NEIL GUENTHER, MD '83, GME '88

NEWS FOR ALUMNI

I want to start by congratulating all of our graduates from this past May on their accomplishment! We welcomed over 300 new doctors, researchers, teachers and healthcare workers to our alumni community. Of special signi - cance were the 13 MD graduates from MCW-Central Wisconsin, that regional campus's rst graduating class. The work that our regional campuses are doing to advance education and health in the far reaches of the state of Wisconsin is incredible, and we look forward to their continued success.

By now, most of our alumni should have heard of or seen information about ENGAGE, our exclusive online platform. I want to thank those of you who have taken the time to register and be active on it and strongly encourage those that have not yet registered (or haven't been as active) Of td sto.ieauccess.

STAT REPORT

Renovating the Basic Science Building

The renovation of the 45-year-old Basic Science Building (BSB) is a component of MCW's ongoing commitment to the research enterprise. Construction began in September 2018, and in June 2019 renovations on the second oor were completed. The following month, the department of microbiology and immunology moved into its new home.

"I am thrilled by the investment and commitments from MCW leadership and the O ce of Research to dramatically enhance our research capacity by providing nearly 25,000 square feet of state-of-the-art research space," says John R. Kirby, PhD, chair and Walter Schroeder Professor of Microbiology and Immunology. "The renovations enable us to attract top-notch scientists from around the world to perform cutting-edge research here in southeast Wisconsin."

In addition to modernizing the BSB, a major goal of the overall renovations is to develop an open laboratory environment that encourages and facilitates better connectivity among labs to increase collaboration and interdisciplinary discovery. In total, nearly 100,000 square feet of research facilities will be renovated. Construction on the fourth oor is expected to commence by

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MCW Cancer Center Joins Elite Group of Clinical Research Centers

MCW's Cancer Center joined an elite group of the top 30 US cancer centers in spring 2019. This distinction was announced with the award of a National Cancer Institute (NCI) competitive grant that named MCW as a National Clinical Trials Network - Lead Academic Participating Site (NCTN LAPS). It is rare for a cancer center to be chosen before receiving NCI designation. Additionally, there are 40 NCI-designated cancer centers that do not have this distinction.

To eam this exceptional honor, the MCW Cancer Cen - ter met objective external measurements, including the strength and innovation of ongoing research and science, and con rmation of robust participation in the National Clinical Trial Network and other cooperative group trials. This new grant enables MCW's cancer clinical research enterprise to move to the next level of scienti c engagement, research-driven treatments and excellent clinical care.

For cancer patients treated within the Froedtert & MCW Cancer Network, the LAPS grant adds national recognition and resources to MCW's cancer research, clinical trials programs and disease-speci c treatment teams. The LAPS award also includes resources, funding and a network of

MCW's newly established Central Wisconsin campus welcomed its first class of matriculating medical students in July 2016. Three years later, in May 2019, these pioneering students graduated – after completing an accelerated curriculum – and have embarked on their journeys into residency training.

"This marks a milestone for our students, their families and the

program that allows for graduation one year earlier than traditional programs. This is achieved by reducing the number of electives and the length of the traditional medical school breaks – and allows students to graduate and begin working as physicians sooner.

Inaugural class graduate Kyle Olson, MD ’19, grew up in Marsh eld, Wis., and attended Carleton College in North eld, Minn., for his undergraduate education. He was drawn to the unique o ering of the regional medical school curriculum, along with the campus’s location.

“When applying to medical schools, I de nitely focused on schools in the Midwest because I was hoping to stay close to home. As I read more about the MCW regional campuses, they sounded like a good t for me,” says Dr. Olson. “I think the biggest bene t is the accelerated three-year curriculum. If you know

MCW is developing partnerships, programs and innovative care models throughout Wisconsin to improve the delivery of and access to mental health care. The long-term goal of these e orts is to improve access to mental health care for everyone in the state, regardless of age, geographic location or need.

Education

Education is a key component of MCW's e orts. To help address the shortage of psychiatrists in the state, and speci cally in rural areas, MCW collaborated with the state of Wisconsin and academic and hospital partners in Green Bay and central Wisconsin to launch two new four-year psychiatry residency programs, which will increase the training of psychiatrists by more than 40 percent. The rst residents (three from the Wausau area and four from Green Bay) will complete their training in June 2020.

