VOLUME 19 • NUMBER 1 • 2017
FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly

SPORE Grant
BOLSTERS CANCER TREATMENT RESEARCH

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

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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

APRIL 2017

Friday, April 21	Spring WMAA Board Meeting, SMPH/WMAA Scholarship Reception and WMAA Awards Banquet

MAY 2017

Thursday, May 11	SMPH Honors and Awards Ceremony
Friday, May 12	UW-Madison Commencement

JUNE 2017

Thursday and Friday, June 1 and 2	Spring Alumni Weekend Class Reunions for Classes of '52, '57, '62, '67 and the Half-Century Society (all alumni who graduated before 1967)

SEPTEMBER 2017

Friday, September 15	Middleton Society Dinner

OCTOBER 2017

Friday and Saturday, October 20 and 21 *(Note updated dates)*	Fall WMAA Board Meeting Homecoming Weekend, UW vs. Maryland Class Reunions for Classes of '72, '77, '82, '87, '92, '97, '02, '07, '12

QUARTERLY is published four times a year by the Wisconsin Medical Alumni Association (WMAA) and the University of Wisconsin School of Medicine and Public Health (SMPH)

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Campus Scene (above)

A French bulldog stands watch as its owners take a study break at UW-Madison in mid-February. That day's temperatures were unseasonably warm, but winter weather soon returned to the region.

Photo by Jeff Miller/UW-Madison

On the Cover

Chunrong Li, PhD (left), and Lauryn Werner—researchers with the Specialized Programs of Research Excellence project—collect incubated cell cultures.

ROBERT N. GOLDEN, MD

On the eve of the American Revolution, one of our founding fathers urged, "We must, indeed, all hang together, or assuredly we shall all hang separately." During these revolutionary times in American health care, academic medicine—and public higher education, in general—must "hang together" and form meaningful partnerships if we are to successfully advance our missions. To that end, we summarize on pages 12 through 15 the progress of our comprehensive spectrum of health professions training programs as they "hang together" in advancing interprofessional health education. This is important as we anticipate health care delivery becoming more and more of a "team sport."

We also celebrate the successful "hanging together" of a diverse team of scientists who share the common goal of improving our understanding of head and neck cancers and developing new treatments. Led by Dr. Paul Harari, this multidisciplinary group successfully competed for a Specialized Programs of Research Excellence (SPORE) grant from the National Cancer Institute. This grant will support the creation of new innovations and synergies in our ongoing battle against this devastating group of illnesses.

On page 34, our Q&A section features Dr. Brian Gittens, who is playing an important leadership role in the creation of the best possible climate and environment for attracting and retaining an increasingly diverse community of learners, teachers, faculty and staff. These efforts will increase our school's opportunity to bring together people with different backgrounds, perspectives and experiences, with an eye toward establishing an inclusive and collegial environment where everyone can attain their full potential.

The University of Wisconsin School of Medicine and Public Health (SMPH), UW Carbone Cancer Center and UW Health are ramping up our efforts to "hang together" with the private sector and relevant industries. Under the outstanding leadership of Dr. Rick Moss, we have created a groundbreaking model for ethical, transparent and collaborative relationships to advance potential new treatments from the bench to the bedside.

We are delighted that our new medical students also are "hanging together," as they create their class's unique code of honor. More importantly, they are working together to insure, individually and collectively, that they fulfill the aspirational goals contained within their code of honor.

Over the course of their careers, we hope many of our students will follow in the footsteps of Dr. John Drawbert, a distinguished alumnus who co-founded a "best in class," community-based surgical hospital that brings together patients and the entire health care team in the true spirit of patient-centered care and patient-provider partnerships.

As we go to press, we are entering the annual period of "March Madness." We are inspired by the success of the Badger men's basketball team as they "hang together" and rise in the national rankings. I hope this shout-out inspires the team, as we look forward to the drama and excitement of the NCAA tournament. We also are looking forward to the joys of spring at the SMPH—including Match Day, graduation and the return of majestic Sandhill Cranes to the marsh near the Health Sciences Learning Center.

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

KAREN S. PETERSON

Greetings medical alumni and friends! Your Wisconsin Medical Alumni Association (WMAA) has had another busy season coordinating engaging events for alumni, faculty and students of the University of Wisconsin School of Medicine and Public Health (SMPH).

We recently hosted the annual Operation Education. Central to our mission to foster meaningful connections between medical students and our school's graduates, faculty members and house staff, nearly 140 students and 65 alumni, faculty and residents attended the January 2017 event. We had more specialties and subspecialties represented than any past Operation Education event, and many alumni attended for the first time. That evening, physicians shared their knowledge and advice about various medical specialties with students, who strive to learn from those who are farther along that journey. We are very grateful for everyone who donated their time to talk with students, and we hope you'll consider doing so in the future.

The recent Winter Event, covered on pages 16 and 17, was equally successful. Held on Friday, February 24, 2017, at the Fluno Center on campus, this annual event provided another opportunity for alumni to connect with each other, hear about exciting happenings at the school and meet with students. We enjoyed the chance to introduce stethoscope donors with their student recipients. Again, students were eager to share their gratitude with donors and learn about the careers of alumni. Thank you to all who came and shared their time.

We are now looking forward to the season of spring alumni reunions. Representatives for the Classes of 1952, '57, '62 and '67 are busy working with the WMAA staff to plan their class reunions, which will be held in conjunction with Alumni Weekend, Thursday and Friday, June 1 and 2, 2017. See pages 18 and 19 for updates from some class representatives.

In addition to those four classes, we welcome all alumni who graduated before 1967 to join the festivities. We proudly call these alumni members of our Half-Century Society. Rather than wait to gather every five years, we hope anyone who graduated 50 or more years ago will accept our invitation to attend the spring reunions as often as they can make it to Madison. We'd love to have you come every year!

On that weekend, all alumni are invited to attend a Mini Med School session, titled, "Would You Like to Talk about What that Means? Communicating with Your Doctor for Better Health," on Thursday, June 1, 2017, from 6:30-8:00 pm in Alumni Hall, room 1306 Health Sciences Learning Center (HSLC), with a reception to follow in the HSLC atrium. The session will be led by Dr. Toby Campbell, a member of the UW Carbone Cancer Center. He'll be joined by a panel of presenters from various SMPH departments.

Spring in Madison is a delightful time for all of the Alumni Weekend events, including a trolley tour of campus, a tour of the anatomy lab in the Medical Sciences Center, Dean Robert Golden's reception and class dinners. Participants also will have opportunities to meet with student leaders, as well as the recipients of scholarships and stethoscopes.

We're grateful for all that our alumni have done to support the SMPH. So many of you have been incredibly generous with your time, talent and treasure. We hope you can take time to visit your alma mater!

Please feel free to contact me with any questions or ideas. You can reach me by e-mail at kspeters@wisc.edu or telephone at (608) 263-4913. If you prefer to correspond by mail, you'll find my address on the back cover of this issue.

I look forward to hearing from you!

Karen S. Peterson
Executive Director, Wisconsin Medical Alumni Association

Paul Harari, MD, is the principal investigator of the UW-Madison SPORE grant, which includes multiple research projects and teams.

BY SUSAN LAMPERT SMITH

SPORE Grant

FEDERAL FUNDING BOLSTERS CANCER TREATMENT RESEARCH

In recent years, a light often burned late in a Department of Human Oncology office at the University of Wisconsin School of Medicine and Public Health (SMPH). There, you'd find Department Chair Paul Harari, MD, toiling over a project that resembled Sisyphus's mythical task: rolling a boulder up a hill, only to have it come crashing down.

Harari's "boulder" was the UW Carbone Cancer Center's (UWCCC) application to earn its first Specialized Programs of Research Excellence (SPORE) grant from the National Cancer Institute (NCI). Although the UWCCC was among the nation's first federally recognized cancer centers, it took many years to earn this top research award.

In fact, four times since convening the UW-Madison SPORE effort in 2010, Harari's team submitted a massive proposal to the NCI for a grant in head and neck cancer (HNC) research. About 40 faculty members contributed to the proposal, with the goal of moving cutting-edge research from the laboratory into the clinical setting where it could directly benefit patients. Although the 2013 SPORE proposal ranked very highly in the nation, it just missed the NCI payline that year. The federal SPORE Program funds all or nothing, and only about 10 percent of proposals are accepted.

"It was painful to come so close and wind up with nothing," says Harari, who by that point kept slippers in his office because he spent so many evenings there.

But the Wisconsin team kept pushing toward the end goal.

Gregory Hartig, MD, who shares Harari's passion, remembers the struggle.

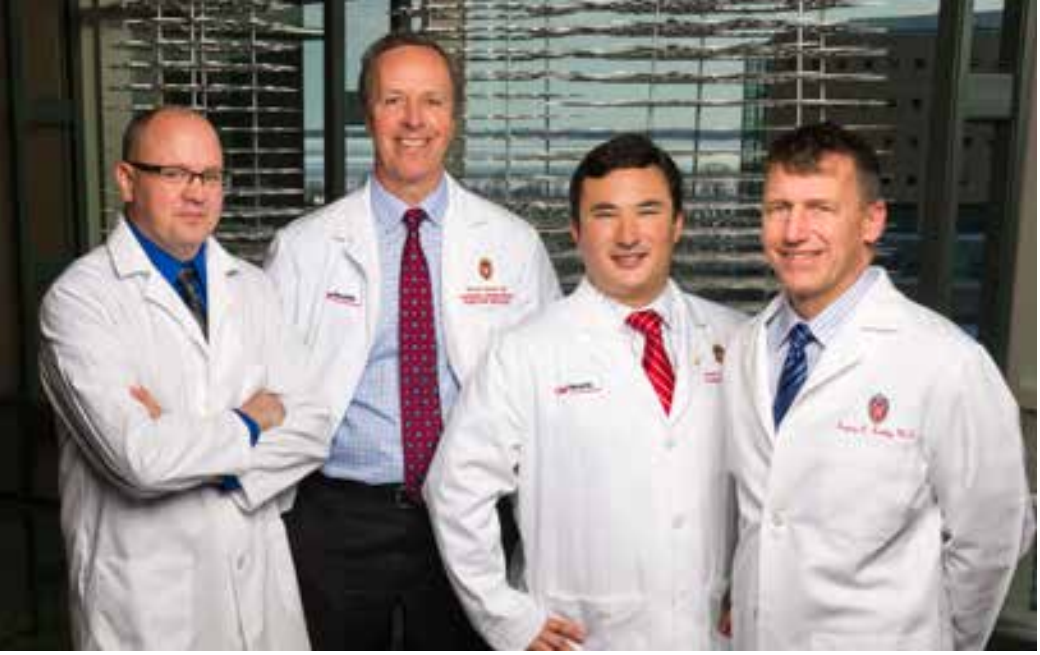
"I would come to the hospital to round on my patients on beautiful, sunny Saturdays, and Paul would be in his office for 12 hours," recalls Hartig, a member of the SPORE team and chief of the Section of Head and Neck Surgical Oncology in the Division of Otolaryngology–Head and Neck Surgery. "I was inspired by Paul's dedication—he simply did not give up."

$14 Million

Total funding support for major research projects and clinical trials to benefit cancer patients

Paul Harari, MD (left), and patient Marshall Flax, a head and neck cancer survivor, who has given back consistently to the UW-Madison head and neck cancer program since his cancer diagnosis and successful treatment in 2003.

The effort finally paid off in 2016. Following an NCI review, the UW-Madison SPORE application earned an exceptionally high score, thereby winning $11 million in research funding, with an additional $3 million in UW-Madison matching funds. This funding supports four primary research



Left to right: Deric Wheeler, PhD '04, Paul Harari, MD, Randall Kimple, MD, PhD, Greg Hartig, MD.

projects (see page 7) and several innovative clinical trials to benefit HNC patients.

The SPORE grant also includes pilot project money to help the SMPH grow its next generation of researchers, as well as support for established researchers who are interested in applying their expertise to new projects in head and neck cancer.

"These dollars will be spent on research here at UW-Madison, so it's a wonderful opportunity for young scientists to start new projects in the field," exclaims Hartig. "That's one of the most exciting parts of the SPORE grant."

Noting that head and neck cancer is a particularly cruel disease, Harari and Hartig say their patients provided their motivation to keep applying for SPORE funding. Few other types of cancer survivors wear their suffering so visibly.

"Many head and neck cancer patients wear their battle scars in public—they can lose their ability to speak, taste and swallow naturally," says Harari. "We owe them a better future. While we are able to offer cutting-edge care in head and neck cancer treatment here at UW Health, it's simply not good enough. There are still too many recurrences, too many side effects, and too many deaths."

When Harari, now the Jack Fowler Professor of Human Oncology, joined the SMPH faculty in 1990, researchers at UW-Madison and elsewhere were making great strides in reducing the collateral damage of HNC radiation treatments. For instance, T. Rockwell Mackie, PhD, emeritus professor of medical physics and human oncology, and his colleagues were developing a new technology to deliver intensity-modulated radiation therapy (IMRT), which allows radiation oncologists to sculpt the beam more precisely to the tumor. Mackie's work led to the founding in Madison of TomoTherapy, which was purchased by Accuray in 2011.

"Before the development of IMRT, we had to shine radiation beams directly through nearby normal organs," Harari recalls. "IMRT enabled us to tailor the dose to the tumor and reduce the damage to normal tissue."

Harari hoped that one of his patients, Marshall Flax, would be a candidate for IMRT—which had been in use at UW Hospital and Clinics for only a few years when Flax's advanced tonsil cancer was discovered by fluke in 2003. Then 50 years old, Flax went in for a tonsillectomy to reduce his snoring, but his surgeon discovered cancer of the tonsil. Next, Harari diagnosed Flax as having stage 4 cancer that had already spread to lymph nodes in his neck.

Deemed not an ideal candidate for IMRT because he had multiple tumors in both sides of his upper neck, Flax endured difficult radiation and chemotherapy treatments. Radiation left him with what he describes as "the world's worst sunburn" in his throat, limiting his ability to swallow for several months. Struggling to consume 700 calories daily via a nasal-gastric tube, he lost 45 pounds and battled pain, fatigue and dehydration. The treatment also affected his salivary glands, and he has never fully regained his ability to taste sweet flavors.

Because Flax survived with his physical appearance intact, Harari describes him as "one of the patients who wear his scars invisibly."

Still, Flax knows his radiotherapy was a major improvement compared to treatment that was available earlier.

"I had it so much better than the people who came before me," says Flax, an active member of the head and neck cancer survivor group at UW Health, where he has raised awareness about HNC, provided support, participated in fundraising efforts and encouraged patients to participate in clinical trials.

