984, he was named chair of the department.

"New Mexico had a long tradition of innovation in medical education, so my work there was rewarding, although time-consuming," says Burgdorf, reflecting upon his nearly 10 years there.

He was considering other career options when serendipity played its hand.

A SECOND CAREER BLOSSOMS

When his good friend Gerd Plewig, MD, became chairman of the Department of Dermatology at Ludwig-Maximilian University (LMU) in Munich, and another friend requested his help in private dermatopathology practice there, Burgdorf decided to strike out in a new direction.

"With little difficulty, I moved to Germany and switched from the U.S. system to the German one," he says, noting that he

–Continued on page 36

"On Call"

Three sports medicine physicians tell *Quarterly* what they've been up to



There's More Online!
To see more On Calls, go to med.wisc.edu/31626.

ROSEMARY SCHULTZ, MD '85

I've been an orthopedic surgeon at Aurora Advanced Healthcare in Milwaukee for nearly 20 years. I've practiced here since I finished my fellowship in 1992. The majority of the surgeries I perform today are on the knee—arthroscopy for either meniscus (cartilage) tears or injuries of the ligaments, especially the anterior cruciate ligament.

I chose orthopedic surgery because I'm interested in and enjoy both watching and participating in sports. As a UW-Madison undergraduate, my senior honors thesis involved participating in research on anterior cruciate ligament reconstructions performed by Dr. William Clancy, who recently returned to UW to be chair of the UW sports medicine division. I was fascinated by the procedure and the potential of returning an athlete to sport. I never even thought about going to medical school and becoming a doctor before this college experience! So, when I entered medical school, I was focused on orthopedics. Despite the exposure to other disciplines, nothing came as close to capturing my interest as orthopedic surgery.

Although I did my residency at a rival Big Ten school—Michigan State University's Kalamazoo Center for Medical Studies—I am a proud Badger. After residency, I did my orthopedic surgery sports medicine fellowship in Birmingham, Alabama, at the American Sports Medicine Institute.

I would wholeheartedly encourage any medical student to pursue orthopedic surgery. It is an enjoyable and rewarding specialty that allows you to use both your head and your hands. With sports medicine, you see highly motivated, energetic and upbeat patients of all ages.

My job also provides me with time to remain athletic. I run, bike and swim, among other activities, so I actually "practice what I preach."



It reminds me of a time during my fellowship when one of the other sports medicine fellows remarked how amazing it was to actually get paid to do a job that was so fun! As the old saying goes, "Find a job you love and you'll never have to work a day in your life." That's what orthopedic surgery and sports medicine mean to me!

DAVID BERNHARDT, MD '89

I specialize in primary care sports medicine at the UW Health Sports Medicine Clinic in Madison, and am a SMPH professor of pediatrics, orthopedics and rehabilitation.

In my sports medicine practice, I care for all ages of athletes, from recreational to elite. Some have medical concerns, such as concussions; others have musculoskeletal injuries, from knee injuries to overuse injuries from repetitive sport.

As a team physician for the UW Badgers, I provide medical coverage for men's basketball, cross-country and track, and women's volleyball, crew, cross-country and track.

Upon receiving my medical degree, I entered a pediatric residency at UW Hospital and Clinics, and a subsequent primary care sports medicine fellowship.

The fellowship, which was fairly new then, was started by my colleague Greg Landry, MD. It was the first to combine pediatrics and sports medicine and allowed me to care for patients of all ages with a variety of problems—concussions, acute and chronic knee problems, ankle sprains, shoulder injuries, exercise-induced breathing difficulties, eating disorders and more.

I now co-direct that fellowship, which is one of seven pediatric-accredited primary care sports medicine fellowships in the nation. Trainees include physicians who have completed residencies in pediatrics, family medicine or medicine.

I find it a privilege to work with athletes—able-bodied and disabled—to improve their health through exercise, help them prevent injuries, and diagnose and treat injuries as a member of a great sports medicine team. The team includes primary care and orthopedic surgery/sports medicine physicians, athletic trainers, physical therapists, nurses, medical assistants, dietitians and psychologists.

Among my many memorable patients are a few who



presented with sports medicine complaints but turned out to have cancer, and a UW football player who temporarily lost his ability to talk during a game. While initially frightening, these cases contribute to the dedication I feel toward patients and the pride I feel for my career. It is truly a joy to come to work every day.

TROY SMURAWA, MD '94

During medical school, I had a strong desire to train in sports medicine, which led me to a pediatrics residency at UW Hospital and Clinics. There, I worked closely with primary care sports medicine physicians, caring for competitive athletes on the field and in the training room and clinic. Along with my own athletic endeavors, this fueled my desire to enter primary care sports medicine.

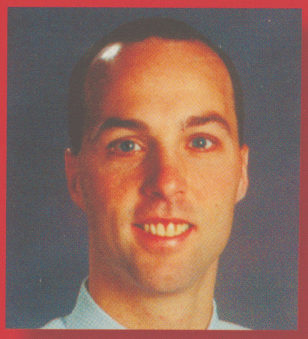
After my residency, I completed a primary care sports medicine fellowship at Akron Children's Hospital in Ohio. I am now an attending physician at that hospital's Center for Orthopedics and Sports Medicine and an assistant professor of pediatrics at Northeast Ohio Medical School. I'm the medical director for the hospital's Pediatric Youth Fitness Program and for medical student and resident education in its primary care sports medicine clinic. I see athletes of all ages and competitive levels who have acute or overuse musculoskeletal injuries.

My career is very rewarding. It allows me to help active, healthy people achieve their goals. I enjoy being on the field with athletes and being part of the team. I also enjoy helping young athletes develop their potential as runners and triathletes. As a certified coach, I help organize a kids-only triathlon and a kids' summer triathlon camp. And I serve as the team physician for the University of Akron and a local high school, where I conduct running clinics.

