

Summer 2006

Mayo Alumni



*Standing room
only in classroom
of the future*

Mayo Alumni

Summer 2006 Volume 42 Number 3



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*Mayo Clinic
Distinguished
Alumni
Awards*



Cover

Students test a theory: will standing during school decrease childhood obesity?

Correction: On page 26 of the Spring 2006 issue, we used the wrong staff photo. The correct photo of Michael Ackerman, M.D., Ph.D. is shown here. We regret our error.



Letter from the President



In the face of busy schedules, staying in touch these days with old friends is sometimes a challenge. Our alumni magazine serves as one way to provide a link between you and Mayo Clinic and former classmates and colleagues. Our new and enhanced Mayo Clinic Alumni Association web page (you will be hearing more about it this fall) will be another link to keep you connected to alumni friends and colleagues, as well as Mayo Clinic.

Alumni stay connected to Mayo and support our Mayo Clinic Alumni Association programs in many ways. The "Life After Fellowship or Residency program," that helps our young Mayo trained physicians transition from their training programs to the real world and the business of medicine, is actively supported by many of you. Without the dedication and expertise of our external alumni, this program could not happen. The following physicians have been instrumental in making this program a success, and we are grateful for their continued and enthusiastic participation:

Roberta Adams, M.D.
Macaran Baird, M.D.
Edward Creagan, M.D.
Joseph Drazkowski, M.D.
Michael Ebersold, M.D.
Thomas Habermann, M.D.
David Herman, M.D.
Carol Juergens, M.D.
Kyle Kircher, M.D.
S. Mark Laney, M.D.

Allison Mc Larty, M.D.
M. Mark Melin, M.D.
Melissa Merideth, M.D.
Bruce Morgenstern, M.D.
Roger Nelson, M.D.
Ruel Scott, M.D.
Elizabeth Shuster, M.D.
Carl Soderstrom, M.D.
David Teegarden, M.D.
Thomas Viggiano, M.D.

The "Heritage Program" is another excellent example of how the Mayo Clinic Alumni Association programs create a connection with new medical staff members joining Mayo Clinic Rochester, Jacksonville, and Arizona. This program occurs in Rochester three times each year at new staff orientation and brings our emeritus alumni and our new Mayo Clinic Staff together. At a Foundation House luncheon, emeritus alumni share stories of their days at Mayo and officially congratulate our new staff, passing on the responsibility for the continued excellence created by those who have gone before them. We are especially grateful for their willingness to keep us connected to our history even as we look ahead with new staff.

An important connection is our annual Alumni Association meeting. The next one, our 65th meeting, is in Rochester October 18-22, 2007, and I hope you will join us then to keep connections strong. I also hope you will continue to offer suggestions for ways in which we can continue to provide you a strong link to Mayo Clinic.

Best regards,

Scott Litin, M.D.
President
Mayo Clinic Alumni Association



A classroom with no desks and lots of computers? NEAT!

STANDING ROOM ONLY

in classroom of the future

Look around a typical classroom today, and you'll notice a few things have changed over the years: computers have become commonplace, DVD players have replaced film projectors and a larger number of students are, well ... larger. More than 15 percent of children in the United States are now overweight, and that number is on the rise.

The problem isn't simply one of aesthetics: obesity poses a serious threat to children's health. Children who are overweight are at higher risk of developing type 2 diabetes, metabolic syndrome, high blood pressure, asthma and other respiratory problems, sleep disorders, liver disease, early puberty or menarche, eating disorders and skin infections. In addition to physical consequences, overweight children are often teased or bullied and tend to have more anxiety and poorer social skills than their normal-weight peers.

Finding a way to reverse the trend of childhood obesity has captured the attention of many parents, teachers and school administrators. Earlier this year, it captured the attention of two Mayo Clinic researchers as well: endocrinologists James Levine, M.D., Ph.D., and Lorraine Lanningham-Foster, Ph.D.

Dr. Levine and Dr. Lanningham-Foster study obesity and the role of NEAT (non-exercise activity thermogenesis) in regulating body weight. They have found that increasing NEAT activities — such as parking your car a few extra blocks from work to squeeze in a short walk, climbing a flight of stairs rather than taking an elevator, or doing dishes by hand rather than loading them into a dishwasher — has a greater impact on weight control than does formal exercise.

"We began discussing the possibility of creating an alternative school environment that would allow children to be more active and increase their NEAT levels," says Dr. Lanningham-Foster, whose research focuses on NEAT in children. "We knew we'd have to do something radical to make a difference."

That "something radical" became known as the classroom of the future. Its most striking feature: a lack of traditional desks and chairs.

"Lean people stand an average of 150 minutes more each day than those who are obese," says Dr. Lanningham-Foster. "That alone enables them to burn an additional 350 calories a day. We wanted to find a way to get the students up on their feet."

A collaborative effort

Developing the classroom of the future was a team effort. With more than 10 years of research into NEAT, Dr. Levine and Dr. Lanningham-Foster provided credibility and a plan of action. The Rochester Public Schools were enthusiastic partners, willing to try creative approaches to education. Apple Computers provided students with iBook wireless notebook computers and iPods for the duration of the project. America on the Move, a nonprofit organization that advocates physical activity and healthy eating habits, promoted the concept. And the Rochester Athletic Club provided space for the project.

"I was amazed by the overwhelmingly positive response to this project," says Dr. Lanningham-Foster. One of the most enthusiastic responses came from Phil Rynearson, whose fourth and fifth grade classroom at Elton Hills Elementary School was selected to test the classroom of the future.

"I didn't hesitate for a minute when my superintendent and principal asked me to be part of this study," says Rynearson. "I was excited about the chance to do something new and very different."



Rynearson's students were enthused as well.

"They were excited to be doing something different from their peers," he says. "They were especially interested in the technology piece of the project. In addition, Dr. Levine stressed to the students that they were going to be part of something that no other students had done before. He told them that the results of the study could have lasting effects on the future of education. The students took that to heart, which helped set the tone for the project."

Support for the project was so great that it went from concept to reality in a month.

"We had our first meeting with the school district and Rochester Athletic Club in early February 2006,"

says Dr. Lanningham-Foster. "I drafted a protocol that was quickly approved by our Institutional Review Board, and the project began at the beginning of March."

Creating an optimal learning environment

The research team worked to create a learning environment that would be innovative and engaging without being distracting.

"We knew we needed to find ways for kids to incorporate more movement into their daily routines, but at the same time we couldn't do anything that would be disruptive to their learning," says Dr. Lanningham-Foster. Rynearson was told he could end the project any time he felt it was

inhibiting his ability to teach or his students' ability to learn.

Among the innovations designed to get students moving in the classroom of the future were:

- Podiums in place of desks
- Video-streamed "pod-casting," which allowed students to watch lessons on iPods while walking
- Wireless technology
- Vertical magnetic work spaces that doubled as projection screens
- Personalized white boards (instead of a single large black board for the room)

The researchers spent a week collecting baseline measurements of the students' movements in their original classroom. Each student wore



The "classroom without desks" not only keeps students moving, it also makes teacher-student interaction easy. When it is necessary to work with a small group, the students simply pick up their laptops and gather together in a space apart from the other students.



"This demonstrates that kids crave movement. What's more, they need movement for proper development. We need to find ways to give children more opportunities to move, whether it's at school or at home."

— Dr. Lanningham-Foster

a small device, called an accelerometer that recorded his or her movements.

"The accelerometers are incredibly sensitive," says Dr. Lanningham-Foster. "They record 10 measurements per second and gave us an incredible amount of data to study."

The second week of the experiment, students were bused to the Rochester Athletic Club, where the classroom of the future had been set up on an unused hockey rink.

"The kids' faces absolutely lit up the first day they saw the classroom," says Dr. Lanningham-Foster. "They were so excited by the space."

Researchers anticipated that the students' excitement would cause them to move more than usual their first few days in the new classroom, so chose not to record their movements the first week at the Rochester Athletic Club.

By week three of the experiment, the novelty of the new classroom had diminished and the accelerometers were again recording the students' movements. Students were engaged in lessons, such as making their own podcasts or creating music mixes on their laptop computers. They were listening to lectures Rynearson had downloaded on their iPods. And they were moving.

"It was exactly what we had hoped to see," says Dr. Lanningham-Foster. "It showed us that when given the opportunity to move, kids will move."

Though he shared the researchers' enthusiasm for his students' activity levels, Rynearson became frustrated by some of the classroom conditions. The classroom was set up in a large,

open space, making it difficult to hear. In addition, other noises throughout the facility would sometimes drown out Rynearson's voice.

With three days left in the three-week experiment, Rynearson told the researchers he wanted to take his students back to his classroom at Elton Hills Elementary School. But he wasn't ready to give up on the classroom of the future. He asked to continue the experiment back at Elton Hills.

"Phil and the students loved the design of the new classroom, so we arranged to extend the original experiment through the rest of the school year," says Dr. Lanningham-Foster. Rynearson's classroom was cleared of its traditional desks and replaced with podiums. Apple Computers extended the loan of its iBooks and iPods, so students were able to continue to take advantage of mobile technology.

While there has been no formal assessment of the impact the classroom of the future had on the academic performance of his students, Rynearson says he is convinced that mobile classrooms would prove to have a positive impact on academic results.

"I noticed several major changes in my students once we implemented the more mobile classroom," says Rynearson. "There was less movement for movement's sake — fewer trips to the bathroom or water fountain. Students shifted their bodies and changed positions when they needed to in order to stay focused. And students were able to move themselves away from other students

who might be distracting or bothering them. This led to much less bickering and fewer distractions from class work."

Rynearson also applauded the increased amount of space available in a classroom without desks.

"It was easy to maneuver in the classroom and get to individual students when I needed to," he says. "Also, it was easy to work with students in groups because they just had to pick up their podiums and move to a part of the room where they could gather in a circle."

Dr. Levine and Dr. Lanningham-Foster are still analyzing the data they collected during the course of the experiment, but early results show that students were in fact more mobile when they didn't have the option of sitting at desks.

"This demonstrates that kids crave movement," says Dr. Lanningham-Foster. "What's more, they need movement for proper development. We need to find ways to give children more opportunities to move, whether it's at school or at home."

Dr. Lanningham-Foster and Dr. Levine are continuing to meet with representatives from the Rochester Public School system to plan additional studies on nontraditional classrooms. Dr. Lanningham-Foster says it's important that the group not lose momentum; the time for the classroom of the future is here.

"The obesity rate is predicted to be close to 50 percent by 2010," she says. "Finding ways to increase activity levels in children and adults is going to be essential to curbing the trend."