"The people who took care of me are the only reason I'm alive, and I feel personally obligated to give back," he says.

Like other grateful patients, Flax wrote letters of support each time Harari's group submitted SPORE grant applications to the NCI.

"I'm a big believer in research, and even though the gains may seem like small steps, they add up to big improvements for patients," he shares.

Flax hopes the grant helps Harari and his team discover better measures to prevent HNC and better treatments that reduce the "collateral damage" for patients.

Incremental research advances enabled Harari and colleagues to conduct an international clinical trial, published in 2006 in the *New England Journal of Medicine*, that confirmed the ability of a new molecular cancer drug—cetuximab—combined with radiation to improve survival rates for HNC patients. The UW-Madison team hopes to make other major research advances through the SPORE grant to help future patients.

Harari expressed deep gratitude to his surgical colleagues on the SPORE grant— notably Hartig and Tim McCulloch, MD, professor of surgery and head of the Division of Otolaryngology–Head and Neck Surgery, who co-lead SPORE projects and

—Continued on page 39

Major Projects Supported by the SPORE Grant

Wisconsin's first-ever Specialized Programs of Research Excellence (SPORE) grant features four major scientific projects designed to bring research from the lab into clinical trials to create better treatments for patients who have head and neck cancer (HNC).

Underlying and supporting the work of all four projects are the Statistical Core, led by Menggang Yu, PhD, professor, Department of Biostatistics and Medical Informatics, and the Pathology Core, led by David Yang, MD, associate professor, and Ricardo Lloyd, MD '75, PhD '75, professor, Department of Pathology and Laboratory Medicine, University of Wisconsin School of Medicine and Public Health (SMPH).

"The work of the Pathology and Statistical Cores is critical to the SPORE grant's success," says Paul Harari, MD, chair of the SMPH Department of Human Oncology and principal investigator of the SPORE grant at the UW Carbone Cancer Center (UWCCC). "Wisconsin is known for the depth of its basic science research, and these projects—which pair basic science research with clinicians—will bring that research from the lab to our patients."

The four major SPORE projects and their basic and clinical science research leaders are:

Cancer Pathways

Paul Lambert, PhD, the Howard Temin Chair of Oncology and director, McArdle Laboratory for Cancer Research, will lead this project, along with surgeon Timothy McCulloch, MD, head, Division of Otolaryngology-Head and Neck Surgery, Department of Surgery. Lambert—an international expert in the study of the human papillomavirus, which causes certain HNC cancers—created transgenic mouse models that enable better understanding of mutations that contribute to HNC. They plan to identify new targets for therapy and biomarkers that better predict outcomes for cancer patients.

Cancer-Seeking Molecule

Harari and Greg Hartig, MD, professor, Department of Surgery, will use the "Wisconsin molecule" developed by Jamey Weichert, PhD, associate professor, Department of Radiology, and colleagues, in a clinical trial. Known as CLR1404, the molecule is selectively taken up by cancer cells and can carry with it a payload of targeted radiation. The work begins in mice with HNC tumors. The scientists have designed a Phase 1 clinical trial for HNC patients in hopes that the targeted molecule will allow them to reduce the dose of external beam radiation and thereby save more healthy tissue.

Synstatins

Alan Rapraeger, PhD, professor, Department of Human Oncology, and Justine Bruce, MD, assistant professor, Department of Medicine, will seek to inhibit receptors called syndecans. These complex receptors are found in the membranes of HNC cells, where they organize groups of receptors into signaling hubs that promote cancer cell growth. Rapraeger has developed peptides (synstatins) that interrupt syndecans and thereby slow tumor growth. The team will be testing these peptides in mice, and if successful, they hope human clinical trials will follow.

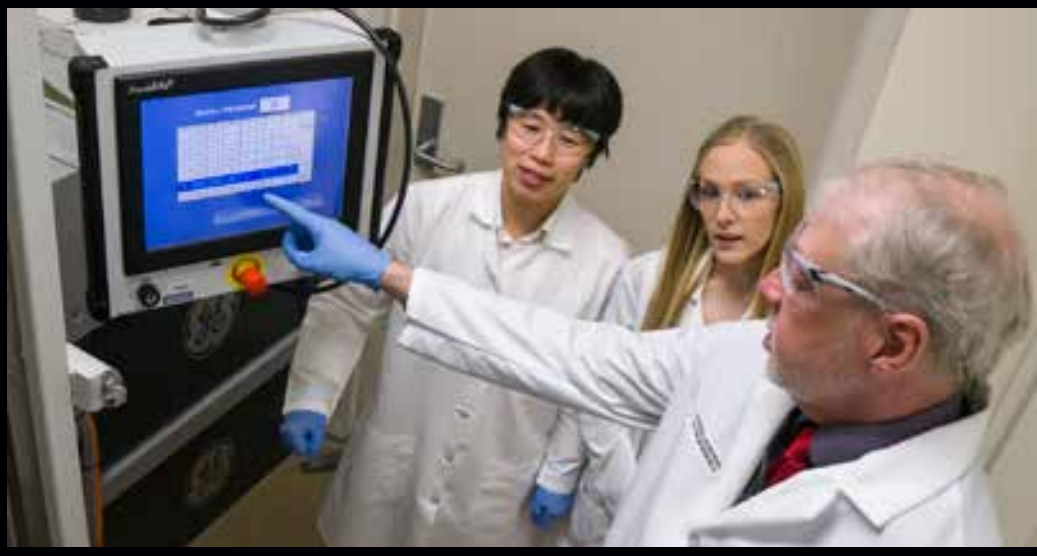
The AXL Receptor

Deric Wheeler, PhD '04, associate professor, Department of Human Oncology, has shown that a cellular receptor called AXL may play a significant role in why HNC cells become resistant to the drug cetuximab. He will examine whether inhibiting AXL in mice will make HNC tumors more sensitive to the drug. Wheeler and project co-leader Randall Kimple, MD, PhD, assistant professor, Department of Human Oncology, will direct a clinical trial in patients with cetuximab-resistant HNC.

Future Projects

The SPORE grant will solicit pilot HNC research proposals, with the goal of funding promising new projects by junior faculty and new research by established scientists.

"We want to help UW-Madison cancer researchers join in our collective pursuit of more effective treatments for HNC patients," Harari says.



Left to right: Chunrong Li, PhD, and Lauryn Werner, listen as Paul Lambert, PhD, describes settings on an experimental irradiator at the Wisconsin Institutes for Medical Research.

Letters from Luminaries

HISTORIC COLLECTION SPEAKS VOLUMES

The University of Wisconsin School of Medicine and Public Health (SMPH) is known for its world-class research and teaching, as well as a superb medical library, but it also is home to a lesser known—but perhaps equally prestigious—collection of historical autographs and letters.

Located in the Health Sciences Learning Center, this collection includes pieces written by some of the most influential people in medical history, including Marie Curie, Louis Pasteur, PhD, Albert Sabin, MD, and Robert Koch, MD, and American political figures "Fighting Bob" La Follette and Abraham Lincoln.

Michael Kappy, MD '67, PhD '67, professor of pediatrics and endocrinology, University of Colorado School of Medicine, donated most of the letters and autographs to the SMPH around 2007.

The remaining pieces—a signed letter from Lincoln and an 1862 *Harper's Weekly* illustration of battlefield surgeons in the Civil War—were donated by Daniel Albert, MD, MS '97, and his wife, Eleanor Albert.

In total, the collection contains about 12 historical letters and autographs, and represents a broad range of thoughts by the authors. For example, Sir Alexander Fleming, MBBS, penned a letter thanking someone for returning a passport, while another piece from La Follette is a summons to a man in Montana to appear before a U.S. Senate committee.

"Each day, I feel privileged and honored to walk past the letters and photographs of these remarkable individuals who shaped the destiny of our field, our state and our nation," says Robert Golden, MD, dean of the SMPH. "These historic documents inspire all of us to appreciate the impact we can have, individually and collectively, on the lives of the people whom we serve."

Name: Abraham Lincoln
Circa: 1863
Donated by: Daniel Albert, MD, MS '97, and Eleanor Albert

A personal letter from Lincoln to Thomas J. Pickett of Rock Island, Illinois. Pickett, a newspaper editor in Rock Island, was an old friend of Lincoln who, in 1859, wrote a letter to Lincoln asking him to consider a race for the presidency. After Lincoln eventually won the office, he appointed Pickett an agent in the Quartermaster's Department for the Island of Rock Island, according to letters at the Library of Congress. On April 3, 1863, Pickett sent Lincoln a telegraph informing him that he had been removed from office over charges he sold government-owned timber and stone for personal gain. On April 20—just two days after Lincoln wrote this letter—Lincoln reinstated Pickett.

Notable contributions: Lincoln was the 16th president of the United States, elected in 1861 and re-elected in 1864. During this time, he led the country through the Civil War, brought national prominence to the Republican Party and on January 1, 1863, issued the Emancipation Proclamation that gave freedom to slaves in the Confederacy, according to the Library of Congress. On April 14, 1865, he was assassinated at Ford's Theatre in Washington, DC, by John Wilkes Booth.

Name: Robert Koch, MD
Circa: 1883
Donated by: Michael Kappy, MD '67, PhD '67

A personal letter from Koch, while he was in Egypt serving as the leader of the German Cholera Commission, according to the Nobel Prize web site. Koch was likely staying at the Hotel du Nile, as noted in the letter. He was sent to Egypt to investigate an outbreak of cholera. There he discovered the vibrio that causes cholera and brought the cultures back to Germany.

Notable contributions: It is fitting that Koch and Louis Pasteur are together in this collection. History remembers them as scientific rivals, and they were certainly contemporaries studying infectious diseases.

In addition to his work with cholera, Koch was awarded the Nobel Prize for his investigations and discoveries related to tuberculosis. This included the discovery of tuberculosis bacterium in 1882, according to the Nobel Prize web site. Like Pasteur, he made many significant contributions to science and medicine. Koch confirmed that anthrax disease was caused by anthrax bacteria, and that it could be spread by the blood of animals infected with the disease. He also showed the bacteria could go dormant and return when conditions became favorable, and that they cause the disease without having ever touched an animal.

Name: Louis Pasteur, PhD
Circa: 1887
Donated by: Michael Kappy, MD '67, PhD '67

A note from Pasteur (recipient unknown). The note was written shortly before the November 1888 opening of the Institut Pasteur, a premier biomedical research center built for Pasteur; it is still in operation today. Also, in 1887, Pasteur was appointed perpetual secretary of the Academy of Sciences.

Notable contributions: People and many commercial industries throughout the world have Pasteur to thank for his scientific research. His invention of the pasteurization process allowed for better preservation for beer and dairy products. This process involves heating a liquid to a temperature that kills organisms that otherwise would break down the liquid. But this is far from Pasteur's only significant contribution to science and medicine. In fact, he is considered a pioneer in immunology. He developed a vaccine for anthrax, and later the first vaccine against rabies.

Name: Sir William Osler, MDCM
Circa: 1906
Donated by: Michael Kappy, MD '67, PhD '67

A personal letter from Osler to Marcia Noyes, the first full-time librarian at the Medical and Chirurgical Faculty Library in Baltimore. Osler recommended she be hired at the library, according to a 1974 article, titled "Marcia Crocker Noyes, Medical Librarian: The Shaping of a Career," by Bernie Todd Smith. Osler wrote the letter about one year after he left Johns Hopkins University in 1905 to take the position of regius professor of medicine at Oxford University in Oxford, England.

Notable contributions: Known as "The Father of Modern Medicine," Osler may have made his most important contribution to medicine in the training of medical students, according to the National Institutes of Health (NIH) web site. He pioneered the approach of teaching students at the bedside rather than strictly in an academic setting. Osler also is credited with being one of the four men who founded Johns Hopkins School of Medicine, which opened in 1876. Its companion hospital opened in 1889. Osler was appointed physician in chief of the hospital and professor of the theory and practice of medicine, the NIH web site states. In addition to his role in founding Johns Hopkins University and Hospital, Osler wrote what is considered a classic medical textbook, *The Principles and Practice of Medicine*. It was reproduced in 16 editions and was referenced long into the future even as medical practices advanced, according to the NIH web site.

Name: Robert M. La Follette, Sr. (Fighting Bob)
Circa: 1920
Donated by: Michael Kappy, MD '67, PhD '67

A summons made by La Follette in 1923 to Joseph Russell of the Auto Gas and Oil Company, Butte, Montana, to appear before the "Senate Committee on Manufactures."

Notable contributions: A leading figure in the progressive movement of the 20th century, La Follette held every major political office in Wisconsin, according to the U.S. Senate's web site. Born in 1855, he grew up in the Town of Primrose, Wisconsin, between New Glarus and Verona. He was elected to the U.S. House of Representatives in 1884 and served there until 1890. Ten years later, he was elected as the Wisconsin governor and served in that post until he was elected to the U.S. Senate in 1906. La Follette held his position in the Senate until his death in 1925. During his time in the Senate, La Follette made two unsuccessful attempts to run for president. Over his political career, "Fighting Bob" had a lengthy list of progressive accomplishments, including pushing for a direct primary system, tax reform legislation, railroad rate control, and other measures known as the "Wisconsin Idea," collectively aimed at weakening the control of party bosses and turning over public administration to popularly elected leaders, the Senate's web site states.

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- **Marie Curie**
- **Harvey Cushing, MD**
- **Linus Pauling, PhD**
- **Albert B. Sabin, MD**
- **Albert Schweitzer, PhD**
- ***Harper's Weekly***

Name: Sir Alexander Fleming, MBBS
Circa: 1946
Donated by: Michael Kappy, MD '67, PhD '67

Fleming penned this letter apparently to thank a person known only as "M. Andre" for returning a passport. It is unknown whose passport Fleming is referring to, but it is likely his own.

Notable contributions: Fleming's most important contribution came at the intersection of science and medicine. He is credited with discovering penicillin. In 1928, when Fleming returned to his work at St. Mary's Hospital Medical School in London after a few weeks away at his home in Suffolk, England, he noticed a mold had grown in a petri dish containing Staphylococcus bacteria he left on his workbench. He observed that the bacteria around the mold were dead or absent—a discovery Fleming would later call penicillin. Fleming wrote this letter two years after he was knighted for his scientific contributions in 1944, and the year after winning the Nobel Prize in 1945.

Donors Help Preserve History

At the University of Wisconsin School of Medicine and Public Health (SMPH)—with roots back to 1848, when Governor Nelson Dewey included a medical school in the newly created University of Wisconsin—it's natural for history to be relished.