This led me to develop a performance and biomechanics lab in which I use video motion analysis and force plates to assess running and cycling biomechanics as it relates to injuries and performance.

As a competitive athlete, I have competed in more than 30 marathons, multiple triathlons and six Ironman Triathlons.

One of my most memorable cases occurred when I was the medical director for an Ironman. When a top finisher collapsed into a seizure, I



recognized that he had life-threatening exertional hyponatremia from over-hydrating—which can easily be misdiagnosed as dehydration and dangerously mistreated. I was able to treat him. Following an intensive care and hospital stay, he returned to a successful triathlon career.

CLASS NOTES

Compiled by Joyce Jeardeau

CLASS OF 1968



David Harter retired from private practice in radiation oncology last year. He enjoys living in Florida with his wife, Diane—their backyard is on the St. Lucie River. Their two daughters and their families also live nearby. David is proud of the SMPH and grateful for having the benefit of a Wisconsin education.

CLASS OF 1971

"It is harder to end a practice than to start one," says **Allen Alleman** of Federal Way (Washington) Family Physicians. He'll work another year or so, and then he will be a "snow-bird."

CLASS OF 1974

Gary Hartman was the lead surgeon on a team that successfully separated conjoined twins Angelica and Angelina Sabuco last November at Stanford University's Lucile Packard Children's Hospital. "It could not have gone better," reported Gary in a press conference. The surgery took nearly 10 hours, slightly longer than anticipated. The riskiest portion of the separation procedure, dividing the girls' livers, went slowly but smoothly. The closure of the girls' separation sites went more smoothly than expected, he added. "We were able to close the abdominal muscles without a graft, and the chest closure also went better than we anticipated." Gary joined Stanford School of Medicine in 2004 after serving as chair of the Department of Pediatric Surgery at Children's National Medical Center in Washington, D.C., since 1995 and simultaneously chief of pediatric surgery at Georgetown University since 1999.

CLASS OF 1975

Lorris Betz will be delaying his retirement a little longer to accept (for the second time, previously in 2004) the request of the University of Utah to act as the interim president. He is currently senior vice president for health sciences, executive dean for the School of Medicine and CEO of the University of Utah Health System.

CLASS OF 1980

In October 2011, **Ruth Etzel**, of Geneva, Switzerland, was initiated into the Collegium Ramazzini and received the silver Ramazzini medal in Capri, Italy. The Collegium Ramazzini is an independent international academy of 180 experts in the fields of occupational and environmental medicine. Ruth is senior officer for Environmental Health Research in the Department of Public Health and Environment at the World Health Organization and is known as a leader in creating public awareness of the various environmental risks to children and working collaboratively toward solutions. Her epidemiologic research interests include studying the health effects of exposure to indoor and outdoor air pollutants and identifying the environmental precipitants of asthma attacks.

CLASS OF 1986

David Cassidy was given the Bronze Star for his meritorious tour of duty during Operation Enduring Freedom in Afghanistan with the 38th Infantry Division for duties performed as a task force surgeon. During subsequent duty as medical director at a U.S. Clinic in Bavaria, Germany, he was awarded the Meritorious Service Medal for leadership involving the implementation of the very first Patient-Centered Medical Home in the European Theater of Medical Operations. David is a fellow of the American Academy of Family Physicians.

CLASS OF 1988

As the Iowa state epidemiologist and medical director of the Iowa Department of Health, **Patricia Quinlisk** investigates the causes and sources of disease outbreaks. She is responsible for deciding how to handle the outbreaks, communicate with the public, treat those who are sick, protect those who are not and warn the public of any future potential risks.

CLASS OF 1989

During the Annual Education Conference of the Accreditation Council for Graduate Medical Education (ACGME) in Orlando, Florida, on March 2, 2012, **Felix Ankel** will be a recipient of the ACGME Parker J. Palmer Courage to Teach Award. He is one of only 10 residency program directors across all specialty programs nationally to receive this award in 2012. The ACGME recognizes program directors for finding "innovative ways to teach residents and to provide quality health care while remaining

connected to the initial impulse to care for others." Felix is part of the emergency medicine program at Regions Hospital in St. Paul, Minnesota.

CLASS OF 1990



Daniel Beck has just returned from his fourth medical mission trip to Antiqua, Guatemala. He is part of the Canadian group called Operation Walk. One of the lead orthopedic surgeons in the group recruited Dan to perform the anesthesia (mostly spinals with sedation) for the patients. The focus of the group is to perform knee and hip replacement surgery for Guatemalans who are in need and would not be able to have this surgery without the help of Operation Walk. Dan says, "It truly is a rewarding experience."

CLASS OF 1991

Ann Heaslett accompanied the USA Track and Field LOOK Team (usatf.org) that went to the World Championship in Daegu, Korea, August 27-September 4, 2011. Her husband, Tim Yanacheck, managed the team and she supported it by crewing and giving a scientific presentation on "The Female Athlete Triad." The men's team took the gold medal and the women's team won silver. Ann no longer competes seriously due to hamstring tendonitis but still enjoys running and swimming.

Robert Kerwin is the chairman and founder of Madison Jazz Jam, an all-ages, all-abilities jazz jam. He is editor of "Madison Jazz" (madisonjazz.wordpress.com), a blog/website on the Madison jazz scene. Robert plays the saxophone and enjoys jamming with the Mighty Grove Marsheen, Blues by 5 and various other pickup groups. He practices at UW-Madison University Health Services.

