



ALUMNI

2017 • Issue 1

NEW DEAN

Fredric Meyer, M.D., on his
plans, challenges and wishes

Mayo school name changes
Genesis of medical school
Class of '76



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Letter from the president

I think you'll really enjoy this issue of *Mayo Clinic Alumni*, which focuses on education at Mayo — education of physicians, researchers, medical students and allied health professionals. The stories look back — the decision to start a medical school at Mayo Clinic — and look forward — how the new dean for education foresees medical education evolving.

Our Alumni Association welcomes and supports students and graduates of all five schools within the Mayo Clinic College of Medicine and Science (page 12) with events, promotion, and other ways to engage and stay connected to Mayo Clinic. We support Dr. Fredric Meyer's goal for Mayo Clinic to be considered the top medical education institution in the nation, and we know our alumni are the greatest ambassadors for Mayo's education programs.

I hope you'll take advantage of the continuing education opportunities and activities offered to alumni — CME programs and regional, national and international alumni meetings. That includes October's Biennial Meeting in Florida (page 36) and 2018's International Meeting in Berlin, Germany. This is the first announcement of that meeting, which we hope will be in late June. We'll provide additional



Susheela Bala, M.D. (PAIM '87)

- 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

information as we have it. Everyone who attends these alumni gatherings remarks how they feel rejuvenated in the Mayo spirit and how much they enjoy making new connections with fellow alumni. I'll be at the October Biennial Meeting to pass the presidency to Dr. Eric Edell (THD '88). I hope to see you there.

A handwritten signature in dark ink, appearing to read 'Susheela Bala'.



Celebrating 40 years

This year marks the 40th anniversary of the Doctors Mayo Society. "Thank you to our Doctors Mayo Society members for your philanthropic leadership and for inspiring others to give," says Eddie Greene, M.D.

(NEPH '00), chair, Doctors Mayo Society. "You ensure that Mayo Clinic continues to lead the world in advancing medical science and medical education and transforming health care for everyone."

To make a gift or become a member

Department of Development,
800-297-1185

doctorsmayosociety@mayo.edu

Q&A with new education dean Fredric Meyer, M.D.

Fredric Meyer, M.D. (NS '87), has been the Juanita Kious Waugh Executive Dean for Education of the Mayo Clinic College of Medicine and Science and dean of Mayo Clinic School of Medicine since July 2016. He has an ambitious aspiration — for Mayo Clinic to be considered the top medical education institution in the nation, if not the world.

"In the future, when people think Mayo Clinic, I want them to not only think about great patient care but also superb medical education," he says. "To achieve that,

we have to offer the best education with the strongest platforms and most innovative programs for sharing our knowledge and training a forward-thinking workforce for our country.

"Currently we're one of the largest, if not the largest, postgraduate medical education institutions in the world. We have cutting-edge, innovative programs and significant subspecialty expertise in them. We devote substantial financial resources to support education, and our three shields are intricately linked to forward our mission."

Here, Dr. Meyer talks with *Mayo Clinic Alumni* about his hopes for the Mayo Clinic College of Medicine and Science. >>





What do you want to accomplish as executive dean and dean?

I'd like to have a four-year medical school campus in Florida. That has to be approved by the Board of Governors and will require significant benefactor support. First, we'll get our Arizona medical school campus underway with its first class in 2017 and make sure it brings the value we predict to the three shields.

I have about 20 programs in mind I'd like to see us develop. One of those is a three-year medical school program coupled to a Mayo Clinic residency. The fourth year of medical school would become the internship year of residency. The program would be less expensive for the student and a good way to enhance recruitment of underrepresented groups to residencies. A couple of medical schools are doing this now. I think we could organize it in the next two to three years.

I also envision programs coupled with colleges — seven- or eight-year programs where academically stellar students are given admission to our medical school in their third year of undergraduate studies. They wouldn't necessarily have to do premed, science or MCAT requirements, and would be free to take humanities and other courses to enhance their holistic portfolio of knowledge.

I'd like to add a Ph.D. program in regenerative medicine. We have the faculty and are pursuing benefactor support.

As dean of the Mayo Clinic School of Medicine, I devote a lot of energy to adding novel education programs there. Physicians in the 21st century have to deal with complex issues — an aging population and limited resources to care for them, stressors on the health insurance system, advanced care and new

technologies, individualized medicine, and how to pay for it all. Our new Science of Health Care Delivery curriculum intends to educate medical students about these issues — especially how to deliver limited resources to an expanding population in a humane, cost-effective, valuable manner.

We're creating an outreach clinic to serve socio-economically challenged populations in southeastern Minnesota, and adding a new dual-degree master's program in business administration with Arizona State University.



What's challenging you in your new role?

It's always a challenge to secure funding for innovative ideas such as adding new campuses, education programs, combined-degree programs and scholarship programs. Traditionally, Mayo Clinic benefactors like to support education because it has longevity. I hope this will continue to be the case. When you teach one person, you teach a generation.

I've always been committed to education. At my core, I'm a surgeon, and surgeons aren't always patient. I need to be patient and help guide the process of transforming our education shield. I have a good sense of where we need to go. Getting there can require many small steps. It's important that I understand the rules and regulations of accreditation and other organizations within which we have to work.

My predecessor, Mark Warner, M.D. (ANES '80) (Walter and Leonore Annenberg Professor of Anesthesiology in Honor of Daniel R. Brown, M.D., Ph.D.), has mentored me through the process of thinking about education in the larger Mayo Clinic community.

“Traditionally, Mayo Clinic benefactors like to support education because it has longevity. I hope this will continue to be the case. When you teach one person, you teach a generation.”

– Fredric Meyer, M.D.

I've had outstanding support from my administrative partner, Scott Seinola, chair of the Department of Education Administration; and the four deans of the schools: Steven Rose, M.D. (MED '81, I '82, ANES '84), Mayo Clinic School of Graduate Medical Education; Louis (Jim) J. Maher III, Ph.D. (BIOC '95), Mayo Clinic Graduate School of Biomedical Sciences; Michael Silber, M.B., Ch.B. (N '87), Mayo Clinic School of Health Sciences; and Richard Berger, M.D., Ph.D. (HAND '90), Mayo Clinic School of Continuous Professional Development. Each dean has a wonderfully supportive and knowledgeable administrative staff, and we have a strong core group of analysts and support staff.

I've had a lot of great counsel and advice from all of them that has helped to keep me from missteps.



Talk a bit about diversity.

Expanding diversity and inclusion is a major initiative from our Board of Governors. One of my roles is to help educate new talent and the next generation of health care providers for Mayo Clinic.

Our medical school has worked hard to enhance recruitment of underrepresented minorities to our schools, and we're doing well compared to national averages. But we can do better.

One of the great advantages for students who will be at our Arizona campus is the opportunity to work with socioeconomically diverse populations, including those at Maricopa County Hospital. We anticipate that many of our Rochester-based students will travel to Arizona for those opportunities.

We're also expanding opportunities for our medical students to work with more diverse patient populations, with the new outreach clinic in southeastern Minnesota. We're planning to open an outreach clinic in the Albert Lea and Austin area of Minnesota, where there is a large Hispanic population.

Mayo Clinic School of Health Sciences has two programs in concert with Rochester Community and Technical College (RCTC) in which disadvantaged students can complete undergraduate degrees at RCTC and then enter our education programs in allied health sciences. Many of these graduates are recruited to work at Mayo Clinic. >>



1981



Frederic Meyer, M.D., his wife, Irene Meissner, M.D. (center), and their six children.



Fredric Meyer, M.D. (NS '87)

Juanita Kious Waugh Executive Dean for Education
Mayo Clinic College of Medicine and Science
Dean, Mayo Clinic School of Medicine
Enterprise Chair, Department of Neurosurgery
Alfred Uihlein Family Professor of Neurologic Surgery

- Residency: Neurosurgery, Mayo Clinic School of Graduate Medical Education
- Medical school: Boston University, Boston, Massachusetts
- Undergraduate: University of Pennsylvania, Philadelphia
- Native of: Springfield, Massachusetts

Q | If you could snap your fingers and have a few wishes granted for the Mayo Clinic College of Medicine

and Science, what would you wish for?

Unlimited funds, resources, facilities and time. We're adding a new medical school campus in Arizona. I'd like to see a four-year medical school campus in Florida, but we're constrained by money and space.

We're fortunate to have many great educators, but there's always tension between time allocated to education and demands of the clinical practice. I wish some of our key educators could be cloned.

Q | Tell us a bit about yourself.

I'm not a micromanager. I'm more of an idea person. I depend on the support of my expert colleagues and administrative partners to help make things happen. I like to think I'm pretty transparent.

I've been at Mayo Clinic since 1981, when I came for residency. I'm chair of neurosurgery across Mayo Clinic. I'm past-president of the American Association for Neurosurgery and the current executive director of the American Board of Neurosurgery. I'm very involved in maintaining standards for neurosurgeons.

I'm married and have six children, ages 15 to 25. Two of my children are in medical school elsewhere in the country. My wife, Irene Meissner, M.D. (N '86), is a professor of neurology at Mayo Clinic.

I like to fly fish and windsurf. We like to go back East to Cape Cod for vacations.

Dr. Meyer answers questions from alumni

We asked alumni to submit questions for Dr. Meyer via Priority Page, our monthly e-newsletter.

Q | When I attended college, room, board and tuition were \$3,000 a year. Now I believe it's more than \$50,000 a year. In spite of financial aid, student debt is horrendous. Is economics or managing financial issues incorporated into Mayo Clinic School of Medicine curriculum?

We don't offer personal financial classes. However, some student organizations offer advice through blogs, articles and speakers.

Our current medical school tuition places us at the 50th percentile nationally. The needs-based scholarships and financial aid we offer are about 10th in the U.S. With the expansion of the medical school to the Arizona campus, we'll need to raise additional scholarship funds to remain competitive with other national medical schools and attract outstanding students. This will be key. Scholarships

will be very important to get students to commit to our school, as will increasing our endowment. This is an area where alumni can help.

