

MAYO
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Mayo Alumni

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About the Cover

Mayo Clinic's innovative PRIMER (Procedural Repetition Involving Montessori-type Experience and Rehearsal) program focuses on preparing first-year obstetrics/gynecology and family medicine residents. Two full weeks are devoted to mastering procedural skills through repetition in the Multidisciplinary Simulation Center (SIM Center), with learners receiving continuous constructive feedback. Brian Brost, M.D., a consultant in the Department of Obstetrics and Gynecology and operations director for the SIM Center, conceived the program in 2007. According to Bobbie Gostout, M.D., chair of the Department of Obstetrics and Gynecology, the program is a tool to make learners better for patients, based on Mayo's primary value of patients coming first. "It's an alternate model to practicing on real people," she says. "Leaders throughout our institution see this as a better way." This unique preclinical training program is generating interest from other institutions.

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A Letter from the President



Eric Grigsby, M.D.
*Medical Director
Napa Pain Institute
Napa, Calif.*

This issue of *Mayo Alumni* highlights several aspects of Mayo Clinic that contribute to its uniqueness, including its research mission, the preeminence of its alumni and the forward-thinking nature of its training programs.

The PRIMER boot camp in Rochester is pioneering change in obstetrical skills training. Not content to improve obstetrical care only in the United States, Dr. Brian Brost has taken the model he developed to Honduras to begin to improve care in Latin America. This effort — reaching out to underserved regions of the world — is undertaken through Mayo Clinic Abroad, Mayo's newly established institutional framework for humanitarian endeavors, building on the efforts of the Department of Medicine's Program in Underserved Global Health (PUGH) and taking them to the enterprise-wide level.

While I was unable to attend the international alumni meeting in Jerusalem, I have heard it was spectacular. These meetings truly are the embodiment of the example set for us by the Mayo brothers, who traveled extensively to gain and share knowledge and broaden awareness of their mission. I look forward to attending the next international meeting in 2014.

A handwritten signature in blue ink, appearing to read "Eric Grigsby".



Optum Labs partnership aims to innovate care delivery and quality

Mayo Clinic and Optum have entered into a partnership to launch Optum Labs, an open, collaborative research and development facility based in Cambridge, Mass.

Optum Labs provides an environment in which the health care industry can collaborate on information and ideas that benefit patients, and drive long-term improvements in the delivery and quality of care.

Optum and Mayo Clinic will make their information assets, technologies, knowledge tools and scientific expertise available to organizations interested in pursuing practical solutions to patient care challenges.

Mayo Clinic also will contribute insights from patient experiences and clinical expertise to guide Optum Labs' research agenda.

Combining Mayo Clinic's extensive clinical insights with Optum's health care claims information will help physicians better understand the patient care experience and refine approaches to care that consistently help patients achieve the best outcomes. Other Optum Labs participants will include academic institutions, life sciences companies, commercial and government payers, and other care providers.

"Mayo Clinic is excited to work with Optum and others to address

the challenges and issues facing health care in order to help us provide better care to our patients and help lead improvements in the delivery of care," says John Noseworthy, M.D. (N '90), president and chief executive officer of Mayo Clinic. "Our strategic research alliance with Optum Labs will leverage what we believe to be the largest combined source of clinical and claims information, and provide a more comprehensive picture of patients' diagnoses, progression of diseases, comparative treatments and outcomes."

Optum is an information and technology-enabled health services business.

Creating, enhancing, stewarding relationships

International meetings continue example set by Mayo brothers

Bringing together alumni and active faculty in a setting apart from work and home — a new cultural setting in which to learn and process multidisciplinary updates in medicine. These are the goals of the international meetings of the Mayo Clinic Alumni Association — a continuation of the Mayo brothers' work of traveling abroad and bringing home the lessons they learned.

The October 2012 Mayo Clinic Alumni Association International Scientific Education Program in Jerusalem was a terrific success in terms of those goals, according to Patricia Simmons, M.D. (PD '80, PDE '82), medical director of Alumni Relations, Office of the President, and co-chair of the meeting. "Interactions at meetings such as this are important to create, enhance and steward relationships between Mayo Clinic and its alumni," she says.

Michael Sarr, M.D. (GI '80), co-chair of the Jerusalem meeting and a consultant in the Division of Gastroenterologic and General Surgery at Mayo Clinic in Rochester, says the interdisciplinary nature of the international meetings appeals to many participants. "The meetings are broad-based and informative. Surgeons may hear talks about psychiatric problems, women's health or professionalism from well-known experts," he says.

Dr. Simmons illustrates the value in that variety of topics. "The talk about physician well-being was

highly educational, enlightening and personally valuable, both in my career and as a mentor to junior physicians," she says. "The talks about spirituality and healing were extraordinarily helpful as I think about how to help my patients incorporate their belief structures into their healing."

"These meetings help to bond the Mayo 'family' and inform alumni about the latest at Mayo Clinic."

Michael Sarr, M.D.

While in Jerusalem, Dr. Simmons visited hospitals and met with physician leaders and academics. One of those connections is leading to a joint academic project. A team of Mayo Clinic physicians will join a group of Israeli physicians, clergy and educators for a symposium on interactive medicine and spirituality in healing. "This plan to explore sensitive and vital topics across national and cultural lines is an exciting outcome of the international alumni meeting," says Dr. Simmons.

Old and new connections made

New connections are made at international meetings, and old connections are renewed.

Sheldon Sheps, M.D. (I '58), an emeritus professor of medicine at Mayo Clinic and former chair of the Division of Hypertension, spent

two months in Haifa, Israel, in 1972, providing clinical care and teaching at Rambam Medical Center to assist David Barzilai, M.D. (SGPA '71), who was focusing on starting a new medical school. The two physicians had formed a connection the previous year in Rochester when Dr. Barzilai was on sabbatical. That relationship began a history of Dr. Sheps mentoring Israeli physicians who spent time in Rochester.

One of those is former Mayo Clinic fellow in thoracic surgery Lael Best, M.D. (CS '88), who is now chief of the Department of Thoracic Surgery and Division of Surgery at Rambam Medical Center. Dr. Best presented at the meeting in Jerusalem, and he and Dr. Sheps renewed their connection.

Plans under way for 2014

Dr. Sarr and Deborah Lightner, M.D. (U '95), a consultant in the Department of Urology at Mayo Clinic in Rochester, are organizing the 2014 international meeting and encourage alumni and staff to attend. "These meetings help to bond the Mayo 'family' and inform alumni about the latest at Mayo Clinic," he says. "Our 'family' is significant — the largest medical alumni group in the world due to the size of our resident programs. The international meetings are known for being compelling, and it's an additional benefit that they are in attractive locations."

