

# Mayo Alumni

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Destination Medical Center





## About the Cover

In the next phase of the Destination Medical Center economic development initiative, community input is being solicited to help plan and prioritize projects. Visitors have shared ideas for Rochester's future at community engagement events.

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## Features

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A unique partnership to position Mayo Clinic as a global medical destination, spur economic growth in Minnesota, and improve experiences for patients, visitors and Rochester community members is underway, with the passage of groundbreaking legislation in the state.

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Juan Sarmiento, M.D., discusses the values and lessons he learned and the greatest gift he received while at Mayo, and his plans for his presidency.

### 8 The Mayo-Mexico connection

Mayo Clinic has a relationship with Mexico that dates back almost a century. The travels of William J. Mayo, M.D., kicked off this kinship, which led to scores of residents and research fellows training at Mayo Clinic and thousands of patients venturing to Mayo Clinic for care — initially Rochester but, today, all campuses. This multi-faceted connection continues to grow, including the first international member of the Mayo Clinic Care Network.

### 16 Mayo Alumni German Speaking Chapter

The recent scientific meeting of the Mayo Alumni German Speaking Chapter in Berlin attracted alumni from several countries who are bonded around the Mayo Model of Care.

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**CORRECTION** The last issue of *Mayo Alumni* neglected to refer to Multidisciplinary Simulation Center at Mayo Clinic in Florida by its full name, the Mayo Clinic J. Wayne and Delores Barr Weaver Simulation Center. Like many developments at Mayo Clinic, the new SIM center was made possible by benefactor contributions. We regret the error.



## A Letter from the President



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

**T**his issue of *Mayo Alumni* features a much buzzed-about topic — Destination Medical Center. You may or may not have heard about this exciting initiative that aims to cement Rochester's position as a global destination medical center for generations to come. It's an exciting partnership involving the state of Minnesota, Mayo Clinic and Olmsted County. I think I can speak for any of us who trained at Mayo Clinic in Rochester when I say I can't wait to see how the area evolves with this robust impetus behind it.

My term as president of the Mayo Clinic Alumni Association has come to a close, and I pass the baton to Dr. Juan Sarmiento. In the profile of him on page 6, Juan says, as a foreign-born physician, he hopes to better represent our alumni in other countries — to help keep them connected to their Mayo roots. Two stories in this issue focus on Mayo's relationships with physicians outside the United States — the German-speaking alumni group and the long-standing relationship with Mexico. Mayo Clinic is fortunate to have such passionate, engaged alumni around the world, and I feel assured Dr. Sarmiento will boost efforts to connect on a global basis.

I appreciate your support during my time as president, and I am honored to have served the Alumni Association. I will watch with great interest — and continue to be closely involved — as the next president has the privilege of representing this incomparable group, bound by a common background and ideals.

A handwritten signature in blue ink, appearing to read "Eric Grigsby, M.D.", with a stylized flourish at the end.

## In the next issue

The next issue of *Mayo Alumni* magazine will cover the 68th biennial meeting of the Mayo Clinic Alumni Association:

### Profiles of key speakers and award recipients:

- Doctors Mayo Society Lifetime Achievement Distinguished Lecturer  
*Robert R. Waller, M.D. (I '67, OPH '70),  
Former Mayo Clinic CEO*
- Keynote speaker and recipient of Judd-Plummer Recognition Award  
*Marilyn Carlson Nelson, Former Chair and CEO, Carlson; Chair, Mayo Clinic Board of Trustees*
- Raymond Pruitt Lecturer  
*Terrence L. Cascino, M.D. (N '80)*
- Mayo Clinic Alumni Association Humanitarian Award  
*Paul Spray, M.D. (OR '50)*
- Mayo Clinic Alumni Association Professional Achievement Award  
*William Oliver Jr., M.D. (ANES '87)*
- The Plummer Society Award for Excellence  
*Walter Wilson, M.D. (I '72, INFD '74, CM '75)*

The issue also will feature profiles of recipients of the 2013 Mayo Clinic Distinguished Alumni Award, which were presented in October:

- Stephen Carmichael, Ph.D, D.Sc. (ANAT '82)
- Richard DeRemee, M.D. (I '66)
- Olaf Paulson, M.D., DMSc (N '73)

# Destination Medical Center

*A vision to secure Mayo Clinic's foothold in global medicine by providing the ideal visitor and community experience*



Mayo Clinic and the state of Minnesota are serious about securing Mayo's position as a destination medical center. They have committed to making Rochester, Minn., the world's premier medical community for decades to come.

An innovative partnership established this year will help make that vision a reality. Mayo Clinic, the city of Rochester and Olmsted County successfully lobbied the state of Minnesota to support an estimated \$5.6 billion in capital investments over the next 20 years. The groundbreaking legislation, which was included as part of the state's tax bill, provides for \$585 million in public investment to be made over 20 years to support public infrastructure and economic development initiatives for the Destination Medical Center (DMC) vision. DMC is a strategy designed to secure Mayo Clinic's — and the state of Minnesota's — position as a global medical destination by spurring economic growth and optimizing experiences for patients, visitors and community members. DMC is the largest economic development initiative in state history and one of the largest such projects in the United States.

"Our competitors are making strategic moves to replicate our model and, in many cases, they are partnering with state and local governments to enhance their medical centers, bolster the medical economy, and create global destinations and enhanced patient experiences," says John Noseworthy, M.D. (N '90), president and CEO of Mayo Clinic. "Ten years from now, there will emerge just a few medical centers with the reputation for health care excellence and patient-focused outcomes that will attract patients from all over the world to flagship medical centers. Mayo Clinic not only intends to protect its current status as one of the world's premier medical institutions but to significantly expand our highly effective practice model and medical assets to be clearly

recognized as the premier destination medical center for decades to come."

Bradly Narr, M.D. (I '83, ANES '85), medical director for Destination Medical Center and chair of the Department of Anesthesiology at Mayo Clinic in Rochester, describes the "destination" patient population as those whose conditions exceed the capabilities of their local providers, who need second opinions and who have complex conditions that require well-coordinated care among various specialties.

## The vision explained

Destination Medical Center will boost the state's economy, create new businesses and jobs, add vibrancy to the community, and attract and retain the most promising talents in health care and related fields.



*John Noseworthy, M.D., president and CEO of Mayo Clinic, celebrated the success of the Destination Medical Center Minnesota legislation with the initiative's sponsors, Rep. Kim Norton (left) and Sen. David Senjem (right).*

Infrastructure



ART GALLERY

Yoga

TRANSPORTATION SYSTEM

Jazz/Blues Bar



GREAT

PARKS

CAMP

healthy food options

Splash pads for youngsters!

more shopping options





Realizing the vision of Destination Medical Center

will help us recruit and retain the best as we meet their needs  
with a more robust community.” – Bradley Narr, M.D.

The state funding, which becomes available only after \$200 million of private investment is certified by the state, will support the extraordinary costs of public infrastructure in the area that support Rochester as a global medical destination. The DMC strategic plan focuses around seven key areas:

- 1 **Commercial research and technology** — Create opportunities and commercial catalysts for partnerships and growth of the medical economy.
- 2 **Retail, dining, entertainment, arts and culture** — Explore urban streetscapes, public gathering spaces, and more retail and entertainment mix to enhance the patient, visitor and resident experience and make Rochester a more vibrant, livable city.
- 3 **Sports and recreation** — Increase opportunities for visitors and residents to engage in healthy lifestyle and recreational activities. Research indicates that 65 percent of visitors to Rochester go to parks and trails on a regular basis, and 44 percent of visitors to the state participate in active recreation.
- 4 **Livable city** — Improve residential offerings. Research shows the market is 97 percent occupied, with more than 15 percent growth expected through 2020.
- 5 **Learning environment** — Explore opportunities to create urban campuses for the University of Minnesota Rochester and Mayo Medical School; and develop space for conferences, events and programs.
- 6 **Hospitality and conventions** — Create flexibility and options in room configurations and amenities, increase concierge and personal services, and focus on public spaces.
- 7 **Health and wellness** — Improve offerings for health, preventive care and wellness programming. Research indicates that patients (45 percent), companions (46 percent), and visitors and community members (34 percent) are interested in these offerings.

