

# Quarterly

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School of Medicine  
and Public Health  
UNIVERSITY OF WISCONSIN-MADISON



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# QUARTERLY

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

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# CALENDAR

## May 2025

### FRIDAY, MAY 2

Spring WMAA Board of Directors Meeting, SMPH Scholarship Reception, and WMAA Awards Banquet Union South

### FRIDAY, MAY 9

MD Graduate Recognition Ceremony and Reception Memorial Union and livestream

## June 2025

### FRIDAY, JUNE 6

Medical Alumni Day, Reunions for MD Classes of 1960, '65, '70, '75, and '80, plus the Half-Century Society (MD alumni who graduated more than 50 years ago)

## August 2025

### FRIDAY, AUGUST 22

MD White Coat Ceremony Memorial Union and livestream

## September 2025

### FRIDAY, SEPTEMBER 19

Middleton Society Dinner

## October 2025

### FRIDAY, OCTOBER 10

Fall WMAA Board of Directors Meeting, Reunions for MD Classes of 1985, '90, '95, 2000, '05, '10, '15, and '20

### SATURDAY, OCTOBER 11

WMAA Tailgate Party and Badgers Homecoming Game

To register, visit [wmaa.med.wisc.edu/events/](http://wmaa.med.wisc.edu/events/)

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Please search for @uwmedalum on Facebook and Instagram. Follow us for fun updates!





People walk, slide, and skate on frozen Lake Mendota near the Memorial Union at the annual Wisconsin Union Winter Carnival in February 2025. —Althea Dotzour, UW-Madison

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*Extracurricular offerings allow medical students to explore interests beyond the standard curriculum.*

## ON THE COVER

*Lights, Camera, Matchin'! An awards program theme heightened the Match Day excitement for graduating medical students – including Samantha Crowley, who will enter an emergency medicine residency at UW Hospitals and Clinics.*

—Sirtaj Grewal, Media Solutions

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**ROBERT N. GOLDEN, MD**

Dean, University of Wisconsin  
School of Medicine and Public Health  
Vice chancellor for medical affairs,  
UW–Madison

**A**s I read this issue of *Quarterly*, I am deeply impressed by the remarkable accomplishments of the amazing women who are highlighted. Our school enjoys a national reputation for our progress in advancing gender parity and other aspects of inclusiveness.

From a personal perspective, I have watched my wife – Shannon Kenney, MD – overcome countless gender-based challenges and obstacles, starting in medical school and continuing throughout her remarkable career.

I am grateful that our school's culture has evolved to a point where women face fewer barriers. As you will see in the photo on page 8, about half of the current department chairs at the University of Wisconsin School of Medicine and Public Health (SMPH) are women. While we have a long way to go in other aspects of inclusivity, we will continue to applaud the resilient pioneers who help shape our school's trajectory.

In the Awards section, you will read about Hope Broadus, JD, and Kao Lee Yang, MS, who received UW–Madison Outstanding Women of Color Awards, and seven women – Tiffany A. Glazer, MD '11, FACS; Erin Hammer, MD, MPH '18 (PG '15, '16, '18); Jenny A. Higgins, PhD, MPH; Michelle E. Kimpel, PhD; Elise H. Lawson, MD, MSHS; Elizabeth A. Sadowski, MD (PG '02); and Earlise C. Ward, PhD, MS – who were honored with SMPH Women in Medicine and Science Awards.

The Alumni Profile describes the unique path Katharine Greenfield, MD '16, took while exploring various careers that ultimately led to her calling as a family medicine physician. In *Healer's Journey*, Tessa Griffin describes hurdles faced by students who are the first in their family to earn a bachelor's degree and/or come from financially challenged backgrounds. Having worked relentlessly to follow her dream of becoming a physician, Ms. Griffin revitalized and co-leads the First-Generation, Low-Income Student Group, which helps medical students

in these circumstances. When David K. Cassidy, MD '86, read Ms. Griffin's essay in *JAMA*, he was inspired to establish a fund that supports this student group.

Three daughters of the late Professor Emeritus James C. Pettersen, PhD, motivated by their father's love of teaching and their mother's strong influence, also wanted to help the next generation of physicians. As you will read on page 28, they created a medical student scholarship in Dr. Pettersen's name.

One feature story describes the Integrated Specialty Care for Women program, in which health care teams collaborate on clinical care, research, and training. Another feature story describes the SMPH Paths of Distinction – group-learning opportunities that allow medical students to delve into topics beyond the standard curriculum as they think ahead to residency applications.

Residency placements were the hot topic on Match Day, when graduating medical students learned where they will continue the next phase in their training. Our SMPH community celebrated their success in matching to a broad spectrum of great programs throughout the United States, including here in Madison.

Speaking of celebrations, I am overwhelmed and profoundly thankful for everyone's kind words – spoken and written – at events related to my upcoming transition from my dean and vice chancellor roles into a faculty position. Our faculty, staff, and learners have accomplished so much during my 19 years in these roles, and I know the best is yet to come. In the next issue of *Quarterly*, we will introduce Nita Ahuja, MD, MBA, FACS, who will join us as the next SMPH dean and UW–Madison vice chancellor for medical affairs on May 15, 2025. She will share insights about her vision for leading this glorious institution forward into the future.

On, Wisconsin!



One thing remains clear as we navigate a time of rapid change and uncertainty: the power of community has never been more important. For our alumni, your connection to the University of Wisconsin School of Medicine and Public Health (SMPH) is more than just your diploma. It is a testament to the shared values of advancing health and health equity that continue to unite us.

The past few years have tested all of us in ways we never imagined, from the stresses brought on by the COVID-19 pandemic to the ever-changing health care landscape. These challenges can leave us feeling uncertain about the future, but one thing you can count on is the enduring strength of your alma mater. The Wisconsin Medical Alumni Association (WMAA) plays a crucial role in fostering that sense of continuity and solidarity, providing a network for support, mentorship, and collaboration.

At this pivotal moment, we also find ourselves approaching a new chapter for the school. We are preparing to bid a heartfelt farewell, in May 2025, to a beloved dean who has left an indelible mark on the institution, guiding the SMPH through a period of growth and strengthening partnerships. Under the leadership of Dean Robert N. Golden, MD, the school has flourished; he has been the ultimate champion of the values we hold dear.

Our future remains bright, with Nita Ahuja, MD, MBA, FACS, taking the helm as our school's 10th dean on May 15. As alumni, you have the opportunity – and the responsibility – to help guide this transition by sharing your expertise, experiences, and perspectives to ensure the school and students who follow in your footsteps continue to thrive.

One way you can contribute to this new chapter is by engaging with the WMAA. The association's board of directors plays an important role in strengthening the bonds among alumni and SMPH faculty, staff, and students. You may self-nominate for

a position on the board on our web site ([wmaa.med.wisc.edu/about/board-of-directors](http://wmaa.med.wisc.edu/about/board-of-directors)). Service on the board provides a chance to influence the direction of the WMAA. Your voice matters. The more diverse perspectives represented on the board, the stronger the WMAA can be, fostering a more inclusive, engaged, and dynamic community.

Another moment of immense pride for the school is Match Day – a milestone that many consider the true bookend of medical school. Watching as students receive their residency match results, knowing the hard work and dedication it took to get to that point, reminds us of the profound impact that medical education has on shaping future leaders in health care. I hope the photos from this year's event (pages 12 and 13) remind you of your joy when you opened your notification letter – whether it was digital or paper.

Much excitement is on the horizon, and together, we will continue to make a lasting impact. We invite all alumni to actively engage with the WMAA and contribute to the continued success of your alma mater. Whether through self-nominating for the WMAA Board of Directors, participating in upcoming regional events or Medical Alumni Day, or simply reaching out to reconnect, your involvement matters.

The WMAA is here to foster the connections that help us face challenges together and celebrate our collective accomplishments. Please submit updates at [wmaa.med.wisc.edu/share](http://wmaa.med.wisc.edu/share). We also encourage you to contact us at [wmaa@med.wisc.edu](mailto:wmaa@med.wisc.edu) with questions, ideas, or ways you would like to get involved. Thank you!



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**SARAH B. ROTHSCILD**

*Executive director, Wisconsin Medical Alumni Association*



*Jon Pennycuff, MD, MSPH (left), and Caroline Cox, MD, consult in a sunny hallway at UW Health Eastpark Medical Center.*

# Integrated Specialty Care for Women

COMBINING CLINICAL CARE, RESEARCH, AND TRAINING TO BEST MEET PATIENT NEEDS

**P**elvic floor disorders are a common issue for women. Conditions like pelvic organ prolapse, urinary and fecal incontinence, fibroids, pelvic pain, and sexual dysfunction are becoming more prevalent as the U.S. population ages.

In 2022, researchers in the University of Wisconsin School of Medicine and Public Health (SMPH) Department of Obstetrics and Gynecology published a study in the journal *Urogynecology* that provided an updated estimate for rates of urinary incontinence in the United States. Their study found that more than 78 million adult women in this country experience some degree of urinary incontinence; that is around 60 percent of women in the United States.

"Pelvic floor disorders disproportionately affect older women," says Sarah McAchran, MD, associate professor, SMPH Department of Urology. "Even though what we treat generally is not life-threatening, it has huge quality-of-life implications and, untreated, is connected to anxiety, depression, and other medical problems."

To help meet the growing need for urogynecologic care, leaders at the SMPH and UW Health worked together over several years to develop the distinctive UW Health Integrated Specialty Care for Women (ISCW). In November 2024, the program opened its doors to patient appointments in the new UW Health Eastpark Medical Center in Madison.

## Understanding Care Gaps

"In our planning, we focused on making ISCW very patient-centric," says Department of Obstetrics and Gynecology Chair Ellen Hartenbach, MD. "UW Health put a lot of resources into learning what patients need and want, and designed a clinic that can really deliver on that."

To make sure the services would meet the needs and preferences of women, the team conducted in-depth interviews

with a diverse group of patients who have at least one urogynecologic issue and receive care at UW Health or elsewhere. Through these interviews, the team sought to understand gaps and obstacles people encounter when seeking urogynecologic care.

Foremost, the feedback revealed a need for more awareness about pelvic floor conditions and proactive conversations with care teams. Though these conditions are very common, some patients and providers can be hesitant to talk about them.

"There's still a lot of taboo around pelvic floor disorders, sexual health, all these conditions," says Lisa Harlow, MS, program director, ISCW. "Sometimes women have been told that these issues are an inevitable part of aging, or they feel embarrassed and wait years to ask for help. Hearing this from our focus groups was eye-opening. These conditions can significantly limit people's lives, but they often are uncomfortable bringing them up."

Patients' feedback helped inform all aspects of the program, from the



Ellen Hartenbach,  
MD



services that are included to the ways information is shared with current and prospective patients. But getting people in the door is only the first step. Patient interviews also made it clear that people need more support as they move through treatment pathways that can be quite complex. For example, the treatment plan for a patient with a common condition like pelvic organ prolapse — when one or more pelvic organs drop from their position, creating a bulge or herniation in the vagina — may include care from a urogynecologist, gastroenterologist, physical therapist, and sex therapist.

"We talk about navigating the spiral, this idea that patients come in and have to work their way through our system to get the care they need," says McAchran. "Every twist or turn is a spot where we might lose them. I remember a patient who came to me with some complicated issues. She was referred through multiple other specialties before ending up back in my clinic. I wanted to make sure my patients did not experience something like that ever again."

## Taking a Multidisciplinary Approach

Because comprehensive management of pelvic floor disorders requires expertise from multiple specialties, coordinating that care in a centralized, accessible location is key to improving the patient experience. ISCW

brings together physicians, advanced practice providers, and other clinicians from obstetrics and gynecology, urology, colorectal surgery, gastroenterology, behavioral health, and physical therapy to offer seamless care for a variety of concerns.

"The processes and pathways through this clinic were designed with patients in mind regarding what would make the most sense for them," says McAchran. "We're trying to make departmental silos matter a little bit less, especially where they don't necessarily serve our patients."

According to Stephen Y. Nakada, MD, FACS, FRCS, the David T. Uehling Chair and Professor of Urology, "It is integral and powerful that the Department of Urology works alongside the other departments in the ISCW to provide optimal care for the widest variety of conditions, from the most common to the most complex."

When patients are connected to the ISCW, they could be matched for their intake appointment with a physician or advanced practice provider from the Department of Obstetrics and Gynecology or Department of Urology — both of which include fellowship-trained urogynecologists. This approach offers

access for more patients to utilize the program.

"Then we can guide the follow-up to take better advantage of our multidisciplinary resources," says McAchran. "We think about, can we bring patients back on a day when they can see multiple specialists? Can we schedule their physical therapy appointments on the same day?"

Beyond improving scheduling efficiency to help patients get the most out of each visit, ISCW opens opportunities for spontaneous communication and collaboration among providers.

"Perspectives from different areas of expertise give our patients more options," says Caroline Cox, MD, urogynecologist and assistant professor in the Department of Obstetrics and Gynecology. "If I have a question or an unusual finding, I can step out and talk to the urologist or bring them in to see what I am seeing. The patient gets that extra insight right away, instead of waiting for the physicians to exchange messages or having to come back for another visit."

Physical therapists and behavioral health providers who specialize in sex therapy are also under the umbrella of ISCW, making it easier for patients to connect with supportive services that can make a big difference in their care. Pelvic floor physical therapy is a key component in many treatment plans for urogynecologic issues; research from the ISCW team found that people were more likely to engage with physical therapy if they had a consultation with a physical therapist on the same day as an appointment with a urogynecologist.

Many ISCW patients can benefit from sexual health counseling, as some pelvic floor conditions make sex painful or difficult. Integrating sexual health services into the ISCW program can improve adherence to treatment plans, says Madelyn Esposito, LPC, program manager of the Sexual Health Clinic.

"Programs like this can improve patient outcomes. Just asking about sex, making space for patients to talk about their sexual health concerns, can build so much trust with a provider," says



Stephen Nakada,  
MD, FACS, FRCS



Sarah McAchran, MD, describes a health condition.