Photos by Eddie Greene, M.D (NEPH '00)





PRIMER



There is no excuse today for the surgeon to learn on the patient.

— William J. Mayo, M.D., 1927



OB/GYN

‘boot camp’ prepares new residents for patient care

Mayo Clinic in Rochester trains first-year obstetrics/gynecology and family medicine residents in procedural skills using an innovative program called PRIMER (Procedural Repetition Involving Montessori-type Experience and Rehearsal). The program teaches step-by-step procedures in the Mayo Clinic Multidisciplinary Simulation Center to instill confidence and confirm mastery before residents progress to the next level of complexity.

Brian Brost, M.D. (OBG '03), a consultant in the Department of Obstetrics and Gynecology and operations director for the Mayo Clinic Multidisciplinary Simulation Center, developed PRIMER, which residents refer to as “OB boot camp,” in 2007 to provide preclinical training. “I wanted to help residents develop strong procedural skills before they ever see a patient,” he says.

Bobbie Gostout, M.D. (MMS '86, I '87, OBG '91, BIOC '93, GYNO '96), chair of the Department of Obstetrics and Gynecology at Mayo Clinic, says the training program is completely aligned with Mayo Clinic’s patient centeredness. “Dr. Brost provided a tool to make our learners better for our patients, based on our primary value of patients coming first,” she says. “It’s an alternate model to practicing on real people. Leaders throughout our institution see this as a better way.”

PRIMER



Brian Brost, M.D. (right), uses a fetal pig to demonstrate ultrasound skills, with help from former PRIMER students (from left) Elizabeth Cozine, M.D., Kirk O'Donnell, M.D., Todd Stanhope, M.D., and Sara Oberhelman, M.D.

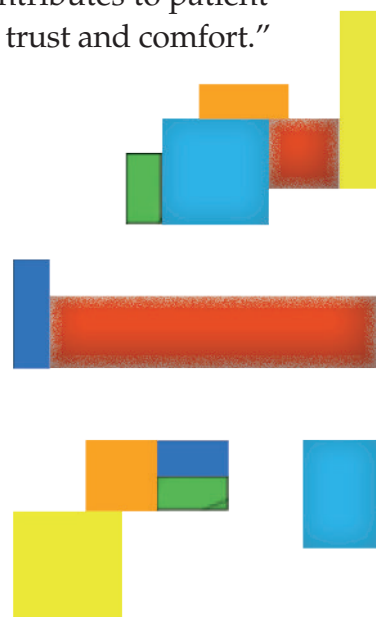
Unique aspect of patient care

care of real women in real situations. "Birth is a unique aspect of patient care. The events are indelible in women's minds and are replayed forever," she says. "We want the experience to be as positive as possible. PRIMER is a wonderful resource for our residents but, more importantly, it allows them to give patients a better experience."

PRIMER focuses on repetition toward proficiency and measured advancement in procedural skills. "There's a tendency in training to ascribe competence with successful completion of one or two

repetitions," says Dr. Brost. "Too many residents don't master procedural skills early in traditional training, which is unacceptable in providing patient care. Particularly in obstetrics, the patient is almost always awake and family members are often present, so there isn't the opportunity to fine-tune skills on patients."

"If it takes an experienced physician five minutes to perform an episiotomy repair on an actual patient but takes a new learner an hour, that difference creates discomfort for the patient and time away from her baby. Ensuring residents are adept at procedures by training them in this intense experiential program contributes to patient satisfaction, trust and comfort."



Out of sight, top of mind

Basic tenets of Montessori training include learning activities in a “prepared environment.” In PRIMER training, the Simulation Center is outfitted every day with training materials to allow learners to develop independence, advance and learn at their own pace, and know if they have performed procedures correctly.



Generally, people are taught to be visual learners, but much of what we do in OB/GYN is by touch or feel and you can't see what you are palpating. It's important to replicate that in simulation training.

— Brian Brost, M.D.



Residents first learn procedures with specially developed transparent models so they can see what they are doing before progressing to opaque models. When residents attain a prescribed level of accuracy — 90 percent for cervical examination skills, for example — they repeat the skill with the model placed in a chamber, out of their sight and without visual cues.

“Generally, people are taught to be visual learners, but much of what we do in OB/GYN is by touch or feel and you can't see what you are palpating,” says Dr. Brost. “It's important to replicate that in simulation training.”

Distractions such as bleeding, lubricants and the sound of a crying baby are later added to prepare residents for realistic scenarios. At the end of the two-week training program, residents achieve a high degree of accuracy in procedures.

“When we developed the program and tested first-year residents six weeks after completion of the program, they got 60 to 70 percent of labor cervical examinations exactly correct (98 to 99 percent accuracy within 1 centimeter),

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Ensuring residents are adept at procedures by training them in this intense experiential program contributes to patient satisfaction, trust and comfort.

— Brian Brost, M.D.

”

compared to 8 to 35 percent exactly correct by second-year residents with traditional obstetric training,” says Dr. Brost. “That was the proof needed to gain departmental support to continue the program. Consistently, after two weeks of focused training, new residents attain a similar or greater level of procedural skill as second-year OB/GYN residents who haven’t had the training.”

Other data back up the value of simulation training. A meta-analysis led by David Cook, M.D. (I ’02, ADGM ’04), a consultant in the Division of General Internal Medicine, concluded that “technology-enhanced simulation training is associated with improved outcomes in comparison with no intervention for health care professionals across a range of clinical topics and outcomes, including large effects on clinician behaviors and moderate effects on patient care.”*

The drill To determine which skills to include in PRIMER training, Dr. Brost surveyed professional societies and Mayo Clinic physicians and residents. Among the skills included are pelvic exam; cervical and endometrial biopsy; IUD placement; suturing and knot tying; vaginal, cesarean, breech and vacuum deliveries; fetal monitoring and presentation; ultrasound; OB emergencies; and episiotomy repairs. Residents also learn valuable communication skills during the two-week period, including how to have difficult conversations with patients and matters of institutional importance, such as hand-washing, gowning and gloving, patient identification, right patient-right surgical site, specimen labeling and informed consent.



*Cook, D., Hatala, R., Brydges, R., Zendejas, B., Szostek, J., Wang, A., Erwin, P., & Hamstra, S. (2011, September 7). Technology-enhanced simulation for health professions education. JAMA, 306(9), 978–988.



