“IT STARTED WITH ONE AWARD,” says Larry Tietze.

He’s referring to the research gift that his family foundation made to UW Medicine in 2006. In the years since, that one award leveraged more than $3 million in additional research funding. Inspired, Larry and his wife, Eileen, consulted the University of Washington on making their own gift, eventually creating a charitable remainder trust for UW Medicine.

“You don’t have to be a billionaire to make a big difference,” says Larry.

Your Legacy & The Future of Medicine
To learn more about making a planned gift — a gift made through your will, a charitable remainder trust or another vehicle — contact Mary Susan Wilson at 206.221.6172 or mswilson@uw.edu, or visit UW Medicine at supportuwmedicine.org/planned-giving.

Try going green.
Rather read UW Medicine online? Want to save resources? Send your full name and email (and your spouse’s or partner’s name and email) to medalum@uw.edu. Mention the magazine. Next time, you’ll get an email notification rather than a print publication. Thank you!
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Suzanne Allen, M.D., MPH
VICE DEAN FOR ACADEMIC, RURAL AND REGIONAL AFFAIRS
When it comes to your health — or the health of someone you love — peace of mind means a lot. That’s why it’s nice to know with the UW Medicine Virtual Clinic, you have 24/7 access to board-certified doctors and nurse practitioners.

- **No appointment needed.** Log in from your smartphone, tablet or computer.
- **Receive answers fast.** We treat most minor illnesses and even write prescriptions, all online.
- **$40 flat fee.** If it’s quickly determined that you need more than a virtual visit, you won’t be charged.
- **No insurance required.**

With the UW Medicine Virtual Clinic, you can find a doctor in the house without leaving home.
A NEW CURRICULUM, A NEW PARTNER

Many medical-school graduates recall their first two years as a series of long days spent in the classroom and evenings and weekends spent poring through textbooks. Clinical training experiences were reserved for the third and fourth years.

The articles in this issue of UW Medicine describe the many ways education has changed. In our new curriculum, introduced in fall 2015, medical students begin learning clinical skills and patient-centered care on day one. The first two years of medical school classes have been reduced to 18 months, and during the classroom training, students also receive ongoing, intensive clinical training and patient contact — often in the practices of physicians throughout the five-state WWAMI region.

Other major changes have also been successfully introduced. Classroom time is reduced to half-days, four days a week, and the lecture approach to education has been changed to an active-learning approach. This approach prepares students for lifelong learning — essential in today's era of rapid medical and technological advances. Not least, the courses — blocked into concentrated periods of time — correlate basic science with clinical medicine while weaving in vital issues such as diversity and population health.

Many medical schools nationwide are undergoing similar transformations. However, our school is unique in the geographic reach of transformation. Faculty, staff and students in our partner universities across five states are working together in a wonderful, orchestrated collaboration to build, teach and refine the new curriculum.

With that, I would like to welcome the newest academic partner in this collaboration: Gonzaga University, which officially became part of our WWAMI educational program in late February. Working with Gonzaga in our new curriculum, we look forward to continuing WWAMI's long history of educating doctors in and for eastern Washington.

The success of the WWAMI program is testament to the remarkable talent of the members of our five-state community. Thank you all for your leadership, your time, your hard work and your commitment to the medical professions.

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
Our Thanks to You

My colleagues and I spend a fair amount of time emphasizing the excellence of the UW School of Medicine. And rightly so.

It’s the top school in the country for primary care, for family medicine and for rural medicine. UW Medicine as a whole receives the second highest allotment of National Institutes of Health funding in the U.S. And knowing my fellow alumni and students as I do, I know our School creates talented, curious graduates who care about other people.

All that is impressive. What’s also impressive is that our School is supported by both donors and the state. In fact, our state legislature has a long history of commitment to medical students from Washington — our future physicians — through investing in medical education at the UW School of Medicine. I want everyone who supports the School to know how grateful I am.

I’m proud that the UW School of Medicine provides a high-quality, cost-effective education. That said, a medical education is still a major investment. Students have two primary ways to finance their education: scholarships and loans. I know I benefited from the latter. It was particularly helpful that I had loans that didn’t start accruing interest until after I graduated.

Many other students benefit from donor-provided scholarships, financial aid that lessens their debt load and makes it easier for them to pursue their passion in medicine based on interest and fit, rather than on financial considerations.

As ever, I encourage fellow alumni to participate in programs that help our students — see the contact information below. And, next time you see a legislator, donor or citizen of Washington, please consider saying “thanks.”

Scott R. Stuart, M.D. ’01, Res. ’04, Chief Res. ’05
President, UW School of Medicine Alumni Association, medalum@uw.edu

P.S. For more information, visit uwmedalumni.org, or contact our alumni relations staff at 206.685.1875, toll free at 1.866.633.2586, or medalum@uw.edu.
Research

DNA: in space and over time

How does 6.5 feet of DNA fold into the nucleus of a cell? How does the genome’s three-dimensional shape change over time (the 4D nucleome)? UW Medicine was awarded $12 million to help answer these and other questions at the new UW Center for Nuclear Organization and Function. Jay Shendure, M.D., Ph.D., UW professor of genome sciences and a Howard Hughes Medical Investigator, and William Stafford Noble, Ph.D., UW professor of genome sciences and computer science and engineering, are co-leading the investigation.

Brain implant could counter-act paralysis

UW researchers are working to create an implantable device that could help paralyzed people move their limbs by interpreting their brain signals. “It would radically alter the way we might help people with stroke and spinal-cord injury,” says Rajesh Rao, Ph.D., director for the Center for Sensorimotor Neural Engineering. The research team, which includes UW Medicine neurosurgeons, will receive $16 million over the next four years from the National Science Foundation to complete the project.

Heart regeneration: a big step forward

With a $10 million investment from the Washington Research Foundation, UW Medicine scientists are beginning phase I clinical trials of a treatment for heart muscle damage after a heart attack. UW Medicine’s Heart Regeneration Program develops and clinically tests stem-cell therapies to combat the effects of heart disease. The program is based on the research of Charles Murry, M.D., Res. ’92, Ph.D., acting director of the UW Institute for Stem Cell and Regenerative Medicine and the Arra and Eva Woods Endowed Professor.

UW Medicine study demonstrates vaccines are not linked to autism

New research conducted at UW Medicine demonstrates that vaccines — including those used in the 1990s that contain thimerosal — do not cause negative behaviors or brain changes associated with autism in infant primates. The researchers compared the safety of thimerosal-containing vaccines and the measles-mumps-rubella vaccine, which does not contain thimerosal. None of the vaccines tested had ill effects, and all of the animals involved in the study developed normal social behaviors. This study was published in Proceedings of the National Academy of Sciences.

Patient Care

Heart technology, heart care

The UW Medicine Regional Heart Center was the first site in the country to deploy a new device, informally known as a “heart in a box,” in a clinical trial. The device circulates blood through a donated heart, extending the window of time the organ can remain viable outside of a body. This means that donated hearts can travel greater distances to reach those in need, increasing the number of transplant-viable donor hearts in the U.S. In addition, UW Medical Center was among the 100 best heart programs in the country in the most recent Becker’s Hospital Review.
Top performance for patients
UW Neighborhood Clinics received the William O. Robertson, M.D., Patient Safety Award from the Washington State Medical Association for an excellent vaccine safety record. And UW Medical Center again received “Meritorious Status” recognition from the American College of Surgeons National Surgical Quality Improvement Program, given to top-performing hospitals in the U.S.

Wearable cap suppresses growth of brain cancer cells
A battery-powered, cap-like device — when paired with temozolomide chemotherapy — was found to significantly prolong overall survival of patients with newly diagnosed glioblastoma, compared with chemotherapy treatment alone. Glioblastoma is the most common primary brain tumor and highly aggressive. “You get almost five months’ survival benefit,” says Maciej Mrugala, M.D., Ph.D., MPH, UW associate professor of neurology, neurological surgery and medicine, holder of the Alexander M. Spence Chair in Neuro-oncology and leader of UW Medicine’s participation in the clinical trial. Patient outcomes were so favorably affected that the trial was halted early, and the findings were published in the Journal of the American Medical Association.

Education
UW School of Medicine receives high rankings
For the 25th consecutive year, the UW School of Medicine maintained the No. 1 ranking in the nation in family medicine and rural medicine training in U.S. News & World Report’s 2017 list of the nation’s top graduate and professional-school programs. Moreover, the School is again ranked as the nation’s best medical school for primary care, a distinction it has held for 22 of the past 23 years. Additionally, the School remains No. 2 in the nation (and No. 1 among public medical schools) in research grant funding from the National Institutes of Health.

In the seven major medical programs ranked by the report, the UW School of Medicine ranked in the top 10 in all of them: not just No. 1 in both family medicine and rural health, but also No. 5 in pediatrics, No. 7 in internal medicine, No. 8 in women’s health, No. 8 in geriatrics, and No. 8 in drug and alcohol abuse. Other highlights from the report include the ranking of the bioengineering program, run jointly with the College of Engineering, at No. 9, and the master’s program in occupational therapy and rehabilitation medicine at No. 14.

Family medicine residency: No. 1
UW Medicine’s family medicine residency program was named No. 1 in the nation by U.S. News & World Report and Doximity.com, an online physicians’ network. The three-year family medicine residency program — one of 477 family medicine programs in the U.S. — prepares medical-school graduates to practice in urban and rural locations and provides a broad spectrum of clinical skills.

Fostering innovation in physician training
The UW School of Medicine was one of 20 medical schools in the nation selected to join the Accelerating Change in Medical Education Consortium. Over the next three years, each will receive an award from the American Medical Association to accelerate change and foster innovation in physician education and training. The School will use this grant to further WWAMI curriculum renewal and development. Michael Ryan, M.D., Res. ’89, Chief Res. ’90 (internal medicine), Fel. ’93 (nephrology), associate professor of medicine and associate dean for curriculum, is the principal investigator.

WWAMI

A new WWAMI partner: Gonzaga University
It was announced in February that Gonzaga University will partner with the UW School of Medicine to enhance and expand medical education and research in Spokane, Wash. This fall, the UW School of Medicine in Spokane will welcome its largest-ever entering class — 60 students — to dedicated facilities on the Gonzaga University campus. For more information, please visit washington.edu/spokane/medical-school/.
UW School of Medicine Spokane student creates concussion protocol

Kenley Unruh, a second-year medical student at the UW School of Medicine Spokane, has created a sports concussion protocol to prevent injured players in small school districts from returning to the game before they are ready. Unruh’s project is part of the Targeted Rural Underserved Track (TRUST) program, in which UW medical students create a program to assist the rural communities where they receive their training. Unruh worked with his preceptor, Andrew Castrodale, M.D. ’94, who lives and practices in Grand Coulee, Wash., to design and launch his project at Lake Roosevelt High School.

Notable

Reuters’ “most influential” list

“The World’s Most Influential Scientific Minds,” an annual report released by Thompson Reuters, a global news and information company, recently highlighted researchers whose work was most cited by their peers between 2003 and 2013. More than a dozen researchers from UW Medicine and UW Health Sciences were designated as scientific leaders in areas that include protein design, cancer, immunology and genome sciences. The report also identifies the “Hottest Researchers of Today,” whose papers were cited at extraordinarily high levels in 2013 and 2014. Four of 19 scientists identified in this category from around the world work with the UW Institute for Health Metrics and Evaluation (IHME), and all are affiliated with the Department of Global Health: IHME Director Christopher Murray, M.D., D.Phil.; Alan D. Lopez, Ph.D.; Mohsen Naghavi, M.D., MPH, Ph.D.; and Theo Vos, M.D., Ph.D.

New president of the Washington State Medical Association

Ray Hsiao, M.D., Res. ’06 (internal medicine), Fel. ’07 (psychiatry), UW associate professor of psychiatry and behavioral sciences and director of the UW School of Medicine Child and Adolescent Psychiatry Residency Training Program, has been elected president of the Washington State Medical Association.

Houra Merrikh receives Vilcek Prize for Creative Promise

Hora Merrikh, Ph.D., UW assistant professor of microbiology, is one of this year’s recipients of the Vilcek Prize for Creative Promise, given by the Vilcek Foundation to immigrants who have overcome significant challenges and demonstrated exceptional achievements. Iranian-born Merrikh fled with her family to Turkey; a Texas couple befriended her and helped her come to the U.S. An interest in biochemistry and basic research eventually led Merrikh to UW Medicine, and her lab has made major contributions to understanding how cells attempt to avoid DNA damage.

William Catterall receives national pharmacology award

William A. Catterall, Ph.D., UW professor and chair of the Department of Pharmacology, is the 2016 recipient of the Robert R. Ruffolo Career Achievement Award in Pharmacology, given by the American Society for Pharmacology and Experimental Therapeutics. Catterall discovered sodium and calcium channel proteins; his work shifted the paradigm in ion channel research, and he is a leading investigator in exploring the structure, function and molecular pharmacology of voltage-gated sodium and calcium channels.
Before she started medical school, Washington native Arita Thatte was working in finance on the East Coast. “It was super-abstract,” she says. “I was typing numbers into a computer.”

Thatte is finding medical school anything but abstract. She is among the first cohort of students at the UW School of Medicine to experience a new curriculum, begun in fall 2015. Among other innovations, the curriculum brings students into contact with real patients immediately, which helps students connect their classroom learning with real-life experience.

“When you’re studying,” explains Thatte, “you’re thinking about how it’s relevant to your future practice as a clinician.”

Although patients provide valuable insights for medical students, they sometimes provide even more. For instance, Thatte knows she has a lot to learn, and she’s sometimes a little reticent in front of the patients. One of them, a woman in her eighties, noticed.

The patient’s advice? “She told me not to be so timid,” Thatte remembers. “That was really encouraging.”

A little history

For more than 100 years, American medical-school curricula have followed a structure developed by Abraham Flexner, an educator hired by the Carnegie Foundation in the early 1900s to examine the state of medical schools nationwide. He found medical education wanting and issued a series of recommendations. Today’s traditional medical-school format — two years of classroom-based learning, then two years of hands-on training with patients in clinics and hospitals — is an outcome of the Flexner report.

In other words: learn about something before you practice it. But does this teaching method hold up after 100 years of rapid technological and societal change? Not completely.

“If you apply information that you’ve learned to a real problem, you will retain that information better,” says Suzanne Allen, M.D., MPH, the UW School of Medicine’s vice dean for academic, rural and regional affairs.

And that is the core of the new UW School of Medicine curriculum: taking down the fence between the classroom and the clinic; integrating what students learn in the classroom with what they learn, see and do in clinical settings. Instead of waiting until third-year clerkships to interact with patients, as is traditional in many medical schools,* students in the new curriculum see patients their first year. In fact, students see patients their first week.

Learning and doing is a good combination. “I love that we have the opportunity to practice our clinical skills alongside our academic work,” says first-year medical student Aera Shin. Shin is based in Seattle, one of several campus sites. “It provides a way to solidify the material we learn in class through real-life application.”

*See the Colleges sidebar on page 19.
The WWAMI factor

The UW School of Medicine is unusual in that it addresses the needs of multiple states, and its educational program links classes, clerkships, teachers and students throughout the five-state region of Washington, Wyoming, Alaska, Montana and Idaho — otherwise known as WWAMI. The region includes six classroom teaching sites at six outstanding universities, hundreds of medical training sites and thousands of people.