CLASS OF 1993



Orthopedic surgeon **David Goodspeed** was among the service members recently honored by UW Hospital and Clinics. A lieutenant colonel in the Army Reserves, he was given a plaque at the hospital's Military Recognition Ceremony on Nov. 11. David was activated three times during the Iraq conflict, each time for about three and a half months. He was responsible for the orthopedic care of injured U.S. soldiers and Iraqi civilians. He practiced at Pennsylvania State Medical School for 11 years before returning to UW last summer. His father was a Marine and his grandfather fought in the Spanish-American War. "I figure doing some medical work in a combat support hospital or a forward surgical team was the least I could do," he says.

POST-GRADUATE

The American Psychiatric Association honored **Andrew McLean** by awarding him the 2010 Bruno Lima Award; he is one of two recipients of this national award, which "recognizes outstanding contributions of members to the care and understanding of the victims of disasters." Andrew has "a particular interest in working with and advocating for individuals with serious and persistent mental illnesses." He has been involved in clinician education and disaster mental health and resiliency issues.

IN MEMORIAM

Melvin Apell '46
January 10, 2011
Madison, Wisconsin

Paul Bolich (resident)
February 5, 2011
Mound, Minnesota

David Hammes '54
November 5, 2011
New London, Wisconsin

Robert Hartmann '68
May 23, 2010
Waukesha, Wisconsin

James Hildebrand '43
November 11, 2011
Sheboygan, Wisconsin

Donald Jeffries '47
May 23, 2011
Shawano, Wisconsin

Charles Johnson '59
January 22, 2012
Madison, Wisconsin

Earl Kaske '59
November 26, 2011
Monona, Wisconsin

William Luetke '42
August 31, 2011
Gainesville, Florida

R.M. Nesemann '42
January 8, 2012
Kewaunee, Wisconsin

Karl Rudat '73
December 6, 2011
Madison, Wisconsin

John Sanders '52
November 21, 2011
Worcester, Massachusetts

James Sands '47
November 15, 2011
Lake San Marcos, California

I. Ronald Shenker '58
August 19, 2011
Roslyn, New York

Elizabeth Smithwick '55
October 19, 2011
Sacramento, California

Thomas Webster '55
August 14, 2011
La Mesa, California

HIGHLY-HONORED PAUL J. BERTICS, PHD, DIES UNEXPECTEDLY

The SMPH community was stunned and profoundly saddened to lose faculty member Paul J. Bertics, PhD, in December 2011, at age 55. He died unexpectedly at his Madison home.

The school's faculty, staff and students widely regarded Bertics as a special person, often mentioning his hallmark smile, good humor and willingness to help others.

Bertics was a top-tier researcher based in the Department of Biomolecular Chemistry, an educator who taught all levels of students, and a longtime leader on the school's admissions committee, which he chaired until his death. A humble man, he often said he was honored to be able to participate in the selection of future generations of physicians.

He was born in La Jolla, California, in 1956. He received his magna cum laude BS degree with highest honors in biochemistry from the University of California, Los Angeles in 1978, his PhD in physiological chemistry from the UW-Madison in 1984 and his post-doctoral training at the University of California, San Diego from 1984 to 1986.

Bertics joined the UW faculty in 1986. He was the Kellett Professor of Biomolecular Chemistry, a member of the UW Carbone Cancer Center executive committee, leader of the Cancer Cell Biology Program, and co-director of the Material Sciences Research Center in the School of Engineering.

His research program focused on understanding the regulation of cell proliferation and function by growth factors, cytokines and bacterial toxins. The work had direct application to understanding the events involved in cancer development, as well as mechanisms associated with the immune response generated following bacterial infections. Bertics' most recent work was supported by five National Institutes of Health grants and a National Science Foundation grant.

The quality of Bertics' research earned him the Inbusch Award for Meritorious Research, the Eli Lilly Biochemistry Award and the Kellett Award, among many others.

As an educator, Bertics was widely praised. He taught extensively at the undergraduate, graduate and medical school levels. He was given the UW Chancellor's Distinguished Teaching Award and many SMPH awards, including the student-selected Teaching Award, the Distinguished Teaching Award, the Dean's Teaching Award and the Medical Student Association Pacemaker Award for Teaching Excellence (twice).

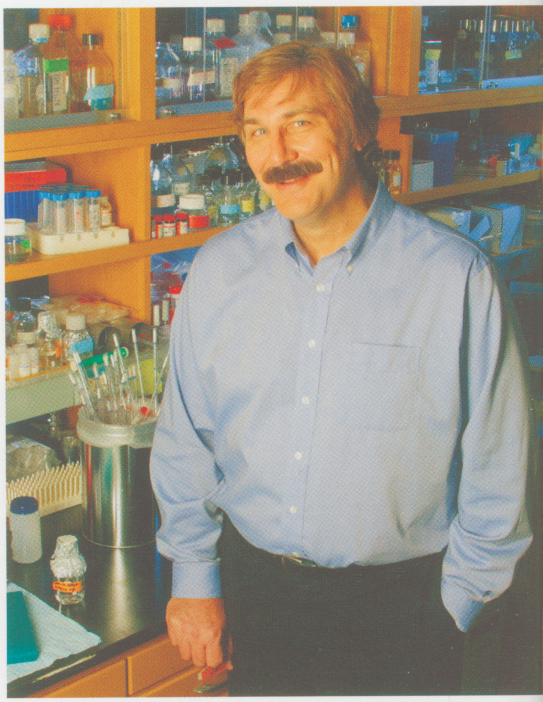
Bertics served the UW and SMPH in many additional ways. He was chair of the UW Biological Sciences Divisional Executive Committee, Wisconsin Alumni Research Foundation Fellowship Committee, UW Distinguished Teaching Awards Committee and Medical School Research Committee, among many others.

Paul is survived by his wife, Sandra; daughter, Victoria and other relatives.

Since high school, Bertics had played the guitar. He also had a strong interest in electronics, including restoring vintage tube radios, as well as fishing, sports, nature and antiquing with his wife.

