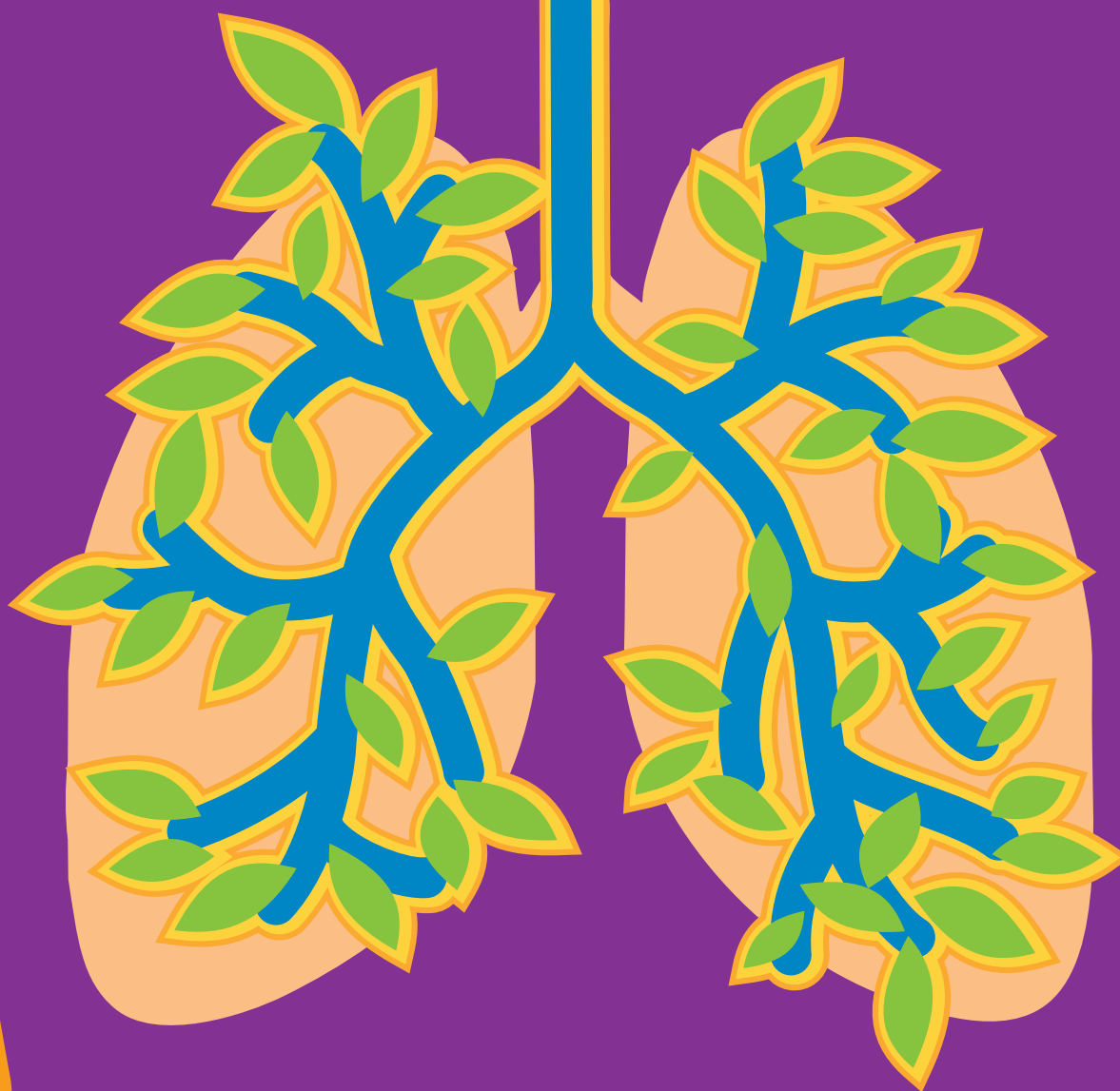


# ALUMNI

2016 ♦ Issue 1



**Restoring 'nontransplantable' lungs**

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2016 • Issue 1

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Nicole Pelly, M.D.

Stephen Munn, M.B., Ch.B.

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**CORRECTION** | Issue 3 of 2015 misrepresented that the first Mayo-authored article was published in a medical journal in 1971. That date should have referred to a particular specialty's publishing. The first Mayo-authored article of any kind published in a medical journal was in 1888. We regret the error.

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# Letter from the president

Apparent in this issue of *Mayo Clinic Alumni* is the phenomenal strength of the ties that bind us to Mayo Clinic. There's the story about a Mayo Medical School student using the alumni directory to find job-shadowing opportunities in her Michigan hometown and those individuals' willingness to share their time and expertise with her. And there are the stories about the Coventry Society and Continental Surgery Club whose members remain as close as ever even though their training dates back more than four decades.

I share this passion, and it has been recharged as I've become the new president of the Alumni Association. It is possible to recapture the excitement we felt when we first stepped on campus and experienced the enormous history, gravitas, hospitality and possibilities of Mayo Clinic. Often this occurs when we join with other alumni and reminisce about old times or discover common bonds with alumni who are new to us.

Opportunities abound to convene with fellow alumni in locations near and far. The 2016 International Alumni Meeting in Whistler, British Columbia, offers a scientific meeting and adventures for the whole family. The 2017 Biennial Meeting will be in Jacksonville, Florida. We host events at medical association meetings across the United States throughout the year as well as Alumni Association regional meetings.

The ties that bind us revolve around medical practice, research and teaching in the way modeled by the Mayo brothers. I personally invite you to join us for an alumni gathering in the year ahead.



## Susheela Bala, M.D.

- President, Mayo Clinic Alumni Association
- Private Practice, Adult and Pediatric Allergy, Asthma and Immunology, San Bernardino, California
- Chief of Allergy, J.L. Pettis VA Medical Center  
Loma Linda, California

Dr. Gregory Peterson (I '83, PMR '86), and Dr. Lynne Schmid Peterson (I '93, RHEUM '96), of Bismarck, North Dakota, attended the 2014 International Meeting in Dublin and Edinburgh, without knowing anyone else who was attending:

*"Two former colleagues were there unexpectedly, and I made new friends and met people I'd admired through the years," said Dr. Gregory Peterson. "Of special value was renewing my connections to the people and philosophy of Mayo. ... It was a great opportunity to learn and connect with people I love and admire."*

A handwritten signature in dark ink, appearing to read 'Gregory Peterson'.



It is possible to recapture the excitement we felt when we first stepped on campus and experienced the enormous history, gravitas, hospitality and possibilities of Mayo Clinic."

– Susheela Bala, M.D.

# Restoring ‘non-transplantable’ lungs

Will double the number of transplant-viable lungs



Picture a pair of lungs, attached to a ventilator and perfusion machine, under a sterile glass dome in a specialized procedure room. Next door another lung “breathes” with the same setup, and identical procedures take place in four more rooms. In four hours or less, each lung will be assessed, examined, treated, enhanced, reassessed and sent back into the pool of lungs viable for transplantation.

This scenario will be realized in two years when a lung restoration center opens on the campus of Mayo Clinic in Florida.

Mayo Clinic estimates the center will make another 2,000 lungs a year available for transplant within a few years of opening, saving the lives of the critically ill and improving the lives of those with non-life-threatening lung disease.

## The demand

Approximately 1,600 people with end-stage lung disease in the United States await transplant, and the number on the waiting list outnumbers donor lungs by about 650. Twenty-two people die every day due to the lack of transplantable organs, including one or two who are waiting for lungs.

Yet 75 to 80 percent of donor lungs in the United States are deemed unusable and discarded due to edema, pneumonia, infection, collapse and other reasons.

“At the time of a patient’s death, physicians have to decide very quickly if a lung is viable or not,” says Thomas Gonwa, M.D. (HYT ’01), the Jorge and Leslie

Bacardi Associate Director, Center for Regenerative Medicine, Florida. “More often than not they decide against transplant viability. The most common reasons lungs are rejected are edema and pneumonia. With ex vivo lung perfusion (ELVP), we will be able to easily treat these conditions, reverse damage, enhance the lungs and make them clinically viable for transplant. Doing this outside of a body gives us more time, helps us avoid systemic side effects and improves the safety of transplantation.

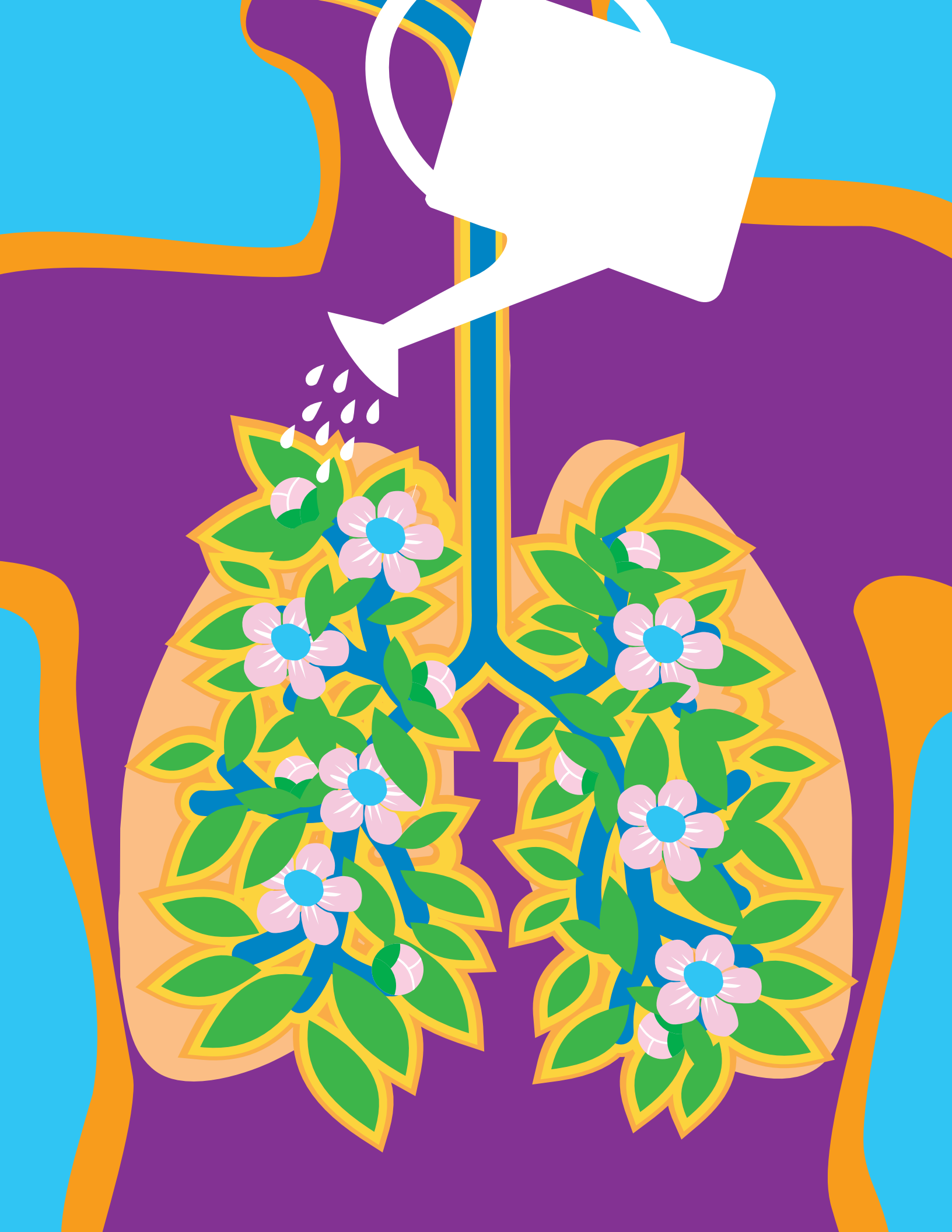
“With more lungs available, we will be able to provide more patients with transplants as well as transplant lower-priority patients before their conditions worsen. Ultimately this will reduce the cost and improve the effectiveness of lung transplantation.”