Dr. Brost developed many of the task-trainers used in the PRIMER program because suitable models weren't commercially available. These low-cost models include:

- **Neonatal circumcision:** Sharpie pen, latex glove, pacifier, rubber band, piece of tape
- **Amniotomy:** Sandwich bag filled with water
- **Ultrasound:** Fetal pig in a clear, heat-sealed, formalin-filled bag
- **Endometrial biopsy:** Papaya
- **Cesarean delivery:** MicroPor beads filling a cloth "uterus"
- **Suturing:** Sail cloth, rubber bands, board, nails/pegs
- **Episiotomy:** Plain bagel
- **Cervix:** Clay or latex glove covered with foam, PVC pipe, plastic ice cream container lids, rubber cement
- **Third-degree laceration repair:** Penrose drain, foam or tissue paper

“

PRIMER is a worthwhile investment of time and manpower, but it's only the starting point. It's exciting to be on the ground floor of changing how learners are trained and assessed.

— Douglas Creedon, M.D., Ph.D.

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Sticking with the old ways of training young doctors when new methods exist is comparable to a carpenter not using power tools.

— Joshua Nitsche, M.D., Ph.D.
Wake Forest Baptist Medical Center



The lay of the land

“To the best of our knowledge, Mayo Clinic’s program is unique,” says Dr. Brost. “Some institutions have programs that last one to two days, but that isn’t long enough to develop skill mastery. Simulation training doesn’t replace didactic instruction or patient experience. Rather, simulation training allows trainees to practice and master skills while receiving continuous constructive feedback from instructors, without having to wait for the next patient, and while focusing on the most difficult aspects of procedures without having to start from the beginning each time.”

Resident program directors at some other institutions, according to Dr. Brost, object in theory to removing their interns from clinical service, including call, for the two-week duration of the training.

Dr. Gostout says Mayo Clinic takes seriously that the primary focus for its residents is to learn, not to work. “When the lines between learning and working blur, learning is the clear priority at Mayo,” she says. “Therefore, we are prepared to give up our new residents for two weeks of preclinical training.”

According to Douglas Creedon, M.D., Ph.D. (MMS ’01, OBG ’05), vice chair for education, Department of Obstetrics and Gynecology at Mayo Clinic in Rochester, other institutions and leaders in the specialty are expressing interest in Mayo’s unique approach to preparing residents for clinical training.

“Within the specialty, there’s discussion about providing training similar to ours either at the start of residency or the end of medical school toward a goal of outcomes- and competency-based

evaluation of learners and possible certification to shorten residency time,” he says.

“While other institutions are contemplating the concept, we are looking at how to continue competency-based education throughout the residency program. PRIMER is a worthwhile investment of time and manpower, but it’s only the starting point. It’s exciting to be on the ground floor of changing how learners are trained and assessed.”

Joshua Nitsche, M.D., Ph.D. (OBG ’08, OBMFM ’11), helped teach in the PRIMER program during his fellowship at Mayo Clinic and is now an assistant professor of Maternal-Fetal Medicine at Wake Forest Baptist Medical Center in Winston-Salem, N.C. Earlier this year, Dr. Brost gave a grand rounds about obstetrics simulation training to Dr. Nitsche and his Wake Forest colleagues.

“Our faculty is excited about the PRIMER concept, and we’ve

begun to incorporate simulation training into our residency curriculum,” says Dr. Nitsche. He says converging factors have led to a need to change residency training, including the work-hours limit and significant increases in technology and the amount of information physicians need to learn.

“Sticking with the old ways of training young doctors when new methods exist is comparable to a carpenter not using power tools,” says Dr. Nitsche.

Dr. Gostout says new ideas in medical training can take a decade to catch on. “Dr. Brost is far ahead of many educators in the design of this program,” she says. “He knows how to teach, create models from simple things and continue to create models for new problems we encounter. When I talk to colleagues around the country about PRIMER, they say they wish they had it. The program is a great boon to our maternal and fetal medicine program education and practice, and we’re fortunate to have Dr. Brost as its champion.”

From the resident perspective

Daniel Breitkopf, M.D. (OBG '10), residency director, Department of Obstetrics and Gynecology, says residents who complete the PRIMER program have more confidence on Day One. “They’re faster at doing simple tasks such as suturing and more accurate at tasks such as examining patients in labor,” he says. “Our patients benefit from residents’ skills, and less double-checking is required of supervising physicians. Dr. Brost was a pioneer in advancing the skill level of incoming residents. Other institutions have replicated the concept, but none devote two weeks to it. The department should be credited with having the foresight to invest in this innovative program.”



Elizabeth Cozine, M.D. (MMS '11, FM '14)

Second-year resident, Family Medicine

“It was great to have family medicine and OB/GYN residents working together from the start. Developing those relationships helps to build camaraderie and trust that’s useful in practice.

“I’m grateful we have institutional and departmental support for the program. Allowing interns this

dedicated time presents significant coverage issues for the department, and the staff members pick up the slack. It’s a testament to our program directors and staff who believe this is useful training for residents.”

Sara Oberhelman, M.D. (FM '11)

Consultant, Family Medicine

“My first rotation was obstetrics, and I felt incredibly prepared to take on clinical duties. The teamwork instilled from the start among family medicine and OB residents changed the dynamics in labor and delivery, we were told, and helped the next generation of physicians work as true colleagues.

“Dr. Brost encourages residents to come up with ideas to improve the program, including the models. I modified his circumcision model to teach pediatrics residents and medical students in the nursery. When I was starting my residency, I didn’t recognize how innovative the PRIMER approach is. It’s phenomenal and shows how much Mayo values education.”



“

The program is a great boon to our maternal and fetal medicine program education and practice, and we're fortunate to have Dr. Brost as its champion.

— Bobbie Gostout, M.D.

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Kirk O'Donnell, M.D. (FM '14)

Second-year resident, Family Medicine

"Though some of the training tools were deceptively simple in appearance, the quality of the learning experience they provided gave us an appreciation for the finer points and complexities of common obstetric and gynecologic procedures. For example, the cervices we used were made of foam and latex gloves. After

practicing on the model cervices several times a day for two weeks straight, I found that the muscle memory was so engrained that I was able to perform accurate cervical checks and make real management decisions based on those checks on the first day of my obstetrics rotation. The same can be said for the other procedures we practiced. When you do it on an actual patient, the steps become instinctual, which helps you maintain situational awareness and focus on doing your best.

"PRIMER boot camp accelerates the resident learning curve. You step into your OB rotation as a functional resident physician and can progress to a more advanced level of care more quickly."