A special collection of letters and autographs from some of history's most influential people in medicine and U.S. politics reflects that value on behalf of donors and those who appreciate the artifacts daily.

"We are so appreciative of the generous donors who have given these wonderful gifts to our school," notes Robert Golden, MD, dean of the SMPH. "This collection ties together the traditions of history, the arts and letters, and science in a way that is both captivating and inspiring."

Michael Kappy, MD '67, PhD '67—who has a productive research and clinical career in pediatric endocrinology at the University of Colorado—donated most of the pieces in approximately 2007.

After Kappy received the Wisconsin Medical Alumni Association's 2004 Alumni Citation Award, he wanted to donate his collection to his alma mater.

"I thought the gift of history would be a good thing," Kappy explains.

Michael Kappy, MD '67, PhD '67

Daniel Albert, MD, MS '97, and his wife, Eleanor Albert, gifted to the SMPH, in 2016, a letter penned by Abraham Lincoln and an 1862 *Harper's Weekly* illustration of battlefield surgeons in the Civil War. Years back, they donated a rare book collection to the Memorial Library at UW-Madison.

A noted scholar of the history of ophthalmology and medical ethics and esteemed for his ocular tumor research, Daniel Albert has collected historical medical books and relics for decades.

Lincoln's letter was the key piece in a package of items, but it wasn't the reason he purchased the lot, he notes.

"There was a book I *really* wanted, and the letter was the leading item," he says.

Daniel Albert displayed the pieces in his office at the SMPH, where he was a faculty member for 24 years. He was the chair of the Department of Ophthalmology and Visual Sciences, the founding director of the McPherson Eye Research Institute and the Frederick Allison Davis professor.

Upon moving his career to the Oregon Health and Science University in 2016, Daniel and Eleanor Albert were happy to add to the SMPH's collection, he notes.

"When I visit the Dean's Office, I always enjoy looking at the art," he comments.

Eleanor Albert and Daniel Albert, MD, MS '97

On the west end of UW-Madison, the Health Sciences Learning Center (middle), Signe Skott Cooper Hall (bottom left) and Rennebohm Hall (bottom right) house the UW School of Medicine and Public Health, School of Nursing and School of Pharmacy, respectively. The UW School of Veterinary Medicine is a few blocks east.

Center for Interprofessional Practice and Education (CIPE) Advisory Council

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BY JEFF GLAZE

Interprofessional Health Education

NEW CENTER FOSTERS TEAMWORK APPROACH

Jeanette Roberts, PhD, MPH

When University of Wisconsin-Madison leaders asked Jeanette Roberts, PhD, MPH, in 2013, to devote another year to her role as dean of the School of Pharmacy, her affirmative response brought with it a deeply held condition: creation of a center that would foster coordination among health care-related programs throughout UW-Madison.

At that time, after a decade leading the school, Roberts was preparing to pursue a one-year Robert Wood Johnson Foundation health policy fellowship in Washington, DC, but the School of Pharmacy needed extra time to find a qualified candidate to succeed her as dean.

Also, the school's recent reaccreditation brought to the forefront new pharmacy standards that emphasize collaboration among various health care professions. Roberts viewed those accreditation standards as a bellwether for other professions.

Fast forward to September 2016, and UW-Madison is celebrating the debut of the Center for Interprofessional Practice and Education (CIPE). The UW Schools of Medicine and Public Health (SMPH), Nursing, Pharmacy and Veterinary Medicine are founding members, and Roberts—who recently completed her health policy fellowship—is the center's first director.

National and local health professions leaders and learners have long discussed the importance of teaching these fields in an interprofessional way. As early as 1972, an Institute of Medicine report, "Educating for the Health Team," described organizational, political, ethical and legal barriers to effective, safe team-based patient care.

The report urged that academic health centers "must recognize an obligation to engage in interdisciplinary education and patient care, and establish regional consortia of health professional schools not otherwise associated with academic health centers … to foster educational teamwork."

Yet, more than 40 years later, teamwork remains a major challenge in hospitals, with communication posing one of the biggest threats to patient safety, according to the National Center for Patient Safety (NCPS).

For instance, an NCPS review of more than 7,000 adverse events and close calls in Veterans Administration hospitals found that communication failure was the root cause or a contributing factor in 75 percent of cases, according to a 2015 Report to Congress by the U.S. Government Accountability Office.

In line with its overarching goals to help improve core competencies in interprofessional health education, the CIPE aims to enhance interprofessional communication and overcome causes of communication failure. To do so, it will analyze and work to improve communication throughout the training of health care professionals in classroom, clinical and extracurricular settings.

"We're beyond the point of arguing that interprofessional health education is valuable," Roberts says. "UW Health risk managers told me that if they hire graduates who don't have interprofessional language,

TODD BROWN/MEDIA SOLUTIONS

The annual Interprofessional Health Education Summit at UW-Madison features break-out sessions for planners to gather information on what each school and program does, or could do, to incorporate cross-professional experiences into their training of health care professionals.

or who don't have this type of knowledge across disciplines, the health care system is at high risk of negative patient outcomes and malpractice suits."

Roberts and the CIPE Advisory Council—which consists of faculty and staff from the various member schools (see page 12)—are building the infrastructure to achieve CIPE's aims; they soon will recruit an associate director. Everyone involved hopes to see CIPE grow into an organization that will reform health education to encourage better communication and collaboration, and ultimately improve patient care and safety.

"The whole point is to graduate collaboration-ready practitioners who are very comfortable and adept at walking into a setting and talking with social workers, physicians, physical therapists and other health care professionals," Roberts explains.

Changing Education to Reflect Health Care Delivery Shortcomings

Although he took an unusual path into health care, it wasn't by chance that Joseph Zorek, PharmD, ended up at UW-Madison.

Zorek, who's been an assistant professor in the UW School of Pharmacy since 2013, spent three years teaching in secondary education before attending pharmacy school at the University of Illinois at Chicago. He then completed a two-year pharmacotherapy residency at Texas Tech University Health Sciences Center in Amarillo, where he developed a research focus in interprofessional practice and education.

Believing that pharmacists' expertise was vastly underutilized, and searching for a framework to address this problem, Zorek became interested in the work of the National Center for Interprofessional Practice and Education at the University of Minnesota. That center's efforts are oriented around the "Nexus," which they describe as the interface between health professions education and health care delivery. The Nexus affords an opportunity to create deeply connected, integrated learning systems to transform education and care together.

"The ultimate goal is to create better health for patients and populations, but the idea they started rallying around is that we can't do that unless we change the educational system," Zorek notes. "That really struck me, partly because I had been a high school social studies teacher."

He continues, "I had all this educational background, and I gravitated to this idea of the Nexus and how important educational policy changes or curricular changes could be in impacting health care outcomes."

For Zorek, the appeal of moving his career to UW-Madison was two-pronged: It offered him the chance to make interprofessional practice and education the foundations of a research program, and he would have the opportunity, through CIPE, to help mold the university's efforts in this area from the ground up.

He spends a large portion of his time promoting a better understanding of various health care professionals' roles and responsibilities so students are prepared to work collaboratively on teams.

For example, at the UW School of Pharmacy, he has developed a course for first-year students that explores numerous ways pharmacy can be practiced and how pharmacists interact with other health professionals to strengthen team-based care.

Zorek notes, "One purpose of the course is to make sure pharmacy students understand all of their profession's roles and responsibilities so they can adequately teach other professionals about pharmacy's roles."

A CIPE team is developing a related course, "Foundations of Interprofessional Education." It will be offered as a pilot for medical, nursing and pharmacy students in fall 2017 and as an elective/selective for students in those programs in spring 2018. Ideally, the course eventually will be available for all health professions students. Some programs have expressed interest in making the course a requirement in the future.

At the SMPH, the MD Program's new ForWard Curriculum emphasizes interprofessional health education and

—Continued on page 39

New Training Module

An online case study immerses University of Wisconsin-Madison learners in a life-like hospital setting to show how interprofessional communication breakdowns among a health care team can affect patient outcomes.

Produced through a campus Educational Innovation Grant, a team of faculty, staff and students from the UW Schools of Medicine and Public Health (SMPH), Pharmacy and Nursing, and the Physician Assistant Program developed the interactive module with assistance from the UW-Madison Department of Information Technology. The module is now included in the SMPH's MD curriculum with the goal that all UW-Madison health professions students will use the online resource soon, according to project leads Shobhina Chheda, MD, MPH, SMPH assistant dean for medical education, and Roberta Rusch, MPH, SMPH clerkship curriculum manager.

There's More Online!
Visit med.wisc.edu/50452

Simulated Practice, Real Learning

by Andrea Schmick

It was a case of respiratory failure.

The Children's Hospital Emergency Transport Ambulance team brought the patient to the American Family Children's Hospital Emergency Department (ED). After stabilization, the patient was moved to the intensive care unit (ICU) for further care.

Physicians, nurses, residents, pharmacists, respiratory therapists and child-life specialists were called in throughout, as needed. Afterward, they debriefed on how the process could have been even safer and more effective.

The catch? The "patient" was a manikin, and the scenario was a simulation. But the learning was very real.

Improving Interprofessional Team Function

The scenario was part of an interprofessional simulation project between the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Pediatrics, the BerbeeWalsh Department of Emergency Medicine and the UW Health Clinical Simulation Program.

Each year, the team practices ED-to-ICU transport simulation multiple times. In 2017, they're holding a series of simulations focused on rapid response for patients on the wards who need critical-care evaluation. Simulations replicate real-life situations and aim to improve transitions of care.

Melissa Cercone, MD, the Department of Pediatrics' director of simulation, says the projects provide an opportunity to observe how an interprofessional team communicates and works together. For example, during a post-simulation debrief, ED nurses get a better understanding of what takes place in the ICU, and vice versa.

"It opens a lot of doors when it comes to effective function as a team," Cercone explains. "A lot comes from a shared appreciation of others' perspectives."

After simulations, the team debriefs and each participant can share observations, which can further improve care.

This simulation and debrief model can be used in many clinical environments to identify latent hazards, test new or existing systems and facilitate improvements.

Building on Simulation in Residency and Outreach Programs

Simulation has been a key part of the department's residency and outreach programs for several years.

Pediatrics residents strengthen procedural and communication skills through weekly sessions at the Clinical Simulation Program. Simulation also is woven into the interactive case-based discussions each week.

Sushant Srinivasan, MD, leads the Department of Pediatrics' Pediatric Advanced Life Support+ (PALS+), which attracts clinicians from around the region.

Srinivasan, Scott Hagen, MD '87, and Joshua Ross, MD, have conducted emergency response simulations with manikins at several UW Health pediatric clinics.

Strengthening Medical Education

Cercone hopes to continue these types of interprofessional and simulation activities at American Family Children's Hospital in the future.

Srinivasan also is working with the Clinical Simulation Program to develop a simulation instructor training program. The goal is that such a program can optimize the growth of simulation in the SMPH's new internship prep course for fourth-year medical students.

"There is a real art to conducting an effective debrief so learners achieve the objective you had intended," Cercone notes. "The way to effectively use simulation is to think carefully about what you are looking to get out of it, because then you ask the right questions."

A team consisting of a nurse, respiratory therapist and resident responds to a simulated patient while the simulation team observes.

MELTING POT OF WISCONSIN *Winter Event*

TODD BROWN/MEDIA SOLUTIONS (8)

Wisconsin's winter weather was no match for the warm, welcoming atmosphere at the Wisconsin Medical Alumni Association's (WMAA) Winter Event on February 24, 2017.

More than 190 guests flocked to the toasty Fluno Center at University of Wisconsin-Madison, where they were greeted by medical students from the UW School of Medicine and Public Health (SMPH) and by aromas related to the evening's food and beverage theme: Melting Pot of Wisconsin.

Alumni and students mingled as they sampled sweet and savory items that represented the state's cultural diversity, such as Native American fry bread, braised venison and succotash; and various German, Scandinavian, Hmong, Latino, African, French and Italian delicacies.

A jazz quartet entertained guests, who traveled from table to table to complete "passports" indicating which foods they tried and whom they met along the way.

Student and alumni pairs hosted food tables, which were arranged by country. For instance, Kimberly Maciolek—an SMPH Student Ambassador who is completing a year-long research fellowship between her third and fourth years of medical school—hosted the French table with WMAA Board Member Kyla Lee, MD '98. Lee serves as a preceptor for SMPH medical students in her medical practice at Gundersen Health System in La Crosse, Wisconsin.

"I love attending the Winter Event each year. It provides unparalleled opportunities for students to meet alumni who beam with Badger pride and are happy to share their experiences," exclaims Maciolek, calling Lee the best teacher she's ever had. "Dr. Lee is quick with words of encouragement and has an infectious

smile. Her dedication to teaching was apparent even at the Winter Event."

Because their table showcased the influence of French culture on Wisconsin, Lee shared stories about that country's fur trappers, who were some of Wisconsin's first inhabitants.

"The French might not have championed cheese curds, but their cuisine was a delicious addition to the menu," notes Maciolek, who also was happy to meet Meghan Lubner, MD '03, with whom she has been working remotely on a research project.

Maciolek says her role as a Student Ambassador helps her connect with alumni for career exploration opportunities. For instance, she shares gratitude that Patrick McBride, MD '80, MPH, donated her stethoscope and is serving as a mentor, and that generous donations from alumni have funded her Great People Scholarship.

Karen Peterson, WMAA executive director, says, "Our goal was to make this event fun and easy for guests to sample treats from multiple cultures while meeting people and rekindling friendships. We're grateful for everyone who helped make the Winter Event a success."

Clockwise from far left (both pages): Food from Wisconsin's diverse cultural heritage graced the buffet; Cody Fredrick and Steven Merkow, MD '80, pose as Valerie Mok, MD '16, takes their photo and M1Tenzin Atruktsang assists guests; a Jazz quartet of M4 Nick Vogt, M4 Kusha Rahgozar, M4 Peter Carlson and M4 Mazdak Bradberry entertained the crowd; M1 Nikki Niewold and Patrick McBride, MD '80, MPH, pose; Ann Ruscher, MD '91, Mark Schroeder, MD '79, M1 Melissa Ricker and M3 Maureen Riegert gathered; M3/4 Kim Maciolek suggests a food item for guests Peggy McCullough and John McCullough, MD '76; M1 Nnenna Ezeh and M1 Chiadika Nwanze review the evening's passport; M1 Ryan Valk and Richard Van Dreel, MD '62, visit as they dine.

