IN THIS ISSUE

• Primary care, the doctor shortage and UW Medicine

• Genomic medicine at the University of Washington

• MEDEX cares for the WWAMI region

and

• Report to Donors 2008–2009: your contributions to our mission
Could you make a difference in a student’s life?

The Benedettis do.
UW Medicine faculty Thomas J. Benedetti, M.D. ’73, MHA ’00, and Jacqueline K. Benedetti, Ph.D. ’74, created a scholarship to pay tribute to Tom’s grandparents and to his dad, who couldn’t afford to go to medical school. When the Benedettis thought about their legacy, they chose to strengthen their scholarship — and to strengthen the communities those scholarship recipients go on to serve.

“Our estate plan allows us to make a gift, one that, as faculty members, we simply couldn’t make during our lifetimes,” says Jackie. Learn more about creating your legacy by contacting Mary Susan Wilson at (206) 221-6172 or visiting www.supportuwmedicine.org.

Conserving resources, adding interest.
In this issue of UW Medicine magazine, we’re conserving resources and adding something new: our Report to Donors 2008–2009, previously published separately. We hope you enjoy this glimpse into what your generosity makes possible in patient care, research and teaching.

Going green.
Care to conserve? Rather read us on the web? Send your full name and email (and your spouse or partner’s name and email) to medalum@uw.edu. Then, for the next edition of this publication, we’ll simply send you an email that points to www.uwmedmagazine.org. We’ll save money and trees; you’ll still get great content. Thanks!

Revolutionary science. Innovative training. Extraordinary care. All at UW Medicine.

The paper used to print UW Medicine magazine is FSC-certified, free of acid and elemental chlorine. By choosing a paper with 50 percent recycled content and 30 percent post-consumer waste, we are making a difference.
About the cover
Faculty member Sharon Dobie, Fel. ’89, chose primary care as a profession. Read more about the importance of that profession — and how UW Medicine is supporting it — on page 6.
LETTER TO THE EDITOR

The summer 2009 article on the new UW Medicine Eye Institute presented an excellent introduction to the history of the UW Department of Ophthalmology. The history is even more interesting when the details of its inception are examined. Dr. Carl Kupfer was not only the first department chair, but he also presided over the transition from a two-year county hospital program to the full three-year university program. To establish the department’s academic bona fides, Dr. Kupfer used initial department finances to hire several top-level laboratory researchers, which included Dr. Sidney Futterman, who was one of the pioneers in describing the cellular physiology of vision. This left Dr. Kupfer and Dr. Robert E. Kalina, a young retinal surgeon just out of his fellowship, as the only clinical faculty at the inception. A number of very skilled ophthalmologists in the community stepped forward and donated their time for the clinical training of resident physicians. Dr. D. Franklin Milam, also in community practice, had fellowship training in ocular pathology and provided this service to the department, overseeing the operations of the Harborview Hospital Eye Clinic in his spare time.

Dr. Kupfer was called away to the National Eye Institute only two years after establishing the department, and Dr. Kalina (although only an assistant professor at the time) became acting chair of the department. Dr. Kalina was not only a superb retinal specialist but he also was an excellent administrator and clinical researcher. The search committee recognized this, and Dr. Kalina became the second department chair and one of the youngest chairs at the University. The clinical staff remained thin and department finances tight, but Dr. Kalina carefully maneuvered through the problems and challenges to continue Dr. Kupfer’s initiation of a true academic department. Shortly afterwards, Drs. John Chandler and Edward McLean arrived to give depth to the faculty while community physicians continued to fill gaps and provide excellent guidance for the resident physicians. Slowly, more sub-specialty-trained faculty were added, many of them recruited from the ranks of resident physicians who returned to the University of Washington after advanced training.

Although Dr. Kupfer oversaw the transition from a small county hospital program to a full university academic department, it is fair to say that Dr. Kalina over the next several decades faced and overcame challenges and brought the department to its current national prominence. The physicians named above, along with Drs. Murry Johnstone, Richard Mills and Steven Guzak, were the team that assisted Dr. Kalina in this achievement, which led to the new eye institute.

Sincerely,

Robert F. Sanke, M.D., FACS [Ophthalmology ’76]
Earlier this year, the world watched in horror as the Haitian people suffered through the injury and loss left in the wake of a deadly earthquake — and the medical community, at the University of Washington and elsewhere, responded. Although specialists of all kinds were needed to treat the wounded in Haiti, primary-care doctors played a pivotal role. They play a pivotal role in our region, too, and you can read more about them on page 6. And on page 10, you can learn more about the revolution that is approaching with advances in translational genomic medicine.

In everything done at UW Medicine — from patient care, to research, to medical education — we rely on our contributors. I would like to thank our readers, especially our alumni readers, for your generosity.

Lastly, I know that our alumni relations team is working hard to plan a wonderful All-School Celebration for us on June 4 and 5, 2010. I hope to see you there.

Regards,

Raymond Vath, M.D. ’65, Res. ’69 (psychiatry)
PRESIDENT, UW MEDICINE ALUMNI ASSOCIATION
Collaboration and resource conservation are vital to achieve excellence in all fields — from medicine to communications. In the spirit of collaboration and conservation, two of UW Medicine’s key publications — the biannual UW Medicine alumni-friends magazine and UW Medicine’s annual Report to Donors — have been brought together. This first combined issue features outstanding stories on key programs and initiatives at UW Medicine. Feature articles focus on efforts to increase the number of primary-care physicians for the WWAMI region and exciting advances in genome sciences.

The combined publication also highlights a few of the hundreds of stories behind contributions to UW Medicine in the past year — the diverse and often stirring reasons that lead people to contribute, the good work that comes from the generosity of donors, and the hope and opportunities these contributions create for students and trainees, researchers and health professionals in their quest to improve health.

To conserve paper, we have not published the names of our 2008–2009 donors. But please know that your contributions matter — tremendously. UW Medicine includes more than 18,000 employees, 5,000 students and trainees, and 4,800 clinical faculty across the WWAMI region. We are also very fortunate to have the support of 16,799 donors who gave selflessly to help UW Medicine achieve its mission last year. That collaboration speaks volumes. Thank you for your generous support.

Sincerely,

Paul G. Ramsey, M.D.
CEO, UW MEDICINE
EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS AND
DEAN OF THE SCHOOL OF MEDICINE,
UNIVERSITY OF WASHINGTON
HONORS
Professor and chair of the Department of Pathology, Nelson Fausto, M.D., received the 2009 Distinguished Achievement Award from the American Association for the Study of Liver Disease in November... Erika Goldstein, M.D. ’84, MPH ’88, professor of medicine and founding director of the Colleges program, received the 2009 Alpha Omega Alpha Robert J. Glaser Distinguished Teaching Award from the Association of American Medical Colleges... this March, vice chair of surgery, Ron Maier, Res. ’78, and pediatric critical-care fellow Omar Bhutta, Res. ’08, will be honored by the Accreditation Council for Graduate Medical Education for their contributions to graduate medical education.

RESEARCH
Professor of Genome Sciences Evan Eichler and his colleagues developed a new computational method called the micro-read Fast Alignment Search Tool, which counts copies of duplicated genome sequences... Professor of Radiology and Neurosurgical Surgery Jeffrey Jarvik, MPH ’95, and colleagues at UW Medicine and other institutions showed that vertebroplasty, a procedure in which bone cement is injected into a fractured vertebra to stabilize it, should not be performed routinely... UW Medicine has received millions of dollars in funding through the American Recovery and Reinvestment Act, including an award to create the Northwest Genomics Center (see the feature story in this publication)... Robert Vessella, Jr., professor of urology, received a National Institutes of Health grant to study the process by which prostate cancer metastasizes to bone... Chet Moritz, research assistant professor of physiology and biophysics, and Philip Horner, associate professor of neurological surgery, have received an award from the National Institute of Neurological Disorders and Stroke to develop a method of using electrical stimulation to guide transplanted stem cells to form connections and repair neural circuits; if successful, this approach could be used to treat patients suffering from central nervous system damage such as traumatic brain injury, stroke or spinal cord injury... TIME magazine selected the gene-therapy treatment of color blindness in monkeys performed by UW Medicine researchers Jay and Maureen Neitz and their colleagues as one of the top three scientific discoveries of 2009 — part of its annual listing, “The Top Ten of Everything”... Lalita Ramakrishnan, associate professor of microbiology, medicine and immunology, has discovered a signaling pathway that tuberculosis bacteria use to coerce disease-fighting cells to switch allegiance and work on their behalf.

PATIENT CARE
In January 2010, we welcomed Northwest Hospital & Medical Center, a 281-bed, full-service, acute-care hospital, to UW Medicine... the UW Medicine Center for Pain Relief celebrated expanded facilities at UW Medical Center–Roosevelt this fall... the UW School of Medicine and Providence Hospice of Seattle are providing a year-long fellowship training (and board certification) in end-of-life care for Pacific Northwest physicians... the Robert Wood Johnson Foundation is studying how to improve language services in hospitals; one of its test sites is Harborview Medical Center... a number of UW Medicine and UW Health Sciences faculty, healthcare professionals and students are working with disaster response agencies and healthcare organizations in Haiti, and some may blog about their experiences on the main University of Washington website once reliable Internet connections have been established (washington.edu)... UW Medical Center was recently awarded the international designation of a Baby-Friendly birth facility, the first medical center in Seattle to receive this recognition, which focuses on supporting breastfeeding.

EDUCATION
In September, 216 M.D. students (out of the 4,266 candidates who applied) began their first year of school at UW Medicine.