— Nicole Brekke-Sisk

Guided by early advice, Robert Nesse M.D., has never passed up an opportunity to contribute

Early in the medical career of Robert Nesse, M.D., he heeded advice that helped shape his career path. His eagerness to share that advice with his resident physicians helped shape their careers, in turn, and made his path one to follow.

It was Robert Avant, M.D., then department chair of Family Medicine at Mayo Clinic Rochester, who dispensed the humble advice.

"Dr. Avant said, 'If they ask you to do something and you find it interesting and are willing to give your time, do it. They will give you the support you need,'" says Dr. Nesse, then an instructor of Family Medicine at Mayo Medical School and consultant in Family Medicine at Mayo Family Clinic Kasson (Minnesota). "I've never forgotten that advice. I took it very seriously, and my career has been multifaceted as a result. I pass the same advice on to young physicians because it has served me so well."

Opportunity's first knock — mentored becomes mentor

Shortly after receiving the advice, Dr. Nesse was asked to become the residency director for Family Medicine at Mayo Clinic Rochester. During the six years he served in that position, Dr. Nesse mentored almost 40 resident physicians — many of

whom are currently leaders within Mayo Clinic and Mayo Health System.

Greg Angstman, M.D., was a recipient of the handed-down advice. "Rob passed on Dr. Avant's advice to me when I was one of his residents. As a result, I've never turned down an opportunity Mayo presented since I joined in 1990," he says. Dr. Angstman is president and chief executive officer of Cannon Falls Medical Center and former chief executive officer of Lake City Medical Center, Wabasha Clinic and Cannon Valley Clinic in Faribault — all part of Mayo Health System. "Over the years, I saw where that philosophy took Rob in his career, and I became a member of an informal group of physicians who look to his career as an example. Wherever he leads, we'll follow."

Included in that group is David Heine, M.D. — another of Dr. Nesse's former residents and now a leader in Mayo Health System. "Dr. Nesse has served as one of my formative mentors beginning in medical school and continuing through residency. He guides me regularly in my current role," says Dr. Heine, chief medical officer at Winneshiek Medical Center in Decorah, Iowa, and a Mayo Health System physician at Decorah Clinic Physicians. "He is the type of physician who can return enthusiasm to the picture when the complexity of health care is overwhelming. It is clear from

his accomplishments that he is a visionary.”

Steve Adamson, M.D., also a former resident of Dr. Nesse, saw the effects of the Avant advice in action. “Way back early in our careers, we could see Rob’s potential for leadership ascension,” says Dr. Adamson, department chair of Family Medicine at Mayo Clinic Rochester. “He looks for and embraces opportunity. When he gets opportunities, he succeeds at them. He isn’t shy about seeking out opportunities he is qualified for. He is motivated by the spirit of wanting to contribute, not the spirit of self-fulfillment.”

The seeds of change — health care quality improvement focus

Dr. Nesse’s knack for answering when opportunity knocks led to a shift in his career in 1991. Mayo Clinic had become involved in helping Deere & Company set up on-site clinics for its employees in the Quad Cities. Robert Waller, M.D., then president of Mayo Foundation, asked Dr. Nesse to lead the project. For two years, he met regularly with his Deere & Company counterparts to identify ways to improve the health of Deere employees.

“We devoted significant time to the health of this population group, during which we developed the



“Dr. Avant said, ‘If they ask you to do something and you find it interesting and are willing to give your time, do it. They will give you the support you need.’ I’ve never forgotten that advice. I took it very seriously, and my career has been multifaceted as a result. I pass the same advice on to young physicians because it has served me so well.”

— Robert Nesse, M.D.

concept for disease management strategies (DMS) — providing age and gender-appropriate preventive services to keep people healthy, and closely managing existing diseases and conditions,” says Dr. Nesse.

Within a year or two, the concept of developing specific strategies to manage disease and improve patient outcomes caught fire across the country. Dr. Nesse and Douglas Wood, M.D., then a consultant in the Department of Cardiology at Mayo Clinic Rochester and currently department vice chair of Internal Medicine, were among a group of forward-

thinking physicians, employers, payers and health plans that founded the Minnesota-based Institute for Clinical Systems Improvement (ICSI) — a collaborative whose cornerstone was DMS principles.

Today, ICSI is a catalyst for health care quality improvement by medical groups, hospitals and health plans that provide health care services to people who live and work in Minnesota and surrounding states. Its member organizations represent more than 7,600 physicians. ICSI has become involved in national and international outreach with other quality-oriented health care collaboratives and institutions.

DMS — conceptualized by Dr. Nesse and his colleagues at Mayo Clinic, Deere & Company and ICSI — continues to be a guiding principle throughout the Mayo enterprise and is an emerging force in U.S. health care.

Broad perspective tapped for leadership

Dr. Nesse’s initiative, broad thinking and pioneering efforts in health care quality improvement didn’t go unnoticed. Robert Hattery, M.D., chair of the Rochester Board of Governors, tapped him to join the board in 1996.

In 1999, Hugh C. Smith, M.D., Dr. Hattery’s successor, needed to appoint a vice chair.

“It was important that a vice chair have value, wisdom and judgment I could count on. Rob was a natural choice,” says Dr. Smith. “Rob has very sound perspective about health care that goes beyond one patient at a time. He looks at population health — what are the most cost-effective and efficient ways of delivering quality health care to whole populations? How do we maintain health instead of spending all the money on treating people in late disease stages? He is unusually forward thinking in that way. In board discussions, he would remind us to think outside the hospital, to think about people in the community, to have broader perspective.”

During their time on the Board of Governors, Drs. Smith and Nesse logged many hours of “windshield time.”

“We traveled between Rochester and the Twin Cities an average of six times a year for about a dozen years



At a recent family wedding, Rob and Rebecca Nesse gathered with their children. Daughter Sonja is a senior at UW Madison majoring in fashion design and will spend next year in New York City at the Fashion Institute of Design. Son Lucas, between his parents, is in law school and is a legislative aid to a state senator from Rochester. Son John Art, an attorney in Saint Paul, was a member of his cousin’s wedding party.

going to ICSI, BHCAG (Buyers Health Care Action Group — a prominent employer health care purchasing coalition) and other organizations' meetings," says Dr. Smith. "That gave us a lot of time to discuss the future of health care and how to deliver and provide the best value. Rob rolls up his sleeves and really engages when he's involved in anything. He always delivers. He approaches things with an energy and intellect that is refreshing. It is a great pleasure to work with such an outstanding person who is so concerned about his patients and staff as well as the future of medicine."

Dr. Nesse's former family medicine residents were especially proud when he was appointed to the Mayo Clinic Rochester Board of Governors and the Mayo Clinic Board of Governors and Board of Trustees in 2004 — more firsts in his career.

"We were absolutely thrilled when he was appointed to the Boards of Governors," says Dr. Adamson. "He's the first — and only — family physician to have served on the boards. That's a significant accomplishment. If a family physician was going to be the first to accomplish something like that, it was going to be Rob."

During the 1990s, Dr. Nesse's vision and expertise also were tapped for other projects — teaching Mayo Clinic Rochester staff about managed care and becoming the chair of strategic plan coordination for Mayo Clinic Rochester.

"The common element in the work I did during that period was keeping Mayo's values intact and providing patient care the right way while balancing the pressure to move

ahead as external forces changed health care," says Dr. Nesse.

Another opportunity, another career shift

As external forces caused health care to change, Mayo changed too. One change was the development and increasing importance of Mayo Health System as a referral base to Mayo Clinic Rochester. Dr. Nesse saw an opportunity.

"I saw tremendous potential for growth and development in the health system, and I wanted to be part of it," he says. "For the health system to truly be part of Mayo, we need for patients to feel like they're at a Mayo organization whether they're in La Crosse or Eau Claire or Owatonna. It's the quest for One Mayo Clinic we're involved in."

The opportunity Dr. Nesse seized was to request the chief executive officer position of a Mayo Health System organization — Franciscan Skemp Healthcare in La Crosse, Wis., a network of three hospitals and 12 clinics that serve western Wisconsin, southeastern Minnesota and north-eastern Iowa. He assumed that position in 2003.

"I knew Mayo Clinic Rochester pretty well by that time, and I realized that Mayo Clinic could learn a great deal from Mayo Health System — the nuts and bolts about patient flow and efficiency of delivering care," says Dr. Nesse. "How do 13 groups with different cultures come together with a single board and learn to work together?"

"Mayo Health System organizations have learned how to effectively

"For the health system to truly be part of Mayo, we need for patients to feel like they're at a Mayo organization whether they're in La Crosse or Eau Claire or Owatonna. It's the quest for One Mayo Clinic we're involved in."

— Robert Nesse, M.D.

Dr. Rob Nesse's wife Rebecca sometimes played host to patients in the early days of Dr. Nesse's practice in Kasson. "I was the only physician living in town for the first eight years, so my home and the nearby clinic served as the default urgent care clinic and emergency room triage at times," says Nesse, pictured here with his wife Rebecca.



compete in their markets — providing high-quality care is a necessity," says Dr. Nesse. "There is an abundance of innovation and creativity in the health system, and its leaders have gained vast experience in the last 12 to 15 years. What a wonderful potential there is if we take that energy and creativity and channel it toward new caregiving systems for the entire Mayo enterprise.

"Today, tremendous efforts are being made to collaborate throughout Mayo. The more we understand each other, the better the enterprise will

be," says Dr. Nesse. "As I have gone in and out of various roles within Mayo, I have gained appreciation of the different organizations and the work being done."

Bringing the outside in to reform health care

Dr. Nesse greatly values gaining perspective and appreciation through non-Mayo, nonmedical experiences.

"My claim to fame is probably my penchant for going off and getting information about useful things to

Mayo from outside the medical community — looking outward for knowledge, applying it inward, looking outward, applying inward,” he says. “I received executive education from the Wharton School at the University of Pennsylvania to increase my knowledge about business and strategy. I like to bring a broader knowledge base to Mayo about change management, implementation of strategy, efficiency and speed.”

Dr. Nesse’s thirst for knowledge about change strategy, implementation and management is born of necessity.

“Much as we may be comfortable providing health care the way we currently do, it isn’t sustainable for the long term,” he says. “The current health care system and its financing are unstable. Mayo’s future depends on our ability to change and adapt to financial systems that pay for value and quality — high value care at a reasonable cost.

“Mayo’s expertise, reach and reputation can be the agent that implements change. We must be proactive, not reactive, if we want the new health care system to encompass Mayo’s values,” says Dr. Nesse.

“Leading health care reform is hard work and conflict ridden. The rewards are not immediate. We must have a long-term view, but the goal is worth it.”

And what is that goal?