Know Your Class Representatives

Each University of Wisconsin School of Medicine and Public Health (SMPH) graduating class has one or more class representatives who play an integral role in working with the Wisconsin Medical Alumni Association (WMAA) to plan class reunions. Those featured here and online hope classmates will join them at their reunions in spring 2017.

D. JOE FREEMAN, MD '52

What type of practice are you in now, and where?

After 40 years of introducing clinical and interventional cardiology to Wausau, Wisconsin, I retired in 1995 at age 70. I was active in state chapters of professional associations and the WMAA (past president and member of its board and *Quarterly* editorial board). I served as an SMPH preceptor and as a volunteer clinical assistant professor in the Wausau Family Practice Residency Program. I helped replace two aging Wausau hospitals with a modern community hospital that has built a reputation for outstanding quality.

What's your fondest memory of medical school?

My most notable memory is from my freshman year. I was curled up on a window ledge in the Medical Library, reading and smoking my pipe, when my superhero, Dean William S. Middleton, appeared in my face and said, "No smoking in the Library!" I gathered my wits enough to say, "Yes sir!"

What are your hobbies/interests?

My hobbies have included spending time with my family, traveling, backpacking, hunting and skiing, but health issues have interdicted some activities. Since my beloved wife of 70 years, Mary Clare, and I retired, we have been dedicated to founding the North Central Conservancy Trust, establishing the UW-Marathon Distinguished Faculty Society, and converting an aging downtown commercial block into a beautiful, efficient space for the public and arts community.

What SMPH faculty do you remember the most, and why?

I have great respect for most of my teachers and fond memories of the nice dinners Dr. Ovid O. Meyer and his wife held for residents and our spouses.

Other news

Our children and three of our 14 grandchildren graduated from UW-Madison. Three of our children hold MDs; one is a masters-level RN; and one is a certified financial planner and certified public accountant with an MBA degree.

TED FOX, MD '57

What type of practice are you in now, and where?

After a very enjoyable career practicing in Antigo, Wisconsin, with Dr. John McKenna and many others, I retired completely in 2009.

What's your fondest memory of medical school?

Medical school was a challenge for all of us. We were always reminded that some would not make it. That increased the stress factor. During our first year, Monte Liebman and I were rushing to class, and he remarked "Fox, slow down. God is not teaching this class!" When we made it to our second year, I found it to be less stressful. The last two years were more clinical, and I knew I had made a good choice to pursue a career in medicine.

What are your hobbies/interests?

I enjoy hunting and fishing with friends and family members. One time, when I was returning from a hunt in Montana, a fellow doctor asked me, "When are you going to move out there?" I answered, "Never. I'm glad to be back working." He was confused and asked, "Why?" I replied, "It's the people that I take care of that I love."

What are your plans for your reunion?

I am looking forward to our 60th reunion from medical school. We are all getting into that time in life when we look back—the future is quite uncertain. It will be great to see all of my classmates again.

Other updates?

I am 85 years old and have been married for 60 years. My wife, Barbara, and I have eight children, who range from 40 to 59 years old. Barbara and I often marvel about how fast the years go by.

SANFORD MALLIN, MD '57

What type of practice are you in now, and where?

I retired in 2009 after 46 years in private endocrinology practice in the Milwaukee, Wisconsin, area. My partners and I taught medical students and residents, and I was a preceptor for the SMPH and a volunteer clinical professor for the SMPH and Medical College of Wisconsin. I now provide volunteer endocrinology care at free health clinics.

D. Joe Freeman, MD '52

Ted Fox, MD '57

Sanford Mallin, MD '57

Kathy Piziali Nichol, MD '62, MS '94

What's your fondest memory of medical school?
Each year seemed better than the past year. I particularly enjoyed my preceptorship with Dr. Maurice Whalen in Ladysmith, Wisconsin.

What are your hobbies/interests?
My hobbies include traveling, reading, attending concerts and auditing classes.

What SMPH faculty do you remember the most, and why?
I remember Dr. Will Fey, a psychologist who led an elective seminar that emphasized nondirectional therapy and teaching.

What are your plans for your reunion?
In addition to our reunion, I look forward to walking around campus, the Chazen Museum of Art and the Farmer's Market.

Message to your classmates?
Our number of classmates and years to be together are becoming fewer. We have much to be grateful for and many memories to share. Ted Fox and I hope you'll join us at our reunion.

KATHY PIZIALI NICHOL, MD '62, MS '94

What type of practice are you in now, and where?
I practiced general pediatrics in Madison for 25 years (23 at Dean Clinic). I then served as vice president of medical affairs at St. Mary's Hospital in Milwaukee, Wisconsin, for more than six years and served on the American Academy of Pediatrics (AAP) Board of Directors. I remain active in the AAP and chair one of its national committees.

What's your fondest memory of medical school?
The Class of '62 was particularly close, partly because we were medical students at a chaotic time in the school's history. Dean John Bowers had been charged with strengthening the institution. He named many new leaders and faculty members, including Dr. Nate Smith, chair of the Department of Pediatrics. Many faculty in the Department of Surgery did not agree with some of Dean Bowers' actions, and this impacted our class during our first clinical year.

What are your hobbies/interests?
My favorite hobbies are reading, cooking and dining with family members. Also, I knit and have taken up Navajo weaving, Nantucket basket weaving and Amish-style quilting.

What SMPH faculty do you remember the most, and why?
Dr. David Smith wrote the definitive book on dysmorphia. While he became world renown, he always was very humble and warm, a fantastic teacher, and gentle with patients and parents. Many of us strived to be a little like him, and a high number of our classmates entered pediatrics.

What are your plans for your reunion?
We'll have a dinner on Friday night and gatherings on Saturday (details to come). I hope many of us will be able to make the trip back to where we spent so many wonderful and hectic days. Our 50th reunion was special, and I hope we can duplicate that feeling at our 55th anniversary.

Message to your classmates?
For our 50th reunion, our class raised more than $25,000 for the Great People Scholarship Fund in honor of Dr. Charles Miller, our class leader for years. I encourage our class to add to that sum this year. Every year, I receive a thank you note from a medical student who received a scholarship. Charlie would be pleased to know what a difference our class is making.

CLASS REPRESENTATIVES WHO ARE PLANNING REUNIONS

These classes will hold reunions on Thursday and Friday, June 1 and 2, 2017.

1952: D. Joe Freeman

1957: Ted Fox and Sanford Mallin

1962: Kathy Piziali Nichol

1967: Mary Ellen Peters

Half-Century Society: John Wyman (Class of '58)

Visit med.wisc.edu/50453 to see comments from:

- John Wyman, MD '58
- Mary Ellen Peters, MD '67

Don Beno, MD (left), of the Aurora BayCare Medical Center in Green Bay, Wisconsin, is a preceptor for the Wisconsin Academy for Rural Medicine (WARM). He mentored WARM student Hope Villiard in his rural practice. Villiard (MD '16) has since graduated from the UW School of Medicine and Public Health and is doing a residency.

KATHERINE REIMER, MD '13

I am a general internist at Marshfield Clinic in Marshfield, Wisconsin. There, I staff the outpatient resident clinic weekly and work as a hospital attending physician occasionally. I also direct the fourth-year preceptorship and am developing the ambulatory acting internship that will replace the preceptorship. I am the assistant site director for the Wisconsin Academy for Rural Medicine (WARM) Program in Marshfield and a member of the WARM Program's admissions committee.

I see patients for preventive care and myriad chronic conditions—you name it, I see it! I teach residents how to manage common outpatient complaints, and I periodically teach medical students and residents about common hospital cases.

An older woman patient holds a special place in my heart. When I was a second-year resident, she was diagnosed with pancreatic cancer, and I spent a year and a half getting to know her and her husband during frequent clinic visits and hospitalizations. I witnessed the woman's slow, steady decline and the pain each setback caused her and her husband. The beauty of primary care is the relationship physicians can build with patients and families, allowing us to approach difficult situations with empathy and understanding. I was able to guide the couple through the woman's difficult final

months in a way that honored her life and wishes. She died peacefully at home surrounded by her loving family and in the care of hospice.

I'm from the beautiful town of Eagle River in northern Wisconsin, where I've always enjoyed the rural lifestyle and people. I planned to return to a small Wisconsin town after college, so when I decided to pursue medicine, I wanted to choose a program that would prepare me for the unique challenges faced by rural primary care physicians. The WARM Program—through which medical students train in rural communities throughout the state—aligned perfectly with my goals. By working one-on-one with attending physicians, WARM students gain experiences that are hard to come by in large centers.

Through the WARM Program, I spent my third and fourth years of medical school at Marshfield Clinic, where I also completed my residency. I feel fortunate that my training in a rural, community-based center helped me develop into a capable rural internist. Also, I liked the town, clinic system and people so much that I joined Marshfield's staff.

I am active with the state and national chapters of the American College of Physicians and serve as Marshfield Clinic's residency and clinic representative with the state chapter. I also am a member of the clinic's health policy committee and have advocated for patients and the medical profession in our state and national capitals.

Additionally, I started a teaching certificate program through the Society of General Internal Medicine, and I envision education as an important part of my future.

TIM KUFAHL, MD '12

I am a family physician at St. Luke's Hospital and St. Luke's Medical Arts Clinic in downtown Duluth, Minnesota.

My day typically begins with inpatient hospital rounds followed by clinic. As a family physician, I see patients of all demographics; additionally, about 25 percent of my practice involves addiction medicine and medical adjunct therapy.

My most memorable moments as a doctor stem from the ability to provide longitudinal care for entire families. I cherish taking care of generations of families, whether it's seeing a child for his or her first well-child visit, seeing the child's parents for annual physicals, or helping grandparents of the family plan their advanced directives. There's a distinct feeling of pride that comes from having multiple family members trust you with their care.

I chose to enter the Wisconsin Academy for Rural Medicine Program so I could experience both medical training and the lifestyle in a rural setting. I did my residency in North Minneapolis at the University of Minnesota's North Memorial Program. The urban setting was a great complement to the rural experiences I had through the WARM Program, and both helped me understand health and its socioeconomic factors in a unique light. Interestingly, my wife and I ended up somewhere in between rural and urban environments when we chose to live in Duluth.

I am a member of the Minnesota Academy of Family Physicians, as well as its national and local Duluth chapter. I occasionally moonlight in emergency rooms in rural northern Minnesota, and I also have special interests in addiction medicine and wilderness medicine.

I would absolutely encourage any medical student interested in a career in rural medicine to consider the WARM Program. In addition to exceptional medical training at the UW School of Medicine and Public Health, the WARM Program offers unique experiences in rural

communities, which offers students a balanced medical education compared to the typical academic setting. It exposes them to both the advantages and challenges of rural communities so they will be confident in their future careers as primary care doctors.

CLASS NOTES *compiled by Andrea Larson*

We want to hear from you!
med.wisc.edu/shareyournews

CLASS OF 1955

Lawrence M. Field described the American Society for Dermatologic Surgery (ASDS) Board's approval of the ASDS-affiliated International Fellowship Program during the society's 2016 annual meeting. Field outlined the lifelong efforts many international dermatologic surgeons have dedicated to educating others, as well as the future impact the fellowship programs will have on dermatologic surgery around the world. The International Fellowship Program aims to assist international physicians in developing and implementing academically rigorous dermatologic surgery fellowships.

CLASS OF 1960

Leslie M. Klevay published in *Nutrition Research Reviews* a summary of his theory that copper deficiency causes ischemic heart disease. The most general explanation of the illness' epidemiology and pathophysiology, it incorporates theories on fetal programming, homocysteine and iron overload.

CLASS OF 1970

Sandra Osborn donates blood regularly in honor of Kay Heggestad—who died in January 2017—to honor her wish for people who want to make a donation in her memory.

CLASS OF 1975

Ada Fisher was elected to her third term on North Carolina's Republican National Committee, which she represented at the 2016 Republican National Convention. Fisher also has served as a corporate physician for Amoco Oil Company, occupational health service line director at the VA Medical Center-Salisbury, member of her community's County Board of Education, and columnist and blogger for periodicals. She has received numerous honors, including being named among the 10 Outstanding Young Women in America in 1984. She attended the winter meeting of the Republican National Committee in Washington, DC, and the 2017 inauguration of President Donald Trump.

IN MEMORIAM

Phillip R. Rand, MD '44
San Diego, California
May 16, 2015

Archie G. Britt, MD '46
La Crosse, Wisconsin
February 20, 2016

Verona L. Botte, MD '47
San Diego, California
(Death Date Unknown)

Roland R. Liebenow, MD '48
Watertown, Wisconsin
December 2, 2016

C. Weir Horswill, MD '52
Arlington Heights, Illinois
September 12, 2016

John L. Coryell, MD '53
Cheyenne, Wyoming
December 3, 2016

R. Walter Schroeder, MD '53
Pensacola, Florida
September 14, 2016

Glen J. Stuesser, MD '53
Verona, Wisconsin
October 29, 2016

John E. Kippenhan, MD '54
San Jose, California
July 13, 2016

David L. Morris, MD '54
La Crosse, Wisconsin
February 1, 2017

Robert F. Douglas, MD '55
Neenah, Wisconsin
January 24, 2017

Elmer R. Hermann, Jr., MD '59
Hendersonville, N. Carolina
October 10, 2016

Jean Lang, MD '59
Mequon, Wisconsin
January 19, 2017

Joseph Syty, MD '59
Madison, Wisconsin
November 26, 2016

Johan A. Mathison, MD '61
Oshkosh, Wisconsin
February 23, 2017

John R. Marshall, MD '64
Waunakee, Wisconsin
November 17, 2016

Eric J. Wedell, MD '67
Cheyenne, Wyoming
October 29, 2016

Carl E. Olson, MD '69, PG '75
Milwaukee, Wisconsin
February 5, 2017

Kay A. Heggestad, MD '70
Madison, Wisconsin
January 13, 2017

Richard D. Larson, MD '70
Dandridge, Tennessee
December 14, 2016

Peter W. Burns, MD '82
Fort Myers, Florida
October 17, 2016

Thomas R. Singer, MD '82
Portage, Michigan
October 28, 2016

Zachary Clark, MD '13
Madison, Wisconsin
March 6, 2017

Christopher Larson recently received the Lions Eye Bank of Wisconsin (LEBW) Knight of Sight Fellowship. LEBW President Jerry Wille presented him with the award at the Sheboygan (Wisconsin)-Area Lions Eye Bank Support Group annual meeting. Larson grew up in Sheboygan and returned there after he earned his medical degree and completed an ophthalmology residency at UW Hospital and Clinics. He has practiced ophthalmology for 39 years and founded Larson Eye Care in Sheboygan. He has promoted the Lions Club mission through his efforts to expand the corneal donor and transplant program, perform corneal transplant surgery and lecture about the importance of the Lions' efforts to enhance vision through screenings, vision care and ophthalmic surgery. Larson's name will be permanently displayed on the LEBW Knight of Sight Wall of Honor, and he will be recognized in the organization's next annual report.