Viewed one way, a major, five-state curriculum renewal — with a goal to update and standardize classes throughout the region — could be an enormous challenge.

“We heard it over and over,” says Michael Ryan, M.D., Res. ’89, Chief Res. ’90, associate dean for curriculum. “People told us we couldn’t do this curriculum in the region.” Ryan and his collaborators, including Suzanne Allen and Marjorie Wenrich, MPH, chief of staff for UW Medicine, disagreed.

The Benefits.

“Students benefit from the academic environment of the University of Washington in Seattle; they really get the best of both worlds.”

Tanya Leinieke, M.D.
Associate Director for the Foundations of Clinical Medicine and College Faculty, Alaska WWAMI

Keeping Our Graduates.

“We want to show students what Spokane is and what a wonderful medical community we have here.”

Janelle Claus, M.D.
Director, Foundations of Clinical Medicine, Spokane

Community Participation.

“People’s practices are hugely diverse... giving everybody the opportunity to share their experiences and contribute to the curriculum is pretty cool.”

Michael Spinelli, M.D., FACP
Associate Director, Montana WWAMI

The Student Experience.

“The sooner students can get more comfortable seeing themselves as an integral part of the healthcare team, the better they’ll be at doing the job we need them to do.”

Dustin Worth, D.O.
College Head, University of Idaho

Working Together.

“There’s been a good, collaborative effort among the regions to develop the curriculum.”

Yvette Haeberle, M.D.
Clinical Curriculum Coordinator, Wyoming WWAMI

First-year student Aera Shin and her preceptor, Lise Alexander, M.D. ’03, examine patient Sheryl Blumberg (center). Alexander, who practices at Pacific Medical Center in Federal Way, Wash., is one of many physicians who volunteer to teach students in the new curriculum.
“We used WWAMI as the reason to do curriculum renewal,” says Ryan. “It’s why we’re successful — because we have so much talent throughout the five-state region. Why not use everyone’s brainpower and energy to build the world’s best curriculum?”

The seed for curriculum renewal was planted during the School’s last national accreditation — a yearlong process of self-study accompanied by a site visit. The accreditation went well, and the School received the maximum accreditation term. At the same time, many medical schools nationwide were starting to respond to rapid advances in medical knowledge, technology and a new understanding regarding the value of active, integrated, lifelong learning.

“Medicine is changing rapidly, and we need to be prepared to change with it,” says Paul G. Ramsey, M.D., CEO, UW Medicine, and dean of the UW School of Medicine. After the accreditation was completed, he brought key leaders together to consider employing continuous curriculum improvement and assessment, rather than the usual pattern of examining a curriculum every 15 or 20 years.

The idea resonated with Allen, Ryan and other leaders, who initiated a curriculum renewal process focused on continuous improvement. Starting in 2010 — 100 years after the Flexner report — they met with people throughout the region, listening to and speaking with students, teachers and staff about curriculum successes and potential improvements. Paramount throughout their deliberations was the UW School of Medicine’s goal: educating doctors from the region for the region.

“I couldn’t be more pleased with the results,” says Ramsey. “Having the region come together to embrace a new idea so readily — one designed to produce even better, more adaptable doctors — is a new high in our WWAMI collaboration.”

The flip to lifelong learning

Although the fast pace of 21st-century medical research and technology is a wonderful development, it presents some educational challenges. How can medical students learn all there is to know about medicine?

“There’s no way for a modern medical student to know everything,” says Tanya Leinicke, M.D., associate director for the Foundations of Clinical Medicine and College faculty at Alaska WWAMI. “What they really need to learn is how to learn and how to integrate information.”

In other words: don’t teach students hundreds of facts. Instead, teach them how to learn and reflect, how to be critical, how to prepare. And how to be nimble, thorough and careful.

This concept has led to two primary changes in the WWAMI learning environment. First, students are being ushered into a “flipped” classroom: fewer lectures, more preparatory work outside of class, and considerable in-class, case-based discussions.

“When they come to class, they’re being asked to do what they’re going to do as physicians for the rest of their careers — be on their toes and prepared to analyze,” says Ryan. “And, when needed, to look up information and consult others about things they don’t know.”

The second change is a massive, thoughtful integration of classes and topics. The first two years of medical school used to contain more than 30 basic science classes. Now there are seven, covered in 18 months. The students aren’t learning less; rather, their classes have become broader and more interdisciplinary.

(See Invaders and Defenders on page 16.)
As Ryan says, “We wanted our curriculum to match what actually happens. Diseases don’t follow a course description, and patients rarely show up with a single problem.”

This different way of teaching surprised some first-year students, like Thatte, located at the UW School of Medicine Spokane site. She had been a little wary of the first two years of medical school; friends and family had compared the educational process of becoming a doctor to memorizing all the bar codes at the supermarket.

“Our experience has been the polar opposite,” she says. “It’s been much more conceptual. They want us to know things in a way that’s useful and not just about memorization.”

The long view

The new curriculum started in fall 2015 with the entering class, and while its two main tenets — early exposure to patients and flipped, revitalized classes — may sound fairly straightforward, it has involved an enormous amount of work and collaboration. Across five states, under deadline, at in-person retreats, via Zoom and Skype, and through an untold number of emails and weekly phone conferences. At any given point in time, 25 to 30 people from throughout the region would be talking together — debating approaches, discussing how to train new teachers and analyzing what to change.

You could call it messy and complex. The participants called it collaborative and inclusive.

“There’s a difference between a curriculum being handed to you and a curriculum being developed in conjunction with you, your needs, your site and your available resources,” says Janelle Clauser, M.D., director of the Foundations of Clinical Medicine course in Spokane.

“It’s been a super-fun challenge to work on curriculum and change things to make them better.”

The challenges — and rewards — continue. Ryan and the large five-state team are about eight months in, approaching the halfway mark in the 18 months of their students’ “foundation” phase. Many classes and upcoming portions of the curriculum still require work and planning. Administrators and teachers are taking feedback from students and faculty and incorporating it into the curriculum in real time. It’s very much a work in progress. In fact, some of the planners compare it to flying an airplane while it’s being built. That sounds just about right to Ryan.

“This project has been a real gift: partners across five states and teams building together,” says Ryan. “And with everyone’s help, our plane is airborne. Sometimes the flight’s a little bumpy, but we’re definitely flying in the right direction.”

— Arita Thatte
The Foundations of Clinical Medicine
GETTING READY FOR PATIENT CARE

Margaret Isaac, M.D. ’03, (left), Karen McDonough, M.D., Res. ’96, Chief Res. ’98 (right), and colleagues across WWAMI are creating tools for first-year students and their teachers. Photo: Clare McLean


Since summer 2014, the two faculty members have worked nonstop to create a 46-week class for new students at the UW School of Medicine. And they’ve been working with dozens of colleagues across the WWAMI region to do so.

Tanya Leinicke, M.D., associate director for the Foundations of Clinical Medicine and College faculty in Alaska, remembers the conference calls, held every Tuesday, and the open communication and dogged determination required by all the participants. “We’d just slowly attack the agenda and discuss ways to teach each topic,” she says.

Then came additional, in-depth work for Isaac and McDonough, which included preparing multi-media modules for at-home student learning, a crucial part of the flipped classroom. This process included pulling in colleagues with specialties such as cross-cultural medicine and sexual health.

“We’ve put a lot of time into creating robust and rich out-of-class resources because of another curriculum theme…to limit lecture time and keep face-to-face time interactive and active,” says Isaac.

They’ve also spent a great deal of time preparing tools for teachers throughout the WWAMI region so classes would be similarly structured, regardless of site. The tools are reassuring. “You feel a lot more secure walking into a small group with an outline of what you should follow,” McDonough says.

What students are learning

The Foundations of Clinical Medicine course is the successor to a previous class, the Introduction to Clinical Medicine; both Isaac and McDonough had taught parts of it. This new class, though, spans the students’ first, 18-month phase and was created to prepare students for patient interaction right from the start.

Learning the science behind medicine is one thing. Learning how to be a doctor is another. In the foundations class, explains Yvette Haeberle, M.D., the clinical curriculum coordinator at Wyoming WWAMI, the students learn how to do a physical exam, how to interview patients, how to interact with patients, and how to be a professional. The overarching goal, she says, is to really see the patient.
“We want them to consider the patient first as a human being, as a person, and not as a disease, a diagnosis or a problem to be tackled,” says Haeberle.

**Getting ready for patient care**

Learning how to treat a patient with dignity and respect is a skill, and it’s one the students start to hone early in the foundations class. First comes immersion, an intensive, multi-week orientation and clinical skills “boot camp.” During immersion, they learn how to interview patients to obtain a medical history and perform a basic physical exam. After that, the Foundations of Clinical Medicine class, the block courses and the flipped classroom come fully into play. Students study and prepare at home, then come to class for lecture and discussion.

Then comes a core part of the foundations class and of the new curriculum: meeting patients much earlier in the training. “Our students are really having an opportunity to practice communications skills, physical exam skills and clinical reasoning skills very early on,” says McDonough. “We are so much more focused on interactive skills practice than when I was in medical school.”

How does the Foundations of Clinical Medicine class immerse students in patient care? Small groups of students are assigned a faculty member for semi-weekly lessons at the bedsides of hospitalized patients (see the sidebar on the Colleges on page 19). Students also have a primary-care practicum, a hands-on medical experience in which they work with a community physician in a local facility on alternate weeks.

Dustin Worth, D.O., College head at the University of Idaho, is a big proponent of this innovative learning system. In fact, a description of the hospital tutorial helped the University of Idaho recruit him.

“It felt like the beginning of the rest of my life.”

— Ariana Kamaliazad

Students during immersion, a part of the foundations class. Top: Spokane student Chau Nguyen learns how to obtain vitals with Nanette Smith, M.D. ’78, MPH; middle: students learn how to deal with field emergencies at a back-country camp in Soldotna, Alaska; bottom: Meghan Johnston, M.D. ’11 (left), and Michael Spinelli, M.D, FACP (right), pose with Montana students during an immersion social in Bozeman.

Top photo: Clare McLean. Middle photo: Tanya Leinicke, M.D. Bottom photo: Ashley Siemer.
**The First Two Weeks: Immersion**

“This was a powerful experience.”
Connor Tice, First-year Student, Montana WWAMI, at Montana State University in Bozeman

“I feel like they kind of blew us out of the water,” says Amanda Kost, M.D., Res. ’08. That’s her assessment of how well first-year students did in immersion, an orientation to medical school that provided an entire course’s worth of instruction on history-taking and the physical exam in two or three short weeks.

Immersion was created as part of the Foundations of Clinical Medicine class; its purpose was to provide students with the basic skills they’d need to interact with patients and doctors during the first 18 months of medical school. And it was an experiment for Kost and Margaret Isaac, the co-directors for the program. “Margaret and I had no idea how this would go,” Kost says.

It went enormously well. In addition to teaching basic clinical skills, each site added a special experience to the two-week period, some promoting class camaraderie, others promoting additional learning. Montana students, for instance, participated in a public health weekend, visiting several reservations to learn about health issues faced by Native Americans. Students in Alaska got hands-on practice in high-performance CPR with the help of the local fire department and learned about nonverbal communication skills from a horse-whisperer.

Wyoming students took a wilderness medicine course — actually hiking into the mountains for several days while learning. “It gave them confidence in being able to present patient cases and organize their thoughts in a logical format,” says Yvette Haeberle.

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Immersion, like the rest of the Foundations of Clinical Medicine course, is all about the patients. It’s a focus that shines through for the participants.

“Through my training thus far,” wrote one Seattle-based student, “I understand that no matter how inexperienced I am right now, I already have an obligation to the patients I see and to the community.”

First-year students Hao Tong, Miranda Timonen and Peiran Zhou, Ph.D., proudly don their new white coats at the immersion graduation ceremony.
First Time’s the Charm

The UW School of Medicine’s new curriculum is innovative — but what’s it like to be a student going through it for the first time? First-year students Natalie Meadows and Pramod Chavali weigh in.

NATALIE MEADOWS
Laramie, Wyo.

To me, being a doctor is all about providing empathy and hope.

Communicating.
From day one in our primary-care preceptorships, we were told to “just go talk” with our patients — get to know them as people first and their symptoms second. It’s easy to think of our patients as puzzles, especially when we are constantly trying to integrate piles of information. But the new curriculum places a high value on learning how to communicate with patients as human beings.

Responsibility.
I feel a responsibility to be as prepared as I can be for each class, so I can contribute to our discussions and the problems we work through in groups. It motivates me and encourages me. And I think that providing the best care for patients involves relying on a network of people with a variety of skills and experience.

Becoming a doctor.
Just last week, my primary-care preceptor asked why I thought a patient was still in the hospital...I noted she had recently started taking an arrhythmia medication. I thought she was probably in the hospital so we could watch for complications. My reasoning wasn’t too far off, and we discussed other aspects of the patient’s care best carried out in a hospital setting.

Bit by bit, moments like these make me feel like I’m actually becoming a doctor.

PRAMOD CHAVALI
Spokane, Wash.

The technical and social faces of medical practice aren’t separate from each other — they’re intimately intertwined.

Flipping the classroom.
I’ll admit that a part of me was a little worried. The material is challenging, and it can be overwhelming to tackle most of the initial learning on our own without a lecture. But the payoff is worth it. The flipped classroom model helps us learn through self-study — which is how we’ll learn for the rest of our lives as professionals.

Combining classroom work with the Foundations of Clinical Medicine helps me internalize concepts more effectively, too.

Keeping motivated.
Problem-based learning is ideal for me. Like in our first block — we had a practice case involving an anemic patient and malaria medication. The case involved some subtle and surprising connections to different metabolic and physiologic concepts, and it was fascinating to struggle and untangle them.

The precious gift.
The most memorable moment so far was a workshop on working with patients suffering from drug addictions. We listened to members of the community speak about their experiences struggling with addiction and gained real insight into its effect on individual and public health.

Hearing their stories was an incredible opportunity and a precious gift.

Meadows and Chavali had more to say about teamwork, their motivations and their futures. Read the complete interview at uwmedmagazine.org.
For more than 20 years, medical students enrolled in the same microbiology and immunology courses at the UW School of Medicine. But all that changed in fall 2015. Enter Invaders and Defenders, one of seven interdisciplinary basic science blocks included in the first phase of the new curriculum.

“It’s a fundamentally different approach to learning in the medical-school curriculum,” says Invaders and Defenders block co-leader John Lynch, M.D. ’02, Fel. ’07, MPH, UW associate professor of medicine in the Division of Allergy and Infectious Diseases.

Like all of the new blocks, Invaders and Defenders takes an integrative approach, covering traditional microbiology material as well as the immune system, infectious diseases, inflammation and repair, skin and connective tissue, anatomy, histology and pharmacology.

“Threaded throughout are important, complementary topics like ethics, health equity, diversity and global health,” says Lynch. The classroom is also a lot more interactive — flipping traditional notions around teaching and learning.

Creating the classroom conversation

“We know that people don’t do well sitting and listening for very long. They zone out if they don’t see the value of being present,” says Lynch. This is one reason the blocks moved away from traditional lectures toward the flipped classroom, where in-class time focuses on more interactive activities that require higher-level processing.