*Madelyn Esposito, LPC, consults with a colleague; Esposito's role focuses on sexual health.*

Esposito. "Many of my clients won't take medications if they are worried about sexual side effects, so even on the logistical side, people are more inclined to pursue treatment if they can talk about the impacts on their sex life and know they have extra support from their health care team."

## Drawing Upon Academic and Research Missions

The SMPH Department of Obstetrics and Gynecology operates with the mission of improving the reproductive health and well-being of people in Wisconsin and beyond through education, research, clinical care, and advocacy. The department's and the school's research and educational missions are fully woven into ISCW.

UW Health offers the only Urogynecology and Reconstructive Pelvic Surgery (URPS) Fellowship in Wisconsin; physicians can apply for this fellowship following residency training in either obstetrics and gynecology or urology. Since recruiting the first fellow in 2021, the URPS Fellowship Program has gotten increasingly competitive, with more than 70 applications for one spot in 2025, according to Jon Pennycuff, MD, MSPH, assistant professor, Department of Obstetrics and Gynecology.

"We are preparing the next generation of pelvic floor doctors, and ISCW is providing an incredibly robust educational experience," says Pennycuff. "Because gynecology, urology, and colorectal surgery are all integrated within this fellowship, our trainees receive a holistic, patient-centered view of urogynecologic

care. Our fellows take that model of care with them to patients in our state and region after they graduate."

The multidisciplinary nature of ISCW also has the potential to expand participation in a wide variety of clinical trials and research projects. Before the launch of ISCW, patients were seen in either obstetrics and gynecology clinics or urology clinics, but not both, and opportunities to participate in clinical research were not always well-communicated across departments. Investigators in ISCW also have been chosen to lead local arms of national studies looking at innovative medical devices to improve pelvic floor symptoms. With the combined clinic, patients have more opportunities to participate in clinical research, if they desire.

"We are getting these opportunities to participate in national research in large part because of our emphasis on Integrated Specialty Care for Women," says Pennycuff. "This clinic has been so helpful in boosting UW-Madison's reputation as a place that's innovating and making a mark in pelvic care."

## Planning for Growth

Just a few months into its operation, leaders agree that directing institutional

*—Continued on page 27*

## A Space Designed for Healing

Efficiency was not the only design goal incorporated into the planning of Integrated Specialty Care for Women (ISCW). The clinic is on the seventh floor of Eastpark Medical Center, which was the largest medical center built in the United States in 2024. By giving ISCW a prime space, UW Health leaders hoped to bring pelvic health into the light.

"Eastpark had a biophilic design focus, connecting the building to nature and creating a healing environment," says Teresa Neely, UW Health vice president, regional chief operating officer. "The design allows natural light into areas where our care teams are working, and the public spaces within the building overlook a beautiful courtyard. We wanted the clinic design to cultivate an inviting environment where our patients can feel confident and comfortable talking about these sensitive issues in our space."



ANGIE MCMONIGAL

PHOTOS BY TODD BROWN AND SIRTAJ GREWAL/MEDIA SOLUTIONS

# Gatherings for Golden

EVENTS HONOR DEAN'S 19 YEARS OF LEADERSHIP



by Kris Whitman

**F**or parties honoring someone named "Golden," a sparkly theme seems apropos. Such was the case for the Golden Era and Golden Hour events at Madison's Monona Terrace and University of Wisconsin–Madison's Health Sciences Learning Center (HSLC), respectively. Beyond the decorations, "sparkles" were woven throughout speakers' reflections and light-hearted puns, a nod to the hallmark humor of Robert N. Golden, MD. In May 2025, he will step away from the roles he has held since July 2006 as dean of the UW School of Medicine and Public Health (SMPH) and vice chancellor for medical affairs at UW–Madison; he will remain on the Department of Psychiatry faculty.

On January 25, 2025, at Monona Terrace, co-emcees Alan Kaplan, MD,

UW Health CEO, and Jeffrey Grossman, MD (PG '78), professor emeritus, among others, addressed the guests.

Grossman said, "I think the nature of this audience reflects the breadth of Bob's influence at the UW School of Medicine and Public Health and the university, as well as the admiration for the guy himself. He is an extraordinary leader. ... His run has been fantastic and rich with accomplishment."

To encapsulate Golden's high integrity, Grossman called upon a Disney movie: "I was watching *Frozen II* with my 3-year-old grandson, and Anna and Elsa were in a very difficult situation. They didn't know how to handle it, but Elsa declared that 'all one can do is the next right thing.' For the past 19 years, we have had somebody we could always depend on to do the next right thing, and that was a gift to us."

*Above: Robert N. Golden, MD (center), presiding over the January 2025 meeting of SMPH department chairs, accepted their gift of a vintage slalom water ski to display.*

*Opposite page, top row (left to right): Golden posed with his cardboard likeness; SMPH faculty and staff posed and wrote notes on puzzle pieces for a poster of Golden. Second row: Paul Sondel, MD, PhD '75 (PG '80), attached a puzzle piece; participants enjoyed hors d'oeuvres and desserts. Third row: Golden presented a speech of gratitude and reflection, with his official portrait on display; Golden and Shannon Kenney, MD, listened to speakers; event attendees enjoyed the photo booth. Bottom row: Guests caught up with each other; Golden and a staff member checked out the puzzle-piece poster.*

—Continued on page 10



## "THE GOLDEN HOUR" EVENT • HEALTH SCIENCES LEARNING CENTER





## "THE GOLDEN ERA" EVENT • MONONA TERRACE



Sharing his deep gratitude, Golden said, "Nearly everyone in this room has helped advance our school's mission and achieve our vision, and has supported and encouraged me over the past 19 years. These relationships have been richly rewarding, and they have provided an enormous wealth of opportunities to make a difference in the lives of people and populations, especially those who are struggling."

At the February 6 schoolwide event at the HSLC, more speakers lauded Golden's leadership style. Hope Broadus, JD, an SMPH associate dean and chief human resources officer, said, "As we gather to celebrate Dean Golden, I was reminded of the wisdom of Maya

Angelou, who said, 'I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.' Throughout his tenure, Dean Golden has embodied this sentiment, leaving an enduring impact on our community. His remarkable ability to inspire, uplift, and connect with individuals has fostered an environment in which we have felt valued and empowered."

In thanking guests for their roles in moving the school forward, Golden concluded, "I do know that the best is yet to come. ... I am so excited about Dr. Nita Ahuja joining us as our next dean, and I am sure she will take us to an even higher place. On, Wisconsin!"

*Above, top row (left to right): The Golden/Kenney extended family: Troy Golden, Tulia Golden, Shannon Kenney, MD, Robert N. Golden, MD, Blair Golden, MD, Greg Elkins, Edwarda Golden, MD, Sean Golden, MD, Max Golden, and Natasha Ignatowski. Bottom row: Brothers Jeffrey, Robert, and Andrew Golden; Kenney and Golden.*

*Opposite page, top row: Kevin Evancko, Terri Young, MD, Golden; Golden water skiing. Second row: Alice Farrell, Philip M. Farrell, MD, PhD; Susan Kalin, Thomas Grist, MD, Jeanne Grist, Ned H. Kalin, MD (PG '79); Soyeon Shim, PhD, Christopher Choi, PhD, Golden, Kenney. Third row: Jeffrey Grossman, MD (PG '78), Alan Kaplan, MD; listening to speakers. Bottom row: Standing ovation; Peg Wilcots, MD, Eric Wilcots, PhD, Anjon "Jon" Audhya, PhD.*







PHOTOS BY TODD BROWN AND SIRTAJ GREWAL/MEDIA SOLUTIONS

# Match Day

ROLLING OUT THE RED CARPET FOR MEDICAL STUDENTS



**G**liding down the red carpet and striking poses for the cameras, medical students were the stars of their own Match Day on March 21, 2025.

Each year in March, medical students nationwide learn where they will attend clinical residency training programs. This year, graduating students at the University of Wisconsin School of Medicine and Public Health (SMPH) selected an “awards show” theme. Close friends and family members cheered as the students shared their matches from the podium and online.

Students matched to programs in more than 30 states plus Washington, D.C. About a third will enter programs in Wisconsin, including at UW Hospitals and Clinics. Also, a third matched to a residency in family medicine, internal medicine, or pediatrics.

Takwa Yasser Salem – who served as a lead student planner with her class co-president, Sonam Dolma – said, “We wanted our class to feel like the celebrities of the day. Whether the outcome was exactly what you hoped for or something different, we all worked so hard to get to this point. This highlights the camaraderie our class

has had since our very beginning of medical school.”

The celebration included remarks from student and faculty speakers, including Dean Robert N. Golden, MD.

“I can’t think of a better time to start your residency and career as a physician,” Golden told the students. “Your rapidly growing knowledge base, coupled with your embrace of the humanistic aspects of medicine and public health, and accompanied by the promise of evolving technologies, will allow you to have an enormous impact and benefit for the patients, families, and communities that you serve.”





Opposite page (left to right): Takwa Yasser Salem and Ronnie AlRamahi did a couples match and will enter residencies at UW Hospitals and Clinics.

Above, top row: Ayman Taher posed with Bucky Badger; Leo Lakpa served as the student speaker. Middle row: Wisconsin Academy for Rural Medicine graduates Taylor Olsen, Morgan Lentz, and Jacky Dickman gathered near the Golden Bucky; with Bucky, Tanner Pettit and Shane Hoffman showed their western flair; Hanna Mallien and Louisa Keenan shared a hug. Bottom row: With head wear providing a hint to her match in obstetrics and gynecology, Kaitlyn Landry took the podium next to Laurie Lapp; Ana Torres, Christine Egede, and Kaïssa Sylla shared their matches; Reynor Wilhorn placed a pin in La Crosse, Wisconsin, to signify his match with Gunderson Health System.





*M4 Bethany Erb is in the Bioethics Path of Distinction and the Research Path of Distinction.*



# Paths of Distinction

ALLOWING MEDICAL STUDENTS TO DELVE INTO INTERESTS BEYOND THE STANDARD CURRICULUM

**S**ince 2012, about 500 health sciences students at the University of Wisconsin School of Medicine and Public Health (SMPH) have taken advantage of an extracurricular, group-learning opportunity known as Paths of Distinction, informally called “PoDs” by students and faculty members.

Joining a PoD at the SMPH is optional; students who choose to join one typically do so after the start of their first year, says Vera Tsenkova, PhD, director of health professional student research at the school.

The five PoDs, which are summarized in the accompanying sidebar, are:

- PoD – Bioethics
- PoD – Interprofessional Practice and Education
- PoD – Medical Education
- PoD – Public Health
- PoD – Research (an offering that evolved from the school’s previous Research Honors Program)

All five are open to medical students, and the Interprofessional Practice and

Education PoD also includes learners in other health sciences programs within the SMPH.

**“I have realized how different the art of clinical medicine is compared with how it appears during lectures or while studying in Ebling Library.”**

*—M4 Bethany Erb*

The concept behind Paths of Distinction is not unique to the SMPH. Other medical schools may call them scholarly concentrations, paths, or pillars, but the idea is the same – to provide a vehicle for students who want to explore an interest in medicine beyond the baseline curriculum. For students who choose to devote extra time and effort, joining a PoD presents a way to set themselves apart before they apply for residencies.

Just as important, however, is that PoDs offer students a unique opportunity to deeply pursue a special passion and, in turn, graduate with an expanded set of skills and values before beginning their own practice.

Karola Kreitmair, PhD, co-director of the Bioethics PoD – which was founded because of strong student interest in 2017 – says, “By joining a PoD, students have the chance to venture beyond the ‘doctoring’ curriculum and learn about other holistic aspects of a medical career.”

Kreitmair and Bioethics PoD Co-director Paul Kelleher, PhD, associate professors in the Department of Medical History and Bioethics, were trained as philosophers. Together, they help students in their PoD attain the knowledge and skills to interrogate the ethical dimensions of medicine and public health. These include end-of-life ethics, shared decision-making, organ donation and allocation, human-subject participation in clinical trials, and use of artificial intelligence in medicine.

*—Continued on next page*

# SMPH Paths of Distinction

The following Paths of Distinction (PoDs) are offered at the University of Wisconsin School of Medicine and Public Health.

**The Bioethics PoD** requires significant achievement in bioethics learning, research, and service. It provides opportunities for focused electives, clinical ethics observation, and mentored bioethics scholarship. Participants also are part of a bioethics learning community that promotes engagement with ethical issues across the SMPH, the university, and beyond.

**The Interprofessional Practice and Education (IPE) PoD** awards distinction for students in health and social science programs, including medical school. Participants complete a longitudinal IPE program to gain and advance knowledge and skills in interprofessional competencies, and to become interprofessional health care team members and leaders. IPE is recognized as a roadmap toward enhancing the patient experience; improving community and population health; reducing health care delivery costs; and improving work experiences.

**The Medical Education PoD** provides medical students with exposure to core principles of medical education and enables them to apply that knowledge through teaching and scholarship. They engage with interactive online modules, take a teaching elective, and develop a medical education project in consultation with a faculty mentor. Participants also collaborate with faculty and colleagues through community events.

**The Public Health PoD** provides students with additional public health didactics, experiential learning, and mentorship that supplements the medical school curriculum. Opportunities include community-based learning and health equity and social justice training.

**The Research PoD** recognizes students who go beyond the required curriculum to build a research portfolio that contributes to the advancement of science and the practice of medicine. In this PoD, medical students conduct mentored research and meet program standards for achievement in research scholarship.

Kelleher cites Bethany Erb, a fourth-year SMPH medical student from Madison, Wisconsin, as a great ambassador for the Paths of Distinction, as she is dual-enrolled in the Research PoD and the Bioethics PoD. Kelleher notes that Erb is someone who not only thinks deeply about ethically challenging issues but also seeks to apply them in real-world situations that often arise in hospitals and clinics.

Reflecting on her rotations in internal medicine, Erb remembers caring for a very sick, elderly man whose life-prolonging treatment plan involved a long, painful intervention – something for which his family advocated and the man received.

“I have realized how different the art of clinical medicine is compared with how it appears during lectures or while studying in Ebling Library,” she says. “It is easy to think that suffering demands motion, intervention, and resolution. Yet sitting with this man during his admission, aware of his great suffering, I realized that sometimes medicine is the art of being brave enough to throw away the script and not add to the inevitabilities of that suffering.”