CLASS OF 1981

Marc Williams was inducted as a fellow into the American College of Medical Informatics in November 2016 during the American Medical Informatics Association annual symposium. The event presents leading-edge scientific research on biomedical and health informatics in more than 100 scientific sessions. It presents work from across the spectrum of informatics. Williams practices at Geisinger Health System in Danville, Pennsylvania.

CLASS OF 2001

Wendy Molaska joined the UW Department of Family Medicine and Community Health faculty in early 2016. She is the co-chair of the Advisory Council for the Wisconsin Affiliate of Reach Out and Read, an early childhood literacy program based in primary care clinics. She also serves on the board of directors for the Wisconsin Medical Society and the advisory council for the Wisconsin Council on Immigration Practices.

CLASS OF 2009

Joseph Weber moved back to Wisconsin in summer 2016 following a general surgery residency at East Carolina University in North Carolina and a fellowship in breast surgical oncology at Memorial Sloan Kettering Cancer Center in New York. He joined Aurora Health Care in Milwaukee, Wisconsin, as a breast surgical oncologist. Weber and his wife, Dayna, welcomed a son, Wolfgang Johann Weber, into the world in October 2016. They are happy to be living in Bayside, Wisconsin, near friends and relatives.

GOODBYE DEAR FRIEND: DONN D'ALESSIO, MD (PG '62, '65)

Donn D'Alessio, MD (PG '62, '65)—who was chair of the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Preventive Medicine (now called the Department of Population Health Sciences) from 1981 to 2000—passed away in December 2016.

Upon his retirement in 2000, D'Alessio was named an emeritus professor.

D'Alessio earned his medical degree at Cornell University, completed residency training at UW Hospital and Clinics and the University of Illinois, and served in the Epidemic Intelligence Service at the U.S. Centers for Disease Control and Prevention. His research spanned infectious disease epidemiology and the epidemiology of chronic diseases. It included the establishment of the National Institutes of Health-funded Wisconsin Incidence Cohort Registry of Type I Diabetes and other population-based cohorts.

As department chair, D'Alessio nourished collaborations with the Wisconsin Department of Health to create student research opportunities and increase the public health impact of research. He helped create the MS Program in Epidemiology, which graduated many students who established successful epidemiology careers. Also while he was chair, the department restructured its three master's degree programs into the MS/PhD Population Health Graduate Program, the first such U.S. doctoral program in the emerging field of population health. He also guided the department's name change.

To celebrate D'Alessio's contributions, a department graduate student is selected by peers each year to receive the Donn D'Alessio Student Award. Criteria include excellence in research and academics, outstanding activities as a community member, and knowledge sharing and involvement in student affairs, including the department's student organization.

"Dr. D'Alessio's epidemiological research was remarkable for its breadth and path-breaking explorations of the role of infectious disease processes in the etiology of chronic conditions," says Maureen Durkin, PhD, DrPH, professor and interim chair, Department of Population Health Sciences.

GOODBYE DEAR FRIEND: JOHN F. "JACK" FOWLER, PHD

John F. "Jack" Fowler, PhD died in December 2016, at his home in London. He was 91.

Fowler was a professor emeritus in the Departments of Human Oncology (DHO) and Medical Physics at the University of Wisconsin School of Medicine and Public Health (SMPH).

After earning a PhD in radiation physics, Fowler spent several years in hospital physics before transitioning into research at the MRC Radiotherapeutic Research Unit at Hammersmith Hospital (U.K.). For nearly 20 years, he directed the Gray Laboratory (U.K.). He served at UW-Madison from 1988 to 1994 and 1999 to 2003.

Fowler was one of the founders of modern radiation biology. He also bridged the gap into clinical care as he advanced dose fractionation to maximize therapeutic effects and minimize tissue damage.

Fowler was instrumental in helping the DHO earn its first program project grant for cellular proliferation and radiosensitivity research, assisting in the development of TomoTherapy and helping establish UW-Madison as a leader in brachytherapy.

Former collaborator Bhudatt Paliwal, PhD, professor emeritus, DHO, says, "His dynamic personality immediately produced a spark. When I was a junior assistant professor, Jack made me feel so excited, as if I were a passenger in the seat of a Grand Prix racecar, gulping for air, as Professor Fowler drove like the wind. Throughout my career, his guidance and collaboration continued. We will miss him."

Paul Harari, MD, DHO chair and Jack Fowler Professor, says, "We were very

fortunate to have Jack on the faculty at UW-Madison. He made highly impactful contributions to the field of radiation oncology. He was a wonderful researcher, collaborator and friend who was enthusiastic about everything he did in life."

GOODBYE DEAR FRIEND: OLIVER SMITHIES, PHD

Oliver Smithies, PhD, who shared the 2007 Nobel Prize for his work enabling scientists to manipulate DNA in a way that allowed the addition or subtraction of genes from the mouse genome, died in January 2017, in Chapel Hill, North Carolina. He was 91.

Smithies was a professor of genetics at the University of Wisconsin-Madison from 1960 to 1988, leaving to join the faculty at the University of North Carolina School of Medicine. He was recognized by the Nobel Prize committee—along with researchers Mario R. Capecchi, PhD, and Briton Sir Martin J. Evans, PhD. Working independent of them, Smithies devised a technique that involved introducing a desired genetic change into a mouse by injecting altered stem cells into mouse embryos. Mice born of the altered embryos could then be bred to produce progeny with altered genes.

Much of the work for which Smithies was recognized was performed at UW-Madison.

"One of my proudest accomplishments was helping to attract him here," said the late UW-Madison Professor of Genetics James Crow, PhD, in a 2007 interview. "Everything he did had a characteristic touch of originality."

Smithies' work revolutionized mammalian genetics, allowing scientists to study thousands of genes and their effects, and providing insight into mutations and changes that underpin disease and health.

"Oliver was the quintessential scientist," says Jerry Yin, PhD, UW-Madison professor of genetics. "He loved asking big questions, the process of trying to answer parts of the questions, positive results, and the process of overcoming experimental barriers."

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Yin adds, "What is not generally appreciated is how much he loved to teach. For him, teaching was an intimate part of the process of scientific discovery. It gave him reasons to scour the old and new literature, to make novel connections between disparate fields, to 'think out loud.' Most of all, it gave him great joy."

M1 STUDENTS WRITE AND PLEDGE

Class Code of Honor

TODD BROWN/MEDIA SOLUTIONS (3)

Entering medical student classes at the University of Wisconsin School of Medicine and Public Health write an honor code to guide them through their training and careers. In January 2017, M1s pledged their code, which follows:

To our patients, we will:

- Embody professionalism by respecting their time, backgrounds and individual needs.
- Continue to build on our medical education throughout our career to learn from our patients and for our patients.
- Foster a culture of compassionate communication that values the autonomy of each person.
- Advocate for equitable and high-quality care, within our clinical duties and in our communities.
- Cherish the unique privilege of serving patients with humility.

To our communities and society, we will:

- Work in solidarity to eliminate health care disparity.
- Act as partners in the promotion of well-being, with an understanding of the social determinants of health.
- Proactively maintain lines of communication between patients and providers, supporting cultural and systemic engagement.
- Remain cognizant of our roles as clinicians and members of society, and respect our privileges and limitations in both.

To our teachers, we will:

Respect your time, expertise and experience. To honor your investment, we commit to being life-long learners by embracing intellectual curiosity in pursuit of research, education and patient care. In seeking personal growth, we will welcome a dialogue of constructive feedback. To show our gratitude, we pledge to work hard, stay engaged and remain optimistic in the face of challenges. We will strive to continue your legacy both in the classroom and in our clinical practice.

To our classmates/colleagues, we will:

Foster a vibrant learning community by pledging to:

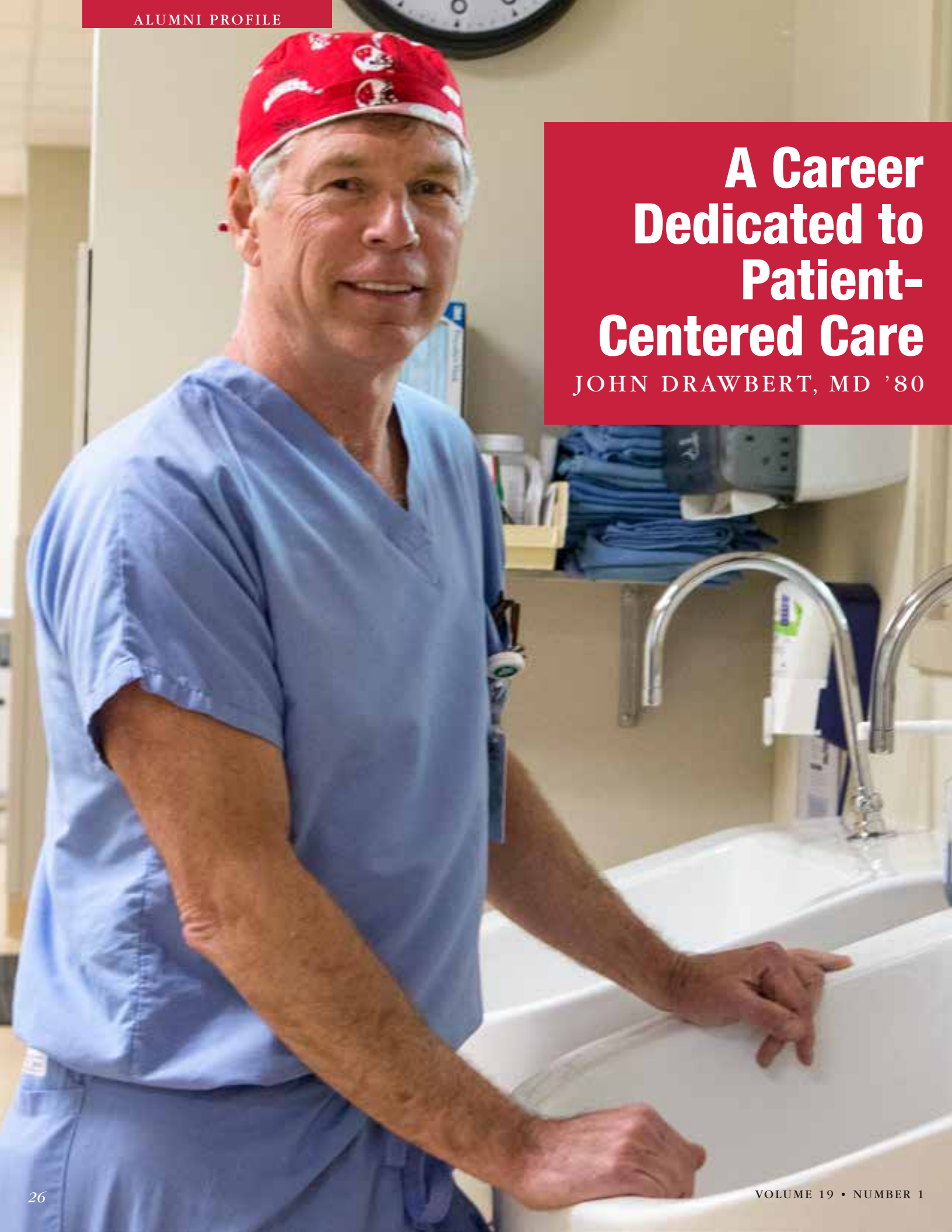
- Approach our learning and interactions in the classroom, clinic and community with compassion and empathy and encourage these qualities in each other.
- Invest in the well-being of our classmates by facilitating an environment of optimism and acceptance.
- Develop ourselves personally and professionally not only for our own benefit but also for that of our patients and colleagues who depend upon us.
- Conduct ourselves with the honesty and integrity that we would expect from our own physicians.
- Support and inspire each other to reach our full potential.
- Appreciate the myriad backgrounds, experiences and beliefs that each individual contributes to the group dynamic, thereby nurturing an environment of mutual respect and inclusion.

To ourselves, we will:

Recognize that our patients' well-being is connected to our well-being. We pledge to:

- Prioritize our physical, spiritual, mental and emotional well-being.
- Recognize our limits and appreciate our strengths.
- Maintain integrity and stay true to our own beliefs.
- Be mindful and enjoy the journey.
- Cultivate our relationships and our support systems that sustain us.
- Find balance between important aspects of our lives.
- Be kind to ourselves.

Recognizing the responsibility of medical training and practice, we accept these tenets as our solemn responsibility. To the best of our abilities, we promise to hold ourselves and each other accountable to the ideals set forth here.



A Career Dedicated to Patient-Centered Care

JOHN DRAWBERT, MD '80

by Masarah Van Eyck

Ask John Drawbert, MD '80, what accounts for OakLeaf Surgical Hospital's extraordinary patient satisfaction rankings, and he'll tell you it's about being present.

"Each patient expects that when a doctor is spending time with him or her, that's the doctor's only priority at that moment," says Drawbert, an orthopedic surgeon and sports medicine specialist who helped found the Altoona, Wisconsin, specialty facility. "It comes from the top. Our CEO, our CFO, our head nurse, they all translate to those who work for them that the most important thing is the experience each patient has here."

That formula put OakLeaf on the map. Since the hospital opened in 2001, *Consumer Reports* has named it "Best in the Nation" for patient experience, and in federal surveys, OakLeaf received a "highest overall" patient satisfaction ranking. In 2016, the Centers for Medicare and Medicaid Services listed OakLeaf among 251 hospitals—from more than 3,500—with a five-star rating.

OakLeaf's services are competitively priced. Drawbert says total knee and hip replacements there average several thousand dollars less than at competing places.

"You can do very well if you minimize the bottom line and maximize the quality of the patient experience," Drawbert maintains. "The rest will follow."

In an industry that seeks healthy patients and healthy profits, charging less for better care may seem counterintuitive. But OakLeaf's founders never felt that way.

"Our philosophy has been that if we made a great product and charged less than others, we'd be successful," says Drawbert, who has been a hospital leader and the chair of the OakLeaf Board of Directors since 2006.

The hospital and its philosophy have roots in the 1990s, when large health clinics were entering the area. Under the leadership of general surgeon Steve Immerman, MD, Drawbert and a few colleagues began to look for a way to continue to practice independently. They opened a small ambulatory surgery center in 1997.