“I hope the things I’m working on now will make it possible for physicians to practice in a health care system that rationally supports what they’re doing,” says Dr. Nesse.

“Fewer medical school students are pursuing primary care because of

reimbursement. Good primary care saves money in the health care system, but that isn’t reflected in reimbursement; the perceived value is in procedural care. That isn’t in the best interests of patients.

“Providing patient care and having a personal relationship with patients is a joy,” says Dr. Nesse. “I practiced at Mayo Family Clinic Kasson for 23 years and was the only physician who lived in town for the first eight years. My home and the nearby clinic served as the default urgent care clinic and emergency room triage at times. Patients bleeding from injuries dropped by the house so often that my wife, Rebecca, put a piece of rug down so they wouldn’t bleed on our carpet. I loved practicing in a small community, and patients liked it and the town liked it.”

Dr. Nesse’s formative career advice was to seize opportunities Mayo offered him. What drives him now is making sure similar opportunities exist for physicians yet to come.

“It’s important to me that future physicians have the opportunities I have had at Mayo in the past 25 years,” he says. “That’s what motivates me to work on the big picture of health care and to contribute as much as I can in the time I am given.”

— Melissa Abrams

Robert Nesse, M.D.

President and chief executive officer, Franciscan Skemp Healthcare — Mayo Health System — La Crosse, Wis. Member, Mayo Clinic Board of Governors, Mayo Clinic Board of Trustees Associate professor, Family Medicine, Mayo Clinic College of Medicine Consultant, Department of Family Medicine, Mayo Clinic Rochester

Certificate of Professional Development:

Wharton School of Executive Education, University of Pennsylvania

Board Certified: American Board of Family Practice

Residency — Family Practice: Oakwood Hospital, Dearborn, Mich.

Medical school: Wayne State University, School of Human Medicine, Detroit, Mich.

Undergraduate: St. Olaf College, Northfield, Minn.

Native of: Toledo, Ohio

Family: Wife, Rebecca; three grown children — John Arthur, Lucas, Sonja



When training is in progress, monitors in the simulation center show physiologic change just as they would occur in real patients. Here anesthesiologist and team member Marshall Holifield “cares for a patient” while one of the monitors in the background records the team’s activities.

Mayo Multidisciplinary Simulation Center

providing real-life situations

SITTING IN THE VIEWING booth behind one-way glass, a visitor to the Mayo Multidisciplinary Simulation Center in Rochester can easily feel as if he's on the set of a television movie, perhaps a high-energy medical show with beeping monitors, perceptible tension about the patient's condition, and anxious, darting looks from medical caregivers circled around the patient's bedside.

But it's not make-believe at all. It's real-life training at the new Mayo Multidisciplinary Simulation Center where the learning takes place in settings where everything is real except the patient.

The center uses devices that are similar in concept to flight simulators used by the airline industry to train pilots. Simulation is increasingly being used to educate and train physicians and allied health personnel throughout the world.

"We believe medical simulation has important lessons and applications for all involved in the risk-laden approach to patient care," says William Dunn, M.D., medical director of the Simulation Center. "We also believe it is imperative that in addition to taking on the mantra of simulation utilization, centers of excellence must rise to the challenges of both demon-

strated competency and scholarly analysis of efficacy via scientific methods."

Opened last fall, the 10,000-square-foot simulation center is in the Stabile Building on the Mayo Clinic Rochester downtown campus. It contains a range of learning areas, including four specialty simulation rooms: endovascular, intensive care, emergency and operating.

The high-tech center contains 42 cameras for recording the activities, allowing participants to review their sessions on their own and with a group. Debriefing rooms adjoin each area and are equipped for reviewing the sessions. The control rooms allow instructors to manipulate high-tech mannequins to respond to treatments in ways that create real-life conditions. Different scenarios can be implemented depending on how the individual or teams respond to each situation. Yet, situations can be replicated, which allows for more standardized training.

"Monitors show physiologic change just as they would occur in real patients," says Dr. Dunn. "Chaos can now be created on demand, and we can train within it — what a powerful tool for team and individual training in our most difficult settings."



"We believe medical simulation has important lessons and applications for all involved in the risk-laden approach to patient care."

— William Dunn, M.D.



"We work as a team in the clinical practice, so we shouldn't train in isolation," says nursing instructor Jacqueline Arnold. In the simulation center there are opportunities to practice communication and leadership skills as well as diagnostic and surgical procedures.

There are three types of simulation learning at the center:

- Task trainers allow students to experience how it looks and feels to perform a surgical or endoscopic procedure. This virtual training enables students to repeat many times procedures such as colonoscopy or cardiac catheterization without risk to a patient.
- High-tech mannequins allow students to re-create scenarios in an operating room, emergency room or intensive-care unit setting.
- Standardized patients are either patient volunteers or actors who play a role in educating the students or health care workers, allowing them to enhance their communication skills.

"Simulation technology offers a great opportunity for participants to get hands-on experience," says Kurtis Judson, M.D., a Mayo Clinic resident in emergency medicine. "This helps you to feel more comfortable in real-life situations."

Dr. Dunn says the center, founded in Mayo's team approach to patient care, will allow Mayo to apply its collaborative practice model to explore and advance simulation education in new ways, across specialties and professional roles (physicians, residents and fellows, nurses and health care specialists), to better educate practitioners and strengthen patient care.

Team training

The simulation center is an ideal setting for Mayo's Emergency Response Teams to practice together. Each month the teams work across specialties to prepare for any possible emergency.

"We work as a team in clinical practice, so we shouldn't train in isolation," says Jacqueline Arnold, MSN, RN, instructor of nursing at the center. "The Emergency Response Teams train together and learn important team principles that they can apply in practice to improve team performance during crisis situations."

The center offers students learning opportunities in areas such as communication, teamwork, emergent conditions, leadership, diagnostics and surgical procedures.

The focus on simulation technology isn't meant to replace patient contact, but rather to enhance it. It is expected to provide a critical element in educating medical professionals to reduce medical errors and improve patient care and comfort.

The establishment of the center gives Mayo Clinic a unique opportunity to become a leader in medical simulation technology, research and innovation. With its combination of standardized patients and simulation experiences, the new facility is one of the largest centers in the U.S. in both physical size and scope of programming.

Portions of this story included material from an article in Mayo Today.

— Michael Dougherty



"Simulation technology offers a great opportunity for participants to get hands-on experience."

— Kurtis Judson, M.D.

***Honoring excellence in patient care, research
and education:***

Mayo Clinic Distinguished Alumni Awards

The Mayo Clinic Distinguished Alumni Award was established in 1981 by the Mayo Foundation Board of Trustees to acknowledge and show appreciation for the exceptional contributions of Mayo alumni to the field of medicine, including medical practice, research, education, and administration. Individuals who have received the past awards have been recognized nationally and often internationally in their respective fields.

The Distinguished Alumni Award recognizes the outstanding attributes and accomplishments of individuals who have served at high levels in all aspects of their fields.

Hubert Frohmüller, M.D., Robert Hyatt, M.D., and Philip Lee, M.D., were awarded the 2006 Mayo Clinic Distinguished Alumni Awards, adding their names to a select group of individuals who have exemplified Mayo Clinic's ideals and mission. Mayo Clinic Distinguished Alumni Awards are presented at the annual Mayo Clinic College of Medicine commencement ceremony, scheduled for May 19, 2007, in Rochester.

Alumni are encouraged to nominate candidates for the 2007 award. The nomination must be made by a member of the Mayo Clinic Alumni Association and include a letter summarizing the attributes and accomplishments of the alumnus/alumna along with a copy of the candidate's curriculum vitae and bibliography. Additional letters (five or more) in support of the candidate strengthen the nomination. Supporting letters do not have to be written by members of the Mayo Clinic Alumni Association.

Dr. Hubert Frohmüller

Hard work, integrity and a generous dose of humility

*A*s a young man, Hubert Frohmüller, M.D., thought he would follow in his father's footsteps and train to become a dentist. He did so for two semesters, and then responded to a restlessness for something with broader vistas: medicine.

He came to Mayo Clinic in 1958 as a fellow in internal medicine. After two quarters, he switched to urology. He characterizes the training he received as "excellent" and with "staff consultants who were kind and helpful." During his training at Mayo he heard an adage, "The master word in life is 'work.'" Adherence to that motto yielded a distinguished career in urology.

Dr. Frohmüller led a successful urology program in the medical school of the Julius-Maximilians University in Würzburg, Germany, where he served as the first professor and chairman of the newly established Department of Urology, from 1971 to 1997. His specific interest was in urologic oncology, that is the diagnosis and treatment of malignancies of the prostate, the urinary bladder, the ureters, the testicles, the kidneys and the adrenals.

He modified and improved the resectoscope for treatment of prostatic adenoma and carcinoma, which had originally been developed by Dr. Gershom Thompson at Mayo Clinic. He became also known for the development of the "Frohmüller irrigation balloon catheter" used following transurethral or surgical treatment of prostatic disease.

The Frohmüller resectoscope led one of his mentors and friends, Dr. David C. Utz to call him from Washington, D.C. "When David told me he was calling from the White House, I replied: 'Just tell the truth, where are you calling from?' He replied, 'I am being serious and I wanted to let you know that I used your instrument in surgery on the president.'"

Dr. Frohmüller has published more than 250 journal articles, and authored and translated several urologic textbooks. In 1975, he was admitted to corresponding membership of the American Association of Genito-Urinary Surgeons. In 1994, he became an honorary member of the American Urological Association, the first German urologist to receive the honor after World War II. He is a



Hubert Frohmüller, M.D.

member of eight international organizations, and has served as president of six urology organizations, including the German Urological Association from 1985 to 1986. In 1992, he was awarded the Bronze Medal of the University of Helsinki, Finland, and in 1993, he received the Moses Swick Award at the Mount Sinai Medical Center, New York. In 1995, he was given the Maximilian Nitze Medal, the most prestigious award of the German Urological Association. For his distinguished and continuing contributions to urology practice, education and research, Dr. Frohmüller was honored with the Mayo Clinic Distinguished Alumni Award for 2006.

A former colleague nominating him for the award wrote: "Maybe the most important lesson I learned came from the stature of Professor Frohmüller. He lived a type of honest integrity that I had rarely experienced before and that has stimulated me to live my professional life in a similar way." Dr. Frohmüller serves as associate editor of the *Mayo Clinic Health Letter* (German edition) and is a founding member of the Mayo Alumni German Speaking Chapter.

Of all his career achievements, Dr. Frohmüller says that caring for patients was the most fulfilling work. "I learned at Mayo the patient comes first, then everything else," says Dr. Frohmüller. Many former patients still continue to call him for medical advice.