Erb adds, “By studying bioethics, I have become more comfortable asking whether suffering at times needs not so much a solution but a sentinel – someone willing to slow the hurtling apparatus of medicine toward ‘fixing’ a problem and instead confronting whether the problem should be ‘fixed’ in the first place.”

Kelleher says Erb’s interest in complex bioethical issues surfaced right away, as demonstrated by her election by fellow students to chair the Medical Student Ethics Committee during her first year of medical school.

“As a side note,” Kelleher adds, “we enable all Bioethics PoD students to observe at least one meeting of the UW Hospital and Clinics Ethics Committee. We also hope that some of our PoD graduates will one day serve on a hospital ethics committee.”

Each of the school’s PoDs have unique histories and similar goals in their fields.

For instance, with “public health” enshrined in the SMPH’s name since 2005, it is no surprise that the Public Health PoD was the first offering; it has had 290 graduates between 2015 and 2025. Initially funded in 2012 by a five-year grant from the U.S. Health Resources and Services Administration, the Public Health PoD was a natural consequence of the transformation from the UW Medical School to the nation’s first school of medicine and public health. Once the federal grant ended, the Public Health PoD continued, thanks to strong support from Dean Robert N. Golden, MD, and many SMPH faculty members and students.

“This path of distinction offers the perfect opportunity for students who want more exposure to public health issues than they receive in the standard curriculum, yet less than they would receive by pursuing the more intensive dual MD-master of public health (MPH) degree,” explains Patrick Remington, MD ’81, MPH, an emeritus professor of population health sciences who helped create the Public Health PoD when he was the associate dean for public health.

“For more than a century, there has been a schism between the fields of medicine and public health,” Remington says. “On one side, you have medicine, which focuses on providing care for sick patients. On the other, you have public health, which focuses on keeping people healthy. I have always believed that if the will is there, we can bridge the schism and overcome this dichotomy. The reality, of course, is that our current system incentivizes providing care over promoting good health.”

Noting that at the SMPH, students benefit from the unification of medicine and public health in their learning and research, Remington adds that disease prevention is especially timely because the aging baby-boom generation continues to place nearly unmeetable demands on increasingly overwhelmed health care systems.

Consider dementia, for example. This devastating disease is preventable in nearly 50 percent of cases, says





Aimée Wattiaux, MD '22, MPH '22, completed the Public Health Path of Distinction in medical school; she is a third-year resident at Wingra Family Medical Center in Madison.

**“Many of my patients experience medical problems that are exacerbated by socioeconomic factors, so I often find myself at the intersection of serving as a physician and [untrained] social worker as I try to help improve their health.”**

— Aimée Wattiaux, MD '22, MPH '22

Maria Mora Pinzon, MD (PG '17, '22), an assistant professor in the Department of Medicine's Division of Geriatrics and Gerontology who spoke in fall 2024 to Public Health PoD students about the importance of engaging community-based organizations in helping to promote good brain health.

“What's good for the heart is good for the brain, and this message can be something communities embrace outside of the clinic,” says Mora Pinzon. “Gardening, exercising, and eating fruits

and vegetables can do so much to delay, if not prevent, dementia.”

With a cornucopia of public health issues to choose from, students in the Public Health PoD play an essential role in topic selection.

“It could be obesity, lactation, smoking, maternal health disparities, alcohol consumption, or the impact of PFAS (‘forever’ chemicals),” says Parvathy Pillai, MD, MPH, an assistant professor of population health sciences and the faculty director of the Public Health PoD. “We also have had speakers discuss firearm safety in the home, as well as the care of members of Native American and Plain communities.”

Aimée Wattiaux, MD '22, MPH '22 — a Public Health PoD alumna and third-year resident at Madison's Wingra Family Medical Center — says the curricular prominence given to public health issues at the SMPH was high on her list of attributes when it came to deciding where to apply for medical school. Hailing from Madison, Wattiaux vividly recalls an impactful slide from one of the first lectures she attended as a first-year medical student.

“It showed a demographic ‘tale of two cities’ with unmistakable implications for public health,” says Wattiaux. “One city had 5 percent unemployment, a child

poverty rate of 5.6 percent, and a median income of just under \$87,000. The other city had 21 percent unemployment, a child poverty rate of 57 percent, and a median income of around \$27,400. The grand reveal was that the first ‘city’ was Madison's white population, and the second ‘city’ was Madison's Black population.”

A strong advocate for weight-inclusive care, which appreciates natural diversity in body size and de-emphasizes weight in health-related conversations, Wattiaux says a public health lens is essential for medical providers if our culture truly wants to improve quality of life.

“Social, economic, and environmental factors play a much larger role in health outcomes than clinical care,” says Wattiaux, who will complete her residency in June 2025 and begin practicing at Dedicated Family Care in Fitchburg, Wisconsin, in October. “Many of my patients experience medical problems that are exacerbated by socioeconomic factors, so I often find myself at the intersection of serving as a physician and [untrained] social worker as I try to help improve their health.”

Noting that the seeds of misinformation concerning public health issues are being rapidly sown, Remington reminds the next generation of medical providers that they have a unique opportunity to not only confront but override the daily bombardment of falsehoods that flood patients' television sets and cell phones.

“News and social media outlets don't have the chance to sit down one-on-one with patients the way we do when it comes to things like keeping guns stored safely, eating healthy foods, or immunizing kids from infectious diseases,” Remington says. “Patients respect our credibility, which makes the bond we have with them invaluable.”

KATHARINE GREENFIELD, MD '16

**A Unique**

**Path to**

**Family**

**Medicine**



by Laura Cruz

**F**or Katharine Greenfield, MD '16, her journey to becoming a family medicine physician was anything but conventional. Growing up in an Alaskan fishing town with parents deeply connected to the outdoors — her father was a fisherman, and her mother worked for the forest service — Greenfield's earliest memories are of the sea and the forest. At 2 years of age, she was having adventures as a deckhand, setting the stage for a life intertwined with nature.

After high school, Greenfield initially pursued a biology degree but found herself more engaged in college rowing than academics. "I spent more hours on the water than at the library, and as a result, I didn't have the grades to continue," she remembers.

Although still intrigued by biology and the possibility of a career helping others, Greenfield wasn't ready to commit to a lengthy academic path. She enrolled in a technical college in Bellingham, Washington, where she explored small-appliance repair and electrician courses, eventually attending a heavy-equipment school in Portland, Oregon. Despite the challenges of these male-dominated fields, Greenfield thrived and eventually moved to Reno, Nevada, to work and live near her aunt. For a decade, she honed her problem-solving skills and developed meticulous attention to detail while running heavy equipment, grading construction sites, and eventually working for a land-survey company. However, the land-survey profession was changing and would require a four-year degree to advance within the field.

"When I realized I would need a degree to progress beyond where I was in the field, I realized that I still wanted to pursue the science education I had abandoned all those years ago," shares Greenfield. "I wanted to combine my love for science with my passion for helping others and make a more direct impact on people's lives."

This led her to return to undergraduate studies in biochemistry and molecular biology, this time at the University of Nevada; the transition culminated in realizing that her ultimate desire was to

pursue medical school. Though she was then a single parent, Greenfield thrived in the university setting that had once daunted her. Medical school was soon within reach, but she did not feel she had the flexibility afforded to students at a different stage in life.

**"In Wisconsin, I felt an unparalleled sense of community and support for my family."**

*—Katharine Greenfield, MD '16*

"As a single parent with young children, I faced the additional challenge of trying to get into medical school without disrupting my family's life in Reno," adds Greenfield, a fact that limited her application pool.

After being waitlisted twice at the University of Nevada, Reno School of Medicine, Greenfield broadened her scope and took a leap with her family. That leap led her to the University of Wisconsin School of Medicine and Public Health (SMPH), where she found her "true home."

Upon earning her medical degree from the SMPH, she chose the Medical College of Wisconsin's Fox Valley Family Medicine Residency Program in Appleton, Wisconsin. This was a natural fit, as she felt an immediate connection during her residency interview and appreciated the varied experiences the program offered.

"In Wisconsin, I felt an unparalleled sense of community and support for my family," Greenfield notes.

Initially envisioning a practice in a town smaller than Madison or Appleton, Greenfield found the perfect environment for her personal and professional life at the UW Health Sun Prairie Clinic.

According to Greenfield, her diverse background gives her a unique perspective in her medical practice, helping her relate to older patients and blue-collar workers, and understanding the implications of missing work and living paycheck to paycheck. Her empathy allows her to connect with a

wide variety of patients and helps her be a compassionate, effective physician.

Greenfield is passionate about women's health, focusing on issues like birth control and menopause. She also is interested in health informatics, having received Epic Systems builder training and serving as an alpha user for several artificial intelligence (AI) pilot programs at UW Health. These technologies, she believes, can significantly improve the ease of practice and reduce cognitive burden for physicians.

"Integrating AI technology into health care can transform the ways we deliver care while improving patient outcomes," she explains.

Greenfield's advice to new students pursuing family medicine is to find something they are passionate about within and outside the field. She emphasizes the importance of work-life balance and encourages students to cultivate and enjoy their interests.

"Balancing your professional and personal life is crucial for long-term success and happiness," she advises.

Outside of medicine, Greenfield enjoys spending time outdoors, traveling, and doing puzzles — a hobby she shares with her daughter. They have participated in multiple speed-puzzling events, including the World Jigsaw Puzzle Championship in Spain. Greenfield still enjoys rowing and has helped teach learn-to-row courses in the summer at Mendota Rowing Club. She draws on her rowing experiences from her undergraduate years to instill teamwork and mental toughness in the medical students she mentors.

Greenfield's journey from the rugged outdoors to the medical field exemplifies her resilience and adaptability. Her diverse experiences not only enrich her medical practice but also serve as an inspiration to her patients and colleagues. By blending her love for nature, science, and helping others, she has carved out a unique and impactful path in family medicine, showing that unconventional routes can lead to extraordinary destinations.



## GEOFF JARA-ALMONTE, MD '11

In a neighborhood known for its significant level of linguistic diversity, I work at New York City Health and Hospitals Elmhurst Hospital in Queens, New York. This is a busy public hospital and Level 1 trauma center that provides care for patients in an urban working-class and immigrant community. Our shifts include high patient volumes and high acuity, and I feel this is an excellent place to practice emergency medicine. I also am the associate residency director for the Mount Sinai/Elmhurst Emergency Medicine Residency Program.

One patient who sticks in my memory is a young woman with a complex set of symptoms. She had been in the emergency room several times with back pain, and we needed to spend a significant amount of time, talking in Spanish, to elicit the fact that she had some genital numbness. After we learned that and performed a magnetic resonance imaging scan, we established a diagnosis of lymphoma, and she did quite well. That case reinforced for me the importance of asking the right questions and listening carefully to what patients are trying to tell you.

I chose emergency medicine because of the diversity of expertise required. As physicians, we do not need to know every field in its entirety, but we must be able to, among other things, examine a belly; perform ultrasound-guided nerve blocks; diagnose subtle anterior wall myocardial infarctions; manage sepsis, shock and trauma; and counsel patients on how to rehabilitate their sprained ankle.

Practicing emergency medicine requires us to embrace the mystery of the human condition in all its messiness and



confusion. Curiosity, skepticism, and tolerance for uncertainty are as important as medical knowledge in providing good health care. While this field is far from perfect, I am thrilled and honored to go to work every day.



## LISA JACOBSON, MD '06

**L**iving in Honolulu, Hawaii, I am the vice president of medical affairs for Hawaii Emergency Physicians Associated, a physician-owned group that staffs 12 hospitals in the state. I primarily practice at Adventist Health Castle in Kailua, Hawaii, where I am the chief of staff.

I work at multiple community emergency departments where we see all comers — from neonates to centenarians; patients with simple cuts and bruises to massive trauma injuries and mental health conditions; and those with anything else you can imagine.

On an overnight shift, I assisted with the delivery

of twin babies at 26 weeks of gestation. The way the department came together to rally behind these newborns was incredible. The nurses, technicians, respiratory therapists, and department secretary all worked seamlessly as a team to help this family. It was a scary moment for the family and the department, but we were able to resuscitate the babies and transfer them to the Kapiolani Children's Hospital.

In my first and second years of medical school, I had the opportunity to rotate as an observer in the Department of Emergency Medicine, and I realized I felt at home. I wanted to be able to care for anyone and work

as part of a team. I liked the uncertainty of not knowing what types of patients would walk through the door. After medical school, I completed an emergency medicine residency at Mt. Sinai Hospital in New York City.

I am a member of the Hawaii College of Emergency Physicians and the American College of Emergency Physicians, and a past member of the Society for Academic Emergency Medicine and the Society for Simulation in Healthcare.

Those of us in emergency medicine face challenges, including the need to navigate the crossroads between mental health, drug addiction, and health comorbidities,



but we get to work side by side with amazing health care teammates.

## SHARON SWENCKI, MD '02

**I** work for MedStar Emergency Physicians, primarily at MedStar Union Memorial Hospital in Baltimore, Maryland. This is an urban hospital with specialties in hand surgery, orthopedics, cardiology, and vascular surgery.

A few weeks ago, I quickly established a diagnosis for a young patient who presented with an acute onset of chest pain. He had a large Type A aortic dissection, and we were able to get him into the operating room in less than 90 minutes from registration.

When I was a medical student, I did not receive significant exposure to this field because the University of

Wisconsin School of Medicine and Public Health did not yet have an emergency medicine residency. The internal medicine course director steered me toward emergency medicine based on a list of factors I had liked in various rotations. I completed an emergency medicine residency at the University of Maryland.

My 20 years in emergency medicine have provided me with a diverse, invaluable knowledge base; honed my conflict-resolution skills; and deepened my understanding of team dynamics.

I have recently taken on a leadership position as the physician advisor for my

hospital. In this unique role, I act as a bridge between hospital administration, clinical staff, and case managers. I ensure regulatory compliance, advise physicians on medical necessity, and support the leadership team in achieving organizational goals around efficient health care utilization.