WWAMI NEWS
In November, the Howard Hughes Medical Institute made an award to UW Medicine’s Molecular Medicine Training Program, one that will allow the program — which exposes Ph.D. candidates to medical courses and clinical settings — to expand to WWAMI sites... assistant clinical professor of family medicine and Rural/Underserved Opportunities Program preceptor Kevin Creelman received the 2009 Alaska Family Physician of the Year Award from the Alaska Academy of Family Physicians.
Why We Care About Primary Care: the Doctor Shortage and UW Medicine

Helena is the perfect-sized town for a primary-care doctor, says Jennifer L. Brunsdon, M.D. ‘96, Res. ‘99. When you know your patients, says the Montana resident, there are decided benefits — like the day her cycling buddy came to her office complaining of pain. “When she says something hurts, I have a good idea of how seriously to take it, because I know her level of fitness,” says Brunsdon.

Still, all is not well in Helena. Brunsdon says that many local doctors have left their practices to work at the VA. “With all the changes that are going on in health care, and all the push to increase production, the VA has been pretty attractive to a lot of folks,” Brunsdon says. The city is “woefully short” on internal medicine doctors, she says, and they don’t have enough female ob-gyns.

What she and her colleagues do have, however, is the admiration of their patients. “I think family physicians here are respected,” Brunsdon says. “Patients feel that they’re not just the gatekeepers. They’re the people who truly will take care of you.”

The doctor shortage and the WWAMI region

Doctor shortages like those Brunsdon describes have been part of the national medical discourse for decades. In the 1950s, projected shortages prompted construction of new medical schools and expansion of class sizes in existing ones. Today, the American Medical Association and other organizations again predict shortages in primary-care fields (internal medicine, family medicine and pediatrics) and in other medical specialties in the coming years. In all, they expect a shortfall of 124,000–159,000 physicians by 2025.

The physician shortage, however, already exists in some areas. According to the American Association of Medical Colleges, the average doctor-patient ratio in the United States is 238 doctors per 100,000 residents. According to their 2007 State Physician Workforce Data Book, four of the five WWAMI states (Washington, Wyoming, Alaska, Montana and Idaho, the five-state region served by the UW School of Medicine) rank below the average.

Mark Doescher, associate professor of family medicine and director of the WWAMI Rural Health Research Center and the University of Washington’s Center for Health Studies, studies trends in the health-care workforce in WWAMI: dentistry, general
“One part of our mission of improving the health of the public is to train students to help meet the workforce needs of the region, with a special focus on primary care,” says Thomas E. Norris, Fel. ’89, vice dean for academic affairs. This process, however, is neither simple nor easy.

Primary care: problems and choices
In 2008, 8.2 percent of the nation’s medical-school graduates chose to specialize in family medicine, says Davis. UW Medicine’s percentage was nearly double that figure; 14.8 percent chose the profession.

“But if you look at attrition,” he says, “there are places around the country that have seen as much as a 20-percent decline in their primary-care physician population since 2000.” Some of this is simple math. Doctors who trained in the 1970s are beginning to retire. But some of the decline is caused by doctors who leave primary-care fields — doctors who are facing the same sorts of decisions as those faced by students choosing a specialty.

“The big gorilla in the room is the relative pay differential between people who go into primary care and people who specialize,” says Doescher. “The average primary-care physician, over the course of a lifetime, earns $3.5 million less than the average specialist.”
“The big gorilla in the room is the relative pay differential between people who go into primary care and people who specialize. The average primary-care physician, over the course of a lifetime, earns $3.5 million less than the average specialist.”

—Mark Doescher

Of course, temperament also plays a role in choosing a specialty, says Sharon Dobie, Fel. ’89, professor of family medicine and a member of the Colleges faculty. “We admit students who are perfectionists and want mastery at a very deep level,” she says. Being a generalist, the role usually taken on by primary-care physicians, may be uncomfortable for some students. Alternately, there’s a persistent rumor that students who choose primary care aren’t reaching high enough. Dobie puts that rumor to rest.

“Obviously, I don’t have the depth of knowledge about kidney care that a subspecialist in renal transplant has,” says Dobie. “But I have a different set of skills, and they are equally meaningful. It’s not about being smarter or less smart. I think that’s hard to keep clear when you’re a trainee.”

With the TRUST program, begun in September 2008, the School hopes to make this complicated decision process a bit easier to manage — and to create more primary-care doctors for the WWAMI region.
Montana was the first state to implement the program; Spokane, Wash., was added as a TRUST site in 2009. The cohort is small, says Davis, about five TRUST students per state each year, but they receive a lot of attention. They participate in a clinical experience before they go to medical school. They take specific TRUST courses. They’re required to do R/UOP, and they have two faculty mentors: one from their region and one from the School’s College system. They also participate in WRITE, the WWAMI Rural Integrated Training Experience, a 20-week-long clinical experience in their third year.

Research shows that this type of approach works, says Doescher. “If you set up an environment that really supports the types of decisions students want to make and shows them that [primary care] can be a viable career choice — that it’s very demanding, yet very rewarding — they’re more likely to do it.”

Looking toward the future

One rainy evening in November, the School’s Family Medicine Interest Group, an informal group for students considering a career in family medicine, holds a casting-splinting workshop with residents from Valley Medical Center. First, the students watch the demonstration. Then they take turns putting casts and splints on each other. Despite the obstacles they may face in their future profession, the room is full of smiling, talkative doctors-in-training.

“This is a tough time to be a primary-care doctor in some respects, in terms of the pressure to produce and the financial pressure,” says Keerbs. “And the fact that we are still able to find interested and excited and willing students, to me, it’s always a positive. Because the students are looking toward the future.”

To read more about primary care for WWAMI, please see the MEDEX story on page 14.

Extra content at www.uwmedmagazine.org»

Why our students and faculty choose primary care
Fostering patient-centered communication
Students and debt: making primary care an easier choice
No one would envy Megan Jensen her family history. Jensen’s father carries a BRCA1 gene mutation that significantly increases the risk for breast cancer, and her paternal grandmother and many other family members died of cancer. When Jensen found a lump in her breast last August, she was more than a little rattled. Thankfully, it wasn’t cancer. But after hearing about Jensen’s father, her doctor recommended she visit the University of Washington’s Genetic Medicine Clinic.

There, Jensen met Robin Bennett, the clinic’s senior genetic counselor and co-director, and Jensen took the test for the BRCA1 mutation. Unfortunately, Jensen, like her father, carries the mutated gene. “I knew I had a 50-50 chance of having the mutation since my dad was positive,” she says. But she’s not frightened. “By knowing I have it, I can be proactive and take the necessary precautions,” Jensen says.

Jensen is one of approximately 1,600 people who visit the Genetic Medicine Clinic each year for genetic testing, advice and reassurance. And with advances in genomic sciences at UW Medicine and other institutions, that number is likely to grow by leaps and bounds.

UW Medicine: all about the genome

Jensen’s experience is an example of the power of medicine in translation: where discoveries made in the laboratory translate into direct benefits for patients, such as a test for a disease, a new medication or a cure. (The initial mapping of BRCA1, for instance, was carried out by UW Medicine faculty member Mary-Claire King, professor of medicine.)

Like any other successful enterprise, translational genomic medicine requires expertise and leadership. It also requires investment. Over the past two years, UW Medicine faculty in genome sciences, medical genetics and pediatric genetic medicine received six grants that helped advance their fields.
One grant, called SeattleSeq, was made by the National Institutes of Health to support exome analysis: looking at the parts of the human genome that contain the code to create proteins. Proteins are the workhorses of living organisms, responsible for many functions in the body, including structure, communication, protection and more.

Although the exome only makes up about 1 percent of the genome, explains Jay Shendure, assistant professor of genome sciences, focusing solely on exome analysis poses a challenge. “It is technically hard because the protein-coding portion is not all in one place, but scattered all over the place in hundreds of thousands of very short segments,” he says. With exome sequencing, however, scientists now have a tool that is much less expensive and more efficient than sequencing the entire human genome.

A second instrumental grant was made by the Washington State Life Sciences Discovery Fund. This grant created the Northwest Institute of Genetic Medicine, which supports faculty working on projects or grant proposals that involve translational medicine.

“There are so many challenges to translational research, and each of us brings some expertise to the table: sample collection, informatics, analysis or technology,” says Gail P. Jarvik, Fel. ’91, professor and head of the Division of Medical Genetics. The need to combine these elements can make projects and proposals quite complicated. Over the past year, the institute has helped to put these pieces together for researchers — including a senior fellow investigating the genetic basis of a rare and lethal surgical complication and a kidney researcher developing a new research area. “We feel like our work cuts across a lot of different places at UW Medicine,” she says.

The big grant and human variation

These two grants laid the groundwork for investment from four additional awards. In October 2009, UW Medicine received a large-scale DNA sequencing project award from the National Heart, Lung, and Blood Institute (NHLBI), made under the auspices of the American Recovery and Reinvestment Act (ARRA) of 2009.

The lion’s share, $25 million, has been used to launch the Northwest Genomics Center at UW Medicine. An additional $2 million grant from the state’s Life Sciences Discovery Fund is supporting the new center’s infrastructure. Deborah A. Nickerson,

“I knew I had a 50-50 chance of having the mutation since my dad was positive. By knowing I have it, I can be proactive and take the necessary precautions.”

— Megan Jensen
professor of genome sciences and one of the center’s principal investigators, says the grant recognizes UW Medicine’s expertise in genomics. "We’ve been working in the area of medical sequencing for quite some time, particularly in cardiovascular disease," says Nickerson.

Cardiovascular disease is the leading cause of death worldwide, claiming 17.1 million lives each year. But the genetic variations that predispose people to heart disease are largely unknown, says Nickerson, despite genomic mapping studies. "[Such studies] don’t typically explain more than a few percent of the risks for heart disease," she says. "So, common DNA variations in the population may not be responsible for the underlying disease." That’s why Nickerson, Shendure and the study’s other principal investigators, Philip P. Green III, professor of genome sciences, and Mark J. Rieder, research associate professor in genome sciences, will use the grant to look at a different set of people: those on the extremes of the heart-disease spectrum.

“We’ll be looking at the genetic underpinnings of early-onset heart attacks, people who have very low and very high levels of cholesterol and blood pressure,” says Nickerson. “Many of these traits may give us insights into how to treat these diseases and develop new drug targets, in addition to new understandings of why people have heart attacks or strokes.”