"These new residency programs increase the overall number of psychiatrists trained in Wisconsin, but they also will help alleviate a critical shortage of mental health professionals in rural areas and will have a lasting impact on the health of citizens of Wisconsin," says Jon A. Lehrmann, MD '90, GME '94, Charles E. Kubly Professor and chair of psychiatry and behavioral medicine at MCW. Since taking leadership of the department in 2010 (as interim chair until 2013 and then as permanent chair), the number of psychiatry faculty increased from 68 to 100, and both Froedtert Hospital and

medicine physicians have enrolled in the program, more than 2,500 consultations have been given and more than 1,000 educational episodes have been provided.

Periscope Project

Of the estimated 120 patients an OB/GYN physician sees weekly, 17 percent will have depression and nearly 50 percent will have signi cant emotional disturbance. Mental health disorders are the most common complication of pregnancy, and suicide is the second-leading cause of death for postpartum women. But there are only ve trained perinatal psychiatric care providers in Wisconsin.

To provide perinatal women who are struggling with mental health or substance abuse disorders access to the care they need, MCW launched the Periscope Project (PERInatal Specialty Consult Psychiatry Extension) in 2017. Modeled after the CPCP and funded through a grant from the United Health Foundation, the free provider-to-provider teleconsultation service provides primary care providers with real-time access to a perinatal psychiatrist while their patients are still in the exam room.

Since its launch, the Periscope Project has elded 850 service inquiries from 57 cities in 39 counties around Wisconsin.

Care for Veterans

Veterans struggle with many mental health concerns, including post-traumatic stress disorder (PTSD), depression and substance abuse. Every day in the US, 22 veterans die from suicide. About 70 percent of veterans who take their own lives are not regular users of the VA healthcare services. When veterans receive care at the VA, however, their risk factors for a range of behavioral health issues decline.

To provide veterans with more access to mental health care in the region, MCW has partnered with the Clement J. Zablocki sPehe Our ach-1.1an 2. F a aa1.7 (r)5.6r

Our ever-changing healthcare system is marked by the increasingly complex health needs of patients – and requires innovative and e cient models of patient care. These models, in turn, require key competencies – such as e ective communication, teamwork and interprofessional collaboration among healthcare professionals. An e ective interprofessional collaboration helps ensure high-quality patient care and is having a positive impact on team members who work together daily .

incorporate some form of IPE into their curricula to prepare students for a future of healthcare in a patient-centered, team-oriented system. IPE focuses on values and ethics; roles and responsibilities; interprofessional communication; and teams and teamwork.

Several advantages of IPE have been reported, including increased mutual respect and trust; improved understanding of professional roles and responsibilities; e ective communication; increased job satisfaction; and positive impact on patient outcomes. Studies have shown that students trained in an IPE approach have better interprofessional collaborative practice competencies compared to students without IPE training. This can be attributed to students' more positive attitudes toward each other, a better understanding about each other's competencies, the ability to share knowledge and skills and improved team identity.

MCW has embraced interprofessionalism and IPE across its missions of education, clinical care, research and community engagement – positioning team-based patient care and team-based learning as hallmarks of its successful approach to 21MCW has embrdst 0 4737.860848.3827 389ncorporate 4 (Am and IPEWs trfj Towonsved glam se)Tj 0racTj T* -1.5 Td (ism and IPE0 Twitositij 0sional-)Tj -1.125 across Tj 4.664g. Thhroughy to le-

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Interprofessionalism in Clinical Care

Cellular Therapies for Patients with Blood Cancers and Hereditary Blood Disorders

The Froedtert & the Medical College of Wisconsin health network (F&MCW) o ers experimental and FDA-approved cellular treatments for cancerous and noncancerous conditions.