Outside my practice, I am a member of the Clinical Practice Committee for the American Academy of Emergency Medicine. I also serve as the race medical director for the Baltimore Running Festival and the Baltimore Ten-Miler; as such, I collaborate with the Sports Medicine Department to



coordinate event medicine responses and ensure medical preparedness for races.

I find emergency medicine to be an incredible field. It also can be a springboard for a variety of career opportunities, such as leadership roles and specialized niches.

# Class Notes

Compiled by Andrea Larson

## CLASS OF 2018

### Sean Golden

and his colleague Matthew Niemeyer, MD, performed the first known thyroid artery embolization for thyroid goiter in Wisconsin, at UW Health. Golden completed a surgical internship in Chicago and an integrated interventional radiology residency at The Johns Hopkins Hospital. In 2024, he joined the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Radiology as an assistant professor of radiology. He has been accepted into the 2025 Association of Academic Radiology Faculty Development Program, which brings together physician faculty members early in their academic careers for a day of education, mentorship, and networking.



## CLASS OF 2013

### Melissa

**Villegas** is serving a one-year term as chair of the American Academy for Cerebral Palsy and Developmental Medicine Advocacy Committee. The committee is charged with educating academy members to be effective advocates for topics important to professionals and families of children with cerebral palsy and other developmental disabilities. Villegas is an assistant professor in the SMPH Department of Pediatrics' Division of Developmental Pediatrics and Rehabilitation Medicine.



## CLASS OF 2011

### Michael Hartung

collaborated with Radiopaedia to launch a continuing medical education course, Abdominal CT Essentials, which covers acute abdominal and cancer imaging. Through interactive cases and video lessons, Hartung addresses diagnoses ranging from appendicitis and pancreatitis to liver tumors and cancer mimics. He is an associate professor in the SMPH Department of Radiology.



## CLASS OF 2009

### Brigitte Smith

received the Distinguished Mid-Career Educator Award from the Association of Surgical Education. In the SMPH Department of Surgery, she is the vice chair of education and an associate professor, Division of Vascular Surgery.



## CLASS OF 2000

### Charles

**Leys** was named surgeon-in-chief for American Family Children's Hospital and UW Health Kids, effective in February 2025. Leys is a professor in the



SMPH Department of Surgery and has been on the faculty since 2013.

### Brian Hoerneman and Tanya Kausch Hoerneman

have worked at the Marshfield Clinic for over 20 years. Recently Brian Hoerneman transitioned from interim CEO of the Marshfield Clinic to president and CEO of the Marshfield Clinic Region for Sanford Health. In addition, he practices in the Emergency Department at Marshfield Medical Center – Marshfield. Tanya Kausch Hoerneman provides rural family medicine at the Colby-Abbotsford Center of the Marshfield Clinic.



## CLASS OF 1987

**Jonathan Temte** and his colleagues Shari Barlow and Marlon Mundt, PhD '07, have been awarded the 2025 Society of Teachers of



Family Medicine Research Paper of the Year. "Rapid Detection of Influenza Outbreaks in Long-Term Care Facilities Reduces Emergency Room Visits and Hospitalizations: A Randomized Trial" was published in the *Journal of the American Medical Directors Association* and the *Journal of Post-Acute and Long-Term Care Medicine*. Temte is the SMPH's associate dean for public health and community engagement and a professor in the Department of Family Medicine and Community Health.



## In Memoriam

Walter R. Schwartz, MD '55  
October 4, 2024  
Milwaukee, Wisconsin

James J. Tydrich, MD '62  
December 31, 2024  
Grafton, Wisconsin

John E. Hamacher, MD '64  
December 29, 2024  
Verona, Wisconsin

Joseph H. Herzberg, MD '65  
June 20, 2023  
Novato, California

Stephen F. Wagner, MD '65  
March 2, 2024  
Marshfield, Wisconsin

Theodor Habel, MD '66  
September 21, 2024  
La Crosse, Wisconsin

Brian P. Moore, MD '68  
January 21, 2025  
Appleton, Wisconsin

Ronald H. Goldschmidt, MD '70  
July 22, 2024  
San Mateo, California

John M. Rohr, MD '72  
January 31, 2025  
Brookfield, Wisconsin

Thomas H. Williams, MD '75  
September 27, 2024  
Pewaukee, Wisconsin

Michele A. Andrade, MD '97  
July 2, 2024  
Oshkosh, Wisconsin

### FORMER FACULTY MEMBERS

William F. "Bill" Dove, Sr., PhD  
January 27, 2025  
Madison, Wisconsin

Marc F. Hansen, MD  
February 5, 2025  
Madison, Wisconsin

Stanley L. Inhorn, MD (PG '58)  
February 19, 2025  
Madison, Wisconsin

Stuart J. Updike, MD  
January 25, 2025  
Madison, Wisconsin

Walter R. Sundstrom, MD  
February 25, 2025  
Madison, Wisconsin

# Goodbye Dear Friend

## WILLIAM F. "BILL" DOVE, SR., PHD

**A** world-class scientist and well-respected teacher and mentor, William F. "Bill" Dove, Sr., PhD, passed away on January 27, 2025, at age 88. A professor emeritus of oncology and medical genetics at the University of Wisconsin School of Medicine and Public Health (SMPH), Dove devoted 60 years to research excellence and to fostering connections among basic scientists and clinical investigators at all levels.

"Bill was an exceptional leader and teacher," says Paul Lambert, PhD '85, professor and chair of oncology. "He tirelessly sought to bring people together to stimulate the best possible science at UW-Madison."

Born in Maine, Dove spent part of his childhood in the Midwest and earned a doctorate in chemistry from the California Institute of Technology. He completed a postdoctoral research fellowship at Cambridge University, England, where he met Alexandra

Shedlovsky, PhD, who became his wife and scientific partner.

In 1965, Dove joined the SMPH's McArdle Laboratory for Cancer Research, where he remained for his entire career. His research demonstrated the use of elegant genetic approaches to uncover critical biological questions and a willingness to pursue any path – from physical chemistry to embryology – to answer those questions. His research helped translate genetics knowledge into solutions for medical problems.

He led the Cancer Genetics and Genomics Program for the UW Carbone Cancer Center for more than a decade and directed the Genetics Training Grant for over 15 years. He provided a rich training environment for more than 50 students and postdoctoral fellows, many of whom have gone on to research positions in academia and industry.

Research in the Dove laboratory resulted in more than 200 peer-reviewed



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publications. He received numerous awards, including the Harold P. Rusch Award for Translational Cancer Research at UW-Madison and a MERIT Award from the National Cancer Institute. He was elected to the National Academy of Sciences and the American Academy of Arts and Sciences. Nationally, he participated in numerous study sections, advisory committees, and editorial boards.

# Goodbye Dear Friends

## MARC F. HANSEN, MD

**K**nown as the founder of the Department of Family Medicine and Community Health (DFMCH) at the University of Wisconsin School of Medicine and Public Health (SMPH), Marc F. Hansen, MD, passed away on February 5, 2025, at age 94.

Hansen tirelessly advocated for the incorporation of family medicine into hospital training programs, finding a willing partner in St. Mary's Hospital in Madison, Wisconsin, under Sister Rebecca Wright's leadership. His early collaboration with then-state representative Tommy Thompson resulted in state funding for family medicine training, a legacy that continues today. These efforts established UW-Madison as having one of the first 15 family medicine training programs in the United States.

Hailing from Marshfield, Wisconsin, Hansen was on a scholarship at Harvard

University when he decided to pursue a career in medicine. During medical school, he worked on a summer project with a general practitioner in Ripon, Wisconsin, where he realized the importance of the generalist physician.

He earned his medical degree from Harvard; completed a residency in Boston and at UW-Madison; and worked as a pediatrician in the U.S. Army. Next, at the SMPH, he held long-time joint appointments in the DFMCH and the Department of Pediatrics. He revived the Department of Pediatrics' Well Baby Clinic and created the University Child Health Service – a team-based teaching program that included pediatricians, nurses, social workers, and therapists. Other specialists saw value in serving families collaboratively, and the University Family Health Service was born.

"Dr. Hansen was a visionary who saw the importance of interprofessional,



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team-based care in the early 1970s. This is something we are just now fine-tuning in our community clinics," says David Rakel, MD, chair of the DFMCH.

Hansen also led the U-Care health maintenance organization and played an instrumental role in founding the Society of Teachers of Family Medicine. Generations of physicians draw inspiration from Hansen's life and work.

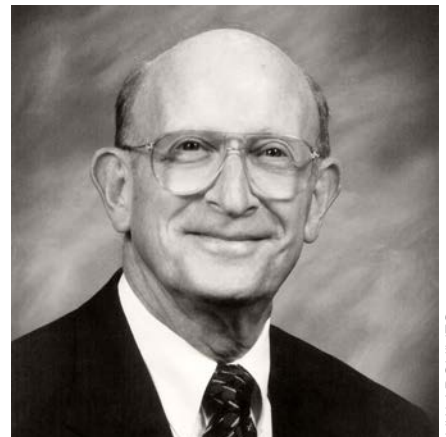
## STANLEY L. INHORN, MD (PG '58)

**S**tanley L. Inhorn, MD (PG '58) – a former leader of the Wisconsin State Laboratory of Hygiene (WSLH) and the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Pathology and Laboratory Medicine – passed away on February 19, 2025, at age 96.

He earned his medical degree at Columbia University Medical School in New York City. Knowing that the WSLH was the first state public health laboratory to be located on an academic campus, Inhorn moved to Madison, Wisconsin, in 1953 to pursue a five-year internship and residency in pathology at UW Hospital (now UW Health). He served for two years in the U.S. Navy as a doctor on an amphibious troop transport in California, followed by a decade of service in a Naval Research Reserve Company at UW-Madison.

Inhorn became an assistant professor of pathology and the WSLH assistant director in 1960 and director in 1966. In 1979, he left that role to create and lead the UW Medical School's (now the SMPH) Department of Pathology and Laboratory Medicine. He returned to the WSLH and retired as its medical director in the late 1990s. During his lengthy career, Inhorn pursued many lines of medical research and public health interventions. He had a major impact on the WSLH and its role in the state and nation, and on health care in the United States.

He promoted the new Pap smear test; created the WSLH Cytogenetics Laboratory, which identified trisomy 13; helped the American Cancer Society determine acceptance of low-cost mammography screening; played a major role implementing Medicare and



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laboratory quality assurance practices; and chaired the Centers for Disease Control and Prevention task force that developed proficiency testing standards. Inhorn received the Association of Public Health Laboratories' Gold Standard Award and Lifetime Achievement Award.



# Outstanding Women of Color

## BROADUS AND YANG HONORED FOR THEIR LEADERSHIP

**H**ope Broadus, JD, and Kao Lee Yang, MS, of the University of Wisconsin School of Medicine and Public Health (SMPH) received UW–Madison Outstanding Women of Color Awards in February 2025. They are among four women to earn these 2025 awards, which honor women of color among faculty, staff, and students, and others in greater Madison who are deeply rooted in the university and the community through their work in social justice, activism, and advocacy on behalf of disadvantaged, marginalized populations; community service; scholarly research, writing, speaking, and/or teaching on race, ethnicity, and indigeneity in U.S. society; and/or community-building to create an inclusive and respectful environment for all.

**Broadus**, an associate dean and the chief human resources officer at the SMPH, is a dedicated advocate for inclusive excellence in higher education. Her work is driven by a deep commitment to excellence in human resources service delivery, sustainable human resources infrastructures, and strong relationships with stakeholders across the academic medical center and UW–Madison campus.

Having earned a juris doctor from the University of Cincinnati College of Law, Broadus began her career in employment and labor law, gaining valuable insights into the challenges faced by workers and employers. She held roles at the U.S. Department of Defense, in private practice, and at Stanford University. At UW–Madison, she has worked tirelessly to expand employee resource groups and ensure standardized, inclusive recruitment processes. She also actively mentors individuals in the broader community and supports their professional growth and development. Broadus is

passionate about empowering others and is committed to teamwork and collaboration – values honed during her time as a collegiate athlete.

**Yang** is a Science and Medicine Graduate Research Scholars Fellow and doctoral candidate in the SMPH's Neuroscience and Public Policy Program. Under the mentorship of Barbara Bendlin, PhD, MA, professor of medicine, Yang's research focuses on innovative fluid and imaging biomarker approaches to address Alzheimer's disease. Her dissertation examines newly developed blood biomarkers for Alzheimer's pathology, particularly in the context of comorbid health conditions. Her research has been disseminated through presentations at national and international conferences and published in peer-reviewed journals.

Holding a master's degree in psychology from Ball State University, Yang is deeply committed to advocacy and community engagement. She founded the organization Hmong in the Biological Sciences to support and connect Hmong scientists across the United States, and she co-founded the Hmong Association for Scientific Research, which launched initiatives such as virtual panels to guide underrepresented students in applying to science, technology, engineering, mathematics, and medicine graduate programs. As a Morgridge Fellow for community-engaged research, she led the development of linguistically and culturally tailored dementia resources for Southeast Asian elders. She was awarded a community-based research grant from the Morgridge Center to extend her Alzheimer's research and advocacy work to the Hmong community. She organized a first-of-its-kind dementia awareness event for Hmong and Southeast Asian elders.

NGJOL SONGOLO/UW-MADISON



Hope Broadus, JD (left), and Kao Lee Yang, MS

# Women in Medicine and Science Awards

SADOWSKI, WARD, GLAZER, HIGGINS, HAMMER, KIMPLE, AND LAWSON HONORED

**T**he University of Wisconsin School of Medicine and Public Health's (SMPH) chapter of the Group on Women in Medicine and Science (GWIMS) honored seven faculty members with awards at the group's symposium in December 2024.

Part of the Association of American Medical Colleges, the school's GWIMS brings together and recognizes thought leaders who explore topics in leadership and professional development for women in medicine and science.

The SMPH GWIMS president, Nasia Safdar, MD, PhD (PG '00, '02), associate dean for clinical trials and a professor in the Department of Medicine, presented the following awards at the symposium.