In addition to cardiovascular diseases, the center also will explore the genetics of lung disease through a newly funded grant to Michael J. Bamshad, professor of pediatrics in the Division of Genetic Medicine. Bamshad received $5.2 million from the NHLBI’s ARRA grant to study lung diseases by exome sequencing. With it, he and his colleagues will identify and investigate genetic variants that influence cystic fibrosis, asthma, pulmonary hypertension and chronic obstructive pulmonary disease — in an effort to determine why people who contract the same diseases have very different outcomes.

The work being done by Shendure, Nickerson and Bamshad throws the importance of exome sequencing into sharp relief.

For 30 years, says Shendure, scientists used electrophoretic sequencing, the technology that powered the Human Genome Project. “In the wake of the project,” says Shendure, “we realized that everything had already been optimized.” He and his colleagues then developed a process that allowed the sequencing of millions of templates in parallel. With this technology, the cost of sequencing a human genome drops dramatically. When the new technology is combined with the focus provided by exome sequencing, the cost falls again. And fewer patients need to be screened — a definite benefit if you’re investigating a rare disorder.

Using the exome improves the speed of sequencing as well as the cost. "It took us literally 10 years to identify the Freeman-Sheldon syndrome gene using conventional strategies," says Bamshad. (Freeman-Sheldon is a rare genetic condition which involves problems with joints, among other symptoms.) "[With exome sequencing], we demonstrated that we could do it with just a small number of individuals in months instead of years," he says.

Shendure, Bamshad, Nickerson and Wendy H. Raskind, M.D. ’78, Res. ’81, Fel. ’83, professor of medicine, also received an ARRA grant from the National Human Genome Research Institute to use exome sequencing to scale up the discovery of the genetic bases of rare diseases such as Freeman-Sheldon.

“This effort between genome sciences and medical genetics is bringing our efforts full circle,” says Jarvik. Exome technology will identify mutations that cause rare lipid disorders, she says. It also will be part of investigations into the genetic underpinnings that sometimes lead to intellectual impairments in children born with severe congenital heart defects.

“It’s that variation in outcome that is so important — why do some of these kids fly and some of them sink? — we need to understand that,” says Jarvik. “We’d like to help all of them to fly.”
Technology changes everything

In conducting genetics research, Bamshad, Nickerson and their colleagues have come to rely on bio-ethicist Holly Tabor, assistant professor of pediatrics and researcher at Seattle Children’s. Ethical issues abound at the intersection of patient care and genetic studies. One hot topic, says Tabor, is reporting on research results. Most studies don’t return information about results to participants — it’s not part of the traditional arrangement. Still, this is becoming more of an issue as sequencing technology has become better and cheaper.

“As a result, you’re able to get more information about the DNA sequence of an individual than you would have done in regular practice,” Tabor says. “You can imagine that there might be some scenarios where you might think a research result was important [to a patient].”

being persuaded to take a genetic test, the patient found she did not possess the risk factors for breast cancer.

“She was able to go on with her life,” says Bennett.

Personalized medicine: low-hanging fruit, high aspirations

Gail Jarvik has a number of expectations for patients, genetics and health care in the years ahead.

“The low-hanging fruit for personalized medicine is medication,” says Jarvik. If a patient genome could be sequenced to identify adverse side effects from drugs, she says, “that would be enormously helpful to the patient and also cost-saving to medical care. I believe that we will be doing that within 10 years.”

For her part, Debbie Nickerson hopes that these new grants will allow her to take a look at a novel part of the disease process: disease resistance.

“I think that we often look at what leads to disease, but many people — who have the same environmental exposure — don’t get disease,” Nickerson says. For instance, people who have very high levels of “good” cholesterol are practically resistant to heart disease, and scientists don’t understand why.

“If we could find the genes with the variants that create that protection, we could develop a new drug to target those genes in the way we target bad cholesterol with statins,” Nickerson says. And in making medical advances, Nickerson wants to demonstrate what large-scale medical investments mean to human health.

“I think every scientist funded under ARRA wants to make a big impact,” Nickerson says. “Billions of dollars are being spent, and we want to show that this could really make a difference in our health care and in our understanding of human biology.”

Extra content at www.uwmedicine.org

A Q & A on testing with genetic counselor Robin Bennett
Even though Jim Corbett, PA-C (Yakima Class 1) graduated from MEDEX Northwest’s physician assistant training program over a decade ago, he can clearly remember his first day of school.

“We sat down and one of the instructors said: if everything there is to know about the human body is this hospital, and everything that you should know about being a PA is this room — we want you to know what this chair is,” says Corbett.

It was a reassuring introduction, and it made an intensive two-year medical program seem achievable rather than overwhelming. And it implied that the program’s graduates would continue to learn and grow as they matured in their practice. Corbett certainly has found that to be true.

“When I got out [of the program], I was ready to start learning medicine,” Corbett says.

Corbett, who now works at the Republic Medical Clinic in Republic, Wash., didn’t take a direct route to a career as a physician’s assistant. He fished in Alaska, and he worked for years as a painting and drywall contractor — alongside a man who had painful arthritis. It was a wake-up call for Corbett. “I remember thinking: I’ve got to do something with my head and not my body,” he says. After working as a medical technologist for a few years, Corbett realized that he wanted to work more directly with people. Then he found MEDEX Northwest and applied to the MEDEX site in Yakima, Wash.

During Corbett’s first year of school, his wife and three small boys stayed in Spokane; he moved to Yakima. Corbett visited his family on weekends, an arrangement that let him concentrate on the didactic portion of his training, and he returned to Spokane for a series of preceptorships in his second year.

The six-month family medicine preceptorship definitely left an impression. “When they shipped me off to Wellpinit, a little tiny Indian village about 45 minutes to an hour outside of Spokane, it was a perfect environment to learn what rural medicine is about…it prepared me for where I am today,” Corbett says.

Now Corbett works in the clinic during the day; at night he’s on call for the emergency room. He makes clinical visits to a remote clinic in Curlew, Wash., and he takes care of inmates at the Ferry County Jail. It’s busy, Corbett says, especially when the clinic is missing a doctor, as it was last spring. Still, Corbett understands that rural care isn’t for everyone. “There are a lot of people who would not like to live this remotely,” he says. “But I really like small towns and rural living.” It’s been a great place to raise his kids, he says, and, thanks to MEDEX Northwest, he feels like he’s found his niche. And, as much as he loves being in a small town, he’s glad he’s still in contact with the emergency medicine doctors he met during his clinical year at MEDEX.

“When you’re out here alone, and you get on the phone and you talk to somebody and have them help you,” Corbett says, “it’s a lifesaver.”

To learn more about primary care in the WWAMI region, please see “Why We Care About Primary Care” on page 6.
IN THIS ISSUE
• The Roger K. Giesecke Endowment for Hospital Caregivers in Critical and Acute Care
• The Rosetta@home Project
• Fostering Teamwork Among Doctors and Nurses
• The Erna M. Jorgensen Endowed Scholarship
• Supporting Stroke Care at Harborview
• The Laura Cheney Professorship in Anesthesia
• Patient Safety
YOUR CONTRIBUTIONS TO OUR MISSION

I’ll bet you have a mission. Perhaps yours is to raise great kids, or to write your memoirs, or simply to find fulfilling work.

UW Medicine has a mission, one that’s big and ambitious: to improve the health of the public. In the last fiscal year, nearly 1,200 organizations and more than 15,600 people — including 2,342 University of Washington School of Medicine alumni — made gifts or grants to support that mission.

While economic forecasts remain uncertain, the fact that you provided more than $156 million to support our work in medical research, patient care and education — what one of my colleagues calls “heroic medicine” — is a testament to your faith in our mission.

In the following pages, you’ll read about contributors who are helping us improve patient safety, explore the complex world of proteins, educate compassionate doctors and more. My thanks to them and to all of UW Medicine’s donors for improving the health of the public in the Northwest and around the globe.

Lynn K. Hogan,
ASSOCIATE VICE PRESIDENT AND
CHIEF ADVANCEMENT OFFICER
UW MEDICINE ADVANCEMENT

2008–09: THE YEAR AT A GLANCE

Who are our donors?
16,799 individuals and organizations

What did they contribute?
Total: $156,190,821 in gifts and grants

Of interest: UW Medicine received more than $5 million from donors who supported our work through their estate plans.

What did they support?

Strengthening the endowment
Many contributors created or augmented endowments, invested funds that support UW Medicine’s work in perpetuity. More than $9.7 million in gifts and grants were directed to the endowment in the last fiscal year.

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Mary Pigott is the office manager for a family foundation in Seattle, and she loves reading the proposals the foundation receives.

“You learn about amazing people who are doing incredible work,” says Pigott. “Frequently, the biggest thing that makes a difference for them is whether they have access to funds to follow through on some good ideas.”

Recently, Pigott decided to help UW Medicine foster good ideas by creating the Roger K. Giesecke Endowment for Hospital Caregivers in Critical and Acute Care. The fund will support the types of personnel who treated her husband, Roger Giesecke, before he died in May 2008 at the age of 55.

Giesecke, who had hepatitis C, had received a liver transplant at UW Medical Center in March 2008. The surgery went well, says Pigott. Unfortunately, Giesecke developed complications related to the disease, and it was hard to keep him stable. As a result, the couple spent a great deal of time at UWMc.

“I felt so clearly and so strongly that without the incredibly skilled and compassionate care my husband received, his last months would not have been anywhere near as peaceful,” says Pigott.

Lorie Wild, chief nursing officer and senior associate administrator for patient-care services at UWMc, says she was overwhelmed when she heard about Pigott’s gift. The services delivered by nurses and other caregivers are so constant that they can fade into the background, she says. “[This care] is essential, and it really does make a difference to the patient experience,” Wild says. “For her to recognize those contributions, I was just so honored.”