The UW Foundation has established a memorial fund; contributions can be sent to the UW Foundation, 1848 University Avenue, Madison, WI 53726. Please specify that you would like to contribute to the Paul J. Bertics Memorial Fund. Gifts can also be made online by following links and instructions on the memory page listed below.

Read what the SMPH community is saying and share your memories: med.wisc.edu/bertics.



WORLD-RENOWNED GENETICIST JAMES CROW, PHD, PASSES AWAY

The UW-Madison community is mourning the loss of a legend: James F. Crow, PhD, professor emeritus of genetics, who passed away peacefully at his home on January 4, 2012, at age 95.

Crow was a renowned researcher, teacher, mentor, colleague and administrator during his 70-year career. He was highly honored for his groundbreaking research in population genetics, which uses mathematical and statistical methods to understand evolutionary change.

His work touched nearly every aspect of the field, including the genetic effects of radiation, natural population variations, sex determination, plant and animal breeding, transposable elements, the impact of mutations on populations, and the genetics of pesticide resistance. In 1970, he co-authored with Motoo Kimura a landmark textbook, *An Introduction to Population Genetics Theory*, which still is considered a classic.

Born in Phoenixville, Pennsylvania, in 1916, Crow earned a BA from Friends University in Wichita, Kansas, and a doctorate in zoology from the University of Texas, Austin. He began his career at Dartmouth College in 1941 and joined the UW-Madison genetics faculty in 1948.

He served as the acting dean of the UW SMPH from 1962 to 1965, and as chair of the Departments of Genetics and Medical Genetics. Despite retiring in 1986, Crow remained active in the campus and Madison communities until his death. His broad understanding and ability to distill complex concepts made him a highly sought speaker and lecturer around the world.

Crow served as president of several professional organizations and on more than a dozen national advisory and review committees, often as chair. His extraordinary scientific productivity was recognized through membership in the National Academy of Sciences, National Institute of Medicine, Japan Academy, Royal Society and numerous other national and international professional societies. He received multiple lifetime achievement awards.

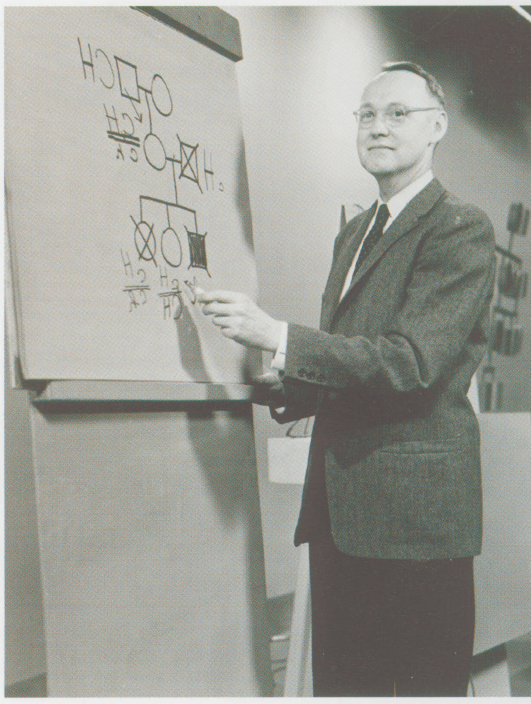
As noted in the *New York Times*, genetics changed so vastly during Crow's career that when anxious students asked him what would be in the exams, he would tell them that the questions were the same every year but that the answers were different. He embraced advances as he witnessed the discovery of the structure of DNA, the increasing role of technology and computers, the advent of cloning and the sequencing of the human genome.

Crow wrote hundreds of scholarly articles and books, and published his undergraduate genetics lecture notes as a book titled *Genetics Notes*—most people called it "Crow's Notes"—that went through eight editions and was translated into multiple languages.

He also was a dedicated adviser and mentor, and his list of former graduate students and post-doctoral fellows reads like a who's-who of the field. He is memorialized on campus through the James F. Crow Institute for the Study of Evolution, a cross-campus institute formed in 2009.

An accomplished musician, Crow played viola in the Madison Symphony Orchestra from 1949 to1994 and served as president of the orchestra and of the Madison Civic Music Association.

He is survived by a son, Franklin; two daughters, Laura Crow and Catherine Rasmussen; six grandchildren and two great-grandchildren.



GOODBYE, DEAR FRIENDS

The WMAA lost two great leaders in 2011—John Irvin, MD '45, and Charles Miller, III, MD '62.

"John and Charles were longtime class leaders who were dedicated to their school and to keeping their classmates in touch with one another," says Karen Peterson, WMAA executive director.

Charles demonstrated his leadership skills in medical school, serving as president of his senior class. He did his residency in general and vascular surgery at Hennepin County General Hospital in Minneapolis. He moved to La Crosse in 1971 and joined the Department of Surgery at Gundersen Clinic—Lutheran Hospital, where he had a rewarding career until retiring in 1997.

A strong believer in the value of a good education, Charles served 15 years on the La Crosse School Board, including several years as president. He received the Physician Citizen of the Year Award in 1990 from the Wisconsin Medical Society. The WMAA honored him with its Ralph Hawley Award for Distinguished Service in 2004.

Singing was always important to Charles. He sang from boyhood through adulthood in churches small and large. He died May 15, 2011.



John Irvin, MD '45



Charles Miller, III, MD '62

John graduated from medical school Phi Beta Kappa and also was elected to Alpha Omega Alpha honor society. After medical school, he did service in the U.S. Army Medical Corps, and then completed his residency in internal medicine at Hines Hospital in Illinois. He practiced internal medicine in Monroe, Wisconsin, from 1951 to 1990, first joining the practice of Drs. Ruhkmnan and Baumle. The practice later became the Monroe Medical Center.