## EXCELLENCE IN MENTORSHIP AWARDS

**Elizabeth A. Sadowski, MD (PG '02), professor, Department of Radiology**

Sadowski earned her medical degree from the Loyola University Stritch School of Medicine and completed a radiology residency at the Loyola University Medical Center and an abdominal imaging fellowship at the SMPH. She directs gynecological imaging in the Abdominal Imaging and Intervention Section of the Department of Radiology. Throughout her career at the SMPH and UW Health, she has focused on advancing women's health through imaging and presenting her work



locally, nationally, and internationally. She is the founding chair of multiple national committees, including the Society of Abdominal Radiology Diversity, Inclusion, and Equity Committee and Disease-Focused Panel on Uterine and Ovarian Cancer. Sadowski also mentors faculty members and has guided trainees and early-career faculty members locally and nationally. Her research focuses on the best use of imaging to guide treatment of women with gynecological cancers.

**Earlise C. Ward, PhD, MS, professor, Department of Family Medicine and Community Health**

Ward earned her doctorate in counseling psychology from UW-Madison. A researcher and licensed psychologist in the SMPH Department of Family Medicine and Community Health and the UW Carbone Cancer Center, she is the program leader for the Cancer Health Disparities Initiative and co-director of the T32 Primary Care Research Postdoctoral Fellowship. Ward also engages in clinical practice with students at UW-Madison's University Health Services. Her clinical and research interests include culturally competent mental health care; reducing cancer burden; and increasing quality survivorship. Some of her research is being conducted with international partners in the UK and Ghana. Her mentees continue her legacy of health-equity research throughout the United States, the U.S. Virgin Islands, and international locations, including Ghana.



## ADVANCING WOMEN IN MEDICINE AND SCIENCE AWARD

**Tiffany A. Glazer, MD '11, FACS, associate professor, Department of Surgery**

Glazer earned her medical degree from the SMPH; she next completed an otolaryngology – head and neck surgery residency and a head and neck oncology and microvascular reconstructive surgery fellowship at the University of Michigan. A national leader in occupational health and gender equity in surgery, Glazer is the director of the Otolaryngology Residency Program at UW Health and will be vice chair of education when the Division of Otolaryngology – Head and Neck Surgery becomes an SMPH department in July 2025. She specializes in head and neck skin cancer; aggressive thyroid cancer; oral cavity and oropharyngeal cancer; and laryngeal cancer. Glazer contributes to outcomes research and is invested in training.



## GWIMS/BUILDING INTERDISCIPLINARY RESEARCH CAREERS IN WOMEN'S HEALTH RESEARCH MENTORSHIP AWARD

**Jenny A. Higgins, PhD, MPH, distinguished professor, Department of Obstetrics and Gynecology**

Higgins earned a doctorate in women's, gender, and sexuality studies and a master of public health degree at Emory University; she





then completed a National Institutes of Health postdoctoral fellowship in HIV/AIDS and sexuality at Columbia University. At the SMPH, she is the founding director of the Collaborative for Reproductive Equity. She leads research on reproductive health and equity. Higgins also serves as the director of the Population and Reproductive Health Division within the Department of Obstetrics and Gynecology. Higgins often collaborates with trainees and mentees, reflecting her commitment to the development of future leaders. Her dedication to mentorship is evident in her collaborative projects and her role in guiding students and junior researchers.

## IMPACT AWARDS

**Erin Hammer, MD, MPH '18 (PG '15, '16, '18), assistant professor, Departments of Orthopedics and Rehabilitation and of Family Medicine and Community Health**

Hammer earned her medical degree from the University of Washington School of Medicine. Next, at the SMPH, she completed a family medicine residency, a primary care sports medicine fellowship, a master of public health degree, and a research fellowship. A sports medicine clinician, she is emerging as a leader in the



care of women in academic sports medicine; college athletes; and national and Olympic athletes. She is the head team physician for the UW–Madison football team and is among a small number of women physicians in this role at National Collegiate Athletic Association institutions. Among other accomplishments, Hammer developed the Women's Sports Medicine Clinic at UW Health, served as an assistant team physician for the U.S. Cross Country Ski Team, and designed a comprehensive fellowship curriculum in ultrasound for the diagnosis and management of musculoskeletal conditions.

**Michelle E. Kimple, PhD, professor, Department of Medicine**

Kimple earned her doctorate in biochemistry and biophysics at the University of North Carolina–Chapel Hill and completed a postdoctoral fellowship in pharmacology and islet cell biology at Duke University. She is a basic scientist interested in understanding how pancreatic beta cells respond to nutrient and hormonal stimulation to affect biological changes. She also has been lauded for her strength, candor, and perseverance in her mental health advocacy for women scientists nationwide. Kimple has been called a fierce advocate for mental health



and success in science, especially for women in science who are going through challenges. She uses her platform and her exceptional mentoring skills to guide others on a path of perseverance.

**Elise H. Lawson, MD, MSHS, associate professor, Department of Surgery**

Lawson earned her medical degree from the Stanford University School of Medicine and completed a general surgery residency at the University of California, Los Angeles, and a colon and rectal surgery fellowship at Lahey Clinic, Burlington, Massachusetts. She is an associate professor in the SMPH Department of Surgery, where she serves as vice chair of diversity, equity, and inclusion, and she is a surgeon at UW Health. Lawson is the executive director and co-founder of the Surgical Collaborative of Wisconsin (SCW), a surgeon-led, practice-change community that aims to improve surgical care by optimizing quality, reducing costs, and facilitating professional development across practice settings. SCW's quality-improvement initiatives include decreasing opioid use and prescribing after surgery and decreasing re-excision rates in breast cancer surgery. Lawson also mentors trainees and early-career faculty members.



## INTEGRATED SPECIALTY CARE FOR WOMEN *Continued from page 7*

efforts toward this multidisciplinary clinic is making a difference. Clinic volumes have grown at a rate of 49 percent over the last six years, exceeding the 10-year growth projection rate by 15 percent.

Additional areas of expansion are on the horizon, too. In April 2025, Babak Vakili, MD, joined UW Health as the first medical director of ISCW, stepping into a role designed to help the program maintain high-quality clinical operations; seamlessly integrate educational and research efforts; and

develop effective plans for growth. He brings extensive leadership experience from ChristianaCare in Delaware, where he developed specialty clinics in pelvic pain and sexual health, mentored gynecologic surgeons, and more.

Later in 2025, ISCW will expand the available services to include the Minimally Invasive Gynecologic Surgery (MIGS) Program with a focus on endometriosis and fibroids. The MIGS Program will offer holistic treatment options for these conditions,

connecting patients to resources in pain management, radiology, sexual health, and more to help them choose treatment pathways that best align with their goals.

As ISCW faculty and staff look ahead to an exciting future, the team will keep the focus on the missions of the SMPH and UW Health.

"We're rooted in providing exceptional patient care," says Pennycuff, "and we're always looking toward how we can innovate, move medicine forward, and continue to advance urogynecology."

# Honoring Professor Pettersen

## DAUGHTERS CREATE SCHOLARSHIP TO HELP FUTURE PHYSICIANS

by Lisa Brunette

**F**ive mornings per week for 35 years, James C. “Jim” Pettersen, PhD, professor emeritus of anatomy at the University of Wisconsin School of Medicine and Public Health (SMPH), introduced first-year medical students to the study of the human body in Gross Anatomy, one of the foundational and most-remembered courses in the study of medicine and human health. What kind of teacher was he?

A beloved professor who earned 14 different teaching awards during his tenure. A dedicated educator who forged close bonds with his many students over the years. And a man with a passion for teaching that colleagues and friends invariably cite when they describe him.

His three daughters – Barbara Pettersen, MS; Karen Banning, MA; and Ann Bertler, PT ‘87 – are honoring their father’s commitment to medical education by establishing the James C. Pettersen, PhD, Scholarship Fund. The fund will be used to help medical students finance their education.

“Our father passed away in 2018, and we want to honor him for his dedication and commitment to teaching,” says

Barbara Pettersen, a retired genetic counselor who suggested the idea shortly after their mother, Gloria Pettersen, passed away in 2024.

Barbara Pettersen continues, “Our dad woke up every morning excited to teach and contribute to the education of medical students. The country needs excellent and dedicated physicians now more than ever, and we are grateful to those who choose this career path.”

The Pettersen daughters remember a father who “would meet each learner at their level and pass on his excitement and knowledge in a way they could understand.” He held study sessions outside of class and, during the summers, worked with students who wanted to get a running start on the next semester.

Edward Bersu, PhD ‘76, professor emeritus of neuroscience, agrees with this description. Bersu, who taught anatomy for many years with Jim Pettersen, recalls that he always had an open-door policy – any time during the day, a student could come in for help – and a knack for clearly explaining difficult concepts.

Jim Pettersen also paid attention to students’ lives outside class, meeting

students on the Memorial Union Terrace, playing the occasional game of tennis, and frequently inviting students for dinner or barbecues at his home. In many ways, he treated students like family.

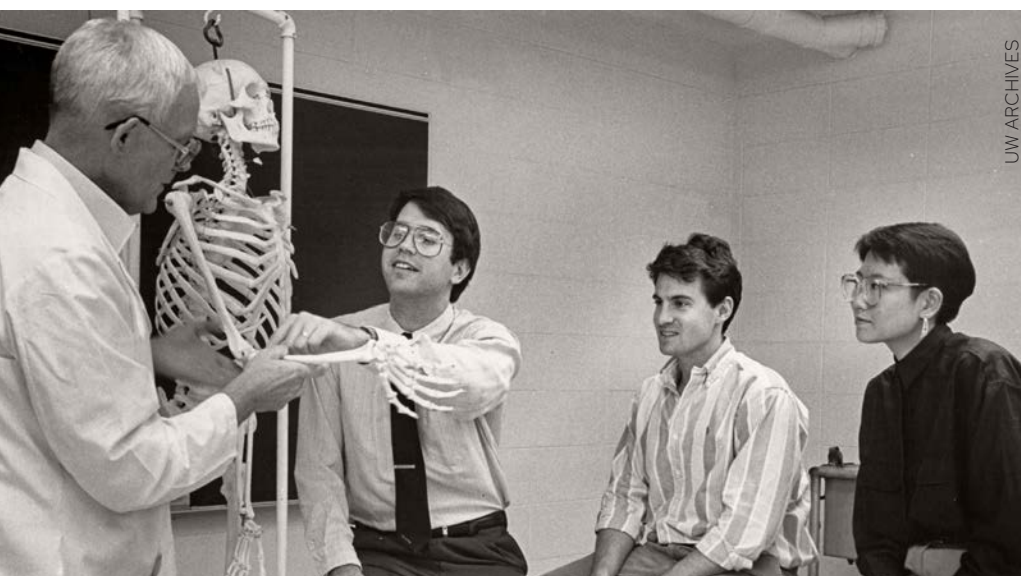
His top priority, his daughters attest, was his family. They remember a home full of books and lively music, with parents who set high standards and helped their children develop critical-thinking skills to meet those standards.

Everything was a teachable moment, the sisters recall. On camping trips, they would go on hikes during which the children learned about botany from their father, who knew the names of and details about virtually any plant he saw. Banning, a retired elementary-school teacher in Colorado, recalls family vacations when their dad “insisted that we stop at every historical site known to man.” She says that later, history became her favorite subject to teach. Even card games such as cribbage were occasions for using basic math. In fact, years later, Banning let her students play cribbage after they completed the day’s work.

Jim Pettersen’s lessons were always leavened by a robust sense of humor.

“Dad was full of fun,” says Bertler, sharing that he loved to rewrite lyrics from Gilbert and Sullivan operettas, with the hilarious results often appearing in medical school skits or family sing-alongs at the piano. He enjoyed poking fun at his Norwegian heritage with Scandinavian jokes. And, with props such as brain molds and anatomy models, “we had some really good haunted houses for the neighbor kids,” Bertler recalls.

In addition to honoring Jim Pettersen with the scholarship, the sisters also intend to honor their mother, who put her home economics teaching career on hold to raise the three girls. Calling their mom a “warm, friendly, and caring



UW ARCHIVES

*James C. “Jim” Pettersen, PhD, uses a skeletal model to instruct a small group of students.*





*Celebrating the elder Pettersens' 50th wedding anniversary in 2007. Back row (left to right): Tim Banning, Ann Bertler, PT '87, Karen Banning, MA, James C. Pettersen, PhD, Gloria Pettersen, Barbara Pettersen, MS. Front row: Kari Bertler, Justine Bertler, Jordan Banning.*

woman," Bertler notes that she also was strongly dedicated to education.

"Mom always found projects, classes, and activities in line with our interests," says Banning, adding that their mom also was an active volunteer at the family's church and at University Hospital. But, she recalls, their mother never missed a recital, concert, or sporting event in which her children took part.

**"Our dad woke up every morning excited to teach and contribute to the education of medical students. The country needs excellent and dedicated physicians now more than ever, and we are grateful to those who choose this career path."**

*—Barbara Pettersen, MS*

Bersu knew what it meant to be treated like family. His parents died when he was young, and he says Jim Pettersen became a "second father" to him. When Bersu had just moved to Madison and was looking for a Lutheran church to join, he found himself at Midvale Lutheran one

Sunday. Suddenly there was a tap on his shoulder. It was Jim Pettersen, who invited him to join the family for dinner after the service. It was the first of many dinners he would enjoy at the Pettersen home over the 25 years the two worked together. And, when Bersu later shared that he had just bought his first house, Jim Pettersen gave him a "fatherly look," asked about the state of the house's windows, and suggested that Bersu call the real estate agent to tell her the two of them were coming over.

"I have had no better friend," Bersu says.

Jim Pettersen retired from teaching in 1998 but remained active — traveling extensively, playing golf, and enjoying his four grandchildren — for the rest of his life. As a final act of generosity, he donated his body to the SMPH to further the education of medical students.

From his earliest days at UW—Madison as an anatomy instructor in 1963, Jim Pettersen built a stellar career with generations of students while modeling for family and friends the value of hard work, compassion, and dedication to career and family.

Those are the qualities the James C. Pettersen Scholarship Fund aims to nurture in medical students at the UW School of Medicine and Public Health.