"We use cells to treat human disease," says Parameswaran Hari, MD, FEL '02, MS '06, MCW professor of medicine and chief of the division of hematology and oncology. "The main modality is blood and

current patients, upcoming patients and recently discharged patients. Additionally, a quality manager tracks outcomes, infections and every other measure of quality, and maintains/reviews the quality dashboard. F&MCW's blood and marrow transplantation program has a better-than-expected survival rate as reported by the Stem Cell Transplant Outcomes Database, and is one of the few programs in the country to achieve this for the past ve years, according to Dr. Hari. "Fewer than 10 percent of the BMT programs in the US beat the expected survival odds for their patients – and we are one of those programs year after year."

Interprofessionalism is a critical component of the best practices in patient care. "In the end, it's all about communication and the degree to which each team member is willing to respect each person's expertise," says Dr. Hari. "Everyone respects everyone else's roles, regardless of the job title. You respect them for their skill, commitment and role on the team – and there is a considerable amount of consensus-building."

Hip Fracture Program

The incidence of hip fractures in the US among adults ages 65 and older is staggering. More than 300,000 individuals are hospitalized each year for hip fractures – 95 percent of which result from falling. And approximately 30 percent of seniors fall each year, according to United Health Foundation's America's Health Rankings.

The risk of hip fracture increases signi cantly with age due to decreased bone density and muscle mass. Women are especially at risk, experiencing three-quarters of all hip fractures due to bone density loss following menopause.

Within F&MCW, an average of 30-40 patients per month ages 65+ are treated in the Emergency Department (ED) for hip fractures. But thanks to an innovative new hip fracture program, outcomes for these patients are increasingly more positive.

According to Joseph M. Schwab, MD '06, GME '11, MCW assistant professor of orthopaedic surgery and director of the F&MCW hip fracture program, "About four to ve years ago, we started looking at creating a coordinated pathway for patients who arrived at the ED with hip fractures that would take them from presentation at the ED to discharge (and sometimes post-discharge) by providing them with multidisciplinary care provided by interprofessional teams and supported by evidence-based medicine."

Nurse practitioner Erin Zepezauer, NP, a member of MCW's department of orthopaedic surgery, confers with patient Grace Bahrs at the F&MCW Bone Health Clinic about the challenges of osteoporosis.

"The goal was to reduce all of the bad stu that can happen to people who have hip fractures," he continues. "Most of our patients are elderly, and they can end up with problems like delirium, lengthy hospital stays and variability of care – so we wanted to ensure that we were addressing those patients as quickly as possible without duplicating e orts. By creating an interprofessional team with a pathway, we all know what the rules are and how we manage each step."

Once the hip fracture has been con rmed, the ED sta activates the hip fracture protocol. A single page goes out to every appropriate team member. The most critical team members include the orthopaedist, who looks at the lms and determines the surgical plan; the perioperative medicine specialist, who performs the intake on the patient; the anesthesiologist, who evaluates available time and space in the operating room; and a regional pain specialist, who performs a nerve block to keep the patient comfortable until surgery while minimizing opioids. In addition, nutritionists help provide guidelines for patients' nourishment and hydration before surgery (which is important in treating the elderly).

Post-surgery, interprofessional team members include the oor nursing sta , physical therapists, pharmacists and social workers who determine patients' post-acute care.

These patients also interact with a fragility fracture liaison, according to Dr. Schwab. Because almost all hip fractures are fragility fractures – which is a harbinger of osteopo-