"From the start, our mantra was excellent care at a reasonable rate," recalls Drawbert. "We felt we could do that because we didn't have the kind of overhead some of the larger groups had."

Today, the 30-bed facility includes seven surgical suites, two GI suites and a pain management center. Its 54 affiliated surgeons span 15 specialties and offer overnight and outpatient procedures. While OakLeaf merged its operations with National Surgical Healthcare in 2004, its determination to provide patients with affordable, quality care has not wavered.

After all, Drawbert reasons, "Patients are paying big bucks for medicine nowadays. It should be a great experience and it should be a personal experience."

The Roots of Innovation

Drawbert is no stranger to innovative medicine. As a high school and college athlete who endured sports-related injuries, the fledgling sports medicine specialty intrigued him when he was a medical student at the University of Wisconsin School of Medicine and Public Health (SMPH).

"In my M4 year, sports medicine was barely heard of," he remembers. "But UW-Madison had Dr. Bill Clancy, an orthopedic surgeon, and spending time with him piqued my interest."

William Clancy, Jr., MD, was a pioneer in anterior cruciate ligament (ACL) reconstructive surgery and an avid athlete. He founded the UW Health Sports Medicine Program in 1974, a few years before Drawbert entered the SMPH.

During Drawbert's orthopedic surgery residency at the University of Kentucky, he was on the team that treated the Kentucky Wildcats. His next move was to Salt Lake City, where he pursued a sports medicine fellowship in knee and shoulder surgery.

Wisconsin Ties

During medical school, Drawbert dated a fellow Madison native, Helen (Sivertson), whose father—the late Sigurd Sivertson, MD '47—was an SMPH assistant dean at the time and retired as an emeritus professor of medicine. Soon after Drawbert earned his medical degree, the couple wed—with SMPH classmate Patrick McBride, MD '80, MPH, serving as a groomsman, as Drawbert did in return when McBride got married. The two couples have remained fast friends.

Drawbert and his wife returned in 1986 to their home state's Chippewa Valley, where they planned to live for a few years before moving to Madison.

"But we loved Eau Claire and decided to stay," Drawbert notes.

Three children and 31 years later, they are committed community members. Both have served on boards for UW-Eau Claire and its foundation. Helen Drawbert has been a member of the Altoona School Board for 15 years, including four years as its president.

Drawbert and his colleagues also have participated in several orthopedic surgery medical missions in Vietnam.

Most significantly, the community benefits from Drawbert's passion for sports medicine. As the team physician for UW-Eau Claire's Blugolds since 1987, Drawbert also is the medical director of the university's Athletic Training Education Program, which prepares students to serve as certified trainers and athletic health care providers. Over the past 30 years, Drawbert and his partners have provided more than $3 million to support the training program and shared their guidance and expertise. Its trainees gain valuable hands-on experience as they care for student athletes at the area's 14 high schools.

But in the end, Drawbert says, "Our goal is to provide good care here for athletes."

Helen Drawbert and John Drawbert, MD '80.

SAFDAR HONORED WITH PRESIDENTIAL EARLY CAREER AWARD

Nasia Safdar, MD, PhD, received the Presidential Early Career Award for Scientists and Engineers (PECASE) in January 2017. The award is considered the highest honor bestowed by the U.S. government on science and engineering professionals in the early phases of their independent research careers.

Recipients are selected for their pursuit of innovative research at the frontiers of science and technology and for their commitment to community service as demonstrated through scientific leadership, public education or community outreach.

Safdar is an associate professor and vice chair for research in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Medicine, and associate chief of staff for research at the William S. Middleton Memorial Veterans Hospital.

"VA investigators represent a small but highly regarded subgroup of the PECASE awardees. This places her in the top echelon of investigators within the VA," says Alan Bridges, MD (PG '89), professor (CHS), Department of Medicine, and chief of staff, William S. Middleton Memorial Veterans Hospital.

Safdar's research focuses on reducing hospital-acquired infections, particularly those by antibiotic-resistant bacteria. She has published more than 187 articles in peer-reviewed journals and mentored many students, residents, fellows and junior faculty members.

ALLEN-HOFFMANN RECEIVES AWARD AT WHITE HOUSE

Lynn Allen-Hoffmann, PhD, received a Tibbetts Award at a White House ceremony in January 2017. The annual awards are given by the U.S. Small Business Administration (SBA) to recognize outstanding small, high-tech businesses that have significantly impacted society and the economy through instrumental research and development. Stratatech and its founder, Allen-Hoffmann—a professor in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Pathology and Laboratory Medicine—were recognized for their focus on advanced skin regeneration therapies.

The Stratatech Corporation, a UW-Madison spin-out company recently acquired by Mallinckrodt Pharmaceuticals, has grown from five to more than 50 employees and has developed advanced regenerative medicines such as the StrataGraft® and ExpressGraft™ human skin substitute products.

Every year, hundreds of companies participate in the Small Business Innovation Research (SBIR) Program. Of those, some stand out as representative of the spirit and intent of the program. The SBA recognizes those companies with the Tibbetts Award. Named after Roland Tibbetts, the acknowledged father of the SBIR Program, the prestigious awards recognize individuals, organizations, firms or projects that made a visible technological impact on the socio-economic front and exemplify the very best in SBIR achievements.

It has been 15 years since a Wisconsin company has received a Tibbitts Award.

SONDEL WINS AWARD FOR PIONEERING CANCER RESEARCH

Paul Sondel, MD, PhD '75 (PG '80)—the Reed and Carolee Walker Professor in Pediatric Oncology at the University of Wisconsin School of Medicine and Public Health (SMPH) and UW Carbone Cancer Center (UWCCC), and director of research, Division of Pediatric Hematology, Oncology and Bone Marrow Transplantation, SMPH Department of Pediatrics—was awarded the top prize in cancer immunology.

The Society for Immunotherapy of Cancer (SITC) bestowed upon Sondel its Richard V. Smalley, MD, Memorial Lectureship Award for decades of work in developing immunotherapies for childhood cancers, especially neuroblastoma. Sondel also has led scientific policy through multiple national roles.

"This award is well-deserved for Dr. Sondel's outstanding career, which has seen great improvement in the outcomes for children with cancer," says Howard Bailey, MD, UWCCC director. "Through his work in the lab and clinical trials, he has helped usher in new treatments that are saving the lives of children everywhere."

Sondel's research emphasizes the translation of laboratory innovations into clinical progress. His laboratory has pursued the biology of graft-versus-leukemia reactions, activation of antitumor immune destruction with Interleukin-2 and the use of tumor reactive monoclonal antibodies and immunocytokines to facilitate tumor killing by leukocytes.

"Dr. Sondel has been a tireless champion of investigating immunotherapy approaches to combat pediatric cancers," states Lisa H. Butterfield, PhD, SITC president.

CHAPMAN'S GRANT TO FUND NEUROLOGICAL RESEARCH

Edwin Chapman, PhD, received a new federal grant—an R35 Research Program Award, from the National Institute of Neurological Disorders and Stroke (NINDS), part of the National Institutes of Health—designed to support long-term research in the laboratories of some of the country's most creative and productive scientists.

A professor in the Department of Neuroscience at the University of Wisconsin School of Medicine and Public Health (SMPH), Chapman and members of his lab study how neurons communicate, particularly how they send chemical signals to communicate with one another. Their new focus is on fusion pores, which mediate the release of neurotransmitters and play a key role in neurological, mental and endocrine function. This research will provide new insights into the mechanisms that mediate membrane fusion and could lead to treatments for neurological diseases in which too much, or too little, hormone and neurotransmitter release occurs.

The new R35 grant supports the overall research program of scientists, which in the case of the Chapman lab includes a variety of projects that touch on topics ranging from synaptic plasticity to how Botox affects cells.

The grant provides funding for five years and may provide a three-year extension.

Since 2005, Chapman also has had support from the Howard Hughes Medical Institute.

BROW ELECTED AS A FELLOW BY SCIENTIFIC SOCIETY

The American Association for the Advancement of Science (AAAS) recently elected David Brow, PhD, as a fellow. He was among five University of Wisconsin faculty members to be elected.

A professor in the Department of Biomolecular Chemistry at the UW School of Medicine and Public Health, Brow was chosen for his contributions to the field of RNA biology, particularly for determining the structure and function of macromolecular machines responsible for eukaryotic gene expression.

Election as an AAAS fellow is recognition by peers for distinguished contributions to advance science or its applications.

Founded in 1848 and based in Washington, DC, the AAAS is the world's largest general scientific society. It includes nearly 250 affiliated societies and academies of science, serving nearly 10 million constituents.

Additionally, in 2016, Brow was elected as a fellow in the American Academy of Microbiology and earned the UW-Madison Chancellor's Distinguished Teaching Award.

Brow's lab focuses on how the chemical properties of RNA and protein have been exploited by evolution to enable complex biological processes, such as pre-mRNA splicing and transcription termination. They use the power of brewer's yeast genetics, genomics and biochemistry to explore the workings of two biological nanomachines.

MOORE RECEIVES TWO RESEARCH AWARDS

Darcie Moore, PhD, assistant professor in the Department of Neuroscience at the University of Wisconsin School of Medicine and Public Health (SMPH), has received two awards for her research.

She was recently honored internationally when the Society for Neuroscience awarded her the Peter and Patricia Gruber International Research Award in Neuroscience. The award and its related funding—supported by the Gruber Foundation—recognize scientists for outstanding research and educational pursuit in an international setting.

Moore also received a 2017 Sloan Research Fellowship from the Alfred P. Sloan Foundation. These fellowships honor early-career scholars whose achievements mark them as the next generation of scientific leaders. Each winner receives a monetary fellowship to further his or her research. The 2017 fellows represent a diverse variety of research interests.

"Through their achievements and ambition, these young scholars are transforming their fields and opening up entirely new research horizons. We are proud to support them at this crucial stage of their careers," says Paul L. Joskow, PhD, president, Alfred P. Sloan Foundation, a philanthropic, not-for-profit grant-making institution based in New York City.

Moore's research focuses on how and why somatic stem cells dysfunction with age, with the goal of developing methods to improve or rescue aging in somatic stem cells.

To Zanzibar by Motor Car:
Teaching Complex Information through Colorful Mnemonics

Mnemonic phrases help people learn. They can take many forms, including acronyms and interesting sentences that use the first letter of each word in the phrase. They are especially useful for medical students, who must learn to quickly absorb massive amounts of complex information during their education.

Medical students at the University of Wisconsin School of Medicine and Public Health (SMPH) and Medical College of Wisconsin, along with local artists, applied the humanities to medicine as they created *To Zanzibar by Motor Car*, an art book of medical mnemonics.

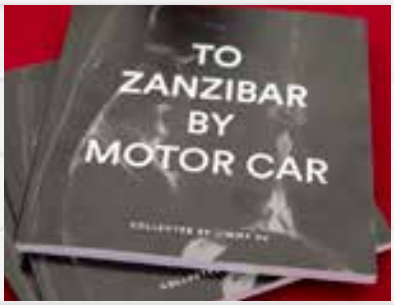
The art was created in a variety of media, such as digital pen, collage and acrylic on canvas, and the mnemonics cover a broad range of subjects from cranial nerves to characteristics of acute cholecystitis. The book's title, for example, is a mnemonic for the branches of the facial nerve: temporal, zygomatic, buccal, mandibular and cervical.

The students reached out to local Madison artists, including 100state artists-in-residence Christian Grooms and Ady Stahl, for their take on these classic mnemonics.

"Medicine is this abstract concept to many people," says Jimmy Xu, MD '16, who organized the project just before he completed medical school. "But it's also weird and strangely wonderful, and we wanted to share that side of medicine with people."

The movement to find art in medicine (and vice-versa) has expanded recently. The SMPH has joined other medical schools—such as Harvard, Stanford, Yale and Johns Hopkins—that offer opportunities for artistic expression through dance, music, literature, poetry and painting.

For example, the Internal Medicine Residency Program offers trips to the UW-Madison Chazen Museum of Art, and the Arrhythmias,



a band made up of medical students, has been a musical staple for a few decades.

This focus on art is uplifting, according to Caitlin Regner, MD '16.

"Art, in all its forms, re-inspires our sense of purpose in medicine and allows us to connect to the human parts of ourselves so we can reach out and care for the human parts of our patients," she notes.

A percentage of the proceeds from *To Zanzibar by Motor Car* go to the Wisconsin Medical Alumni Association to benefit future medical students with merit and need-based scholarships.

4P's of Lichen Planus

AUTHOR	Erin Chung
MEDIUM	Collage
	Lichen Planus is a condition that affects skin, mucous membranes, and nails. It is characterized as Pruritic (itchy), Purple, Polygonal, Papules.

Ewing Sarcoma

AUTHOR	Alex Connelly
MEDIUM	Ink and Colored Pencil on Paper

Most cases of Ewing Sarcoma are caused by a translocation between chromosomes 11 and 22. Which equals 33 aka the number of the greatest Knicks player in history - Sir Patrick Ewing.

NAVEL

AUTHOR	Yi Ding
MEDIUM	Assemblage

NAVEL describes the order of structures in the femoral triangle, an important anatomical landmark. Starting lateral to medial there is the femoral Nerve, Artery, Vein, then an Empty space, and finally Lymphatics.

To Zanzibar By Motor Car

AUTHOR	Ady Stahl
MEDIUM	Ink and Colored Pencil

Ahh. We love the way this one rolls off the tongue. It describes the branches of the facial nerve (one of those cranial nerve ruffians we mentioned earlier that lets you wink and smile). Temporal. Zygomatic. Buccal. Mandibular. Cervical.

Wi2, Orion Sign Landmark Agreement for Treatment Discovery

by Andrew Hellpap

Two years in the making, a non-profit company affiliated with the University of Wisconsin School of Medicine and Public Health (SMPH) and a Finnish pharmaceutical company have partnered to develop novel cancer treatments.

The Madison-based non-profit—Wisconsin Technology Innovation Initiative, commonly called Wi2—and Orion Pharma of Espoo, Finland, signed a collaborative agreement in December 2016 that engages Orion in the development of treatments based on discoveries of new therapeutic targets by UW Carbone Cancer Center investigators.

"We view this agreement as something that is very important for the University of Wisconsin-Madison, and particularly the UW School of Medicine and Public Health," notes Richard Moss, PhD, SMPH senior associate dean for basic research, biotechnology and graduate studies. "We are all committed to the idea that there is tremendous need for improved clinical care and better patient outcomes for oncologic diseases."

Once a target is identified, a contract will be agreed upon between Orion and Wi2. Any proceeds from the discovery would be split between Orion and Wi2 at a rate that will be negotiated in advance for each target. Wi2's share of proceeds will be reinvested in research done at the SMPH.