Todd Stanhope, M.D. (OBG '14)

Third-year resident, Obstetrics and Gynecology

"We had two solid weeks of hands-on instruction in core competencies before patient contact. The program gave me skills I could rely on in a new, intimidating and hectic environment. In the first few cervical exams I did after the training, I was accurate in measuring dilation, and the senior resident gave me more responsibility.

The first time I placed a vacuum to facilitate delivery, I did it properly with my first effort because we had practiced it so many times in PRIMER.

"Dr. Brost challenged us to enhance his models, so I developed a new model for fixing an obstetric laceration of the anal sphincter muscle. We're fortunate to have this rare training opportunity. It's only going to grow stronger as more residents



Sample outcomes from **PRIMER** simulation training

complete the program and go back to contribute to it.”

Episiotomy repair

	Time	Number of simulated procedures
First attempt	15.7 min. average (range 10–31 min.)	11.4 average (range 4–19)
Final attempt	9.1 min. average (range 6–14 min.)	
One month later	7.8 min. average (range 6.5–9 min.)	
Compared to second- year residents*	8.8 min. average (range 5–11 min.)	

*Second-year residents who had not had PRIMER simulation training

Cervical examination

	First-year residents	Second-year residents*
Dilation		
Correct	61%	8%
+/- 1 cm	98%	25%
Effacement		
Correct	71%	35%
+/- 1 cm	99%	85%

*Second-year residents who had not had PRIMER simulation training

WHERE ARE THEY NOW?



Fernando Azpiroz,
M.D., Ph.D.



William J. Martin II, M.D.

Balfour/Kendall awards — Jump-starting research careers

The Donald C. Balfour Alumni Award for Meritorious Research has recognized accomplishments in research among 48 residents and fellows. The Edward C. Kendall Alumni Award for Meritorious Research has recognized accomplishments among 34 research fellows and research associates.

The awards consider nominees' initiative, innovation, independence, excellence and execution, and they acknowledge outstanding research accomplishments early in the course of academic careers.

Donald C. Balfour Alumni Award for Meritorious Research

- Established in 1971
- Recognizes accomplishment in novel hypothesis-driven, clinical/patient-oriented or basic science research
- Nominee must be a resident or fellow with a clinical appointment in medical or laboratory specialty, surgery or surgical specialty, or internal medicine or medical specialty

"A perusal of the list of Balfour and Kendall award recipients through the years indicates that these individuals have a very high likelihood of successful academic careers, including leaders of divisions, departments and programs; major grant recipients; and heads of significant research laboratories," says Eric Edell, M.D. (THD '88), secretary-treasurer of the Mayo Clinic Alumni Association and a consultant in the Division of Pulmonary and Critical Care Medicine

William J. Martin II, M.D. (I-1 '75, I '77, THD '79), received the Balfour Award in 1979. Fernando Azpiroz, M.D., Ph.D. (GI '85), received the Kendall Award in 1986. Were the awards effective in jump-starting their research careers? *Mayo Alumni* contacted Drs. Martin and Azpiroz to catch up on their careers and inquire about the role the awards played in their early professional lives.

Edward C. Kendall Alumni Award for Meritorious Research

- Established in 1981
- Recognizes accomplishment in research, particularly in the basic sciences or involving the clinical application of basic science information or techniques
- Nominee must have an M.D. or Ph.D. and a primary appointment in research

Excitement for research nurtured at Mayo Clinic thrives today in solving global environmental health problems

William J. Martin II, M.D., says the Balfour Award he received in 1979 launched his research career.

“The award changed my life,” he says. “Mayo’s generous support at that critical moment in my career created opportunities that I would never have considered possible and led me to the National Institutes of Health (NIH). I remain grateful to Mayo and to those who created the award to foster career development of Mayo fellows.”

Dr. Martin grew up in Rochester, and his father, William J. Martin, M.D. (I ’49), was on the Mayo Clinic staff.

“I was very familiar with the opportunities at Mayo from an early age,” says Dr. Martin. He completed his residency in internal medicine and a pulmonary fellowship at Mayo Clinic. “I was interested in using biochemistry and cell biology to better understand how lung diseases develop.

The Balfour Award permitted me to go to the NIH’s National Heart, Lung, and Blood Institute, Pulmonary Branch, as a research fellow for two years, working in one of the best scientific laboratories in the United States and studying the mechanisms of lung disease.

“Mayo made it clear that a Balfour Award recipient would be welcomed back on staff or, if you were recruited elsewhere, the award was a wise investment in the future of medicine.”

He returned to Mayo Clinic in 1981 as a consultant in the Division of Pulmonary and Critical Care Medicine and established an NIH-funded research laboratory. After seven years on staff, he left Mayo Clinic to become director of the pulmonary/critical care division at Indiana University. Under his leadership for 12 years, the division grew fivefold and increased its NIH research funding by thirtyfold. During that period, he served one year as a health policy fellow for Sen. Edward Kennedy, working on legislation related to health care, the Food and Drug Administration and the NIH. Dr. Martin became associate dean for clinical

affairs at Indiana University School of Medicine, president of Indiana University Health Care and, later, dean of the College of Medicine at the University of Cincinnati. He also served as president of the American Thoracic Society.

Having a change of heart after a hurricane

In 2005, Dr. Martin’s career focus shifted from academic medicine to global health after he served four weeks as a volunteer physician with Project Hope on the U.S. Navy hospital ship USNS Comfort, tending to the people of coastal Mississippi after Hurricane Katrina. “The health care infrastructure support was destroyed, and the human health needs were

William J. Martin II, M.D. (right), was a consultant in the Division of Pulmonary and Critical Care Medicine during the 1980s.





overwhelming,” says Dr. Martin. “The experience of setting up clinics in settings from county buildings to baseball fields to care for thousands of people in distress reminded me of why I went to medical school in the first place.

“I thought about my experiences and whether there were new ways for me to use my research training to help people. Ultimately, I decided to pursue work in global environmental health, using the research tools that I had developed over my career. Six months after Hurricane Katrina, I had again joined NIH, the one place I knew had the resources to build new programs in global health that could really change the lives of vulnerable and underserved populations around the world.”

Today, Dr. Martin is associate director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, one of 20 institutes at the NIH. His office is focused on disease prevention and health promotion, especially related to the early life origins of childhood and adult disease and the development of novel approaches to prevent these disorders before they become clinically apparent.