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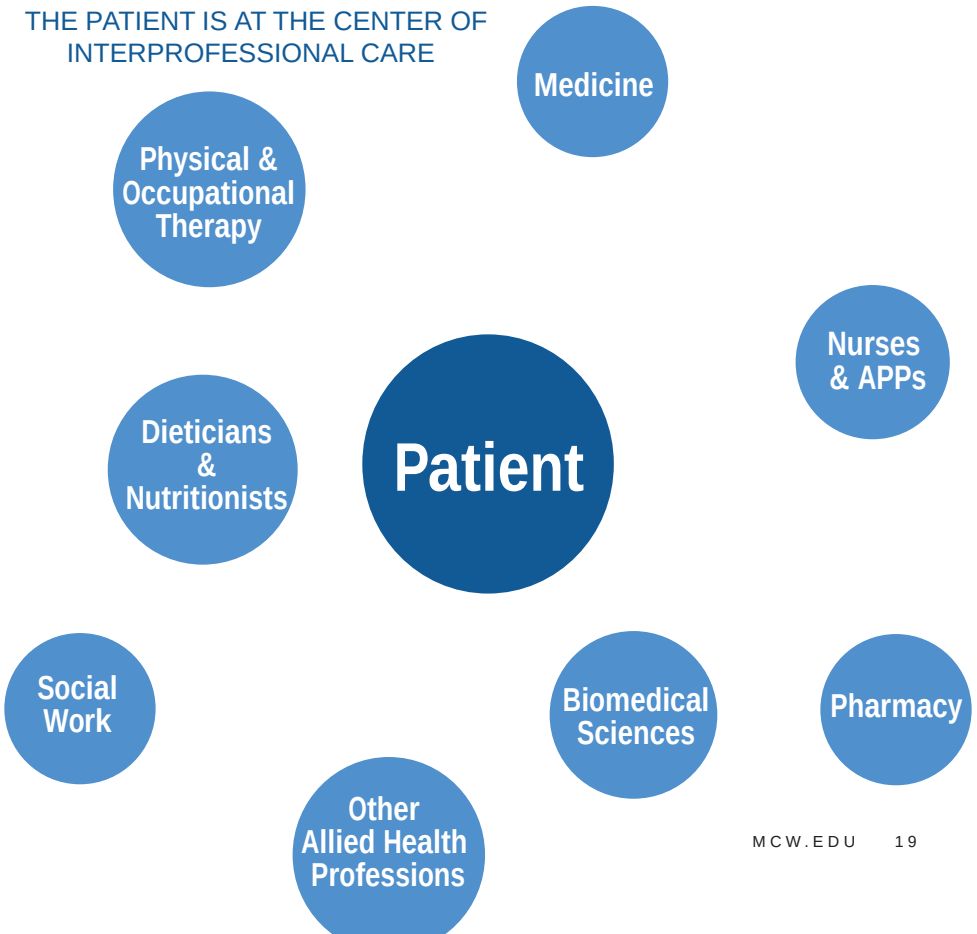


rosis – advanced practice registered nurses who work on the surgical oor provide education on osteoporosis and arrange for

Widmann adds, “We o er a comprehensive care package the minute patients walk in the door. It’s one-stop shopping. It’s the convenience factor. All our records are in one place. All the providers know one another and can do a curbside consult. We have a terri c robust team that individualizes care to bene t the patient.”

The care providers bene t too. “It’s easy for them,” Widmann explains. “Everything is right there. Everyone knows what their role is. The environment is a pleasant one. There is tremendous respect for one another as colleagues. It’s truly a well-oiled machine, ring on all cylinders.”

The interprofessional environment is meaningful to students as well, according to Widmann. “For the last two semesters, we’ve had chiropractor interns. They are amazed and have never seen anything like what we do at SpineCare. The neurology and PM&R residents who rotate through SpineCare really enjoy it; they love the interaction and the collaborative feel – and they see how the patients are bene tting.”

Widmann continues, “In addition, providers have come in for interviews from other institutions and are impressed about how the interprofessionalism makes a huge di erence in patient care. There are few truly integrated programs like ours around the country. Our interprofessional team works seamlessly to get the patient on the right track as quickly as possible.”

Little wonder that 95 percent of SpineCare patients recommend the program to others.

Interprofessionalism in Science

Research Centers are a Nexus

Julie Freed, MD ’11, PhD ’08,

isn't temporary, there is a price to pay. Hydrogen peroxide causes blood vessel in ammation, which promotes the formation of plaque inside the larger blood vessels," explains Dr. Freed.

Dr. Freed and her lab continue to advance this research and are one of a few teams in the world that study the human microcirculation. They can do this by collecting human tissue removed during surgery that would otherwise be thrown away.

"The blood vessels have to be dissected out of the tissue by hand," Dr. Freed notes. The painstakingly precise technique takes four to six months for team members to learn, and even longer to perfect. The tissue itself is a very precious resource that can quickly become useless if not handled properly.