## The partner

Mayo Clinic has partnered with biotechnology company United Therapeutics in this endeavor. In January construction crews broke ground for the new lung restoration facility on the Mayo Clinic campus in Jacksonville,

Thomas Gonwa, M.D.







Cesar Keller, M.D.

Florida. Mayo Clinic is leasing the land to Lung Biotechnology, a subsidiary of United Therapeutics that will construct, equip and operate the lung restoration center. Mayo will provide physician oversight, and procure and deliver lungs to the center for restoration in coordination with organ procurement organizations. The third floor will be used by Mayo for entrepreneurial activities.

Mayo Clinic in Florida already has transplanted lungs that have been restored with ELVP at Lung Biotechnology's facility in Silver Springs, Maryland. Mayo is one of four centers (Cleveland Clinic, University of Maryland and Loyola University Chicago) participating in an FDA-sponsored trial to demonstrate that a centralized facility for lung restoration is effective.

"ELVP technology was developed at the University of Toronto and is already FDA approved," says Cesar Keller, M.D. (THDCC '01), Transplant Department and Division of Pulmonary Medicine at Mayo Clinic in Florida and medical director of the new facility. "This trial is to determine the efficacy of centralized lung restoration centers as a service provider to transplant centers around the country."

Dr. Gonwa cites a study published in *The New England Journal of Medicine* (2011; 364:1431) that showed the survival of restored lungs as the same as conventional lungs. Based on this study and others, the FDA approved the use of EVLP in lung transplantation in individual centers. The new facility on Mayo Clinic's Florida campus will now provide a centralized service for multiple transplant centers.

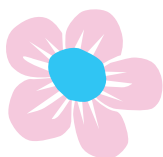
### The process

Lungs will become available to the Florida lung restoration center after they have been initially declined by transplant centers. Who gets the lungs after they are treated will continue to be determined by the organ procurement organization that assigns lungs to particular patients. The surgeons responsible for the eventual transplants have remote access to the minute-to-minute changes in lung function to determine if the process has rendered the lungs suitable for restoration.

The restoration of donor lungs includes examining with a bronchoscope, administering nutrients and oxygen, removing waste and treating infection.

The currently accepted timespan from harvest to transplant is no more than 10 hours. For lungs that will be restored at the new facility, the timespan will be 24 hours — up to 10 hours for the donor lung to reach the center in Florida, four hours of restoration and 10 hours to transplant.

"This will provide an immense amount of time for what previously was a tightrope walk," says Gianrico Farrugia, M.D. (I '91, GI '94), vice president of Mayo Clinic and CEO of Mayo Clinic in Florida.



This will provide an immense amount of time for what previously was a tightrope walk."

— Gianrico Farrugia, M.D.

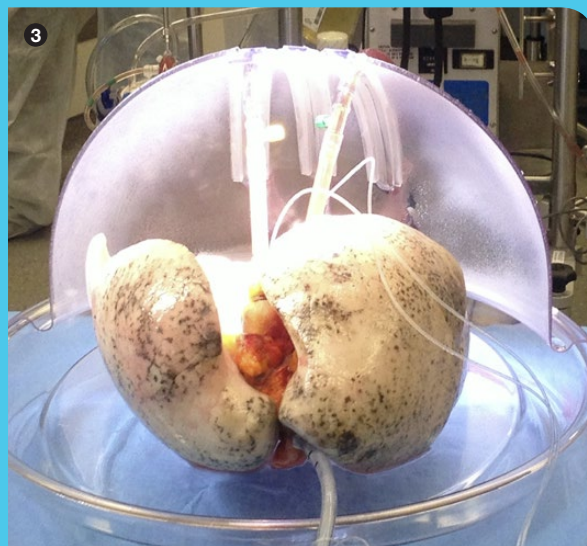
## Lung transplantation at Mayo Clinic in Florida

- Program established in 2001
- Has performed 500 lung transplants and eight heart-lung transplants
- Survival rate exceeds national average by 7 percent (1-year patient survival is 94 percent at Mayo Clinic in Florida versus 87 percent nationally)

### The future

Pulmonary patients across the country will benefit from this development as the number of available lungs doubles. To make the outlook even brighter, Mayo Clinic and United Therapeutics are exploring the possibility of building regional lung restoration centers on Mayo campuses in Minnesota and Arizona.

“We’re incredibly eager to have our first center up and running so we can save more lives of individuals with pulmonary diseases,” says Dr. Farrugia. “We’re already collaborating with our partner, United Therapeutics, to advance the science. We’re working on research in regenerative medicine to heal damaged tissue and organs. This may include replacing damaged cells with healthy ones derived from the patient or other sources, and building organs by seeding stem cells over a scaffold of the organ. These developments would help avoid organ rejection and propel transplant medicine further ahead.” ♦



- 1 Gianrico Farrugia, M.D., at the groundbreaking of the new lung restoration center in Jacksonville, Florida.
- 2 An artist's rendering of the three-story, 75,000 square-foot lung restoration center.
- 3 A lung being restored at a facility in Silver Springs, Maryland. The new facility in Jacksonville will have the clinical standards of a hospital surgical facility.

# MAYO CLINIC CENTER FOR BIOMEDICAL DISCOVERY

Multidisciplinary teams tackle illnesses and their sources



“The research we do today will determine the type of medical and surgical practice we carry on at the clinic tomorrow.”

– William J. Mayo, M.D.

Mayo has a rich history of basic biomedical discovery. William W. Mayo, M.D., often spoke of the wonders that could be seen with a microscope. In 1869 he and his wife, Louise, mortgaged their house to purchase one. It took them 10 years to pay it off. His sons, Charles and William, became experts in its use because its value had been impressed upon them.

In 2014, 145 years after that initial investment, a Mayo Clinic Research Committee task force addressed how to best leverage Mayo’s knowledge in basic biomedical research to help patients. The result was the formation of a new center — the Center for Biomedical Discovery, which will conduct innovative research focused on the biological processes that affect disease.

“Better understanding of disease mechanisms will lead to improved treatments, drugs and devices,” says Mark McNiven, Ph.D. (GI ’89), center director and the George M. Eisenberg Professor at Mayo Clinic in Rochester. “Our understanding of basic human biology and disease is expanding at a breathtaking pace, yet there remain significant gaps. Our new center takes advantage of Mayo’s wide breadth of faculty expertise to combine cell biologists, biochemists, bioengineers and clinicians working together in teams to define the processes of human diseases.”



Mark McNiven, Ph.D.

Dr. McNiven explains that traditionally, Mayo Clinic research has been centered on organ-based investigation — liver, kidney and lung.

“That’s too fragmented to further our understanding of how diseases work. Basic biomedical research conducted by cross-disciplinary groups of researchers with similar interests but different tools can focus on fundamental processes common to all organ systems. As a house is only as sturdy as its underlying foundation, this provides the basis to both understanding and subsequently treating seemingly disparate diseases. We want to replace care management with true cures.”



Gregory Gores, M.D.

## Investment in understanding how diseases work

The Center for Biomedical Discovery underscores the important role discovery research plays in Mayo Clinic's mission.

"To truly understand disease, we need a strong contingent of scientists from various disciplines who study fundamental cellular and physiological processes," says Gregory Gores, M.D. (I '83, GI '85), the Mr. and Mrs. Ronald F. Kinney Executive Dean for Research Honoring Ronald F. Kinney, Jr., and the Reuben R. Eisenberg Professor. "The new center facilitates team-based approaches to further our understanding of complex biological systems. Translation is the end goal of research, but we need a basic understanding of the disease to treat people more effectively and provide preventive treatment in addition to curative treatment. It's important for society to invest in understanding how diseases work, and it's important for Mayo Clinic to invest in basic biomedical research to maintain a world-class academic medical center."



"Understanding must precede application."

— Max Planck, Nobel Laureate

## Three focus areas

The new center has three focus areas — platforms of excellence — with research teams of molecular and cell biologists, physiologists, physicians, engineers and geneticists charged with understanding and treating central disease processes that span most organ systems. The conditions represented in these platforms transcend organ systems and affect a huge number of Mayo Clinic patients.

### 1) Immunity and fibrosis

*What suddenly causes the lung to express excess collagen that makes the organ less elastic and less able to exchange oxygen in idiopathic pulmonary fibrosis?*

#### Platform co-leaders:



Virginia Shapiro, Ph.D.  
(IMM '08)



Edward Leof, Ph.D.  
(EXP '85) Erivan K. Haub  
Family Professor of Cancer  
Research Honoring Richard  
F. Emslander, M.D.

This platform investigates the role of the immune system in disease and the causes of organ fibrosis (such as liver cirrhosis), which can be caused or enhanced by a disruption in the immune system. Approximately 35 percent of Mayo Clinic patients have an immune system malfunction, and 40 percent of human deaths are due to fibro-proliferative disorders.

Goals of this platform are to:

- Understand how the cells that comprise the immune system are formed, function and communicate with each other
- Define how immune system processes are disrupted during many common diseases
- Better control the immune system to fight infection and cancer

- Determine how the integrated action of growth factors and the immune response contribute to the pathogenesis of fibrosis
- Identify and characterize the cellular targets and mechanisms mediating organ fibrosis
- Develop mechanism-based targeted therapies

“Recent advances are identifying genes that may be altered in disease,” says Dr. Shapiro, “but the rate-limiting step to using this information to design new therapies lies in understanding how these genes function at the molecular and cellular levels in healthy individuals and in disease. The Center for Biomedical Discovery focuses on determining how the products of these genes regulate cell-to-cell communication, biomedical signaling pathways, and epigenetics and transcription in normal cells so we can design better targeted therapies in diseased cells.”

## 2) Cancer and cell aging

*Where do tumor cells get the energy to divide nonstop while moving and invading other organs?*

### Platform co-leaders:



**Daniel Billadeau, Ph.D.**  
(IMM '99) Edmond A. and Marion F. Guggenheim Professor



**Jan van Deursen, Ph.D.**  
(P '99) Vita Valley Professor of Cellular Senescence

This research platform explores the mechanisms that contribute to unchecked cell growth and the effect of cell aging on diseases such as arthritis and muscle wasting. The focus areas of this platform affect all Mayo Clinic patients — everyone ages, and most cells can become cancerous.

Platform teams aim to understand:

- Genetic and epigenetic causes of cancer and aging
- How the immune system and metabolic changes contribute to cancer and aging

- Why cancer develops and travels to some organs and not others
- The mechanisms that control cancer cell growth
- How cells and tissues age and functionally decline
- The role of cellular senescence in aging and age-related disease
- The mechanisms of stem cell aging and loss of regenerative potential

Basic biomedical research in this platform has led to new insights and drugs in clinical trials aimed at disrupting the metabolic pathways involved in breast and pancreatic cancer metastasis.