— Beverly Parker

Dr. Robert Hyatt

Propelled by a spirit of inquiry

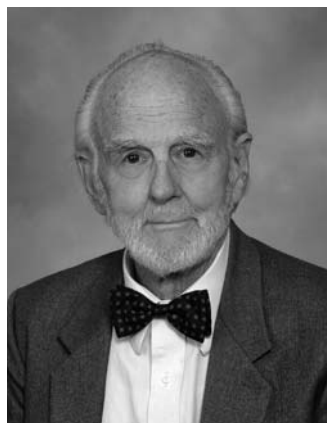
Some major decisions are made early in life. When Robert Hyatt, M.D., was just two years old, his father was diagnosed with tuberculosis. As he watched his father pass through treatments and relapses, he decided to find a cure.

This childhood hope set him on the course of a distinguished research career that spans five decades and continues today.

In 1953, Dr. Hyatt joined the National Heart Institute. Working with Dr. Donald Fry, a senior investigator and mentor, they defined the interdependence of transpulmonary pressure, expiratory flow, and lung volume. This work led to their seminal paper describing the Flow-Volume (FV) curve. Their 1960 paper on pulmonary mechanics is compulsory reading for most graduate level pulmonary physiology courses. In 1958, Dr. Hyatt took a position with the United Mine Workers at the Beckley Memorial Hospital in West Virginia, where his laboratory documented the interaction of smoking and underground mining as a major cause of miners' respiratory impairments.

He joined Mayo Clinic in 1962 as a Consultant in Physiology. He continued his basic work on expiratory flow limitation, while having many important collaborations with his clinical colleagues, which he greatly valued. In 1971, he founded the Thoracic Diseases Research Unit at Mayo. The group he assembled became one of the leading lung mechanics laboratories in the world.

In 1987, he took early retirement to establish a solo internal medicine practice in Vandalia, Illinois. It was a bold move given that he had not seen patients in 25 years. "It was probably not one of the smartest career moves I made," he says, "but it was one of the most rewarding. I enjoyed the patients and the challenge of diagnosis and treatment."



Robert Hyatt, M.D.

In 1995, he was honored by the American Thoracic Society with the Scientific Accomplishment Award. The FV curve is today used throughout the world in virtually every pulmonary function laboratory.

In the late 1990s, he returned to Mayo and played a major role in convincing the NIH to fund research in lung volume reduction surgery, resulting in the National Emphysema Treatment Trial (NETT).

For these and other achievements, Dr. Hyatt was honored with the Mayo Clinic Distinguished Alumni Award for 2006.

The spirit of inquiry that propelled him through his early career continues. On many days he can be found in the Plummer Building talking with younger colleagues, and revisiting scientific premises with the goal of unearthing new ideas.

"The goal of my career," says Dr. Hyatt, "was to make scientific contributions that could stand the test of time and contribute to the well-being of mankind."

— Beverly Parker

Dr. Philip Lee

In service to patients, students, and country

*P*hilip Lee, M.D., has never shied away from a challenge or an opportunity. For nearly six decades, he has invested himself in making changes that will better the lives of individuals, as well as society as a whole.

Dr. Lee received his M.D. degree from Stanford University in 1948. After completing a residency at Stanford, he served on active duty in the Navy, including one year in the Korean theater. This was followed by a fellowship at the Institute for Physical Medicine and Rehabilitation School of Medicine in New York; he then joined Mayo as a Fellow.

"The years 1953 to 1955 were excellent for me," he recalls. "While most medical schools focused solely on hospitalized patients, at Mayo we saw patients in the clinic and hospital, which exposed us to complex cases."

In 1956, he became an assistant clinical professor in the Stanford University School of Medicine, and joined the Palo Alto Medical Clinic, a multi-specialty group practice founded by his father in 1930. In 1963, he took a leave of absence to join the ranks of public service.

"Public service was an opportunity to do something more broadly based," he says. From 1963 to 1965 he served as Director of Health Service in the Office of Technical Cooperation and Research, Agency for International Development/U.S. Department of State. In 1965, he became Assistant Secretary for Health and Scientific Affairs in the U.S. Department of Health, Education and Welfare.

These were times of sweeping change. "To comply with the Civil Rights Act, all hospitals had to become desegregated if they wished to participate in the Medicare program," he recalls. "This heralded a momentous nation-wide change in the health care system."

The opportunity to create change in medical education came in 1969 as he became Chancellor of the University of California — San Francisco (UCSF), a post he held for three years. "The faculty had been working toward a goal of admitting 25 percent of the entering class from under-represented minorities," he says. "The goal was achieved in March 1969, making UCSF's medical school the first academic institution to achieve this goal. Affirmative action

policies were soon adopted by most of the nation's medical schools."

Until 1993, he was Professor of Social Medicine at UCSF's School of Medicine. In 1972, he started its Institute of Health Policy, an experience that readied him for a second high-ranking public service role — Assistant Secretary for Health in the U.S. Department of Health and Human Services. Since 1997, Dr. Lee has been teaching in UCSF's Postdoctoral Health Services Research Training Program. He has taught undergraduate students in Human Biology at Stanford since 1997.

He has been recognized with dozens of awards for his leadership in medicine, public health and academia. He continues to do research and author articles on the nation's health, public policy, Medicare and values and diversity in medical education.

Throughout his career he has served on numerous national boards and committees, including the Mayo Foundation Board of Trustees from 1971 to 1975. In 2006, he was honored with the Mayo Clinic Distinguished Alumni Award.

"The challenge that lies before medicine today," he says, "is that health care is now a market good, not a public good. What Mayo taught me is that a professional puts the needs of the patient first, and there is no interest in personal gain. Mayo stays great because it is still teaching new physicians that ideal: the needs of the patient come first."



Philip Lee, M.D.

— Beverly Parker

*Mayo Clinic
Distinguished Alumni
Awardees*

1981 – 2006

2006

Hubert Frohmüller, M.D. (U) '63
Würzburg, Germany
Robert Hyatt, M.D. (ThD) '87
Rochester, Minnesota
Philip Lee, M.D. (I) '55
Ventura, California

2005

Sir Brian G. Barratt-Boyes, M.D. (S) '55
Milford, New Zealand
Robert A. Kyle, M.D. (I) '59
Rochester, Minnesota
Richard K. Winklemann, M.D., Ph.D.
(Derm) '56, Fountain Hills, Arizona

2004

Howard A. Andersen, M.D. (S) '49, (I) '51
Rochester, Minnesota
Edmund Y. S. Chao, Ph.D. (OR) '72
Catonsville, Maryland
Kenneth G. Mann, Ph.D. (Hem) '72
Grand Isle, Vermont

2003

Francis J. Haddy, M.D., Ph.D. (I) '51
Rochester, Minnesota
Gertrude M. Tyce, Ph.D. (Bioc) '63
Rochester, Minnesota
Jack P. Whisnant, M.D. (I) '53, (N) '55
Rochester, Minnesota

2002

Valentin Fuster, M.D., Ph.D. (I) '72,
(CV) '74, New York, New York
Vay Liang W. Go, M.D. (I) '67, (GI) '71
Los Angeles, California
Kai Rehder, M.D. (I) '58, (Anes) '61
Vail, Colorado

2001

Robert W. M. Frater, MB, ChB, MS
(Surg. Min) FRCS, FACS (S) '60, (TS) '61
Bronxville, New York
Alan F. Hofmann, M.D. (GI) '77
La Jolla, California
John W. Joyce, M.D. (I) '63
Rochester, Minnesota
B. Lawrence Riggs, M.D. (I) '62
Rochester, Minnesota

2000

Suzanne T. Ildstad, M.D. (MMS) '78
Louisville, Kentucky
William H. Remine, Jr., M.D. (S) '45
Ponte Vedra Beach, Florida
John A. Washington, M.D. (M) '67
Cleveland, Ohio

1999

Donato Alarcón-Segovia, M.D., MS (I) '64
Mexico City, Mexico
Leonard T. Kurland, M.D., Dr.P.H. (N) '53
Rochester, Minnesota
John E. Woods, M.D., Ph.D. (Pls) '68
Rochester, Minnesota

1998

Shahbudin H. Rahimtoola, MB, FRCP,
MACP (Phys) '66, Los Angeles, California
Edward C. Rosenow, III, M.D., M.S.
(Thd,I) '65, Rochester, Minnesota
Robert J. White, M.D., Ph.D. (NS) '59
Cleveland, Ohio

1997

Arnold S. Anderson, M.D. (Pd) '50
Scandia, Minnesota
John R. Blinks, M.D. (Phar) '68
Friday Harbor, Washington
Richard J. Reitemeier, M.D. (I) '54
Rochester, Minnesota

1996

E. J. Walter Bowie, M.D. (I) '61
Rochester, Minnesota
Juan Ramon de la Fuente, M.D. (P) '80
Mexico City, Mexico
Alexander J. Walt, M.D. (S) '56
Huntington Woods, Michigan
(posthumously)

1995

Hugh R. Butt, M.D. (I) '38
Rochester, Minnesota
Harold O. Perry, M.D. (Derm) '53
Rochester, Minnesota

1994

Martin A. Adson, M.D. (S) '57
Rochester, Minnesota
Robert J. Ryan, M.D. (Bioc) '67
Rochester, Minnesota
Harold J. C. Swan, M.D. (Phys) '55
Beverly Hills, California

1993

Norman L. Browse, M.D. (S) '65
London, England
Howard B. Burchell, M.D. (I) '40
St. Paul, Minnesota
Edward D. Henderson, M.D. (Or) '51
Rochester, Minnesota

1992

William M. Manger, M.D., Ph.D. (I) '55
New York, New York
Vernon R. Mattox, Ph.D. (Bioc) '52
Rochester, Minnesota
Ross H. Miller, M.D. (NS) '54
Hilton Head Island, South Carolina

1991

James C. Hunt, M.D. (I) '58
Memphis, Tennessee
Robert W. Jamplis, M.D. (TS) '53
Palo Alto, California

1990

H. Corwin Hinshaw, Ph.D., M.D. (I) '36
Belvedere, California
Edward H. Lambert, M.D. (Phys) '43
Rochester, Minnesota
Kenneth G. Berge, M.D. (I) '55
Rochester, Minnesota

1989

John P. Utz, M.D. (I) '52, Washington, D.C.
Charles A. Owen, Jr., M.D. (I) '50
Rochester, Minnesota

1988

Crowell Beard, M.D. (Oph) '43
Redwood City, California
Hillier L. Baker, M.D. (R) '56
Rochester, Minnesota

1987

Jesse E. Edwards, M.D. (Path) '46
St. Paul, Minnesota
Collin S. MacCarty, M.D. (NS) '44
Rochester, Minnesota