"It is important for the tissue to be fresh, so we try to use it within a day. Given the several hours it takes to dissect out the vessels before you can even start an experiment, it is crucial for us to drop everything else and focus on the tissue when a sample becomes available," says Dr. Freed.

Dr. Freed learned how to study the human microcirculation from David D. Gutterman, MD, Northwestern Mutual Professor of Cardiology at MCW and senior associate director of MCW's Cardiovascular Center. Dr. Freed conducted research in the Gutterman lab throughout her anesthesiology residency.

"Dr. Gutterman is an exceptional teacher of science, grant writing and all of the skills necessary for running a successful lab," shares Dr. Freed. After completing her residency and a fellowship in adult cardiothoracic anesthesiology at MCW, Dr. Freed joined the faculty in 2017 and began building a lab and recruiting team members and students.

"I became a mom about the same time I became a mentor – let's just say I have a higher level of appreciation for both of these jobs," declares Dr. Freed. "Now that the roles are reversed, and I have trainees as opposed to being one, I realize how much enjoyment I get from seeing those I work with succeed." She credits her medical and graduate education at MCW for enabling her to step up and onto the faculty. "My training and experience as a student were outstanding. Being a faculty member has likewise been wonderful."

She is now focused on leading her lab to take their ndings regarding the unintended consequences of cancer treatment on blood vessels to the next stage. "Up to now, most of our major ndings have been observational. We

medical student diversity. An important role of the AAMC board also is to actively listen to the association's broad membership and appropriately consider issues that a ect the entire community.

"It is important to set the tone for advocating with leaders for a cultural change throughout academic medicine regarding critical issues such as gender harassment and pay equity – an issue about which MCW is a national thought leader," Dr. Kerschner states. "We must learn from one another, engage in meaningful conversations and be allies in the ght against these issues and the culture and climate that continue to enable them."

Dr. Ivor Benjamin

Past-president of the American Heart Association

When Ivor Benjamin, MD, was invited to serve as president of American Heart Association (AHA), in some ways it was the culmination of a nearly 30-year relationship he had developed with the organization. Dr. Benjamin is a professor of medicine and director of the MCW Cardiovascular Center.

"I got my rst grant from the AHA," he recalls. "And when I really started being involved in the organization, I found in the AHA a group of volunteers – both medical and science as well as lay people – who wanted to come together to support a mission of promoting cardiovascular health in the community. So I was deeply honored and privileged to be asked to serve on the national board all these years later."

In his role as AHA president (2018-2019), Dr. Benjamin served as the chief volunteer science and medical o cer and the face of the organization, communicating the AHA's strategic priorities, sharing new scienti c advances and advocating for certain policies that impact heart health.

Many priority areas are in line with efforts Dr. Benjamin and other MCW leaders are pushing forward already at MCW, such as the social determinants of health: how your background and surroundings impact your well-being.

"More recently, we're broadening our interests," he explains. "The mission of the AHA is to be a relentless force for a world with longer, healthier lives, but we recognize health in life should also involve well-being. As a cardiologist, I know that I perhaps contribute 20 percent to a person's

Springboard into Academic Science

In 1989, 22-year-old Je ery Molkentin was at a crossroads. Based on his interest in and aptitude for science, he had successfully completed his rst semester in medical school at the University of Wisconsin School of Medicine and Public Health. But he was not feeling ful lled by the curriculum and its focus on established medical knowledge. He wanted to ask and answer new questions about health and disease as a scientist rather than as a physician.

He changed course and enrolled at what is now the MCW Graduate School of Biomedical Sciences in 1990 in an open-ended graduate program that allowed students to explore multiple disciplines before choosing a primary advisor and laboratory.

“My time at MCW was an amazing experience,” Dr. Molkentin recalls. “Classes were set up in an ideal way that helped us learn traditional disciplines alongside what was then the new wave of molecular biology.”

After rotating in three labs across two departments, Dr. Molkentin completed his dissertation in 1994 in the department of physiology, under the guidance of Bruce Markham, PhD.

“I ultimately chose to join the up-and-coming Markham lab due to its focus on >sSg,omple Mark new

A Milwaukee family's 22-year journey parenting a daughter suffering from chronic pain is leading to hope and a fresh outlook for others experiencing similar challenges.