“We focus on unraveling the fundamental cellular processes that go awry and result in the development of diseases,” says Dr. Billadeau. “By understanding the intricacies of the cell, we hope to provide insight and develop new, innovative treatments for human diseases.”

## 3) Metabolism and diabetes

*Why do some people accumulate more fat from the same amount of food?*

### Platform leader:



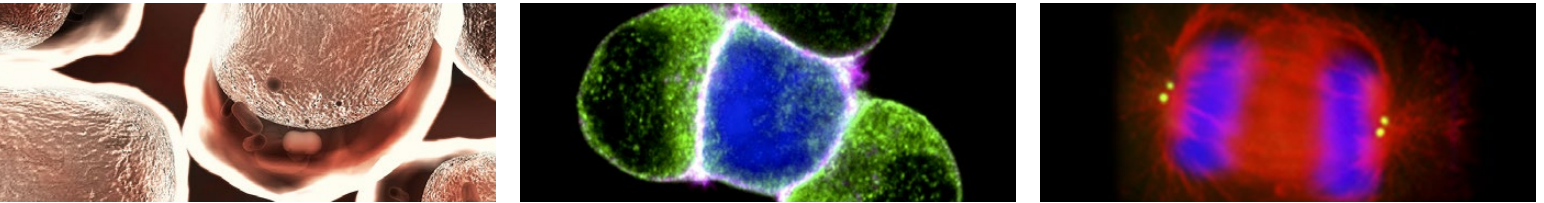
**Cheryl Conover, Ph.D.**  
(ENDO '88) George M. and Edna B. Endicott Professor of Medicine



Metabolic processes provide essential energy throughout the body, affecting virtually every organ system and at every age. Thus, defects in metabolism have a significant effect on obesity, Type 2 diabetes, cardiovascular disease and other age-related diseases. According to *The Lancet*, if current trends continue, a majority of Americans will become clinically obese by 2030. Obesity is a causal pathway toward every chronic disease. The cost of treating obesity-related diseases is estimated to be \$66 billion per year by 2030. >>

“It is very difficult to translate what you do not understand.”

– **Elias Zerhouni**, Former Director, National Institutes of Health; Member, Mayo Clinic Board of Trustees



This research platform provides new mechanistic insights into metabolic-based diseases and how they might be treated by:

- Understanding the basic regulatory mechanisms underlying systems that supply energy to cells, organs and the body
- Determining how these regulatory systems fail or produce detrimental side effects, leading to disease
- Identifying therapies and treatments to prevent dysregulation of these systems and ameliorate the adverse effects of system failure

Dr. Conover says, “A better understanding of basic cellular and molecular control of metabolic processes will have a major impact on the prevention and treatment of multiple diseases that are the leading causes of morbidity and mortality in America today.”

#### **Problem-based teams to transform health care**

Dr. McNiven says most research today is funded based on accomplishing specific aims for a specific project by a single scientist. “That promise to the funding agency must be kept or else future funding is at risk. That creates a relatively inflexible situation that can work against the formation of spontaneous multi-investigator/multidisciplinary teams. Our center is providing investigators with the ability to form problem-based teams.”

The Center for Biomedical Discovery also wants to support young scientists.

“There’s a distressing decline in the share of key research grants going to younger scientists and a steady rise in the average age at which investigators receive their first funding — from 38 years old in 1980 to more than 45 years old in 2013 for the first R01 or equivalent grant,” says Dr. McNiven. “We’ll never know what breakthroughs were missed because young investigators were not provided with the resources necessary to pursue unique ideas. Young scientific talent represents the intellectual seed for the next generation of scientists. We’re obligated to educate, support and mentor them.”

Mayo Clinic faculty members who have great investigative ideas and can assemble an exciting team are invited to apply for the center’s institutional awards. Dr. McNiven says the center has supported approximately 20 percent of the applications it has received.

“In addition to our internal cross-disciplinary collaborations, we expect these teams will align with external partners in industry, academia and foundations to translate their findings into the clinic. We are intent on maximizing our resources and knowledge to transform health care in areas with the greatest potential to improve the care of people around the world.” ♦



Svetomir Markovic, M.D., Ph.D.



Haidong Dong, M.D., Ph.D.



James Jakub, M.D.

## Fostering team approach to science

### Physician-scientists join forces on fundamental tumor dissemination question

The Center for Biomedical Discovery enabled Mayo Clinic's Svetomir Markovic, M.D., Ph.D. (I '96, HEMO '99), and Haidong Dong, M.D., Ph.D. (IMM '01), to join their complementary skills to investigate a critical question in tumor biology and an area of mutual interest. The two are studying whether melanoma cell secretions change the lymph node environment and inhibit immune responses, allowing cancer to grow.

"We want to know how cancer metastasizes from the primary site to other areas of the body. The lymphatic channel and lymph nodes are key players in this process," says Dr. Markovic, Division of Hematology and the Charles F. Mathy Professor of Melanoma Research. "Funding from the Center for Biomedical Discovery allowed us to bring together the best of both of our labs, and Mayo's clinical expertise, to examine this fundamental element of tumor dissemination."

Since acquiring funding from the center in 2014, Drs. Markovic and Dong have begun a clinical study. Surgeons, under the direction of James Jakub, M.D. (S '08), Division of Gastroenterologic and General Surgery, are removing from melanoma patients a portion of the lymphatic channel that drains lymphatic fluid downstream from a tumor into the primary, or sentinel, lymph node.

"Isolating this fluid and these cells helps us understand the nature of immunosuppression," says Dr. Dong, Department of Urology. "By studying the lymphatic

channel and fluid in it, we've discovered candidate molecules that may make the lymph node oblivious to cancer. We hope this will lead to being able to use medications to target the molecules and stop the ability of the tumor to turn off the immune system."

The project required modifying the surgical procedure and pathologic method involved, and developing a methodology to quantify the presence of molecules and subcellular packages of molecules (extracellular vesicles) in very small volumes of lymphatic fluid.

According to Dr. Markovic, this investigation isn't possible anywhere else in the country because of the unique surgical procedure being used.

"The data we will have generated by the end of the two-year grant period will allow us to seek external funding for further research," says Dr. Markovic. "In today's research environment you can't get funding without preliminary data. The center allowed us to jumpstart this work and provided a venue in which collaboration could grow. A set of good ideas came together in a tangible project.

"On the clinical side, we tend to approach problems as teams, but rarely is there encouragement for a team approach to science. The Center for Biomedical Discovery is an exception. It is bringing parties — and funding — to the table to pursue great ideas. We're thrilled Mayo Clinic has had the foresight to do this."



On the clinical side, we tend to approach problems as teams, but rarely is there encouragement for a team approach to science. The Center for Biomedical Discovery is an exception."

— Svetomir Markovic, M.D., Ph.D.

# Changing the where, what and how of medical education

**T**he health care environment in the United States has changed radically in the last century, but medical education hasn't always kept pace, according to Michele Halyard, M.D. (RADO '89), interim dean of Mayo Medical School and the Suzanne Hanson Poole Vice Dean of Mayo Medical School (MMS).

"Students will grapple with the complexities that affect patient care, but education currently isn't preparing them for the challenge. Mayo Clinic is positioned to transform how students are educated. We're changing where we educate medical students, what we teach and how we teach."

Mayo will accomplish this formidable task by creating a national medical school and introducing a new curriculum that incorporates the science of health care delivery.

"Our school will use all three of our Mayo campuses and will be the first school in the country to put together curriculum in a way that helps students understand the health care delivery system and how to optimize care for patients," says Dr. Halyard.

## **A national medical school — one MMS at three locations**

Mayo's national medical school will continue to educate 54

students per year in the four-year program in Rochester, create a four-year campus in Arizona for 50 students per year, and introduce an option in Florida for as many as eight students per year. Students in the Florida program will complete the first two years in Rochester and the last two years in Florida. The Arizona program will enroll the first class of students in 2017.

"We're mirroring what we've done to enhance our organization by creating one Mayo at three locations," says Dr. Halyard. "As we transform how we prepare students to better care for patients in a complex health care environment, we're expanding our thinking and approach to optimize our resources — faculty and patients — across Mayo. Students will be able to move around Mayo and affiliated institutions, including Mayo Clinic Health System, to get experience

Mayo will accomplish this formidable task by creating a national medical school and introducing a new curriculum that incorporates the science of health care delivery.

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At right: Michele Halyard, M.D.



with diverse health care settings and patient populations.”

The new Mayo Medical School will have a single leadership and curriculum. Faculty will be from across the whole Mayo enterprise as well as some guest faculty.

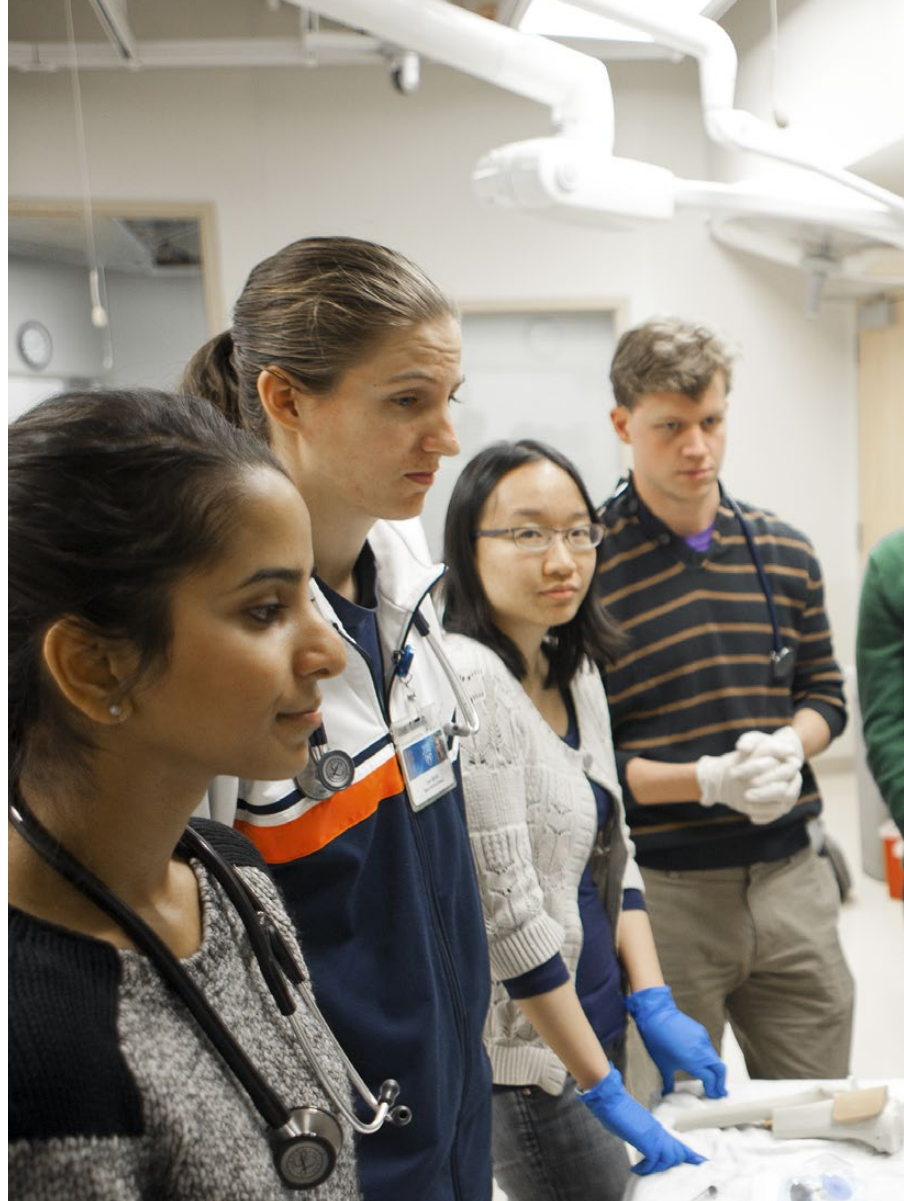
“We firmly believe taking the best care of patients doesn’t just include the bedside. It also is how you help to improve quality of care with evidence-based medicine, assist patients in navigating the health care system, provide care in a culturally sensitive manner and involve patients in shared decision-making,” says Dr. Halyard. “Many doctors seek education in these principles after medical school. We’re providing this critical education at a foundational point.