The Giesecke Endowment, which will help provide educational opportunities for staff in critical- and acute-care settings, will benefit both UWMc and Harborview Medical Center. Cynthia Hecker, chief nursing officer for Harborview and senior associate for inpatient operations, is also grateful for the gift. “We don’t always have the ability or the funding to create some of the programs we’d like to create,” she says, “and this gives us that opportunity.”

The hospitals are making plans for Pigott’s contribution. Hecker is considering using part of the money to fund regular educational retreats, and Wild wants to support training for nurses and other personnel. Both are interested in fostering research projects. For example, says Wild, critical-care nurses at UWMc recently conducted bedside research on temporal artery thermometers; their findings prompted the purchase of easier-to-use, more accurate instruments.

This kind of research, which requires re-evaluating the treatment of patients, is exactly what Pigott envisions. She also remembers overhearing examples of patient-related critical thinking during Giesecke’s long stay at the hospital.

“I heard it in the halls at nighttime a lot,” she says. If staff discovered a flaw in a patient-care protocol, for instance, they’d discuss it, then they’d fix it. With the endowment, Pigott hopes that more hospital staff will have the opportunity to think creatively, to learn and to become even better at taking care of patients.

She also believes the caregivers at both hospitals already earn high marks for quality and caring. That’s why she gave her gift.

“That combination of excellent care and deep compassion for the whole person…it’s what you want for everybody,” says Pigott, “and it’s not something you can take for granted.”
That’s awful, isn’t it?” asks David Baker.

Baker, UW Medicine professor of biochemistry and adjunct professor of bioengineering, likes to keep his Rosetta@home project volunteers up to date on the program. Today, though, he’s a little chagrined; he sees that he hasn’t written them — the 270,000 people providing him with computer power — in more than a month.

When scientists like Baker deal with proteins — specifically, with predicting how strands of amino acids will fold up into proteins — they need to be able to do a lot of calculations. Even the folding of smaller proteins, consisting of a few hundred amino acids, involves tens of thousands of chemical interactions.

As a result, studying the folding of proteins takes a lot of computing power. And because proteins are involved in the body’s chemical reactions, cell structure and intercellular communication (not to mention diseases), understanding how proteins fold — and what function their folded form will fulfill — is crucial to advancing medical research.

Rosetta@home, designed by Baker, is a computer program that takes advantage of downtime on home computers and PlayStations. Participants download the program, and when their device is not in use, Rosetta@home begins its calculations, displaying what one advocate calls “spiffy” protein-folding graphics.

Although they enjoy the nifty graphics, Rosetta’s volunteers participate for other reasons. Writing on a web-based message board, they mention the possibility of finding protein-fueled cures for pressing health issues like AIDS, Alzheimer’s and cancer. For some of them, the desire to advance medical research is intensely personal. One user writes, “Chemotherapy isn’t a kind treatment. To see it used on a young child is heartbreaking. I’d never felt so helpless.”

In 2009, an anonymous donor chose a different way to support Baker’s work — by making a financial contribution to Rosetta@home in support of research and outreach. And Rosetta’s research findings are impressive.

“We’ve been able to predict structures of proteins from their amino acid sequences,” says Baker. “Lately, we’ve been able to show that using very limited amounts of experimental data — not enough data to normally determine the structure of a protein — we can get quite accurate structures using Rosetta@home.”

Although they’re not yet close to a clinical application, says Baker, he and his colleagues are using Rosetta to create new proteins. One of their targets is malaria. “We’re designing proteins for gene therapy approaches and for attacking pathogens,” he says.

If Baker, a leader in the field of protein-folding research, sounds like he must be busy, he is. But he still feels a little guilty about letting his Rosetta@home journal lapse.

“I’m going to try to write something tonight or this weekend,” Baker says.

To run Rosetta@home, go to http://boinc.bakerlab.org/rosetta. Or try Foldit, a hands-on protein-folding game related to Rosetta, at www.fold.it/portal/info/science.
If you've ever stayed in or visited a hospital, you've probably witnessed the "patient relay" — that moment when nurses, doctors and other healthcare personnel pass the "baton" of information from one person or team to the next. Health-care professionals do this all the time, updating each other on a patient's progress, medication change or transfer. They also share vital information during medical procedures, like surgery, or at the end of a shift or workday.

Information-sharing is essential to good care. It's also tricky, says Brenda K. Zierler, associate dean of technology innovations in education and research, Department of Biobehavioral Nursing and Health Systems, University of Washington. “According to the Institute of Medicine, communication is the leading cause of [medical] errors in the country…communication, or the lack thereof, was identified as a patient-safety problem,” she says.

With help from the William Randolph Hearst Foundation, and with a grant made by the Josiah Macy, Jr. Foundation, Zierler, her UW Medicine colleague Brian K. Ross, M.D. ’83, Res. ’87, professor of anesthesiology, and others are developing a pilot program to enhance patient safety by improving interprofessional communications.

This program will be conducted at a site devoted to enhanced patient safety — the University’s Institute for Simulation and Interprofessional Studies. ISIS contains sophisticated equipment that allows trainees to practice skills and procedural competencies, from suturing to full-blown surgery, before ever treating a real patient.

“We not only train simple to very complex skills, but we also train health-care teams, medical physicians or internists, anesthesiologists, surgeons and family practice physicians, in teams with their nurses, pharmacists and social workers, all of them working together to deliver high-quality care to patients,” says Ross, ISIS’s director.

To improve the ways doctors and nurses communicate, says Zierler, the pilot will bring together fourth-year medical and nursing students, as well as people studying to be pharmacists and physician assistants, in ISIS’s simulated operating room. The students share competencies, says Zierler; they know how to interview a patient and how to diagnose. This strong, common clinical foundation will allow them to focus on communication: respect, presenting and absorbing information, working as a team.

Catherine Pyke, program officer at the Hearst Foundation, says her board liked the UW's approach of training professionals together in simulated scenarios, as well as the UW's reputation. “Our board members were honored to work with a university whose Schools of Nursing and Medicine are among the best in the nation,” she says.

With Hearst’s support, says Zierler, students and faculty are developing an assessment tool that will evaluate the effectiveness of the pilot project; at the same time, students and faculty are developing clinical scenarios for the operating room, complete with “trigger points” for good communication. When they’re finished, a different group of students will begin the pilot course. A module to bring faculty up to speed in interprofessional communication also is in the works.

“I don’t think that healthcare professionals should all be the same because we’re not the same; we all bring different perspectives,” says Zierler. “But when we do the same thing, let’s train together so that people can understand what the other discipline knows, value and respect the differences, and find out how they can work together as a team to provide safe, quality care.”
By all accounts, Erna Jorgensen was a strong, independent woman.

She refused to dance with a Nazi officer on a cruise to Europe in 1938. When she went hiking, she befriended the shepherds who roamed the Cascades, and she used a gun on a would-be burglar. And with an investment of $2,500, she became the co-owner of a store that would become Schuck’s Auto Supply — a financial success that made her a very wealthy woman, influential in Seattle business circles.

What her niece and namesake Erna Jorgensen Snipes remembers most, though, is her generosity. “My best memories of her are when I was sick as a six- or seven-year-old,” says Snipes. “She bought me my first books. Dr. Seuss books.”

Melinda Walsh Lamp, another niece, says this was typical. “Books were everything” to Erna Jorgensen, who had degrees in English and teaching. In the 1950s, after undergoing a double mastectomy, says Lamp, Jorgensen also became interested in medical research and education, an interest that led her to establish an estate gift that benefits medical students.

Since the Erna M. Jorgensen Endowed Scholarship was established in 1994, it has helped many students at the UW School of Medicine to afford a medical education. Justin Hopkin, M.D. ’04, now a primary-care physician in rural Wyoming, says his career owes a great deal to the Jorgensen Scholarship. It removed a roadblock, and it helped confirm his interest in practicing in a rural area.

“Moving from Seattle to a rural locale was not going to be financially feasible,” says Hopkin. “The scholarship allowed my wife and me to move to Libby, Mont., for six months and experience rural living and rural medicine.”

Xaviera Ortiz is a fourth-year medical student and a recipient of the Jorgensen Scholarship. Originally from Puerto Rico, Ortiz remembers the homeless people and drug addicts who lived on the streets of San Juan. “If [my friends and I] were in San Juan, we would buy them food,” says Ortiz. Those experiences fostered her desire to work with underserved populations.

Scholarships have been important to Ortiz. “I’ve appreciated the help a lot,” she says. “For me, it did make a big difference in being able to come to UW…. at the time I was applying, I was a Texas resident, and the tuition is a lot cheaper at those schools. It was something I took into account.”

Not enough people realize how important a little bit of money can be, says Melinda Walsh Lamp, who receives thank-you letters from scholarship students like Ortiz every year.

“Even if you can only give one scholarship,” Lamp says, “one is important.”
In 2006, Bjorn and Jacquie Bayley’s family had a very bad year.

That year, their teenaged son David had a bone-marrow transplant to treat his leukemia. Less than three months later, Bjorn suddenly lost use of his left arm.

“My arm just fell down to my side. I didn’t feel any pain. I didn’t feel anything. I kept putting it back on my lap, and it kept falling down,” says Bayley. His family rushed him to the local emergency room.

Bayley had had a stroke, an interruption of the brain’s blood supply. Not everyone survives a stroke — but those who do require excellent follow-up care to return their lives to some semblance of normalcy. For that follow-up care, the Bayleys decided to go to Harborview Medical Center. Not only was the hospital close by, but UW Medicine’s Department of Rehabilitation Medicine was — and is — ranked one of the best in the nation.

The family was not disappointed. During Bayley’s three-week stay on the hospital’s inpatient rehabilitation ward, a team of therapists, doctors and other medical professionals worked with him as he progressed from wheelchair to walker to cane. Jacquie Bayley remembers being reassured by the rehab team’s approach, which included weekly meetings with the Bayleys to answer questions and address concerns. “Those meetings certainly were beneficial,” she says.