“The research indicates we must create a balanced community that incorporates all of these elements in concert,” says Lisa Clarke, administrator, Destination Medical Center, and division chair, Public Affairs, Mayo Clinic in Rochester. “This community is unique and has a beautiful charm and unmatched aspects of service. We intend to preserve and enhance the characteristics that make Rochester special.”

#### Research revealed satisfaction gap

Before proposing the legislation, Mayo Clinic spent 18 months researching the needs and charting its future business strategy in a complex, competitive global business environment. This included examining best practices across the country.

The research revealed significant gaps in patient and visitor satisfaction between experiences on the Mayo campus — which rated very high — and the non-Mayo time they spend in Rochester during their visits. This satisfaction gap also was pronounced among Mayo Clinic employees and other residents of Rochester, who indicated they wanted better housing options and quality-of-life enhancements in the community.

“We found that patients and visitors have an average of four to five hours of free time per day and experience frustration, confusion and disappointment with lodging, shopping, dining, transportation, entertainment and — no surprise — weather,” says Clarke. “This is counter to the emotions they express about their specific Mayo Clinic time. We want to bring the medical and nonmedical experiences in line with each other. Mayo Clinic has grown, and we want

#### LEARN MORE

For information about Destination Medical Center:

- **VISIT** <http://dmc.mn> or blog <http://dmc.mn/blog>
- **CHECK** Twitter (@dmcmn), Facebook and Pinterest
- **EMAIL** [info@dmc.mn](mailto:info@dmc.mn)

to help the community grow with us to achieve this goal and meet and exceed visitor expectations.”

The Destination Medical Center project will help to ensure that visitor expectations for lodging and hospitality, entertainment, retail and attractions are met, and that housing and other quality-of-life expectations meet the needs of physicians and other employees who would relocate to Rochester.

“Mayo hires the best and brightest. As competition in health care markets increases, people have more choices about employment,” says Dr. Narr. “Realizing the vision of Destination Medical Center will help us recruit and retain the best as we meet their needs with a more robust community.”

### Next steps outlined

The legislation created a nonprofit corporation, the Destination Medical Center Corporation, to decide how to plan, implement and finance the public investments that will support Destination Medical Center expansion. The corporation’s governing board includes four gubernatorial appointees, two city appointees, one county appointee and one Mayo appointee. A nonprofit Economic Development Agency will assist the corporation in preparing and executing the development plan and related strategies, and identifying and anticipating future projects.

“With the legislative commitment to funding and organization of the governing and development entities, Destination Medical Center is full speed ahead at securing Mayo Clinic’s economic future and benefiting the state, county and city,” says Dr. Narr. “The resulting plan will be deliberate, thoughtful, reflective of the research findings and sustainable for the community.”

“Mayo Clinic has grown, and we want to help the community grow with us to achieve this goal and meet and exceed visitor expectations.”

— Lisa Clarke



## The numbers

### Now

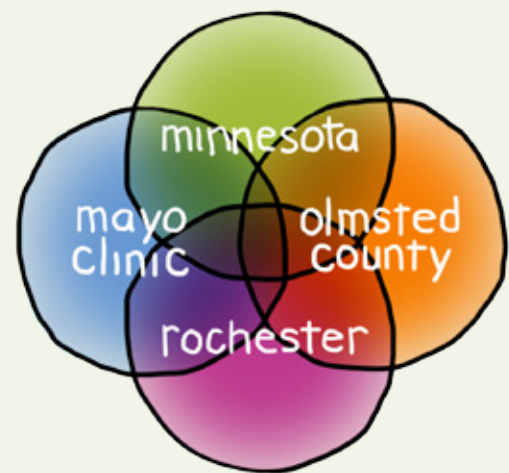
**JOBS** • Mayo Clinic is Minnesota’s largest private employer, providing jobs to more than 36,000 people, and more than 60,000 people in all the states it serves.

**ECONOMIC IMPACT** • Mayo Clinic generates more than \$9.6 billion in economic impact to Minnesota — 4 percent of the state’s gross domestic product.

### Destination Medical Center

**JOBS** • The Mayo Clinic investment and additional private investments are projected to create 35,000 to 45,000 new jobs in Minnesota over 20 years and 1,800 to 2,200 jobs from construction per year.

**TAX REVENUES** • Mayo Clinic growth combined with Destination Medical Center will generate significant new state and local taxes, including an estimated \$2.5–\$3 billion for the state, \$195–\$205 million for the city of Rochester, \$145–\$155 million for Olmsted County, and \$80–\$90 million for other jurisdictions.





*Meet the president-elect of the Mayo Clinic Alumni Association*

## Juan Sarmiento, M.D., reflects on the gifts he's received from Mayo Clinic

**J**uan Sarmiento, M.D. (SR '96, PRES '98, S '00, S-GI '02), associate professor of surgery at Emory University School of Medicine in Atlanta and director of Hepatopancreatic Biliary Surgery at Emory University Hospital, says the values he learned at Mayo Clinic define every aspect of how he practices and trains residents. Dr. Sarmiento, the new president-elect of the Mayo Clinic Alumni Association, lists three important lessons he learned at Mayo Clinic:

1. Never operate on a patient who does not need an operation.
2. Always go the extra length to accomplish what you're aiming to do.
3. Never care about the type of medical insurance the patient has.

"Emory didn't have a classically defined hepatobiliary and pancreatic practice when I went there in 2003, and I was able to replicate what my mentors built at Mayo and train residents under the system I was trained in," he says. "I follow the Mayo model of mentorship and have a chief resident with me all the time at the clinic and in the operating room. We continue our interaction on nights and weekends and in patient emergencies."

### Honoring mentors

Dr. Sarmiento and his wife, Patricia Yugueros, M.D. (PLS '97, PLS '99, HAND '00, PRES '02), chief of Plastic Surgery at Emory Johns Creek Hospital in Georgia, trained at Mayo Clinic and credit their mentors, David Nagorney, M.D. (S '82), a consultant in the Division of Gastroenterologic and General Surgery, and John Woods, M.D., Ph.D. (S '66, PLS '68, PLS '69), professor of surgery, Mayo Clinic College of Medicine, with instilling "Mayo values" in them.

"Dr. Nagorney taught me a great deal of clinical and surgical skills along with the pursuit of excellence and personal honesty above everything," he says. "Dr. Woods, my wife's mentor, guided us through the developments in our life when we arrived at Mayo until we moved to Atlanta. He was a determining factor in our success at Mayo, and we model our attitude toward patients after him. Sharing these values and qualities with my residents is the best homage I can pay to those physicians."

### Fulfilling a dream

As a medical student in Colombia, Dr. Sarmiento aspired to learn from the "giants" at Mayo Clinic. "There was no higher dream," he says.

"In Central and South America, medical students use textbooks and journals from the United States and follow the scientific progress described in American medical literature," he says. "It was easy to recognize Mayo consultants in every single discipline from editorial board lists and articles and book chapters. To be able to participate in papers and scrub with them was the fulfillment of my dream."