**Learn more or donate to the Pettersen Scholarship**  
[go.wisc.edu/pettersen](http://go.wisc.edu/pettersen)



*Jill Watson (left) and Sara Dillivan-Graves*

## Helping Families Honor Loved Ones

When a family, such as the daughters of James C. Pettersen, PhD, wish to honor their loved ones with a philanthropic gift to a unit in the University of Wisconsin School of Medicine and Public Health (SMPH), staff members of the Wisconsin Foundation and Alumni Association (WFAA) offer compassionate guidance about how to create the gift. The same is true for donors who wish to make other types of gifts. All such donations make a critical difference in upholding the SMPH's missions, including teaching and research.

For the SMPH, Jill Watson and Sara Dillivan-Graves partner to help connect donors' passions with philanthropic opportunities that support the advancement of the SMPH. With 23 and seven years in their roles, respectively, they are part of a larger team at WFAA. Overall, the WFAA raises, invests, and distributes funds that help bolster the success of UW—Madison.

"Sara and I are honored to serve as trusted partners for donor families like the Pettersens who want to explore how to give back to the institution that provided them and their loved ones with so much," says Watson, managing associate vice president for medical development, WFAA.

Dillivan-Graves, senior director of development, WFAA, adds, "Each gift represents a legacy of generosity and a commitment to advancing the missions of the SMPH. It is inspiring to see how our supporters make tangible differences in the lives of our students, faculty, and the broader community."

If you would like to discuss questions or talk about ways you can support the SMPH and its students, please contact Watson at (608) 262-4632 or [jill.watson@supportuw.org](mailto:jill.watson@supportuw.org); or Dillivan-Graves at (608) 280-1124 or [sara.dillivangraves@supportuw.org](mailto:sara.dillivangraves@supportuw.org).

Wisconsin

Biohealth

Tech Hub

Faculty, staff, and guests in the Wisconsin Institutes for Medical Research are greeted with the words "Research: Today's Discovery, Tomorrow's Cure."

## STATEWIDE COLLABORATION DRIVES RESEARCH DISCOVERIES, ECONOMIC DEVELOPMENT

by Kaine Korzekwa

Phrases like "biohealth" and "biosciences" are more than industry lingo in a state like Wisconsin. They are powerful drivers of economic development. These compound words encompass fundamental discoveries in biology that can help build tools to make research advance more quickly and efficiently; develop therapeutics through translational research; and manufacture those therapeutics at scale. Further benefits relate to diagnostics, innovations in digital health, and medical imaging.

Madison and Milwaukee boast success in all these domains, positioning Wisconsin as a regional powerhouse with growing national influence in biohealth and economic development. Wisconsin was one of only 12 regions selected for a Phase 2 investment from the U.S. Economic Development Administration, with \$49 million supercharging Wisconsin's 2023 designation as a Regional Technology and Innovation Hub (Tech Hub).

This designation and funding are the result of leadership by BioForward Wisconsin — a leading non-profit organization devoted to advancing the biohealth industry in Wisconsin — in close partnership with the University of Wisconsin School of Medicine and Public Health (SMPH), as well as nearly 20 organizations, academic institutions, private companies, and economic development organizations across southeastern Wisconsin.

The Tech Hub's goal and commitment to Wisconsin is multifold: to foster innovation and promote companies that help people live healthier and happier lives; create high-quality jobs that attract and retain talent in Wisconsin; and help the Midwest become recognized as a global leader in biohealth and personalized medicine. Central to the Tech Hub's strategy are partnerships between academic researchers and industry, which work together to make scientific discoveries and take them to the marketplace for the benefit of all.

"Industry partnerships elevate our research," explains Kurt Zimmerman, MS, senior director of the SMPH's Office of

Biohealth Industry Partnerships. "They help us better understand how our work can ultimately impact patients. Industry partnerships also help us deliver that research more quickly to patient populations, whether it be through intellectual property-generating sponsored research or clinical trials that test potentially life-saving technologies."

According to Zimmerman, there are multiple reasons why the school is a preferred partner for industry. Among the reasons, he says, industry is focused on translational research, and as the first school of medicine and public health in the United States, translational research plays a major role in the SMPH's mission to address public health challenges. By working to advance health equity, the school studies how and where people get sick and what may keep them from being employed, all factors that contribute to economic development.



Kurt Zimmerman, MS



"One of the things that makes the UW School of Medicine and Public Health unique is the spectrum of research that's available here, that you can do everything from work with large animal models to work directly with patients," Zimmerman says. "So many of our faculty members are here because all of this can be done in one place, and this perfectly meets industry needs."

For Lisa Johnson, the CEO of BioForward, having the SMPH as a major collaborator in the Tech Hub was an easy decision. Not only is the school well poised to partner with BioForward and industry, but it also has proven itself time and time again, she says.



Lisa Johnson

"The school's relationship with BioForward and industry goes back much further than our work on the Tech Hub," Johnson explains. "What's been fantastic about the school is that it has always been very industry focused. In addition, our companies are screaming for talent. The university and school train incredibly talented scientists."

She continues, "Programs like the school's Master of Science in Biotechnology Program help current employees advance in their careers. These have had a major impact on economic development in our state. We could not have earned the Tech Hub

**"Industry partnerships  
elevate our research.  
They help us better  
understand how our  
work can ultimately  
impact patients."**

—Kurt Zimmerman, MS

designation and funding without the school."

A highlight of the Tech Hub designation is the "A++" grade that recognized academic and industry partnerships, showcasing the strong relationships that already exist to power the hub, particularly between Madison and Milwaukee. The hub will take advantage of the complementary landscapes of Madison and Milwaukee like never before, says Wendy Harris, BioForward's regional innovation officer.



Wendy Harris

"While Madison brings a wealth of research, clinical, and lab expertise and start-up opportunities, the Milwaukee community excels in manufacturing, medical technology, and health system diversity," she says. "We believe that there are more opportunities to bring the best ideas and strategies

from each community, and our Tech Hub is based on this strategy."

Johnson explains how the state of Wisconsin differs from other tech hot spots like Boston, San Francisco, and San Diego thanks to the breadth of sectors that exist in the state across the biosciences.

"We don't have just biotechnology or just therapeutics," she says. "We have the full continuum, which is unique and not only allows deep collaborations across the biohealth space but makes it more enticing for talented workers looking for a breadth of opportunities throughout their career."

The Tech Hub is funding five projects focused on entrepreneurship and commercialization of technology; imaging technology; workforce development; health data; and cancer screenings. The Wisconsin Health Data Hub is a project that will be an unprecedented, comprehensive source of protected data for researchers and companies to use in their work. Led by Jomol Mathew, PhD, the SMPH associate dean for informatics and information technology, the project will provide information on the health of the state's population so investigators can target research where it is needed most.

For Zimmerman, the beauty of this work advancing personalized medicine is that it can benefit the health of people in every county and corner of the state.

"This work is very rewarding because it can impact anyone in the state," he says. "You can actually see it being applied a very short distance from my office, where there is a hospital with patients being treated with innovations that have come about because of our work and because of our collaborations with industry."

**The Wisconsin Health  
Data Hub is a project that  
will be an unprecedented,  
comprehensive source  
of protected data for  
researchers and companies  
to use in their work.**



# The Evolution of Match Day

TODAY'S MEDICAL  
STUDENTS HAVE  
NEW OPTIONS,  
CHALLENGES

*At her Match Day celebration in 2024, Hannah Cress, MD '24, places a pin near the Iowa location where she has since entered a residency.*

TODD BROWN/MEDIA SOLUTIONS

by Beth Pinkerton

In 1952, the National Resident Matching Program (NRMP) revolutionized the application process by introducing the first centralized system to place medical students into U.S. residency programs. The system's algorithm matches applicants with programs based on student preferences. While the emotional highs and lows of matching remain the same, newer processes may surprise some medical school graduates of the University of Wisconsin School of Medicine and Public Health (SMPH).

Changes in recent years were designed to create a more equitable matching process and to encourage programs to consider student applications holistically.

"The NRMP match tries to even the playing field by assuring that all applicants follow the same rules and adhere to the same deadlines throughout the match process," explains Gwen McIntosh, MD '96, MPH, associate dean for students. "The addition of tools such as program signals and geographic preferencing help reduce the total number of applications a student will submit, which in turn reduces the cost of the residency application process."

McIntosh is fond of saying "it takes a village" to assist medical students, and that village can include faculty advisors, educators, letter writers, and mentors throughout the SMPH and its Statewide Academic Campus. Beyond the school, it includes residency program directors.

"The level of complexity might shock some of our alumni," says Sara Brask, MS, director of career advising at the SMPH.

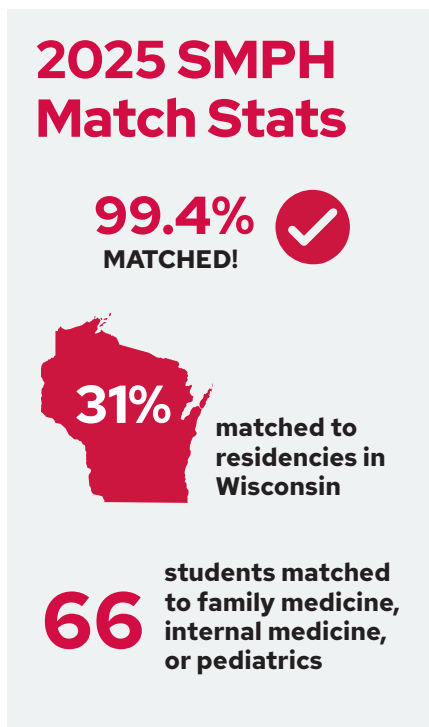
The Association of American Medical College's (AAMC) Electronic Residency Application Service® (ERAS®) is just one of four residency application platforms and three matching platforms used by various specialties around the United States. Each specialty may use a different application system, and the list of systems is continually evolving.

## From Scramble to SOAP

What many SMPH alumni may know as the match "scramble" was replaced in 2011 with the Supplemental Offer and Acceptance Program (SOAP)®. The latter is an electronic, systematic process for unmatched and partially matched applicants to submit new applications, and to interview and receive offers in several rounds. At the SMPH, the intensive, four-day SOAP process offers a great deal of support.



"Not every medical school does [SOAP] the way we do. We have boots on the ground ready to give students one-on-one assistance with making quick decisions and prepping applications," explains Brask. "It is stressful for students, but it is a beautiful week. It is so great to see everyone come together to support these students. The SOAP process allows students to continue following their dreams."



For SMPH medical students, dreams most often become reality. In 2025, 99.4 percent of graduating students matched. Initial matches and those made through the SOAP process are announced on Match Day, so the entire medical school class celebrates at the same time.

## New Signaling Strategies

With the increasing use of technology, the volume of residency applications has increased exponentially. It is common for a program to receive 5,000 applications for 20 open spots. In response, ERAS® introduced electronic signaling – a helpful application-management process that is perhaps the most dramatic change in recent years – beginning with

a pilot in 2022 and launching before the 2024 match season.

Each specialty has a national committee of residency program directors that determines the number of signals each applicant will receive for that specialty. Applicants allocate their signals to the programs they find most desirable.

Extending a coveted signal, which medical students use as a way to express interest in programs when submitting residency applications, helps increase the student's chance of getting an interview. According to the AAMC, 71 percent of program directors say the signals help them identify applications they otherwise may have overlooked. Of the 2024 SMPH medical school graduates who sent a signal with their residency applications, a median of 42 percent received interview offers, compared to a median rate of 2 percent among those who did not send a signal.

Students also may indicate up to three preferred geographic regions, and the highest rate of conversion from application to interview happens when program signals and geographic preferences overlap.

Because strategies are critical, faculty mentors in SMPH departments provide students with valuable guidance related to their specialties. National data from the previous year's match – including the percentage of students accepted from out of state – provide clues about program preferences and ways to succeed.

## MD Student and Alum Reflections

About his journey through the match process at the SMPH, fourth-year medical student Ronnie AlRamahi says, "There are so many moving parts, and it is daunting. But our school hosts multiple



M4 Ronnie AlRamahi

online meetings with representatives from Student Services and the Wisconsin Medical Alumni Association (WMAA) to provide coaching on how to navigate the

system. Every Friday, we have access to drop-in academic advising so we can ask questions. Also, every student has a house mentor who provides professional expertise. These offerings have been super helpful."

With a wedding planned for May 2025, AlRamahi adds that being part of a couples match with his fiancé, Takwa Salem, added complexity for both of them.

"I may have had one of the most complex match algorithms in my class. I had several factors in my rank list; I tried to match to a preliminary position in the same city as Takwa's match; and we also did the couples match for residencies in the same city. My mentors helped me dial it back. I used six gold signals and six silver signals," says AlRamahi, adding that Salem used three gold and 12 silver signals.

"I loved how my house mentor and my fiancé's house mentor worked together. The process was not as bad as I thought it would be because we had a lot of support," he says. "Without Student Services, the Dean's office, and the WMAA, I cannot imagine how stressed I would have been."

In March 2025, AlRamahi and Salem matched to residencies in diagnostic radiology and internal medicine, respectively, at University of Wisconsin Hospitals and Clinics.

SMPH medical alum Hannah Cress, MD '24 – who is doing a rural-track obstetrics and gynecology residency at the University of Iowa Hospitals and Clinics, Iowa City – also appreciates the guidance she received at the SMPH.

"Even if you have no idea where your path in medicine is going to lead – if you may want to try urban or rural medicine, or pursue research – the doors aren't just opened for you, they are held wide open by others willing to take you with them," she says. "Looking back, that is all I could have asked for. The UW School of Medicine and Public Health was a wonderful place to attend medical school."

## Lubner is the New Assistant Dean for Students in the MD Program

Sam Lubner, MD '02 (PG '10), became the assistant dean for students at the University of Wisconsin School of Medicine and Public Health (SMPH) in the Doctor of Medicine (MD) Program's Office of Student Services. In this role, which he assumed in September 2024, Lubner facilitates new and existing programs; serves as a key advisor and mentor to foster medical students' academic success and mental health; engages student leadership groups; and assists learners as they explore medical specialties and apply for residencies.