Our new medical school curriculum in the Science of Health Care Delivery program includes the economics of medicine — how to deliver medical resources to the population in an equitable and appropriate manner. Educating students in medical economics is very complicated. A significant influence on medicine today is incentivized medicine — physicians paid by the number of procedures they perform. Because Mayo Clinic physicians are salaried, they provide recommendations and treatments that are in the best interest of the patient and not incentivized by conscious or unconscious financial decisions. Medical students and residents at Mayo Clinic learn the value of unincentivized medicine.



Do you have a message for fellow Mayo Clinic alumni?

The outstanding education at Mayo Clinic is best evidenced by our outstanding alumni. They speak for the power and value of our medical education and are our best ambassadors. I encourage fellow alumni to speak proudly of their education at Mayo and help build our national and international reputation as an education powerhouse.

Just as I want to tap the intellectual community at Mayo Clinic and get them to participate in education, I'm excited to speak with alumni who have a real interest in education and helping us advance. ♦

“... education at Mayo Clinic is best evidenced by our outstanding alumni. They speak for the power and value of our medical education and are our best ambassadors.”

– Fredric Meyer, M.D.



Want to read more about Dr. Meyer's plans, including his thoughts about the importance of research by medical trainees and all health care providers?

➤ <http://discoverysedge.mayo.edu/2016/08/25/chatting-with-mayos-executive-dean-of-education/>



Please comment about combined M.D.-Ph.D. programs.

Our role is to educate and train the next generation of Mayo physicians. To ensure they're the smartest, brightest and most innovative requires education beyond traditional medical school education. The same is true of our more than 240 residency programs. I'd like to see some students attain additional degrees, including engineering, law, public health, business administration and education. The goal for additional degrees can be applied to those at all of our schools.

To further this aim, I hope to develop more combined-degree programs in which students can receive substantial financial support to commit to the extra years required to achieve the degrees. By investing in our medical students, residents and Ph.D. students, we're helping to ensure Mayo Clinic's future — training the next generation of the best clinicians, scientists and leaders. This also will require philanthropic support.



How do you continue to instill “the patient comes first” focus in the students of your five schools?

Ample evidence indicates that our primary value — the needs of the patient come first — remains true today. From the highest levels of Mayo Clinic, I hear, “What will work best for our patients?” Because that message resonates at all levels of the organization, we have remained true to our core foundational principle for 150 years. All of our students learn it, and it becomes second nature as they work and learn in the Mayo Clinic environment and culture. It's vitally important that we continue to teach all of our learners about Mayo culture, ethics, values and professionalism.

Inaugural Mayo Clinic School of Medicine Annual Reunion

Laughing, learning, reminiscing, engaging, affirming, inspiring and connecting

Michele Halyard, M.D. (RADO '89), isn't a Mayo Clinic School of Medicine alumna. But taking part in October's first all-class reunion weekend made her wish she were.

"The first class — the class of 1976 — shared stories from their time at the school, and their antics were hysterically funny," says Dr. Halyard, the Suzanne Hanson Poole Vice Dean of Mayo Clinic School of Medicine and dean of the Arizona Campus. "They were a class of hippies and rebels and had wonderful camaraderie.

"The event was a great time with so much spirit, and the evening at Mayowood was lovely."

A "Student Life Today" panel featuring current medical school students assured alumni that future alumni will carry on the proud Mayo traditions, Dr. Halyard says. "The two groups — alumni and students — engaged with each other, and the students showed their spirit and pride. I think alumni left with a really good feeling about 'tomorrow' in the hands of these bright future-physicians."

Alexandra Wolanskyj, M.D. (I '95, HEMO '98), senior associate dean for student affairs and consultant in the Division of Hematology, facilitated the student panel, which included information about student wellness programs.

"Medicine is hard. When our students enter medicine beyond Mayo Clinic, we want them to be

prepared," says Dr. Wolanskyj. "We're helping them learn resilience skills, which involves tapping into their personal toolbox of self-care to manage their lives so they can provide the best care to patients. This generation of learners is comprised of millennials — a generation that is hopeful and optimistic. They're aware of the plight of people around the world and feel a deep responsibility to help via humanitarian efforts. They're also very team-based and look out for each other whereas previous generations were more self-directed."

She says the student participants were excited to learn from alumni and appreciated their advice and experience. "Alumni were incredibly supportive of our students. We hope alumni will sign up for the new Alumni Connect mentorship program (back cover) to keep that enthusiasm going. This generation is looking for mentors and advisors; they thrive on that type of intergenerational relationship."

Darcy Reed, M.D. (MED '00, I '03), senior associate dean for academic affairs and consultant in the Division of Primary Care Internal Medicine, presented about curriculum innovations in the medical school. "Alumni were interested in knowing that our students today continue to receive a strong clinical curriculum and that the Mayo Model of Care is perpetuated," she says. >>



1 (from left) Kathleen Macken West, M.D. (MED '77), of St. Paul, Minnesota; medical students Catherine Gao, Dileep Monie and Christiana (Noelle) Thew; Herbert Gladen, M.D. (MED '76, S '82), of Colusa, California; and Byron Crouse, M.D. (MED '77), of Madison, Wisconsin. **2** Alexandra Wolanskyj, M.D., senior associate dean for student affairs. **3** Medical students (from left) Rohin Aggarwal, Christiana (Noelle) Thew, Saumya Shah and Archna Patel.

"And students were inspired to see the success of our alumni and make connections with them. In addition to being a great social event and opportunity to learn about the current Mayo Clinic School of Medicine, it's a chance for students and alumni to network."

A favorite part of the reunion for Dr. Reed was when alumni shared favorite memories from their time in medical school. "It was nice to hear about favorite teachers, role models, marriages among classmates and what alumni are doing now in their practices," she says.

Another highlight of the event was a presentation of the history of Mayo Clinic School of Medicine by

Terrence Cascino, M.D. (N '80), emeritus consultant in the Department of Neurology and emeritus professor of neurology and neuro-oncology.

"Dr. Cascino explained how the decision was made to open the medical school," says Dr. Halyard. "Some of that information was brand new to alumni."

The reunion weekend was so well received that another is planned for this fall — Oct. 27-28 in Rochester.

"We had more than 60 attendees this time and hope even more people will attend and enjoy reconnecting with former classmates and others who share the enthusiasm about medical education at Mayo Clinic," says Dr. Halyard. ♦



❶ Terrence Cascino, M.D., emeritus consultant, emeritus professor of neurology and neuro-oncology. ❷ Darcy Reed, M.D., senior associate dean for academic affairs. ❸ Danielle Armas, M.D. (MED '06, FM '09), of Phoenix, Arizona, with Michele Halyard, M.D., vice dean, Mayo Clinic School of Medicine, and dean of the Arizona campus.



Save the date

Mayo Clinic School of Medicine
Second Annual Reunion
Oct. 27-28, 2017
Rochester, Minnesota



Name changes for Mayo Clinic college and its schools

The names of Mayo Clinic College of Medicine and its five schools have changed to more clearly reflect each area's focus and function. It's one of the first steps taken by the new Executive Dean for Education Fredric Meyer, M.D., to raise understanding of the educational opportunities at Mayo Clinic.

"The name changes are a start to push forth boldly that we are Mayo Clinic College of Medicine and Science. We do great medical education, and we felt it was important to also acknowledge the outstanding scientific research and health sciences training that occur within our schools," says Dr. Meyer. "Our college and schools intertwine with both practice and research, like Mayo's three shields." >>

Prior name: Mayo Clinic College of Medicine
New name: **Mayo Clinic College of Medicine and Science**

Prior name: Mayo Medical School
New name: **Mayo Clinic School of Medicine**

Prior name: Mayo Graduate School
New name: **Mayo Clinic Graduate School of Biomedical Sciences**

Prior name: Mayo School of Health Sciences
New name: **Mayo Clinic School of Health Sciences**

Prior name: Mayo School of Graduate Medical Education
New name: **Mayo Clinic School of Graduate Medical Education**

Prior name: Mayo School of Continuous Development
New name: **Mayo Clinic School of Continuous Professional Development**

About the schools

Mayo Clinic College of Medicine and Science

- The umbrella title for Mayo's five schools, academic support units and shared services

Executive Dean for Education: Fredric Meyer, M.D.

Mayo Clinic School of Medicine

- Provides four-year medical education leading to M.D. degree and M.D.-Ph.D. program in collaboration with Mayo Clinic Graduate School of Biomedical Sciences
- Is one national medical school with three campuses — Minnesota, Florida and Arizona
- Enrolls a class of 54 medical students in Rochester, Minnesota
- Enrolls a class of 50 medical students in Arizona, beginning in 2017
- Will offer third- and fourth-year programs in Florida beginning in 2018
- Is composed of 42 M.D. program students, as many as six M.D.-Ph.D program students, and two students in six-year combined M.D.-O.M.S. (oral and maxillofacial surgery) program (Rochester campus)

Dean: Fredric Meyer, M.D.

Mayo Clinic Graduate School of Biomedical Sciences

- Provides advanced scientific training toward Ph.D., M.D.-Ph.D. and master's degrees in biomedical research
- Enrolls 30 new Ph.D. students per year
- Current enrollment: 190 Ph.D. research students, 100 master's-level students
- Ph.D. students can pursue research opportunities on all three campuses
- 15% of current students are from underrepresented backgrounds
- 25% of current students are international students
- 60% of current students are women

Dean: Louis (Jim) J. Maher III, Ph.D.

Mayo Clinic School of Health Sciences

- Provides training programs for allied health professionals on all three campuses
- 130+ programs representing 60+ health sciences careers
- Current enrollment: 1,100 allied health students
- Programs range from certificate through doctoral-level training

Dean: Michael Silber, M.B., Ch.B.

Mayo Clinic School of Graduate Medical Education

- Provides hands-on, comprehensive clinical training for residents and fellows
- 284 programs covering every medical and surgical specialty on three campuses
- 1,687 trainees across three campuses
- 55% of programs meet or exceed national average for women in the given specialty
- 27% of programs meet or exceed national average for underrepresented minorities in the given specialty
- Oversees the largest number of ACGME-accredited programs in the country

Dean: Steven Rose, M.D.