What does this look like in Invaders and Defenders? “Students might learn about certain rheumatologic diseases based on immunology they’ve studied,” says Lynch. “Then, within two days, they may be in the lab looking at human knees and imaging associated with those same diseases.”

Kristen Hayward, M.D., Res. ’04, Fel. ’09, M.S. ’09, UW assistant professor of pediatrics and director of quality improvement for rheumatology at Seattle Children’s, learned about flipping the classroom through the University of Washington School of Medicine’s Teaching Scholars Program, a one-year professional development program for health educators. “Students learn better when they’re asked to interact with information in some way that’s meaningful and relevant,” says Hayward. She is incorporating rheumatology materials she’s developing into Invaders and Defenders.

And students aren’t the only ones learning. Physicians, clinicians and researchers are teaching in tandem and learning to work together to lead discussions.

“The key thing for instructors is not to just launch into the answer,” says Lynch. “Rather, it’s about facilitating conversations between individual students or student groups so that when one person understands it, they can then teach it to the person next to them.”

WWAMI-wide ownership

This level of systemic change in teaching is taking place throughout the WWAMI region. That’s where Invaders and Defenders teacher Cindy Knall, Ph.D., associate professor of medical education at the University of Alaska Anchorage and UW affiliate associate professor of immunology, comes in.

Knall has been meeting regularly with block leaders from each of the WWAMI sites since January 2015. Together, they’ve been figuring out how to make in-class activities, case studies and out-of-class resources as consistent as possible throughout the five-state region.

“It’s been a pretty intense process for everyone involved,” says Knall. And an inclusive one.

“Dr. Lynch really appreciates that we’re one medical school; we’re equal partners,” says Knall. “We did a good job distributing the workload and the sense of ownership.”

Dynamic teaching for a dynamic curriculum

Knall has also noticed a sense of ownership forming among junior faculty across the region. “Historically, “Dr. Lynch really appreciates that we’re one medical school; we’re equal partners.”

— Cindy Knall, Ph.D.
faculty would inherit the old curriculum, which was pretty much set in stone,” she says. “But now, new faculty have the chance to get involved at the development stage.”

It was this chance to shape the future of medical education that attracted Meena Ramchandani, M.D., UW acting instructor of medicine in the Division of Allergy and Infectious Diseases. Specifically, she was drawn to the interactive problem-solving required when applying scientific knowledge to patient cases.

For example, in the HIV module, students learn about the virus, host-pathogen interactions and the mechanisms of disease. Students are then introduced to the diagnosis and management of an HIV patient, including starting anti-retroviral medications, thinking about opportunistic infections and understanding recent advances in the literature.

“Students are learning how to be a physician from the beginning,” Ramchandani says. And, like Michael Ryan, she thinks the fact that the curriculum is a work in progress is a positive thing. “The teaching is dynamic, since medicine changes constantly. That’s one of its advantages,” she says.

**Working with the Robert Wood Johnson Foundation**

You could argue that the School’s curriculum renewal is a huge and beneficial experiment, one conducted over a five-state region. As it turns out, the Invaders and Defenders block is part of an even larger experiment, the Reimagining Medical Education Initiative.

The initiative is being conducted in five medical schools nationwide by the Robert Wood Johnson Foundation — an organization dedicated to understanding and addressing the biggest health challenges in the U.S. — and the Stanford University School of Medicine. The initiative’s aim is to integrate microbiology and immunology through a flipped-classroom approach.

Working closely with Paul Pottinger, M.D., Fel. ’05, UW associate professor of medicine in the Division of Allergy and Infectious Diseases, Shelyn Smith, M.D., Fel. ’97, UW professor in the Department of Pediatrics, and Troy Torgerson, M.D., Res. ’01, Ph.D., UW associate professor in the Department of Pediatrics and Seattle Children’s Research Institute investigator, Lynch became involved in the initiative during summer 2014. He helped develop the vision and flipped-classroom materials, including a video series for students to watch outside of class.

“The material developed through this initiative is being implemented, often for the first time, in Invaders and Defenders,” he says. But he’s quick to point out that the UW School of Medicine is venturing even further by transitioning its entire curriculum at once, across five states and six sites.

“It’s a steep learning curve,” he says.

**Addressing what’s important**

Lynch’s favorite metric for gauging success in the Invaders and Defenders block is the number of students who ask to shadow him and other teachers in clinic. That number is increasing. “Students really liked learning about an infectious disease or immunological concept and immediately putting it into a clinical context,” he says.

Lynch also muses on the fast pace of the classroom, and the way learning and teaching have to keep up with the changes in medicine.

The best way to keep up seems to be addressing what’s important. Teaching students how to work on teams, how to be self-directed and how to think critically. “It’s a lofty goal,” says Lynch — and a worthy one.
More Than a Labor of Love

REAPING THE REWARDS OF TEACHING

Why is healthcare so expensive? What makes some people healthier than others? Why do some patients have difficulty accessing care? These questions don’t have simple answers, yet in their complexity lies one of the rewards of teaching. Getting to know the students who ask these questions is another reward.

“Interacting with curious students is a big perk,” says Laura Goodell, M.D. ’07, a family physician in Montana and a UW clinical instructor in the Department of Family Medicine. “They ask great questions that require you to think about the standard of care and how to solve problems in new ways.”

In the classroom, Goodell helps students apply basic sciences to clinical medicine, focusing on critical thinking and teamwork. They use these skills in their primary-care practicums: a full day, every other week, spent in a primary-care clinic with a physician-mentor.

Like Goodell, Zach Meyers, M.D., Fel. ’10, primary-care practicum director in Bozeman, Mont., enjoys the excitement of teaching eager students in his clinic — in part because he gets to witness their “lightbulb” moments. For example, when one of Meyers’ patients was hospitalized for tachyarrhythmia, Meyers shared the patient’s EKGs with his practicum student.

“His eyes lit up because he had just learned about arrhythmias and how to read an EKG in class,” says Meyers. “It was fun to be able to interpret the EKGs together and have a real patient to associate with the learning.”

In introducing students to patients in clinical settings, the primary-care practicum is enormously beneficial to their development as doctors. However, recruiting faculty is an ongoing challenge. Jeanne Cawse-Lucas, M.D., assistant professor in the Department of Family Medicine and director of the primary-care practicum, must find more than 100 primary-care practicum spots for Seattle-based students alone each year — and leaders at each WWAMI training site must find spots for their students as well. Physicians who sign up are committing to many hours of teaching and mentoring. It’s a significant commitment — some might say a labor of love.

This labor can also provide additional value for physicians. Because of the new Foundations of Clinical Medicine class, students start their primary-care practicums knowing basic skills, such as how to take a history and conduct an interview. They can help with tasks physicians feel they may not have enough time for in the average visit.
“On a busy day, I can send my primary-care practicum student in ahead of me to take a patient’s history, do agenda-setting or even work on motivational interviews for things like smoking cessation,” says Meyers. “It’s nice having someone who can hit the ground running because of immersion and the Foundations of Clinical Medicine.”

The primary-care practicum, however, isn’t the only place where students are meeting patients. They also participate in a part of the Foundations of Clinical Medicine course called College tutorials, where they team up with their College physician-mentor to spend half-days at a hospital.

“In this setting, patients really become the teachers,” says Jeff Seegmiller, Ed.D., Idaho Foundations Phase assistant dean and director of the Idaho WWAMI Medical Education Program. “Patients have the opportunity to open up about things like how difficult it is to be in pain, how they are struggling with medical costs, and how important it is for doctors to offer comfort. This helps them feel like they’re receiving amazing care.”

Such good care, in fact, that one hospital site reported higher rates of patient satisfaction since the College program was introduced. Back in the classroom, teachers like Goodell witness the fruits of these clinical experiences in her students — high morale, empathy and curiosity.

“The students are enthused about the new curriculum, especially the opportunity to put a face to the disease process,” says Goodell.

SETTING THE STAGE: THE COLLEGES

Before the new curriculum, there were the Colleges. Big Sky, Cascade, Columbia River, Denali, Olympic, Palouse, Rainier, Snake River and Wind River. And just as the names evoke a sense of place, the Colleges — founded in 2001 — were intended to give students a sense of place: a cohort of fellow students to interact with, and a mentor. This mentor would take them on hospital rounds during their second year and give them firsthand training on history-taking, physical exams, oral case presentations and write-ups.

The creation of the Colleges, in other words, was a precursor to the new curriculum. Both programs aim to ensure students get clinical exposure early on in medical school. Both programs emphasize treating a patient as a whole person. And both programs focus on professional growth.

“The Colleges have definitely met expectations, and I think most people agree that they’ve exceeded them,” says Erika Goldstein, M.D., Res. ’84, MPH. Goldstein is the associate dean of the Colleges and founding director of the Colleges program. With the new curriculum, however, came new expectations. In the old curriculum, all students came to Seattle for their second year, and the College mentors were based in Seattle. Now, there are College faculty throughout the WWAMI region: one mentor for every five students, a good ratio for mentorship, and a good ratio for giving students in-hospital tutorials every other week.

Now that the Foundations of Clinical Medicine and the Colleges program have combined forces, few schools can claim such extensive clinical preparation, one so well-integrated with the basic science curriculum. Since their integration, students receive a broader set of clinical training experiences, starting day one of medical school and continuing weekly through the first 18 months.

“Students love their clinical skills, and they love their hospital morning experiences because they tie students to the reason they went to medical school,” says Dustin Worth, D.O., College head at the University of Idaho.

Goldstein and her colleagues now have a new challenge: how to maintain a sense of community among College faculty over five states. But there’s no doubt about Goldstein’s positive take on the new curriculum. “There’s a lot more conversation across the region, a lot more uniformity in the curriculum,” she says. “And we benefit from these really excellent educators throughout the region.”
The Wellness Council

When you think of a day in the life of a medical-school student, what comes to mind? Perhaps nights spent poring over textbooks, hectic days seeing patients on clinical rotations and long hours in the gross anatomy lab. However, the Wellness Council, a student-run group at the UW School of Medicine, is transforming this image by advocating for more balance in students’ lives, a useful value for students and graduates alike.

“The goal of the Wellness Council is to teach students resiliency skills to prevent burnout,” says Emily Slager, the School’s associate director of student affairs, foundations phase.

Wellness has long been a priority for the UW School of Medicine, and in 2013, when the School adopted a more student-directed approach to it, the Wellness Council was born. Each WWAMI site elects one or more student representatives who plan activities that cultivate social, mental and physical well-being for the student body.

“The reps have come up with some very creative ways to support the students,” Slager says. Events, intended to help students unwind or plan for their future, have included indoor rock climbing, knitting, multicultural potlucks, a lazy IRONMAN triathlon and panel discussions. The group has also purchased items, like foam rollers and stand desks, that improve physical health and comfort.

In addition to prioritizing student health, the Wellness Council offers financial support for activities through its mini-grant program. David Wilson, a first-year student and the Wellness Council representative in Wyoming, has used the program to help fund snowshoeing excursions and social events like “med prom” night. “They’re a springboard for learning how to deal with stressful aspects of med school,” he says.

Like Wilson, Averyl Shindruk and Caitlin Crimp, first-year students and Wellness Council representatives in Spokane, utilized the mini-grant program to organize a pumpkin-carving night and weekly yoga and mindfulness classes. Shindruk feels these activities are important for bonding and vital for success in the classroom.

“Part of being a good teammate is knowing who you’re working with — knowing each other as complete human beings, not just as medical students,” Shindruk says.

In order for students to practice wellness and build community, they must have the time to do it. The design of the new curriculum strives to provide it. In-class time has been reduced from eight to four hours a day, four days a week. And while students in flipped classrooms must spend a significant amount of time preparing for the next day’s class, they have more freedom to personalize their schedules.

“The new curriculum puts us in a better position to balance our lives, to allocate time and energy where we need it,” says Wilson.
KNOWING ABOUT THE WORLD
Using Big Data to Focus the Curriculum

F rom precision medicine to gene therapy, new medical knowledge has exploded in recent decades. It’s impossible to absorb all of it in a lifetime, let alone four years of medical school. Which raises the question: what are the most important things for medical students to learn?

As assistant dean for curriculum, this question is top of mind for Mark Whipple, M.D. ’91, M.S., UW associate professor in the Department of Otolaryngology-Head and Neck Surgery and in the Department of Biomedical Informatics and Medical Education — and a UW graduate of the Alaska WWAMI program.

In part, it’s a matter of focus. “We’ve cut down the amount of time devoted to covering basic, foundational science content,” says Whipple. “Doing this gave us the opportunity to determine the core knowledge base that every physician needs.”

It’s also a matter of relevance. In addition to developing a core knowledge base, Whipple and colleagues must decide what diseases the curriculum will cover. “How do we know what’s important in central Alaska or sub-Saharan Africa, where students might serve?” he asks. “How do we know what’s important in urban Seattle?”

Using the GBD

The Global Burden of Disease (GBD) study has been enormously helpful to Whipple and his colleagues in deriving these answers. Coordinated by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, the GBD is the largest, most comprehensive effort to measure health trends worldwide: at the regional and national levels, and, increasingly, down to the state and county levels. Because of GBD data, students in the Circulatory Systems block can compare the rates of chronic obstructive pulmonary diseases between men and women living in different counties in the U.S., and students in the Invaders and Defenders block can study the potential impact of therapies for HIV and tuberculosis around the world.

Knowing the relative importance of different diseases in different countries, including different areas within the U.S., is really important,” says Susan Graham, M.D., MPH, Ph.D., UW associate professor in the Departments of Medicine and Global Health and adjunct associate professor in the Department of Epidemiology at the UW School of Public Health. “And that’s what the GBD project does: it’s a way of assessing — from global data — what’s killing people and what’s causing the most disability.”

Graham, who is also faculty director of the Global Health Pathway in the UW School of Medicine, is working with Whipple and other colleagues to integrate themes like health equity, diversity and global health into the curriculum. “Medical students today should graduate with knowledge of their community and of the world, because they’ll see patients with a wide range of backgrounds,” says Graham.

But how do you fold GBD data into a curriculum in a way that translates into better care for individual communities? And into better, more specific learning experiences?

Applying the knowledge

One way is to have students spend time during the summer in a rural or underserved community in the U.S. or abroad, work with communities to identify local health issues, then collaborate to develop a proposal for an intervention. The UW School of Medicine has run such programs for years; teaching students how to access data relevant to these projects would make them even more effective. In the end, of course, all the data and all the changes in the curriculum add up to one goal: helping patients live longer, healthier lives.

“The reason students are learning these things is so they can reduce the burden of disease in their patients,” says Whipple. Wherever those patients — and their physicians — happen to live.
Reseach vs. teaching? That was Peter Fuerst’s dilemma. As a graduate assistant at Iowa State, he enjoyed teaching so much that he contemplated abandoning a career as a scientist altogether. But then Fuerst, a Ph.D. and an assistant professor in the Department of Biological Sciences at the University of Idaho, realized that research and teaching could go hand in hand.

“One of the reasons I accepted the job in Idaho, as opposed to a pure research position, was the chance to teach in WWAMI,” says Fuerst. And he has been a key part of the new curriculum, collaborating with a team of faculty across the WWAMI region to develop the content for a class called the Molecular & Cellular Basis of Disease, also known as “block one.”