John was a fellow of the American College of Physicians. He served as president of the Wisconsin Medical Examining Board, St. Clair Hospital medical staff and Green County Medical Society. He was an associate clinical professor of medicine at the SMPH.

Playing acoustic guitar was a lifelong passion. He was also a curler and an avid fisherman. John died November 3, 2011, at his home in Monroe.

ALUMNI PROFILE *Continued from page 29*

simultaneously worked at the university and in private practice.

He found private practice in Germany invigorating, as it offered opportunities to learn about aspects of dermatology not usually seen in the U.S.

"Dermatologists in Germany are generally trained in allergy, they care for chronic venous insufficiency and leg ulcers and they may sub-specialize in proctology or andrology," he notes.

There was another twist of fate when unexpected writing and editing opportunities came knocking. His colleagues began asking him to translate German dermatology texts into English and to edit English articles. So in 1998, he gave up his German medical practice to concentrate on medical writing, editing and translating.

This part of his career has blossomed in the intervening years. He recently edited the 1,500-page *Braun-Falco's Dermatology,* started by Otto Braun-Falco, MD, a friend and earlier chairman at LMU. Using his expertise in translation, Burgdorf edited the fifth German edition as well as the third English edition. The sixth edition will be published in 2012 as will the historical tome *The Pantheon of Dermatology*, which Burgdorf edited and translated.

Burgdorf says he's probably proudest of the second edition of *Braun-Falco's Dermatology* published in the late 1990s and diligently typed on his antiquated computer.

OF HIKING, READING AND REFLECTION

Burgdorf enjoys reading books based on historical events. Currently he recommends *Comedy in a Minor Key* by Hans Keilson and *Address Unknown* by Kressman Taylor. Both small books offer insight into the lives of ordinary people during the Nazi regime.

Hiking is another favorite extracurricular. When he left New Mexico, he celebrated with a group of friends by hiking down and up the Grand Canyon. And two years ago he fulfilled a lifelong dream of hiking the 100-mile West Highland Way in Scotland.

Looking back, Burgdorf says his training in Madison was a launching pad of inspiration and innovation.

"I was lucky to be in medical school at a time when everyone knew everyone," he explains. "I am grateful that my clinical teachers instilled in me a deep respect for patients and the need for continuing medical education—before the term even existed."

MASTER OF PUBLIC HEALTH *Continued from page 7*

The MPH degree can take students in many directions. This year, Stephanie Salyer, MPH '11, who earned a dual doctor of veterinary medicine (DVM)-MPH, won a highly competitive fellowship with the elite Epidemic Intelligence Service at the Centers for Disease Control and Prevention (CDC).

Some graduates have stayed closer to home, working in the Division of Public Health at the Department of Health Services (DHS). The office runs the Surveillance and Outbreak Support (SOS) team, which is staffed by MPH students and assists local health departments during outbreaks of food-borne illness. Rachel Klos, an '06 DVM-MPH, leads a team that includes epidemiologists Traci DeSalvo, MPH '08, and Justin Kohl, MPH '10.

Still others work in policy roles, such as Emma Hynes, MPA-MPH '11. She is a Population Health Service fellow in the Maternal and Child Health unit of DHS and the Wisconsin Alliance for Women's Health, focusing on access to health insurance and other policies affecting the well-being of Wisconsin families.

"Their job titles might not say public health, but they may wind up working in rural healthcare policy, economic development or other fields that touch on the health of the community," says director Oliver. "Health is everyone's business."

SOCIAL MEDIA *Continued from page 13*

an active YouTube channel at youtube/uwhealthwi, with nearly 500 videos on topics ranging from physician interviews to healthy cooking tips.

One popular clip shows how SMPH faculty can use video to present important messages in a fun way. Sam Lubner, MD, a UW Health oncologist and assistant professor of medicine, transformed himself into a hip-hop superstar to build awareness of the importance of colon cancer screening. His "Colon Rap" video has been viewed more than 8,000 times.

NEW LEARNING OPPORTUNITIES

Social media is even beginning to play a role in medical education at the SMPH.

As part of an integrative case—an interactive educational experience in which an issue is examined from a variety of perspectives—second-year medical students learned to use social media as a tool for advocacy. They created blogs, Twitter accounts and YouTube videos focused on public health issues such as raw milk, distracted driving and medical marijuana.

Outside the classroom, some students are using social media to share their interest in medicine.

Kevin King, a UW-Madison senior who works in the spinal cord injury research lab of Daniel Resnick, MD, professor of neurological surgery, is using social media to demonstrate to the general public that neuroscience doesn't have to be a daunting subject.

The goal of his Mindless Science blog is "to bridge the gap between public knowledge and current events in the field of neuroscience." He has written about concussions in football, the neuro-esthetics of UW-Madison's new Union South and whether people are truly in control of their own actions.

King, a biology major concentrating on neuroscience, is also active on Twitter, which he uses not only to discuss interesting articles and current issues in neuroscience, but also as a learning tool. Through Twitter, King is able to find out about new publications without having to go to PubMed. He can then carry the conversation further by tweeting about new publications to his followers.

"It's a great collaboration tool," King says. "I find out about grants and research opportunities through Twitter that I usually wouldn't know about."

And it's not just for students, either. King believes it won't be long until physicians find ways to use social media to educate patients.

"Doctors will realize that this is a very easy and quick way to get important information to people," he says.

FACULTY Q & A *Continued from page 17*

day. I'm a much better researcher now that I have all this time to focus on it. Having lived a life of both clinical medicine and research, it turns out that research is what's really kept me going.

What is your formula for living successfully with disabilities?

Parents or immediate family members must instill in you a feeling of self-worth. I was so fortunate to have parents and a wife who did that. You must be passionate about what you're doing in your life so you can forget about your illness and be motivated to get up every morning. You have to focus on things you can do, rather than those you can't. You must be able to call upon an extensive support system that fills in when crisis occurs. And you must get love, unconditional love, from family, church or a foundation that's important to you.