Mayo Clinic School of Continuous Professional Development

- Provides accredited continuing medical education and professional development for lifelong professional learning
- 200+ educational activities per year delivered in various formats to enhance and enrich medical professionals' knowledge and patient service
- 130,000 participants per year (65% are physicians)
- 75% of participants are non-Mayo attendees

Dean: Richard Berger, M.D., Ph.D. ♦




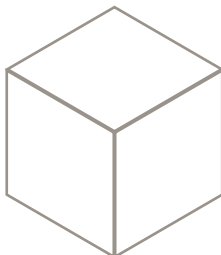
❶ Fredric Meyer, M.D.

❷ Louis (Jim) J. Maher III, Ph.D.

❸ Michael Silber, M.B., Ch.B.

❹ Steven Rose, M.D.

❺ Richard Berger, M.D., Ph.D.



THE GENESIS OF MAYO MEDICAL SCHOOL

(now known as Mayo Clinic School of Medicine)

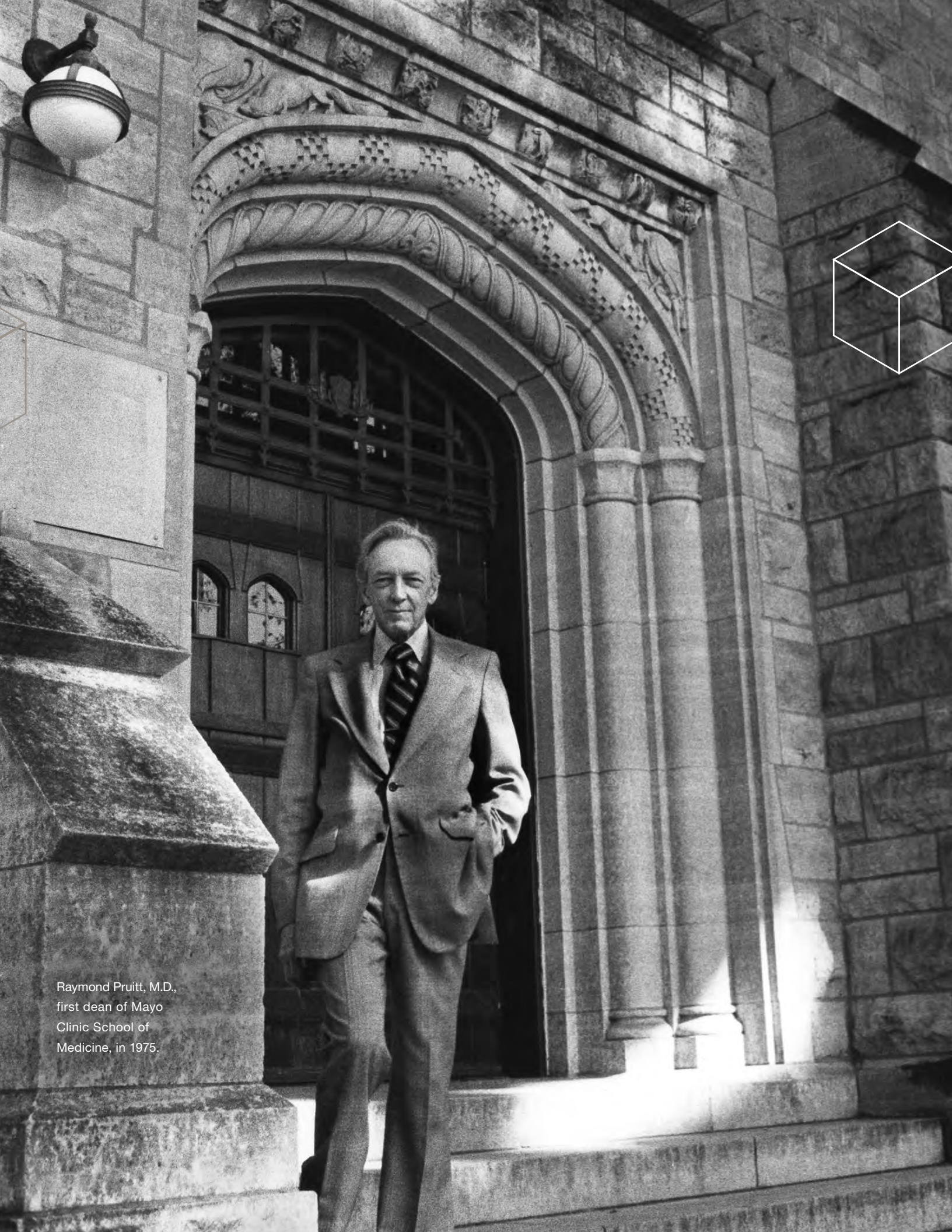


The possibility of a Mayo Clinic undergraduate medical school was raised after World War II, but the suggestion didn't receive much attention until the mid-1950s, when it was discussed in meetings of the joint University of Minnesota-Mayo Foundation Committee on Mayo Educational Programs. The committee proposed that the development of a medical school in Rochester should receive serious consideration in the long-range plans of the foundation. While the suggestion didn't

receive general support among Mayo Clinic staff, a small group was convinced that the foundation's educational program should include responsibility for undergraduate teaching. In the decade that followed, the prospect of a medical school in Rochester was the subject of much discussion and speculation.

Getting serious — committees assigned

Then in 1966 the trustees of the Mayo Foundation appointed extramural and intramural committees to



Raymond Pruitt, M.D.,
first dean of Mayo
Clinic School of
Medicine, in 1975.

survey the Mayo educational programs. The path recommended by the extramural committee called for institutional commitment to a much broader and more intensive role in education and research. The committee surmised that such a step would result in improved patient care if research in the provision of care and in basic and clinical sciences would be encouraged under the program. The committee expressed the view that full participation in medical education — undergraduate, graduate, residency and continuing — would provide the most satisfactory matrix for Mayo's future development.

Three months after the report of the extramural committee, the intramural committee concluded: "Those centers responsible for medical education of the future will control essentially all phases of medicine including patient care, which will be likely to change markedly in the future and will reflect the education of those who provide care. Since undergraduate education will be an integral part of these centers, the position of leadership of Mayo Clinic, without undergraduate education, may be difficult, if not impossible, to maintain."

The institutional governing bodies and staff overall were deeply divided over the issue.

Getting more serious — task forces formed

In 1967 multiple board-appointed task forces were formed, each studying an individual assignment: assessment of advantages and disadvantages of a medical school; educational alternatives to a medical school; and consideration of the school's administrative structure, financial support, academic affiliations and community relationships.

The Committee on Financial Aspects of Medical School concluded: "We recommend that a theoretical model of a school be established for further analysis."

By 1968 the people of Minnesota had become deeply concerned about a shortage of physicians, particularly in rural areas where much of the population lived. The regents of the University of Minnesota supported the intensive discussions underway at Mayo, centering on the possibility of establishing a medical school.

Extending U of M affiliation — legislative funding requested

In 1970 the regents of the university and the trustees of Mayo Foundation entered into an affiliation agreement extending the graduate school relationship of 1915 to

include the proposed Mayo medical school. The medical school would be a unit of the university and maintain academic standards deemed acceptable to the president and Board of Regents, but would be owned and operated by the trustees of Mayo Foundation. The dean would be appointed by the regents on recommendation of Mayo Foundation to the president.

A University of Minnesota-Mayo Foundation Liaison Committee, comprised of regents, trustees and administrative members from both institutions, was appointed. Mayo requested funds from the Minnesota Legislature for capitation only, which it identified as \$8,000 per student per year, with 40 students to be admitted annually to a four-year curriculum. The legislature countered with a provision that funds would only be provided for residents of the state. Another caveat of legislative approval was that Mayo would establish a Department of Family Medicine and work with the Minnesota Academy of Family Practice to develop undergraduate and graduate educational resources to acquaint medical students with the responsibilities of family practice specialists. This addressed legislators' concern that Mayo must help expand the number of physicians who would provide primary care in the state's rural communities.

(Of the first 39 graduates of the new medical school, nine entered residencies in family practice, two in pediatrics, 11 in internal medicine, and one in obstetrics and gynecology — 59 percent in primary care fields.)

Bringing Dr. Pruitt on board — further study undertaken

In 1968 Raymond Pruitt, M.D. (I '43, now deceased), was brought on board to provide counsel and leadership in delineating Mayo's role in medical education, including whether a medical school could and should be established in the Mayo setting. Dr. Pruitt was a former clinical colleague and associate director of Mayo Foundation who had gone to Baylor University College of Medicine as chair of its Department of Medicine and vice president for medical affairs. Back at Mayo, he became director for medical education of Mayo Foundation and Mayo Graduate School, University of Minnesota.

Dr. Pruitt and his associates conducted a study to determine the goals and size of the school, curriculum, faculty requirements, physical needs, capital and operating expenditures, administrative arrangement, academic affiliation, sources of funds and schedule for development.



Dean Raymond Pruitt, M.D., in 1971

Proposing a model causes divisiveness, ultimately gains support

A medical school model resulting from the study was presented to the Board of Trustees of Mayo Foundation in 1968 and subsequently to the staff and faculty. The latter step resulted in months filled with discussions and arguments, with deep-seated divisions of opinion on almost every facet of the proposals. The Board of Governors asked each department chair to present a statement of the department's position on the proposed medical school. The board concluded that the overall staff position was favorable to initiation of the medical school, a determination that was taken to the trustees.

In addition to the financial support from the state, Mayo benefited from the newly passed Health Manpower Act of 1971, which offered start-up capitation and funding from federal sources, estimated at \$6 million

over a decade. To augment these funds, the Development Board of Mayo Foundation secured contributions and pledges totaling more than \$11 million. Altogether the funds were sufficient to cover the anticipated \$33 million cost for the first 10 years of the school's operation. Mayo had determined that the expense of undergraduate medical education must be derived from sources other than income from patient care.

Full steam ahead

On Nov. 12, 1971, in Balfour Hall, the Board of Trustees ended years of speculation, debate and planning when it announced the decision that Mayo Medical School (now called Mayo Clinic School of Medicine) should admit its first class of 40 students in September 1972. Atherton Bean, chair of the Board of Trustees, said: "This is a major step, in full congruence with the Mayo tradition of responding to the needs of the time."