Lubner joined the SMPH's Department of Medicine in 2010. As an oncologist at UW Health, he cares for patients with a variety of gastrointestinal malignancies and conducts clinical trials. He has held numerous roles devoted to education and student success. Since 2016, he has served as a mentor for the school's Gundersen House, one of five learning communities in the MD Program. He also has directed the Department of Medicine's Hematology/Oncology Fellowship since 2017.

He earned his medical degree at the SMPH, followed by an internal medicine residency at Washington University School of Medicine/Barnes-Jewish Hospital and a medical oncology fellowship at the SMPH. A fellow in the American College of Physicians, Lubner has served as chair of the American Society of Clinical Oncology Education Council and been inducted into the Gold Humanism Honor Society.



## Nakada Selected for Endourological Society Lifetime Achievement Award

Stephen Y. Nakada, MD, FACS, FRCS, the David T. Uehling Chair and Professor of Urology at the University of Wisconsin School of Medicine and Public Health, will receive the Endourological Society's Karl Storz Lifetime Achievement Award for 2025. The award honors urologists who have made significant and lasting contributions to the field of endourology and the society. Endourology includes minimally invasive surgical techniques to treat patients with genitourinary problems.

Nakada is internationally renowned for his work in urinary stone disease and urologic laparoscopy. He has earned numerous awards from national and international organizations. Additionally, he is president of the American Urological Association (AUA) and past president of the Endourological Society, North Central Section of the American Urological Association, Society of Academic Urologists, ROCK Society, and American Board of Urology. He is an active member of the American Association of Genitourinary Surgeons and the Clinical Society of Genitourinary Surgeons. Nakada is one of only a few urologists who have served as president of both the American Board of Urology and the AUA.

Nakada's research focuses on all aspects of kidney stones, specifically quality of life and surgical outcomes in patients with kidney stones. He is a co-inventor of the WisQOL disease-specific kidney-stone-survey instrument and is a pioneer in the use of hand-assisted laparoscopy and wireless ureteroscopy.



## Bluemke and Pickhardt Receive Lifetime Honored Educator Awards

David Bluemke, MD, MSB, PhD (upper photo), and Perry Pickhardt, MD (lower photo), were honored for their outstanding contributions to radiology education, each receiving a Lifetime Honored Educator Award from the Radiological Society of North America (RSNA). This prestigious award recognizes individuals who further radiologic education through the creation of high-quality educational content.

Pickhardt and Bluemke are professors in the Department of Radiology at the University of Wisconsin School of Medicine and Public Health (SMPH).

Bluemke has been an active member of the RSNA, participating on grant and education review committees, delivering scientific and educational lectures, and serving as a former editor of the journal *Radiology*.

Pickhardt holds a joint appointment in the Department of Medical Physics and is the chief of gastrointestinal imaging at the SMPH. He has a deep commitment to advancing the field of abdominal imaging and has been a dedicated educator at UW-Madison for more than two decades.





## Murtaza and Stephens Earn WARF Innovation Award

A simplified cancer-screening process took top honors from the Wisconsin Alumni Research Foundation (WARF), a nonprofit foundation that promotes, encourages, and aids scientific investigation at University of Wisconsin-Madison.

One of two 2024 WARF Innovation Awards was given to Muhammed Murtaza, MBBS, PhD, associate professor (upper photo), and Michelle Stephens, MS, surgery researcher (lower photo), Department of Surgery, UW School of Medicine and Public Health, for their invention focused on simplifying early detection and screening of cancer. Murtaza directs the school's Center for Human Genomics and Precision Medicine, where this research was conducted.

Earlier detection of cancer improves the likelihood to achieve cure. However, most cancer detection and screening methods are costly and require patients to take time off and arrange travel to a clinic or hospital – limiting factors for patients in low-resourced and rural settings. Building on recent progress in the field of blood tests for cancer screening, the team discovered that analysis of dried blood spots may provide diagnostic insights for cancer detection. With further development, this would allow for at-home collection of blood samples, and could make early detection of cancer easier and more cost effective, potentially improving health equity for millions of individuals.



## Gamm and Nickells Aim to Cure Blindness through Human Eye Transplantation

Two University of Wisconsin School of Medicine and Public Health (SMPH) vision researchers are involved in ground-breaking, nationally collaborative research aimed at curing blindness. Teams across the country are hopeful this research will

pave the way for the first successful whole human eye transplant for the restoration of vision.

In December 2024, the Advanced Research Projects Agency for Health within the U.S. Department of Health and Human Services announced \$125 million in funding.

The participating SMPH researchers are David Gamm, MD, PhD (PG '02, '03) (upper photo), and Robert Nickells, PhD (lower photo), professors, Department of Ophthalmology and Visual Sciences. Gamm, who directs the McPherson Eye Research Institute, is part of the team from the University of Colorado Anschutz Medical Campus that will focus on developing stem cell, gene therapy, bioelectronic, and surgical methods. Nickells is a member of the team from Stanford University that will focus on strategies to promote survival and regeneration of cells of the transplanted eye, donor procurement, and transplants.

Gamm says, "By leveraging the combined expertise of our partners, we expect to make important advances over the next six years."



## New Center Aims to Advance Research Capacity for Dementia Care Interventions

Nearly 7 million people in the United States are living with Alzheimer's disease and related dementias (ADRD), according to the Alzheimer's Association. It is important for care innovations to be successfully implemented outside of health care organizations.

To address the issue, a multidisciplinary group recently launched the Establishing Mechanisms of Benefit to Reinforce the Alzheimer's Care Experience (EMBRACE) AD/ADRD Roybal Center.

Co-directing the center are Andrea Gilmore-Bykovskyi, PhD, RN (upper photo), University of Wisconsin School of Medicine and Public Health (SMPH), and Joseph Gaugler, PhD (lower photo), University of Minnesota School of Public Health. Joining a nationwide network of 15 Roybal Centers, the EMBRACE Center's first major studies will be supported by a robust network of mentors.

The EMBRACE Center is supported by a five-year, \$5.8 million grant from the National Institute on Aging. It will fund and support at least six clinical trials to evaluate complex, individualized dementia care interventions, explains Gilmore-Bykovskyi, associate vice chair of research and associate professor, Department of Emergency Medicine at the SMPH.



# Making Ends

## Meet

by Tessa C. Griffin

**W**hen I was accepted into medical school, I cried tears of relief. For the past 10 years, I have been two things: an aspiring physician and a person living in poverty.

Like many people growing up in poverty, I developed a distinct mistrust of medical institutions. Mine originated while sitting in my dad's hospital room after his myocardial infarction as monitors melodically sung behind my parents' tense whispers. The constant stress and physical demands of his blue-collar carpentry job had caught up with him. Ironically, working so hard to keep our family of five afloat ultimately sealed our fate. His hospital stay was the most expensive room we had ever sat in together. That plus his impending hiatus from work would officially plunge my family into poverty, something we had narrowly avoided for years. My mom felt vindicated, choosing to risk his life driving to the hospital instead of adding another bill for an ambulance to the growing pile of medical debt. I felt like my entire future may have been changed by one chance encounter with the health care system. In a way, I would prove myself correct.

Despite feeling like medicine might be a monetary game for doctors, I was still an inner-city teenager in need of a job. I took part in a program at the local hospital where students from underserved zip codes could gain experience working in the medical field. I loved talking to patients and exploring the hospital. I started to imagine myself

as someone in medicine who could represent the experience of people like my family.

I did everything a prospective medical student would do, while also being poor. I continued with the program at the hospital, working as an emergency department liaison and learning bits of Spanish from custodians so I could offer pillows and blankets to patients who spoke Spanish. On the weekends, I washed dishes at a local diner, scrubbing plates over a large stainless steel sink the way I might one day scrub into surgery. The next summer, I worked as an operating room assistant, mopping up blood between cases, sometimes catching glimpses of neurosurgeries that nurses graciously narrated to me. Then, I would work the closing shift at a mini-mart, selling cigarettes to the same people in my community I would be seeing in the hospital the next day.

**"Falling into poverty is like stepping into quicksand. Despite all efforts to pull out of it, one only sinks deeper."**

—M3 Tessa C. Griffin

Poverty is exhausting and is not for the faint of heart. I could not afford to take an unpaid internship or leverage my parents' professional contacts like so many of my peers. During college, I worked in a neurobiology laboratory, turning down a higher-paying job in favor of the research experience I felt I needed

for medical school applications. I made ends meet by picking up shifts at the university gym washing sweaty towels, peeking at study guides in between spin cycles. By age 22, I had worked 14 different jobs, each in a strategic effort toward a single career.

Despite all this experience, I entered medical school with a unique naivete. When I stepped onto campus, I was surprised to learn just how few of my peers were also low income. In fact, it seemed like every other classmate I met had a parent in medicine. Any mention of my impoverished anecdotes made the room stiffen. I would scan the faces around me looking for any sign of endorsement, feeling my cheeks flush when I failed.

Like many low-income individuals, I am tempted to justify my family's poverty. My father is a carpenter. My mother is an artist. There is a misconception that people in poverty are lazy or stupid, but my parents are intelligent and resilient people who have not been dealt a forgiving hand. The reality is that poverty is systemic, complicated, deep, and traumatic. Falling into poverty is like stepping into quicksand. Despite all efforts to pull out of it, one only sinks deeper. For us, the quicksand manifested as termination-of-utility notices, ice-cold showers, gas station meals, limping cars, and school supplies paid for with loose change.

In 2022, nearly 38 million people in the United States lived below the poverty line.<sup>1</sup> During the same year, about 21,000 students graduated from medical school, and it's estimated



that fewer than 1,500 of them were from low-income families.<sup>2</sup> It's safe to assume that this represents an increase from previous years, since admissions committees began using holistic reviews. For many low-income medical students, the freedom to explore specialties, like most of my peers do, is sometimes overshadowed by guilt. I feel responsible for providing the patient-physician concordance that has been shown to improve outcomes. As if it's a betrayal to my humble roots to make it all the way here and not focus solely on caring for people like me.

Regardless, health care needs more students from a low-income background entering medicine. This means more mentoring programs, holistic admission reviews, and less emphasis on expensive tests and experiences. I chose my medical school for its integration of public health into the curriculum, something I believe all medical schools should do. While sitting in class learning about Medicaid, medical students should consider that some of their peers depend on it for health care. Low-income students need more explicit emotional support, like affinity groups that provide a safe place for students to take their masks off for a moment, in such an intensely privileged environment. There needs to be more visible role models and prioritization of transparent discourse on the topic. Medical schools need to provide students with financial aid to prove that they are truly investing in underserved communities. Low-income students should not be paralyzed each time they submit loan applications, worrying about whether something will go awry. To ensure the well-being of the patients we medical students are training to care for, we must appreciate the patients that we have once been, too.

A few years after my dad's cardiac event while I was still in high school, I met a doctor who made me question my preconditioned notion of the health care system at large. I developed cellulitis of my pinky finger. The school nurse had marked the affected area with a black marker, telling me to seek medical

attention if the redness continued to spread. Throughout the day, I repeatedly watched the infection creep past the black boundary. Finally, my mom and I hurried to the emergency department. The physician who treated me explained how any further delay in my treatment would have been dangerous. But rather than scolding us for the delay, a natural line of financial defense, she celebrated our arrival.

To this day, I have wondered if that doctor came from a background like mine, cherishing the idea that there is a subset of low-income physicians whom I might eventually join. We physicians need better ways to signal to patients that we understand their hardships, because we have lived them too. I hope my patients recognize themselves in me, just as I did in her.

## ABOUT THE AUTHOR

### Tessa C. Griffin

is from Providence, Rhode Island, and graduated from Northeastern University with a bachelor's degree in behavioral neuroscience. She worked in patient advocacy for two years before she began her medical school journey at the University of Wisconsin School of Medicine and Public Health (SMPH). Now a third-year medical student, Griffin chose the SMPH because she has a passion for public health and hopes to eventually work with underserved populations. She plans to specialize in otolaryngology. In her free time, Griffin enjoys weightlifting; hosting and attending dinner parties; reading; and taking long walks with her dog, Tilly.



1. Shrider EA, Creamer J. Poverty in the United States: 2022. US Census Bureau. Accessed January 9, 2024. <https://www.census.gov/library/publications/2023/demo/p60-280.html>

2. 2023 Facts: Enrollment, Graduates, and MD-PhD Data. Association of American Medical Colleges. Accessed January 9, 2024. <https://www.aamc.org/data-reports/students-residents/data/2023-factsenrollment-graduates-and-md-phd-data>

# Fund Supports First-Generation, Low-Income Student Group

by Kris Whitman

In 2022, Tessa Griffin revitalized the First-Generation, Low-Income (FGLI) Student Group at the University of Wisconsin School of Medicine and Public Health (SMPH), with Erick Tarula, MD, associate professor of neurology, as its faculty advisor.

Two years later, when Griffin published "Making Ends Meet" in *JAMA* (reprinted at left), David K. Cassidy, MD '86, read the essay — while serving in the Peace Corps in Cambodia. He wanted to help medical students who face financial challenges.



David K. Cassidy, MD '86

"I am so grateful to Tessa, for by telling her story, she also told mine — and that of many other first-generation students," says Cassidy, a retired family physician and U.S. Army Reserve colonel.

By working with staff of the Wisconsin Medical Alumni Association and Sara Dillivan-Graves of the Wisconsin Foundation and Alumni Association, Cassidy created the Tessa Griffin Medical Student Support Fund to support the FGLI Group.

"We deeply appreciate Dr. Cassidy's generosity," says Griffin. "It means so much to know that someone believes in us!"

Open to SMPH medical students in the bottom quintile of wealth and/or those who are the first in their families to earn a bachelor's degree, the 70-member group hosts financial-education and networking events and assists members who struggle financially, such as the ability to afford elements of away rotations or interview clothing.

Dillivan-Graves reflects, "Dr. Cassidy's generous gift will have a significant, lasting impact on those who need it the most."