It was not an easy task — Fuerst and his colleagues condensed subject matter from several courses and multiple fields into one. The class also had to be consistent: taught in approximately the same way at every WWAMI teaching site, and with the same learning objectives, out-of-class resources and assessments. “It helped to have a generalist background,” says Fuerst. “When you’re used to teaching courses that meet 40–50 hours a semester, you have a sense of what students need.”

Bringing in patients
What students needed, thought the curriculum development team, was patients. They incorporated patient-related scenarios at the very beginning of this seven-week class. In Idaho, for instance, students met a man with cystic fibrosis, accompanied by his wife and daughter. “We thought having students interact with a patient right off the bat would get their attention and put a face on what they were studying,” says Fuerst.

The educators were right. After meeting the patient and his family, the students explored genetics through small-group exercises. One group went above and beyond the assignment, predicting the chance that the patient’s wife was not a carrier of the most common mutation for cystic fibrosis. “Connecting a problem-solving tool to a real patient seemed to invigorate the students,” says Fuerst.

Making good teachers even better
While students completed block one in fall 2015, the hard work for Fuerst and other WWAMI faculty was far from over — they’re taking part in a process called continuous curriculum improvement. Lynne Robins, Ph.D., UW professor in the Department of Biomedical Informatics and Medical Education and director of the UW School of Medicine Center for Leadership and Innovation in Medical Education, is playing an important role that helps make good teachers even better.

Robins travels throughout WWAMI to help faculty implement active-learning techniques, such as group discussion, problem-solving and applying knowledge. “The most effective way to help faculty improve their teaching skills is through peer support, which is why teachers like Fuerst are instrumental,” says Robins.

Evaluation of students is also an important part of continuous curriculum improvement. Jan Carline, Ph.D., UW professor in the Department of Biomedical Informatics and Medical Education and director of educator evaluation, is helping the teachers develop a consistent, WWAMI-wide approach to evaluating students. “We’re doing a better job now of producing quality tests, and we’re analyzing the results to identify flawed questions or material that was taught differently across regional sites,” says Carline.

Fuerst believes in continuous curriculum improvement, and he has enjoyed the opportunity to bounce ideas about course content, test development and active learning off Carline, Robins and other faculty.

“It makes for a world-class program,” he says.
TRUSTing Students
Building Connections Through the New Curriculum

Targeted. Rural. Underserved. These words pinpoint the UW School of Medicine’s dedication to encouraging medical students to stay in the WWAMI region to practice medicine. The words are also the core of the School’s TRUST program — the Targeted Rural and Underserved Track.

This year, TRUST is providing a special curriculum for approximately 92 students, a number expected to increase next year. Chosen for their commitment to medicine in rural or underserved areas, TRUST students spend time in one of several WWAMI communities the summer before their first year. Then they commit to participating in multiple training opportunities — in that same area — throughout their four years of school.

Starting in Montana
Jay Erickson, M.D., Res. ’90, UW assistant clinical dean for Montana WWAMI, created the TRUST program for Montana in 2008. Since that time, TRUST has spread to the other states in the WWAMI region. It has also grown in popularity in its state of origin. “In 2008, we had three TRUST students in our medical-school class of 20 students. For the last three years, we’ve had 10 students out of a class of 30,” he says.

This year, the TRUST program has become even stronger with the new curriculum. Students are expected to visit their TRUST site for three out of five intersessions, brief periods set between the academic blocks for rest, remediation and enrichment. Students also return to their TRUST site to participate in other School programs that immerse them in the practice of rural medicine.

What does this mean? Greater continuity. More connections.

“Students go back to that same community and to the same mentor and patients,” says Erickson. “In the past, there wasn’t really the chance to develop a connection longitudinally over all four years.”

Continuity and community
These changes are already making an impression on first-year medical students and TRUST scholars.

“So many of the patients I’d seen over the summer remembered me and were excited that I was back,” recalls Justinn Marshall after her first intersession in Glasgow, Mont. “There was this really cool continuity and sense of community.” Justin Brewer appreciated the familiarity he felt returning to Lewistown, Mont., for his first intersession. “I felt very comfortable being in the hospital. I knew where I needed to be. And I knew a lot of the staff there,” he says.

Intersessions provide students with the perfect opportunity to practice newly learned clinical skills. “It was a lot of fun to take everything we learned from the first semester and apply it in the clinic,” says Marshall. “I felt really comfortable going into a patient’s room and talking to them, and I think that’s pretty cool after only a semester of medical school.”

Students are discovering that increased trust frequently leads to increased responsibility. “The physician in the ER had me do the interview and the physical exam,” says Brewer. “Then they asked me what I thought the diagnosis was and how I would treat it. This was a completely new experience for me and not one that many first-year students get to have.”

This phenomenon doesn’t surprise Erickson. “When you go back to your rural community, you’re often thrust into leadership positions,” he says. “We want these students to have a skill set that they can use throughout medical school, in residency and eventually in their practice as leaders in their community.”
In this segment, we document some special moments at UW Medicine with photos of students, faculty, staff and friends.

1. Posed in front of an Airlift Northwest helicopter at Boeing Field: Brenda Nelson, R.N., Airlift’s chief flight nurse; Chris Martin, R.N., Airlift’s executive director; William H. Gates, Sr.; and Connie Kravas, vice president, UW Advancement.

2. Eugene Yang, M.D., medical director of the UW Medicine Eastside Specialty Center, and his wife, Holly Ginsberg, M.D., with Mr. and Mrs. Zhanmin Lu at a gala hosted by the Hong Kong (Greater China) Business Association of Washington in February.

3. Andrew Fluckiger (Class of 2017) and his wife, Kassandra, tried to snap a cheerful picture of little Ivy with her bib on, but she had other plans.

4. Held in December, the Prostate Cancer Survivors Celebration Breakfast raised approximately $1.2 million, with the proceeds supporting research at the Institute for Prostate Cancer Research. The Anderson family, enjoying the breakfast: Kyle, Loch, Rhyan, Keysa and Carole.

5. Prostate Cancer Survivors Celebration Breakfast event founder Steve Fleischmann gives an attendee — actor Tom Skerritt — a hug.

6. MegaDO, LLC, presented a check for lung cancer research to Renato G. Martins, M.D., the Endowed Chair in Cancer Care at UW Medicine and clinical research program director at Seattle Cancer Care Alliance. The check, given in February, was made in memory of Suzanne Stork.

7. First-year medical students in Idaho on a cider-pressing outing. Pictured: Alan Gray on the tractor; Jessica Copeland (left) and Sara Schaefer.

Photos: Matthew Sobotta (1); Jody Li (2); Gail Ann Photography (4, 5); Christine Chan Anderson (6); Adam Kappmeyer (7, 8)
I see MEDEX Northwest being a collaborator with countries that want to start the physician assistant model in their country,” says Alicia Quella, Ph.D., PA-C. Quella, the former site director for MEDEX Northwest in Spokane, Wash., believes that physician assistants are an effective solution in addressing the primary-care needs of low-resource nations across the world.

Other leaders at MEDEX agree. In November 2015, Quella and MEDEX global health faculty Reba McIntyre, Ph.D., were awarded a Robert K. Pederson Global Outreach grant from the American Academy of Physician Assistants. With the grant, they took a group of students to Laos to test a pilot project: an elective rotation. One that would provide a valuable experience to the growing number of MEDEX students with an interest in global health, and, more importantly, an additional resource for medical education in Laos.

Investing in Laos
The Vietnam War took an enormous toll on this Southeast Asian country. An estimated 2 million tons of bombs were dropped on Laos, and the land remains so contaminated with cluster bombs that it has delayed the development of roads, schools and major industry. Moving forward requires clearing these legacy armaments, a significant task for a resource-constrained nation. Consequently, it’s been difficult for Laos to move forward in areas such as technology and healthcare.

MEDEX Northwest decided to address part of this issue with the Pederson grant, as well as cooperation with Health Leadership International, a Seattle-based NGO (non-governmental organization) that has worked closely with the Laotian Ministry of Health since 2008 — and whose president is MEDEX graduate Khampho Ohno, PA-C (Seattle Class 43), a Laotian-American.

“We have our direction from the ministry,” says McIntyre, the founder and executive director of Health Leadership International (HLI). “In our memorandum of understanding, we’ve been asked to do skill-based work.”

Students teaching students
And that’s precisely what the visiting MEDEX students did. Paired with Laotian physicians, the students also helped teach a component of the primary-care curriculum for PA students in Laos. And each of them was required to do intensive research on an assigned health topic as part of their master’s degree capstone project. Students took care to develop approaches tailored for a low-resource environment, presenting the materials in ways that were sustainable and culturally appropriate.

Justin Shobe, a former critical-care paramedic in the Spokane class, researched and delivered hands-on modules on hypertension and diabetes, growing and significant health concerns in Laos and throughout Southeast Asia. Ellie Andrews, Seattle class, a diagnostic sonographer prior to entering the MEDEX program, helped teach an ultrasound training course and women’s health topics, including miscarriage mismanagement and contraceptives.

Spokane student Portia Kamps focused on the diagnosis and treatment of parasitic infections endemic to the region, and Sarah Kopke, also of Spokane, taught best practices concerning the prevention of diarrhea. In all, MEDEX’s students helped teach 95 Laotian PA students, alongside local physicians and interpreters, at the College of Health Sciences in Luang Prabang.

For McIntyre, the value to the MEDEX students and to Laos is clear. “PA students go into a low-resource country and see firsthand the actual needs of providers. What is appropriate? And what can be low-cost?” she asks. “The takeaway is how important medical education is — basically, improving skill levels.”
Connecting With Students Through SAID and HOST

Student-alumni Informational Discussions (SAID)

“The alumni I met were so down-to-earth and tremendously caring toward me and the other students… it was great to get their insights into fields I have an interest in.”

— SAID PARTICIPANT

Food brings people together — including students who want to talk with alumni about life after medical school, work-life balance and their professional journeys. In November 2015 and February 2016, 120 students and 48 alumni — in 25 different specialties — participated in SAID. Special thanks to our 22 new volunteers!

Help Our Students Travel (HOST)

“Thank you, HOSTs, for all your help throughout the interview season! This program is a lifesaver, and I look forward to doing the same in the future for other medical students!”

— KATIE LIU

Fourth-year students do a lot of traveling for residency interviews, and over the past few months, 135 alumni in 83 cities — from Baltimore to Portland and many points in-between — volunteered to host students. Our students interviewed with more than 100 residency programs, representing about 20 specialties. And they received more than 300 free nights of accommodation!

Getting Happy at Happy Hour

Last fall, UW School of Medicine alumni gathered in Boston, Chicago, Madison and Salt Lake City for happy hours: to meet and greet each other and to welcome new graduates to their cities. “I had a great time meeting new people from UW, eating delicious food, and going out on the town!” said Janessa Lawhorn, M.D. ’13, of Madison, Wis.

We’d like to extend a special thanks to the local hosts, who helped coordinate the events and made sure everyone felt welcome: Donald Bergstrom, M.D., Ph.D. ’00, Julien Pham, M.D. ’04, and Jenny Trieu, M.D. ’10, in Boston; Alex Farnand, M.D. ’13, in Chicago; Janessa Lawhorn, M.D. ’13, in Madison; and Marilyn Corbett, M.D. ’87, and Karissa Keenan, M.D. ’15, in Salt Lake City.

Would you like to host an event for UW School of Medicine alumni in your city? Contact us at 206.685.1875 or medalum@uw.edu. The alumni office will take care of most of the planning; all you need to do is serve as our local contact!
Meet Our New Council Members

We’re pleased to introduce you to Ettore Palazzo, M.D. ’98, Res. ’01, Chief Res. ’02, and Julie Vath, M.D. ’00, who are among the newest members of the UW School of Medicine Alumni Leadership Council. Want to learn more about the council? Please contact us at medalum@uw.edu.

Ettore Palazzo, M.D. ’98, Res. ’01, Chief Res. ’02

Originally from Covington, Wash., Palazzo graduated from Kentwood High School and earned a B.S. in biochemistry from the UW. A hospitalist at Evergreen Hospital, he and his wife, Setareh, live in Kirkland with their children, Luca, 13, and Elena, 9.

Why did you decide to join the council? President Scott Stuart, M.D. ’01, Res. ’04, Chief Res. ’05, told me about its wonderful work. I was quite impressed and very much wanted to be a part of it.

How have you stayed connected with the School? After residency, I became an acting clinical instructor and worked as an attending physician in the ER at Harborview Medical Center. Since 2004, I have taught third-years at Evergreen Medical Center for their internal medicine clerkship.

What do you do in your spare time? My father is originally from Italy, and I have a love for Italian automobiles. I enjoy tinkering with a few cars that I have collected. In fact, I probably enjoy working on these cars more than I do driving them!

Julie Vath, M.D. ’00

A native of Seattle, Vath has a B.A. in English from the UW. She lives in Seattle with her husband, Brian Vath, M.D. ’00, their children, Ethan and Sara, two golden retrievers and two chickens. She is a staff anesthesiologist at Virginia Mason Medical Center.

Why did you decide to join the council? I had an amazing experience as a student at the UW School of Medicine, and I wanted to stay connected and contribute to the alumni community. The council is filled with alumni who are passionate about the future of medicine, the students and the legacy of the School.

What do you like best about your career? I get a lot of satisfaction in providing care to surgical patients and enjoy collaborating with excellent colleagues who I’m privileged to work with.

What do you do in your spare time? I try to be outdoors as much as possible; it’s the Northwest, after all! We ski, swim, hike and bike — and we are perpetually planning the next perfect camping road trip. So much blacktop, so little time!

Save the Date:
UW Medicine Night at the Mariners

Join us again this year at Safeco Field’s Lookout Landing for 300-level seats and a private barbeque with baseball favorites. Mark your calendar and stay tuned for more details!

Seattle Mariners vs. the St. Louis Cardinals
Sunday, June 26 • 1:10 p.m.

To learn more, contact the UW School of Medicine Alumni Relations office at medalum@uw.edu, 206.685.1875 or toll free at 1.866.633.2586.
INFORMATION & REGISTRATION. For more information, to register for the 2016 Reunion Weekend, or simply to register for the Toast, visit uwmedalumni.org/reunion. Please register by April 11 to take advantage of early-bird discounts; registration closes May 23, 2016.
Idaho Alumnus Honored

Pathologist and teacher Larry Knight, M.D. ’58, was honored with the Idaho WWAMI Alumni Award for Excellence in Mentoring, Teaching, Leadership and Patient Care during the Idaho WWAMI Legislative Reception in February. The award, presented by Mary Barinaga, M.D. ’95, Res. ’98, honored Knight, who took a leadership role in pathology at local hospitals, a civic role in the U.S. Army Reserve (Active) Medical Corps, and a teaching role as a clinical instructor in pathology for the UW School of Medicine from 1980–1996. Knight also served for more than 20 years on alumni, foundation and college boards at the University of Idaho.

Correction. In the last issue, we indicated that Boise was the first-year site for Idaho WWAMI. The first-year site is located in Moscow.

Match Day

At 9 a.m. on March 18, 2016, 202 fourth-year students at the UW School of Medicine joined students across the country to open an important envelope and learn where they would complete their residencies.