"I had unrestricted opportunities to study and train in the most complex surgical operations. Every day there was a challenge waiting for me. The best part was how I felt supported by my consultants and the personnel on the surgical floors."

### Receiving the best gift

Even taking into account his and his wife's training and opportunities at Mayo Clinic, Dr. Sarmiento describes the best gift he received from Mayo as his daughters. "We had delayed having children because we wanted to finish our training first," he says. "Then we had difficulty conceiving. We asked for help and, without hesitation, Mayo facilitated our fertility treatment. An anxious time for us became an enjoyable time and led us to having two lovely daughters. When my wife was



pregnant the first time, my consultant at Mayo covered for me so I could attend the ultrasound and listen to the first cardiac pulse of my daughter. That was unforgettable. We felt incredibly supported during that time and are very grateful.



*Juan Sarmiento, M.D., with his wife, Patricia Yugueros, M.D., and daughters Sophia, 12, and Angela, 10.*

### Juan Sarmiento, M.D.

*Associate Professor of Surgery,  
Emory University School of  
Medicine, Atlanta*

*Director, Hepatopancreatic Biliary  
Surgery, Emory University Hospital*

**Surgical Scholar  
(Hepatopancreaticobiliary  
Surgery):** Mayo Clinic

**Research Fellowship (Surgery):**  
Mayo Clinic

**Residency (General Surgery):**  
Mayo Clinic

**Residency (General Surgery):**  
Universidad del Valle, Cali, Colombia

**Medical School:**  
Universidad del Valle

**Native of:** Palmira, Colombia

# 5 QUESTIONS

## 1 What unique perspective will you contribute as president of the Mayo Clinic Alumni Association?

I offer the perspective of the foreign physician who knows the international image and reputation of Mayo Clinic. I hope to represent foreign physicians who have gone back to their countries and want to keep in contact with their Mayo roots. We don't do enough to connect with overseas physicians. Part of my job is to facilitate that communication. I also bring the perspective of the surgeon. The Alumni Association has been led primarily by nonsurgical physicians.

## 2 Why did you decide to become a physician?

My father is a retired surgeon, and my brother is a radiologist. In Colombia, we decide on our profession at the end of high school. I chose medicine and went right to seven years of medical school. I decided then, at 16, to pursue surgery.

## 3 What surprised you about Mayo Clinic when you moved from Colombia?

Mayo Clinic is famous around the world and, internationally, people regard it as the ultimate destination — a place where miracles are made on a daily basis. But something you don't read about in books or journals is the dedication and commitment to the well-being of patients. It has to be experienced firsthand to understand it completely. I'm grateful for that experience, and it has transformed my life as a physician.

## 4 How was the transition from Cali, Colombia, to Rochester, Minn.?

It was challenging economically and in language and climate. It was 85 degrees when we left Cali in December and 20 below zero in Rochester. We hadn't seen snow. I was completely unprepared and inadequately dressed. I slipped and fell walking from the apartment to the clinic. I drove into a ditch during a storm and was retrieved by a nurse anesthetist from Methodist Hospital. Weather aside, Mayo was extremely warm and welcoming, and we formed a small group with other physicians from Colombia to ease the transition.

## 5 What do you do in your spare time?

Life revolves around soccer in Colombia, and I used to play all the time but had to curtail that because I'm a surgeon. My family is all girls, so I do a lot of "girly stuff" and read a lot.

## *The Mayo-México connection*

# Long-standing relationship began almost a century ago



**M**ayo Clinic has long-standing ties with the medical community in México. Since 1966, 194 residents and research fellows from México have trained at Mayo Clinic. Ten of those physicians practice at Mayo Clinic today. More than 60 have returned to practice in their native México after training at Mayo Clinic — many of them in Rochester in the late 1960s and early 1970s. They include prominent academic physicians, ministers of health, leaders of prestigious scientific societies, founders of hospitals and others who have contributed significantly to the health care landscape in México.

Three alumni from México have received the Mayo Clinic Alumni Association Distinguished Alumni Award — Guillermo Ruiz-Argüelles, M.D. (HEM '83), in 2011; Juan Ramón De la Fuente, M.D. (P '80), in 1999; and Donato Alarcón-Segovia, M.D. (IM '64, RHEU '65), in 1996 (now deceased).

The genesis of this relationship dates back almost a century. From 1918 to 1920, William J. Mayo, M.D., served as president of the American College of Surgeons and promoted professional fellowship within the Americas.

According to *The Doctors Mayo* (1941) by Helen Clapesattle:

*Foreseeing a tremendous expansion in commerce and travel between the Americas, he [Dr. Will] thought it wise for the college [American College of Surgeons] to promote intercourse with Latin American surgeons.*

In his medical impressions of México, Dr. Will wrote:

*While the United States has been so busy developing within its own borders, Mexico has developed far more than is appreciated by the people of the United States. The country has an efficient medical service, a minister of health, and had scientific development long before the United States. Mexico had the first medical school organized in the Americas.*

In 1922, Dr. Will visited México for a month with family and colleagues,



William J. Mayo, M.D. (upper right), acknowledges the crowd's recognition of his ad hoc medical care of bullfighter Luis Freg "Don Valor," who was gored by a bull. Dr. Will's host at the event, Mexican President Alvaro Obregón, asked if he could save the seriously wounded man. In a makeshift care area behind the bullring, Dr. Will opened the wound and grabbed and tied off the artery. The group watching Dr. Will was impressed with the ease and speed with which he stopped the bleeding. Word spread among the audience, which gave him a standing ovation. Dr. Will's feat was legendary in México for many years.



In 1926, a patient from México sent this postcard to family back home, communicating that she had seen eight people to determine what was wrong with her and wishing she would be home soon.



including Henry Plummer, M.D., Donald Balfour, M.D. (S 1909), Willis Lemon, M.D. (I '47, R-D '50), and Albert Ochsner, M.D. (ANES '43), a surgeon and founder of Ochsner Clinic in Louisiana. The group visited México City, Guadalajara and Colima. As was customary when he traveled, Dr. Will visited area hospitals and clinics. This trip and the buzz it created precipitated hundreds of patients taking the train from México City to Rochester in search of medical treatment.

### A need to facilitate communication

With the influx of patients from Latin America, Mayo Clinic recognized the need for Spanish-language help to better serve patients and hired Beatriz Montes, a patient from Havana who came to Rochester for surgery.

According to Clapesattle's book:

*Clinic secretaries bought Spanish dictionaries and registered for correspondence courses in the language, Spanish-speaking nurses were imported for the hospitals, and the public demanded that Spanish be taught in the schools.*



### Northward trend for care continues

The trend of patients coming north for specialized medical care has continued for decades. Hundreds of patients from México travel for care to all three Mayo campuses each year.

Robert Ferrigni, M.D. (U '88), is medical director for the international practice at Mayo Clinic in Arizona. "We have a strong flow of patients from México because of geography," he says. "Mayo Clinic conducts events throughout México for patients to hear presentations on medical topics from physicians representing all three campuses. We strive to keep Mayo Clinic visible as a tertiary care facility and resource to patients and physicians in México. The international office in México City and the Spanish webpages are instrumental in this effort."

According to John Noseworthy, M.D. (N '90), president and CEO of Mayo Clinic, the last several years have seen an investment in engagement with Spanish-speaking audiences. "We have re-energized our efforts globally, through community, research and education collaborations, and social media," he says. "We've increased the availability of Mayo's trusted health information in Spanish in support of our deep-rooted organizational commitment to international outreach and diversity. Our founders understood the value of diverse talents,



*Mikel Prieto, M.D., Robert Ferrigni, M.D., and Salvador Alvarez, M.D., are medical directors of Mayo Clinic's international practice in Rochester, Arizona and Florida, respectively.*

backgrounds and beliefs in providing the best care to patients, and that core belief persists today at Mayo Clinic. Without Spanish-speaking patients and staff, Mayo Clinic wouldn't be where it is today."