McArdle researcher Caroline Alexander (left) and her graduate students will soon move to the new WIMR II.

Realization of a Dream

Researchers at the McArdle Laboratory for Cancer Research will soon move into WIMR II, uniting after many years with UW Carbone Cancer Center clinical scientists located in WIMR I. It will fulfill a dream held dear by the founder of both institutions.

by Anne Pankratz

As the completion of tower two of the Wisconsin Institutes for Medical Research (WIMR II) draws near, the McArdle Laboratory for Cancer Research readies itself for a move that is much more than a mere relocation to a new facility on the health sciences campus at UW-Madison.

The move will be, in fact, a long-awaited culmination of conceptual work and vision that has existed at the SMPH for decades.

The visionary behind the earliest cancer research at Wisconsin was Harold Rusch, MD '33. He founded the McArdle Laboratory in 1940 as the first university-based basic science research facility focused solely on cancer. McArdle scientists were originally based in a four-story building south of Service Memorial Institute but moved into newly constructed facilities in 1964 and have remained there ever since. From the beginning, science flourished at McArdle and it soon became world-famous.

In 1972, Rusch handed over administrative leadership of McArdle to Henry Pitot, MD, PhD, and established the Clinical Cancer Center, also one of the first of its kind. Originally located in a wing of the old University Hospital, the center moved into UW Hospital and Clinics in 1979. Though it was separated from McArdle by a mile geographically, Rusch felt it was essential that the two entities remain together conceptually. He ensured this when he hired his successor, Paul P. Carbone, MD, whom he was sure could lead a clinical oncology research program that would complement McArdle's basic oncology research program.

Rusch's goal was always to have basic scientists and clinicians in the field of cancer work in close organizational and physical proximity to allow for the greatest communication and exchange. In 2001, McArdle and the UW Comprehensive Cancer Center joined forces under one banner, meshing administrative and support capabilities and sharing newly identified, common strategic goals. The consolidation brought them closer together than they had ever been, but not physically.

The move to WIMR I began in 2008, when the renamed UW Carbone Cancer Center (UWCCC) relocated there. When McArdle researchers move in 2013, the two groups will reunite after decades apart. A total of six floors within the two towers will be dedicated to cancer research.

James Shull, PhD, current McArdle director, and George Wilding, MD, current UWCCC director, share similar sentiments about the coming move.

"Dr. Rusch's dream was always to have an organizational structure that allowed basic scientists to work closely with their clinical counterparts," says Shull. "The realization of the dream will have a great impact on our ability to interact with our SMPH colleagues and will greatly enhance our approach to translational research."

Adds Wilding, "The McArdle Lab and the cancer center have been interacting for decades, but the closer physical proximity will offer a tremendous opportunity for scientists and clinicians across many disciplines to connect and exchange ideas."

Twenty-five groups of some 250 McArdle faculty members and staff will move into WIMR II. They will bring their traditional culture of teamwork and mutual support, which has helped produce internationally recognized cancer researchers, including Nobel Laureate Howard Temin, PhD.

With long-standing excellence in cancer virology, cancer genetics and tumor biology, McArdle principal investigators, post-doctoral personnel, graduate students and ancillary research staff will continue to focus on identifying causes of cancer as well as new therapeutic targets. Clinical colleagues will continue concentrating on cancer control, cancer genetics, cell signaling, chemoprevention, experimental therapeutics, human cancer virology, imaging and radiation science and tumor microenvironment.

The innovative design of the new buildings will only improve the collaboration and idea sharing that have historically taken place, says Wilding.

"It was truly a conscious effort of design and architecture to ensure the continuum of thought and space between and within the towers," Wilding says.

Staff within the lab and cancer center will enjoy greater ease in attending each other's conferences and seminars, says Shull, adding that he expects to see enhanced cost-effectiveness due to improved access to shared services and resources.

The new facility and infrastructure will also allow the program to be more competitive in recruiting junior faculty.

"It will be a tremendous asset in terms of bringing in faculty at the beginning of their research careers and providing them the opportunity to work with experienced members of our team," Shull notes.

Says Wilding, "Our campus is a large research engine that generates ideas and knowledge from many different areas. Uniting in WIMR will provide fertile ground for basic science to translate into clinical application."

Separated geographically for some 35 years, McArdle and UWCCC researchers will soon be reunited as one critical mass. The synergies to come promise the possibility of new discoveries that shed light on the causes, prevention, diagnosis and treatment of cancer. The reunion, a dream come true, will be cause for celebration.

LISTS



I was talking recently with a friend about fine dining at local and destination restaurants. As usual, the subject of best places and perfect pairings of food and wine came up.

Headlines starting with "Best of," "Favorites" or "Top 10" always intrigue me. With the beginning of a new year comes wisdom drawn from the past and reflection on another year gone by—a perfect time to create one of those lists.

I am reminded that we strive for perfection in food and in drink. At the same time, we are realistic, as exemplified by the phrase that's often used when teaching in our operating rooms: "Perfect is the enemy of good." And we are often queried by our friends and colleagues who need a doctor: "Who is the best person for me to see?"

It's been said that Top 10 lists are a staple of a culture obsessed with ranking things. Still, lists can tell us much about ourselves—our obsessions, anxieties and passions.

How do we know when we're on the path to perfection or at least becoming the best at something? Finality is fraught with differing opinions or simple disagreement.

I follow the *U.S. News & World Report* list of top universities and colleges. Their reporting has been called into question. Our Dean Robert Golden joined others last October in a summit titled "The Impact and Future of Medical School Rankings." The group convened to discuss flawed methodology used by the magazine in its rankings of medical schools. Can these reports be trusted?