This year, 42,370 applicants nationwide vied for more than 30,750 residency positions. At the UW School of Medicine, 31 percent of the graduating class matched into residency programs in the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region; their classmates will be taking positions in other parts of the country.

Celebrations were held across WWAMI for students and their families. In Seattle, students gathered with friends, family and faculty members in South Campus Center, where they celebrated with refreshments and a photo booth.

YOUR IRA.
YOUR TAX-FREE GIFT.
YOUR LIFE-CHANGING INVESTMENT.

THE CONNERS AND UW MEDICINE. Years of experience with illness — cancer, heart disease, Alzheimer’s — among family and friends inspired Marilyn and William Conner to create an endowed chair in stem cell medicine. This investment in UW Medicine’s faculty was made possible, in part, by a charitable IRA rollover gift. “Sharing seems like the right thing to do,” says Marilyn.

NEW LAW, NEW OPPORTUNITIES! Courtesy of Congress, the charitable IRA rollover has been extended to 2016 and beyond. You must be 70 ½ to be eligible; other rules apply.

FOR MORE INFORMATION, contact UW Medicine Advancement at 206.543.5686, visit supportuwmedicine.org/IRA-gift, or contact your advisor.
Please join us for your reunion, June 3–4, 2016! More information on page 29.

1951

Jack Games, M.D., Res. ’61 (psychiatry), writes, “I am not up to much, but I am up, which is okay at this time of life! I have been busy as a caretaker — necessitated by illnesses in family members, especially, so I still feel close to medical issues. Sending good vibrations to classmates, and I have not given up hope of getting back to Seattle sometime!”

Alan L.W. Gunsul, M.D., will be joined by his three siblings and all of their descendants — down to his great-grandchildren — this summer in Redmond, Ore., to celebrate his 90th birthday. Then he and his wife will leave for the Summer Olympic Games in Rio de Janeiro, Brazil. This will be the 12th Summer Olympic Games he has attended since 1968.

1956

Please join us for your reunion, June 3–4, 2016! More information on page 29.

William H. Foege, M.D., MPH, retired after eight years of service on the Conrad N. Hilton Foundation board of directors; previously, he served for seven years on the international jury for the prestigious Conrad N. Hilton Humanitarian Prize.

Sig (Ted) Hansen, M.D., Res. ’69 (orthopaedics), writes, “Just had my 80th! I’ve been 80-percent retired for five years. Working 20 percent is easy enough, and I plan to continue!”

1955

Please join us for your reunion, June 3–4, 2016! More information on page 29.

1960

C. Gordon Strom, M.D., is still working with The Joint Commission, singing with the San Francisco Bay Area Chamber Choir and sailing whenever possible.

1962

Fay Millett, Jr., M.D., moved to Friendship Village in Tempe, Ariz., and has been retired for 10 years.


1966

Fay Millett, Jr., M.D., moved to Friendship Village in Tempe, Ariz., and has been retired for 10 years.


H. Chris Halvorson, M.D., writes, “I am a retired urologist. I encourage all my classmates to attend the 50th reunion in June 2016!”

No Boundaries

Angela Bowen, M.D. ’63

Angela Bowen, M.D. ’63, is no stranger to breaking barriers. She graduated as one of only four women in a class of 100 and was one of the first female doctors in the Olympia, Wash., area. And when she wanted access to clinical trials — at the time largely available only to medical-school doctors supervised by university medical review boards — she made her own: the Western Institutional Review Board (WIRB), now the largest board in the world, with research sites in all 50 states and more than 30 countries.

After retiring from her private endocrinology practice in 1991, Bowen dedicated her career to pursuing ethics in clinical research. In 2003, she founded the Middleton Foundation for Ethical Studies (MFES), a charitable organization dedicated to helping countries around the world create frameworks for ethical review practices.

Today, Bowen is pursuing her passion of preserving green spaces in her community. She serves on the executive and park committees of the Olympia Tumwater Foundation and runs the Angela J. Bowen Conservancy Foundation. Her most fun challenge to date? Purchasing, revitalizing and running one of Olympia’s cherished community assets: the Olympia Country & Golf Club.
Don McClure, M.D., writes, “Come join us for the release of our 2015 pinot blanc and roșie of pinot noir. This is the 13th vintage of our vineyard and winery in the northern Willamette Valley [Oregon]. A bonus this year is the introduction of our new winery dog, Nicky. Nicky is six months old and was born the day our 2015 pinot noir ripened! She is just beginning her training as a winery dog and really wants to meet you. I recommend calling for an appointment at 503.538.7450 to ensure we are here.”

1967

David Bearman, M.D., writes, “Blue Point Books recently published volume two of my book Drugs Are Not the Devil’s Tools: How Discrimination and Greed Created a Dysfunctional Drug Policy and How It Can Be Fixed. The book critiques today’s policy and traces its path through history, explaining how it’s used as a tool to marginalize discriminated-against groups. It offers a new harm-reduction, early-intervention medical approach instead of the failed “War on Drugs.” UW Health Sciences NewsBeat ran an online interview with me, and The Seattle Times published my op-ed piece. I am vice president of the American Academy of Cannabinoid Medicine (AeACM), and I have spoken widely on medical cannabis over the last year, including talks in Australia, Costa Rica, Denver, Minneapolis, Chicago, West Palm Beach and Los Angeles. On a totally different matter, I continue to serve on the board of directors for the Goleta West Sanitary District. We are working on improving disposal of outdated or unneeded prescription medicine by increasing public awareness and drop-off sites.”

Ward Buckingham, M.D., Res. ’74 (internal medicine), Chief Res. ’75 (internal medicine), writes, “I continue to speak to consumer groups on the magnitude of the problem of medical errors in healthcare and what consumer groups can and should do to enhance patient healthcare safety, advocacy and empowerment. The first nationwide medical error-related mortality statistics were published 16 years ago, and the statistics haven’t improved since then — the increasing complexity of healthcare has contributed to this trend, as has the slowness of physicians to move to a true culture of safety. People are startled to learn what I have to share, and they pepper me with questions generated by my presentations. We all need to commit to embracing a healthcare culture of safety and cultivating more of a team approach focused on the central team participant: the patient. This is not rocket science, but it represents major change amongst some healthcare providers.”

Philip Crichton, M.D., writes that he has been “retired from his radiology practice in Brunswick, Maine, for about one year now. Enjoying retirement with lots of travel. Still like going to radiology and general medicine courses.”

David Jones, M.D., writes, “After a long and happy career in ophthalmology, I am enjoying retirement, including frequent air travel. On several occasions, I have responded to an in-flight request for medical help. Although each situation was resolved satisfactorily, my anxiety would have been reduced had I been reacquainted with the basic approach to therapy for the sick traveler. Should the School offer a concise morning or day-long refresher course in emergency medicine, specific to the air traveler? I suspect more than a few boomers would turn out. What do you think?”

1970

John M. Boyce, M.D., retired from the position of director for hospital epidemiology at Yale-New Haven Hospital in May 2015. He still has an academic appointment as a clinical professor of medicine at the Yale School of Medicine.

Terrance A. Chinn, M.D., and Stanley C. Harris, M.D., won their first sectionally rated open pairs bridge championship in May 2015 in Kent, Wash.

Harriet Hall, M.D., has recently produced a free, 10-part video lecture course on science-based medicine vs. alternative medicine. It can be found at web.randi.org/educational-modules.html.

Kaj Johansen, M.D., writes, “I continue to practice as a vascular surgeon here in Seattle. I’m approaching my 40th year; how long a senior surgeon should continue operating is not only of personal relevance but also has actually become a research interest. Patient care continues to be incredibly rewarding and fulfilling. The extent to which electronic health records and record-keeping and other necessary but stultifying bureaucratic issues hinder our primary mission was brought home by a recent trip to Ethiopia to construct vascular access for dialysis patients. There were no insurance forms, no history and physical examinations, no hospital administrators. Their quality metrics: just grateful patients and doctors. I’ve also been energized by the opportunity to participate in blowing up and rebuilding the UW School of Medicine’s medical student curriculum, a century after the Flexner report. It was past time for a change!”

Michael Singhasas, M.D., says, “I retired one year ago. We (Rocky and Mike) plan to stay in Anchorage, Alaska, as this is a wonderful town and state. The majority of my practice of urology was with the Indian Health Service in South Dakota and Alaska.”

1971

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Diane Lowinger, M.D., writes, “I’m sending a photo of us (Diane and Edmund Lowinger, M.D., both Class of 1971), with our grandchildren: Erik (with Ed) and Chance (with me), wearing their 1971 graduation caps over the last spring. We are retired from the Indian Health Service in South Dakota. We are delighted to have moved to Pueblo, Colo., but make frequent trips to Seattle to visit the little boys.”
John W. Onstad, M.D., retired in April 2014 from the practice of pathology in Yakima, Wash.

1972

Richard A. Horvitz, M.D., writes, “After nearly 39 years practicing clinical pathology at Butterworth Hospital (now part of Spectrum Health Medical Center) in Grand Rapids, Mich., I will finally be retiring this June. I have been working only part-time the last few years, and my department head told me they need another full-time person in my area. My wife has physical limitations getting around, and I am spending more time helping her take care of our pets (three Samoyeds, plus a number of cats and other smaller pets) and other things around the house. I have not yet decided what I will do in my retirement. I may do more reading, take courses at a local emeritus college program, spend more time working out at a new YMCA, spend more time at our summer place on the shore of Lake Michigan in Holland, Mich., or do more traveling. I have been well, in good health and with no serious illnesses all these years. I have stayed physically active with running and swimming. I ran a 5K (31:55) last fall, but think this will be my last one. My wife and I have been married almost 39 years, and we are doing well. We never had children, so we cannot do the common retirement activity of spending time with grandchildren, but we will have more time to spend together doing other activities. I am even beginning to look forward to the easier and less pressured life retirement will bring.”

Sam L. Mortimer, M.D., writes, “I practiced pediatrics in Rapid City, S.D., for nearly 40 years, retiring at the end of last year.”

1973

Michael Boyer, M.D., Res. ‘76 (child psychiatry), Res. ‘77 (pediatrics), retired in 2015.

Clinton Sanford, M.D., retired from 38 years of active family practice this year. He is happily doing occasional vacation coverage. Otherwise, he is going places, seeing his grandkids, golfing and gardening.

1974

Richard Starkey, M.D., Res. ‘75 (family medicine), Res. ‘77, writes, “I retired from family practice in Mountain Home, Idaho, on June 11, 2015, after 38 years.”

1976

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1977

Sarah Weinberg, M.D., Res. ‘81 (pediatrics), writes, “In retirement, I am devoting much time and energy to advocate for universal health coverage. I encourage all of my classmates to join me and Physicians for a National Health Program-Western Washington: pnphp-westernwashington.org.”

1978

Ronald Shaw, M.D., writes, “I am working as medical director for the Citizen Potawatomi Nation in Shawnee, Okla. I was elected to the Osage Nation Congress in 2014. My professional interests include addiction treatment and cancer screening.”

1980

Gregory Cain, M.D., completed his fellowship in primary-care sports medicine in July 2013. He is now employed by Group Health Physicians.

E. Franklin Livingston, M.D., Res. ‘83 (physical and rehabilitative medicine), is happy living in Lake Havasu City, Ariz. He is doing musculoskeletal and peripheral neurological diagnosis. He writes, “Come and see the London Bridge!”

1981

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Reginald Finger, M.D., MPH, writes, “I am doing very well in my third year teaching biostatistics, epidemiology and public health research methods to graduate students at Indiana Wesleyan University, primarily in the master of public health program.”

Carl Olden, M.D., writes, “In September 2015, I was elected to the board of directors of the American Academy of Family Physicians (AAFP) for a three-year term. I continue to be active with the AAFP’s Advanced Life Support in Obstetrics program, having led a start-up course in Baghdad, Iraq, in February 2014, and a recent update in Riyadh, Saudi Arabia. I am president-elect of the Washington State Obstetrics Association, on the management board of the Foundation for Health Care Quality’s OB Clinical Outcomes Assessment Program, and a member of the Washington Robert Bree Collaborative. I am in a family medicine group in Yakima, Wash., and also serve as CMIO for my hospital’s clinically integrated network. Susan and I are celebrating 37 years of marriage this coming June. We have four adult children and two granddaughters, with a third grandchild due in April.”

1982

Peter Rabinowitz, M.D., writes, “After 15 years on faculty at the Yale School of Medicine, I am excited to have returned to the University of Washington, where I am directing the Center for One Health Research, exploring linkages between human, animal and environmental health.”

1983

Don Beck, M.D., has a new position at University of Maryland Upper Chesapeake Health in Bel Air, Md.

The Finger family, celebrating Reginald’s 60th birthday in Nampa, Idaho: daughter Monica; Reginald; Reginald’s wife, Annette; their son, Dawson; their daughter-in-law, Lydia; and their grandson, Morgan.
1984

Dale Abbott, M.D., writes, “I have quit private practice after 26 years in Burlington, Wash., and am moving to New Zealand to work locums for a year. I need to escape American insurance and electronic health records insanity!”

Brian Goltry, M.D., Chief Res. ’00 (internal medicine), Fel. ’02 (medicine), and Victoria (Tory) Goltry, M.D. ’84, Res. ’87 (family medicine), are living in Boise, Idaho. Tory has founded a nonprofit organization, the Cancer Connection. Brian is a pulmonologist, intensivist and sleep medicine physician at St. Luke’s Health System.

Linda Gromko, M.D., Res. ’87 (family medicine), has served the transgender community for 18 years. Observing that transgender and gender non-conforming youth had little information written specifically for them, Gromko released Where’s MY Book?: A Guide for Transgender and Gender Non-Conforming Youth, Their Parents, & Everyone Else. The book is available online, and Gromko is a frequent speaker in the area of transgender medicine. Her website: LindaGromkoMD.com.

John Jarstad, M.D., recently sold his four Puget Sound Evergreen Eye Center practices and has accepted a position as associate professor and director of cataract and refractive surgery at University of Missouri School of Medicine’s Mason Eye Institute in Columbia, Mo. Jarstad recently completed his 31st and 32nd medical teaching mission trips to Manila, the Philippines and Madagascar, where he introduced the Jarstad cataract surgery simulator to ophthalmology departments. He was appointed to the vision committee at Latter-day Saint Charities, Salt Lake City, Utah, and to the board of trustees at the Pacific Northwest University College of Osteopathic Medicine, Yakima, Wash.

Debra S. Lapo (Hedin), M.D., Res. ’87 (family medicine), retired from family medicine at Confluence Health in East Wenatchee, Wash., in November 2015. She is working on two special projects. First, she is developing Larry Mauksch’s Listening Well curriculum for Confluence Health Staff and providers. (Dr. Mauksch is a clinical professor emeritus in the Department of Family Medicine.) Lapo is also working to establish north central Washington’s first school-based health clinic in fall 2016.

1986

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Jolyon Schilling, M.D., writes, “I’m in my 22nd year of vascular and general surgery practice in Tucson, Ariz. I continue to serve with the 162nd Wing as a lieutenant colonel flight surgeon, flying in F-16 jets whenever I get a chance. My youngest child moved out in August, leaving me and my wife of nearly 22 years, Diane, empty nesters. However, two dogs, three cats and two tortoises still reside at the house. I am planning a garage addition to continue some hot rod projects. I just shot my first Coues deer last fall in the Catalina Mountains north of Tucson, Ariz., and I am planning more hunts next year.”