Earlier this year, Mayo Clinic announced the addition of the first international member in the Mayo Clinic Care Network — Médica Sur in México City. Médica Sur physicians can now connect directly with Mayo Clinic specialists on patient care questions via eConsults and have access to the latest Mayo-vetted medical information through AskMayoExpert.

### A continued need to facilitate communication

To facilitate referrals for Mexican physicians and better serve patients, Mayo Clinic established a Representative

Office in México City in 1997. Two Mayo employees help physicians and patients schedule appointments, arrange travel, become familiar with Mayo Clinic before appointments, and obtain medical records and other information after visits.

Each Mayo Clinic campus offers Spanish-speaking appointment personnel and language interpreters to enhance service. More recently, Mayo Clinic has taken other steps to better serve the thousands of patients from Latin America — and U.S. Hispanic patients — it treats every year and to tell the Mayo story to a broader audience:

- **Spanish webpages**  
([MayoClinic.org/espanol](http://MayoClinic.org/espanol))

“Our founders understood the value of diverse talents, backgrounds and beliefs in providing the best care to patients, and that core belief persists today at Mayo Clinic.” — John Noseworthy, M.D.

*Enrique Wolpert-Barraza, M.D.*



- **Social media in Spanish**  
(Twitter.com/ClinicaMayo,  
Facebook.com/MayoClinicEspanol)
- **Historias Mayo** (HistoriasMayo.com), a global storytelling campaign sharing stories about Hispanic patients and physicians

### Fellowship between Americas continues

Mayo's relationship with México is enhanced by an active chapter of the Mayo Clinic Alumni Association. The group met in August and appointed a new president, Enrique Wolpert-Barraza, M.D. (GI '69), chairman of the National Committee of Medical Specialties and a consultant in gastroenterology at Clínica Lomas Altas in México City. Dr. Wolpert-Barraza succeeds Dr. Ruiz-Argüelles as chapter president.

Previously, Dr. Wolpert-Barraza was Undersecretary of Health at the Federal Government and General Coordinator of the National Institutes of Health, Ministry of Health in México.

Patricia Simmons, M.D. (PD '80, PDE '82), medical director of Alumni Relations, Office of the President, and consultant at Mayo Clinic in Rochester, attended the meeting. Also attending were Juan Sarmiento, M.D. (SR '96, PRES '98, S '00, S-GI '02), new president of the Mayo Clinic Alumni Association; Mikel Prieto, M.D. (TRANS '99), medical director for International



*Historias Mayo includes the story of Adrián Fernández, a Mexican car-racing champion who has a decadelong relationship with Mayo Clinic in Arizona. His care has focused on preventive and executive health. He's had his fitness for competitive endurance racing evaluated in the Heart Health and Performance Program, and benefited from diet and nutrition guidance to protect his health and prevent disease.*

Practice at Mayo Clinic in Rochester; Misty Hathaway, administrator for the International Practice at Mayo Clinic in Rochester; and Chris Benson, administrator of Mayo Clinic Care Network.

"We are proud and indebted to the remarkable group of Mayo Clinic alumni who have led the development of health care in México — academically, clinically and through their research," says Dr. Simmons. "They have embodied Mayo Clinic's tradition of excellence and extended our reach beyond our borders in ways we never could have imagined."



“ We are proud and indebted to the remarkable group of Mayo Clinic alumni who have led the development of health care in México.”

– Patricia Simmons, M.D.



## Mayo Clinic relationships with México — past and present

- William J. Mayo, M.D., traveled to México almost a century ago, including a well-publicized trip in 1922.
- More than 60 physicians from México trained at Mayo Clinic and now practice in México.
- More than 500 laboratory tests from México are read each year by Mayo Medical Laboratories.
- In 1997, Mayo Clinic established a Representative Office in México City to assist patients and referring physicians in accessing care at any Mayo Clinic campus.
- Mayo Clinic's Global Business Solutions has a relationship with Intersistemas, a publishing house in México, to translate and distribute Mayo Clinic website content and books in Spanish throughout México and Central and South America.
- Grateful patients from México funded the Alberto Baillères International Patient Center at Mayo Clinic in Arizona to assist international patients with appointments, interpreter services, lodging and travel, community resources, and financial and billing questions.

## Distinguished alumni distinguish themselves

*Guillermo Ruiz-Argüelles, M.D. (HEM '83), and Juan Ramón De la Fuente, M.D. (P '80), each has received the Mayo Clinic Alumni Association Distinguished Alumni Award, and each continues to distinguish himself.*

**Dr. Ruiz-Argüelles**, general director, Hematology and Internal Medicine Center, Clínica Ruiz de Puebla, was selected for a 2013 mastership in the American College of Physicians. Masters are selected because of personal character, positions of honor, contributions toward furthering the purposes of the American College of Physicians, eminence in practice or in medical research, or other attainments in science or the art of medicine. Masterships have been awarded since 1923.

**Dr. De la Fuente**, former dean at Universidad Nacional Autónoma de México (UNAM) — the largest university in Latin America — was awarded the Doctor of Humane Letters honoris causa at the 2013 commencement at Arizona State University. The university awarded the honorary degree to recognize Dr. De la Fuente's contributions in medicine, academia

and governmental leadership, especially in the areas of patient rights, affordable medication and reforms in health care delivery in México.

Dr. De la Fuente engineered several research centers that specialize in diverse disciplines, strengthened a model for education, and created undergraduate curricula and graduate programs. His research on alcohol abuse led to the design of a tool of universal validity for the reliable identification of this program from its early stages. This tool has been adopted by the World Health Organization, International Labour Organization and the United Kingdom's National Institute for Health and Clinical Excellence. Dr. De la Fuente also is the elected chairman of the Council of the United Nations University, the collegial body that analyzes global issues and proposes solutions to various United Nations agencies, including the General Assembly.

*Guillermo Ruiz-Argüelles, M.D. (left), and Juan Ramón De la Fuente, M.D.*





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## Physicians from México share perspectives

*Many leading academic physicians in México trained at Mayo Clinic, and the desire to attract top-notch residents and fellows from México remains strong.*

Salvador Alvarez, M.D. (INFD '91), medical director for the international practice at Mayo Clinic in Florida, says the name and reputation of Mayo Clinic is well known in México by the general population and the medical community.

"Mayo Clinic has trained many physicians who are now the leaders in medical care in multiple institutions across México," says Dr. Alvarez. "The Mayo alumni in México are one of the largest groups and have maintained close ties with Mayo Clinic. Overall, Mexican physicians perform very well during their training years at Mayo and blossom in the medical field when they return to practice in México, remain at Mayo Clinic or pursue practice somewhere else. The relationship of Mayo Clinic and Mexican physicians has been a win-win situation, and we hope it will continue for years to come."

Grace Arteaga, M.D. (PD '06), would describe it as win-win. She grew up in a small town in northern México and attended medical school at Universidad Autónoma de Coahuila. She practiced for 10 years in the Department of Pediatric Critical Care at the University of Illinois at Chicago.

"I applied for a position at Mayo Clinic, but I wasn't committed to moving," says Dr. Arteaga, now a consultant in the Division of Pediatric Critical Care Medicine at Mayo Clinic in Rochester. "Immediately, I was



“Immediately, I was struck by how dedicated everyone at Mayo is to patient care. I hadn't seen that commitment to service anywhere else so I reconsidered moving.”