In 2008, in gratitude for Bjorn’s care and recovery, the Bayley Family Foundation created the Bayley Family Stroke Care and Research Fund. It was an important gift, says Peter C. Esselman, M.S. ’79, M.D. ’86, Res. ’87, ’90, chair of the Department of Rehabilitation Medicine. “Their investment enabled us to recruit a new stroke-centered faculty member,” he says.

That faculty member is Acting Assistant Professor Paul “Chuwn” Lim, medical director of Harborview’s Stroke Rehabilitation Center. Jacquie Bayley has talked with Lim, and she’s impressed. “I find him very enthusiastic, very positive, full of good ideas,” she says.

One of Lim’s ideas is the purchase of high-tech neuromuscular electrical stimulation (NMES) devices for rehab patients. One device helps stroke patients walk more efficiently; another promotes connections between the brain and hand by stimulating muscles that are weak or paralyzed. “Patients love [the leg NMES] because it’s less bulky than a brace,” Lim says. “It also promotes more equal weight distribution.” In addition to reinforcing neural connections, the NMES for hand therapy helps ease the muscle curling experienced by many stroke patients.

“The Bayley fund will provide [these devices] for patients while they’re still on rehab, so they can try them out and see if they want to purchase one for use at home or during their outpatient therapies,” says Lim.

Today, say the Bayleys, their son David is doing well. Bjorn Bayley reports that although his left hand and foot don’t have as much feeling as they used to, he can walk, drive and travel. And, he says, he just spent an hour at the gym.

“I’m sure that with Dr. Lim’s help, I’ll get even better,” says Bayley.

The Bayley Family Foundation: Supporting Stroke Care at Harborview

In fall 2009, Brian Graham (t-shirt) and Carl Buesser (plaid shirt) were participating in inpatient stroke rehabilitation therapy at Harborview Medical Center, the kind of therapy essential to Bjorn Bayley’s recovery. Paul “Chuwn” Lim, medical director of Harborview’s Stroke Rehabilitation Center (white coat) observes their progress. Also pictured are physical therapist Holly Wakefield (left) and physical therapy intern Mallory Berschauer (right).
She was a supervisor, and I was an orderly, and she was very good at giving orders," says Professor Emeritus Frederick W. Cheney, Jr., Fel. ’67.

The former chair of UW Medicine’s Department of Anesthesiology & Pain Medicine is not just describing a summer job after his first year of college. He’s also describing his mother in the 1950s, when she was a nurse at New England Deaconess Hospital in Boston, Mass.

Cheney and his friends and family established the Laura Cheney Professorship in Anesthesia Patient Safety to honor the woman who inspired his career in medicine. They also established the professorship to continue Cheney’s career-long goal: making patients safer in the operating room and during their hospital stay.

Medicine has always concerned itself with health and safety, says Debra A. Schwinn, the current chair of UW Medicine’s Department of Anesthesiology & Pain Medicine, but anesthesiology was ahead of the curve. “In terms of examining safety scientifically, especially patient outcomes, anesthesiology was one of the first disciplines,” says Schwinn. “This is partly because in anesthesiology, if you have a bad outcome, it’s really bad.”

If anesthesiology was ahead of the curve, Cheney led that curve as one of the founders of the American Society of Anesthesiology’s Closed Claims Project (CCP), begun in 1985. Cheney and his colleagues decided to use national data from patient lawsuits to do a broad analysis of patient-safety issues.

Having a large data sample is really helpful, explains Karen L. Posner, research professor of anesthesiology, the first holder of the Laura Cheney Professorship, and Cheney’s long-time research partner. “When you collect [data] in a large group, you can investigate patterns that might lead you to possible causes,” says Posner.

Over time, the CCP’s findings led to significant steps forward in patient safety, including improvements in intubation, as well as the use of a pulse oximeter in the OR and during recovery. (The pulse oximeter, which clips on to a patient’s finger, measures oxygen level in the blood.) There are other benefits to this type of research. “Often, major advances in surgery can only occur as anesthesia is made safer,” says Schwinn.

With the department’s decision to use the professorship to promote the careers of junior faculty researchers, the endowment has begun to build on Cheney’s legacy. Bala G. Nair, acting assistant professor of anesthesiology and pain medicine, is creating a tool — the Smart Anesthesia Messenger (SAM) — that will help anesthesiologists remember complicated procedures in the OR and alert them to situations that may affect patient safety.

Nair already has built a prototype of SAM that reminds anesthesiologists precisely when to administer antibiotics during surgery. “The SAM prompts have helped us achieve near 100-percent compliance on antibiotic administration. That’s an important step in preventing post-surgical infections and complications,” Nair says.

And with the Laura Cheney Professorship supporting dedicated research time, says Nair, the department is developing a foundation for future progress. “With the help of this professorship, we’ll have a good software platform. We’ll also have a prototype of a decision-support module that can work with the Anesthesia Information Management System,” he says.

That will help the department gather the data necessary to apply for grants to expand SAM’s reach. And it will, as Nair, Cheney, and their colleagues recognize, help their department and their field achieve still greater levels of patient safety.
Memories from the UW School of Medicine

50-Year Association Lunch September 26, 2009

UW School of Medicine alumni from the classes of 1950 through 1959 gathered on a lovely fall day for the annual 50-Year Association Lunch at the Seattle Yacht Club. The event, held on Sept. 26, 2009, honors those who have celebrated their 50th class reunion and reconnects classmates and friends.

Pictured, from left to right, are: Robert Carney, M.D. ’56, Res. ’71, Barbara Carney, Kit Larson and Vernon Larson, M.D. ’56.

Anna Sola (widow of Olav Sola, M.D. ’51), Gil Eade, M.D. ’51, and Barbara Sauntry (front, widow of John Philip Sauntry, M.D. ’51) are pictured in the photo at the left. Henry Kuharic, M.D. ’54, Katherine Anderson, Arthur Anderson, M.D. ’54, Marilyn Layton and Dick Layton, M.D. ’54, are pictured in the photo at the right.
Family Day  September 4, 2009

First-year students from the University of Idaho-Washington State University WWAMI program sit for the camera after receiving their stethoscopes.

Family Day, held in Seattle on Sept. 4, 2009, is part of the School of Medicine’s orientation program; first-year students and their families and friends join faculty and academic leadership to learn what to expect during medical school. Following the presentations, each student is given a stethoscope — a gift from the UW Medicine Alumni Association. Washington State University-University of Idaho-WWAMI Medical Education Program staff member Marlane Martonick wrote to thank the association for the stethoscopes, presented at their orientation.

“Our students have just completed their three-day orientation and are now attending their first day of class,” writes Martonick. “The highlight of our orientation last Thursday was the stethoscope ceremony, which everyone truly enjoyed... the students were all so very pleased and proud to have received this gift from your organization.”

Ph.D. Reception

October 8, 2009

Ph.D. students Hugo Arellano-Santoyo, Lauren Higdon and Quy Lee attended the reception this October...
Medical student Caitlin Campbell receives a stethoscope from Tom Norris, M.D., Fel. ’89, the UW School of Medicine’s vice dean for academic affairs.

First-year student Sanjay Chandrasekaran attended Family Day with his parents.

At Family Day, Mahsa Karavan’s grandparents learned how best to support her during the rigors of medical school.

Rubiahna Vaughn, second-year medical student and class representative, poses with first-year student Robert Jones, featured on page 22.

The UW Medicine Alumni Association held a welcome reception for UW Medicine’s 141 entering Ph.D. students on Oct. 8, 2009. During the event, which is co-sponsored by the Department of Research and Graduate Education, each student is presented with a laser pen as a welcome gift.

... as did Sarah Oliver, Sterling Eckard, Amanda Davis, Amy Berkley and Caitlin Milligan.
Get involved

Alumnus Anthony Forte, M.D. ’85, Res. ’89, and his wife, Kathleen, held a well-attended Student-Alumni Informational Dinner (SAID) a few months ago. Forte documented the occasion — in which several doctors shared information about their specialties with medical students — with a photo.

If you’d like to learn more about SAID or other opportunities to help students, we’ve explained a whole host of volunteer opportunities on our website at www.uwmedalumni.org. When you visit, click on “get involved.” There are many ways to help students have an even more rewarding experience at medical school. Or simply contact us at 206-685-1875, toll free 1-866-633-2586 or medalum@uw.edu. We look forward to hearing from you.

WWW.UWMEDALUMNI.ORG:
Same address, better site!

In fall 2009, UW Medicine updated its website to make it more inviting, more informative and easier to navigate. And the UW Medicine Alumni Association was part of that upgrade. If you haven’t visited the association’s website lately, give it a try. It’s simpler than ever to sign up for activities — like this year’s All-School Celebration — and to learn about programs. You’ll find the alumni site at www.uwmedalumni.org and UW Medicine’s primary website at www.uwmedicine.org. And, if you’d like to make a donation to patient care, research or teaching at UW Medicine, please visit www.supportuwmedicine.org.

With the SAID program, alumni like Anthony Forte, M.D. ’85, Res. ’89, give students valuable information. They also provide dinner. From left to right are Viral Shah (internal medicine), Larry Vercio (anesthesia), medical student Jacob Sunshine, host Kathleen Forte, medical student Jacqueline Malekirad, Aparna Ananth, Fel. ’07 (clinical instructor in the Department of Anesthesiology), medical student Elizabeth Hughes, James Greene (clinical instructor in ob-gyn), and host Anthony Forte.

JOIN US ON FACEBOOK

Want to receive regular updates about events and other alumni-related opportunities? Become a fan of the UW Medicine Alumni Association on Facebook. If you’d like to learn more, please contact Elizabeth Musick, assistant director for alumni relations, at ecmusick@uw.edu or 206-543-8595.