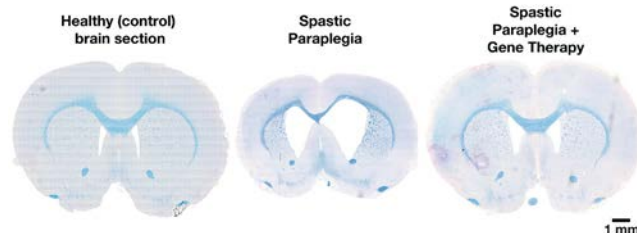


**Donate to the Tessa Griffin Medical Student Support Fund**  
[go.wisc.edu/griffinfund](https://go.wisc.edu/griffinfund)

## Gene Therapy Protects Against Motor Neuron Disease in a Rat Model

University of Wisconsin School of Medicine and Public Health (SMPH) researchers have successfully targeted a group of hereditary neurodegenerative diseases by using gene therapy in an animal model. CRISPR-Cas9 genome editing offers a unique, promising strategy that could one day treat rare but debilitating motor neuron diseases in humans.

Hereditary spastic paraplegia (HSP) is a group of movement disorders that cause progressive weakness and stiffness in the legs of people with inherited genetic mutations. The rare disorders usually lead to physical limitations and use of a wheelchair.



Scientists had struggled to replicate HSP's symptoms and progression in animal models, which are indispensable in developing and testing treatments before they are offered to humans. But, in 2022, a group of scientists led by Anjon Audhya, PhD, professor, Department of Biomolecular Chemistry, used CRISPR-Cas9 technology to develop a rat model that

carries an HSP-associated genetic mutation which helps transport proteins within neurons. When that function is disrupted in people and rats, it leads to worsening symptoms.

The team has continued to refine the rat model and test therapeutic approaches for HSP. They developed a genetically engineered virus that targets neurons and introduces a normal gene to

compensate for the mutated one; this prevents symptom development among rats that carry a genetic mutation. Scientists injected this engineered virus into brains of day-old rats.

"Those animals never got disease and lived normally into adulthood," says Audhya. "This demonstrates that the therapy is highly effective in addressing symptomology."

The team reported its findings in the *Proceedings of the National Academy of Sciences*.

Audhya says, "We hope our preclinical efforts and future research eventually will lead to a human clinical trial."

## Some Childhood Traumas Linked to Fewer Teen Mental Health Problems

Analysis of national data by researchers in the University of Wisconsin School of Medicine and Public Health's Department of Psychiatry showed that the type of trauma a person experiences could be more impactful than the amount of trauma they encounter in youth.

Justin Russell, PhD, research assistant professor, and colleagues examined data from more than 11,000 children participating in the Adolescent Brain Cognitive Development Study, one of the largest long-term investigations into child health in the United States.

Recognizing the lasting impact of childhood trauma and adversity, many states mandate that all pediatric visits include the Adverse



Childhood Experiences (ACEs) questionnaire. The ACEs score measures early-life adversity that can predict health problems, but it does not take into account how a type of trauma might influence a child, explains Russell. To better understand how this factor might affect them later, the team narrowed the study to

eight key types of traumatic or adverse childhood experiences: community threat, peer aggression, caregiver maladjustment, chronic pain, discrimination, family conflict, poverty, and interpersonal violence.

"Surprisingly, data showed that some experiences were linked to a decline in expression of some childhood

mental health symptoms as children aged," he says. "We suspect that the mental health problems kids report might vary depending on the type of adversity they are living through."

Researchers theorized other possibilities, including that children who showed a perceived decrease in mental health symptoms may have experienced the peak of psychological impacts of a community threat earlier in life.

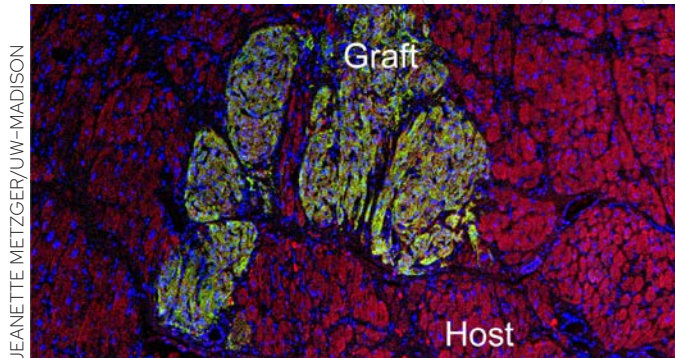
The study was published in *JAMA Psychiatry*. With another study planned, Russell hopes policymakers can use this data to allocate resources in communities to improve resilience in youth based on early-life adversity profiles.



## Stem Cell-Derived Heart Cells Prove Safe in Monkeys with Heart Disease

Heart muscle cells grown from stem cells show promise in monkeys with a heart problem that results from a heart defect sometimes present at birth in humans, according to research at University of Wisconsin–Madison and Mayo Clinic.

A team led by Marina Emborg, MD, PhD, professor, Department of Medical Physics, UW School of Medicine and Public Health (SMPH), and Timothy Nelson, physician scientist, Mayo Clinic, Rochester, Minnesota, reported in *Cell Transplantation* that cells grown from induced pluripotent stem cells (iPSC) can integrate into the hearts of monkeys with right



ventricular pressure overload. The condition, which can be fatal, often affects children with congenital heart defects.

Nearly all single-ventricle congenital heart defects lead to heart failure. Surgical correction is temporary, and patients may require a heart transplant. The researchers focused on grafts of stem

cell-derived cardiomyocytes as a possible complementary treatment. These treatments could someday delay or prevent the need for heart transplants.

The researchers transplanted human iPSCs into rhesus macaque monkeys with surgically induced right ventricular pressure overload.

The cells successfully integrated into the surrounding myocardium. The authors noted that episodes of ventricular tachycardia occurred in some of the animals receiving transplanted cells, but these episodes resolved within 19 days.

“Our goal with this study, as a precursor to human studies, was to make sure the transplanted cells were safe and would integrate with the organization of the surrounding tissue,” explains Emborg.

The research proved the feasibility and safety of using stem cells in the first nonhuman primate model of right ventricular pressure overload.

## Surgeon Outlines Recommendations to Protect Pregnant Peers

Female surgeons experience unique challenges with childbearing, specifically compared with male

surgeon and female non-surgeon colleagues. Tiffany Glazer, MD '11 – an associate professor in the Department of Surgery's Division of Otolaryngology–Head and Neck Surgery at the University of Wisconsin School of Medicine and Public Health – published an evidence-based analysis, “Providing a Safe Pregnancy Experience for Surgeons: A Review,” in *JAMA Surgery*.

“Our goal was to collate all available data regarding the risks that pregnant surgeons face at work and create an evidence-based guideline for protecting them,” explains Glazer. “With such guidelines, pregnant surgeons do not have to

struggle to find their balance between maintaining personal safety and continuing work responsibilities. A framework of protection for this population is essential for attracting talented students into surgery; retaining talented surgical trainees and faculty; and protecting surgeons and their unborn fetuses.”

Glazer's publication outlined clear, translatable, and enforceable guidelines that can be operationalized by institutions to reasonably accommodate pregnant surgeons and limit any burden on their colleagues, residency program, and hospital system.

“I am proud to work for a department that prioritizes

the health and safety of its surgeons,” says Glazer. “Most pregnant surgeons are unlikely to understand all the risks they face at work and to advocate for themselves. Trainees face even greater pressure given their vulnerability within the hierarchy of training programs.”

“We hope that the next step is a more universal understanding and adoption of these guidelines,” Glazer notes. “Although the policy was written with surgeons in mind, it can be expanded to include any procedural or call-heavy specialty such as interventional radiology, critical care, or emergency medicine.”

### RISK FACTORS PREGNANT SURGEONS FACE IN THE WORKPLACE



# The Healer's Art: An Elective for the Heart of Medicine

**"M**edicine is not a work of science. Science is a tool. Medicine is a work of service, a type of love." These words, spoken by Rachel Naomi Remen, MD, at the 2017 Gold Humanism Honor Society National Conference, still resonate with me. In 1991, Dr. Remen developed and facilitated the first offering of the Healer's Art elective at the University of San Francisco School of Medicine. On her institute's web site, RishiPrograms.org, she describes this course as "a safe learning environment for a personal, in-depth exploration of the time-honored values of service, healing relationship, reverence for life, and compassionate care." Through her pioneering work, the Healer's Art is offered in more than 90 medical schools around the world.

Typically offered as a five-session elective for first- and second-year medical students, the Healer's Art consists of two to three hours of conversation in each session. The curriculum highlights themes, including "Discovering and Nurturing Your Wholeness," "Sharing Grief and Honoring Loss," and "Beyond Analysis: Allowing the Awe in Medicine" through a combination of silent reflection, small-group dialogue, and large-group storytelling and conversations among students and faculty members.

The fire of this course was started at the University of Wisconsin School of Medicine and Public Health (SMPH) 20 years ago under the compassionate guidance of Lucille Marchand, MD, BSN, and David Rakel, MD. Subsequently, Jensi Carlson, MD (PG '13, '14), skillfully led the course before I had the great honor of becoming the course director in 2018. Approximately 40 SMPH faculty members from various medical and procedural specialties have participated in this elective, infusing the conversations

with their lived experiences as physicians, chaplains, or psychologists, and as fellow human beings.

The Healer's Art has touched me in many ways over the past decade. In particular, Dr. Remen's description of using the "Discovery Model of Learning" has been instrumental in how I show up as a faculty member in our Department of Family Medicine and Community Health. She notes that we are all "co-learners" and "co-teachers" in the Healer's Art elective. Thus, while some of us in the course may have the title of "student" and others of "faculty," we set aside time during these sessions (and often beyond) to drop titles and simply share experiences, honoring the full complexity of what each of us brings to the space. While this may be uncomfortable at first, through reinforcing this theme, we are able to shine a light on the unique humanity of each individual who chooses to spend time in the Healer's Art.

On first glance, this elective may seem to primarily highlight self-reflection, but we gradually find how explicitly the course content hones clinical skills. For example, we discuss the importance of "generous listening," a practice Dr. Remen describes as "listening for what is true for this person at this point in time." We practice this in the Healer's Art, and I find myself dropping into this way of listening as my patients divulge their stories of pain and suffering, purpose, or chronic complexities. Generous listening has taught me to show up in a way that facilitates heart-level connections.

Year after year, we receive feedback about how instrumental the Healer's Art has been for students' experiences in medical school. Most impactful for me is this comment from a student, a sentiment shared by many others: "This is the only place in medical school where

I feel like I can be myself, where I feel safe talking about what it is really like to be a medical student." To me, this speaks to the depth of how personally and socially challenging medical school continues to be for many students. And it speaks to the ongoing need for spaces similar to the Healer's Art elective.

In the last two years, the number of students registering for this elective has dwindled, resulting in the canceling of the course for fall 2024. Reasons for decreased enrollment deserve further exploration. Requiring students to engage in curriculum such as that offered in the Healer's Art is controversial — with some medical schools believing this should remain optional, allowing students to come to this content as they are ready, and other schools beginning to require the course or similar content. To begin to systemically address this important topic, the SMPH has hired an assistant director for student wellness to elicit student feedback and respond by further developing and assessing co-curricular activities to enhance medical student well-being and education.

As the Healer's Art elective embarks on its third decade at the SMPH, we plan to continue hosting a space in which interested students may connect with the reasons that drew them to this profession. In Dr. Remen's words: Medicine as a work of service. A type of love.

## VINNY MINICHELLO, MD, ABOIM (PG '16, '17)

*Associate professor,  
Department of  
Family Medicine and  
Community Health,  
University of Wisconsin  
School of Medicine and  
Public Health; Osher  
Center for Integrative  
Health, UW-Madison*







## ... Or do I?

If you think you can identify the person in the photograph at right, send your guess to [quarterly@med.wisc.edu](mailto:quarterly@med.wisc.edu). We'll draw one of the correct responses and announce the winner in the next issue of *Quarterly*.



TODD BROWN/MEDIA SOLUTIONS

## HINT ABOUT PHOTO ABOVE:

This physician also masterfully plays the piano.

## ABOUT LAST ISSUE'S PHOTO:

Andrea "Ande" Jones, MD '13 (PG '16), won the drawing and will receive a gift from the Wisconsin Medical Alumni Association!



In the last issue of *Quarterly*, 10 people identified Gena Cooper, MD '12 (PG '15), who grew up in Mukwonago, Wisconsin, and earned her medical degree from the University of Wisconsin School of

Medicine and Public Health (SMPH) in the Wisconsin Academy for Rural Medicine. She also completed a pediatrics residency at UW Hospitals and Clinics and a pediatric emergency medicine fellowship at Children's Minnesota.

Rebecca L. Duffy, MS, correctly recalled that Cooper grew up on a farm and owns a dairy farm. To this day, Cooper and her husband – Bryan Kurth, who earned a bachelor's degree in the UW College of Agricultural and Life Sciences – own and operate a dairy farm in Wisconsin, as they did when Cooper was a medical student.

A relative, Linda Cooper Kozarek, noted that Cooper served as Alice in Dairyland. Indeed, in June 2005, just after Cooper earned her bachelor's degree in biochemistry from UW-Madison, she was chosen for a one-year term as the 58th Alice in Dairyland. This full-time role found her on the road, speaking to elementary and high school classes, media outlets, commodity groups, and the Wisconsin Legislature to

promote the traditions and future of farming. She also attended county fairs, service organization meetings, agricultural conventions, and more.

Andrea "Ande" Jones, MD '13 (PG '16), a fellow SMPH and residency alum, wrote, "I would recognize Dr. Gena Cooper anywhere! She was a fabulous co-medical student and co-resident in pediatrics!"

And Jen Belisle, MD '12, recalled about Cooper, her medical school classmate, "She was always friendly and smiling!"

Today, Cooper is a pediatric emergency medicine physician at Cincinnati Children's Hospital and director of urgent care medicine for Cincinnati Children's. She is an associate professor in the University of Cincinnati's Department of Pediatrics. Prior to moving into her roles in Cincinnati, Cooper was the director of pediatric emergency medicine at the University of Kentucky.

Cooper said she "remains a strong advocate for all things Wisconsin!"

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YOUR NEWS!**

**Please send information about your honors, appointments, career advancements, publications, volunteer work, and other activities. We'll include your news in *Quarterly* as space allows. Please include names, dates, and locations. Photos are encouraged.**

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