But, I like lists. They validate things I believe and challenge those that I don't. Mostly, they're fun.

Sporting News, airline magazines and similar publications with lists of top athletes, top sporting events and other best-of lists are helpful. Such publications, after no doubt carrying out exhaustive research, reveal the best of the best in many interesting categories.

There are simple but popular lists, such as the best Midwest food town. According to *Midwest Living* magazine, that would be Madison, of course. However, breakfast at La Mie in Des Moines, Iowa, made the list.

Middleton, Wisconsin, continues to make *CNNMoney*'s list of top 10 places to live based on economic opportunity, good schools, safe streets, things to do and a real sense of community. Merriam-Webster Online has created a window into our national preoccupation by releasing the Top 10 most-looked-up words of 2011 in order of their most-looked-uppedness.

The No. 1 word of the year: "pragmatic." The publisher says that the pattern they observed captures the current mood of encouraging practicality over frivolity. "Ambivalence," "capitalism and socialism," "vitriol" and "après moi le déluge" followed. This must reflect our slack-jaw reaction to the political process in Washington.

Does this list prove that people know not the meaning of "pragmatic"? I don't think so. I think these people were perfectly confident that they knew the meaning of pragmatic until others started throwing the word around. So, head in hand, people went back to the online dictionary to double-check, only to find that "pragmatic" was still pragmatic, and the word "ambivalence" needs to be better understood.

There continues to be a ginormous list of overused terms (in fact, "ginormous" appears on Lake Superior State University's 2011 list of most overused words).

The American Dialect Society lists "occupy" and "Tebow Time" as the most influential words of the year. The group's annual choice reflects the year's popular discourse, similar in a sense, to *Time* magazine's selection of "Person of the Year." The magazine chose "the protester" as its person of the year for 2011.

So join me in reflecting on a year gone by, and share your favorite lists.

Christopher Larson, MD '75
Quarterly *Editorial Board Chair*

Inbox

SUBJECT: MEDIC CLINICS

Health professions students thrive on the experiences they get at the MEDiC clinics, which also improve the health of the underserved in the Madison area. To see a video of how a typical clinic is set up, go to med.wisc.edu/medic.

SUBJECT: A LOOK BACK AT 2011

Remember the people and events that shaped 2011at the SMPH by viewing a slideshow of images captured by photographers Todd Brown, Chris Frazee and John Wingren. View the photos at med.wisc.edu/35445.

SUBJECT: RESEARCH DIGEST

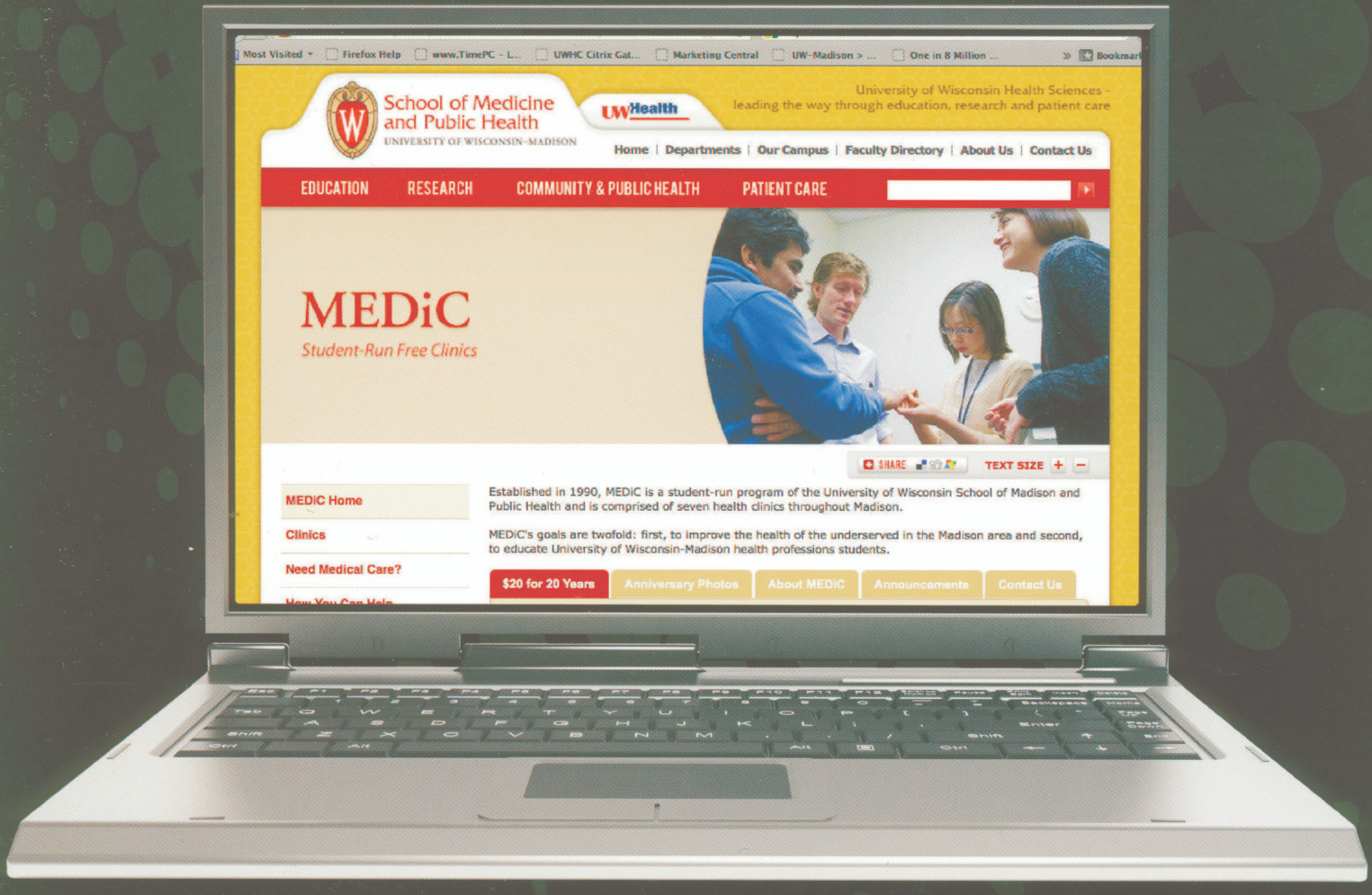
Want to learn about the latest research advances from the SMPH? Subscribe to Research Digest, our bi-monthly e-newsletter. It takes only a minute to subscribe, and it's free. Go to med.wisc.edu/rd-subscribe to sign up.