MEDEX NORTHWEST NEWS

MEDEX Celebrates Milestones

More than 300 MEDEX Northwest graduates, faculty, staff, students and friends celebrated the program’s 40th anniversary on Sept. 26, 2009, with dinner and dancing at the Tulalip Resort in Marysville, Wash. The program’s founder, Dr. Richard Smith, was in attendance, as were graduates and preceptors who represented the program’s 40 years.

Visit our website at www.uwmedmagazine.org to see the 40th anniversary slideshow.
New job, award, move, or family addition? Your classmates want to hear from you! Send us a quick note; simply go to www.uwmedmagazine.org, click on the “ClassNotes” button, and let us know how you’re doing.

Do we know your residency specialty? We’d like to confirm your residency specialty, location and year, whether or not your residency was conducted at UW Medicine. Send us an update at www.uwmedmagazine.org (click on the “ClassNotes” button), and help us improve our records. (And if we’ve made any errors about your training in the notes that follow, please let us know).

(Prefer mail to the web? We’d love to hear from you: UW Medicine Alumni Relations, Box 358045, Seattle, WA 98195-8045.)

1950

The class of 1950 will celebrate its 60th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

1955

The class of 1955 will celebrate its 55th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

1959

Donald Engstrom was honored in Great Falls, Mont., by the American Medical Association on the 50th anniversary of his graduation from UW Medicine.

1960

The class of 1960 will celebrate its 50th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

1964

Frank G. Alvine, a native of Sioux Falls, was inducted into the South Dakota Hall of Fame in September 2009 for his introduction of the Total Ankle System (the first total ankle replacement implant joint) to the medical world in 1984. James A. Margolis received the Golden Stethoscope Award in spring 2009 from the Sierra Sacramento Valley Medical Society. It’s essentially the “doctor of the year” award for the greater Sacramento, Calif., area and is awarded to physicians who have dedicated many years of service, teaching and volunteer work.

1965

The class of 1965 will celebrate its 45th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

1966

Roger Rochat was welcomed to the board of directors of the Physicians for Reproductive Choice and Health. He is a research professor and the director of graduate studies at the Hubert Department of Global Health at Emory University’s Rollins School of Public Health in Atlanta, Ga.

1968

Dan Andrews is semi-retired from the University of Michigan but still works part-time in family medicine.

1970

The class of 1970 will celebrate its 40th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

1975

The class of 1975 will celebrate its 35th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

W. Allen Schaffer has become chief medical officer at the Acadia Hospital in Bangor, Maine. A fellow of the American College of Physicians, Schaffer has published in numerous medical and professional journals, including The New England Journal of Medicine and the Annals of Internal Medicine.

ADD THE DATE: FRIDAY–SATURDAY, JUNE 4–5, 2010

For the 10th Annual UW School of Medicine

All-School Celebration
1978

Jill Seaman, who works in the Sudan and specializes in treating infectious diseases, received a MacArthur Fellowship (also known as the genius award) from the John D. and Catherine T. MacArthur Foundation. An infectious-disease physician in Old Fangak, Sudan, she adapts the tools of 21st-century medicine to treat infectious diseases endemic to southern Sudan and other remote, war-torn regions of the world.

1980

The class of 1980 will celebrate its 30th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

Ted Epperly, president of the American Academy of Family Physicians, is listed in Modern Healthcare’s “100 Most Powerful People in Healthcare” list, published in August 2009.

1985

The class of 1985 will celebrate its 25th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

Doris Mugrditchian recently moved from Delhi, India, to Abu Dhabi, United Arab Emirates. She’s on an 18-month assignment with the Joint Commission International as the director of a project to develop regulatory policies for Abu Dhabi.

1987

Jean Laumeyer, board-certified in hospice and palliative care, is working as a hospitalist at Kaiser Santa Clara, Calif. She has three children (13, 17 and 19 years old) and is married to Mike O’Leary.

1989

Linda E. Pinsky, associate professor in UW Medicine’s Division of General Internal Medicine and director of residency ambulatory education, has been named a fellow of the American College of Physicians.

1990

The class of 1990 will celebrate its 20th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

Marshall S. Horwitz, UW Medicine professor of pathology and adjunct professor of medicine and genome sciences, has been elected to the Association of American Physicians. Each year the AAP honors 60 outstanding physician-scientists for advancements in basic and clinical science and their application to clinical medicine.

Horwitz also was named director of UW Medicine’s Medical Scientist Training Program (the M.D.–Ph.D. program) in January.

1993

Jill Sells, a clinical associate professor of pediatrics at UW Medicine, is the director of Reach Out and Read Washington State, a program she helped launch in 2007. In it, doctors and nurses talk with families about the importance of reading aloud with their young children and send them home with brand-new books.

1995

The class of 1995 will celebrate its 15th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

1998

Michael Wolfe was promoted to chair of the Division of Surgery at Pacific Medical Centers in Seattle in May 2009. He is head of general surgery, urology, gynecology and otolaryngology. Wolfe returned to the Pacific Northwest from the University of Cincinnati, where he served as an assistant professor.

2000

The class of 2000 will celebrate its 10th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

2004

Todd Miller has moved back to the Pacific Northwest after completing his residency in Anesthesiology at the University of California, San Diego.

2005

The class of 2005 will celebrate its 5th reunion at the 10th Annual All-School Celebration, June 4–5, 2010. Please mark your calendar. If you’d like to be on the reunion committee, please contact UW Medicine Alumni Relations.

2006

Nathaniel R. Schlcher and Jessica Kennedy-Schlcher were both honored at their residency graduation with Academic Excellence in Teaching awards. Nathan also works as the national legislative advisor for the Emergency Medicine Resident’s Association. Their son, David, was born in December 2008, and they’re happy to be working back home in Gig Harbor, Wash.
RESIDENTS, FELLOWS AND PH.D.S

**Allergy and Infectious Diseases**

Thomas Hawn, Res. ‘98, Fel. ‘01, assistant professor of medicine in UW Medicine’s Division of Allergy and Infectious Diseases, is one of four scientists to receive the Burroughs Welcome Fund’s 2009 Clinical Science Award in Translational Research.

**Family Medicine**

David Acosta, Res. ‘91, UW School of Medicine associate dean for multicultural affairs, has been named chair-elect by the newly formed Association of American Medical Colleges (AAMC) Group on Diversity and Inclusion. Acosta, chosen by his peers, is the first chair from the Western region to be elected for this position. As chair-elect, Acosta will be involved with AAMC leadership on residency and faculty diversity, an important focus of the AAMC. With this group, the AAMC hopes to increase the numbers of students, residents and faculty from underrepresented groups in medicine and biomedical sciences, including those from racially and ethnically diverse groups or economically disadvantaged backgrounds, or from geographic areas that lack educational opportunities necessary to prepare for medical school.

Suzanne Poppema, Res. ‘77, appeared on CBS News in June 2009 in a segment on the assassination of abortion provider Dr. George Tiller at his church in Kansas.

Joseph E. Scherger, Res. ‘78, has been named the new vice president for primary care at Eisenhower Medical Center, Rancho Mirage, Calif.

Ailsa Hideg, Res. ‘98, has launched “House Call,” a column in the Spokesman-Review, which will dispense practical advice about health and fitness for the Spokane, Wash., area. Hideg also served as assistant medical director for the 2010 U.S. Figure Skating Championships.

**Genetics**

Jeffrey Jarvik, Fel. ‘90, professor of radiology and neurological surgery, was one of the senior authors for a study published in the September 2009 issue of The New England Journal of Medicine on limiting the use of vertebroplasty, a procedure in which bone cement is injected into the vertebra to stabilize it.

**Gerontology and Geriatrics**

Wayne McCormick, Fel. ‘90, Res., ‘91, a professor in UW Medicine’s Division of Gerontology and Geriatric Medicine, is the program director of the yearlong Palliative Medicine Fellowship Program, a cooperative effort between the UW School of Medicine and Providence Hospital of Seattle. Pacific Northwest physicians can obtain intensive training and board certification in palliative medicine and hospice care through the program. McCormick says, “This will definitely help grow the area of palliative care in this region and throughout the United States. It’s a giant step forward in helping patients at the end of their lives — and their families, too.”

**Internal Medicine**

J. Randall Curtis, Res. ‘00, professor in UW Medicine’s Division of Pulmonary and Critical Care Medicine, was one of approximately 40 physicians invited to the White House to advise presidential health policy advisors on national health-care reform.

Erika Goldstein, Res. ‘84, professor of medicine in the Division of General Internal Medicine and founding director of the School of Medicine’s renowned College program, received the 2009 Alpha Omega Alpha Robert J. Glaser Distinguished Teaching Award, one of the most prominent awards in academic medicine, from the Association of American Medical Colleges (AAMC). Goldstein is well known for her dedication and innovation in medical education and has been recognized multiple times with teaching awards; her AAMC citation reads, “Dr. Goldstein truly stands in a class by herself.” Goldstein accepted the award at a dinner at the national AAMC meeting in Boston in early November.

William N. Grady, Res. ‘92, associate professor in UW Medicine’s Division of Gastroenterology, and John A. Stamatoyannopoulos, M.D. ‘95, Fel. ‘00, assistant professor in the Department of Genome Sciences, were among the 79 people elected to the American Society for Clinical Investigation in 2009.

Douglas S. Paauw, Res. ‘88 and ‘89, professor of medicine in UW Medicine’s Division of General Internal Medicine, has been elected a master of the American College of Physicians. Mastership is bestowed on select ACP fellows in recognition of extraordinary accomplishments and service to the college. Dr. Paauw holds the Rathmann Family Foundation Endowed Chair in Patient-Centered Clinical Education.

Roger Rosenblatt, Res. ‘72 (internal medicine), Res. ‘74 (family medicine), was mentioned in a Sept. 9, 2009 article in The New York Times. The article addressed President Obama’s speech on health reform to the joint session of Congress.

**Neurology**

Roozbeh Kiani, Ph.D. ‘09, co-authored an article presenting the results of studying monkeys and video games. The article, “Representation of Confidence Associated with a Decision by Neurons in the Parietal Cortex,” was published in the May 8, 2009 issue of Science.