1989

Theodore Houk, M.D., writes, “I will be president of the Baltimore County Medical Association this year. As an older independent doctor, I am employed by 1,014 patients. I see my patients at two local hospitals. I am back to running 25 miles a week — still 12-minute miles — and doing 60 push-ups most days. I had a few fractures three years ago, so I could not exercise for nine months. Because of the riots downtown last year, I made sure Congressman Elijah Cummings received the “On Being a
Good Neighbor” chapter in *Strength to Love* by Martin Luther King, Jr. That day, Congressman Cummings started to mention it on TV and radio interviews. Dear medical siblings, stay in touch with your politicians!"

1991
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Paul Zimmer, M.D., pictured below, has just transitioned from being the medical director of the Kodiak Community Health Center (where he spent 21 years) to a new position as regional medical officer for the Foreign Service with the U.S. Department of State. He’ll be leaving shortly for Abu Dhabi. His wife, Tia, is seeking work, while their two children, Anelise (21) and Daniel (19), are in college.

1996
Please join us for your reunion, June 3–4, 2016! More information on page 29.

Eric Parsons, M.D., writes, “I’ve joined the residency faculty at Natividad Medical Center’s family medicine residency in Salinas, Calif.”

1999
Matt Oliva, M.D., Res. ’03 (ophthalmology), was featured in a VICE episode on HBO for a special segment called “Beating Blindness.” In the segment, VICE’s Isobel Yeung travels to Harar, Ethiopia, where she meets Oliva, who is working with the Himalayan Cataract Project, a non-governmental organization working to eradicate blindness in developing countries. Oliva and the local surgical team perform nearly 700 surgeries over the course of a week. See more; visit hbo.com/vice and search for “beating blindness.”

2001
Michael Vlases, M.D., writes, “Hey, everybody. I am still in Bozeman, Mont., after moving here following completion of internal medicine residency 11 years ago. I was elected chief of staff at Bozeman Health in 2014 and fellow of the American College of Physicians in 2015. I continue to serve as director of our diabetes center and as a part-time hospitalist. My chief-of-staff term is over, and I have moved to a full-time administrative position as CMIO at Bozeman Health. I also recently joined the Montana Governor’s Council on Healthcare Innovation and Reform. Look me up if you are in WWAMI-land and are working on innovative healthcare models, telemedicine or informatics.”

2004
Eric Roy, M.D., is a community physician in Meridian, Idaho.

2006
Please join us for your reunion, June 3–4, 2016! More information on page 29.

Sonja Ronning, M.D., writes, “I am living in Olympia, Wash. I was faculty at Providence St. Peter Family Medicine Residency Program, and I am now working for Group Health Cooperative. I am married to an amazing Indian-American, Vei, who has a one-year-old son, Mohan.”

From Pen to Paper to Practice
Phillip Stevens, B.S. ’01, M.Ed., CPO, FAAOP

If there’s one word to sum up the career of orthotist and prosthetist Phillip Stevens, B.S. ’01 — it’s prolific.

“I didn’t anticipate all the writing,” says Stevens. “Academic journal articles, magazine columns and textbooks are all areas I enjoy.” And it shows — Stevens has contributed to well over 50 publications, all in an effort to translate academic literature into mediums the average clinical practitioner can use.

Today, Stevens works at the Hanger Clinic in Salt Lake City, Utah, specializing in upper-extremity prosthetics. But that’s just one of his many roles. Last summer, Stevens finished his tenure as president of the American Academy of Orthotists & Prosthetists. He has also taught in Tanzania, Cambodia, Thailand, Panama, El Salvador, Costa Rica and Ecuador.

Stevens’ latest project? “I just finished my role as co-editor of the fourth edition of the *Atlas of Amputations and Limb Deficiencies: Surgical, Prosthetic, and Rehabilitation Principles,*” says Stevens. “As a person who was professionally raised on the second edition of the Atlas, it has been gratifying to be so involved with the next edition.”
2008

Blaire E. Burman, M.D., completed her gastroenterology fellowship at UCSF in 2014 before joining Virginia Mason as a gastroenterologist and hepatologist. She is the director and founder of the Virginia Mason Hepatitis C Clinic.

Andrew Cowan, M.D., graduated from his UW Medicine hematology-oncology fellowship in 2015. His daughter, Catherine Lily Cowan, was born on Dec. 11, 2015, at UW Medical Center.

Marie Holzapfel, M.D., completed her gynecologic oncology fellowship at UCLA-Cedars Sinai Medical Center. She started at Kaiser Permanente Santa Clara in November 2015.

Christopher Kweon, M.D., is returning to UW Medicine’s Department of Orthopaedics and Sports Medicine, Division of Sports Medicine.

Christopher Schwartzenburg, M.D., joined Valley Medical Center as an ob-gyn and is based in the Kent, Wash., clinic.

2009

S. Bradley Daines, M.D., writes, “We recently moved to Boise, Idaho, to start practice after completing a hip and knee reconstruction fellowship at the Hospital for Special Surgery in New York City. We are loving Boise and my hospital, Saint Alphonsus Regional Medical Center Hospital. I’m looking forward to increased involvement in WWAMI programs.”

Frederick Robey, son of Susan Fink, M.D., Ph.D. ’07 (molecular and cellular biology), and Thomas Robey, M.D., Ph.D. ’07 (bioengineering), thinks this apple could keep the doctors away.

2011

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Daniel Benedetti, M.D., and his wife, Kaci Benedetti, welcomed their son, Grayson, in October 2015. Thomas Benedetti, M.D. ’73, MHA, and Jacqueline Benedetti, Ph.D. ’74 (biostatistics), are proud grandparents.

Amy Farrar, M.D., writes, “I am a family medicine doctor with the UW Neighborhood Clinics and am very happy to have returned to UW Medicine.”

2012

Justin Linam, M.D., and his wife, Moira, are happy to report that Graham likes his new bib.
Ph.D.s, Residents, Fellows

Family Medicine

William L. Oppenheim, M.D., Res. ‘78, received a Lifetime Achievement Award from the American Academy for Cerebral Palsy and Developmental Medicine (AACPDM). Oppenheim is the Margaret Holden Jones Professor of Cerebral Palsy and professor of pediatric orthopaedics at the David Geffen School of Medicine at UCLA. He was the founder of the Center for Cerebral Palsy, which has grown to include two endowed chairs, a gait laboratory and a research fund. Oppenheim served as president of the AACPDM in 2007.

Joseph Scherger, M.D., Res. ‘78, writes, “I am the vice president for primary care and the Marie E. Pinizzotto, M.D. Chair of Academic Affairs at the Eisenhower Medical Center and Annenberg Center for Health Sciences in Rancho Mirage, Calif. I have a new book, Lean and Fit: A Doctor’s Journey to Healthy Nutrition and Greater Wellness, available online. In 2014, I published 40 Years in Family Medicine, also available online.”

Jeffrey Adams, M.D., Res. ‘95, and his wife, Molly, may have a future doctor on their hands with baby Austin.

Lauren Hughes, M.D., Res. ‘13, was appointed deputy secretary for health innovation for the Pennsylvania Department of Health in July 2015, following completion of her Robert Wood Johnson Foundation Clinical Scholars Program health services research fellowship at the University of Michigan. In her new role, she oversees comprehensive health and healthcare delivery system transformation for the state, the prescription drug monitoring program, the bureau of health planning, the bureau of managed care and the health research office. She was named a fellow of the American Academy of Family Physicians in October 2015.

Orthopaedics

Marc Swiontkowski, M.D., Res. ‘84, writes, “I took over as editor-in-chief of the Journal of Bone & Joint Surgery in July 2014. I am still practicing fracture care at TRIA Orthopaedic Center and doing teaching and research at the University of Minnesota’s department of orthopaedic surgery.”

Otolaryngology


Pediatrics

F. Estelle R. Simons, M.D., FRCP, FAAP, FAAAAI, Res. ’75, was inducted as a fellow of the Royal Society of Canada on Nov. 28, 2015, for advancing allergy and clinical immunology during more than four decades of leadership in research, education and service. Her research has focused on the clinical pharmacology of medications used to treat allergic diseases. Fellowship in the Royal Society is Canada’s highest academic honor. Simons is a past president of the American Academy of Allergy, Asthma, and Immunology.

Psychiatry and Behavioral Sciences

James Charney, M.D., Res. ’76, writes, “After 35 years in practice, I closed my child and adolescent psychiatry office in New Haven, Conn., three years ago. When I am in New Haven, I still teach at the Yale School of Medicine, but my wife, Diane, and I spend most of the year now at our home near Orvieto in Italy. I’m consulting with the St. Stephen’s School, an English language high school in Rome. I also teach a course called “Madness at the Movies” at both Arcadia University and American University in Rome. The course, which I taught at Yale for 13 years, uses films to illustrate different forms of mental illness — it’s an abnormal psych course crossed with film appreciation. I love teaching it, and the students seem to get a lot out of it. Diane still teaches French and writing at Yale. Our son, Noah, has just published his fifth book, The Art of Forgery, published by Phaidon Press. He is an expert on art crime, and he founded ARCA, a program teaching art security that runs 12 weeks every summer in Amelia, Italy. Noah often writes and is interviewed on the subject, and he lives in Slovenia with his wife, Urska, and their two daughters, Eleonora and Izabella, ages 3 and 1. We are lucky to be able to visit them regularly when we are in Italy.”

Rheumatology

Andrew Holman, M.D., Fel. ’92, writes, “After 22 years as the primary rheumatologist at Valley Medical Center, I have a second career: commercializing the first actionable diagnostic able to predict biologic outcomes in rheumatoid arthritis and guide adjunctive ANS (autonomic nervous system) therapeutics to vastly enhance treatment therapies. An ANS revolution is coming. And it will benefit not just rheumatology, but also cardiovascular medicine, metabolic syndromes and cancer outcomes. See more at Inmedix.com or on PubMed.”
Megan Rolinger, PA-C (Anchorage Class 1), writes, "I am working at South-central Foundation (SCF) in Anchorage, Alaska. I primarily work in family medicine full-time, and I pick up a shift here and there in the SCF Emergency Department Fast Track for the Alaska Native Medical Center (ANMC). I am serving on a few committees, including the infection control committees for SCF and ANMC, and the emergency infectious disease response team for SCF. And just to mix things up a bit, I am one of the outpatient representatives for the ANMC antimicrobial stewardship program. On occasion, I get to have fun in the Anchorage MEDEX classroom, helping with testing and physical exams. To relax and have fun, I enjoy reading and spending time with my family — camping, four-wheeling and snowmobiling. Lucky for me, all of these help to fulfill my love for photography. I am a die-hard Iron Dog fan — go, team No. 10!"

Riley Bennett, PA-C (Anchorage Class 2), writes, “I was born and raised outside Palmer, Alaska. After several years working as an X-ray technician, I was accepted to MEDEX and graduated in summer 2012. Several of my rural rotations sites as a student included Nome, Kodiak and Naknek, Alaska. My experiences in these remote areas left me craving more. Upon graduation, I accepted a job at Norton Sound Regional Hospital in the rural community of Nome — where the iconic Iditarod dogsled race ends. I have been working in an urgent care/ER setting ever since, and I have been more than satisfied with my choice. I have had the opportunity to work in several of the region’s surrounding villages, including Gambell, Savoonga, Wales, Teller, Shishmaref and Little Diomede — each a unique and exciting experience. In 2013, I joined a missionary team and traveled to Nigeria to do medical work. This experience was eye-opening and rewarding in so many ways. My husband, a bush pilot and civil engineer, was blessed to find work here in Nome reconstructing the airport runway. Together, we have enjoyed some serious outdoor adventuring, including flying, hiking, biking, trail running and pack rafting. It will be difficult to leave this beautiful tundra behind someday, but we look forward to the next adventure that awaits us in another remote Alaskan location.”

Thomas DeBlauw, PA-C (Anchorage Class 3), writes, “My medical background started in the military, and then I applied to MEDEX. I am now starting my third year as a physician assistant. I have been working for a cardiologist in interior Alaska since graduation and also co-own and operate a clinic in Denali National Park. I share my time between the practices, as well as a rural military clinic. I enjoy the outdoors and love living in a place that has given me the opportunity to pursue my interests.”

Gil Hash, PA-C (Seattle Class 12), writes, “After graduation, I worked in emergency medicine and family practice. From 1983 to 1984, I did a postgraduate residency in emergency medicine at Los Angeles County/USC. I have been retired since 2000 and am now in the Virgin Islands. I have worked all over the U.S. in both rural and emergency medicine: Wyoming, Washington, New Mexico and Michigan, including a few years at the Henry Ford Hospital emergency room in Detroit, Mich. I remained a volunteer firefighter and paramedic. I enjoyed blazing the trail. Now I’m retired on the beach — painting, writing and diving. It was a great medical career.”

David Grega, PA-C (Seattle Class 22), writes, “We have a second-generation Husky. My daughter Daileen will be graduating from UW this June — UW ’16! My son, David, Jr., who grew up in UW Family Housing, is a winemaker in Napa, Calif., and has blessed us with
our newest Husky, Maverick James, now 4 years old. I am enjoying my practice in orthopaedic surgery with the Permanente Medical Group in Sacramento, Calif. I have maintained my Husky season tickets and enjoy coming up for the games in the fall and revisiting the campus and the U District, a place held very close to my heart.”

Elizabeth Lykins, PA-C (Seattle Class 28), MPAS, writes, “For a large span of my career as a PA, I worked in emergency medicine and urgent care in the Seattle area. I have since left emergency medicine and acquired additional training in sleep medicine, medical weight loss, integrative medicine, Neuro-Linguistic Programming (NLP) and life coaching. I now live in Santa Cruz, Calif., with my sweet 12-year-old daughter and our two cats. Having benefited from significantly improved nutrition and fitness in my own life (lowering carbohydrates, increasing healthy fats and exercising regularly) and seeing similar results in the lives of my many patients, I have discovered a deep passion for developing nutrition and wellness programs for the primary-care and complementary-care settings. My personal goal is to train as many healthcare and fitness providers as possible with a simple approach that will empower them to educate their patients and clients by offering their own nutrition and wellness programs. I really enjoy working with individuals and businesses by helping them to become ‘unstuck’ and to live an authentic life. When I am not working, I like traveling, music and enjoying the beauty of Monterey Bay and the California coastline with my daughter.”

Gabrielle Zecha, PA-C (Seattle Class 29), recently accepted the position of associate medical director for advanced practice providers (APPs) at Seattle Cancer Care Alliance (SCCA). She began her oncology career on the transplant service in 1998, and she helped the service transition from Swedish to UW Medical Center in 2001. She went on to spend several years at the VA Puget Sound Health Care System before returning to SCCA in 2007. Her clinical time in her new role will be divided between transplant and non-transplant.