L. Emmerson Ward, chair of the Board of Governors, continued: "Mayo has undertaken the responsibility to establish an undergraduate medical school for two main reasons. First, there is a serious and growing need and growing shortage of health manpower, particularly of physicians. We believe that any institution that can produce physicians ought to do so, and we feel that Mayo is uniquely fitted to develop a new undergraduate medical school. Second, the addition of undergraduate medical education will strengthen other Mayo programs in medical education and research. ... The Mayo Medical School will be an integral part of our institution. It will not be conducted as an isolated separate function. Physical facilities of the medical school will be, in the main, the same facilities now utilized by Mayo Clinic and its affiliated hospitals. Staff members who are involved in its activities will bear the same relationship to Mayo as do those staff members — and that includes almost all of us — who now participate both in the long established graduate educational and research activities of Mayo Foundation and in Mayo Clinic's patient care responsibility." >>

"... the addition of undergraduate medical education will strengthen other Mayo programs in medical education and research. ... The Mayo Medical School will be an integral part of our institution. It will not be conducted as an isolated separate function." — **L. Emmerson Ward**

Dr. Pruitt, appointed as dean, said, "There are some from without who tell us the uniqueness and excellence of our medical care will not survive the presence of the medical student. We shall meet that challenge, or so we believe, and patient and student alike will be enriched by this encounter."

Descending on campus

Registration day for the first class was Sept. 5, 1972. The class included 34 men and six women. Thirty-six of the students were from Minnesota. Mayo Medical School was the 110th accredited medical school in the U.S.

From Cleveland and Fort Wayne and Stanford and Memphis, from Edina, St. Paul and Sauk Rapids, 40 students came to the new medical school in Rochester. One roared up on a Harley-Davidson and parked it on the Student Center lawn. Another wore a feather in his hair, secured by a headband. A third couldn't understand why she shouldn't bring her dog to classes, since he would be lonesome by himself all day at home.

Dr. Pruitt said about the class: "The students will be bright, energetic, ambitious young people who will challenge the resources of our institution and our faculty to realize the potential of these students and to produce the finest possible group of physicians from among them."

At the school's first convocation on Sept. 7, 1972, Dr. Pruitt addressed the class:

"Know this: That this school at its inception was dedicated to the purpose of revolution, a revolution in the academic spirit uniting faculty and students alike into a professional elite. Together, they cherished an

imperative for the humane in an age made rich by technology and science. And this was their covenant of their ordination: that with the eyes of compassion they assessed the brilliance of their technologies and with the yardstick of the humane, they measured the benefactions of their science."

Barbara Chamberlin, M.D. (MED '76, I '77, P '80), Department of Psychiatry and Psychology at Mayo Clinic in Rochester and a member of that first medical school class (page 22), says about Dr. Pruitt's remarks: "Those words carried us, the first class, through the ups and downs of four long years. To acknowledge his support, each of us signed a plaque engraved with his remarks as our gift to him at the time of our graduation."

Making adjustments

The new students, who played Frisbee between lectures, took some getting used to. One faculty member recalled observing the students with amusement more than amazement because Mayo culture wasn't used to the free-spirited signs of youth they displayed. The faculty were more accustomed to residents and fellows who were at least five years older than the new recruits.

"We weren't quite prepared for some of the things we saw, but we adapted very quickly," said Arnold Brown, M.D. (PATH '59, now deceased), former chair of the Department of Pathology and Anatomy. "We felt like pioneers in the educational field."

Dr. Pruitt developed a curriculum that allowed students to become involved with patient care early in their training. This creative approach to medical education at the time also included a course schedule that kept students in class almost year-round. Among the creative teaching methods was a type of response system that had been used at an airline training center. Students held up flashcards to reflect their answers. Several years later an electronic-response system was installed in the medical school classrooms to replace this more primitive method.

Duane Rorie, M.D. (I-1 '71, ANES '73, now deceased), a former professor of gross anatomy and chair of the Department of Anesthesiology, remembered having to "take a step backward" to address the medical students' questions. He said he was sometimes surprised by the fundamental questions they asked. He came to realize his surprise was misplaced because the students had just come from college and had no medical training. He also was surprised by one or two students fainting in the anatomy lab.



Students from the class of '76 noted their names on a gift to Dean Raymond Pruitt, M.D.

“We emerge from this first year’s experience convinced that creation of Mayo Medical School was an enterprise worthy of all past efforts, worthy of our determination to make the second year a worthy successor to the first.” – **Raymond Pruitt, M.D.**

Jurgen Ludwig, M.D. (APATH '65), a professor of pathology, said about the students: “They were so highly motivated that they were bound to succeed no matter how we faculty botched it.”

Along with Dr. Pruitt, the medical school team included Ward Fowler, M.D. (PHYS '52, now deceased), professor of physiology and associate dean for academic affairs; Gerald Needham, Ph.D. (M '47), associate professor of microbiology and dean of students; A. Russell Hanson, chair of administration; and Margaret Thompson, registrar.

Making room

In addition to readying curriculum, Mayo also readied facilities for the new students, who needed a student center. This problem was solved by the decision of the city of Rochester to move its public library to larger quarters. Mayo Foundation purchased the building for \$350,000, and it became the structural incarnation of Mayo Medical School. The 1934 limestone structure came to house a learning resource center, four seminar rooms, a lecture theater, a recreational area, student lockers, the medical school administrative area and a faculty-student lounge.

The facility became such a home to students that when the medical school’s new facilities became ready in the Guggenheim Building, students agreed to occupy them only after receiving assurances that they would not lose the old library building.

Concluding the first year

As the first year of the new endeavor came to a close, Dr. Pruitt offered comments:

“Year one has ended with 40 students and triple that number of faculty all intact — many of them wiser and stronger for the stimulating ordeal they had been through. ... Survival, in this instance, has demanded a great deal of learning as we went along by both faculty and students. ... We emerge from this first year’s experience convinced that creation of Mayo Medical

School was an enterprise worthy of all past efforts, worthy of our determination to make the second year a worthy successor to the first. We shall strive to bind the processes of undergraduate medical education into the very life of this institution. ... If we can, indeed, effect union between the parent institution, with its primary mission in delivery of the finest of medical care, and the processes of undergraduate medical education, we shall have created a model of excellence among academic medical centers of the world, a model worthy of our institution’s past and a model designed to meet the challenges which the future inevitably will provide.”

Saying goodbye to the first class

When the first class graduated in 1976, Dr. Pruitt addressed the students once more:

“And now the time has come when we as a company, students and faculty, must sever the bonds. This journey we have made together, some among us will deem to have been long and some, short. ... Our experiences have been varied, good and bad, and my principal satisfaction derives from knowledge that at least on certain occasions we have taken our licks together. We have been companions on this stringent way, we have supported each other and learned from one another. Our mission has been at once exalted and meek, our purposes at once noble and self-serving, our ambience at once ruthless and benign, and amid all these ambiguities of motivation and circumstance that render each of us so vulnerable to the vagaries of fate, we have endured, we have shared, and we have gleaned some deepening insight into what it means to have compassion for one another. The dissolution of this company marks for you who have been students a release from bondage, an emergence into professional identity and individuality. You are, in a sense heretofore unrealized, on your own. ... But you may ponder, as the years pass by, the totality of that isolation which ensues when we have severed the last of those parental bonds that were the protection, the solace, the support as well as the constriction of our childhood and youth.” ♦

PORTIONS
ADAPTED FROM
“ORIGIN AND
DEVELOPMENT
OF THE MAYO
MEDICAL SCHOOL,”
RAYMOND D.
PRUITT, M.D.

Countdown to debut of Arizona medical school

The Mayo Clinic School of Medicine - Arizona Campus will be bustling with 50 new medical students in July.

Students will congregate in 15,400 square feet of redesigned space across the street from the Mayo Clinic Building – Scottsdale, and an additional 2,400 square feet in the nearby Samuel C. Johnson Medical Research Center. The school features a high-tech classroom, student lounge, 50-seat lecture auditorium, patient simulation suite and state-of-the-art gross anatomy lab. It also includes a Learning Resource Center with a library, anatomical models and videoconferencing equipment for collaboration with students and faculty on the Florida and Rochester campuses.

Members of this inaugural class in Arizona, along with their counterparts in Rochester, Minnesota, will participate in the school's innovative curriculum, introduced in 2015, which includes:

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

Students will determine if the tests and procedures ordered for an episode of care truly impacted the care and outcomes or added unnecessarily to the cost. They'll learn how to provide health coaching and use community resources in longitudinal clinics.

Students will receive a certificate in the science of health care delivery from Mayo Clinic School of Medicine and Arizona State University (ASU), and will have the option to complete additional coursework and receive a master's degree in the science of health care delivery from ASU.



"In rotating among our campuses, our students will get to meet world-class Mayo Clinic experts at other locations."

– Michele Halyard, M.D.

- **Web-based technology:** The curriculum features blended learning components in which online modules provide educational content along with interactive face-to-face classroom participation with faculty. Students can view didactic content in advance to prepare for faculty-led classroom learning activities. The online modules allow for individualized asynchronous review of materials and self-assessment.

During the first two years of medical school, students at both campuses will have two-week periods (selectives) between study blocks to explore individual enrichment opportunities. Students can shadow a physician, explore other Mayo Clinic campuses, travel to underserved countries or engage in myriad other activities. During the third and fourth years, they can rotate to other Mayo Clinic campuses, including completing the final two years of medical school at Mayo Clinic in Florida — an option for Rochester-based students.

“In Rochester they’ll see elite medical cases. In Florida they can get experience at two pediatric hospitals Mayo Clinic is affiliated with. In Arizona they can rotate to Maricopa County Hospital and gain experience with indigent, county-assistance and psychiatry cases. We’re expanding the depth and breadth of patient interactions, cultures and care settings for our medical students with our national medical school concept,” says Michele Halyard, M.D., the Suzanne Hanson Poole Vice Dean of Mayo Clinic School of Medicine and dean of the Arizona campus. “In rotating among our campuses, our students will get to meet world-class Mayo Clinic experts at other locations. And those interested in global health will be able to learn and practice with underserved populations.”

The 2+2 program — the first two years in Rochester and last two years in Florida — will be available by 2019 for students who are starting this year. The curriculum will be the same across all campuses, and faculty will come from across the Mayo enterprise.