SUBJECT: MAKE A GIFT

Private gifts make a tremendous difference in helping the SMPH accomplish its mission: to meet the health needs of Wisconsin and beyond through excellence in education, research, patient care and service. And with our secure online donation system, making a gift is easier than ever. Visit med.wisc.edu/gift to learn more.

SUBJECT: FEELING NOSTALGIC?

We scoured the UW-Madison archives for photos from the SMPH's past, and have put together a gallery of some of the best pictures. Visit med.wisc.edu/photo-history to see the collection.



We Want to **Hear From You**

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

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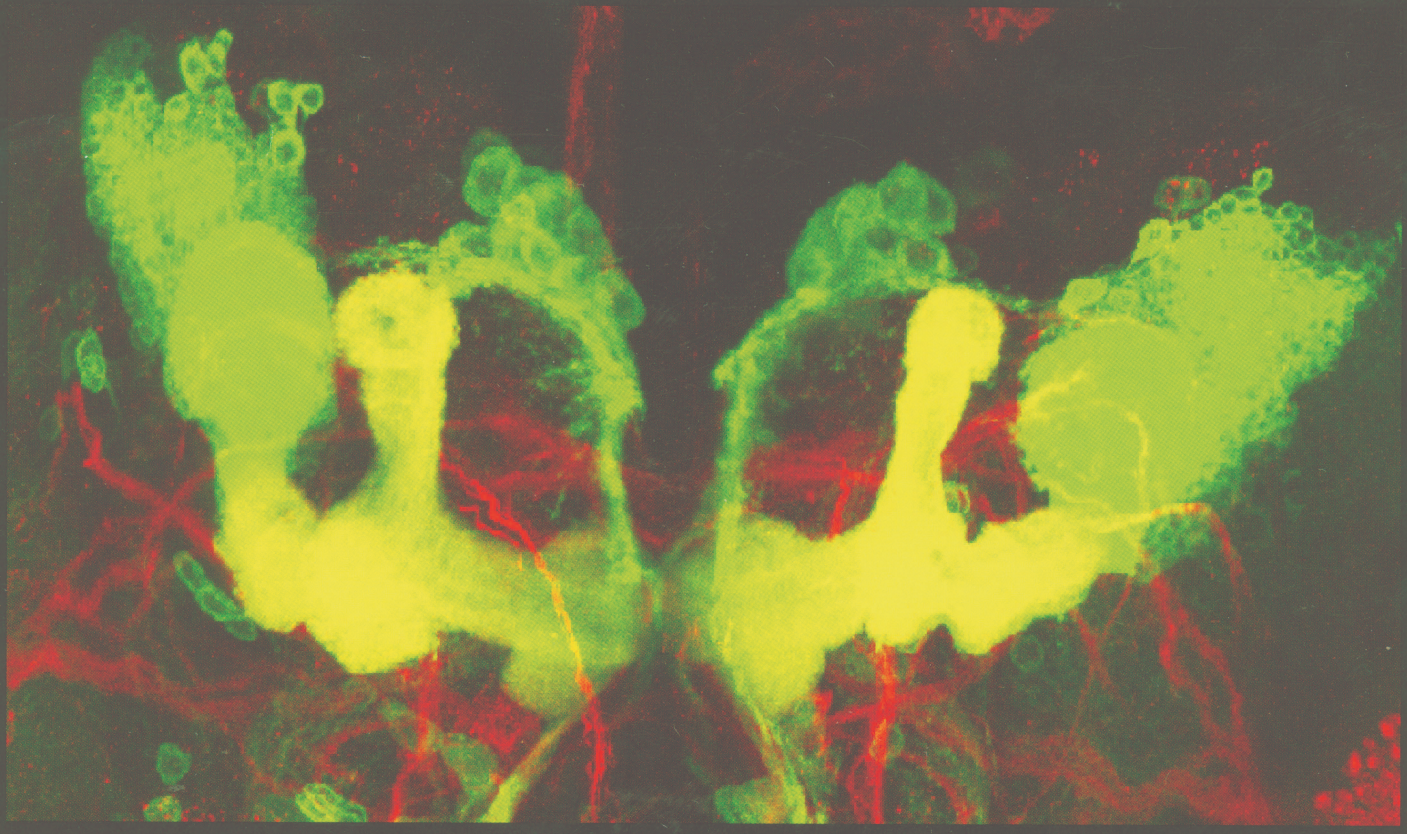

Grace Boekhoff-Falk and her team recently discovered a gene that's critical to the fruit fly's ability to receive, process and respond to smells. The research may someday shed light on the corresponding gene in humans, which has been implicated in autism and epilepsy. In flies, the processing takes place in a large brain structure called the mushroom body. In this image, of portions of both brain hemispheres of the larval fly, the mushroom body appears green and yellow, highlighting cell bodies, dendrites and axon bundles. Axon tracts through the brain appear red. Image courtesy Boekhoff-Falk and Jessica Plavicki.

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