“The intricacies of the health care system are so different from decades ago. It’s imperative that today’s students understand them so they can provide the best care every day. We’re bringing together a wealth of internal and external experts to shape the MMS learning experience and ensure our students reap the highest value in medical education.”

### Revolutionary curriculum

The unique components that will revolutionize Mayo Medical School curriculum include:

- **Science of health care delivery certification:** Students will learn about high-value care, person-centered care, population-centered care, team-based care, health policy, economics and technology, leadership, systems engineering, social and behavioral determinants of health, health care policy, health economics, management science, biomedical informatics and value principles of health care.



“Physicians often are unaware of costs,” says Dr. Halyard. “Students will look back after an episode of care to determine if the tests and procedures ordered really impacted care and outcomes instead of added to the cost unnecessarily. They’ll learn how to provide health coaching and use community resources in longitudinal clinics. They’ll be immersed in how the health care system actually works.”

Mayo Medical School students will receive a certificate in the science of health care delivery from Mayo Medical School and Arizona State University (ASU) — the collaborator in developing the new curriculum. Optionally, students can complete additional

coursework and receive a master’s degree in the science of health care delivery from ASU.

- **Web-based technology:**

Mayo Clinic has partnered with Arizona State University — a leader in online education — to develop blended learning aspects of the curriculum. Blended learning is a formal education methodology in which online instruction is used to deliver educational content while maintaining interactive face-to-face classroom participation with faculty. Through a robust technology platform, students can view didactic content in advance and prepare for faculty-led classroom learning.



"Today's medical students are some of the first generation to grow up with digital technology. This model supports a more personalized learning experience because students can view material independently, better prepare for classroom interaction and review the material as often as they need," says Dr. Halyard. She estimates 20 to 30 percent of classroom lectures will be replaced by Web-based instruction, which will be integrated into the classroom experience in a blended learning format. "This model is common in undergraduate education but not medical education until now."

### Sharing transformational concepts

Mayo Medical School isn't proprietary about its changes. The school is one of 11 U.S. medical schools to receive a \$1 million grant from the American Medical Association as part of the group's Accelerating Change in Medical Education initiative.

"We'll rapidly disseminate the transformation we lead and share the concepts with others in the effort to transform how future physicians are educated," says Dr. Halyard. "We're preparing medical students across the country to provide the best medical care and innovate. Dr. Charles Mayo said: 'There are two objects of medical

### Invitation to alumni

Alumni who want to become more involved with Mayo Medical School, including those who have expertise in one of the aforementioned areas of curriculum, are encouraged to contact the school. "We want to discuss how you can connect with the school," says Dr. Halyard.

➤ Contact: Rebecca Littlefield, [littlefield.rebecca2@mayo.edu](mailto:littlefield.rebecca2@mayo.edu)



Mayo Medical School students will receive a certificate in the science of health care delivery from MMS and Arizona State University, and have the option of additional coursework to receive a master's degree in the science of health care delivery from ASU.

education: to heal the sick and to advance the science.' By leading, transforming and healing, we're providing solutions to what ails medical education and medical practice."

Current Mayo Medical School students aren't missing out on the coming transformation. "Last year's class got some pieces of the new curriculum, and some have sat in on the new curriculum as we're piloting it," says Dr. Halyard. "This generation understands this is what's needed in medical education. They are aware of the complexities of the health care environment and the disparities in health. They're more connected with the world, and they embrace the new curriculum."

Mayo also is examining how to incorporate the science of health care delivery curriculum into graduate medical education for residents and faculty.

"Thirty years ago when I was in medical school, I didn't learn any of these concepts," says Dr. Halyard. "Recently I sat in on a science of health care delivery class and wished I could go back to school. It's exciting, and our students today have to learn this information. The changes we're making ensure medical students get all the needed curriculum in one setting — top-notch education embedded within the medical school." ♦



## About Mayo Medical School

- Was established in 1972.
- Receives about 5,000 applications for approximately 50 student slots per year.
- Has graduated 1,618 students.
- Was recognized in 2015 by *U.S. News & World Report* as one of the 10 most affordable private medical schools in the country.
- Received a \$1 million grant from the American Medical Association's Accelerating Change in Medical Education program in 2013.
- Has LCME endorsement and is pursuing state licensure for third- and fourth-year programs in Florida.
- Will open a four-year campus in Arizona in 2017 for 50 additional students per year.
- Offers opportunities to obtain dual degrees — Ph.D., O.M.S., M.S., M.P.H., M.B.A., M.A. — through Mayo and in collaboration with Arizona State University and other leading academic organizations.



Thirty years ago when I was in medical school, I didn't learn any of these concepts. Recently I sat in on a science of health care delivery class and wished I could go back to school.

– Michele Halyard, M.D.

# Pre-alumni seek alumni to explore career opportunities

**F**irst-year Mayo Medical School student Amanda Porter already has shadowed two physicians in her home state, Michigan. Both are Mayo alumni, and she used the alumni directory to find them.

"I identified alumni in Michigan who have surgical practices and emailed them to see if they'd let a student shadow them," she says. "Dr. Schermerhorn and Dr. Slikkers responded favorably and were eager to help me. I'm glad we have opportunities like this through the selectives curriculum."

Porter, from Traverse City, Michigan, has shadowed during Mayo Medical School's selectives — dedicated one- to two-week blocks that allow students to direct their

own learning. Students can use the time to enhance their clinical skills, explore research interests, take part in remedial activities, serve in underserved communities or pursue other relevant interests not included in the curriculum. The first physician she shadowed was Thomas Schermerhorn, M.D. (NS '04), a neurosurgeon who practices at Munson Medical Center in Traverse City, Michigan, and is on the faculty of the University of Michigan.

"Dr. Schermerhorn helped me understand what the lifestyle of a private practice neurosurgeon is like and how his education at Mayo Clinic shaped his approach to medicine," says Porter. "He's very devoted to his patients because, he says, his Mayo training ingrained in him how important the needs of the patient are."

Porter's second shadowing experience was with Steven Slikkers, M.D. (S '04), a general surgeon at Grand Traverse Surgery in Traverse City and an attending staff for Michigan State University College of Human Medicine (satellite program).

"I have very fond memories of my experience and training at Mayo and would always enjoy fostering any student's desire to shadow or do a clerkship elective," says Dr. Slikkers.

"I think most surgeons think back on mentors who positively impacted them and, to some degree, want to reciprocate. In most private practices there isn't an opportunity



Alumnus Steven Slikkers, M.D., of Traverse City, Michigan, allowed Mayo Medical School student Amanda Porter to shadow him for a week.

to interact with students or residents. I'm fortunate enough to be able to do that. Mentoring someone like Amanda even for a week fulfills that. If I can have a positive impact on a student and turn them on to surgery and start that fire, then I've accomplished a small part of my mission."

Judith Anderson, director of the Mayo Clinic Alumni Center, says, "Alumni who want to give back to Mayo can consider helping our students and trainees. Amanda perused profiles of alumni in her home state to find physicians to shadow. By completing and maintaining your online profile, you can allow others to locate alumni in their fields of interest or geographic area to contact for information, experiences, mentorship and other assistance." ♦

➤ **Update your profile:**  
[alumniassociation.mayo.edu](http://alumniassociation.mayo.edu)

## Meet Mayo Med

Amanda Porter is a member of the Mayo Medical School Social Media Committee and contributes blog posts for Meet Mayo Med, the official blog of Mayo Medical School: [mayomedicalschoolblog.mayo.edu](http://mayomedicalschoolblog.mayo.edu).

Meet Mayo Med provides prospective and current Mayo Medical School students with details about available academic, social and service opportunities.

# Alumni societies maintain friendships formed in training

## THE COVENTRY ORTHOPEDIC SOCIETY Four decades of learning together

**T**he Coventry Orthopedic Society originated with Mayo Clinic orthopedics fellows who convened to study for part one of the orthopedic boards in the mid-1960s. Members of the group have continued to meet throughout the past 45 years.

"We considered the very earliest informal meetings of our little group to be successful because we all passed part one on the first try," says Frank Jones, M.D. (OR '66), an original member who lives in Nashville, Tennessee. "Then we received letters saying they were doing away with part one, and we had to take parts one and two in a single exam. Our pleasure at studying together ended up lasting longer than our short-lived elation at passing the boards."

Group members would later scatter to practice but were determined to continue studying together and learning from each other. They named the group after Mark Coventry, M.D. (S '39, OR '42), because most members had served as his first assistants. Dr. Coventry was the former chair of the Department of Orthopedic Surgery at Mayo Clinic and past president of the American Orthopaedic Association. He received the Mayo Clinic Alumni Association Distinguished Alumni Award in 1985.



Mark Coventry, M.D.

The Coventry Orthopedic Society's first official meeting was in 1970 in Hartford, Connecticut. Since then it has met in even-numbered years. A member can nominate only himself to be president of the organization, which means he hosts and plans the next meeting.

Members have practiced throughout the United States and Canada. "This allowed us to view medical practices in various geographical areas," says Dr. Jones. "We continued to expand on the rigorous training and ideals we learned at Mayo Clinic. We were also continually reminded of the high standards of medical practice exemplified by our mentor, who attended several meetings."

For the first several decades, meetings had a strong scientific component, and members used them as a forum to try out new ideas before a critical audience. "It was impossible to get away with anything in front of this small group of good friends," says Dr. Jones. "Some ideas were never heard from again, and others were tightened up, clarified and presented before major professional meetings."

For a while the group allowed new members, reaching a maximum of about 40. "We debated about inducting young members but finally decided we would just remain a group of close friends even though we realized this meant the society would cease to exist at some point."

As members began to retire, meetings became less scientific and presentations became more eclectic. Widows of deceased members continue to attend the meetings.

"Death and disability have thinned our ranks somewhat, but we still have a good turnout," says Dr. Jones. "Ours is a wonderful group, and our interactions over the past 45 years have been a constant reminder of our experience at Mayo Clinic, including the intense

“ ... our interactions over the past 45 years have been a constant reminder of our experience at Mayo Clinic ... ”

— Frank Jones, M.D.



(1961)

study of scientific subjects and the philosophical, ethical and very human aspects of our formation as physicians, surgeons and orthopedists.”

#### The Coventry Society:

- Was formally established in 1970 with 15 members who completed orthopedic fellowships at Mayo Clinic.
- Meets biennially; the scientific nature of meetings has become less robust as members have retired.
- 2016 meeting will be on St. Simons Island, Georgia, and will include a visit to Mayo Clinic in Florida.