Seeking solutions to burning questions

In the last seven years at the NIH, Dr. Martin has worked with partners across the U.S. government, from the Environmental Protection Agency to the Department of State, to help improve air quality in developing countries. This work has focused on reducing indoor air pollution in households of people in extreme poverty who burn biomass fuels or coal for cooking. This simple daily activity results in such intense smoke within homes that it is the No. 1 environmental cause of death in the world.

“Governments and organizations around the world desperately need answers to key research questions to develop interventions, with new clean-burning technologies, for tens of millions of households,” he says.

Reflecting on the value of research training

Dr. Martin recalls the enthusiasm of discovery he felt in his first research project at Mayo Clinic and its significance in his life. “I believe the value of research training is that it leads to lifelong learning and adapting to solve new, important challenges,” he says. “I started down that path at Mayo and, more than three decades later, I find myself as excited and enthused as ever in my career. The research challenges seem more daunting but more important than ever before.”

Dr. Martin lives and works in Bethesda, Md., and returns to the Rochester area several times a year to visit family, including his sister, Mary Jo Martin, and his mother, Mary Adams Martin, who worked as a social worker in the Department of Psychiatry and Psychology at Mayo Clinic for almost 20 years. Both women live at Charter House.

“Mayo was everything in my career,” he says. “Mayo provides outstanding clinical training and permits those so motivated to pursue unique career paths, be it in research, education or clinical medicine. I’m grateful for the many doors opened for me because of my association with Mayo Clinic.”



William J. Martin II, M.D.

Research fellowship during ‘glorious’ era of GI program paved way for future leader in the field

Fernando Azpiroz, M.D., Ph.D., ventured to Mayo Clinic in Rochester in 1982 to pursue more specialized training and research experience after his residency in general surgery at the San Carlos University Hospital of Madrid. At Mayo, he completed a three-year fellowship in the Gastrointestinal (GI) Research Unit and received the Kendall Award for research focused on the muscular activity of the stomach and the way the stomach handles food.

"Mayo Clinic provided me with a great opportunity to initiate my academic career and learn about methodology and starting a research program," says Dr. Azpiroz. "My work at Mayo became the base of my research program and my foray into publications with an international reputation. I'm grateful to Mayo and the Kendall Award for the very satisfying role they played in fulfilling my aspirations."

"Glorious" is how Dr. Azpiroz describes the GI program at Mayo Clinic at that time. "Most of the leaders in the field today trained at Mayo, including the 20 fellows that I trained with," he says. "I loved being there. The extraordinary advice and facilities allowed us to work very hard and accomplish a great deal. I'm grateful for the lifelong connections with other scientists I made at Mayo Clinic in the divisions of Gastroenterology and Hepatology, and Gastroenterologic and General Surgery."

Back in Spain, focusing on the gut

After his fellowship, Dr. Azpiroz went to Vall d'Hebron University Hospital at the Autonomous University of Barcelona, Spain. He remains there as professor of medicine and chief of the Department of Gastroenterology. His clinical practice focuses on functional gut disorders. His research program investigates the origin of gastrointestinal symptoms and involves physiologic and pathophysiologic aspects about the control mechanisms of gut motility, visceral sensitivity, intestinal gas and abdominal bloating.

Michael Camilleri, M.D. (GI '84, GI '88), a consultant in the Division of Gastroenterology and Hepatology at Mayo Clinic in Rochester, trained with Dr. Azpiroz. "His research at Mayo Clinic led to important new directions that he continued to pursue for two decades after he returned

to Spain," says Dr. Camilleri. "He has worked on the understanding of the common symptoms of abdominal bloating and pain and, more recently, has teamed with scientists who investigate the human gastrointestinal microbiome."

Well-known leader moving the field forward

Dr. Azpiroz is a councilor of United European Gastroenterology, and he recently completed 10-year terms as associate editor of the *American Journal of Gastroenterology* and president of the European Society for Neurogastroenterology and Motility. He has published 104 original articles and 57 book chapters, and has been an invited lecturer more than 230 times.

Gianrico Farrugia, M.D. (I '91, GI '94), a consultant in the Division of Gastroenterology and Hepatology at Mayo Clinic in Rochester, says Dr. Azpiroz's name is instantly recognizable among European medical professionals. "He established himself as one of the leaders in GI motility, invented technologies to measure how gas moves through the GI tract, and brought attention to the role of bacteria in the gut — how it keeps

us healthy and how it makes us sick," says Dr. Farrugia.

"Dr. Azpiroz is an energetic innovator who is not satisfied with the status quo," says Dr. Farrugia. "A demonstration of this is his influence and effectiveness as an administrator. He, Dr. Camilleri and others joined forces to bring together the European and American Neurogastroenterology and Motility societies in a federation with joint international meetings that attract more than 1,000 scientists and physicians. This convening of talent and knowledge helps to move the field forward."



Fernando Azpiroz, M.D., Ph.D.

Building and Enhancing Mayo's Research Enterprise

Gregory Gores, M.D. (I '83, GI '85, GI '86), is Mayo Clinic's newly named executive dean for research, succeeding Robert Rizza, M.D. (ENDO '80). Dr. Gores oversees research across Mayo Clinic and Mayo Clinic Health System.

"My responsibility is to maintain research excellence for the future viability of Mayo Clinic and advancement of patient care," says Dr. Gores. "Mayo Clinic continues to have a dynamic, interactive, engaged research community that is strongly supported and recognized by the institution."

Dr. Gores says he will, like his predecessors, endeavor to enhance research and build Mayo Clinic's research enterprise, including a strong, complete portfolio. This involves generating additional funding lines and leveraging funds to maintain excellence in discovery and translational and clinical research.

Examples of this strong portfolio include the three hybrid centers recently established to advance research:

- **Center for Individualized Medicine** — Applying knowledge of the human genome to practical therapies, diagnosis and preventive medicine based on each patient's genetic makeup. This focuses on finding new biomarkers of disease, tailoring medications to the individual (pharmacogenomics), studying environmental impacts on genomes (epigenetics) and exploring the microbiome.
- **Center for the Science of Health Care Delivery** — Developing new models of health care that move rapidly from the earliest stages of medical research and scientific discovery, through rigorous testing and refinement, and into patient care.
- **Center for Regenerative Medicine** — Focusing on restoring damaged tissues and organs and offering hope for people with conditions beyond repair by conventional medicine. This includes using native and bioengineered cells, assistive devices and engineering platforms for patients with diabetes; heart, liver and lung diseases; neurological disorders; hand, face and other injuries; and congenital anomalies.