— Grace Arteaga, M.D.

struck by how dedicated everyone at Mayo is to patient care. I hadn't seen that commitment to service anywhere else, so I reconsidered moving. I haven't been disappointed in my choice — I

feel proud to be part of the concern and empathy at Mayo.”

Two current residents from México share their stories about why they chose to train at Mayo Clinic.

## Benjamin Zendejas-Mummert, M.D., Mayo Clinic in Rochester

In medical school in México (Universidad Autónoma de Guadalajara Medical School), Benjamin Zendejas-Mummert, M.D. (S '11, CTSA '11, S '16), remembers reading about diseases and seeing references to Mayo Clinic jump out.

"There are other U.S. medical institutions affiliated with universities that are more well known in México, but I didn't see them referenced as much in the medical literature," says Dr. Zendejas-Mummert. "The Mayo mentions caught my attention and remained on my mind."

When he decided to pursue training in the United States, he did an Internet search to find where Mayo Clinic was located. He completed four visiting medical student clerkships around the country, including Mayo Clinic in Rochester.

"I told my mom I was going back to Mayo," he says. "She asked why, and I told her, 'If Mayo Clinic was on the moon, I'd go there — it doesn't matter where it's located.' Mayo Clinic does medicine as it's supposed to be."

Dr. Zendejas-Mummert, now a third-year resident, describes what so impressed him about Mayo Clinic. "Every medical center talks about the three shields in some form or another, but I've never seen them merged as well as they are at Mayo," he says. "Hospitals and medical training in México tend to be very hierarchical, and trainees often fear speaking to a consultant or chairman. That fear can compromise patient care. At Mayo, it feels like everyone is part

of the same team. I admire how Mayo uses its rich history to permeate an attitude among its physicians: 'We have something unique that was started by two amazing surgeons. We can keep it going and make it better.'"

Dr. Zendejas-Mummert met his wife, Johanna Iturrino, M.D. (GI '12, GI-MO '13), at Mayo Clinic. She completed a fellowship in gastrointestinal motility and hepatology and advanced training in gastrointestinal motility, and is now on staff.

"People would probably be surprised at how diverse Mayo Clinic is," he says. "We connect with others

here from Latin America and Puerto Rico, where my wife is from.

"It was my golden dream to come to Mayo Clinic and train. International students have to work hard to get in. I did a two-year research fellowship and got my master's degree in biomedical science at Mayo to grow as a researcher and improve my chances of getting a residency spot. Students from Latin America reach out to me to inquire about how to get into Mayo. I tell them about my path and help as much as I can. The desire to train in this country — especially at Mayo Clinic — is high. I found what I was looking for."



I admire how Mayo uses its rich history to permeate an attitude among its physicians. 'We have something unique that was started by two amazing surgeons.

We can keep it going and make it better.'"

— Benjamin Zendejas-Mummert, M.D.

## Rafael Nuñez Nateras, M.D., Mayo Clinic in Arizona

Rafael Nuñez Nateras, M.D., (U '11, U '13), came to Mayo Clinic in Arizona 2007 after medical school in México. One of his mentors, Rubén Drijanski, M.D. (I '74), who trained at Mayo Clinic, guided and helped him to spend a month volunteering at Mayo Clinic in Arizona. One month wasn't enough. Dr. Nuñez Nateras volunteered for a year doing research in the Urology Department. That led to a Genitourinary Oncology Research Fellowship, which he completed this year.

"The more I learned, the more excited and interested I became," says Dr. Nuñez Nateras. "I became deeply involved in research, and great things came from it."

He helped to create the Arizona Urology Research Program, which includes a basic sciences laboratory to study genitourinary malignancy processes and a comprehensive biobank that collects clinical data and biospecimens from patients with kidney, bladder and prostate cancer. The program builds a bridge between basic and clinical sciences, generating findings that can be brought to patient care. Dr. Nuñez Nateras and his colleagues received a National Institutes of Health research grant for their work.

Now, Dr. Nuñez Nateras is a first-year medical resident in Urology, planning to specialize in oncologic urology. He explains the draw to Mayo Clinic from across the southern border.

"The Mayo culture extends beyond its walls. Some of my mentors in México trained at Mayo Clinic. I saw



“I saw how they practice, and I very much wanted to pursue the same training that could allow me to care for patients in a similar way — in the Mayo Model of Care way.” — Rafael Nuñez Nateras, M.D.

how they practice, and I very much wanted to pursue the same training that could allow me to care for patients in a similar way — in the Mayo Model of Care way,” he says. Dr. Nuñez Nateras cites Misael Uribe-Esquivel, M.D. (GI '77), president of Médica Sur in México City; Enrique Wolpert-Barraza, M.D. (GI '69), consultant in gastroenterology at Clínica Lomas Altas in México City; and Dr. Drijanski, who practices at Centro Médico ABC (ABC Medical Center) in México City.

“Watching them, I felt like I was seeing Mayo patient care,” says Dr. Nuñez Nateras. “They practice teamwork and pursue everything from the patient’s best interests. They are passionate about serving patients, which makes them want to learn more through research. They want to share the knowledge they gain with others, including the residents fortunate to

work with them. It’s the three shields in action — in México.”

Dr. Nuñez Nateras says it’s heartwarming when he encounters patients from México. “They’re surprised and relieved to find someone who knows where they’re from and speaks the same language. I felt the same way when I came to Mayo Clinic. One of the first people I met was Dr. [Rafael] Fonseca (HEMO '98), who is from México [a consultant in the Division of Hematology and Medical Oncology at Mayo Clinic in Arizona and the Get Family Professor of Cancer]. It was comforting. Knowing someone from your country has gone before you assures you that you’re on a path to learn a model of care that will help you do the best for patients. You also realize that you can continue extending Mayo beyond its walls, as my mentors in México do.”



*News from Berlin / Nachrichten aus Berlin*

## German-speaking alumni group promotes Mayo Clinic ideals

Thirty members of the Mayo Alumni German Speaking Chapter convened in Berlin in June for the group's annual interdisciplinary scientific meeting. The program focused on complications of intensive care unit treatment and took place at the Max Delbrück Center for Molecular Medicine.



Hosting the meeting was Simone Spuler, M.D. (NMD '97), professor for myology, Department of Neurology, Charité Universitätsmedizin (Charité University Hospital) in Berlin — one of the largest university hospitals in Europe.

Highlights of the meeting included:

- Speaker Thomas Gerber, M.D., Ph.D. (CV '93, I '96, CV '99, CV-IC '00), consultant in the Division of Cardiovascular Diseases and Department of Radiology at Mayo Clinic in Rochester and an associate editor of *Mayo Clinic Proceedings*, shared the latest news on that highly ranked medical journal. Dr. Gerber is a native of Germany and a member of the chapter.
- Speaker Patricia Simmons, M.D. (PD '80, PDE '82), medical director of Alumni Relations, Office of the President, at Mayo Clinic in Rochester, updated the group on developments at Mayo Clinic.
- An annual award established in 2009 to honor the founder of the Mayo Alumni German Speaking Chapter, Rudolf Juchems, M.D. (I '61), was presented to Martin Hübner, M.D. (CRS '11), Clinic for General and Visceral Surgery, Lausanne University Hospital, Switzerland. The Rudolf-Juchems-Wissenschaftspreis (Science Award)

recognizes young scientists and clinicians who return to Germany, Switzerland or Austria from Mayo Clinic or who are mentored by a Mayo Clinic alumnus. The prize money for the award is donated by Olga Juchems, M.D., widow of Dr. Juchems.

Dr. Simmons recalls a “marvelous, touching talk” by Dr. Hübner. “He showed his respect for the Mayo Model of Care and how he has applied what he learned at Mayo during his surgical training to his clinical practice and quality improvement,” she says.