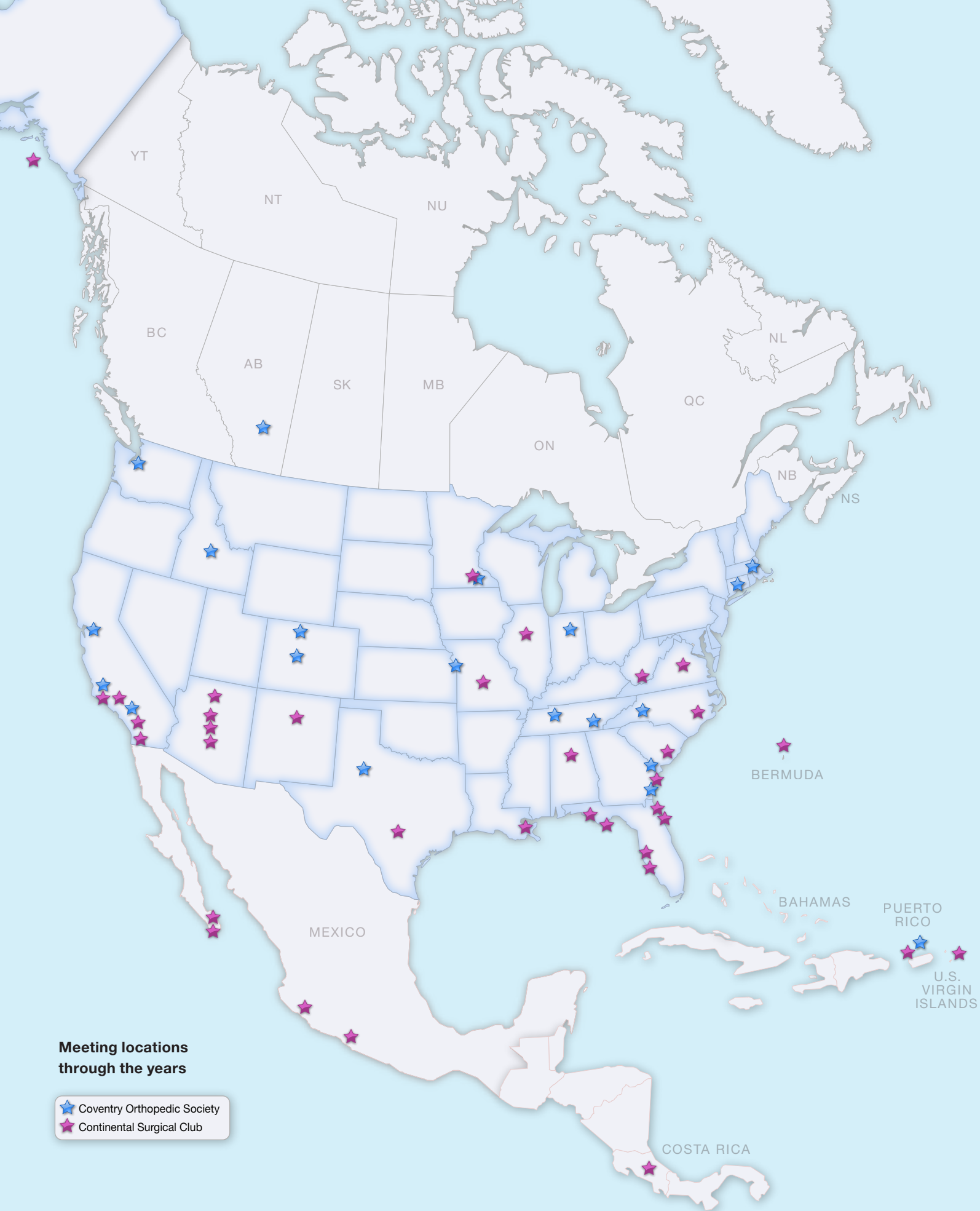
Members of the Coventry Orthopedic Society first gathered outside of Rochester in 1970 in Hartford, Connecticut. Namesake Mark Coventry, M.D. (back row, third from right), attended the meeting.

## COVENTRY ORTHOPEDIC SOCIETY MEMBERS

Kenneth Anquist, M.D. (OR '65), Calgary, Alberta, Canada  
 Mal Barer, M.D. (OR '67), Piedmont, California  
 Jim Becton, M.D.\*\* (PATH '63, OR '67), Augusta, Georgia  
 William Benson, M.D.\* (OR '67), Prairie Village, Kansas  
 John Beaumier, M.D. (OR '66), Duluth, Minnesota  
 Edward Boseker, M.D.\* (OR '67), Santa Ana, California  
 Dan Boyce, M.D.\*\* (OR '69), Santa Ana, California  
 James (Mack) Burkhart, M.D.\*\* (OR '67), Greenback, Tennessee  
 Grady Clinkscales, M.D. (OR '63), Atlanta, Georgia  
 George Eichler, M.D. (OR '67), Macungie, Pennsylvania  
 Rafael Fernandez-Feliberti, M.D.\*\* (OR '66), Guaynabo, Puerto Rico  
 Rafael Fernandez-Soltero, M.D. (OR '93), Coto Laurel, Puerto Rico  
 Charles Fina, M.D. (OR '69), Tucson, Arizona  
 Edwin Fuller, M.D. (OR '71), Chula Vista, California  
 Marten Geitz, M.D.\* (OR '65), Odessa, Texas  
 Raymond Godsil Jr., M.D. (OR '69), Auburn, Alabama  
 Frank Jones, M.D.\*\* (OR '66), Nashville, Tennessee  
 Eli Krigsten, M.D. (OR '69), Phoenix, Arizona  
 Edwin Larnen, M.D.\*\* (OR '68), Bellevue, Washington  
 Gene Lewallen, M.D.\*\* (OR '67), Rochester, Minnesota  
 Matko Milicic, M.D. (OR '69), Metairie, Louisiana  
 John Phillip (Phil) Nelson, M.D.\* (S '64, OR '69), Scottsdale, Arizona  
 Joe Nettles, M.D. (NS '66, OR '69), Tybee Island, Georgia  
 St. Elmo Newton, M.D. (S '61, OR '64), Seattle, Washington  
 Herb Pasternak, M.D.\* \*\* (OR '68), Hartford, Connecticut  
 Stanley Payne, M.D. (S '63, OR '67), Lookout Mountain, Georgia  
 Hamlet Peterson, M.D.\*\* (OR '67), Rochester, Minnesota  
 Daggett Royals, M.D.\*\* (OR '68), Greenville, South Carolina  
 Ted Sandow, M.D.\*\* (OR '65), Lake Quivira, Kansas  
 Ray Santos, M.D.\* (OR '69), Lubbock, Texas  
 Robert Stack, M.D. (OR '64), Sequim, Washington  
 Julio Taleisnik, M.D. (OR '66), Santa Ana, California  
 Edward Tapper, M.D. (S '62, OR '69), Gardnerville, Nevada  
 Billups Tillman, M.D.\*\* (OR '67), Athens, Georgia  
 Paul Van Puffelen, M.D.\* (OR '65), Duluth, Minnesota  
 Donald Webb, M.D. (OR '67), Santa Barbara, California  
 William West, M.D. (OR '66), San Leandro, California  
 Don Wheeler, M.D.\* (OR '66), Lubbock, Texas  
 Charles Wright, M.D.\*\* (OR '67), Wiscasset, Maine

\* deceased

\*\* founding member



# THE CONTINENTAL SURGICAL CLUB

## A half-century of camaraderie

A group of surgeons who trained at Mayo Clinic in the 1960s formed lifelong bonds that led them to meet regularly for the last half-century. They named the group the Continental Surgical Club.

"We continue to meet because we're all good friends, and it's a tradition," says Philip Eckman, M.D. (S '65), of Duluth, Minnesota. "We've had regular meetings over 50 years despite the diversity and location of our practices. This is a testament to the strong bond we developed during general surgery residency at Mayo."



(1966)

"We've had regular meetings over 50 years despite the diversity and location of our practices. This is a testament to the strong bond we developed during general surgery residency at Mayo."

— Philip Eckman, M.D.

### The Continental Surgical Club:

- Was established in 1965 with 18 to 20 members who completed general surgery residencies at Mayo Clinic.
- Meets annually in the spring for five days, traditionally with a scientific focus that has diminished as members retired.
- Celebrated 50th anniversary in Belize with 12 members and spouses.
- 2016 meeting will be in Sacramento, California.

The Continental Surgical Club met in Santa Fe, New Mexico, in 2001.

### CONTINENTAL SURGICAL CLUB MEMBERS

Thomas Allen, M.D.\* (TS '64), Birmingham, Alabama  
Thomas Comer, M.D.\* (S '66), Los Angeles, California  
Philip Eckman, M.D. (S '65), Duluth Minnesota  
Nelson Fox, M.D.\* (S '62), Martinsville, Virginia  
Robert Harp, M.D.\* (S '61, TS '63), Springfield, Illinois  
Donald Hopkins, M.D. (S '61, TS '63), Sacramento, California  
L. Morris Johnson, M.D. (S '63), Orinda, California  
G. Gary Kirchner, M.D.\* (S '64), Lancaster, Pennsylvania  
Richard Larson, M.D. (S '64, TS '65), Edina, Minnesota  
Michael Levis, M.D. (S '63), Pittsburgh, Pennsylvania  
Donald McIlrath, M.D. (S '62), Rochester, Minnesota  
John McVey, M.D.\* (S '63), Charlottesville, Virginia  
Preston Manning, M.D. (S '63), Staunton, Virginia  
George Pappas, M.D. (S '66), Denver, Colorado  
William Parshall, M.D.\* (S '63), Eugene, Oregon  
Neil Thomford, M.D. (S '63), Toledo, Ohio  
Edward Tyndal, M.D. (S '63), Birmingham, Alabama  
Eugene Weinstein, M.D. (S '63), Los Angeles, California  
S. Dwight Woods, M.D.\* (S '63), Kansas City, Missouri

\* deceased





# WHERE ARE THEY Now?

## Nicole Pelly, M.D.

**N**icole Pelly, M.D. (ANES '02), says she first became aware of the effects of facility design on health care during her residency.

"Walking through the Gonda Building was inspiring," says Dr. Pelly, who was a consultant at Mayo Clinic in Rochester for two years. "Medical students told me they went out of their way to walk through that beautiful building. That led me to wonder how we can give more experiences like that to patients and staff members. One reason people come to Mayo Clinic is because the patient flow through appointments is so impressive. Mayo excels at facility design."

### Engineering anesthesiologist

Today, in addition to practicing anesthesiology at Seattle Children's Hospital, Dr. Pelly collaborates with architects, contractors and colleagues, discussing integrated facility design.

"My undergraduate degree is in biomedical engineering, and I've

always been interested in processes and flow," says Dr. Pelly.

She jumped at the chance to be on the core design committee for Seattle Children's ambulatory surgery center in Bellevue, Washington, in 2008 and was the only physician representing the operating room.

"Architects are familiar with health care from their technical perspective, but physicians can contribute important nuances of patient flow and subspecialty details that improve overall design," she says. "Typically physicians haven't been involved in facility design because they haven't been asked to participate. We use the patient care environment and know where the bottlenecks are and, therefore, have great ideas to contribute."