1986

Charles C. Edwards, M.D. (S) '56
La Jolla, California
Oliver H. Beahrs, M.D. (S) '50
Rochester, Minnesota

1985

John T. Shepherd, M.D. (Phys) '54
Rochester, Minnesota
Mark B. Coventry, M.D. (Or) '42
Rochester, Minnesota
F. Henry Ellis, Jr., M.D. (TS) '53
Burlington, Massachusetts

1984

Griff T. Ross, M.D., Ph.D. (I) '60
Houston, Texas
Earl H. Wood, M.D., Ph.D. (Phys) '42
Rochester, Minnesota

1983

L. Emmerson Ward, M.D. (Rheu) '50
Rochester, Minnesota
Shervert H. Frazier, Jr., M.D. (P) '57
Concord, Massachusetts

1982

Thomas W. McElin, M.D. (ObG) '50
Chicago, Illinois
David C. Dahlin, M.D. (Path) '48
Rochester, Minnesota

1981

John W. Kirklin, M.D. (S) '50
Birmingham, Alabama
Dwight C. McGoon, M.D. (S) '57
Rochester, Minnesota

Selection Criteria For 2006:

- Nominee must be an active member of the Mayo Clinic Alumni Association.
- Recipient must be able to attend the Mayo Foundation Graduation Ceremony in Rochester, May 19, 2007.
- The criteria to be taken into consideration when selecting your nominee include:
 - National or international peer recognition of accomplishments in education, research, clinical practice or administration
 - Scientific publications
 - Leadership in their field
 - Community service
 - Integrity
- The institution selection process will be coordinated and supervised by the Mayo Clinic Alumni Association and the Mayo Foundation Director for Education.

Instructions:

- Each alumnus/alumna of the Mayo Clinic Alumni Association may nominate one candidate each year. Individuals may resubmit the name of a previously nominated candidate.
- The nomination packet must include a letter of nomination along with curriculum vitae and bibliography of the nominee. Packet must be received at the Mayo Clinic Alumni Association office by December 30, 2006.
- Support letters (five or more are recommended) do not need to be written by a Mayo alumnus/alumnae. Support letters must be received at the Mayo Clinic Alumni Association office by December 30, 2006.
- Nomination letters should be addressed to Terrence L. Cascino, M.D., Director for Education, and mailed to:

Bindy Fachin
Mayo Clinic Alumni Center
Siebens 5
200 First Street, SW
Rochester, MN 55905
Tel: (507) 266-4197
Fax: (507) 538-7442
E-mail: fachin.bindy@mayo.edu

Mayo Clinic Distinguished Alumni Award

Nomination Form

Please print or type and return this form and supporting material to the address given below by December 30, 2006.

Nominator Information

Name _____

Title _____

Address _____

Phone number _____

Fax number _____

E-mail address _____

Nominee Information

Name _____

Title _____

Address _____

Phone number _____

Fax number _____

E-mail address _____

Each nomination packet must include:

Letter of nomination (*Please describe in detail how this nominee meets the criteria*)

Curriculum vitae and bibliography

Supporting letters (*five are recommended*)

Name

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Send nomination to:

Bindy Fachin
Mayo Clinic Alumni Center
Siebens 5
200 First Street, SW
Rochester, MN 55905
Tel: (507) 266-4197
Fax: (507) 538-7442
E-mail: fachin.bindy@mayo.edu

Mayo Update

News briefs

Mayo Trustees honor new named professors

The Mayo Clinic Board of Trustees honored three awardees with named professorships at its quarterly meeting on May 16.

Named professorships at Mayo Clinic represent the highest academic distinction for a faculty member. Faculty are appointed to a professorship through nomination and endorsement of their peers and then confirmed by Mayo Clinic senior leadership. Appointed individuals are recognized for distinguished achievement in their specialty areas and service to the institution.

Frederic B. Meyer, M.D., Professor of Neurosurgery at Mayo Clinic, received the Alfred Uihlein Family Professorship in Neurologic Surgery. Dr. Meyer joined Mayo's staff in the Department of Neurosurgery in 1989. Dr. Meyer's research has focused on the pathophysiology of stroke and epilepsy with an emphasis on calcium metabolism. Dr. Meyer has served as co-investigator on numerous NIH grants and is an author of approximately 200 publications in peer-reviewed journals, three books, 50 book chapters, 10 editorials and over 110 abstracts. He is also a nine-time winner of the Neurosurgery Resident Teaching Award.

Phillip A. Low, M.D., Professor of Neurology, Mayo Clinic, received the Robert D. and Patricia E. Kern Professorship in Neurology. Dr. Low

joined Mayo Clinic in 1976 after receiving his formal training in Australia. Dr. Low's research has focused on autonomic and peripheral nerve disorders. He has lead several NIH-funded research programs on autonomic disorders. He is the author of over 300 publications and three classic textbooks on clinical autonomic disorders and is the past president of the American Autonomic Society. Dr. Low has mentored over 37 research trainees and was the first recipient of the Mayo Foundation Clinical Research Committee Mentorship Award (2001) in recognition for this lifelong commitment to teaching and mentoring.

Edith A. Perez, M.D., Professor of Medicine, Mayo Clinic, received the Serene M. and Frances C. Durling Professorship. Dr. Perez directs the Breast Clinic and Cancer Clinical Study Unit at Mayo Clinic in Jacksonville, Fla. Dr. Perez has developed and helps direct a wide range of clinical trials exploring the use of new therapeutic agents for treating and preventing breast cancer. She also has recently developed studies to evaluate the role of genetic markers in the development of breast cancer. Dr. Perez has authored more than

150 research articles in journals and books and is the recipient of numerous professional and community awards. Dr. Perez has been a member of the Mayo Clinic Institutional Review Board and the National Cancer Institute (NCI) Central Institutional Review Board. She is actively involved in activities with the NCI and National Institutes of Health (NIH).

New molecular basis identified for atrial fibrillation

Mayo Clinic investigators have discovered a gene mutation causing chaotic electrical activation of the heart muscle and atrial fibrillation, a common heart-rhythm disturbance affecting millions of Americans. The Mayo Clinic discovery is published in the July 15 issue of the journal *Human Molecular Genetics*.

"The discovery underscores the significance of heredity in susceptibility to atrial fibrillation," explains Timothy M. Olson, M.D., director of the Cardiovascular Genetics Laboratory at Mayo Clinic.

"Identification of a new molecular basis for atrial fibrillation provides a



From the left Frederic B. Meyer, M.D., Terrence L. Cascino, M.D., director of education and chair of the Named Professorship Committee, Edith A. Perez, M.D., and Phillip A. Low, M.D.

critical step toward individualized diagnosis and treatment of arrhythmia," adds Andre Terzic, M.D., Ph.D., director of Mayo Clinic's Marriott Heart Disease Research Program.

This study provides new insight into a previously unrecognized mechanism for electrical instability in the human heart. The Mayo multidisciplinary team is the first to identify a specific genetic mutation of the ion channel gene KCNA5 that leads to a disease-causing condition called a channelopathy, an abnormality of specific miniature transportation tubes in cell membranes. The KCNA5 mutation causes loss of function of an atrial-specific potassium ion channel, disrupting electrical synchronization. This leads to susceptibility for atrial fibrillation.

The Mayo investigation used comprehensive genetic analysis to identify a mutation in the DNA of a sibling pair with atrial fibrillation in the absence of known risk factors for the disease. This genetic anomaly was not present in the DNA of individuals without atrial fibrillation.

The atrial fibrillation mutation occurred in the KCNA5 gene, which produces a key heart protein known as Kv1.5. Loss of Kv1.5 function, in turn, made the atria — the upper pumping chambers of the heart — more vulnerable to stress-induced chaotic rhythms, and atrial fibrillation. To validate the finding, the researchers reproduced the disease features at the molecular, cellular and organism levels and corrected the mutation, restoring the defective ionic current.

The Mayo Clinic collaborative team also included Alexey Alekseev, Ph.D.; Xiaoke Liu, M.D., Ph.D.; Sungjo

Park, Ph.D.; Leonid Zingman, M.D.; Martin Bienengraeber, Ph.D.; Srinivasan Sattiraju, M.D.; Jeffrey Ballew; and Arshad Jahangir, M.D. Their work was supported by grants from the National Institutes of Health, Marriott Heart Disease Research Program, Marriott Foundation and Mayo Clinic.

International collaboration provides strong evidence of a common genetic risk factor for Parkinson's disease

A Mayo Clinic-led international research collaboration — one of the largest studies of its kind — provides strong evidence that a genetic risk factor may account for 3 percent of the cause of Parkinson's disease.

"This is an important step forward because the contribution of common genetic risk factors to the development of Parkinson's has long been suspected, but the high quality of data needed to make such discoveries has been missing," says Demetrius Maraganore, M.D., Mayo Clinic neurologist and lead study investigator. "This well-designed and large study provides evidence that common genetic variants contribute to the cause of Parkinson's."

The collaboration included researchers from 11 countries. Their findings were published in the Aug. 9 issue of the *Journal of the American Medical Association*.

In their study, the researchers analyzed clinical and genetic data from 2,692 Parkinson's disease patients and 2,652 healthy subjects who were matched to the Parkinson's

patients for age and gender. Results showed that persons with longer lengths of a DNA segment that promotes the activity of a gene known as alpha-synuclein had a 1.5 times greater risk for Parkinson's disease.

Explains Dr. Maraganore, "Our study provides compelling evidence that variability in the alpha-synuclein gene is a risk factor for Parkinson's disease worldwide. The common DNA variants that increase Parkinson's disease risk cause the gene to produce too much alpha-synuclein protein in a process known as overexpression. Our findings support the development of therapies that reduce alpha-synuclein gene expression. Such therapies have the potential to prevent or delay the onset of Parkinson's disease or to halt or slow its progression."

Earlier, small studies showed that rare variations (mutations) in the alpha-synuclein gene caused Parkinson's disease in a few isolated families. Further small studies suggested that common variations in the gene, while not sufficient to cause Parkinson's, make people susceptible to the disease.

"However, the results of those small studies were inconsistent," says Dr. Maraganore. "What was lacking was a well-designed, large study to see if common variations in the alpha-synuclein gene contribute to Parkinson's risk worldwide. The current study provides this much-needed evidence. Alpha-synuclein gene variability was associated with Parkinson's disease across several populations."