Mayo Clinic is partnering with other organizations and Mayo entities to fulfill its research mission:

- Rochester Epidemiology Project
- Mayo Clinic Cancer Center
- Mayo Clinic Center for Translational Science Activities
- Robert and Arlene Kogod Center on Aging

Additionally, Mayo researchers collaborate with scientific counterparts on every continent. This includes broadly based formal research collaborations with:

- Karolinska Institutet, Stockholm
- International Clinical Research Center/St. Anne's Hospital, Brno, The Czech Republic

- Council of Scientific and Industrial Research, New Delhi
- Arizona State University, Tempe, Phoenix, Scottsdale
- University of Illinois, Urbana-Champaign
- University of Minnesota, Twin Cities



MAYO CLINIC RESEARCH BY THE NUMBERS

Gregory Gores, M.D.

*Mr. and Mrs. Ronald F. Kinney
Executive Dean for Research Honoring
Ronald F. Kinney, Jr.*

*Reuben R. Eisenberg Endowed Professor
of Medicine and Physiology*

Joined Mayo Clinic staff, 1986

Past chair, Division of
Gastroenterology and Hepatology

Principal investigator: Three current
NIH research project grants

Co-author: 500+ publications

Mentor: 68 postdoctoral research
and clinical fellows

Clinical and research contributions:

Advances in understanding of
hepatobiliary malignancies, liver
transplants and mechanisms of
liver cell injury

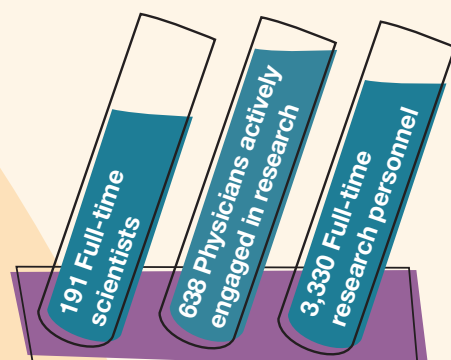
Fellowship: Mayo Clinic

Residency: Mayo School of Graduate
Medical Education

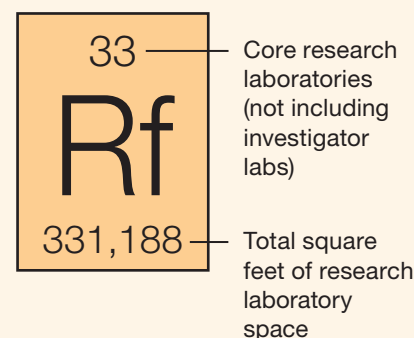
Medical school: University of
North Dakota, Grand Forks

Native of: North Dakota

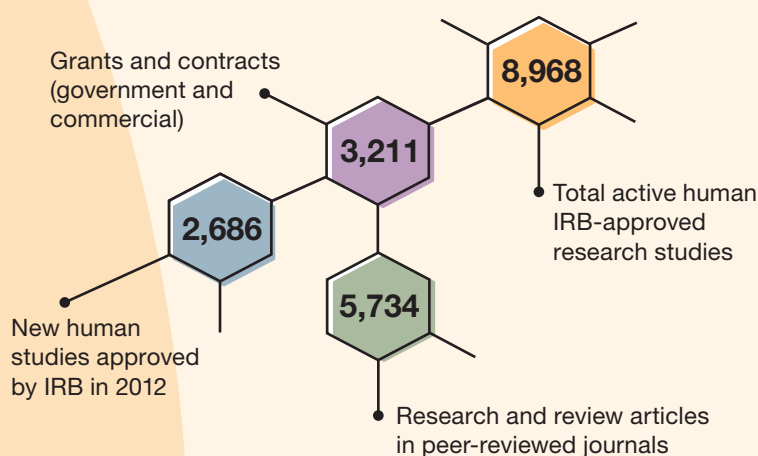
Mayo's research team



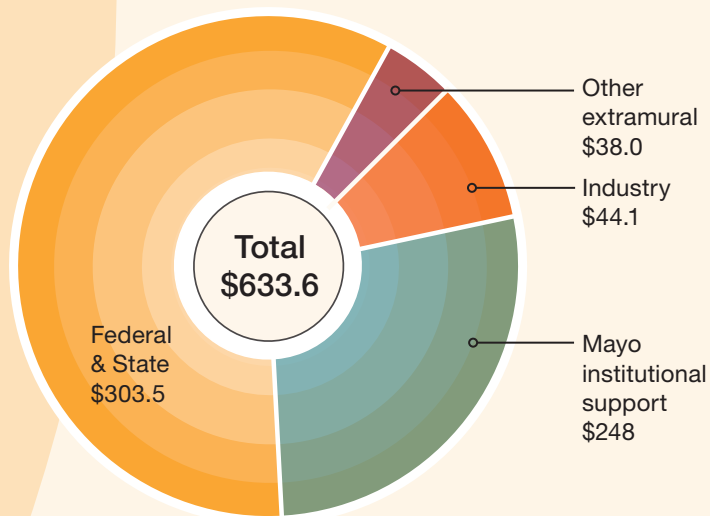
Research facilities



Research activities in 2012



2012 research funding (in millions)



"Mayo Clinic continues to have a dynamic, interactive, engaged research community that is strongly supported and recognized by the institution."

Gregory Gores, M.D.



Association of American Indian Physicians' Physician of the Year

David Baines, M.D., uses his gifts of healer and communicator to advance health and well-being

Last year, the Association of American Indian Physicians named David Baines, M.D. (MMS '82), its Physician of the Year. Had Dr. Baines not had a life-threatening on-the-job accident after high school, he might not have found his "gifts" as a healer and communicator, which have enabled him to help other American Indian people.

A life-changing event

As an 18-year-old, Dr. Baines, a member of the Tlingit and Tsimshian tribes of Alaska, had seen his career

options evaporate. Raised on the Tsimshian Reservation, Annette Island Reserve in Metlakatla in southeastern Alaska, he thought his only job opportunities were in the military or heavy construction. A severe injury at a sawmill in 1973 crushed both of his legs and changed his life.

"I knew the Marines wouldn't take me and I wouldn't be able to have a long career in construction with my injuries," he says. "During my recuperation, I went to live with my mother in Arizona. She was going to community college, so I decided to take

some classes, too. On the reservation, nobody encouraged us to go to college or become a professional."

Dr. Baines' accident sparked his interest in medicine. "There wasn't a doctor on the reservation or in our town," he says. "It took three hours and a plane, ambulance and ferry to get me to an emergency room after my accident. The time it took to get medical care was unacceptable. I saw a huge need for my people and knew I had to do something else with my life."