“I was struck by how bonded the members of the German-speaking alumni group are around the Mayo Model of Care,” says Dr. Simmons. “As active professionals in academic circles and publishing, they are a real force in promoting our brand value in both their words and their deeds in their countries and beyond.”

Thomas Behrenbeck, M.D., Ph.D. (PHYS '82, CV '90), a consultant in the Division of Cardiovascular Diseases at Mayo Clinic in Rochester and an ex officio member of the Executive Board of the Mayo Alumni German Speaking Chapter, also attended. Dr. Behrenbeck is a native of Germany and practiced and taught there after completing a residency at Mayo Clinic. “Many alumni who study or train at

Mayo Clinic lose touch with us, and the bond between us gets broken,” he says. “The German Speaking Chapter is very active in making a concerted effort to stay connected with current events at Mayo. This is important because most of them are in academic positions, which allows them to share the Mayo experience — our unique brand of care and research opportunities — with the next generation they are training and influencing.”

In addition to the chapter's annual meeting — which is conducted in English — board members meet twice a year, and all members receive emails and regular reports of the group's activities. Annual meetings in recent years have been in Lausanne; Hildesheim, Germany; Innsbruck, Austria; and Stralsund and Cologne, Germany.

The chapter's secretary, Jürgen Kiwit, M.D., Ph.D. (NS '91), professor and chairman, Department of Neurosurgery, Helios Klinikum Berlin-Buch, says members of the group strive to maintain the “special Mayo spirit” they experienced. “We stay in contact with old Mayo friends and colleagues through this chapter and foster interdisciplinary academic relationships,” he says.

“The German Speaking Chapter is very active in making a concerted effort to stay connected with current events at Mayo.”

– Thomas Behrenbeck, M.D., Ph.D.







*Attendees of the Mayo Alumni German Speaking Chapter meeting in Berlin gathered in front of the Brandenburg gate. They are (from left) Peter Linhart, M.D. (PATH '67), retired, Wiesbaden, Germany; Ute Linhart; Jürgen Kiwit, M.D., Ph.D.; Patrick Peller, M.D. (R-D '06), Department of Radiology, Mayo Clinic in Rochester; Thomas Behrenbeck, M.D., Ph.D.; Julia Behrenbeck; Thomas Munger, M.D. (I '87, CV '90), Division of Cardiovascular Diseases, Mayo Clinic in Rochester; Christiana Vetterman, a visiting clinician in the Department of Obstetrics & Gynecology at Mayo Clinic in Rochester in 1987; Olga Juchems, M.D., and granddaughter Eva Juchems; and Janet Munger (back).*



*Mayo Alumni German Speaking Chapter board members at the recent meeting in Berlin include (from left) Treasurer Christoph Reiter, M.D. (PHARM '82); Chairman Jörn-Peter Sieb, M.D.; and Secretary Jürgen Kiwit, M.D., Ph.D.*



## Alumnus recognized by German Speaking Chapter

*Martin Hübner, M.D.*

*Consultant, Clinic for General and Visceral Surgery,  
Lausanne University Hospital, Switzerland*

*Recipient, Rudolf-Juchems-Wissenschaftspreis (Science Award)  
for work on hemodynamic implications of intrathecal analgesia  
and fluid restriction within enhanced recovery pathways*

Dr. Hübner completed a fellowship in colon and rectal surgery at Mayo Clinic in Rochester in 2011. He says he was drawn to Mayo's "reputation for high-quality surgery and surgical training."

"I was impressed with the huge, impressive infrastructure and extreme efficiency in patient care, with no waiting for exams and procedures," he says. "I left with the lesson in mind that the needs of the patient come first and anything other than that is unacceptable. My aim as a surgeon today is exactly the same as that."

New to the German Speaking Chapter, Dr. Hübner explains the value of the group and potential value of the larger Alumni Association: "One of Mayo's strengths is the long-standing tradition of learning and teaching. The Mayo brothers traveled all over the world to learn

and integrate the acquired skills in their practice, and then more and more people came to learn at Mayo Clinic and take the 'pearls' back home. Ideally, collaboration with Mayo Clinic continues way beyond one's actual time there. It's important to include patient care and research in ongoing networking among alumni. Otherwise, parts of one's efforts during their active time at Mayo can get lost and resources go underused. Alumni interactions should be more than just social."

*Martin Hubner, M.D., with his daughter, Clara, who was born in December 2011 during his fellowship at Mayo Clinic in Rochester.*



Ideally, collaboration with Mayo Clinic continues way beyond one's actual time there." – Martin Hübner, M.D.

## Mayo Alumni German Speaking Chapter

### **Established:**

1996, first chapter meeting was in Bonn, Germany.

### **Founding President:**

Rudolf Juchems, M.D., who completed a fellowship in internal medicine at Mayo Clinic in 1961. A cardiologist specializing in internal intensive care medicine, Dr. Juchems retired as professor and chair of the Department of Internal Medicine at Klinikum Aschaffenburg, Germany, in 1996 and died in 2008.

### **Membership:**

180 Mayo Clinic alumni from Germany, Switzerland, Austria and the United States; includes leading German-speaking physicians with institutional ties to Mayo Clinic and interest in fostering Mayo ideals in providing high-quality medicine.

### **Chairman:**

Jörn-Peter Sieb, M.D. (N '93), professor, Department of Neurology, HELIOS-Klinikum Stralsund, and former lecturer, University of Bonn.

### **2014 Meeting:**

June 20–22, Halle, Germany, *Globalized Medicine*.

### **2015 Meeting:**

Mülheim an der Ruhr, Germany

# Applying evidence-based principles to patient education materials



Patient education materials aren't worth the paper they're printed on if they don't inform and move patients to adopt behaviors that benefit their health. Mayo Clinic's Section of Patient Education conducts research to determine what causes patients to make behavioral changes and how patients respond to educational materials.

Findings from that research are fueling a several-year process of revamping the 2,700 titles in the Mayo Clinic Patient Education library of print materials from 43 clinical specialties. Titles range from "Newborn Circumcision" to "End of Life Choices for People with a Ventricular Assist Device."

"Patient education plays a significant role in helping patients make the changes necessary to become healthier or improve their quality of life," says Steven A. Smith, M.D. (ENDO '88), medical director of the Section of Patient Education and a consultant in the Division of Endocrinology, Metabolism, Diabetes & Nutrition at Mayo Clinic in Rochester. "Using evidence-based research about what appeals to patients, we undertook this project."

The vision for new materials is:

- Promote positive clinical outcomes through patient education.
- Use sound educational principles to help people adopt attitudes, behaviors and relationships conducive to their physical, mental, emotional and spiritual health.

"As we develop materials, we work with clinicians and educators to ensure clinical accuracy and educational suitability," says Michael O'Brien, administrator of the Section of Patient Education. "Our research colleagues have evaluated our initial new

materials, including patient education videos, and determined that they improve upon patient comprehension. Ultimately, more effective materials improve patients' health and well-being and reduce overall health care costs."

Patient education materials are developed for all age groups. For example, communicating with teenagers requires a special touch, so the section's research staff conducted focus groups to determine what appeals to this population.

"Teenagers want color and attractive design that doesn't look like homework," says Walter Cook, M.D. (PD '93), a consultant in the Division of Community Pediatric and Adolescent Medicine at Mayo Clinic in Rochester. "They also want materials available on their smartphones, which will be something we tackle in the future."

"People have many places to go for information in today's world. Whom can they trust? We are giving them the best information from the world's most-trusted medical institution."