Mayo Update

Professional meetings

Mayo Clinic Alumni Association Receptions

- American Academy of Otolaryngology-Head and Neck Surgery**, Sept. 17-20, 2006, *Ontario, Canada*
- American Academy of Family Physicians**, Sept. 28, 2006, *Washington, D.C.*
- American Society of Plastic and Reconstructive Surgery**, Oct. 8, 2006, *San Francisco, Calif.*
- Congress of Neurological Surgeons**, Oct. 9, 2006, *Chicago, Ill.*
- American College of Surgeons**, Oct. 9, 2006, *Chicago, Ill.*
- American Academy of Maxillofacial Prosthetics**, Oct. 12, 2006, *Mauai, Hawaii*
- Infectious Diseases Society of America**, Oct. 13, 2006, *Ontario, Canada*
- American Society of Anesthesiologists**, Oct. 14, 2006, *Chicago, Ill.*
- Society for Neuroscience**, Oct. 14-18, 2006, *Atlanta, Ga.*
- American College of Gastroenterology**, Oct. 20-25, 2006, *Las Vegas, Nev.*
- American College of Chest Physicians**, Oct. 24, 2005, *Salt Lake City, Utah*
- American Academy of Child and Adolescent Psychiatry**, Oct. 24-29, 2006, *San Diego, Calif.*

Association of American Medical Colleges, Oct. 29, 2006, *Seattle, Wash.*

American Association for the Study of Liver Diseases, Oct. 30, 2006, *Boston, Mass.*

American Society of Therapeutic Radiology and Oncology, Nov. 5-9, 2006, *Philadelphia, Pa.*

American Academy of Physical Medicine and Rehabilitation, Nov. 10, 2006, *Honolulu, Hawaii*

American College of Rheumatology, Nov. 12, 2006, *Washington, D.C.*

American Academy of Ophthalmology, Nov. 11-14, 2006, *Las Vegas, Nev.*

Minnesota Nephrology Collaborative Group (American Society of Nephrology), Nov. 14-19, 2006, *San Diego, Calif.*

Radiology Society of North America, Nov. 26-Dec. 1, 2006, *Chicago, Ill.*

American Society of Hematology, Dec. 9-12, 2006, *Orlando, Fla.*

Society of Thoracic Surgeons, Jan. 29-31, 2007, *San Diego, Calif.*

American Academy of Dermatology, Feb. 2-6, 2007, *Washington, D.C.*

American Academy of Orthopedic Surgeons, Feb. 14-18, 2007, *San Diego, Calif.*

Society of Critical Care Medicine, Feb. 17-21, 2007, *Orlando, Fla.*

American College of Cardiology, Mar. 11-14, 2007, *Atlanta, Ga.*

U.S. and Canadian Academy of Pathology, Mar. 24-30, 2007, *San Diego, Calif.*

Postgraduate meetings

For more information, please complete and return the tear-out card in this issue. Or you may call 507-284-2509 or 800-323-2688.

Internal Medicine Review for Nurse Practitioners and Physician Assistants, Sept. 13-15, 2006, *Rochester, Minn.*

Practical Surgical Pathology, Sept. 14-16, 2006, *Rochester, Minn.*

Cardiology Lecture Series: Atrial Fibrillation – The Pesky Arrhythmia That Will Not Leave Us Alone, Sept. 14, 2006, *Mesa, AZ*

Primary Care Update 2006: A Four Corners Experience, Sept. 15-16, 2006, *Durango, CO*

Mayo Cardiovascular Review Course for Electrophysiology Boards and Recertification, Sept. 16-18, 2006, *Rochester, Minn.*

Mayo Interventional Cardiology Board Review, Sept. 16-18, 2006, *Rochester, Minn.*

Mayo Cardiovascular Review Course for Cardiology Boards and Recertification, Sept. 17-22, 2006, *Rochester, Minn.*

Mayo Clinic Pediatric Days 2006, Sept. 18-19, 2006, *Coronado Island, CA*

Faculty Development Workshop – New Tools for the Practice of Evidence-Based Medicine, Sept. 19, 2006, *Rochester, Minn.*

State-of-the-Art in Thrombophilia, Sept. 21-23, 2006, *Rochester, Minn.*

2006 State-of-the-Art Multidisciplinary Care of Breast Disease,
Sept. 22-23, 2006, *Rochester, Minn.*

Minimally Invasive Surgery Series – Laparoscopic Colon Surgery,
Sept. 22, 2006, *Scottsdale, AZ*

ERCP A-to-Z: A Live Case Course,
Sept. 25-26, 2006, *Rochester, Minn.*

Mayo Clinic Nutrition in Health and Disease, Sept. 28-29, 2006,
Minneapolis, Minn.

Minimally Invasive Surgery Series: Laparoscopic Nephrectomy,
Sept. 28-29, 2006, *Scottsdale, AZ*

Annual Update in Nephrology, Hypertension, and K/P Transplant, Sept. 29-30, 2006,
Minneapolis, Minn.

Human Factors in Healthcare: Practical Applications to Improve Patient Safety,
Oct. 4-6, 2006, *Rochester, Minn.*

Current Issues in Clinical Research Latest Trends in Clinical Research, Oct. 4-5, 2006,
Minneapolis, Minn.

Ninth Annual Mayo Clinic Internal Medicine Update: Sedona 2006,
Oct. 5-8, 2006, *Sedona, AZ*

2006 Mayo Clinic Alumni Association International CME Program, Oct. 10-13, 2006,
Dubrovnik, Croatia

A Practical Asthma Workshop for the Primary Care Provider,
Oct. 13, 2006, *Rochester, Minn.*

2006 Annual Nursing Conference – Nursing in the 21st Century,
Oct. 13, 2006, *Scottsdale, AZ*

Practical Course in Dermoscopy and Update on Malignant Melanoma,
October 15-17, 2006, *Scottsdale, AZ*

Third Annual Spit Tobacco Summit,
October 16-18, 2006,
Rochester, Minn.

Faculty Development Workshop – Residents As Educators,
Oct. 17, 2006, *Rochester, Minn.*

Geriatric Update for the Primary Care Provider, Oct. 19, 2006,
Rochester, Minn.

Ninth Annual Mayo Clinic Internal Medicine Update: Sedona 2006,
Oct. 19-22, 2006, *Sedona, AZ*

Clinical Reviews 2006, October 23-25, 2006, *Rochester, Minn.*

19th Annual Techniques in Advanced Gynecologic, Endoscopic and Laparoscopic Surgery, Oct. 24-28, 2006,
Scottsdale, AZ

Prevention for Cardiovascular Disease: Putting Prevention into Practice, Oct. 26-27, 2006
Rochester, Minn.

Real Time PCR for the Clinical Microbiology Laboratory,
Oct. 26-27, 2006, *Rochester, Minn.*

Second Mayo Clinic Angiogenesis Symposium: Pathways to Therapeutic Angiogenesis in Cancer, Oct. 27-29, 2006,
Rochester, Minn.

Current Concepts in Primary Eye Care, Nov. 2, 2006,
Rochester, Minn.

OB/GYN Clinical Reviews, Nov. 2-3, 2006, *Rochester, Minn.*

2006 19th Annual Epilepsy Update (Joint-Sponsored with the Epilepsy Foundation of Arizona), Nov. 3-4, 2006,
Scottsdale, AZ

16th Annual Mayo Clinic Symposium on Sports Medicine,
Nov. 3-4, 2006, *Rochester, Minn.*

Clinical Reviews 2006 – November Session, Nov. 6-8, 2006,
Rochester, Minn.

Update in Hospital Medicine,
Nov. 8-11, 2006, *Tucson, AZ*

Cardiology Lecture Series: Town vs Gown – Carotid Stenting: State-of-the-Art, Nov. 9, 2006,
Mesa, AZ

2006 Practical Spirometry Course,
Nov. 14-15, 2006, *Rochester, Minn.*

Minimally Invasive Surgery Series – Laparoscopic Colon Surgery,
Nov. 17, 2006, *Scottsdale, AZ*

Faculty Development Workshop – Lessons From Simulation: Debriefing the Learner and Debriefing the Debrief,
Nov. 21, 2006, *Rochester, Minn.*

Faculty Development Workshop – Improving Cultural Competence for Physicians-Educators,
Dec. 19, 2006, *Rochester, Minn.*

Fourth Mayo Clinic State-of-the-Art Symposium on Hematologic Malignancies, Jan. 14-18, 2007,
Wellington, New Zealand

Hematologic Malignancies Nursing and Pharmacy Symposium,
Jan. 15, 2007, *Wellington, New Zealand*

Hematologic Malignancies Patient Symposium – “Living With My Disease,” Jan. 16, 2007,
Wellington, New Zealand

Mayo Clinic International Spine Surgery Symposium,
Jan. 21-25, 2007, *Big Island, Hawaii*

Arrhythmias and the Heart,
Jan. 22-25, 2007, *Big Island, Hawaii*

Pain Medicine: A State-of-the-Art Course in Pain Management for the Non-Pain Specialist,
Jan. 25-28, 2007, *Key West, Fla.*

Psychiatric Pharmacogenomics,
Feb. 2-3, 2007, *Kauai, Hawaii*

Mayo Clinic Interactive Surgical Symposium, Feb. 4-9, 2007,
Mauai, Hawaii

Mayo Update

Gastroenterology and Hepatology

2007, Feb. 5-9, 2007,
Grand Bahama Island

Intensive Ethics CME Course:

Transplant Ethics, Feb. 7-9, 2007,
Rochester, Minn.

Selected Topics in Internal Medicine,

Feb. 12-16, 2007, *Big Island, Hawaii*

Mayo Clinic Symposium on

**Anesthesia and Perioperative
Medicine**, Feb. 21-24, 2007,
Scottsdale, AZ

Fifth Annual Mayo Clinic in Scottsdale's Winter

**Gastroenterology Meeting:
Gastroenterology Linked to
Endoscopy and Hepatology**,
Feb. 26-March 2, 2007,
Scottsdale, AZ

Menopausal Medicine: Care of the

Mature Woman, March 1-3, 2007,
San Diego, Calif.

CA Electromyography and

**Electroencephalography in
Clinical Practice**, March 7-11, 2007,
Amelia Island, Fla.

Multiple Sclerosis 2007: Update and Practical Management,

March 10-11, 2007, *Scottsdale, AZ*

Mayo Clinic Presents: Update

Gynecology, March 16-17, 2007,
Walt Disney World, Fla.

10th Mayo Clinic Endocrine Course,

March 18-23, 2007,
Big Island, Hawaii

Clinical Reviews 2007 – A Primary Care and Internal Medicine

Update, March 21-24, 2007,
Scottsdale, AZ

Emergency Medicine: Moving

Forward, Mar. 25-28, 2007,
Scottsdale, AZ

16th Annual Urogynecology and Disorders of the Female Pelvic

Floor, March 29-31, 2007,
Scottsdale, AZ

Alumni news

1950s

E. Richard Ensrud, was elected to Mastership by the American College of Physicians Board of Regents. Dr. Ensrud completed a Mayo Graduate School residency in Internal Medicine.