The resulting Seattle Children's Bellevue Clinic and Surgery Center, which opened in 2010, was planned around the activities that would take place in the facility, with patients and staff at

the center of design. The design committee mapped common paths that patients, staff members, supplies and information would follow. Team members worked in an empty office building with full-scale mock-ups of surgical suites, recovery rooms, anesthesia areas and waiting rooms. Acting out the processes and activities helped to test the proposed design's effectiveness.

The award-winning project focused on room flexibility and efficiency. The design achieved a 28 percent space savings, fitting 110,000 square feet of programming into 80,000 square feet, while improving the patient and family experience. Two anesthesia induction/preoperative rooms are connected to each operating room, allowing families to be with patients as long as possible.

"The arrangement allows us to prepare patients for surgery and begin anesthesia without monopolizing the OR," says Dr. Pelly. "This saves space and costs." >>



**Nicole Pelly, M.D.**  
(ANES '02)

Attending Anesthesiologist,  
Seattle Children's Hospital  
Clinical Associate Professor  
University of Washington  
Department of Anesthesiology  
Seattle, Washington

- Fellowship: Pediatric Anesthesiology, University of Washington, Seattle
- Residency: Anesthesiology, Mayo School of Graduate Medical Education
- Medical School: Southern Illinois University School of Medicine, Springfield
- Undergraduate: University of Illinois at Urbana-Champaign

In addition to reducing walking for patients and staff, overall square footage and space needed for inventory, integrated facility design can replenish health care workers who are fatigued from patient care and improve patient satisfaction scores.

"At our Seattle Children's Bellevue Clinic, we incorporated a lot of natural light," says Dr. Pelly. "One co-worker said he was able to stop using antidepressant medication because of the abundant light. We often come to work and go home in the dark. Seeing the passing of the day throughout the workday can prevent fatigue and anger."

Dr. Pelly also helped design and create the space and processes for the Seattle Cancer Care Alliance Proton Therapy Center, which is located

on the University of Washington Medicine Northwest Hospital & Medical Center campus. Seattle Children's is a partner in the Alliance.

"The proton beam space had already been designed, but we were able to apply some lessons we learned in the Bellevue Clinic project and design processes in the building to make it even better," she says. "This included simplifying the environment for pediatric anesthesia for patients who need proton beam treatments."

### Designing woman

Dr. Pelly has started a consultancy to advise on hospital design.

"Health care is so complex that we often lose sight of each other and patients," she says. "Integrated facility design aims to remove the complexity and focus on patient

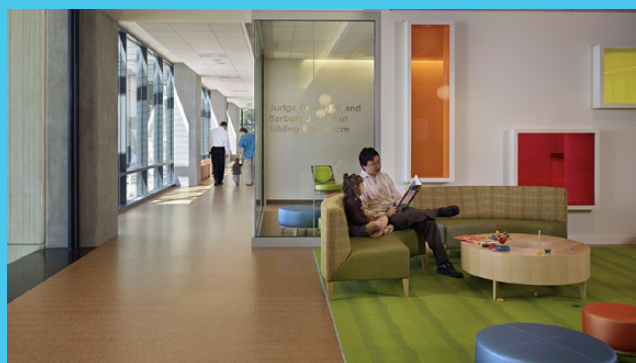
care. Simplicity and reduced clutter are associated with fewer errors. Design can revolutionize how we treat patients."

As an example, Dr. Pelly mentions the heavy-duty anesthesia supply cart in the operating room. "Why do we really need this huge cart? Let's take the supplies we need and design a functional space for a new way of delivering anesthesia. It's important to question myths about how we provide care."

### Inspirational design

Dr. Pelly hopes patients, medical students and staff members go out of their way to walk through spaces she's helped to design.

"I hope I can provide some of the same inspiration I found when I went to Mayo Clinic," she says. ♦



## Award-winning design

Seattle Children's Bellevue Clinic won awards including:

- American Institute of Architects, Academy of Architecture for Health, Healthcare Design Award, 2011
- American Institute of Architects, BIM (Building Information Modeling) Awards – Delivery Process Innovation, 2011
- *Interior Design* magazine, Best of Year Nominee, Healthcare, 2010
- American Institute of Architects, Seattle Chapter, Merit Award, 2010
- International Interior Design Association, Northern Pacific Chapter INaward, Design in Healthcare and INaward People's Choice, 2010

Photos: ©2010 Benjamin Benschneider / Courtesy of Seattle Children's



## Stephen Munn, M.B., Ch.B.

**S**tephen Munn, M.B., Ch.B. (S '87, TRANS '89), received a Queen's New Year's Honor in 2014, making him an Officer of the New Zealand Order of Merit (ONZM) for services rendered in medicine. Those recognized are persons who have rendered meritorious service to the Crown and nation, or who have become distinguished by their eminence, talents, contributions or other merits.

The road to his success wasn't always straightforward, and it included several moves back and forth from his native New Zealand to Mayo Clinic. Dr. Munn says his training in Rochester has been a significant benefit to his professional life. "I have been helped enormously in my career by the good name of Mayo and the quality that it implies in the delivery of health care. The Mayo brand is very strong, even down in the Antipodes."

### The beginning

Dr. Munn went to Mayo Clinic in 1986 for a fellowship in general surgery. He spent the first six months as a surgical resident before transferring to the transplant surgical service as a fellow under James Perkins, M.D. (S '86),

Sylvester Sterioff, M.D. (S '76), and Ruud Krom, M.D., Ph.D. (S '85).

After a year at Mayo Clinic, Dr. Munn was awarded a Fogarty International Fellowship from the National Institutes of Health, and he studied with David Sutherland, M.D., at the University of Minnesota, focusing on islet transplantation. He continued to interact with Mayo Clinic transplant surgeons and was offered another year of fellowship in transplant surgery at Mayo Clinic.

"That was in the early days of pancreas transplant. I helped Dr. Perkins with the clinical and laboratory aspects of the program," says Dr. Munn.

### A move back home

In 1989 Dr. Munn returned to New Zealand, hoping to begin a liver and pancreas transplantation program. "I was thwarted by political inertia," he says. "New Zealand patients continued to be sent to Australia for these procedures. I continued with my islet transplant research but was disappointed about the limitations in my clinical practice."

Dr. Sterioff, then chief of transplantation at Mayo Clinic, contacted Dr. Munn and suggested



Stephen Munn, M.B., Ch.B. (left), was made an officer of the New Zealand Order of Merit in 2014. The award was presented by His Excellency Jerry Mateparae, Governor General of New Zealand and official representative of Queen Elizabeth II in New Zealand.

"I have been helped enormously in my career by the good name of Mayo and the quality that it implies in the delivery of health care. The Mayo brand is very strong, even down in the Antipodes."

– Stephen Munn, M.B., Ch.B.

he return to Mayo Clinic as an attending surgeon with the prospect of a research program.

### **A return to Mayo**

"It seemed like a wonderful opportunity," says Dr. Munn. "I returned to Mayo in 1991 and became immersed in the transplant program — liver, pancreas and kidney — for the next six years."

Dr. Munn became director of the kidney and pancreas program, had an active laboratory and chaired the Surgical Research Committee. "It appeared that I would be at Mayo for life," he says.

### **Back home for good**

Then, in 1997, the CEO of Auckland City Hospital contacted him to consider returning to New Zealand to set up a national liver transplant program. He has been in Auckland ever since. Within a year of returning home, Dr. Munn also set up a pancreas transplant program.

"I was so impressed with the Mayo way of doing things that I got all members of the Auckland team to go to Mayo before our program commenced," says Dr. Munn. "This included teams of operating room, ward and intensive care nurses; and surgeons, anesthesiologists, pathologists and radiologists. This

gave me an opportunity to duplicate the model of care when we returned to New Zealand and gave our program a magnificent jump-start."

### **Mayo's influence**

Dr. Munn says he misses many things about Mayo Clinic.

"I am pleased with what I have been able to achieve back here in New Zealand as a result of the superb training I received at Mayo," he says. "I learned a great deal there. Clinically, I learned that technical excellence and attention to detail were essential for success, especially in transplantation. I appreciated the specific model of care used on the transplant unit, which was a co-primary service consisting of hepatologists and surgeons for the liver program, and nephrologists and surgeons for the kidney and pancreas programs. I have adopted that model here in New Zealand with great success.

"I appreciated the leadership training I received at Mayo. I learned about my own strengths and weaknesses, conflict resolution and how to get things done in the midst of bureaucracy. All of these have helped enormously in getting and keeping the resources needed to run a good transplant program in New Zealand."

Dr. Munn maintains connections with Mayo Clinic and has returned several times, including a sabbatical in 2009. He has hosted Mayo's Charles Rosen, M.D. (MED '84, S '89, TRANS '91), head of the liver transplant program, Dr. Sterioff and Keith Kelly, M.D. (PHYS '67, S '68), former chair of surgery.

"Every now and then I contact clinicians I know at Mayo for their advice," says Dr. Munn. "This



Stephen Munn, M.B., Ch.B.

continues to be an invaluable resource, especially for very complicated cases.”

In the past 18 years Dr. Munn’s program has performed 636 liver transplants, including 100 children, with one- and five-year survival rates of 96 percent and 88 percent respectively. The program has incorporated advances including liver splitting (one liver used for two recipients), live donor liver transplantation, the use of donors after cardiac arrest and combined transplants (heart-liver, kidney-liver, lung-liver and pancreas-liver). And the program has had 16 transplant fellows, including five from Sri Lanka who returned there to establish a liver transplant program.

Dr. Munn points out that health care is offered to all New Zealand citizens as part of the country’s social welfare system. The liver transplant program is well funded with coverage that includes transport, accommodation for the patient and a support person, assessment, transplant, and 90 days of aftercare including all medications and readmissions. There are no copayments for hospital care, and outpatient prescriptions cost patients about \$3 each — the only out-of-pocket expense patients incur.

#### Another role

In addition to transplant medicine, Dr. Munn is involved in assessing new health technologies as chair of the Auckland District Health Board Clinical Practice Committee. His work has led to the selective adoption of new technologies shown to be highly cost-effective, such as clot retrieval for embolic stroke, and the rejection of technologies that add little or no value at a high cost. ♦



Dr. Munn and his wife have six children — four married. Three of the married couples and their children live on Munn’s 12-acre property, which also is home to beef cattle and chickens.

### Stephen Munn, M.B., Ch.B. (S ’87, TRANS ’89)

Clinical Director, Transplantation  
Auckland City Hospital  
Clinical Professor of Surgery  
University of Auckland  
New Zealand

- Fellowships: Transplant Surgery, Mayo School of Graduate Medical Education; Fogarty International Fellow (NIH), University of Minnesota, Minneapolis; General Surgery, Mayo School of Graduate Medical Education
- Medical School: Dunedin School of Medicine, University of Otago, Dunedin, New Zealand
- Undergraduate: University of Otago
- Dr. Munn is one of 24 alumni in New Zealand.



# Know your board

## MAYO CLINIC ALUMNI ASSOCIATION BOARD OF DIRECTORS

Provides leadership | Makes policy decisions | Decides strategic direction and vision



**Robert Bratton, M.D.**  
(FM '93)

### Board Member

- Chief Medical Officer, Lexington Clinic, Lexington, Kentucky; Professor of Family Medicine, University of Kentucky
- Graduate: Master's Degree in Medical Management, Heinz College, Carnegie Mellon University
- Residency: Family Medicine, Mayo School of Graduate Medical Education
- Medical School: University of Kentucky College of Medicine, Lexington

- Undergraduate: University of Kentucky, Lexington
- Native of: Lexington, Kentucky

### Why did you decide to pursue medicine?

In high school I met Dr. Nicholas Pisacano, who founded the American Board of Family Medicine in 1969. He extolled the benefits of a well-trained family physician who provided comprehensive care to patients of all walks of life — from the womb to the tomb, as he said. He inspired me to pursue a career in medicine.