“With our new national medical school, we will transform medical education — where, what and how we teach,” says Dr. Halyard. “We believe that taking the best care of patients includes improving quality of care with evidence-based medicine, assisting patients in navigating the health care system, providing culturally sensitive care and involving patients in decision-making. We’re involving internal and external experts to ensure our students get the highest value in medical education.” ♦



CLASS of '76

Mayo Clinic School of Medicine's inaugural class marks 45 years since starting medical school.



Mayo Clinic's first medical students arrived on campus in 1972. The era was tumultuous and punctuated with fights for equality, a depressed economy, distrust of government and social institutions, the conservation movement and a burgeoning culture of self-fulfillment — the “Me” Decade, as American writer Tom Wolfe called it.

Mayo Clinic Alumni reached out to the members of the Mayo Clinic School of Medicine class of 1976. Those who responded expressed fond memories of their class, the institution that welcomed them and that time in their lives — the pre-disco, pre-technology explosion, pre-yuppie and pre-Reagan years.

**Bradley Bringgold, M.D. (MED '76),
originally from Edina, Minnesota;
lives in Port Townsend, Washington**

Dr. Bringgold completed a family medicine residency at the University of Minnesota. He practiced in Springerville, Arizona, for three years and then in Kodiak, Alaska, for 14 years with former classmates Mark Withrow, M.D., and Carol Juergens, M.D. For the last decade, Dr. Bringgold has worked in the emergency department of a rural hospital in Port Townsend, Washington.

"I've spent 26 years providing primary care in rural settings where, for the most part, you have to figure things out for yourself," he says.

Thoughts about Mayo Clinic's new medical school in 1972: "We were far more fortunate than I realized at first to be members of the first class. Whatever problems may have resulted from this being Mayo's first attempt at undergraduate medical education were more than outweighed by the knowledge, experience and enthusiasm of our teachers. It seemed like everyone on staff at Mayo wanted to teach us. Sure, not every great clinician is a great teacher, but those who taught us brought a genuine desire to help us become the best we could be."

**Barbara Chamberlin, M.D. (MED '76, I '77,
P '80), originally from Monmouth, Illinois;
lives in Rochester, Minnesota**

Dr. Chamberlin and her husband and former classmate David Daugherty, M.D. (MED '76, S '77, P '79, CAP '81), completed residencies at Mayo Clinic and established a private practice in Memphis, Tennessee. The couple joined the Mayo Clinic staff in 1996 and today are supplemental staff.

Thoughts about Mayo Clinic's new medical school in 1972: "I applied as a sophomore in college at Drake University. In 1971 my father, a physician, came home from Clinical Reviews at Mayo Clinic, which he attended yearly for about 50 years, and said Mayo was opening a medical school the following fall. I decided to apply. Dean Pruitt said one of his goals was to make our class diverse in backgrounds. I hoped my young age counted in his definition of diversity. My knowledge about diversity was sorely lacking."

How she'd characterize the class: "It was an unusual class. I was the youngest at 20. The oldest was about 35. We had a doctor of philosophy, some Vietnam War vets, a disc jockey and a professional ice skater, among other interesting backgrounds. We were clueless about what to expect and intimidated by the reputation of Mayo Clinic. I don't think Mayo Clinic was sure what to expect from us either. For the times, our class was diverse but not what we call diversity today. We had six women out of a class of 40, one of whom was African-American, but that was more than most bigger schools." >>



1 Professor of Surgery Donald McIlrath, M.D. (S '62), lectured the class of '76. **2** Class member Joseph Tashjian.

**James Davison, M.D. (MED '76, OPH '80),
originally from La Crosse, Wisconsin;
lives in Marshalltown, Iowa**

Dr. Davison completed a residency in ophthalmology at Mayo Clinic. "The residency was much like the medical school experience," he says. "The department was changing rapidly, and I had the opportunity to be part of a dynamic and evolving training program. I've always believed that it was the best residency program in the country, and it further prepared me for a fabulous future."

Dr. Davison joined Wolfe Eye Clinic in Iowa, where he practices today. "After 36 years, I enjoy ophthalmology more than ever," he says. "I try to use the attitudes and skills that I became inculcated with at Mayo. These building blocks include absolute devotion to patients and families, dedication to scientific truth, amazement and respect for the human body, diligence and persistence in scientific investigation, and generosity in teaching and providing care to the less fortunate. In our practice, we try to emulate Mayo at every opportunity. *What would Mayo do?* That's what we want to do."

How the class was perceived: "We had been college students during the Vietnam War era and probably were not as polite and respectful as we should have been. But our mentors knew what to do. They encouraged us and helped us grow and even gave us a class or two in 'the care and feeding of the faculty.' They possessed insight that we had not yet attained. It was

definitely a transition from being young college students to young adult physicians and, most important, a transition to the 'Mayo way' — a way that would change us forever.

"The women were always well dressed; we men came in sandals and blue jeans but left in wingtips and suits.

"The experience created a trajectory for all of us to become energetic and inquisitive clinicians who would always serve patients and families first and still work in the process of discovery through research, publication and teaching."

**Eric Evenson, M.D. (MED '76), originally from
Spring Grove, Minnesota; lives in Reading, Ohio**

Dr. Evenson completed residencies in anatomical and clinical pathology at Fitzsimons Army Medical Center in Aurora, Colorado, and in public health at Madigan Army Medical Center in Tacoma, Washington. He received a master's degree in public health from the School of Public Health and Community Medicine at the University of Washington in Seattle.

He spent 34 years on active duty in the Medical Corps of the U.S. Army, retiring as a colonel in 2002 and being recalled to active duty from 2008 to 2012. Much of his career was spent ensuring the health and safety of the Army's chemical warfare agent storage and demilitarization mission. His last position was as a civilian serving as the occupational and environmental health program manager for the Office of the Secretary of the Army.

- ❶ Mayo cardiologist Thomas Schattenberg, M.D. (I '63, now deceased), instructed medical student David Daugherty in echocardiography. ❷ Pamela Waldron Wallace at graduation. ❸ Students Stephen Kimbrough (center) and Barbara Kimbrough with Joseph Kelly, M.D. (N '77, now deceased). ❹ Class of '76 members (from left) James Davison, Penelope Butler and Eric Evenson with emeritus consultants Edward Ryneerson, M.D. (I '32), and James Priestley, M.D. (S '33), (both now deceased) in 1972.



“As the Vietnam War wound down in the early 1970s, the military implemented a scholarship program for medical students that paid tuition, books and \$400 a month if you were willing to indenture yourself on a year-for-year payback of service for your years of medical school,” says Dr. Evenson. “These scholarship students were intended to replace the doctors who had been drafted into the military and returned to civilian life after their commitments were up. For a number of years, I did not tell any of my medical school classmates that I was in the Army, given the unpopularity of the military at that time.”

Dr. Evenson says he intended to go into private practice when his four-year Army obligation was up, but the Army continued to offer assignments he considered challenging and rewarding.

He retired in February 2016. “I’m still looking for my purpose, which I believe is working with wounded warriors,” he says.

How he’d characterize the class: “We were unique and a curiosity within the Mayo community — their own medical students, not medical students rotating from another medical school — which sometimes engendered special treatment. With only 40 in the class, there was no place to hide.

“We had a high level of camaraderie — we were it. We had to be our own support. With that went a higher level of collaboration and collegiality than many of us were used to as undergraduates.”

How the class paved the way for future classes:

“I guess we were the pathfinders and set the benchmark for the following classes — both what to do and what not to do. We did a fair amount of the latter.

“We didn’t have second-, third- or fourth-year medical school students to learn the ropes about being medical students from or be mentored by; to speak honestly with about issues, difficulties, challenges, concerns; to provide us with guidance from the experience of people who were not involved in our chain of command of residents and faculty.”

Herbert Gladen, M.D. (MED ’76, S ’82), originally from Bemidji, Minnesota; lives in Colusa, California

Dr. Gladen completed a residency in general surgery at Mayo Clinic and then spent five years at Johns Hopkins as an assistant professor of surgery. He served for 17 years with the University of California San Francisco in Fresno as an academic general and trauma surgeon and surgical critical care specialist. This included serving as medical director of a multispecialty private practice.

“I took early retirement from surgical practice in 2006 to care for my then-seriously ill wife and practiced part-time sleep medicine that I could do in large measure from her bedside,” he says. After her “near-miraculous” recovery, Dr. Gladen spent three months providing general surgery care in American Samoa after a 2009 earthquake-tsunami there. Today he practices part time at Orchard Hospital in Gridley, California. >>



How the class was perceived: “We were different from the very conservative Mayo culture — blue blazer, white shirt, conservative tie, gray slacks, black shoes. We had long hair, headbands, sandals and earrings on the guys.

“I’d spent four years in the Air Force, and my wife was a nurse, so I was the most ‘Mayo-appearing’ student. Dean Pruitt sought out my wife and told her he was glad he had one student who looked like he belonged at Mayo. He asked her if she had any influence to convince any of the other students to dress up a bit.”

Carol Juergens, M.D. (MED ’76), originally from Rochester, Minnesota; lives in Kodiak, Alaska

Dr. Juergens completed a residency in internal medicine at Hennepin County Medical Center in Minneapolis, Minnesota, and practiced for two years in Minneapolis before joining her now-husband, Mark Withrow, M.D., in Kodiak, Alaska.

“I arrived at HCMC on the day they moved into their new hospital in June 1976. This was a good complement to genteel Mayo, and I got my hands wet and learned to take care of any emergency that came my way.”

Dr. Juergens practices general internal medicine. “There are few subspecialists on Kodiak Island, so we get to do more than the average primary care practitioner.

“In the beginning, two other Mayo medical students from our class came to join us in Alaska — Charlie McCoy (MED ’76) and Brad Bringgold. Dr. Bringgold

was with us for close to 15 years. Many others have come to visit as have a multitude of Mayo medical students over the years. We had a first-year Mayo student for several weeks last summer and anticipate another in the coming year. Over the years we’ve mentored medical students and residents from all over the U.S. In the last decade we have become a rural site for the University of Washington School of Medicine. Rural primary care is important but faces obstacles. We are doing our best to continue to support it.”