In the 18 months after the accident, Dr. Baines had six surgeries

David Baines, M.D., was Mayo Medical School's first American Indian student. He is a faculty member of the Alaska Family Medicine Residency in Anchorage and a clinical associate professor in the Department of Family Medicine at the University of Washington.

on his legs and has had more than 20 in total. Physicians told him he would probably never walk again or would be in a wheelchair by the time he was 40, he says.

A culture change

In 1974, he entered Arizona State University in Tempe as a premed student. Upon completion of his undergraduate degree, he entered Mayo Medical School. He also began his involvement with the Association of American Indian Physicians and later served as the group's president.



"I was the first American Indian student at Mayo Medical School. In Rochester, I'd never seen so many blond people in my life. It became quickly apparent that Mayo didn't have the diverse culture to support my nonacademic needs," says Dr. Baines. "Mayo was great about letting me find the support elsewhere. I got involved with the National Indian Health Board, American Indian Physicians and Native American Medical Students. I participated in preadmissions workshops for American Indian and Alaska Native students interested in health careers at colleges and universities around the country, helping them with interview and other skills. Students who come from a reservation often aren't exposed to good study habits and test-taking skills. I wanted to help them succeed. When I interviewed at Harvard Medical School, no one had told me to wear a suit and tie. I stuck out like a sore thumb. I was accepted but decided to go to Mayo Clinic. Part of my lifelong quest to promote the health and wellness of American Indians involves helping students from those backgrounds pursue medical careers, and Mayo was instrumental in allowing me to explore possibilities in that area."

A need to contribute

Dr. Baines completed his residency in family medicine at Cheyenne Family Practice Program in Wyoming. Since then, he has practiced in Idaho, Washington and Alaska. Currently,

In 1978, David Baines was a first-year student at Mayo Medical School.



David Baines, M.D., performed a traditional blanket ceremony to honor his brother, Jonathan Baines, M.D., Ph.D. (MMS '04, TBIO '04, PRES '05, LABM '06, FM '09), a consultant in the Department of Family Medicine at Mayo Clinic in Rochester, when he received his M.D./Ph.D. degree from Mayo Medical School and Mayo Graduate School in 2004. Dr. Jonathan Baines was the first American Indian M.D./Ph.D. graduate at Mayo.

he is a faculty member of the Alaska Family Medicine Residency in Anchorage and a clinical associate professor in the Department of Family Medicine at the University of Washington. He also is a member of the National Advisory Council on Minority Health and Health Disparities, National Institutes of Health.

Dr. Baines has made national and local contributions to American Indian health, but he says he almost didn't make it past the first year of medical school.

"In American Indian culture, it's disrespectful to be competitive because it makes others look bad," he says. "However, we can be competitive

in war and games. So I adjusted my thinking to view the competitiveness of medical school as a battle for the health of my people."

His perseverance paid off in terms of fostering a sense of possibility among American Indian youth. "One patient who I saw on a reservation told me when I ran into him again years later, 'The day you walked onto our reservation, there was a paradigm shift in what our kids felt like they could do with their lives,'" says Dr. Baines. "I'd spoken to kids from Head Start through high school

graduation about Indian culture and going into medicine.

"I've testified in Congress about the Health Care Improvement Act, among others, have served on committees of the Centers for Disease Control and Prevention, and have worked with surgeons general. At one point, I thought I might work in a government-related role. But I don't think that's where my gifts are. My gifts, I have learned, are that I can communicate with my own people and with politicians and scientists. I can walk on both sides. I'm a healer, but I've been able to help beyond sewing up people or prescribing antibiotics. I have

David Baines, M.D., was adopted into the Coeur d'Alene and Nez Perce tribes at a meeting of the Association of American Indian Physicians in 2003, and wore those tribes' traditional dress for the occasion.



David Baines, M.D., lives in Anchorage, Alaska, with his wife, Heidi Baines, M.D., and their children Sasha, 7; Cooper, 9; and Elizabeth, 2.

rubbed elbows with some of the world's experts in different areas and informed them about issues in the trenches and given a voice to people on reservations and in urban clinics."

A strong foundation

Dr. Baines credits Mayo Clinic with providing the foundation for the medical part of his career. "I have the world's best medical training as a result of my time at Mayo," he says. "Having Mayo on my CV has provided me with opportunities I might not otherwise have had. Because the medicine and science at Mayo are top-notch, I'm a great clinician today. I carry that with me always."

Dr. Baines still feels the effects of the accident he had at 18. In 2012, his left leg was amputated below the knee due to infection. He plans to go to Mayo Clinic for surgery on his other ankle.

"Losing my leg has been a huge challenge, and it will be interesting to see how I can adjust my career to compensate for it," says Dr. Baines. "I don't do big surgeries anymore because I can't stand in the operating room that long, but I continue to do cesarean sections. Mayo really drove into me the importance of the surgical component of medicine, and I carry that with me, too."

Has Mayo been significant in your life?

Many wish to honor relationship with Mayo



When Justin Arata, M.D. (S '52), was in third grade in Indiana, his friend was successfully treated at Mayo Clinic for a ruptured diaphragm. Dr. Arata (pictured at left early in his career) was inspired to pursue a medical career and says he knew that Mayo was the place for him. He was a surgical fellow

at Mayo Clinic during the flood of 1951. At a recent event of the Doctors Mayo Society, he reminisced about his early years at Mayo Clinic.

"The dam at Mayowood broke after a heavy rain," says Dr. Arata, who lives in Fort Wayne, Ind. "I was working in Kahler [hospital], and we looked outside. The flood was at our door. We managed. Everybody helped everybody back then.

"It's fun to come back to Rochester and see all the wonderful things you're doing. Mayo Clinic is like Old Man River — it keeps going on."

He and his wife, Mel, became charter members of the Doctors Mayo Society (DMS) in 1977. The couple wanted to recognize Dr. Arata's training and the care they have received at Mayo Clinic. Through DMS, they have made philanthropic commitments to education and research programs, including establishing the Ollie H. Beahrs, M.D., Visiting Professorship in Surgery.

Alumni giving triples

The Aratas are part of a popular movement — charitable giving from alumni has more than tripled since 2005. Director of Alumni Philanthropy Robert Giere attributes that trend to several factors:

- A growing awareness among Mayo's alumni that, in the rapidly changing world of health care in America,

philanthropy is increasingly important to Mayo's sustainability.