William M. Manger, recently published *"Our Greatest Threats: Live Longer, Live Better,"* which provides guidelines and tips on the importance of a healthy lifestyle. In addition, Dr. Manger is involved in research on the mechanism of salt-induced hypertension and combating childhood obesity through preventive measures. Dr. Manger completed a Mayo Graduate School fellowship in Internal Medicine and is currently chair of the National Hypertension Association and a professor of medicine at NYU Medical Center. He was a past Distinguished Mayo Alumnus recipient.

1960s

Richard D. Smith, recently published *"The Circus of Medicine,"* Wyndham Hall Press. Dr. Smith completed a Mayo Graduate School fellowship in Internal Medicine.

Enrique B. Wolpert, serves as the president of the Interamerican Association of Gastroenterology and the organizing committee of the Thirtieth Panamerican Congress of Gastroenterology. Dr. Wolpert completed a Mayo Graduate School residency in Gastroenterology.

1970s

David V. Feliciano, received the Best Clinical Attending Physician award from the Emory University Medical Class of 2006, the Papageorge Distinguished Teaching Award from the Emory University Medical Alumni Association and the J. Richard Amerson Teaching Award from the Emory University chief residents, Department of Surgery. Dr. Feliciano completed a Mayo Graduate School fellowship in Surgery in 1977 and is currently Chief of Surgery at Emory University School of Medicine.

Frederick W. Hahn Jr., received the Missouri State Medical Association's 2004 Citizenship and Community Service Award, which recognizes community service that reaches beyond the practice of medicine. Dr. Hahn received the Truman Heartland Community Foundation's Humanitarian of the Year Award for 2006 and will be honored in September for his philanthropic and humanitarian service. He has also written a book *"The Art of Medicine,"* which is a memoir of one man's choice of medicine as a profession and his education through the process of specialty training. Dr. Hahn completed a residency in Otorhinolaryngology at Mayo Clinic. He is currently involved with volunteer work.

1980s

Nadey Hakim, was awarded an honorary professorship from Baksent Ankara University in Turkey. Dr. Hakim completed a Mayo Graduate School residency in Surgery.

W. James Phillips, was elected chief of staff at the University of Mississippi Medical Center. He is an associate professor of Anesthesiology and assistant professor of Emergency Medicine. Dr. Phillips was a Mayo Clinic Staff physician in Anesthesiology.

Steven S. Saliterman, published *"Fundamentals of BioMEMS and Medical Microdevices,"* the first textbook in this emerging field. Dr. Saliterman is a graduate of Mayo Medical School and completed a Mayo Graduate School fellowship in Internal Medicine.

Janette Hansen Strathy, was elected chair of the Clinical Board of Governors of Park Nicollet Health Services. Dr. Strathy completed a Mayo Graduate School fellowship in Obstetrics and Gynecology.

1990s

David G. Brodland, was elected president of the American College of Mohs Micrographic Surgery and Oncology for 2006. Dr. Brodland was a Mayo Clinic Staff physician in Dermatology.

Briggs E. Cook Jr., was elected secretary of the North Carolina Society of Eye Physicians and Surgeons. Dr. Cook completed a Mayo Graduate School fellowship in Ophthalmology.

William R. Laney, was presented the first Distinguished Service Award from The Academy of Osseointegration in recognition of his twenty years of service as editor of the *"International Journal of Oral & Maxillofacial Implants."* This award is conferred upon an individual in recognition of outstanding contributions, performance and commitment to the field of implant dentistry. Dr. Laney was a Mayo Staff physician in Prosthodontics.

William C. Logan Jr., was appointed head of the Division of Geriatric Care Services at Greenville Hospital System in Greenville, S.C. after completing a fellowship in geriatrics at Duke University. Dr. Logan completed a Mayo Graduate School residency in Surgery.

2000s

Maher A. Abbas, was elected chief of colon and rectal surgery at Kaiser Permanente Los Angeles and regional head of colon and rectal surgery for the Southern California Permanente Medical Group. Dr. Abbas completed a Mayo Graduate School residency in Colon and Rectal Surgery.

Abdullah Hamad, recently received certifications from the Hypertension Board and the American Board of Nutrition in addition to his board certifications in Internal Medicine, Nephrology and Transplantation. Dr. Hamad completed Mayo Graduate School residencies in Transplant Medicine and Nephrology.

Staff news

Mark Dahl was named the 2006 recipient of the Master Dermatologist Award from the American Academy of Dermatology.

Steven Eckert was elected to the position of vice president elect of the American Academy of Maxillofacial Prosthetics. He was also elected president-elect for the Academy of Osseointegration.

Sherine Gabriel received the 2006 Distinguished Educator Award for the Association for Clinical Research Training. Dr. Gabriel also was designated a McCann Scholar by the Joy McCann Foundation.

Joseph Hung was appointed to a fifth term as chair of the Committee on Pharmacopeia, Society of Nuclear Medicine.

Judith Kaur was selected by the Intercultural Cancer Council as the Dr. LaSalle D. Leffall Jr. Cancer Prevention Award recipient at the 10th Biennial Intercultural Cancer Council Symposium.

Edward Laskowski was named by President Bush to the President's Council on Physical Fitness for a two-year term.

Karl Nath was a Visiting Professor on Research Day at the Department of Medicine at the University of Minnesota and was awarded the Department of Medicine's Distinguished Alumnus Career Achievement Award.

Gregory Poland received The Dr. Charles Mérieux Award from the National Foundation for Infectious Diseases.

Glenn Roberts was elected President-Elect for the Medical Mycological Society of the Americas.

Michael Silber was elected president of the American Academy of Sleep Medicine.

Emanuel Strehler was appointed to the editorial board of the *Journal of Biological Chemistry* for a five-year term.

Zelalem Temesgen was elected treasurer, chair of the finance committee, and member of the executive committee of the American Academy of HIV Medicine.

Mayo Update

Fellow, resident and student news

Mayo Clinic's delegation to the American Medical Association — Medical Student Section was awarded "AMA Chapter of the Year" for 2006. Mayo's student delegation is lead by co-presidents **Nick Zane** and **Joy Hardison**.

Mayo Medical School students **Amy Fothergill** and **Nick Zane** authored a resolution regarding access to reproductive health which was accepted as national policy of the American Medical Association — Medical Student Section.

Priyanka Gupta was elected to the new position of Regional Community Service Coordinator for the American Medical Association — Medical Student Section, and will work with other regional officers to develop a community service project for a multi-state region, including Minnesota, Wisconsin and Iowa.

Obituaries

1940s

John F. Bacon, 91, died Jan. 12, 2006, in Santa Rosa, Calif. Dr. Bacon received his medical degree from the University of Pennsylvania and completed Mayo Clinic residencies in Otorhinolaryngology and Radiology in 1944 and 1947, respectively. Dr. Bacon joined McFarland Clinic in Ames, Iowa in 1949. In 1962, he took

a one-year sabbatical to teach at Massachusetts General Hospital in Boston. Dr. Bacon moved to Santa Barbara, Calif., in 1979 where he joined a private practice. He was president of the Rocky Mountain Radiology Society and a member of the American College of Radiology, where he served two terms on the board of directors and was appointed vice-president in 1979.

Herman J. (Doc) Bearzy, 94, died March 18, 2006, in Kettering, Ohio. Dr. Bearzy received his medical degree from the University of Pittsburgh School of Medicine and completed a Mayo Clinic residency in Physical Medicine and Rehabilitation in 1946. Dr. Bearzy was team physician at the U.S. Military Academy at West Point until 1952. In 1952, he moved to Dayton, Ohio, where he was a pioneer in the development of the Physical Medicine Department at Miami Valley Hospital. Dr. Bearzy retired in 1976. He received the President's Award for Physician of the Year in Physical Medicine.

Mildred (Norval) Indritz, 93, died March 6, 2006, in Minneapolis, Minn. Dr. Indritz received her medical degree from the University of Illinois Medical School and completed a Mayo Clinic pediatric residency in 1945. She received a master's of Pediatrics from the University of Minnesota in 1948 and a master's in Public Health from Harvard University School of Public Health in 1958. Dr. Indritz was a Mayo Clinic staff physician in the Department of Pediatrics from 1947 to 1951. She was director of the former Crippled

Children's Services, first in the Minnesota Department of Welfare and later the Health Department. In retirement, she worked at the Faribault State Hospital. Dr. Indritz was a member of the Minnesota Medical Association and received the American Academy of Pediatrics Distinguished Service Award.

Russell C. Long, 88, died Jan. 18, 2006, in Charlotte, N.C. Dr. Long received his medical degree from the University College of Medicine in Cincinnati, Ohio, and completed a Mayo Clinic fellowship in Surgery in 1945. He was in the Army Medical Corp of the 101st Airborne at Fort Campbell, Ky. Dr. Long practiced surgery in Mansfield, Ohio, for 30 years. He was a former medical director of the Ohio State Reformatory and a Federal Aviation Medical Examiner. Dr. Long was a member of the Flying Physicians Association and the Civil Aviation Medical Association. He was treasurer for Missions International, Inc., and was involved in medical mission work where he assisted in The Polyclinic Adventiste Hospital expansion in Haiti.

Charles A. Short Jr., 85, died Dec. 6, 2005, in San Jose, Calif. Dr. Short received his medical degree from Northwestern University Medical School and completed a Mayo Clinic fellowship in Surgery in 1949. He was a general surgeon and founding member of the San Jose Medical Group. Dr. Short was a member of the American Academy of Medical Directors and the American Red Cross. He was named one of San Jose's 10 outstanding citizens in 1960.

Agatha M. Wilhelm, 97, died Sept. 14, 2005, in South Bend, Ind. Dr. Wilhelm received her medical degree from Northwestern University Medical School and completed a Mayo Clinic fellowship in Internal Medicine in 1943. She opened an internal medicine private practice in South Bend, which she maintained until her retirement in 1982. Dr. Wilhelm was president of the St. Joseph County Medical Society in 1963. In 1965 she was honored as the Woman of the Year in South Bend. She was a member of the American Medical Association, American Society of Clinical Pathologists, American Society of Internal Medicine, and the American College of Physicians.