When Mary Ellen ("Candy") and Bruce Pindyck's daughter, Ashley, began experiencing chronic headaches after reaching puberty – following frequent episodes of migraines beginning at age three – they traveled around the country in search of treatment and support from pediatric pain specialists.

At that time, MCW and its pediatric clinical partner, Children's Hospital of Wisconsin (Children's), lacked these highly specialized physicians. But through the generosity of Jane Bradley Pettit, whose grandson was suffering from chronic pain, the Jane B. Pettit Pain and Headache Center was established in 1998 at Children's to provide individualized care for infants, young children and adolescents through a comprehensive approach to pain management.

The specialists at the Center manage chronic pain for such

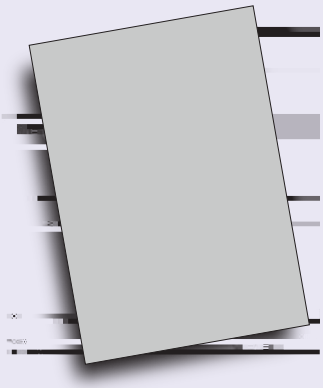
HAPPENINGS

The 7th annual Imagine More Dinner was held on June 13 at The P ster Hotel in Milwaukee. Terri deRoon-Cassini, PhD, MCW associate professor of surgery (trauma and critical care), a health psychologist and national leader in trauma and post-traumatic stress disorder (PTSD) research and treatment, shared powerful stories of resiliency. She also provided insight into her studies on trauma and PTSD. The event honored Billie Kubly and the late Michael Kubly, MD '63, as the 2019 Neuro Hero Award recipients for their generous support and commitment to advancing mental health care in Wisconsin. Q

1990s

Judy Kim*, MD, FEL ’96, was elected by the members of the American Academy of Ophthalmology (AAO) to serve as an at-large member of the AAO Board of Trustees. Her term began in January 2019. With 32,000 members across the globe, the AAO is the world’s largest association of eye physicians and surgeons.

2000s



MCW MAGAZINE wants news of your accomplishments and activities. We encourage you to send updates through ENGAGE, MCW's new online platform for alumni – see page 4 for more information. You also can send updates by email to alumni@mcw.edu.

IN MEMORIAM

1940s

William C. Miller, MD ’43, of Madison, Wis., died on October 25, 2018, at the age of 99. He was a dermatologist who operated a private practice in Wausau, Wis. He was a voracious reader and enjoyed telling stories and singing. Dr. Miller is survived by four children, 13 grandchildren and 19 great-grandchildren.

Kenneth J. Stollenwerk, MD ’47, of Green eld, Wis., died on November 3, 2018, at the age of 95. He practiced family medicine in Milwaukee and was a dedicated sherman, reader, stamp collector and traveler. Survivors include his wife, Eileen, four children, n

to be a physician. Dr. Torczynski practiced ophthalmic pathology in Tampa, Fla., and Chicago before retiring in 2014.

Eric B. Wilson, MD, GME '64, of Oshkosh, Wis., died on November 18, 2018, at the age of 80. He grew up in a medical family and went on house calls with his father. Dr. Wilson practiced radiology in the Fox Valley (Wis.) and was committed to making technological advancements available to patients needing medical imaging throughout the region. He also took a leadership role in establishing mobile radiology services that brought CAT, MRI and mammography services to patients throughout Wisconsin and in several other states. He is survived by his wife, Marilyn, three children and three grandchildren.

1970s

Thomas H. Dee, MD, FEL '74, of Brookfield, Wis., died on December 30, 2018, at the age of 76. He practiced internal medicine and specialized in infectious diseases. In 1969, Dr. Dee began two years of service in Antarctica as a lieutenant commander in the US Navy, earning a Letter of Commendation, National Defense Service Medal and an Antarctic Service Medal. Survivors include his wife, Gail, three children and six grandchildren.

David W. Jaskar, MD '71, of Tucson, Ariz., died on August 6, 2018, at the age of 79. He was a geriatrician who specialized in hospice and palliative care.

Rudolfo S. Lastrilla, MD, GME '75, of Menomonee Falls, Wis., died on Feb-