**Pathology**

Tina Albertson, Ph.D. ‘09, an instructor in pediatric hematology and oncology, received a career development award from St. Baldrick’s Foundation, an organization dedicated to raising awareness and funding for pediatric cancer.

**Surgery**

Ron Maier, Res. ‘78, is being honored by the Accreditation Council for Graduate Medical Education (ACGME) for his contribution to graduate medical education at the ACGME’s conference in March 2010. Maier, surgeon-in-chief at Harborview Medical Center, vice chair of surgery, and program director for UW Medicine’s Surgical Critical Care Fellowship program, is receiving the ACGME’s 2010 Parker J. Palmer “Courage to Teach” Award, given to distinguished residency program directors.
What was it like growing up in Brooklyn?

It’s sink or swim. Success is marked by survival, not so much by good grades or all those other things. It’s a shame, really, but people are forced to look at life on an hour-to-hour basis. When I was a teacher in California, I turned 24, and I literally stopped dead in my tracks. I realized that I’d beat the statistics for young black men from my neighborhood. And I was like: wow, I’m not dead or in jail. What do I do now?

What was medical care like for your family and your neighbors?

I guess this is a commentary on what life was like in Bed-Stuy. You go to the hospital if you are injured, and you definitely don’t go to the hospital if you can avoid it. Nobody has regular check-ups with the doctor, and nobody has dental insurance, so you don’t go to the dentist. I couldn’t even tell you where those things were.

Where did you go to college? How was it different from where you grew up?

It was very different. I was at the University of North Carolina at Chapel Hill. The first shocker — I wasn’t freaked out by the coursework or anything like that — was that I couldn’t get anything to eat after 10 o’clock at night. I just never thought that was possible! There were other stereotypical things: Southern hospitality, people looking you in the eyes and saying “hi” to you on the street. Which is really unnerving coming from New York, because that doesn’t happen in New York unless somebody wants trouble. I ended up loving it.

How did you make the jump from teaching to medicine?

I applied to Teach for America, and worked in Oakland, Calif. It was similar to Bed-Stuy; it’s all about this oppressive restraint. Kids don’t believe that they have a chance. As far as access to health care, it was the same thing. There were major hospitals right up the street from our school, but no one knows how and when to access them. The more stark thing was that within the classroom, you noticed a lot of preventable illnesses, all the way from colds to infections, and other things...here I am teaching 13-year-olds, and it takes me two years to get somebody to look at this student to figure out he has Asperger’s.
Then I had a student named L. D. He'd stir the pot every now and then, but he was a cool guy. He got shot on his front steps, and people thought he wouldn't walk again. When I visited the hospital, the doctors weren't gentle enough, and they didn't take time with the family. I would sit and explain things to them. And I was like: “Look. Nobody’s going to hand you the diagnosis you want. When that physical therapist comes over, don’t complain. Don’t moan and groan. This should be the most exciting point of your day. You strap on your brace, you get in there, and you bite your lip and you power through it.” The last time I saw L. D., he could get out of his wheelchair and walk around with a cane.

That was it. All along, I told my students I wanted to be a doctor so they could have this image of something that they didn’t believe was possible. When that thing with L. D. happened, that was the final push. I felt so authentic. I felt so comfortable being at the hospital and talking through those things with the family.

**Why did you choose the UW School of Medicine?**

The UW seemed to fit my ideals, and they showed it. When I visited, it seemed like everyone was really focused on caring for the underserved. It wasn’t just lip service. It felt like it was so ingrained — that no matter what you wanted to do, even if you wanted to do cardiothoracic surgery, you couldn’t help but frame your plan in the perspective of those in need. It was comfortable. I felt like the mission was strong and true, and that the support for minority students was strong. I’m also receiving scholarships — I wouldn’t be able to attend this school and pursue this dream without them.

**What do you think you’ll do after medical school?**

It’s a tough tug-of-war for me, because I feel really authentic and alive with primary care. And with my physical therapy and sports background, anytime someone talks about bones and joints and muscles, my ears prick up. I think I could go either way; ultimately, I just like feeling valued.
Deborah Younger (Outhouse), PA-C (Seattle Class 9), M.D., writes, “I did my preceptorship with Marcie Jackson in Anchorage, Alaska, then worked on the Trans-Alaska Pipeline and as the sole medical provider in the Tlingit Indian village of Yakutat, Alaska. Then I did volunteer work in American Samoa at the LBJ Tropical Medical Center and became interested in public health and international health care. In 1978, I attended the University of Hawaii School of Public Health, and I received my MPH in international health in 1980. I worked in Saudi Arabia for a number of years. I attended medical school and graduated from the American University of the Caribbean in 1987; then I moved to Charleston, S.C., and did my residency in family medicine. I had my first child, Grace, in 1989 during Hurricane Hugo! Upon completing my residency, I started to work in a community ER and developed a love of emergency medicine. Six years later, I was board-certified in emergency medicine, and helped to start the first county EMS system in Dorchester County, S.C. I worked full-time as an ER physician and medical control for EMS for a number of years, and as a part-time clinical instructor in emergency medicine at the Medical University of South Carolina. This year I accepted a position in the emergency room at the VAH in Charleston, S.C., and continue to teach both residents and PA students. I am active on the disaster planning and pandemic flu committees and continue to work part-time in Summerville, S.C., at a community ER. I have two children: my son, Zane, is 16, and my daughter, Grace, is 20 and attending the College of Charleston. I am a single mother with a very active life and would love to hear from any of my old classmates! You can reach me at drmom52@hotmail.com.”

Steve Tull, PA-C (Seattle Class 22), writes, “I am now working as the Peace Corps Medical Officer in Ethiopia, a job I have been trying to get for seven years. My office email for the next two years is stull@et.peacecorps.gov. I have only been here three months but have many contacts with the embassy, NGOs and USAID (United States Agency for International Development).”

John Ramirez, PA-C (Seattle Class 28), writes, “During my last deployment to Iraq, I had the honor and privilege to serve with a young Army medical specialist by the name of Aaron Isaac, PA-C (Seattle Class 39). MEDEX was astute enough to accept him into their program when he returned to the U.S. He graduated just in time to be mobilized and deployed again to Iraq – this time as the physician assistant for the only battalion in our brigade to stay intact and absorb several other battalions’ companies. He served as the sole medical provider for this large force. In addition, he made time to volunteer at the Balad Base Hospital. I was fortunate enough to meet up with him at the PA conference in Baghdad earlier this year. Lt. Isaac has been a tremendous asset to his battalion, a role model to his medics and an invaluable colleague I often consult on medical and administrative issues. I just wanted to ask you to pass on a sincere “thank you” to all the folks at MEDEX for having provided his soldiers with the very best physician assistant I know. Your efforts in educating Lt. Isaac resulted in lives saved and missions safely accomplished over here. As a result, we will be returning home very soon.” (Note: Major Ramirez is a senior physician assistant with the 81st Brigade Combat Team, Washington Army National Guard.)

Andrea Breuner, PA-C (Seattle Class 34), writes, “Here’s a picture of the baby girl I adopted from Ethiopia last year. Best thing I’ve ever done, crazy but fantastic – I’ve never been so busy.”
Ken Waugh, MS, PA-C (Spokane Class 2), writes, “Just a note, hope this finds you all well. As you know, I have been practicing in Alaska since graduation, but Lisa Sabatka, PA-C (Spokane Class 2), has recently found her way up here and joined our group. Here is a photo of us on our way to work.”
spend it with my bird dogs, and I am in the process of training a new six-month-old German shorthaired pointer puppy. My family is doing well. My wife is working for CERNER and is very involved in the development and enhancement of electronic medical records in the critical-care venue. Our daughter is attending college (Missouri Valley) and working on her degree in human resource management. She also is on the college’s track team as a shot and hammer thrower. Our son graduated from college (Missouri Science & Technology) in 2008 with a degree in petroleum engineering, and he is managing some oil and gas fields in the panhandle of Oklahoma.

Kim Dotson, PA-C (Spokane Class 4), writes, “On a professional level, I am still working at the Airway Heights Correction Center, in Airway Heights, Wash., serving as a clinical preceptor for MEDEX students and volunteering as an ambassador with the National Health Service Corps. I had six students this past year for their medically underserved rotations, and one liked it so much she recently came on board with us as a full-time employee!

I just celebrated my fifth anniversary with the Washington State Department of Corrections and continue to enjoy the unique challenges associated with work in a correctional setting. After graduating from MEDEX, I became involved with the Leukemia and Lymphoma Society’s Team in Training, a program dedicated to finding a cure for blood-related cancers. They provide training for an endurance event in exchange for your fundraising efforts. I completed my first marathon and went back several times as a volunteer mentor, team captain and fundraising athlete. Prior to getting involved with Team in Training, I couldn’t even run a block; since then, I have run several half-marathons, six marathons, a couple of sprint triathlons, and, last summer, I completed my first half-Ironman event! I hope to do a full Ironman in 2011.”

Brian Martin, PA-C (Spokane Class 4), writes, “It’s been quite a hectic few years for me. I still live in Idaho with my beautiful wife, Sharon Brewer, PA-C (Seattle Class 29), who has retired. After graduation, I went to work for an orthopaedic surgeon for about four years and then took a job at the VA in Boise. I work in the surgery service with an emphasis on orthopaedic surgery. I help precept PA students from the University of Washington and Idaho State University, and I enjoy their fresh outlook. I hope to be a part of MEDEX’s student selection committee some day.”

Tom Douthit, PA-C (Spokane Class 5), writes, “I continue to work in otolaryngology in the Nampa-Meridian region of Idaho with the same physician. I have completed my master’s degree in physician assistant studies with an emphasis on otolaryngology. Camille and I celebrated our 10-year wedding anniversary this summer and have two daughters, Allison (5) and Lexi Lee (2).”