How the class paved the way for future classes:

“We were asked if we wanted grades. We said no. We were asked if we wanted to open a chapter of AOA (Alpha Omega Alpha Honor Medical Society). We said no. We were asked if we wanted to recite the Hippocratic oath. We said no. I believe we were unanimous in our opinions. All these things contributed to our notoriety as the first class. After we left, of course, many of these things changed.

“I think I paved the way a bit for others, too, in another way. Between my third and fourth years, I spent a summer as a sub-intern at Parkland Hospital in Dallas, Texas. This was an intense learning experience. When I returned to Mayo, I had the confidence and skills to ask for more responsibility. I found that if I was assertive in asking to do more, no one stood in my way. I started writing histories, physicals and orders which, of course, had to be reviewed and cosigned and perhaps sometimes rewritten. But it helped me get a bit more hands-on experience.

1 Class member Carol Juergens. 2 Kenneth Berge, M.D. (I ’55, standing), took his students sailing: (from left) Pamela Waldron Wallace, Penelope Butler and Barry Cosens. 3 Class member Kerry Olsen (front), his wife Carole and class member Stephen Kimbrough. 4 The class of ’76 gifted Dean Raymond Pruitt, M.D., with a plaque each member signed to recognize his dedication to them. 5 Class member Paul Schultz.



"There were six women in our medical school class. There was only one other woman in my residency group at Hennepin County Medical Center. When I was at Mayo, it sometimes seemed that no one thought I would actually practice full-time medicine for my entire life. Now, no one even thinks of this. Now at least 50 percent or more of students in most medical schools are women. We are still underrepresented in the ranks of academia and the upper echelons, but our everyday presence is assumed."

Kerry Olsen, M.D. (MED '76, ENT '81), originally from Minnetonka, Minnesota; lives in Rochester, Minnesota

Dr. Olsen completed an otolaryngology residency at Mayo Clinic, a master's degree in otolaryngology at the University of Minnesota, and a fellowship in facial plastic surgery at Massachusetts Eye and Ear Infirmary. He joined the Mayo Clinic staff in 1981 and is the Joseph I. and Barbara Ashkins Professor of Surgery.

"Being in the first class of the medical school and a member of the staff at Mayo Clinic has always been a source of intense pride," he says. "For the past 35 years my surgical practice in head and neck oncology has been incredibly challenging and satisfying. I have also been fortunate to be able to participate in many leadership roles at Mayo and watched Mayo's growth and expansion into the world's best medical center.

"My practice is now entering a new phase. Since July 2016 I am working half time as a medical otorhinolaryngologist-head and neck surgeon. My wife

and I spend time between our townhomes in Rochester and Hood River, Oregon."

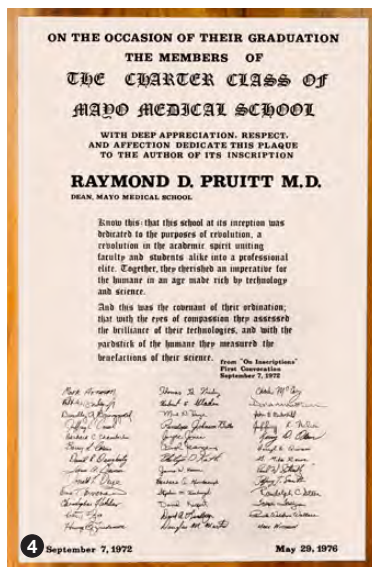
Thoughts about Mayo Clinic's new medical school in 1972: "Although our class was 'highly diverse,' and part of the experiment to select 'doctor attributes,' we knew that Mayo did not want to fail. The close contact with faculty, the hands-on experience and great clinical experience made for an excellent medical education.

"The selection of Dr. Pruitt as dean and his innovative leadership style was a perfect fit for our class. The end result of our education did not disappoint."

How he'd characterize the class: "My classmates came from a questioning, nonconforming generation of often-rebellious students. Being a member of the first class continued the quest for many of us to find unique challenges, alternative learning methods and early application of practical information."

Paul Schultz, M.D. (MED '76, PLS '83, HAND '84), originally from Rochester, Minnesota; lives in St. Cloud, Minnesota

Dr. Schultz completed a residency in plastic and reconstructive surgery and fellowship in hand surgery at Mayo Clinic. He became division head of plastic and reconstructive surgery at Carle Clinic in Urbana, Illinois, and later a partner in Midsota Plastic Surgeons in St. Cloud. He's now a retired emeritus staff and medical director of Helps International in Dallas, Texas. >>



"In 1987 I made an exploratory trip to the highlands of Guatemala at the request of the founder of Helps International," says Dr. Schultz. "We returned in January 1988 with the first Helps medical and surgical team of seven from St. Cloud. Other medical and surgical teams joined the effort from across the U.S. and, today, we have seen almost 250,000 patients and performed 21,000 operations with more than 250 medical teams.

"I have written many prescriptions in my medical career to hopefully improve quality of life, but volunteer service has been a prescription to change my own life."

Randolph Steer, M.D., Ph.D. (MED '76), originally from St. Paul, Minnesota; currently resides in Rancho Mirage, California

See page 30 for a profile of Dr. Steer.

"A Mayo Medical School education is a wonderful gift in many ways," says Dr. Steer. "It opens doors in diverse areas of the medical profession. Today I am in my sixth year as a member of the Mayo Clinic Board of Trustees. This affords me an opportunity to reflect on my medical school experience from a very different standpoint — one that was not conceivable to a fledgling student 45 years ago."

Thoughts about Mayo Clinic's new medical school in 1972: "I was thrilled to be even a small part of Mayo Clinic and felt proud to be among the remarkable faculty and carefully selected class of first-

year students. Mayo Medical School was an adventure for faculty and students, and we did not really know what lay ahead for us. That uncertainty, coupled with the excellent curriculum, made it an interesting and rewarding time in my life."

How the class paved the way for future classes:

"I think we paved the way, in part, by demonstrating to those faculty that were initially skeptical about the medical school that having students very much enriches their practice of medicine."

Joseph Tashjian, M.D. (MED '76), originally from Rochester, Minnesota; lives in St. Paul, Minnesota

Dr. Tashjian completed a residency in radiology and fellowship in chest radiology at Indiana University in Indianapolis after medical school. He served as a staff radiologist at Regions Hospital, University of Minnesota Hospitals, St. Paul Radiology and Regions Hospital — all in St. Paul, Minnesota. He was president of St. Paul Radiology for five years and chief of staff at Regions Hospital for two years. He's a clinical assistant professor in the Department of Radiology at the University of Minnesota.

"My career has been very fulfilling," he says. "I continue to work full time and enjoy it. Mayo prepared me very well for the future."

Thoughts about Mayo Clinic's new medical school in 1972: "I had no hesitation in being in the first class. I looked forward to it — a great opportunity.

- 1 Class member Randolph Steer.
- 2 Classmates David Daugherty and Joseph Tashjian.



"Being in the first class was a little different in that there weren't any upper-class students to ask questions of or get advice from. There were no limitations either, so it was a unique time to forge ahead in the way you thought best, without any preconceived notions."

Pamela Wallace, M.D. (MED '76, P '79), originally from Minneapolis, Minnesota; lives in Kingston, New York

Dr. Wallace completed a residency in psychiatry at Mayo Clinic and spent six years as a psychiatrist in private practice in Lynchburg, Virginia. In 1987 she gave up medicine.

"Insurance issues infiltrated medicine, and I became frustrated trying to fit patients into diagnostic codes that were too simplistic," she says. "I decided medicine wasn't what I wanted to do anymore. I enjoyed taking care of patients but not the red tape or business side of medicine."

Since then she has devoted her time to her children and art — a long-time passion. During medical school she gifted pieces of her artwork to classmates. Other Mayo alumni have purchased art from her in the intervening years. She received an art degree at Randolph-Macon Woman's College in Lynchburg, Virginia, in 1992. Today Dr. Wallace is a painter and printmaker, combining collagraph prints with beeswax. Her work has been featured in solo and group shows around the country, and she received a fellowship to the Virginia Center for the Creative Arts.

How she'd characterize the class: "I loved our class. We were a diverse group of fascinating, individualistic people. I was only 20 years old. We didn't have a peer group in Rochester, so we spent a lot of time together studying and socializing. There was a real sense of community and family."

How the class was perceived: "We were told to be on our best behavior when we were in public because people knew who we were and our behavior reflected on Mayo. I got on a staff elevator at the clinic one day. An older man got on. After a bit of silence, he said, 'Miss Waldron (maiden name), I presume.' I was slightly startled, but our photos had floated around, so we were known."

"Some consultants felt Mayo got more than it bargained for by opening the medical school. We came out of the hippie generation of long hair and casual dress. If you'd lined us up as freshmen, we didn't match

the general appearance of Mayo residents at the time, which probably shocked some Mayo constituents.

"We had an enormous amount of support, however, among most of the consultants, who made an extraordinary effort to teach us at a level they were not accustomed to. Our curriculum was unique. Our teachers always asked us for feedback — they were not sure what they were getting into with the medical school endeavor and our class. There were no hard-and-fast rules for how to do things."

Mark Withrow, M.D. (MED '76), originally from Edina, Minnesota; lives in Kodiak, Alaska

Dr. Withrow did one year of postgraduate training in San Francisco, then worked in Haight-Asbury and Folsom, California; Sitka and Anchorage, Alaska; and Minneapolis, Minnesota. He married former classmate Carol Juergens, M.D., in 1981 and moved to Kodiak, Alaska, where they established a primary care practice, Kodiak Island Medical Associates. Dr. Withrow retired from clinical medicine in 2016 after practicing family medicine for 38 years.

"We have tried to keep our promises to humanity for the past four decades," says Dr. Withrow. "As a small-town general practitioner, I know a little bit about most things and a lot about people. We refer to our practice as the little Mayo of the North."

How he'd characterize the class: "The war in Vietnam and the assassinations of Martin Luther King Jr. and Bobby Kennedy were recent events. It was not enough to complain and protest. Our generation needed to contribute. Mayo helped us do that. Medical school was the best time of my life, except for today. I loved my classmates."

"If at times we were irreverent in the face of such a smart and dedicated group of Mayo teachers and physicians, we studied hard and kept the promise of all medical students — if you know what you are doing, a physician can bring much good into an increasingly violent and intolerant world." ♦

Alumni magazine reported on the class of '76 when it graduated and again in 1983 and 1993. Find those stories and more memories of class members at <https://alumniassociation.mayo.edu/news/>.