Michelle Marti, PA-C (Seattle Class 30), writes, “After graduating in 1998, I returned to my home community in Livingston, Mont., and worked as a family practice PA for 17 years at Community Health Partners, providing care for the medically underserved in Park County. Livingston is a small town of 7,500 people, located 50 miles north of Yellowstone National Park, with a mix of ranchers, miners, artists and small-business owners. In October 2013, I had the opportunity to travel to Ecuador as a volunteer healthcare provider, along with my daughter Kristen (a current MEDEX Spokane Class 19 student), for the Tandana Foundation, an organization that provides healthcare services in remote mountain villages in northern Ecuador. I work for Livingston HealthCare in an acute-care clinic.”

Tracey Smith, PA-C (Seattle Class 30), writes, “I do interventional pain at a North Carolina clinic. Initially, I thought pain medicine providers had a bad reputation as ‘pill pushers,’ but as I got into the practice, I realized I use every bit of my MEDEX education and training in the interventional pain practice. Because pain arises from all areas of medicine — whether it’s oncology pain, orthopaedic pain, rheumatologic pain, post-traumatic pain (like vertebral fracture-related pain), or degenerative disc disease with surgical interventions and laminectomies — I use a comprehensive approach to the treatment of chronic pain in my patients. My patients range from age 16 all the way up to about 100.”

Rebecca Souza, PA-C (Seattle Class 35), writes, “My first PA position was with Western Washington Medical Group orthopedics in Everett, Wash. After nearly six years, life events happened, and my husband, daughter and I packed up and moved to the East Bay area in California to care for a family member. I was hired by Kaiser Permanente as their first PA in the head & neck surgery department. That was over five years ago, and in June, our family will relocate to Sunnyside, Wash., as my husband has been hired to pastor a church in that community. I hope to find a position there in family medicine to fulfill my original goal as a PA.”

Peter Colasurdo, PA-C (Seattle Class 38), writes, “Going through MEDEX married, with a child (and a second born midway through), and drinking from the proverbial fire hose, I didn’t think it could get more hectic. I began my career in oncology at a bone marrow transplant program in Salt Lake City, Utah. Over the last few years, I’ve spent some time as an aeromedical PA supporting a medevac battalion with the Utah National Guard, a few years replacing joints in an orthopaedic practice, and now I’m back with oncology patients. Two more kids, serving more in my church, late-night indoor soccer and cycling or running with my wife have all been great. I love the life that being a PA...”
has provided for my family and me. I get to work with patients and a team that I love, and I can afford to have some fun as well. Life is hectic, yes, but always a great adventure.”

Howard J. Chaitoff, PA-C (Seattle Class 40), writes, “Since graduation, I have practiced urology, primary care, chronic pain management and, most recently, psychiatry. As a former U.S. Air Force medic, it was my privilege to serve as the primary care manager for the Wounded Warrior Unit at Ft. Richardson for five years. After the drawdown in deployments, I was recruited by a private practice to do primary care and psychiatry. I am very conservative in my practice of medicine. My practice style is to educate and manage patient expectations in regard to the use of benzodiazepines and opioids. I also treat heroin and alcohol addiction in my clinic. I work collaboratively with a very prominent psychiatrist and a successful team of therapists to provide care to an underserved population of patients with behavioral health needs. I am very proud of my military training and service and my education at MEDEX.”

Chad Tiller, PA-C (Seattle Class 41), writes, “I work at an urgent-care clinic in the Research Triangle area — Chapel Hill, Durham and Raleigh in North Carolina. We have 12-hour shifts, but 10 people always check in five minutes before closing, so you’re there until whenever. And we see all ages, from infants to the elderly — basically whoever walks in the door. This job became available, so I interviewed while my wife and I were here on vacation. They offered me the job on the spot. And so, kind of unexpectedly, we just took it. This was in November 2014, and we moved here in January 2015. We looked at 145 homes that we didn’t like, so we built a house. My wife got a new job, and I started doing virtual medicine for the company I had worked for in Las Vegas. And then we got pregnant while we were building the house. All of this happened in a very short period of time. We have a 1-year-old daughter, and she’s very exciting.”

Paul Algeo, PA-C (Seattle Class 44), Pharm.D., writes, “I feel lucky to have found my dream PA job of practicing in an internal medicine clinic that has a large HIV and LGBTQ population here in Seattle. Since late 2013, I have had the privilege of working with Peter Shalit, M.D., Ph.D., and, more recently, with George Froehle, PA-C (Seattle Class 40). Previously, my first job after graduation was at Sound Family Medicine in Puyallup, Wash., where I worked with a great mentoring physician, Edward Pullen, M.D., and another new PA graduate, Hope Roberts, PA-C. I’m also looking forward to getting married this fall.”

Spokane

Machelle Dotson, PA-C (Spokane Class 10), writes, “After graduation, I worked in a rural family-practice clinic in the Columbia River Gorge area. In a twist of fate, I was laid off in 2012 and, shortly thereafter, asked by Ruth Ballweg, PA-C (Seattle Class 11), if I would go to New Zealand to be part of a trial with the Ministry of Health. I worked in a general practice that also did urgent care. It was interesting to see (and work in) a socialized healthcare system. New Zealand is a beautiful country, and Kiwis are good people. I am proud to say that PAs are now a recognized profession in New Zealand! Since returning home to Hood River, Ore., in 2015, I have been working in pain management. Our clinic specializes in regenerative medicine. I feel blessed to be working with cutting-edge technology and helping people find non-pharmacological options for their pain.”

Jodi Rook, PA-C (Spokane Class 10), writes, “I met and married my husband, Gavin. Our home is in Gavin’s hometown of Dublin, Ireland, but I’ve returned to America to work and pay off student loans. I do locum tenens assignments with Staff Care, working in community health. My home is a travel trailer, and I move from location to location for my work. Since graduation, I have worked in family practice, urgent care, pain management and skilled nursing. By far, community health is the most challenging and also the most rewarding.”
Karla Voss, PA-C (Spokane Class 11), writes, “Since graduating, I have worked mostly in rural family practice, but I’ve also had the opportunity to first assist in ortho and general surgery. I have also worked in urgent care. My most recent job was in Spokane, Wash., doing internal medicine. At present, I’m doing a locum tenens job while I wait for my work visa to New Zealand to be approved. If approved, I will be doing family practice/urgent care for two years in Hamilton, New Zealand. This is an ongoing project to establish PAs in New Zealand and Australia. I eventually plan to travel around the United States as a locum tenens. I haven’t accomplished my goal of seeing all of the national parks yet. Being a PA is my second career, and I love it. I could retire at age 53 because of the pension I earned from my first career, but I will probably keep working because I enjoy medicine and helping people. Going to PA school was a great choice, and I have been blessed with fantastic mentors and coworkers along my path.”

Sarah Serpinas, PA-C (Spokane Class 12), “Since graduating in 2010, I have worked in a few different areas. After graduation, I went straight into cardiology, where I worked for 1.5 years, and then moved to Group Health Urgent Care until it closed in 2013. After that, I was hired by Providence Urgent Care. Although I loved the pace and variety that urgent care offered, I have always been interested in teaching. In 2014, I accepted a faculty position with MEDEX, where I am working full-time as the co-course chair of patient management while also coordinating behavioral medicine. I am involved in student government and recently joined the MEDEX admissions team. I continue to work in urgent care a few times a month to maintain my clinical skills.”

Julie Crownover, PA-C (Spokane Class 13), writes, “After graduation, I was privileged to be selected for a fellowship with Emory University’s cardiothoracic surgery program. My husband and I moved from Montana to Atlanta, Ga., for a year, and the experience with the team at Emory was amazing. After the fellowship, I accepted a cardiothoracic surgery position in Oregon, where I have also had the good fortune to become experienced in critical care and nephrology. We have settled in Albany, Ore., and I am enjoying my role as a surgical first assistant for multiple specialties. My husband and I have been busy with foster parenting, and I have also dedicated a lot of time to the American Cancer Society — specifically, Relay for Life.”

Leah Streich, PA-C (Spokane Class 14), writes, “After I graduated from MEDEX, my husband and I decided to leave Washington for an Alaskan adventure. I’m working at a family practice/urgent care clinic on the Kenai Peninsula. I have been able to apply my background in nutrition and focus on preventive/functional medicine, which I really enjoy. My husband and I love the beautiful scenery and fresh fish that Alaska has to offer. Last year, we welcomed our first daughter, Harper. She has trisomy 21 and underwent a successful open-heart surgery last fall. She is the toughest, sweetest, most fun girl we know. We feel very blessed, and life is good.”
Shawn Rockey, PA-C (Spokane Class 17), writes, “I have returned to Wyoming to practice, and I’m enjoying every minute of it, working at an urgent-care facility where no two days are exactly alike. Medicine is very rewarding and also a continuous learning process, which is what makes it so great. My schedule allows for adequate time with family, friends and the outdoors. Some of my free time will also be dedicated to lecturing and research at the University of Wyoming.”

Tacoma

Genaro Cardenas, PA-C (Tacoma Class 1), writes, “After graduating in fall 2015, I took a few weeks to study for the PANCE certification exam. Once that was over, I was able to catch up with projects at home and relax, spending time with my wife and kids. We took a road trip from Tacoma to Los Angeles on the Pacific Coast Highway. In early November, I started work at CHI Franciscan Prompt Care in Puyallup, Wash. Soon I’ll transfer to the new Saint Joseph’s Prompt Care. I look forward to serving the community in Tacoma for many years to come.”

Mike Carter, PA-C (Tacoma Class 1), writes, “Upon graduating in August 2015, I happily accepted a job as the first PA in the University of Washington’s brand-new coronary care unit. It has been an incredibly steep learning curve, but it’s also truly rewarding and an honest challenge. I’ve had the opportunity to come back and teach electrocardiography at the MEDEX Tacoma site, as well as precept at our local homeless foot-care clinic. I am also excited to note that I have been given the chance to lecture at a local paramedic program, enabling me to give back to the field that got me where I am today.”

Grace Fischer, PA-C (Tacoma Class 1), writes, “My family and I left Washington state shortly after graduating from MEDEX and made a long road trip to upstate New York, where my husband and his family are from. It was hard to leave home, but it’s been fun discovering a whole new world called the East Coast. We live in a small historical farm town called Clinton, about 45 minutes east of Syracuse and three hours north of New York City. I had my heart set on practicing in an underserved environment in primary care, but my options were limited in this area as the two slots for a PA/NP were already filled. Continuing with my search, I found a great pediatrician and pediatric/adult neurologist who sees patients of all ages and demographic backgrounds and was willing to teach me everything he knows. As of now, I’m seeing all follow-ups on patients and will eventually be rounding at the local hospitals. I feel like I’m back in school again, but at least I’m getting paid to learn this time! Outside of work, I’m working on establishing a nonprofit called Veterans in Medicine, a mentorship network that links veterans interested in a career in the medical field with a veteran already in the field. We bought an old farmhouse on 8 acres and have been renovating it ever since. No farm animals yet, but, for now, I’m enjoying my other two little animals — my kids Elijah (4) and Micah (3).”

Yakima

PASSAGES: OUR FRIENDS, REMEMBERED
Below we pay tribute to recently deceased alumni, faculty, students and friends. Because we are not always aware of deaths in the larger UW Medicine community, we gratefully accept your notifications. Our sincere condolences to those who have lost loved ones. Please see uwmedmagazine.org for full obituaries.

**ALUMNI**

**Narendra Krishna, M.D., Res.**
Dr. Krishna was an ophthalmologist who had a private practice in West Chester, Penn.

**Charles Robert Smith, M.S. ’44, M.D., Int.**
Dr. Smith joined his father in medical practice; he also greatly enjoyed sailing, fishing and hunting.

**Gregory G. John, M.S. ’49, M.D., Res. (internal medicine), Fel. (cardiology)**
Dr. John spent his career practicing at The Polyclinic in Seattle and was a talented woodcarver.

**Frederick G. Hazeltine, M.D. ’51**
Dr. Hazeltine was a pediatrician, a UW clinical associate professor emeritus and a member of two singing groups. Please see his obituary on page 45.

**Basil J. Gregores, M.D. ’53**
Dr. Gregores was a loyal Husky fan, an avid fisherman and a UW clinical assistant professor of pediatrics. Please see his obituary on page 45.

**Bertram R. Pass, M.D. ’53**
Dr. Pass delivered more than 2,400 babies and was a founding member of Temple B’nai Torah.

**Irene Marie Larry, B.S. ’54 (medical technology)**
Mrs. Larry worked at Harborview Medical Center and in private practices; she was a member of the NAACP and the YWCA.

**Marilyn J. Parkinson, B.S. ’57 (medical technology)**
Mrs. Parkinson enjoyed gardening and was devoted to her family.

**Donald P. Schumacher, M.D., Res. ’57 (anesthesiology)**
Dr. Schumacher was a veteran of World War II, and he enjoyed football, skiing, friends and family.

**Elmore E. Duncan, M.D. ’58**
Dr. Duncan served as president of the Oregon Psychiatric Association.

**Julia M. Anderson, M.S. ’59 (microbiology), Ph.D.**
Dr. Anderson was a research scientist at the University of Iowa.

**John C. (Jack) Bigelow, M.D. ’59**
Dr. Bigelow received an engineering degree, served as a high-school principal, then became a heart surgeon.

**Glenn W. Schoper, M.D. ’59**
Dr. Schoper was a family physician who loved gourmet cooking, travel and fishing.

**W. Carl Allen, M.D. ’60**
Dr. Allen served as chief of staff at Stevens Memorial Hospital in Edmonds, Wash., and he was a Huskies fan.

**Alden R. Heupel, M.D. ’60**
Dr. Heupel was a pathologist; raising show horses was one of his hobbies.

**Rick Lane Johnson, M.D., Res. ’61, Res. ’64 (internal medicine)**
Dr. Johnson was a UW clinical professor of medicine in the Division of Allergy and Infectious Diseases; he enjoyed making wine. Please see his obituary on page 45.

**Jack M. Crabs, M.D. ’62**
Dr. Crabs practiced architecture before becoming a doctor, and he served as panel chair on the Western Institutional Review Board for more than 30 years.

**Donald G. Winningham, M.D. ’63**
Dr. Winningham served as a battalion surgeon and received a Bronze Star for bravery.

**James R. Emch, M.D. ’64, Res. ’67 (pathology)**
Dr. Emch was an engineer; when he received open heart surgery, he was inspired to become a doctor.

**Otto H. Spoerl, M.D., Res. ’64 (psychiatry and behavioral sciences)**
Dr. Spoerl worked for Group Health in Seattle and traveled to almost 100 countries.

**James Freisheim, Sr., Ph.D. ’66 (biochemistry)**
Dr. Freisheim was a faculty member at the University of Cincinnati and the Medical College of Ohio.

**Kenneth S. Laufer, M.D. ’66, Res. ’72, Res. ’73 (psychiatry)**

**Charles W. Pratt, Ph.D. ’71 (genetics)**
Dr. Pratt was a professor of microbiology at the University of Illinois for 23 years, and he enjoyed natural and human history.

**Terry L. Lanes, M.D. ’72**
Dr. Lanes had a medical practice for more than 20 years; after a psychiatry residency at Dartmouth, he practiced for another 20-some years in his new specialty.

**James V. Felicetta, M.D. ’74**
Dr. Felicetta served as chief of medicine at the Carl T. Hayden VA Medical Center in Phoenix, Ariz.