Physicians and nurses who provided the revised patient education materials to young patients commented that teens thought the writing was easy to understand, and parents said the design sparked their children's interest to read the information. Providers noted that teens who read the materials were more confident and compliant in following their treatment plans.



*Materials for teens and children are much more colorful and engaging.*

"Patients who showed a stronger interest in participating in their plan of care were able to get their lives back on track and return to school and activities sooner," says Becky Smith, a manager in the Section of Patient Education. "This is exactly the role we want patient education materials to play in health care — a tool to promote positive clinical outcomes."

### Plain language

As patient education materials transition from being provider-centric to patient-centric, the significant difference is a completely new approach to language. Specifically, this project incorporates a concept called plain language.

A global movement with an established history of research conducted by governments, academic organizations and business, plain language focuses on:

- Serving the needs of the reader
- Clearly naming the medical topic
- Being comprehensive and precise
- Containing summary messages and action items
- Having a logical sequence
- Being directed to the reader, using the personal pronoun "you"



## Patient education materials

More than 3.7 million patient education print and video materials are distributed in multiple ways:

- Provided in the Barbara Woodward Lips Patient Education Center at Mayo Clinic in Rochester; in 2012, more than 68,000 people visited the center.
- Distributed to more than 8,000 participants in group classes and more than 2,100 teaching sessions during consultations each year at Mayo Clinic in Rochester; 5,000 participants in group classes and 20,000 surgical and 8,000 chronic disease management patients throughout Mayo Clinic Health System; and many more at Mayo Clinic in Arizona and Florida.
- Dispensed in brochure racks in clinical departments.

Alumni can purchase patient education materials from the Mayo Clinic store (<http://store.mayoclinic.com/productList.cfm?mpt=6>). Materials are available with the Mayo Clinic brand, co-branded or unbranded.

Patient education materials have been licensed to drchrono, an iPad-based electronic health record provider, for its subscribers. Some materials are available in Spanish, Arabic and Somali. Revenue Mayo receives is used to support practice, education and research.

### A Prescribed Walking Program

A walking program prescribed by your health care provider is a cornerstone of treatment for improving symptoms of peripheral artery disease (PAD). Walking may help you reduce the pain of walking and increase the distance you can walk.

During each session of a prescribed walking program, you are encouraged to walk to or just beyond the point of mild discomfort (until you can't bear it any more), to rest, and then to walk again to the point of mild discomfort. Walking to the point of mild discomfort is not the point of maximum discomfort.

When first starting, it is OK to split the walk into two sessions. Log the time for each session you walk each day. Remember, when you stop, the clock stops. You should add up to about 30 per day (see "How to Walk"). You may need several weeks of regular walking in one session. Ideally, you should walk for daily.

It is believed exercise improves the blood flow to your legs and stimulates the growth of new blood vessels. The benefits of your walking program are to reduce or stop the pain you feel when you walk and to increase the distance you can walk.

The benefits of your walking program are to reduce or stop the pain you feel when you walk and to increase the distance you can walk. You should increase for 3 to 6 months or longer. You are to reduce or eliminate the symptoms of PAD and reduce cardiovascular risk. A treadmill is ideal for patients. You can set the speed and the incline. You can keep track of how fast you are walking.

### A Prescribed Walking Program

#### The hidden benefits of walking

Exercise helps deliver oxygen to your muscles. It also helps muscles use oxygen better. This can help your muscles work better and longer.

If you have claudication, walking also promotes the growth of new blood vessels. (See Figure 2.) If you have blocked arteries, exercise may help your body build a new circulation system around the blockages.

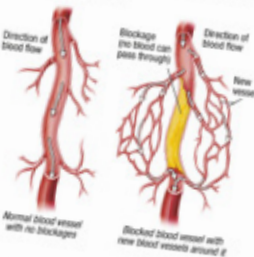


Figure 2. Development of collateral circulation

#### Walking program goals

There are two goals for this walking program:

- To reduce or stop the pain you feel when you walk.
- To increase the distance you can walk before claudication symptoms begin.

Getting more oxygen to your muscles and tissues, and having more blood vessels, could help you meet these goals.

Most people meet these goals with a daily 30-minute walk. To continue these benefits, you need to walk 30 minutes at least four to five days per week. This time does not include any breaks you may take to rest.

*Patient materials before and after plain language, which uses the elements of design to create visual space, cues and breaks to help readers navigate through text.*

"People have misconceptions about plain language," says Kristin Vickers Douglas, Ph.D. (PSI '02), associate professor of psychology at Mayo Clinic in Rochester, whose research focuses on patient education, health behavior change and patient self-management of chronic conditions. "One misconception is that plain language involves 'dumbing down' vocabulary or concepts. Plain language is not anti-intellectual or unsophisticated. It's preferred at all literacy levels. People with high literacy prefer and benefit from plain language, which is conversational, direct and personal in tone. It's professional and respectful and is written to inform and empower. Plain language is effective and efficient because the reader can understand the message the first time."

When compared to written materials in randomized controlled studies, patient education materials written in plain language led to greater comprehension and knowledge retention, regardless of education level. And patients had significantly greater

intentions to implement the recommendations, more positive attitudes toward implementation and greater perceived control over implementation.

Research studies that included plain language written materials demonstrated that its use:

- Increased:
  - Patient-initiated discussions with physicians
  - Patient self-efficacy
  - Medication adherence

Kristin Vickers Douglas, Ph.D.



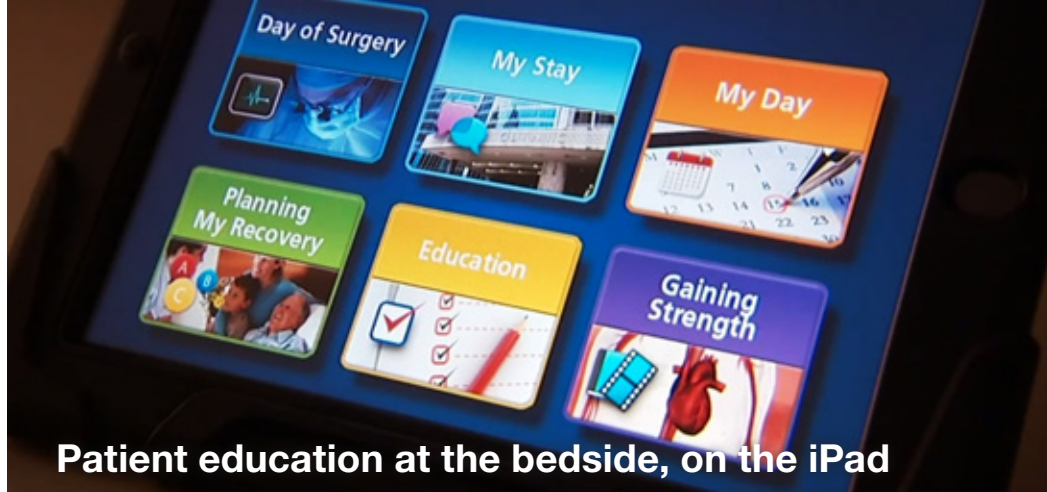
- PSA screening
- Smoking cessation
- Vaccination rates
- Decreased:
  - Missed appointments
  - Hospitalizations
  - Medical costs
  - Incidence of death

### Other material development

In addition to developing print materials, the Section of Patient Education is:

- Developing print content that more easily transfers to Web and mobile applications.
- Incorporating plain and standard language approaches to patient education videos available on the in-house Mayo Clinic Television Network, and at workstations patients can access on Mayo campuses and off-site through provided links.
- Enhancing materials with Web links and quick response (QR) codes (smartphone-scannable links) in patient appointment guides to connect patients to information and short videos about tests they are having.