### Why did you train at Mayo Clinic?

Dr. Pisacano was good friends with Dr. Bob Avant (FM '77), who was then chair of the Department of Family Medicine at Mayo Clinic in Rochester. After spending a month in rotation with Dr. Avant, I was sold on ranking Mayo's family medicine residency program at the top of my match list.

### What was your initial impression of Mayo Clinic?

Initially I was a little intimidated. The first day of my rotation I put

on my white lab coat and headed to the Mayo Building. I was surprised that no one else wore the traditional white coat. I realized the doctors seldom wore white coats and opted for business suits. It was a different culture but one that treated residents like colleagues rather than workers who only took care of the busy work.

### How does Mayo Clinic influence your practice?

I learned a great deal from Mayo. The biggest effect on my future practice of medicine was the level of comprehensiveness I learned in the management of my patients.

I matured into a team player who respects my colleagues and the staff I work with. Mutual respect was expected of everyone on the team at Mayo, and I've always carried that core Mayo value with me.

### What do you contribute to the Mayo Clinic Alumni Association?

After spending 18 years at Mayo and now seven years in a private multispecialty group, I can relate to those with an academic background



Mutual respect was expected of everyone on the team at Mayo, and I've always carried that core Mayo value with me."

— Robert Bratton, M.D.



In the Mayo environment I get to be the teacher, mentor and doctor I want to be. Those are the things that matter and keep me here.”

– Robert Shannon, M.D.

and focus as well as community-based physicians focused only on patient care.

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

I like to hunt, fish and play golf.

#### **What would people be surprised to know about you?**

I was fortunate to spend time working at all three Mayo locations — three years training in Rochester, 12 years in Florida and three years in Arizona.



**Robert Shannon, M.D.**  
(FM '00)

#### **Board Member, Executive Committee**

- Department of Family Medicine, Assistant Professor of Family Medicine and Palliative Medicine, Mayo Clinic in Florida
- Residency: Family Medicine and Community Health, University of Minnesota, Minneapolis

- Medical School: University of Minnesota Medical School, Minneapolis
- Undergraduate: Saint John's University, Collegeville, Minnesota
- Native of: La Crescent, Minnesota

#### **Why did you decide to pursue medicine?**

I discovered I liked science in second grade. Also, my family physician, Dr. Philip Utz (RD '57), was an important person in my life and Mayo trained. He was my doctor, a friend and my inspiration to become a physician. I knew that using science and caring for other people was what I wanted to do.

#### **What was your initial impression of Mayo Clinic?**

I had three aunts who were Franciscan nuns affiliated with Mayo Clinic. I remember walking the hallways in the basement of Saint Marys Hospital with them in the 1950s and 1960s. I became a Mayo patient in ninth grade for knee surgery with the esteemed orthopedic surgeon Dr. Patrick J. Kelly (OR '56). I never dreamt of actually being a Mayo physician. Yet here I am, and I am loving it.

When I joined the Mayo Clinic staff in 2002 — not in Rochester but in Florida, I thought the campus and facilities were lovely. What I really appreciate is the commitment of my colleagues to serving others. I especially love the notion that the

three shields are reinforced and manifest in so many ways.

#### **How does Mayo Clinic influence your practice?**

I came to Mayo Clinic from 22 years of private practice in Northfield, Minnesota. I had to do hiring and firing and negotiate with insurance companies. I didn't enjoy those activities.

I've always had the romantic notion that the patient's interests are the only interests. In the Mayo environment I get to be the teacher, mentor and doctor I want to be. Those are the things that matter and keep me here. At my age it feels really good to be doing what I believe I was meant to do and still feel a call to serve. As program director of the palliative medicine fellowship program, I work with learners every minute of the day. I remind them that medicine practiced elsewhere in the world is very different.

#### **What valuable lesson have you learned at Mayo Clinic?**

In my prior primary care practice, I witnessed many first breaths and many last breaths, and everything in between. When I pulled up roots and came to this academic medical center, I wondered if I would make the same kinds of intimate relationships I was used to. I learned that I could indeed. >>



Mayo made a young dreamer an even bigger dreamer.  
I realized the realm of how impossible things become possible.”

– Olayemi (Yemi) Sokumbi, M.D.

**What do you contribute to the Mayo Clinic Alumni Association?**

I have a passion for Mayo dating back to childhood, and I hope to continue to manifest it.

**What do you do in your spare time?**

My wife and I love to travel. I’m also an oenophile and foodie.

**What would people be surprised to know about you?**

For 10 years I ran 50 miles a week and was a marathon runner. I ran in -79 degree wind chill and a heat index of 110 degrees. I don’t regret a single step. Today I stick to walking.



**Olayemi (Yemi) Sokumbi, M.D.**  
(MED '09, I-1 '10, DERM '13)

**Board Member**

- Director of Dermatopathology, Departments of Dermatology and Pathology, Assistant Professor, Medical College of Wisconsin, Milwaukee

- Fellowship: Dermatopathology, University of Texas Southwestern Medical Center, Dallas
- Residency: Dermatology, Mayo School of Graduate Medical Education
- Medical School: Mayo Medical School
- Undergraduate: St. Cloud State University, St. Cloud, Minnesota
- Native of: Lagos, Nigeria

**Why did you decide to pursue medicine?**

I grew up in a developing country that lacked adequate health care — access, tests and medications. I saw people suffer because of that. I saw the role medicine could play in alleviating those challenges. My father had heart failure, and I accompanied my mom to clinics to have his medications adjusted. I saw the hope she had every time we visited a doctor. She thought a doctor would make a difference in his condition. I recognized that if I were the doctor, I could be the one giving hope to someone. I was a big dreamer.

We had a family member who had settled in Minnesota and came to visit us in Nigeria. He told my parents about the opportunities. As a teenager, I moved to Minneapolis to live with that family. My parents sacrificed having me nearby to let me have a better life.

I majored in biomedical sciences in college and applied to various medical schools. I read about and saw Mayo Medical School as a citadel of great

medicine. I couldn’t believe it when I was accepted.

**What was your initial impression of Mayo Clinic?**

Mayo was beyond my expectations. It was everything I’d read about — unparalleled quality of care with every person dedicated to making a difference. This impressive place was a little overwhelming at first. I wondered how in the world a girl from Nigeria who dreamed so big could fit in. But I did fit in thanks to some of the kindest, most caring people I’ve ever met.

**How does Mayo Clinic influence your practice?**

My time at Mayo made it easier for me to remain wholeheartedly dedicated to providing outstanding care to patients the way my mentors taught me.

**What valuable lesson have you learned at Mayo Clinic?**

Mayo made a young dreamer an even bigger dreamer. I realized the realm of how impossible things become possible. The nature of the people at Mayo reinvigorated my dedication to excellence. It’s one of the greatest gifts I’ve been given — the need to be better, discover more and be better for patients.

**What do you contribute to the Mayo Clinic Alumni Association?**

I hope my diversity of thought, experience and enthusiasm for Mayo Clinic and what it represents

will translate into making greater connections and developing stronger relationships as we reach out to other alumni.

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

I enjoy reading books, traveling, and spending time with my husband and our 3-year-old daughter.



**Enrique Wolpert, M.D.**  
(GI '69)

### **Board Member**

- Consultant in Gastroenterology, American British Cowdray Medical Center and Clínica Lomas Atlas, Mexico City
- Chair, Scientific Committee of the Mexican Liver Foundation
- Fellowship: Gastroenterology, Mayo School of Graduate Medical Education
- Residency: Internal Medicine, Gastroenterology, National Institute of Medical Sciences and Nutrition Salvador Zubirán, Mexico City

- Internship: General Hospital, Tijuana, Baja California, Mexico
- Medical School: National Autonomous University of Mexico (UNAM)
- Native of: Culiacán, Sinaloa, Mexico

### **Why did you decide to pursue medicine?**

After almost a half-century since I received my medical degree, I often say that I have been a physician since I was born.

### **Why did you train at Mayo Clinic?**

I was an internist trained at the National Institute of Medical Sciences and Nutrition in Mexico City, but I thought that if I wanted to pursue an academic career, I needed additional postgraduate training in gastroenterology. Mayo Clinic was the best institution for that matter. The GI unit at Mayo Clinic with Dr. William Summerskill (GI '59) as director was carrying on important research studies of the physiology of the GI tract and the liver at a time when hepatology was not considered a subspecialty.

### **What was your initial impression of Mayo Clinic?**

I was really impressed with the number of patients seen in a rather small city. There were patients from all over the world looking for a cure for rare and common illnesses. I immediately noticed the friendship of the people of Olmsted County. Once they knew you were a fellow at Mayo Clinic, everyone wanted

to help you and your family — all the doors were open.

### **How does Mayo Clinic influence your practice?**

Mayo Clinic made me a true doctor, always trying to best serve my patients and do clinical research at the same time.

Mayo helped me understand the usefulness of communication with my peers on behalf of my patients and learn to listen more than I had before.

### **What valuable lesson have you learned at Mayo Clinic?**

No matter how sick your patient is, you can always be of help to them and their family.

### **What do you contribute to the Mayo Clinic Alumni Association?**

I have come to know most of the Mayo alumni in my country. We want to contribute to fulfill the mission of the Alumni Association.

I was undersecretary of health for the federal government and general coordinator of the National Institute of Public Health for the Ministry of Health in Mexico, so I also have the public health perspective to share.

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

I play tennis and read fiction. I also read books about Mexican history.

### **What would people be surprised to know about you?**

I like Mexican ranchero music very much. ♦



Mayo Clinic made me a true doctor, always trying to best serve my patients and do clinical research at the same time.”

— Enrique Wolpert, M.D.



# Alumni Association International Meeting

MAYO INTERNATIONAL REVIEW OF SELECT TOPICS IN MEDICINE AND SURGERY

## June 16–18, 2016 Whistler, British Columbia, Canada Fairmont Chateau Whistler

Bring along your family to the majestic Canadian Pacific Northwest to renew the ties that bind Mayo alumni to one another.

- Enjoy a wide-ranging, interactive CME program over two half-days, leaving plenty of free time to sightsee.
- Explore fun-filled pre- and post-conference adventure opportunities.