Alumnus and pharma notable lends expertise to Mayo's Board of Trustees

Randolph Steer, M.D., Ph.D. (MED '76), has had a successful career in the pharmaceutical, biotechnology, diagnostics and medical devices industry. He is a member of the Mayo Clinic Board of Trustees and often has been sought out for his business expertise, serving on more than two dozen other boards of directors and advisory boards.

Working on the industry side of medicine isn't the career Dr. Steer intended. Had an ill-timed accident not waylaid his professional path, he probably would have run a pathology lab, conducted cellular and molecular research, and taught students.

A wrench in the works

Dr. Steer grew up in the Twin Cities and attended the University of Minnesota followed by Mayo Clinic School of Medicine. He then went back to the university for residency and fellowship in clinical and chemical pathology and a basic science Ph.D.

"I loved basic science, particularly membrane biochemistry, and being a pathologist. I had several job offers at outstanding medical centers," he says. "My colleagues at the University of Minnesota threw a party to celebrate my offers. On my way home, my car was hit head-on by a drunk driver going 75 miles per hour."

Dr. Steer sustained neck and back injuries and spent 18 months convalescing from herniated disks in his back and neck, and paraspinal soft tissue and musculoskeletal injuries.

"I had to give up my job offers and figure out what to do for the rest of my life," he says. "I had no money, was in debt and needed to get a job. But it had to be a desk job because of my injuries. I picked up a medical journal and looked at the classified ads in the pharmaceutical industry.

"At that time, it was considered to be borderline traitorous for a young M.D. to go into industry. There was at least an implicit obligation for freshly minted M.D.s to practice medicine. Despite my great training, I took an industry job with my tail between my legs."

A new direction

The job was associate director of medical affairs at Marion Laboratories in Kansas City, Missouri.

"At the time, many physicians in pharma were considered simply window dressing," says Dr. Steer. "Companies had to have an M.D. on staff but didn't expect them to have strong scientific or analytical backgrounds. Most physicians gravitated toward sales, marketing and government affairs. I realized there could be great opportunity if I got into areas where few physicians wanted to be — the complicated areas such as study design, regulatory approval, biostatistics, pharmacokinetics and data analysis."

Dr. Steer spent two years at Marion applying a rigorous approach to drug development, approval and marketing. His next opportunity was as medical director at Ciba Geigy (now Novartis) in Edison, New Jersey — at the time one of the largest pharmaceutical companies in the world. He was responsible for clinical research and medical affairs, including phase I-IV study design and execution.

"It was a tremendous experience," he says. "I learned to better understand large-scale clinical trials and the importance of proper and unique design."

The next move, two years later, was to the business side of the industry. He became senior vice president of Physicians World Communications Group and president

and CEO of Advanced Therapeutics Communications International, headquartered in Secaucus, New Jersey. The companies were leaders in medical communications, FDA regulation, marketing and government affairs, and provided consultative support for pharmaceutical companies around the world. Projects involved drugs in cardiology, pulmonary, gastroenterology, oncology, allergy, immunology, epilepsy, endocrinology and metabolism, nephrology, neuropharmacology as well as antibiotics, antivirals, antifungals and laser therapeutics.

An early (and short) retirement

The companies were sold five years later, and Dr. Steer retired ... at 39.

"I'd accomplished my goals of doing high-quality work that was satisfying to me and beneficial to our clients to further develop important drugs to treat terrible diseases," he says. He left the busy East Coast pharmaceutical corridor and moved to Rancho Mirage, California, to "take a little time off and get some sun."

"Early retirement didn't work out for me," says Dr. Steer. "I grew up without a lot of money, and I wasn't used to just sitting around. It's not in my DNA."

Less than a year into his retirement, a former colleague called and asked Dr. Steer to collaborate on a demanding multi-month project without pay. He accepted, and the project relaunched him into the working world — as an independent consultant in biotech and pharma.

A return to work

"I realized there was no way I would ever retire," he says. Dr. Steer continues consulting today, having collectively worked with more than 600 companies on about 1,000 assignments during his career. His particular focus is on liver and cardiovascular disease. He maintains his medical license and is consulted periodically by physicians at community hospitals for complicated cases, typically involving pharmacotherapeutics.

"When I was in industry, I took off a day or so a week and went on rounds, saw complicated patients and taught graduate students," says Dr. Steer. "I've never been that far removed from medicine. In drug development, we apply medical knowledge from a different vantage point and work with universities and other institutions to develop important new products to help patients. In practicing medicine, you feel great satisfaction when you help one, 25 or 100 or 1,000 people. In my field, it takes many times longer to savor the successes of your long-term efforts.

But you have the opportunity to influence the health of hundreds of thousands, and sometimes millions of people in human therapeutics. It takes tremendous patience."

A chance to help Mayo

In 2010 Dr. Steer received a phone call asking if he was interested in serving on the Mayo Clinic Board of Trustees. He jokes that he thought the caller had reached him by mistake.

"I looked at the list of trustees and didn't consider myself in that league, so I said 'no, thank you,'" he says. A year later, he was again asked to participate. "I didn't feel I could say no twice. I said I'd be honored to accept if elected to the position by the Mayo trustees."

Dr. Steer has now served on the Board of Trustees for five years and is the only external member who is a Mayo alumnus. "I've had continuing relationships with Mayo investigators and clinicians for 35 years and have had revealing conversations that have given me a special view of the Mayo Clinic mindset and environment and what it takes for scientists to succeed," he says.

His unusual background has proven to be a good match for serving on the Board of Trustees. He's vice chair of the board's Business Development Committee. "I continually think about issues and opportunities germane to Mayo's business development future," he says. "Serving on the board is incredibly satisfying because of the quality of the other trustees. The communication among the public trustees, internal trustees and senior executive management is great. I've served on more than 25 boards, and only one or two have been as satisfying as Mayo's. This board lacks the standard ego-driven politics I've seen many times on other boards.

"The members' backgrounds are diverse and impressive. Regardless of what Mayo is considering, someone has had experience in it. Not every member knows everything about every challenge — the value is in the combination of our experience, which mirrors Mayo's approach to medicine. When patients have rare conditions, physicians may call upon colleagues down the hallway."

Dr. Steer says it is not uncommon for giants in American commerce to ask him what it's like to be on the Mayo Clinic Board of Trustees. "It's looked upon as a gem and a mystery," he says. "It's one of the great honors in medicine and business to be asked to serve on Mayo's board." ♦

Fast 5 with Dr. Steer

1 How did you become interested in medicine?

My father was crippled by a stroke and chronic heart failure when I was a teen. We spent month after month at the local community hospital during episodes of his heart failure. I was frustrated by my inability to understand what was going on and what the doctors were talking about. He died during my second year of college.

I addressed that frustration by pursuing a medical education and, later on, educating others in science and MBA courses as a guest lecturer.

2 What lessons did you learn at Mayo Clinic School of Medicine that have helped you in life or business?

One of the most important lessons I learned was how to present complex information and teach in a structured and clear format. The systems pathophysiology courses during years one and two at Mayo Clinic School of Medicine were of particular value, and I've applied those lessons throughout my business career.

3 Have you always been a risk-taker?

Yes. I was a gymnast and competed on the pommel horse, high bar and parallel bars. Every time you do that, you are taking a risk. I became a pretty good freestyle sprint swimmer. I had been afraid of water, so I taught myself how to swim as an adult — essentially by jumping into the deep end and doing what I needed to do, which is pretty much my approach to life. I've also spent many years flying airplanes, which entails considerable risk.

I'm an entrepreneur in many respects, which involves taking chances.



4 What's the job market like for M.D.s and Ph.D.s in your business?

Very strong. Limitless opportunities exist in industry for classically trained physicians. There are ups and downs due to macro market factors and periodic corporate downsizing, but these are often countered by the periodic flood of emerging early-stage companies. I've assisted many medical doctors in their emigration from the examination room to the executive suite.

5 What do you still want to accomplish?

I would like to successfully complete a couple of projects I am working on in liver diseases and lipidology. Those successes would offer a lifeline to many patients worldwide. I would also like to play a meaningful part in the future of Mayo via my role as vice chair of the Business Development Committee on the Board of Trustees.



It's one of the great honors in medicine and business to be asked to serve on Mayo's board."

— Randolph Steer, M.D., Ph.D.



On the shoulders of giants

Instilling a passion for research

Reeja Maskey, Ph.D. (BMB '16), says she was a little nervous about choosing a newly independent scientist as her Ph.D. mentor. Dr. Maskey chose to be the first graduate student in the lab of Yuichi Machida, Ph.D. (ONCL '08), even though she had invitations from other well-established labs.

"A bigger lab with a more experienced principal investigator would have been nice, but I noticed that Dr. Machida was in the lab himself," she says. "I thought I'd get a lot of one-on-one training from him, which would improve my scientific abilities. And that's exactly how it turned out. Dr. Machida's lab was only three people at the time — him, a tech and a postdoc. But we all helped each other and have progressed a lot since then."

Dr. Maskey says Dr. Machida, who has joint appointments in the Division of Oncology Research and Molecular Pharmacology and Experimental Therapeutics (MPET), kept her motivated during the pervasive disappointment in research. "He was my biggest supporter. Most of the time, your hypotheses

don't pan out. I didn't see any positive results for a few months. Dr. Machida said this was normal and encouraged me to keep trying. He pointed out that negative results are meaningful and can motivate you to explore new ideas. His passion for research and discovery fostered a highly productive environment and made my five years go by quickly with minimal frustration."

Dr. Maskey was thrilled to be able to present Dr. Machida with a Teacher of the Year Award from the students in the MPET program last fall. He was the students' overwhelming choice for the award.