“We want to meet patients where they are, which may be a brochure, a video, online information or something they can access with their phone,” says Margaret Moutvic, M.D. (PMR ’91), a consultant in the Department of Physical Medicine and Rehabilitation at Mayo Clinic in Rochester. “We’re being consistent in our approach to what we say and how we say it, and providing it in as many delivery methods as possible.”



## Patient education at the bedside, on the iPad

David J. Cook, M.D. (I ’88, ANES ’91), a consultant in the Division of Cardiovascular/Thoracic Anesthesia at Mayo Clinic in Rochester, worked with the Section of Patient Education and other departments to develop an iPad program to provide postoperative education to hospitalized patients and engage them in their care.

Here’s how the Mayo Clinic Health Connection iPad program works:

- When patients enter the hospital, they are given iPads to use during their hospital stay.
- Loaded onto each device is an individual care plan based on clinical algorithms and best practices in four domains — clinical milestones, gaining strength, education and planning my recovery.
- Patients can access their plan of stay and plan of day, including what to expect each day they are in the hospital; self-management and assessment tools; to-do lists to support and manage their recovery while they’re in the hospital and after they are discharged; and educational modules based on their surgical and medical conditions.
- Patients track their progress and check off accomplishments on the iPads, and the information is immediately and wirelessly relayed to the program’s dashboard for providers to review and track.
- A care nurse manager oversees patients, and providers receive alerts through the dashboard when patients aren’t meeting or are not predicted to meet recovery expectations.

“We’re giving patients access to a user-friendly version of their care plan and education information. They interact with this plan every day, self-document and follow their progress along with us,” says Dr. Cook. “Patients know the tasks they need to complete to recover normally on any given day after surgery. This knowledge gives patients a sense of control and invests them as partners in their care. We believe that new care models will include patient engagement in their care and standardized practice plans leveraged by integrated health data and algorithms. This type of model may be the basis for new payment models in health care and is likely to bend the cost and quality curves.”

The Mayo Clinic Health Connection was initially used with cardiac surgery patients and is in planning for use in other patient populations.

David J. Cook, M.D.



# Mayo Update

## Board of Trustees news

At its quarterly meeting in August, the Mayo Clinic Board of Trustees named Mayo Clinic's next chief administrative officer and recognized newly named professors.

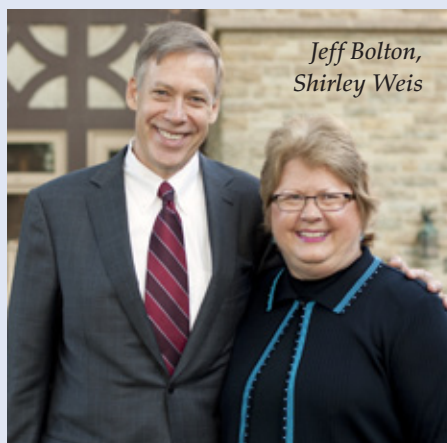
### New CAO

Jeff Bolton is Mayo Clinic's next vice president, Board of Trustees, and chief administrative officer. As CAO, Bolton will work closely with Mayo Clinic President and CEO John Noseworthy, M.D. (N '90), to coordinate overall institutional strategy. Bolton will provide oversight to Mayo Clinic's administrative services.

Bolton will begin moving into the new role immediately and will formally become CAO on Nov. 15, 2013. He is working closely with Shirley Weis, Mayo Clinic's current CAO, for a smooth and deliberate transition.

Bolton has served as Mayo's chief financial officer since he joined the organization in 2002. He has provided strategic leadership to administrative and business areas including contracting and payer relations, internal audit, Global Business Solutions and Mayo Clinic Ventures. He is a member of the Mayo Clinic Board of Governors and an internal member of the Mayo Clinic Board of Trustees. Before joining Mayo, Bolton served in planning and finance roles at Carnegie Mellon University in Pittsburgh. He has master's degrees in business administration and social work from the University of Pittsburgh and a bachelor's degree from Pennsylvania State University.

Weis will retire from Mayo Clinic at the end of 2013 after 40 years in health



Jeff Bolton,  
Shirley Weis

care and 18 years at Mayo Clinic. She was recognized as a leader in health care by *Modern Healthcare* in 2007 and as one of the Top 25 Women in Health Care by the publication this year, and by the National Association of Professional Women as "Woman of the Year" in 2011.

### Named professors

- **William Cliby, M.D.** (GYNO '94)  
Division of Gynecologic Surgery  
Department of Obstetrics & Gynecology  
Mayo Clinic Rochester  
*Virgil S. Counsellor, M.D., Professor of Surgery*
- **Charanjit "Chat" Rihal, M.D.**  
(I '89, CV '93)  
Chair, Division of  
Cardiovascular Diseases  
Mayo Clinic Rochester  
*William S. and Ann Atherton Professor of  
Cardiology Honoring Robert L. Frye, M.D.*

## 2012 Honor Roll of Alumni Benefactors

Each year, the Department of Development recognizes Mayo Clinic alumni who have made a philanthropic gift to Mayo Clinic with an Honor Roll of Alumni Benefactors. Traditionally, Development produced an annual printed publication for this purpose. This year, for the first time, the honor roll is digital.

Visit [www.mayoclinic.org/development/alumni-giving.html](http://www.mayoclinic.org/development/alumni-giving.html) to see the 2012 Honor Roll of Alumni Benefactors, which includes more than 2,500 names.

## Obituaries

**Charles Dicken, M.D.** (DERM '68), died Aug. 10, 2013.

**William Liebesman, M.D.** (OPH '62), died June 10, 2013.

**Thomas Marshall, M.D.** (NS '50), died June 6, 2013.

**Patrick Moore, M.D.** (S '60), died May 8, 2012.

**Harold Perry, M.D.** (DERM '52, DERM '53), died Aug. 9, 2013.

**Robert Spencer, M.D.** (CRS '58), died July 26, 2013.

*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/](http://alumniconnections.com/olc/pub/MAYO/).*



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## Alumni Center

507-284-2317

Email: [mayoalumni@mayo.edu](mailto:mayoalumni@mayo.edu)

[www.mayo.edu/alumni](http://www.mayo.edu/alumni)

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Arizona 866-629-6362

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[mayoclinic.org/medicalprofs/](http://mayoclinic.org/medicalprofs/)

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Mayo Clinic MedAir, Mayo One

800-237-6822

[mayomedicaltransport.com](http://mayomedicaltransport.com)

*Mayo Alumni* magazine is published quarterly and mailed free of charge to physicians, scientists and medical educators who studied and/or trained at Mayo Clinic, and to Mayo consulting staff. The magazine reports on Mayo Clinic alumni, staff and students, and informs readers about newsworthy activities throughout Mayo Clinic.

Please send correspondence and address changes to:

Mayo Clinic Alumni Center

Siebens 5-33, Mayo Clinic

200 First Street S.W.

Rochester, MN 55905

Email [mayoalumni@mayo.edu](mailto:mayoalumni@mayo.edu)

Telephone 507-284-2317

Fax 507-538-7442

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

For information  
about alumni meetings  
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[mayo.edu/alumni](http://mayo.edu/alumni)

## Alumni Philanthropy

Contact: Robert W. Giere

Director for Alumni Philanthropy

800-297-1185

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

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## 2014 Mayo Clinic Alumni Association International Program and Tour

*International Alumni Conversations: Learning from Controversies and Differences in Medical Practice*

More details will be available soon for this multi-city event with options to participate in one or both locations.

Visiting Dublin, Ireland,  
and Edinburgh, Scotland

Sept. 10–18, 2014

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