### Thursday, June 16

Welcome reception for the entire family

### Friday, June 17

Speakers:

- *Proton beam therapy at Mayo Clinic — beam on!*  
Robert Foote, M.D. (RADO '88)
- *Gut microbiome*  
Ernest "Tasso" Bouras, M.D. (GI '96)
- *Telemedicine — connected care: here, there and everywhere*  
Bart Demaerschalk, M.D. (N '01)  
Maria Aguilar, M.D. (N '06)
- *We don't think the way we think we think: uncovering hidden biases that affect the care of our patients*  
Michelle van Ryn, Ph.D. (HSR '13)
- *To take care of me, you need to know me — providing better LGBTI care*  
John Knudsen, M.D. (R-D '90)  
Mioki Myszkowski, M.D. (FM '07)  
Denise Dupras, M.D., Ph.D. (MDPHD '89, PHAR '89, I '92, ADGM '93)
- *Maintenance of certification: making lemons of lemonade — MOC controversy and Mayo's viewpoint*  
Erik St Louis, M.D. (I-1 '94, N '97, N-EEG '98)

- *The needs of the patients come first, don't they?*  
Amy Williams, M.D. (I '87, NEPH '89)  
Ann Colbourne, M.D. (I '93, ADGM '94)
- *Pediatric concussion: what you need to know for your kids and grandkids*  
David Soma, M.D. (PD '11, PDCMR '12)  
Cara Prideaux, M.D. (PMR '11)

### Saturday, June 18

Speakers:

- *Arrhythmias in women*  
Fred Kusumoto, M.D. (CV '04)  
Juna Misiri, M.D. (CV '12, CV-EP '14)
- *It's not rocket surgery: dermatology pearls for when cortisone isn't the answer*  
Rochelle Torgerson, M.D., Ph.D. (MDPHD '00, MBIO '00, I-1 '01, DERM '04, DERMI '05)
- *Medical aspects of travel*  
Steven Krotzer, M.D. (I '01)
- *Multiple moves in myeloma — a Mayo memoir*  
Joe Mikhael, M.D. (HEMO '08)
- *It's not brain surgery: mindfully planning your next career move*  
Steven Swanson, M.D. (MED '79)



Mayo Clinic College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Mayo Clinic College of Medicine designates this live activity for a maximum of 9 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Fairmont Chateau Whistler (above and at right) sits at the base of Blackcomb Mountain.

- *Beyond mortality: long-term outcomes in critical illness*  
Margaret Johnson, M.D. (THDCC '96)
- *Advance directives — the best gift you can give your loved ones*  
Alva Roche Green, M.D. (FM-PM '11)
- *High performing health systems and the search for value: characteristics of a high functioning care system of the future*  
Robert Nesse, M.D. (FM '80)
- *Five questions to ask your surgeon before the operation*  
Robert Cima, M.D. (CRS '01)
- *Science knows no country: the Mayo family in the world*  
*Illustrated with images and artifacts from the Mayo Clinic archive, this presentation introduces you to the global vision of the founding family, which informs the mission of Mayo Clinic today.*  
Matt Dacy, Director, Mayo Clinic's Heritage Hall Museum

### Saturday, June 18

Gala closing dinner  
Squamish Lilwat Cultural Centre — a stunning venue overlooking the mountains

### Stay in splendor

Fairmont Chateau Whistler  
4599 Chateau Boulevard  
Whistler, British Columbia  
Canada VON 1B4  
604-938-8000

- Located at the base of Blackcomb Mountain
- \$249 CAD (rate good for three days pre- and post-conference; **reservations must be made by May 17 to obtain this rate**)

### Fun on the side

Enhance your trip with activities for the whole family.  
Optional afternoon activities:

- Whistler food and wine tasting tour custom lunch
- Peak 2 Peak gondola ride and lunch tour
- [whistler.com/delegates/mayo-tours/](http://whistler.com/delegates/mayo-tours/)

➤ [regonline.com/mcaa2016](http://regonline.com/mcaa2016)

# Mayo Update

## Web-only Story

### Sports ophthalmologist

Last fall *Mayo Clinic Alumni* focused on an issue on sports medicine, which typically centers on orthopedics. Alumnus Robert Marmer, M.D. (OPH '74), of Atlanta, Georgia, was very involved in sports medicine — though as an ophthalmologist. He was a team physician for the NBA's Atlanta Hawks for 35 years.

Dr. Marmer shares stories about NBA greats Moses Malone and Dominique Wilkins, the effect of his Mayo Clinic training on his sports medicine career and his campaign to protect athletes' eyes.

➤ Read the complete story at [alumniassociation.mayo.edu](http://alumniassociation.mayo.edu).



Robert Marmer, M.D., with the Atlanta Glory, American Basketball League, in 2002.

## Members affirm bylaw changes

At the end of 2015 members of the Mayo Clinic Alumni Association voted affirmatively on two amendments to the group's bylaws.

### 1. Membership eligibility

The first amendment was approved by 90 percent of members who voted. It adds Mayo Clinic Health System physicians who meet the requirements to be appointed as members of the Mayo Clinic Health System consulting staff to those already included in Mayo Clinic Alumni Association membership — graduates of Mayo Medical School, Mayo Graduate School, individuals who complete a program of at least 12 months in length in the Mayo School of Graduate Medical Education, or have been on staff at Mayo Clinic for at least 12 months even if they trained elsewhere.

### 2. Alumni philanthropy

The second amendment was approved by 96 percent of members who voted. It updates language on alumni philanthropy to be in line with the current structure and operational processes within the Mayo Clinic Department of Development.

## Obituaries

**Anthony Bianco Jr., M.D. (S '55, OR '57)**, died Jan. 3, 2016.

**A. Dale Gulledge, M.D. (I '65, P '68)**, died Jan. 5, 2016.

**Wendell Johnson, M.D. (OPH '61)**, died Oct. 18, 2015.

**Donald Lewis, M.D. (OPH '65)**, died Aug. 15, 2015.

**Stanley Olson, M.D. (I '43)**, died Feb. 13, 2016.

**Robert Totz, M.D. (DERM '75)**, died Jan. 11, 2016.

**Guy Whitehead, Ph.D. (PUBL '56)**, died Jan. 14, 2016.

**Richard Wolf, M.D. (NEPH '73)**, died Sept. 23, 2015.

➤ Complete obituaries and the Update section, with alumni and staff news, are available on the Mayo Clinic Alumni Association website, [alumniassociation.mayo.edu/people](http://alumniassociation.mayo.edu/people).

## Building and equipment projects to ensure world-class care

Between now and 2017 Mayo Clinic will invest \$92.7 million in facilities and equipment. The investments are aimed to making sure patients have the expected world-class accommodations and care. Projects include:

### 1. Richard O. Jacobson Building (Mayo Clinic Hospital – Rochester, Methodist Campus):

Constructing 14 operating rooms in the Jacobson Building will result in a net gain of four rooms after future projects in the Eisenberg Building are complete. The rooms will support cancer-related surgeries and accommodate robotic and innovative procedures.

### 2. Mary Brigh Building East (Mayo Clinic Hospital – Rochester, Saint Marys Campus):

Constructing floors eight to 11 will enhance a hospital addition project begun in 2014. The new construction will add approximately 110,000 square feet to the hospital.

### 3. Hybrid operating rooms (Saint Marys Campus):

Two hybrid operating rooms that combine surgery with advanced radiology imaging will be built and fitted with specialized equipment to accommodate more minimally invasive heart and vascular procedures.

### 4. Eisenberg Building, Units 7-1 and 7-2 (Methodist Campus):

Renovating these seventh-floor units will modernize them into a 25-bed area with private rooms, private bathrooms, showers and ceiling lifts.

### 5. Mayo Clinic Medical Transport:

Mayo Clinic will lease and operate a new Beechcraft King Air model B350C fixed-wing airplane, which will be staffed with Mayo Clinic aviation and medical teams prepared for emergency care and transportation of patients and time-critical organs awaiting transplant.

### 6. Mayo Clinic in Florida:

Traffic studies and negotiations with the Florida Department of Transportation are underway for a project to improve access to Mayo Clinic's Florida campus. This project includes design of a new campus entrance off of Butler Boulevard.

### 7. Mayo Clinic Health System in Eau Claire, Wisconsin:

Construction began in February 2016 on the fifth floor of the Luther Building. The project will replace 40 inpatient rooms built in the 1970s. The project was fully funded by community donations. The south wing will be the future home of the Neuroscience/ Pediatrics/Trauma Department, providing 20 inpatient rooms. The north wing will feature 20 rapid discovery and recovery rooms for patients requiring stays of less than 48 hours. Inpatient rehabilitation space will include physical, occupational and speech therapies.



## Board of Trustees news

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

### New public trustees

- Cokie Roberts, political commentator, ABC News; senior news analyst National Public Radio
- Kenneth Salazar, partner, WilmerHale, Denver
- Anne Sweeney, member, Netflix Board of Directors, and a Deans Distinguished Fellow at the Harvard University Graduate School of Education

### Re-elected public trustees

- Linda Alvarado, president and CEO, Alvarado Construction, Inc., Denver
- Randolph Steer, M.D., Ph.D., independent pharmaceutical, biotechnology and medical devices consultant

### Emeritus trustees

- Tom Brokaw, special correspondent, NBC News
- Pamela Johnson, chief nursing officer, Mayo Clinic; chair, Department of Nursing
- Ronald Olson, partner, Munger, Tolles & Olson

### New internal trustees

- Steven Buskirk, M.D., professor of Radiation Oncology; chair, Department of Radiation Oncology, Mayo Clinic in Florida
- Paula Menkosky, vice chair of Administration, Mayo Clinic; chief administrative officer, Mayo Clinic in Arizona



*Henry S. Plummer*

## Henry Plummer, M.D., inducted into Healthcare Hall of Fame

In March Henry Plummer, M.D., was inducted into the Healthcare Hall of Fame, joining the Mayo brothers, who were inducted in 2009.

Dr. Plummer received his medical degree from Northwestern University and joined Mayo Clinic in 1901. An internist and endocrinologist, he recognized how technology, organizational design and architecture could maximize the clinic's effectiveness. He designed the comprehensive medical record system at Mayo in which all the information about a patient could be found in one place rather than kept separately by each doctor.

Technologies he introduced at Mayo Clinic include the pneumatic tube system for sending files between buildings, the conveyor system and the color-coded lights outside exam rooms. His efforts led to Rochester becoming Minnesota's first city to be heated by natural gas. He also was chairman of the Mayo Clinic Building Committee, studying the clinic's needs and designing an efficient layout for the new Mayo building.

*Modern Healthcare* magazine sponsors the annual Healthcare Hall of Fame honors program, and a panel of industry judges determines inductees. *Modern Healthcare* and the American College of Healthcare Executives created the Healthcare Hall of Fame in 1988 to honor those who have made outstanding contributions to the industry.

*Mayo Clinic 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.

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Arizona 866-629-6362  
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➤ [mayoclinic.org/medicalprofs](http://mayoclinic.org/medicalprofs)

#### **Patient Transportation**

Mayo Clinic MedAir,  
Mayo One  
800-237-6822  
➤ [mayomedicaltransport.com](http://mayomedicaltransport.com)

#### **INFORMATION**

- Alumni meetings
- Receptions
- [alumniassociation.mayo.edu](http://alumniassociation.mayo.edu)

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*Mayo Clinic is committed to  
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Find Mayo Clinic



Proton beam therapy at Mayo Clinic uses pencil beam scanning for highly targeted radiotherapy.

## PROTON BEAM THERAPY DEBUTS IN ARIZONA

The Proton Beam Therapy Program at Mayo Clinic in Arizona began treating patients in March. It's the first proton beam therapy program in the five-state (Arizona, Nevada, Utah, Colorado and New Mexico) Southwest region. The new program and the Mayo Clinic Cancer Center are in the Mayo Clinic Building – Phoenix (right).

Mayo Clinic in Rochester began offering proton beam therapy a year ago. In properly selected patients — especially children, young adults and individuals with cancer located close to critical organs — proton beam therapy is an advance over traditional radiotherapy.



➔ [mayoclinic.org/proton-beam-therapy](https://mayoclinic.org/proton-beam-therapy)