**Edward J. O’Shaughnessy, M.D., Res. ’74 (physical medicine and rehabilitation)**
Dr. O’Shaughnessy served in the U.S. Army.
Larry R. Pedegana, M.D., Res. '75 (orthopaedics and sports medicine)
Dr. Pedegana took care of the Seattle Mariners for nearly 30 years.

Kathy J. Atkinson, M.D. '77
Dr. Atkinson greatly enjoyed family and music, and she was a beloved emergency department physician in the Salt Lake City area.

Carl Burroughs (Burr) Field III, M.D. '77
Dr. Field was a family medicine doctor who made house calls in the Prosser, Wash., area; he loved flowers, pets, good food and good company.

Thomas M. Robbie, M.D., Res. '80 (family medicine)
Dr. Robbie was medical director of the recovery program at Providence Regional Medical Center in Everett, Wash., for nearly 10 years.

Linda Joyce Michaud, M.Ed., M.D. '82, Res. '88 (rehabilitation medicine), M.S. '88 (rehabilitation medicine)
Dr. Michaud focused on treating and researching congenital and acquired neurological and musculoskeletal conditions associated with disability in children.

Gene N. Peterson, M.D., Res. '85, Res. '86 (anesthesiology), MHA, Ph.D.
Dr. Peterson worked at UW Medical Center for many years, including as co-director of the Center for Clinical Excellence.

Michael B. Agy, Ph.D., Fel. '88 (laboratory microbiology)
Dr. Agy was a research scientist at UW Medicine for 29 years.

Miguel A. Batlle, M.D. '92
Dr. Batlle was born in El Salvador and served in the U.S. Navy before becoming a doctor.

Charles D. Kuntz IV, M.D., Res. '93 (surgery)
Dr. Kuntz was a neurosurgeon at the University of Cincinnati College of Medicine; he received many “best doctor” awards, nationally and locally.

Oliver D. Ochs, M.D. '93
Dr. Ochs was an interventional radiologist and served as president of the medical staff at Providence Regional Medical Center in Everett, Wash.

Christopher A. Heim, PA-C (Seattle Class 41)
Mr. Heim was retired from the military, and he was described as having a zest for life.

FACULTY AND FORMER FACULTY

John A. Glomset, M.D.
Dr. Glomset was a professor emeritus in biochemistry at UW Medicine; he discovered the LCAT enzyme, crucial for understanding the blood’s transportation of cholesterol.

Douglas E. Green, M.D.
Dr. Green was a UW associate professor of radiology, and he co-directed the CT team at UW Medical Center. Please see his obituary on page 46.

Daniel C. Moore, Sr., M.D.
Dr. Moore was the first director of anesthesiology at Virginia Mason Hospital and a clinical professor emeritus at UW Medicine.

John N. Wetlaufer, M.D.
Dr. Wetlaufer was a colonel in the U.S. Army, taught and published on trauma surgery, served as president of the Puget Sound Urologic Society and was a clinical professor emeritus at UW Medicine.

FRIENDS

Darren M. Bronco
Mr. Bronco was a local businessman, and he contributed to liver dialysis research and development at UW Medicine.

Mildred K. Dunn
Mrs. Dunn was a patron of the arts in Seattle, contributed to UW Medicine, and helped found the Washington Women’s Foundation. Please see her obituary on page 46.

David Freudmann
Mr. Freudmann contributed to pathology research at UW Medicine.

Willis L. Hubler, M.D.
Dr. Hubler practiced internal medicine, and he and his family established a scholarship for Idaho medical students. Please see his obituary on page 46.

Anita M. Lagerberg
Mrs. Lagerberg was an education advocate, among other commitments, and she and her husband, Eugene V. Lagerberg, M.D. '58, Res. '62, contributed to an M.D. scholarship.

Virginia Lee (Ginny) Meisenbach
Ms. Meisenbach believed in service, co-founding nonprofit StolenYouth, which fights youth trafficking in the Seattle area; she also supported UW Medicine.

Thomas N. Melin
Mr. Melin was the founder of a lumber mill, Rainier Manufacturing Co.; he contributed to the Department of Urology.

Mrs. William H. (Emily) Stimson
Mrs. Stimson established a scholarship fund named after her late husband and UW clinical associate professor emeritus, William H. Stimson, M.D. Please see her obituary on page 47.

Henry Van Beber
Mr. Van Beber was a strong supporter of Alzheimer’s disease research. Please see his obituary on page 47.
**Correction.** In the last issue, we incorrectly listed UW Professor of Surgery Alexander Whitehill Clowes, M.D., who died in 2015, as the holder of the Clowes Chair. In fact, Dr. Clowes — pictured at left — had held the V. Paul Gavora and Helen S. and John A. Schilling Endowed Chair in Vascular Surgery since its inception in 2005. Benjamin W. Starnes, M.D., FACS, chief of the Division of Vascular Surgery, is the first holder of the Alexander Whitehall Clowes, M.D., Endowed Chair in Vascular Surgery, a chair named and endowed in honor of Dr. Clowes in 2015.

**ALUMNI**

**Frederick G. Hazeltine,**
**M.D. ’51**  
*Born Sept. 5, 1925, in South Bend, Wash.*  
Dr. Frederick Hazeltine, UW clinical associate professor emeritus, grew up in South Bend, Wash. He was an Eagle Boy Scout and served in the U.S. Army Air Corps during World War II. In 1948, Dr. Hazeltine completed an undergraduate degree in public health and preventive medicine at the University of Washington, where he was a member of Phi Kappa Sigma. He then earned an M.D. from the UW School of Medicine and completed his pediatric training at the Children’s Hospital of Michigan.

Dr. Hazeltine practiced pediatrics in Burien, Wash., for more than 40 years. In his spare time, he enjoyed singing and playing the piano. He was a longtime member of the Seattle SeaChordsmen Barbershop Chorus and the Fauntleroy Church Chancel Choir. Dr. Hazeltine also enjoyed skiing, bird watching, square dancing and sailing. He is survived by his wife of 66 years, Margaret; their children, Thomas and Bradley (Christy); and his sister, Jean.

**Basil J. Gregores, M.D. ’53**  
* Died Dec. 29, 2015, in Seattle, Wash.*  
Dr. Basil Gregores served in the U.S. Navy in Hawaii from 1943–1945 and later earned an M.D. from the UW School of Medicine. In 1954, he married Helen Peter Macheras, and they made their first home in Detroit, Mich., where he completed his pediatric residency.

After moving back to Seattle, Wash., to establish his medical practice, Dr. Gregores became a well-respected pediatrician in the Burien, Wash., area. He was a UW clinical assistant professor of pediatrics and never wavered in his undying loyalty to the UW Huskies. Dr. Gregores was a dedicated member of the St. Demetrios Greek Orthodox Church, an active member of the Rainier Golf and Country Club, and an avid fisherman and bird hunter.

Dr. Gregores is survived by his children — Andrea (Dan), Alexa (Tim) and Thalia (Rick) — and seven grandchildren.

**Rick Lane Johnson, M.D. ’61, Res. ’64 (internal medicine)**  
*Born May 5, 1935, in Kelso, Wash.*  
Dr. Rick Johnson earned a B.S. in zoology from Washington State University, where he was a member of Lambda Chi Alpha and Phi Beta Kappa. After earning an M.D. from the UW School of Medicine, he completed a residency at Philadelphia General Hospital and then returned to Seattle, Wash., for residency.

After two years as a U.S. Air Force physician in Illinois, Dr. Johnson moved back to Seattle and practiced internal medicine at Swedish Medical Center. Certified in internal medicine and allergy, he became a fellow of the American College of Physicians and the American Academy of Allergy, Asthma, & Immunology. In 1974, Dr. Johnson joined practices with James E. Stroh, Jr., M.D., Res. ’67, to form Allergy and Asthma Associates. He served as president of the Washington State Medical Association and the Seattle Academy of Internal Medicine, and he was also a UW clinical professor of medicine in the Division of Allergy and Infectious Diseases. Dr. Johnson’s community service included board memberships at United Way and Planned Parenthood, along with membership in the Seattle Rotary. He enjoyed playing squash and backpacking in the Cascades and Olympics, but his main hobby was making wine.

Dr. Johnson is survived by his wife of 55 years, Peggy; their children David (Christine), Baird (Katie) and Kajsa; and seven grandchildren.
Douglas E. Green, M.D.
Died Jan. 21, 2016, in Salt Lake City, Utah
Dr. Douglas Green earned a bachelor’s degree from Dartmouth College and an M.D. from the University of Vermont. He did his internship at the University of Vermont Medical Center in Burlington, Vt., and his residency at Dartmouth-Hitchcock Medical Center in Lebanon, N.H. Dr. Green completed a fellowship at the University of Utah in Salt Lake City, Utah, where he worked as a staff radiologist for seven years.

After moving to Seattle, Wash., in 2007, Dr. Green became a UW associate professor of radiology. He specialized in computer tomography (CT) and magnetic resonance imaging (MRI), and he co-directed the CT team at UW Medical Center. Dr. Green was an avid skier and organized his life around the backcountry slopes, spending winters in Salt Lake City, then working in Seattle the rest of the year, and he is remembered for his genuine, selfless and unmatched devotion to teaching and to his patients.

Dr. Green is survived by his mother, Phyllis, his brother and sister-in-law, Russell and Lauren, and their children, Becca and Noah.

Mildred K. Dunn
Born Nov. 16, 1913, in Nampa, Idaho
Mildred K. Dunn, Seattle patron of the arts and generous supporter of UW Medicine, graduated from Stanford University as the first alumna from Idaho. After moving to Seattle, she married attorney Bryant R. Dunn.

A great lover of the visual and performing arts, Mrs. Dunn was a contributor to the Seattle Art Museum, the Seattle Symphony and the Seattle Opera; she helped found the Washington Women’s Foundation. She also had a passion for American history, which led to her membership in a number of historical societies, among them the Winterthur Museum, Garden and Library, the National and Washington State Trusts for Historic Preservation and the Decorative Arts Trust. In her spare time, Mrs. Dunn enjoyed travelling and spending time with her family, including cruising the San Juan Islands and Gulf Islands with her grandchildren every summer.

Mrs. Dunn is survived by her children, Kathleen and Dennis, five grandchildren and 17 great-grandchildren.

Willis L. Hubler, M.D.
Born May 6, 1922, S.D.
Died Oct. 16, 2015, in Caldwell, Idaho
Dr. Willis Hubler earned a B.A. in chemistry from the University of Minnesota, graduating magna cum laude. After serving as a U.S. Army Reservist during World War II, he earned a degree in psychology and, in 1947, an M.D. from the University of Minnesota Medical School. Dr. Hubler was a fellow in internal medicine at the Mayo Foundation for Medical Education and Research and received a post-M.D master's degree in 1951.

Dr. Hubler moved to Caldwell, Idaho, where he established an internal medicine practice. In 1955, he was called to active duty from reserve status and was stationed at the Fort Eustis Army Post Hospital in Virginia as chief medical officer. Dr. Hubler attained the rank of major in July 1956 and was honorably discharged in June 1957. He served as program chair for the Idaho Heart Association and was instrumental in establishing Canyon County’s first publicly supported, paramedic-staffed ambulance service in 1975.
In 2012, Dr. and Mrs. Hubler (and friends and colleagues) generously established the Bruce E. Hubler, M.D. Endowed Scholarship for Idaho Medical Students at the University of Washington in honor of their son, Bruce E. Hubler, M.D. '91, Fel. '97, who passed away in 2012. Dr. Hubler is survived by his wife, Sharon; their children Carol (Teri), Jennifer (Mark), Timothy and Alicia (Jay); and seven grandchildren.

Mrs. William H. (Emily) Stimson
Born April 4, 1924, in Savannah, Ga.
Died August 29, 2015, in Bellevue, Wash.
Emily O'Connor Stimson was born into a Coast Guard officer's family and attended nine different schools by the time she graduated high school. She attended the University of Connecticut and was a proud member of Kappa Kappa Gamma sorority. Mrs. Stimson graduated with a degree in early childhood development and moved on to a position at Connecticut College.

In 1945, she married William H. Stimson, M.D., UW emeritus faculty. They lived in four different cities before settling in Hunts Point, Wash., where they stayed until Dr. Stimson's death in 2004. Mrs. Stimson loved social activities and meeting new people. In 2008, she established the William H. Stimson, M.D. Endowed Scholarship Fund at UW to honor her late husband and help M.D. students with financial need.

Mrs. Stimson is survived by her three children, Richard, Barbara (John), and John B. Stimson, M.D. '81, Res. '84, Chief Res. '85 (Kay), four grandchildren and two great-grandchildren.

Henry Van Beber
Born Sept. 28, 1932, in Columbus, Kan.
Died Sept. 28, 2015, in Anacortes, Wash.
Henry Van Beber grew up in Columbus, Kan., and attended Northeastern Oklahoma A&M College, where he met his wife, Bette. They married in 1952 and were happily married for 59 years. Mr. Van Beber served in the U.S. Army during the Korean War, and the family settled in Dallas, Texas, to raise four children.

Mr. Van Beber and his wife founded a screen printing company, Marking Systems, Inc. In 1992, he retired and moved to Anacortes, Wash., where he spent the next 10 years boating the Puget Sound with friends and family. Mr. Van Beber's favorite hobby was woodworking, and he made most of the furniture in his home. In 2011, Bette Van Beber passed away after battling Alzheimer's disease. Mr. Van Beber became a strong supporter of Alzheimer's research at UW Medicine.

He is survived by his children, Cindy, Nancy, Matt and Greg, and 11 grandchildren.
The Vow

The original Hippocratic Oath, that famous pledge associated with becoming a physician, is ancient. The original precludes the use of “the knife,” and it includes a lifelong promise to give money, if needed, to the student’s instructor. It also contains ideals that are familiar today: that medicine is an art as well as a science; that patient privacy is important; that doctors have special obligations to all human beings.

The oath (in original and more modern versions) recently served as the inspiration for what we’re calling “the vow,” a series of commitments written by the first class of students to experience the new curriculum. All of the WWAMI sites participated; this is the version created by Seattle students.

I solemnly pledge to consecrate my life to the service of humanity.

I will honor the selfless commitment of all our teachers, including faculty, patients and peers. Even when the lesson is challenging, I will demonstrate gratitude for the gift of their time and expertise.

I will exercise moral integrity — being mindful of the humanity of my future patients, colleagues and myself.

The health of my patient will be my first consideration.

I will respect and hold the secrets that are confided in me beyond the life of my patient and for the remainder of my life.

I will maintain, by all the means in my power, the responsibility and honor of the medical profession and contribute to fulfilling its noble ideals.

My colleagues will be my sisters and brothers, combining our strengths and supporting each other in our weaknesses.

I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient; I will acknowledge and actively combat my own prejudices and the prejudices of the structures I am under.

I will maintain the utmost respect for my patients, acknowledging our shared humanity, recognizing them as individuals, and will walk with them through their journey.

I will not use my medical knowledge to violate human rights and civil liberties, even under threat.
If there’s anything the new curriculum stands for, it’s community. Dozens of people spending hundreds of hours designing — and executing — a new wave of medical education. Our contributors are a vital part of UW Medicine’s community, too, supporting not only our students, but also researchers and patients. Please make a gift to UW Medicine today.

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