"He's a brilliant scientist who is easy to talk to about any idea, no matter how far-fetched it is," says Dr. Maskey, now a research fellow in the Division of Medical Oncology. "I'll always be indebted to him for teaching me vital critical thinking skills, building my prowess and confidence as a researcher, instilling his passion for science in me and, lastly, for his friendship. He'll always be a valued mentor." ♦



I'll always be indebted to him for teaching me vital critical thinking skills, building my prowess and confidence as a researcher, instilling his passion for science in me and, lastly, for his friendship." — **Reeja Maskey, Ph.D.**





Mayo Clinic Alumni Association 70th Biennial Meeting Oct. 5-7, 2017

CME program: Mayo Clinic, Jacksonville, Florida
Conference hotel: Ponte Vedra Inn and Club,
Ponte Vedra Beach, Florida

Plenary sessions

Raymond Pruitt Lecturer

Fredric Meyer, M.D. (NS '87),
Juanita Kious Waugh Executive
Dean for Education, Mayo Clinic
College of Medicine and Science;
dean, Mayo Clinic School of
Medicine; Enterprise Chair,
Department of Neurosurgery;
Alfred Uihlein Family Professor
of Neurologic Surgery

"Individualized Medicine: A View at the Crossroads of Promise and Reality in the Practice"

Alexander Parker, Ph.D.
(HSR '00), Cecilia and Dan
Carmichael Family Associate
Director, Center for Individualized
Medicine, Mayo Clinic in Florida;
Vice Chair, Department of Health
Sciences Research; Professor of
Epidemiology and Urology

"Stem Cell Research"

Abba Zubair, M.D., Ph.D. (LABM '03),
Department of Laboratory Medicine
and Pathology, Mayo Clinic in
Florida; Associate Dean, Mayo Clinic
School of Health Sciences in Florida;
Associate Professor of Laboratory
Medicine and Pathology

Judd-Plummer Lecturer

Alfredo Quinones-Hinojosa, M.D.
(NS '16), Chair, Department of
Neurosurgery, Mayo Clinic in
Florida; Professor of Neurosurgery



The Biennial Meeting is a mere six months away, and the speaker
lineup is filling out. Registration information is coming soon.

2016 Distinguished Fellowship Awards

Each year since 1997 Mayo Clinic College of Medicine and Science has provided six outstanding residents and fellows with the Mayo Brothers Distinguished Fellowship Award. The award recognizes qualities associated with Mayo Clinic founders William J. Mayo, M.D., and Charles H. Mayo, M.D. Recipients are chosen from all three Mayo Clinic campuses based on outstanding clinical performance, humanitarianism and scholarly activity.

An endowment created by the Mayo brothers, who in 1915 donated their life savings to create a new graduate

school to train specialty residents, supports the stipends and benefits for the six outstanding award recipients.

Mayo Brothers Distinguished Fellowship Award

2016 recipients:

- 1 Awais Ashfaq, M.B.B.S. (S '17)**
- 2 John Bois, M.D. (MED '09, I '12, CTSA '15, CV '16)**
- 3 Hugo Botha, M.B., Ch.B. (I-1 '13, N '16)**
- 4 Waleed Brinjikji, M.D. (MED '11, RD '16)**
- 5 Elizabeth Vogel, M.D., Ph.D. (I-1 '12, BME '15)**
- 6 Jordan Ray, M.D. (I '16)**



Learn more about these award recipients at:
<https://alumniassociation.mayo.edu/news/>.

Additionally, Mayo Clinic College of Medicine and Science awards the Barbara Bush Distinguished Fellowship to an individual who represents the highest level of professional skills and humanitarian values. The recipient represents the ideals of the Mayo brothers and of Mrs. Bush and her husband, former President George H.W. Bush. The Barbara Bush Distinguished Fellowship was established in 2004 to express appreciation to Mrs. Bush for her years of dedicated service on the Mayo Clinic Board of Trustees and for the special relationship Mayo Clinic has with her and her husband.

Barbara Bush Distinguished Fellowship 2016:

- 7 Shennen Mao, M.D. (S '12, CI '14, S '16)**

Mayo Update

Mayo Clinic physicians elected to The National Academy of Medicine

Two Mayo Clinic physicians have been elected to The National Academy of Medicine (formerly the Institute of Medicine): Andrea Cheville, M.D. (PMR '06), and Michael Yaszemski, M.D., Ph.D. (OR '96).

New members are elected by current active members through a process that recognizes individuals who have made major contributions to the advancement of the medical sciences, health care and public health.

Dr. Cheville is a consultant in the Department of Physical Medicine and Rehabilitation at Mayo Clinic in Rochester and professor of physical medicine and rehabilitation.

Dr. Yaszemski is a consultant in the Department of Orthopedic Surgery at Mayo Clinic in Rochester, professor of biomedical engineering and the John and Posy Krehbiel Professor of Orthopedics Honoring Bernard F. Morrey, M.D., and director of Mayo's Bone Histomorphometry Lab.

Only five Mayo physicians have previously been elected to the academy: Thoralf Sundt, M.D. (N '64, NS '65), in 1991; Andrew Engel, M.D. (I '61, N '62), in 2003; Denis Cortese, M.D. (I-1 '71, I '72, THD '76), in 2005; Richard Ehman, M.D. (R-D '85), in 2010; and Clifford Jack Jr., M.D. (R-NEU '84), in 2013.



Andrea Cheville, M.D.



Michael Yaszemski, M.D., Ph.D.

Jacobson Building in Rochester gets 14 operating rooms

The Jacobson Building on the Mayo Clinic campus in Rochester will house 14 new operating rooms, due to be operational by the end of 2017. The operating rooms will comprise 37,000 square feet on the first floor of the building, where a frozen pathology lab, sterilization and decontamination areas, and other surgical support also will be located.

The new rooms will be larger than Mayo's existing operating rooms and are designed to improve surgery efficiency and meet the needs of changing technology in surgical procedures.

The Jacobson Building opened in 2015 and is home to the Proton Beam Therapy Program, which is on the lower levels of the building.



Mayo Clinic board recognizes retiring members, elects new members

The Mayo Clinic Board of Trustees recognized retiring members as emeritus trustees, elected and announced new members, and re-elected members at its board meeting in February.

Emeritus trustees

- Armando Codina, executive chair, Codina Partners
- Michael Dougherty, founder and chairman, Dougherty Financial Group
- Aulana Peters, retired partner, Gibson, Dunn & Crutcher

New public trustees serving four-year terms

- Ursula Burns, chair and CEO emeritus, Xerox Corporation
- Richard Davis, chairman and CEO, U.S. Bancorp
- Alan Mulally, former president and CEO, Ford Motor Company

Re-elected public trustees

- Brad Anderson, retired CEO and vice chairman, Best Buy
- Charles Tomm, president and CEO, The Brumos Companies

New internal trustee

- Heidi Nelson, M.D. (CRS '88, S '89), chair, Department of Surgery, Mayo Clinic

Re-elected internal trustees

- Daniel Berry, M.D. (ADULT '91), Department of Orthopedic Surgery, Mayo Clinic
- Lois Krahn, M.D. (MED '89, P '93, P-CON '94), Department of Psychiatry and Psychology, and Sleep Disorders Center, Mayo Clinic
- Paula Menkosky, vice chair of Administration, Mayo Clinic, and chief administrative officer, Mayo Clinic in Arizona

The Board of Trustees also recognized and honored Dawn Milliner, M.D. (I '80, NEPH '81), after 35 years of service. Dr. Milliner, who retired in January, served in leadership positions during her Mayo tenure, including the Mayo Clinic Board of Governors and the Mayo Clinic Board of Trustees.

Mayo researchers developing biomaterials to treat bleeding during surgery

Researchers from Mayo Clinic, in collaboration with Harvard Medical School and the Massachusetts Institute of Technology, are developing biomaterials that could protect patients at high risk for bleeding.

The universal shear-thinning biomaterial can be injected through an endovascular catheter, creating

an impenetrable cast of the vessel and preventing further bleeding.

With traditional endovascular embolization to treat abnormal blood vessels in the brain and other parts of the body, a pinhole puncture is made in the femoral artery. This procedure is accomplished by inserting metallic coils through a catheter into a vessel, which induces clotting to prevent further bleeding. For patients unable to form a clot within the coiled artery or patients on high doses of blood thinners for mechanical valves or cardiac assist devices, coil embolization could lead to complications, such as breakthrough bleeding. Re-bleeding after coil embolization is common and can be life-threatening.

The shear-thinning biomaterial offers advantages over metallic coils.

"Coils require the body's ability to create a clot to create an occlusion," says Rahmi Oklu, M.D., Ph.D. (R-D '15), Division of Vascular and Interventional Radiology at Mayo Clinic in Arizona and the study's lead co-author. "Our shear-thinning biomaterial, regardless of how anticoagulated the patient may be, will still create that occlusion."

The study was published in *Science Translational Medicine*.



Rahmi Oklu, M.D., Ph.D.

Obituaries

Immanuel Benjamin, M.D.
(S '69, I '70), died Jan. 8, 2017.

Frederick Dankmyer, M.D.
(OPH '70), died Nov. 13, 2016.

Vernon Dodson, M.D. (PREV '74),
died Feb. 6, 2015.

Reza Gharib, M.D. (PD '60),
died March 7, 2017.

Anders Melcher, Ph.D. (PHYS '80),
date unknown.

Barry Scanlon, M.D. (MED '77,
P '79), died Aug. 13, 2016.

Samuel Stubbs, M.D. (I '68,
THD '71), died Nov. 18, 2016.

Howard Taswell, M.D. (I '57,
PATH '61), died Oct. 9, 2016.

James Wise, M.D. (S '61),
died Nov. 18, 2016.

➔ alumniassociation.mayo.edu/people for complete obituaries and alumni news

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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creating and sustaining an
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Alumni Connect

SIGN UP TO MENTOR A MEDICAL STUDENT



Mayo Clinic School of Medicine
student Dipesh Solanky.

The Alumni Association has teamed with Mayo Clinic School of Medicine (formerly Mayo Medical School) on a mentorship program — Alumni Connect.

Alumni Connect pairs alumni mentors with medical students on the topic of residencies. Alumni who sign up have the opportunity to become involved in many ways, including:

- Answer a mentee's questions by email
- Share their experiences
- Help the mentee navigate the interview process
- Host a visit to their practice

To sign up:

- Visit alumniassociation.mayo.edu.
- Activate your online profile. If you've already done that, go straight to alumniassociation.mayo.edu/mentorship.
- Complete the form.
- When students search for mentors, you can be matched based on residency specialty, geography or both. Future versions of Alumni Connect will match alumni around other criteria.