- Recognition by alumni of Mayo's significance in their personal history and a wish to honor that relationship through a charitable connection.
- A desire to join the more than 7,000 of Mayo's 22,000 alumni who have made gifts. Last year alone, 1,200 alumni made gifts — many naming Mayo Clinic in their wills.

George Bartley, M.D. (OPH '85), chair of the Doctors Mayo Society and associate medical director for Alumni Philanthropy says, "In talking with Mayo Clinic alumni from five, 10, 20, even 50 years ago, I am reminded of myriad ways alumni interact with Mayo. They refer patients, family and friends for care; counsel their daughters and sons, neighbors and friends to study here; participate in continuing education with Mayo; and follow us closely in *Mayo Clinic Proceedings* and in the news. They take pride in their connection to the Mayo family. It is an honor to hear these stories."



Mel and Justin Arata, M.D.

Mayo recognizes leadership giving among alumni benefactors by inviting them to join the Doctors Mayo Society. If you have questions about making a gift to Mayo Clinic or including Mayo in your will, contact Robert Giere, 800-297-1185, 507-284-8540 or doctorsmayosociety@mayo.edu.



Mayo Update

Board of Trustees news

At its quarterly meeting in February, the Mayo Clinic Board of Trustees welcomed new members, re-elected members, recognized retiring members and honored newly named professors.

New and re-elected trustees

Michael Dougherty

Founder and Chairman
Dougherty Financial Group LLC

Daniel Berry, M.D. (ADULT '91)

Chair, Orthopedic Surgery
Mayo Clinic Rochester

Lois Krahn, M.D.

(MMS '89, P '93, P-CON '94)
Psychiatry and Psychology
Sleep Disorders Center
Mayo Clinic Arizona

Mary Jo Williamson

Chief Administrator
Mayo Clinic Care Network

Dawn Milliner, M.D. (I '80, NEPH '81)

Nephrology and Hypertension
Pediatric and Adolescent Medicine
Mayo Clinic Rochester

Robert Nesse, M.D. (FM '80)

CEO, Mayo Clinic Health System

Retiring members

A. Dano Davis

Former Chair, President and CEO
Winn-Dixie Stores

Louis Gonda

Co-chair, Firststream Paris; President,
Lexington Commercial Holdings

Scott Gorman, M.D. (CIM '97)

Community Internal Medicine
Mayo Clinic Arizona

Robert Brigham

Chief Administrative Officer
Mayo Clinic Florida

Named professors

Veronique Roger, M.D.

(CV '88, CV '92)
Division of Cardiovascular Diseases
Department of Health Sciences
Research
Mayo Clinic Rochester
*Elizabeth C. Lane, Ph.D., and
M. Nadine Zimmerman, Ph.D.,
Professor in Internal Medicine*

Evanthia Galanis, M.D.

(I '94, HEMO '98)
Department of Oncology
Department of Molecular Medicine
Mayo Clinic Rochester
The Sandra J. Schulze Professor

Obituaries

Bekele Afessa, M.D. (CCM-I '91),
died Jan. 10, 2013.

Talib Astarabadi, M.D. (SR '53),
died Feb. 6, 2013.

Max Botticelli, M.D. (I '61),
died March 22, 2012.

Ben Clayburgh, M.D. (OR '56),
died Jan. 21, 2013.

Harvey Copsey, M.D. (I '44),
died March 8, 2013.

John De Reamer, M.D. (DERM '53),
died Feb. 14, 2012.

Bruce Douglass, M.D. (I '44),
died Jan. 11, 2013.

Ricardo Edstrom, M.D. (N '55),
died Nov. 21, 2012.

Dean Gaffney, D.D.S. (OMS '57),
died April 26, 2012.

Peter Hauri, Ph.D. (P '88),
died Jan. 31, 2012.

John Hilsabeck, M.D. (S '51),
died March 9, 2013.

Syed Jalal, Ph.D. (LABM '90),
died Jan. 15, 2013.

Arnold Kadish, M.D. (I '47).

Willard Charles Kennedy, M.D.
(NS '62), died Feb. 8, 2013.

Joseph Kiely, M.D. (I '53, I '56),
died March 11, 2013.

Venard Kinney, M.D. (I '62),
died Dec. 10, 2012.

Melvin Kunkel, M.D. (OR '55),
died Feb. 20, 2013.

Raymond A. Lee, M.D. (OBG '64, S '69),
died Dec. 6, 2012.

Louis Lick, M.D. (S '55),
died Feb. 13, 2013.

Harry J. Long III, M.D. (ONCL '81),
died Jan. 20, 2013.

Joseph Mann, M.D. (I '52, PATH '55),
died Dec. 27, 2012.

George Pingree, M.D. (OPH '69),
died Feb. 10, 2013.

John Pontius, M.D. (S '58),
died Dec. 31, 2012.

Warren Randall, M.D. (S '51),
died Oct. 3, 2012.

Eugene Ruffolo, M.D. (PATH '62),
died Jan. 9, 2013.

Alexander Schirger, M.D. (I '59),
died Feb. 14, 2013.

Chester Sidell, M.D. (DERM '42),
died Jan. 2, 2013.

Thomas Stephenson, M.D. (S '66),
died June 19, 2012.

J. William Thompson III, M.D. (S '61),
died Feb. 9, 2013.

Denny Tuffanelli, M.D. (DERM '61),
died Feb. 3, 2013.

Homer Warner, M.D. (PHYS '53),
died Nov. 30, 2012.

David E. Williams, M.D. (I '63, I '64,
I '70, THD '74), died Feb. 3, 2013.

Samuel Woods, M.D. (S '63),
died Dec. 21, 2012.

Complete obituaries and the Update section, with alumni and staff news, are available on the Mayo Clinic Alumni Association website, alumniconnections.com/olc/pub/MAYO/.

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507-284-2317

E-mail: mayoalumni@mayo.edu

<http://www.mayo.edu/alumni>

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mayoclinic.org/medicalprofs/

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mayomedicaltransport.com

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Contact: Robert W. Giere

Director for Alumni Philanthropy

800-297-1185

[DoctorsMayo Society@mayo.edu](mailto:DoctorsMayoSociety@mayo.edu)

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Mayo Clinic is committed to creating and sustaining an environment that respects and supports diversity in staff and patient populations.

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SAVE THE DATE!

Mayo Clinic Alumni Association 68th Meeting

“The Global Reach of Mayo Clinic — Alumni Around the World”

September 26–28, 2013

.....

This meeting will inaugurate the Mayo Clinic Sesquicentennial, honoring 150 years since William Worrall Mayo, M.D., settled his family in Rochester and started the practice that evolved into Mayo Clinic.