"This is an area (pharmaceuticals) where you have to combine the best possible science—the best science in the world—and the patient care; and when we do this in the—ethical, moral and societal perspective—right way, it also

will turn into company prosperity," says Reijo Salonen, MD, PhD, Orion senior vice president, pharmaceutical research and development, and chief medical officer. "We are lucky here that we are able to combine those four things, and we hope to do it together with (Wi2), now and in the future."

Following the signing ceremony, Orion executives and SMPH administrative leaders attended presentations from Carbone Cancer Center researchers that highlighted the latest advances in cancer research at the SMPH.

"We view this agreement as something that is very important for the University of Wisconsin-Madison, and particularly the UW School of Medicine and Public Health. We are all committed to the idea that there is tremendous need for improved clinical care and better patient outcomes for oncologic diseases."

Orion currently reports about $1.2 to $1.3 billion in revenue, and contributes about $120 million into research and development. Most of that funding is tied up in current projects, Salonen says.

One of Orion's signature pharmaceutical products is Stalevo, a drug combination to treat Parkinson's disease, which is marketed by Novartis.

The current model of financing research and development is not working, according to Salonen, making collaborations with academic research institutions a logical step, as the company has done previously with a German university.

In the United States, UW-Madison offers Orion a combination of discoveries and capabilities needed to develop new cancer treatments, Salonen says. The mechanism for the collaboration is Wi2.

The corporation is aligned with UW-Madison for charitable, scientific and education purposes. In this case, the purpose is to support the transition into the marketplace of useful technology developed at UW-Madison and other research institutions.

Additionally, Wi2 actively develops technological innovations to the point that intellectual property protection is merited.

"The whole basis for the best R & D is the best science," Salonen says. "So, how about going to try and make a truly collaborative effort with academics, own jointly the projects, and work with them in a fashion that has not been heard of in the world—in a way that is revolutionary."

The ability to bring important medical discoveries to the clinic is vital to helping patients, Moss notes.

"We are optimistic about what will come about as a result of this collaboration," he concludes.

Howard Bailey, MD (standing), UW Carbone Cancer Center director, describes the center's latest research advances to Orion representatives who traveled to Madison to discuss the partnership.

ANDREW HELLPAP (2)

Left to right: Richard Moss, PhD, and Reijo Salonen, MD, PhD, sign the agreement between Wi2 and Orion, as Antti Haapalinna, PhD, Orion vice president for research and development, looks on.

Mission: Diversity and Inclusion

BRIAN GITTENS, EdD
ASSOCIATE DEAN FOR HUMAN RESOURCES, EQUITY AND INCLUSION

In January 2016, the University of Wisconsin-Madison School of Medicine and Public Health (SMPH) chose Brian Gittens, EdD, as the associate dean for its new Office of Human Resources, Equity and Inclusion. The former iteration of this department served a strictly human resources function. It is undergoing a reorganization to include equity and inclusion. Ultimately, Gittens will manage more than 60 employees.

The new office's main functions include ensuring that all initiatives related to human resources service delivery and strategic equity, diversity and inclusion also focus on development of a diverse workforce, Gittens notes.

He earned his EdD degree in higher education administration, with a research focus on leadership development and organizational culture from George Washington University in Washington, DC.

Gittens has more than 26 years of experience in operational and administrative human resources, primarily at major universities. He is a certified senior professional of human resources and a graduate of the Association of American Medical Colleges Healthcare Executive Diversity and Inclusion Certificate Program.

Interview by Andrew Hellpap

Equity and inclusion are significant parts of your role. What makes these issues so important to the school?

Diversity and inclusion are critical to a school of medicine and public health. Diversity is linked to creative problem solving and innovation, which are key in clinical care and research. Also, diversity among providers leads to better quality outcomes, especially for diverse patient populations—mitigating the impacts of health care disparities for our most vulnerable patients. I believe a diverse, inclusive workforce helps boost employee engagement and productivity overall.

Please describe the school's team effort surrounding equity and inclusion.

The SMPH is building the infrastructure to implement a Diversity and Inclusion Strategic Plan. This year, we will focus on branding and communicating about all the great work being done throughout the school. We're continuing to enhance strong programs like the Centennial Scholars to recruit and retain diverse faculty, as well as various student pathway programs.

I also am helping to design development programs related to unconscious bias and strategies to promote equity and inclusion. With support from Dean Robert Golden, school leaders will participate in an interactive unconscious bias workshop. Such sessions are designed to facilitate a shift in consciousness with regard to inclusion and organizational decision-making.

How do you juggle all the roles with which you are tasked?

My passion for what I do makes the juggling somewhat easier, but I am cognizant that it takes a terrific team to accomplish anything great within an organization. I focus on developing, coaching and mentoring those around me. Another benefit of my role is the opportunity to integrate the tenets of equity and inclusion in human resources practice.

Why did you choose to work in academic administration rather than the private sector?

The sense of mission, creativity and development attracted me to academic administration. As a lifelong learner, it's a natural fit to be part of the academy and support learners, faculty and staff.

What drew you to the SMPH?

I relish the opportunity to be part of this great university and grow my career. My role represents the next step toward my goals and the chance to integrate diversity and inclusion values into human resources practices at our school.

What do you like most about Wisconsin, and why?

Wisconsin is naturally beautiful. I grew up in Maryland, off the Chesapeake Bay, so being near the lakes is appealing. I am adapting to Wisconsin's cold weather. A friend from Michigan once told me you never really get used to the cold—you just get used to *being* cold. Aside from that, the great people in Madison and at the university have embraced my wife, Cheryl, our two sons and me. We feel very welcome here.

You are a 13-year Marine Corps veteran. Did you see combat, and how does your service impact your life?

I did not see combat directly, but I served in an infantry unit during both Gulf Wars.

My military service provided a great foundation for how I approach challenges—with tenacity and perseverance—even in the face of adversity. It also has given me the ability to maintain perspective. I realize where administrative crises fall on the spectrum of real-life crises, so I am able to deal with them with a level of calmness that characterizes my leadership.

What is the SMPH's greatest challenge in regard to recruiting more minority students?

I believe the challenge is two-fold. The first priority is to continue focusing on improving the climate for diverse students. Current students are our best advocates. Those who have a negative experience based on bias can do irreparable harm to an institution's reputation, especially through social media. The second priority is for the SMPH to more actively build partnerships with institutions that graduate diverse students and to create opportunities for diverse students to visit campus and see us as a viable option for their education.

Nationally, what's being done to increase minority student enrollment?

Building relationships with programs that graduate high numbers of diverse students is key to creating long-term pathways. We also must make sure these students have the infrastructure and support to thrive here. Nationally, the trend is toward conducting outreach, developing pre-matriculation programs and ensuring financial support.

What other elements of diversity do you focus on?

While Dr. Tracy Downs, director of the SMPH's Office of Multicultural Affairs, primarily focuses on student diversity and retention, I focus on workforce development, communication, and overall processes that promote diversity and inclusion. This includes working with faculty and staff who have traditionally been under-represented in academic medicine. In addition, I am concerned with equity in regard to salary, promotional opportunities and career development.

When we experience racially tense situations in our city, state or nation, what steps do you recommend to keep communication open?

First, there is no silver bullet or canned response for these situations. We have to create spaces to listen to the concerns, pain and fear of those affected. It also is an opportunity for leaders to step up and reaffirm their commitment to an inclusive culture by word and deed.

You see students and faculty every day. What interesting fact would you like them to know about you?

I often joke that my work in diversity and inclusion started while I was attending a residential high school, Phillips Academy at Andover, Massachusetts. Anyone who wants to know more about how I got started in this work can Google my name and Phillips Academy at Andover.

Increased Understanding of Immunologic Tolerance

A pre-clinical study at the University of Wisconsin School of Medicine and Public Health (SMPH) suggests that immunological tolerance—in which the immune system does not respond to substances capable of producing an immune response—may result from interactions between dendritic cells and extracellular vesicles, or exosomes.

Published in the *Proceedings of the National Academy of Sciences*, the mouse study is a long way from being replicated in humans. However, findings provide a path to understanding how to induce such tolerance and have implications for tumor immunity, organ transplantation, autoimmune diseases and reproduction.

"The induction of tolerance is a largely underachieved goal in transplantation and autoimmunity fields," says Will Burlingham, PhD, the principal investigator (PI) and a professor in the Division of Transplantation in the SMPH Department of Medicine. "Our research holds the promise of opening an avenue for research using exosomes as biomarkers of tolerance status and as a vehicle for therapeutic applications of tolerance."

The study sought to understand the role of exosomes as a natural means of amplifying, in newborns, maternal-fetal peripheral tolerance that lasts into adulthood. Findings show that the presence of a small number of a mother's cells in her offspring generated a "split" tolerance that stimulated classical alloreactivity while silencing cells that help antibody-forming and killer lymphocytes responsible for that alloreactivity.

This study is the first to describe split tolerance as occurring on different surface areas of a cell. It has important implications in cell biology and molecular immunology.

Jon J. Van Rood, MD, PhD, of the Leiden University Medical Center, the Netherlands, was the co-PI, and other researchers from the SMPH and William S. Middleton Memorial Veterans Hospital, Leiden University and the University of Pittsburgh Medical Center were involved.

New Cellular Pathway of Cancer Therapy Resistance

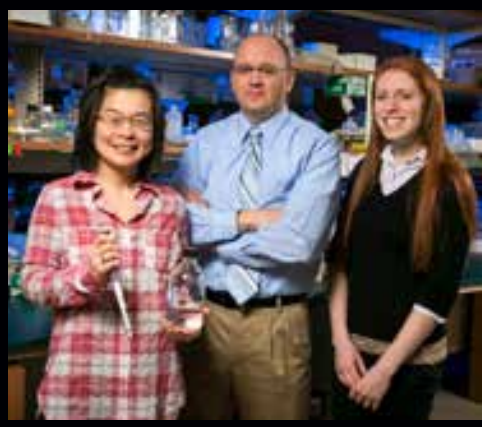
Research in the University of Wisconsin School of Medicine and Public Health's Department of Human Oncology could lead to better outcomes for patients with head and neck, lung and triple-negative breast cancer, particularly those resistant to common therapies. Published in *Science Signaling*, the study enhances understanding of signals that regulate a growth pathway in many tumor types.

Receptor tyrosine kinase (RTK) proteins are best studied for how they receive signals from outside the cell and transmit that signal internally, telling the cell to survive, divide and spread. Thought to function on the cell's surface, RTKs recently have been found inside the nucleus.

"Nuclear localized RTKs can mediate resistance to cancer therapies by providing an alternative signaling pathway within the nucleus," says Toni Brand, PhD, the lead author and a former graduate student in the lab of Deric Wheeler, PhD '04, associate professor, Department of Human Oncology. "We wanted to identify how to block RTKs' movement into the nucleus so we could enhance the efficacy of antibody-based therapies."

Findings from the current study identified a new RTK, called AXL, that promotes the translocation of RTKs from the cell membrane to the nucleus. This increased trafficking of RTKs from the membrane to the nucleus ultimately leads to therapeutic resistance.

The study provides a rationale for therapeutically targeting AXL to block movement of RTKs to the nucleus and thus reversing drug resistance in these cancers.



Left to right: Mari Iida, PhD, Deric Wheeler, PhD, and Toni Brand, PhD, conduct research in Wheeler's lab.

Finding Re-Writes Anatomy Texts

Neurosurgeon Amgad Hanna, MD, knew that what he saw in the operating room did not match diagrams in anatomy textbooks, so he tested his hunch in the University of Wisconsin School of Medicine and Public Health's (SMPH) anatomy laboratory. Dissections confirmed his observations and proved nearly 500 years of anatomy texts wrong.

Hanna's findings, published in the *Journal of Neurosurgery*, will rewrite how anatomy books depict the brachial plexus, where the nerves controlling the shoulders and arms branch away from the upper trunk nerve. More importantly, they will improve care for trauma patients who suffer injuries that leave them in pain and unable to fully use their arms.

An associate professor in the SMPH Department of Neurosurgery, Hanna is a national expert in repairing brachial plexus injuries. If caught early, damage can be repaired surgically, but the surgeon must have a correct understanding of anatomy.

Early in his career, he repaired the brachial plexus of a patient to match the text illustrations, and the surgery failed. He re-operated, grafting the nerves in the order he has shown to be correct, and the patient regained use of his arm.

The difference is the order of the branching of three nerves: the suprascapular nerve (S); the posterior division (P); and the anterior division (A). Anatomy illustrations traditionally showed the order as SAP, but Hanna's research shows the correct order is SPA.

This misunderstanding goes back to the Middle Ages, when Andreas Vesalius wrote *De Humani Corporis Fabrica*. The mistake was carried through modern times; most of

the anatomy books on Hanna's shelf have the incorrect order. But Hanna says other neurosurgeons who specialize in the peripheral nervous system have noted that reality does not match the books.

Consciousness During Surgery Lower than Estimates

An international study of 260 surgical patients found that, contrary to many previous studies, just more than 4 percent were conscious of the external world while under general anesthesia but before the start of surgery. None who responded remembered it afterward.

Researchers noted that there are no known long-term problems associated with the brief period of awareness captured in this study, and stressed this should not dissuade patients from having surgery to improve their health.

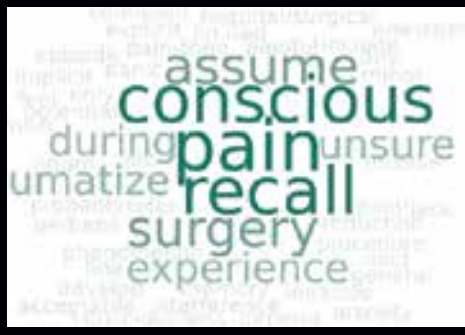
Fortunately, this is far lower than the approximately 37 percent identified in earlier studies, using a similar technique, as reporting awareness of a stimulus while under general anesthesia.

Published in *Anesthesiology*, the new research—conducted at six sites around the world—was led by Robert Sanders, MBBS, PhD, assistant professor, Department of Anesthesiology, University of Wisconsin School of Medicine and Public Health.

"This was the first multi-institution collaboration investigating the use of the isolated forearm technique," says Sanders. "The anesthetic technique was left to anesthesiologists' discretion. We wanted to look at consciousness in routine clinical practice. Although we view such consciousness during surgery as important, we urge caution in interpreting the results. We looked at a very brief 'snapshot' of the time patients spend under anesthesia. Also, these patients likely had very different experiences from those who report being awake but unable to move or speak during surgery."