1950s

Leonard A. Aaro, 79, died Dec. 11, 2005, in Rochester, Minn. Dr. Aaro received his medical degree from Northwestern University Medical School and completed a Mayo Clinic fellowship in Obstetrics and Gynecology in 1957. He served three years in the U.S. Air Force. Dr. Aaro was a Mayo Clinic staff physician from 1957 until his retirement in 1992. He introduced the clinical use of two-dimensional diagnostic ultrasound at Mayo Clinic. He also developed a technique to evaluate infertility problems using fluoroscopy. He was former section head in Medical Gynecology and vice-chair of Obstetrics and Gynecology. Dr. Aaro served as president of the Minnesota Obstetrical and Gynecologic Society and was a member of the Fitzgerald Society.

Oliver H. Beahrs, 91, died Jan. 7, 2006, in Rochester, Minn. Dr. Beahrs received his medical degree from Northwestern University and completed a Mayo Clinic fellowship in Surgery in 1950. He was a Mayo Clinic staff physician from 1950 until his retirement in 1979. Dr. Beahrs supervised the surgical team that operated on President Reagan at Bethesda Naval Hospital in Maryland in 1987. He was former section head of Head, Neck, and General Surgery. He was a member of the Mayo Clinic Board of Governors, vice-chair of the Board of Governors, chair of the Mayo Clinic Council, member of the Board of Trustees of Mayo Foundation and was named teacher of the year in 1976. He served on the Board of Directors at Rochester Methodist Hospital. He received the American Cancer Society's Humanitarian Award in 1995.

John T. Burroughs, 78, died Nov. 10, 2004, in San Diego, Calif. Dr. Burroughs received his medical degree from Harvard Medical School and completed a Mayo Clinic residency in Surgery in 1956. He served in Korea with the Navy Reserves and was stationed with the First Marine Division. Dr. Burroughs' professional credits include his roles in the development of the heart-lung machine, cardiopulmonary resuscitation (CPR), and both open heart surgery and coronary bypass surgery. He retired from medical practice in 1976 and obtained a law degree in legal medicine, which he practiced for 20 years.

Herbert W. Johnson, 84, died March 21, 2006, in St. Paul, Minn. Dr. Johnson received his medical degree from the University of Minnesota Medical School and completed a Mayo Clinic residency in Internal Medicine in 1951. He served as an Army physician in World War II. Dr. Johnson was in private practice in St. Paul until his retirement in 1985. He was president of the Minnesota Association of Internists and an officer in the Ramsey County Medical Society. He was a clinical associate professor of Medicine at the University of Minnesota Medical School.

Robert R. Jones, 93, died Dec. 21, 2005, in Wabasha, Minn. Dr. Jones received his medical degree from the University of Illinois Medical School and completed a Mayo Clinic fellowship in Anesthesiology in 1950. He served in the U.S. Army during World War II and became consulting anesthesiologist for the U.S. Army Hospitals in Europe in 1953. Dr. Jones was a Mayo Clinic staff physician from 1954 until his retirement in 1977.

Howard L. Saylor Jr., 88, died April 10, 2006, in Rochester, Minn. Dr. Saylor received his medical degree from Northwestern University and completed a Mayo Clinic residency in Surgery in 1950. He was a captain during World War II and served as battalion surgeon. He practiced in Huron, S.D., until his retirement in 2000. Dr. Saylor was a fellow of the American College of Surgeons and a diplomate of the American Board of Surgery. He was chief of staff, hospital

Mayo Update

board member, and chair of the surgical committee at Huron Regional Medical Center, past president of the South Dakota State Medical Association, a member of the Priestly Society (Mayo Surgical Society) and a member of the Advisory Council. He was regional trauma chair of the American College of Surgeons.

Grier F. Starr, 79, died Feb. 20, 2006, in Eugene, Ore. Dr. Starr received his medical degree from Northwestern University Medical School and completed a Mayo Clinic Pathology residency in 1955. He received a master's degree in Pathology from the University of Minnesota in 1956. He served in the U.S. Navy as a hospital corpsman from 1944 to 1946. Dr. Starr was a Mayo Clinic staff physician in the Division of Surgical Pathology from 1956 to 1959. He moved to Eugene in 1959 and started his medical practice. He was a founding member of the Lane Memorial Blood Bank and was a staff member at Sacred Heart General Hospital and McKenzie-Willamette Hospital. He served as chief of staff at Sacred Heart General Hospital. Dr. Starr was a member of the American College of Pathology, American Society of Clinical Pathologists, International Academy of Pathologists, American Society of Dermatopathology, Oregon Society of Pathologists, Lane County Medical Society, and Pacific Northwest Society of Pathologists. He was president of Pathology Consultants, P.C., from 1973 to 1986 and chief executive officer of Oregon Clinical Laboratories, now Oregon Medical Laboratories. He served on the boards of Oregon Blue Cross-Blue Shield, Sisters of St. Joseph

of Peace and Sacred Heart Health and PeaceHealth Systems. He was the first recipient of the Mother Theresa Moran Award from the Sisters of St. Joseph of Peace.

G. Keith Stillwell, 87, died Sept. 2, 2005, in Rochester, Minn. Dr. Stillwell received his medical degree from Queen's University in Canada and served in the Canadian Army. He was a Mayo Clinic staff physician from 1954 until his retirement in 1983. Dr. Stillwell was chair of the Department of Physical Medicine and Rehabilitation from 1973 to 1981.

John P. (Jack) Utz, 83, died April 4, 2006, in Naples, Fla. Dr. Utz received his medical degree from Northwestern University Medical School and completed a Mayo Clinic Internal Medicine residency in 1952. He was commissioned a first lieutenant in the U.S. Army and later transferred to the U.S. Public Health Service. Dr. Utz was chief of the infectious disease service at the National Institutes of Health in Bethesda, Md., from 1952 to 1965. He was a visiting professor at the Pasteur Institute in Paris, from 1962 to 1963. He was chief of the Division of Immunology and Infectious Diseases at the Medical College of Virginia in Richmond from 1973 to 1978, and he served as dean of the School of Medicine at Georgetown University Hospital from 1973 until retirement in 1995. Dr. Utz founded the National Foundation for Infectious Diseases and served on its board of directors for more than 25 years. He also served as the Foundation president from 1991 to 1994. He was a member of the Academie de Medicins Francais.

1960s

Ralph D. Ade, 75, died April 15, 2005, in Moline, Ill. Dr. Ade received his medical degree from the University of Illinois-Chicago and completed a Mayo Clinic residency in Gastroenterology in 1961. At his retirement in 1999, Dr. Ade was in private practice and was a member of the Moline Public Hospital, where he served as chief of staff. He was president of the Rock Island County Medical Society and a member of the board of directors for the Heritage National and Quad Cities Health Plans.

Edward "Paul" Didier, 81, died May 30, 2006, in Rochester, Minn. Dr. Didier received his medical degree from Temple University School of Medicine in Philadelphia. He served in the U.S. Army Air Corps in Saipan during World War II. Dr. Didier was a Mayo Clinic staff physician from 1960 to 1995 as head of the Critical Care-Respiratory Therapy section and chair of the Division of Intensive Care and Respiratory Therapy. He initiated resuscitation teams for Mayo Clinic and Gold Cross Ambulance. Dr. Didier was a member and chair of the board of trustees of the International Anesthesia Research Society, chair of the Ninth World Congress of Anesthesiologists' Art Exhibit and referee for the Joint Review Committee for Respiratory Therapy Education. He was the first dean and medical director of the Rochester Community College/Mayo Clinic School of Respiratory Therapy, where a lecture series is named in his honor. He was a member of the Society of Medical Consultants to the U.S. Armed Forces and retired as a colonel in the U.S. Army Reserves.

Ralph N. Feichter, 73, died March 2, 2005, in Waynesville, N.C. Dr. Feichter received his medical degree from Northwestern University Medical School and completed a Mayo Clinic residency in Internal Medicine in 1961. Following his residency, he served two years in the U.S. Navy as a lieutenant commander at the Charleston, S.C., Naval Hospital. Dr. Feichter returned to Haywood County and practiced Internal Medicine until retiring in 1996. He was a founding physician of Mountain Medical Associates in Clyde, N.C. Dr. Feichter was a founding member of the Haywood Regional Medical Center Foundation and was its first lifetime honorary trustee. He served on the first National Air Pollution Control Board.

Manuel R. Gomez, 77, died Jan. 21, 2006, in Rochester, Minn. Dr. Gomez received his medical degree from the Universidad de la Habana in Havana, Cuba. He was a Mayo Clinic staff physician from 1964 until his retirement in 1994. Dr. Gomez was a founding member of the Child Neurology Society and the International Child Neurology Association. The National Tuberous Sclerosis Society established a research award in his honor, and he received The Hower Award from the Child Neurology Society, its highest honor.

1970s

Charles S. Field, 59, died June 11, 2005, in Rochester, Minn. Dr. Field received his medical degree from the University of Minnesota and completed a Mayo Clinic fellowship in Obstetrics and Gynecology in 1977. Dr. Field was a Mayo Clinic staff physician from 1977 until his retirement in 2004. He was a former chair of the Division of Obstetrics and vice-chair of the Department of Obstetrics and Gynecology. He was past president of the Minnesota State Obstetrical and Gynecological Society.

Joseph W. Segura, 66, died May 23, 2006, in Rochester, Minn. Dr. Segura received his medical degree from Northwestern University Medical School and completed a Mayo Clinic residency in Urology in 1972. He was a consultant in the Department of Urology from 1972 to 2006 and was a supplemental staff consultant in the Department of Urology at his death. He was named the Carl Rosen Professor of Urology in 1983. Dr. Segura was secretary-elect of the American Urological Association, president of the International Chapter of the American College of Surgeons and general chairman of the Eighth World Congress on Endourology and Shock Wave Lithotripsy. He received the AUA Distinguished Service Award, the Mayo Clinic Distinguished Clinician's Award, honorary fellowship in the Royal College of Surgeons of Edinburgh, the AUA Hugh Hampton Young Award, the Ferdinand Valentine Medal Award and the Karl Storz Lifetime Achievement Award from the Endourological Society.

1980s

Subhash C. Ray, 61, died April 24, 2005, in Bonita Springs, Fla. Dr. Ray received his medical degree from the University of Kolkata and completed a Mayo Clinic residency in Cardiovascular Surgery in 1986. Dr. Ray was a cardiovascular and thoracic surgeon at Our Lady of Lourdes Medical Center in New Jersey until his retirement in 1999.

2000s

Geza I. Mozes, 37, died Dec. 14, 2005, in Rochester, Minn. Dr. Mozes received his medical degree from Semmelweis Medical College and completed a Mayo Clinic fellowship in Vascular Surgery in 2005. He was a Mayo Clinic staff physician from 2005 until his death. Dr. Mozes received the Kaare K. Nygaard Travel Award in 2002, which is presented annually to a resident in the Department of Surgery who has demonstrated excellence in clinical research during surgical training.

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