Jonna Lindbergh, PA-C (Spokane Class 5), writes, “I am working in diagnostic radiology for Inland Imaging in Spokane, Wash., as is classmate Paula Thompson (Spokane Class 5.) Life? Hmm. Well, since I take no call and have great hours, I actually do have one! My daughter is graduating from high school this year, I belong to the local Vespa club and go to a lot of scooter rallies. That is pretty much the excitement in my life, and I’m not complaining!”

Raylene Lawrence, PA-C (Spokane Class 6), writes, “Since graduation in 2004, I’ve lived and worked in Othello, Wash. Othello is a rural town in eastern Washington that serves a largely migrant Hispanic population. The place where I work, Columbia Basin Health Association (CBHA), is a community health clinic with three sites that include all aspects of family and specialist care in state-of-the-art facilities with electronic medical records, digital x-rays, dental and vision care, behavioral health and other support services. We were recently recognized by Health and Human Services Secretary Kathleen Sebelius for our use of health information technology to improve health care quality and patient safety. I practice family and occupational medicine with an emphasis on industrial accident cases. On a more personal note, I have moved three times, gained three dogs, built a house and divorced. I spend my spare time gardening, playing with grandchidren and volunteering in the community. I particularly enjoy teaching health care at church and community events. My next endeavor is learning to play bridge! I love being a PA, I love Othello, and I am so grateful for all the blessings of the last few years.”

Jennifer Martin, PA-C (Spokane Class 6), writes, “After five years in the ER at St. Joseph’s in Tacoma, Wash., I decided to go back to school. I graduated from Pacific University with my master’s and completed a rural trauma and critical-care residency at Legacy Emanuel Hospital in Portland, Ore. I began working in the ER at Harborview in January. I also will be doing some neurosurgery on the side in the Seattle area.”

Erin Flynn, PA-C (Spokane Class 8), writes, “Immediately out of PA school I was hired at Arthritis Northwest, a premier autoimmune and inflammatory arthritis center in Spokane, Wash. We have five rheumatologists and three mid-level providers. I work full-time, keeping busy with three active children as well.”

Ryan Saunders, PA-C (Spokane Class 8), writes, “The surgeon I work with and I decided to start our own orthopaedic and spine surgery practice here in Spokane, Wash., and we opened on Nov. 17, 2009. We already have numerous patients and surgeries lined up — otherwise, I’m keeping busy with family.”
Tim Thornton PA-C (Spokane Class 8), writes, “I have been working full-time in Plains, Mont., at a small critical-access emergency department. On average, I see 12–17 patients per 24-hour shift. I’m also the EMS medical director for the volunteer ambulance service, which allows me to keep in touch with EMS (which was my focus prior to PA school). I married a wonderful woman I met at my first PA job in Kalispell last December. Adrianna, Tyler and I live in Kalispell with two dogs and one cat. My life since graduating from MEDEX has been a wonderful whirlwind of activity and excitement. I wouldn’t want it any other way!”

Yakima

Brian Callier, PA-C (Yakima Class 4), writes, “I work for United Health Care, previously Sierra Health. I have been doing urgent-care medicine for the last five years and really enjoy it. I work three 12-hour shifts a week and have four days off. I’ve been married for 10 years and I have two kids, Ryan (10) and Makayla (8). My wife is a PA, too.”

Laura Valdez Reka, PA-C (Yakima Class 4), writes, “I’m busy working part-time ob-gyn/surgery Monday through Wednesday. On Thursdays, I work in the ER. Then I’m off three days with my four daughters! Our oldest will start kindergarten this year — my heart is breaking. Then we have a three-year-old and one-and-a-half-year-old twins. ALL girls. We drive my husband crazy. I love it. I am blessed. After PA school, I returned to school, received my theology degree and did missionary work in Honduras for six years. I now use that knowledge to drill my daughters about the Christian faith since my husband is Muslim. You never know where life will take you!”

Jose Osorio-Lopez, PA-C (Yakima Class 6), writes, “This is a challenging year here in Tampa, Fla. My wife is a teacher; we have a 22-month-old girl named Sara. This period (when we get new residents in our service) is the busiest time of the year in our department. We spend considerable time in the fall preparing them for surgical and residency duties. (University of South Florida works with Tampa General Hospital to train residents.) Otherwise, I’m doing fine. I’m entering my seventh year in general/colorectal surgery. I have great relationships with my supervising surgeons. Actually, one of them is Sara’s godfather! I have a great deal of autonomy, therefore a lot of responsibilities. I love it!”

Daniel Hankes, PA-C (Yakima Class 7), writes, “I am deploying to Iraq and will return in August 2010. I’m currently with the 82nd Airborne Division and I am the senior PA in the 1st Brigade Combat Team — did an inter-service transfer from the USPHS/USCG (U.S. Public Health Service/U.S. Coast Guard) last year. Very happy with my decision. All is well with me and the family. Regards to the MEDEX team!”

Janet Huntley, spouse of Gary Huntley PA-C (Yakima Class 7), writes, “It is with such sadness that I let the Yakima Class 7 know that my beloved husband, Gary Huntley, passed away July 15, 2009. Gary had been waiting for a liver transplant when he was diagnosed with Lou Gehrig’s disease. He never complained, fought harder than anyone could and lived his final days with such grace. Our family misses him terribly.”

Mary Boscamp, PA-C (Yakima Class 9), writes, “I have fulfilled my National Health Service Corps contract in underserved rural Wyoming, have completely paid off my student loan (and hospital) debt and have returned to my beloved home in Montana with my husband. Now, after a six-month sabbatical (yes, I skied a lot), I have resumed my career at Belgrade Urgent Care and will begin filling in at Montana State University Student Health Services. I wish all of you the very best and look forward to re-establishing contact.”

Dawn Elton, PA-C (Yakima Class 9), writes, “I am doing well. I am working for the State of Nevada and am practicing internal medicine and psychiatry. I also have worked in urgent care, and I continue to learn every day! I do hope the MEDEX celebration was an event to remember, and I’m sure it was! You should be proud of all of the work you have accomplished with the MEDEX program.”

New job, award, move, or family addition? Your classmates want to hear from you! Send us a quick note; simply go to www.uwmedmagazine.org, click on the “ClassNotes” button, and let us know how you’re doing.

(Prefer mail to the web? We’d love to hear from you: MEDEX Northwest, 4311 11th Ave. NE, Seattle, WA 98105.)
Lt. Howie Martindale, USCG, PA-C (Yakima Class 9), writes, “I’m back in the States, down in San Pedro, still on active duty. I am on standby to go to Puerto Rico. I am finding opportunities to mentor future PAs.”

Ann Weiss, MPAS, PA-C (Yakima Class 9), writes, “After graduation, I worked at Group Health Cooperative in Silverdale, Wash., my home town. After only four days working part-time in urgent care, a position opened in family practice; the PA who had been my preceptor for our six-month family practice rotation left for medical reasons. To this day, I believe he kept that seat open for me until I graduated, and I will always be indebted to him. I later reduced my family-practice days to four and worked one day at the local hospital as a hospitalist. I thought internal medicine would help me in my family-practice work, and it certainly did. But it’s tough work when your youngest patient of the day is 82 and has co-morbidities and a list of meds the length of your arm! While I was working two jobs, I completed work from the University of Nebraska for an MPAS degree. Two years ago, I was offered a position working for the Department of Defense at Naval Base Kitsap in Bremerton, Wash. I work five days a week and have a corpsman assigned to me for several months at a time. I teach the corpsmen to conduct a thorough physical exam that would hold up under the scrutiny of the MEDEX staff (remember that week in March on campus in Seattle?) and have taught several how to suture. I enjoy working with these bright young people. It is humbling to work with them before they are deployed, and it’s joyful when they return home. I have talked to several about pursuing a career as a PA. On a personal note, my husband, Ted, retired from Boeing after 30 years. It’s very strange going to work and coming home to a nice meal (nice, yes, but still strange as we try to define our new roles). We have two grandchil- dren who keep me young but tired. We moved into a big house and have room for YOU and your family if you ever come to Seattle. Just drop me a note. Hoping that this finds you and yours happy and healthy.”

Angie Bean, PA-C (Yakima Class 10), writes, “I have been working at Lacamas Medical Group in Camas, Wash., for 2.5 years in family practice and urgent care. Love it! A PA owns the clinic; there are two PAs, one NP and one doctor, and we are looking for another doctor. My husband is doing well. He just finished up an EMT course, and he’s still welding. He started volunteering at the fire department and really liked the medical side. Go figure. Otherwise, working, taking photos and camping!”

Below we pay tribute to recently deceased alumni and faculty members; we also note when they passed away. Because we are not always aware of deaths in the larger UW Medicine community, especially those that take place outside of Seattle, we rely on other alumni, faculty and friends to notify us and send us obituaries. Our sincere condolences to those who have lost loved ones.

Ellsworth C. “Buster” Alvord, Jr., M.D. Jan. 19, 2010
Guy Richard Anderson, Ph.D. May 14, 2009
Louis A. Fragola, M.D. ’63 May 25, 2009
Donald J. Hesch, M.D. ’56 Sept. 17, 2009
Fred D. Holcomb, M.D. ’56 June 21, 2009
Edwin G. Krebs, M.D. Dec. 21, 2009
Thomas Buckwalter Smart, M.D. ’51 June 30, 2009
Walter E. Stamm, M.D., Res. ’73, ’77 Dec. 14, 2009
Kathryn Waddell, M.S. Feb. 9, 2010
Roy Alan White, M.D. ’50 Dec. 7, 2009
Robert F. Willkens, Res. ’57 Nov. 11, 2009

Please visit the UW Medicine magazine website at www.uwmedmagazine.org for full obituaries.
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All alumni, family, faculty and friends of the UW School of Medicine are invited to attend.


For more information or to register, please visit our website at www.uwmedalumni.org. You also may contact UW Medicine Alumni Relations at 206-685-1875, toll free 1-866-633-2586 or medalum@uw.edu.

We look forward to seeing you in June.