Ultimately, Sanders says, the goal is to meet patients' expectations to be unaware of surgery or any external stimuli during general anesthesia.

Findings suggest that a single IV injection of anesthetic



to drift patients to sleep may not always be effective in preventing patients from regaining consciousness following intubation. Sanders' future research will look at variables that might result in patients becoming conscious and ways to prevent it.

Your Brain While Driving: Split Activity Allows You to Listen and Drive

Many of us have had the experience of pulling into the driveway, with no clear memory of the drive.

Now a team of University of Wisconsin School of Medicine and Public Health (SMPH) consciousness researchers has used brain imaging to show how the brain allows you to drive a familiar path while concentrating on a radio show: It literally splits the tasks in half, with one part of the brain navigating the drive while the other part concentrates on the broadcast.

Even more intriguing, the two circuits operate independently of one another, showing no integration with the task of the other circuit.

"It seems, at times, that the healthy brain can function wholly split into two parts," says lead researcher Giulio Tononi, MD, PhD (photo at right), director of the Wisconsin Center for Sleep and Consciousness and a professor in the SMPH Department of Psychiatry. "This temporary split may resemble, to some extent, what happens after epilepsy patients have surgery to disconnect the two hemispheres to relieve seizures. The surgically disconnected brain is able to manage two separate streams of consciousness, one per hemisphere."

The findings are being published in the *Proceedings of the National Academy of Sciences*.

The researchers put 13 healthy male volunteers in a driving simulator while their brains were being imaged via functional magnetic resonance imaging (fMRI).

In one condition, the group had to perform the 'integrated task' of listening to a GPS-controlled voice giving complex directions to a simulated destination while driving. In the other condition, they performed the 'split-task' of listening to an engaging radio talk show, entirely unrelated to the act of driving.

As anticipated, and consistent with previous research, listening to the GPS voice or the radio show activated the brain networks known to serve listening, while the act of driving activated the distinct 'driving' network. However, the relationship between the driving and listening networks looked completely different: during the integrated GPS-listening task, the two networks were integrated and actively exchanging signals with one another. In contrast, during driving while listening to the radio show, the integration of information decreased to zero. Remarkably, these two networks were more integrated when subjects were doing absolutely nothing than they were during task performance.

"An intriguing question is what happens to consciousness when driving while listening in the split condition," Tononi notes. "Is there a single conscious stream, with attention deployed primarily to a dominant task, typically listening, and much less to driving? Or does driving become unconscious, as on autopilot? Or, does a normally integrated conscious stream split into two separate conscious streams that coexist within the same brain, as indicated by studies of patients with an anatomically split brain?"

The study's lead author is Shuntaro Sasai, PhD, a research associate of the SMPH. Other members of the team include Melanie Boly, MD, PhD, a resident in the SMPH Department of Neurology, and Armand Mensen, PhD, of the SMPH Department of Psychiatry.

SPORE GRANT *Continued from page 6*

provide critically important tumor specimens to the SPORE teams for research studies.

"I have worked very closely with Greg Hartig for 23 years. He is a remarkably talented HNC surgeon who brings a terrific bedside manner and great compassion to cancer patients," says Harari.

"Since Tim McCulloch's arrival at UW Health 10 years ago, the HNC program has further expanded, including the hiring of talented new surgeons and radiation oncologists. We also have exceptional leadership from research experts Nadine Connor (PhD) and Susan Thibeault (PhD) (both professors in the Department of Surgery), who direct the Career Enhancement and Developmental Research Programs within the SPORE grant."

Harari believes that while technical advances in radiation and surgical treatments have improved outcomes for HNC patients to date, major additional gains will come from new findings in UW-Madison molecular biology laboratories. They star in three of the four SPORE projects at the UWCCC.

"We are so much better at treating these cancers in 2017 than we were in 2003, but we have been waiting for molecular biology advances to be able to significantly impact cure rates," Harari says.

"That is what the SPORE grant is all about. We are finally unleashing 25 years of molecular biology research to better fight individual cancers."

SMPH Dean Robert Golden, MD, shares Harari's enthusiasm.

"This exciting new SPORE grant highlights the unique strengths of the SMPH, where science that bridges multiple departments and scientific disciplines moves basic molecular discovery into meaningful clinical advances," says Golden. "We are grateful to Paul Harari for his remarkable leadership, and to the entire team of all-star scientists, who will move this work from the molecule to the patient as they develop treatments."

Harari believes the UWCCC has the talent to put together other successful SPORE proposals related to several major cancer types. He hopes to share what the head and neck cancer team has learned to help other colleagues reach that bar.

"A SPORE grant offers a fantastic opportunity to positively impact the next generation of cancer researchers so their work can truly benefit cancer patients."

INTERPROFESSIONAL HEALTH EDUCATION *Continued from page 14*

team-based care as one of 10 "threads" deemed so vital that it's woven into teaching throughout all four years of medical school.

Robert Holland, MD, thread director for quality, safety and interprofessional health education, shares that the ForWard Curriculum emphasizes interprofessional education to help graduates maximize the diverse backgrounds of health professionals to provide better, safer team-based care.

"In the past, we've always had experiential learning within health care teams, so a lot of what students learned about interprofessional concepts was through an implicit or informal curriculum," Holland says. "Now, starting with their first block of learning, medical students are explicitly exposed to these concepts."

Another of CIPE's major goals is to help various professional programs coordinate shared student experiences.

Holland and SMPH Clerkship Curriculum Manager Roberta Rusch, MPH, note that the varying degree levels of the programs have posed challenges in the past, but they expressed optimism that the new center will find ways for students to learn together.

"It's not just about teaching students what a pharmacist does or what a physician assistant does," Rusch shares. "It's about how we can help change the culture so all health care professionals work together, collaboratively, to improve patient outcomes. We hope the emphasis of interprofessional health education in the ForWard curriculum will help move us in that direction."

She adds, "Our challenge is to identify or create quality assessments to measure student competencies in interprofessional health and team-based care. Dr. Holland and I are considering looking at businesses—not just thinking of health care professions, but how people work together in other industries and how they measure good teamwork."

The Center's Future

While CIPE is debuting with involvement from core health professions schools that deal with patient and animal care, Roberts and the CIPE Advisory Council envision expanding throughout UW-Madison to include 20 or more undergraduate and graduate programs. From engineering to law, there's a wealth of knowledge and interest that can enrich the interprofessional experience, according to Roberts.

"The center has the potential to facilitate the transformation of education," Zorek notes. "We can play an instrumental role by getting students out of the 'silos' of individual programs and into the same spaces to learn about, from and with each other."

Holland says there are no boundaries for what programs could be included because many would add value to the center.

"I would never look at another profession and say, 'I don't think we can benefit from collaboration,'" Holland comments. "I think everyone has something to add, and we can celebrate the diversity of backgrounds as we work to improve patient care."

The UW Initiative to End Alzheimer's Disease

FORGING PATHWAYS TO DISCOVERY, IMPROVED CARE AND SERVICE

Alzheimer's disease is the most common form of dementia, projected to afflict nearly 14 million Americans by 2050 and costing the nation more than $1 trillion, unless discoveries are made to treat, prevent and cure the disease. Alzheimer's is the sixth leading cause of death in the United States and is the only disease among the top 10 causes of death in America that cannot be slowed or prevented. Thus, in January 2011, President Obama signed the National Alzheimer's Project Act into law, requiring creation of a national strategic plan to address the impending Alzheimer's tsunami and find a cure by 2025.

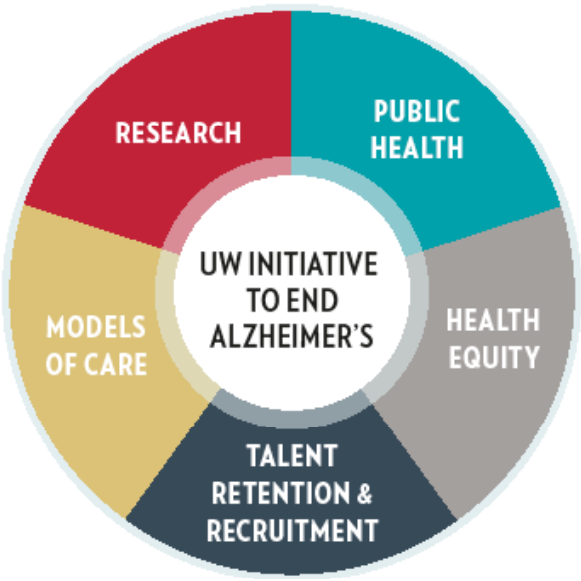
Founded in 2016, the University of Wisconsin Initiative to End Alzheimer's features internationally renowned programs and collaborations between the Wisconsin Alzheimer's Disease Research Center (ADRC) and the Wisconsin Alzheimer's Institute (WAI) within the UW School of Medicine and Public Health (SMPH). The initiative's physicians, scientists and staff focus on the many dimensions of Alzheimer's disease through research to understand, treat and prevent the disease, and through novel clinical and public health approaches to improve care of patients and their families and improve health equity across diverse populations.

The ADRC and WAI employ complementary approaches to accomplish the nation's and UW Initiative's mission to end Alzheimer's disease. With that goal, the initiative supports biomedical research, primary prevention studies, improved models of care and community-based programs to improve public health and health equity. Research sponsored by these programs has led to the publication of multiple seminal findings that are leading important aspects of Alzheimer's research. For the first time, findings from the ADRC and WAI underscore the significance of a parental history of Alzheimer's as an important risk factor for the disease. These findings suggest that, among a subset of people with a family history of Alzheimer's disease, special brain scans and examination of the cerebrospinal fluid show evidence of disease pathology at a stage when the person has no symptoms. These findings are important as they will help identify people at increased risk for Alzheimer's and offer them treatments that could either slow or stop their progression toward developing symptoms.

Besides biomedical research, another distinguishing strength of the ADRC and WAI is their collaborative goal to identify health disparities and achieve health equity through statewide community outreach and engagement. Focused currently on the state's African American and Native American populations, ADRC and WAI scientists have received new federal funds to study preclinical biomarkers of Alzheimer's disease in African Americans. Study results will provide novel insights into the onset of Alzheimer's pathology in African Americans. Also, the WAI Regional Milwaukee Office provides innovative clinical and community programs to serve older adults with Alzheimer's and their families from communities of color.

Additional distinctive features of the ADRC and WAI include their complementary expertise in models of care, with the ADRC conducting research on post-hospital care for people with dementia, and the WAI facilitating a statewide network of innovative Dementia Diagnostic Clinics. The initiative's public health mission is accomplished by the WAI, which facilitates the dissemination and implementation of best-practices to benefit all Wisconsin communities. Finally, both the ADRC and WAI work collaboratively to train the next generation of scientists, clinicians and educators.

The initiative's faculty, support staff, administrators and UW Foundation development team are committed to excellence and the successful accomplishment of the UW Initiative to End Alzheimer's. True to the tenets of the Wisconsin Idea, the ADRC and WAI work together across the state, seeking new understanding and improved treatments for Alzheimer's through research and community engagement to benefit the people of Wisconsin and beyond.



We look forward to partnering with you to create a future free from Alzheimer's disease!

Sanjay Asthana, MD
Associate dean for gerontology, SMPH, and director, Wisconsin Alzheimer's Disease Research Center

Jane Mahoney, MD (PG '89)
Director, Wisconsin Alzheimer's Institute

Cynthia Carlsson, MD, MS '05
Associate director, Wisconsin Alzheimer's Institute

I KNOW YOU

... OR DO I?

If you think you can identify the person in the photograph 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 *Quarterly*.

For the last issue (see below), Pamela A. Wilson, MD, won the prize drawing and will receive a gift from the Wisconsin Medical Alumni Association!

HINT: This Nebraska native and military veteran played a role in automating certain processes.

In the past issue of *Quarterly*, 40 people correctly guessed the identity of Jeffrey Grossman, MD (PG '78, '82). Throughout his four-decade career at the University of Wisconsin-Madison, Grossman held many leadership posts, including chair of the UW School of Medicine and Public Health's Department of Medicine and the school's senior associate dean for clinical affairs; vice president of UW Hospital and Clinics; president and CEO of the UW Medical Foundation; and first CEO of the integrated UW Health.

A State University of New York (SUNY) medical school classmate of Grossman, William M. Nauseef, MD (PG '79), called him "one of the gaggle of SUNY Upstate folks who came to UW-Madison in the mid-1970s."

Grossman's medical school roommate, Samuel N. Pearl, MD (PG '82), was a plastic surgery resident when Grossman also was a post-graduate trainee at UW Hospital and Clinics. Pearl and several other responders congratulated Grossman on his recent Belzer Award and retirement.

Robert Factor, MD (PG '83), said Grossman looked "just the way he did in spring 1980 when I first met him as a PG1 resident in the UW Hospital emergency room," where Grossman was a fellow who supervised Factor.

Several people commented on Grossman's wild hair, including David Cohn, MD (PG '78), who said, "As the two docs with the best Afros in our (residency) class, we became fast friends!"

Elizabeth Silverman, MD, commented, "Jeff Grossman is a wonderful pulmonologist and administrator who cares so much about his patients, colleagues, residents and students. He always wears his heart on his sleeve!"

Michael DeVita, MD '11, shared similar sentiments and stated, "He taught me a great deal in medical school. I remain appreciative of Dr. Grossman's impact on my medical education."

We Want to
Hear From You

Please send us information about your honors, 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.

Have you moved? Please send us your new address.

CONTACT INFORMATION:
Wisconsin Medical Alumni Association
Health Sciences Learning Center
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Madison, WI 53705

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PROJECT 72

University of Wisconsin-Madison's "Wisconsin Idea"—that the university's influence should benefit citizens in every corner of the state—is shining brightly through the Project 72 statewide outreach initiative. It highlights partnerships between UW-Madison and its alumni in each of the state's 72 counties. Several UW School of Medicine and Public Health alumni—a few of whom are listed below—shared their stories on the Project 72 web site: **allwaysforward.org/wi/all-counties/**

- Jackie Arbuckle, MD '95
- Joel Miller, MD (PG '92)
- John Drawbert, MD '80
- Meg Dallapiazza, PA '80
- Michelle Reisen-Garvey, PA '00
- Anne Schierl, MD '57
- Deb O'Connell, PT '75

Anne Schierl, MD '57 (photo at left), from Wisconsin's Portage County, shared her "Civic-Minded Success Story" through Project 72. A member of the Wisconsin Medical Alumni Association Advisory Board, Schierl is active in alumni events and spreads her Badger Pride wherever she goes.

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON