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A Letter from the President

ayo Clinic has been instrumental in my professional life and personal formation. The benefits are immeasurable.

As Mayo Clinic grows and transforms, we want to make sure subsequent members of the Alumni Association benefit just as much from this affiliation that bonds us all. In this issue of Mayo Clinic Alumni, you'll see the third installment of the 100-year history of the Alumni Association and learn how influential our group has been. I hope you will become or continue to be active in the Alumni Association with your efforts, time and benefaction. Our contributions of time and

talent will positively affect future generations of physicians.

I am grateful and honored to have served as your president and proud to have represented the Mayo name across the country and world. It has been heartwarming to see firsthand that you share in this gratitude and pride. The best homage we can pay to Mayo is to excel professionally in our own institutions. We are the personification of Mayo's values to the outside world.

I look forward to seeing you at the Biennial Meeting in Arizona in October, where I will hand the gavel to the next president of the Alumni Association, Dr. Susheela Bala.



Juan Sarmiento, M.D.

- · Associate Director of Surgery Emory University School of Medicine
- Director, Hepatopancreatic Biliary Surgery, Emory University Hospital, Atlanta

NU Samuent

Web-only stories

Read the complete vintage stories at <u>alumniassociation.mayo.edu</u>

1 Stanford football team physicians

Read about Robert Jamplis, M.D. (S '51, TS '52), and Frederick Behling, M.D. (OR '56) — alumni who were team physicians for Stanford University football teams. Discover how they handled concussions and their views on injury risk, including permanent disability.

(The Mayo Alumnus, October 1967)

2 Guess who?

Which alumnus:

- · Captained his high school football, track and basketball teams
- Received a medical degree from the University of Pennsylvania
- Was an All-American in football in 1911-1912

- Described his greatest game as Pennsylvania vs. Michigan in 1915. He played 55 of 60 minutes with a broken nose, scored a touchdown and wrecked the opponent's running game with "tackle after slashing tackle." Down by three touchdowns at the half, Pennsylania won 28-21. He received the game ball.
- Completed a surgical fellowship at Mayo Clinic
- · Focused on chest surgery at Mayo Clinic
- Was nicknamed "Tack" short for tackle

(The Mayo Alumnus, October 1967) Ausmet: (02' S) . G.M , not ariting Hartl









Mayo Clinic Square (below) is home to Mayo Clinic Sports Medicine in downtown Minneapolis. The Minnesota Timberwolves and Lynx practice at the new facility (right) and play across the street at Target Center.



Mayo Clinic has extended its expertise to the Twin Cities (Minneapolis–St. Paul area) with the opening of Mayo Clinic Sports Medicine. This state-of-the-art facility offers comprehensive world-class sports medicine care at Mayo Clinic Square (formerly the site of Block E), across the street from Target Center in downtown Minneapolis.



Caring for Minnesota's NBA and WNBA teams

n addition to having shiny new facilities in a fresh geographic market, Mayo Clinic is the exclusive medical provider for the NBA Minnesota Timberwolves and two-time WNBA Champions Minnesota Lynx. Both teams have built practice facilities and corporate offices in Mayo Clinic Square. Mayo Clinic specialists diagnose, treat and rehabilitate team members' musculoskeletal injuries and implement programs for optimal performance and injury prevention.

"Mayo Clinic decided that sports medicine is a priority and expanded services in the last couple years in Rochester," says Jonathan Finnoff, D.O., medical director of Mayo Clinic Sports Medicine at Mayo Clinic Square, Minneapolis. "When the Timberwolves and Lynx organizations approached Mayo Clinic to build a sports



medicine center in the Twin Cities and become their exclusive medical provider, we were very excited about this mutually beneficial opportunity. This relationship provides the teams' athletes with access to the world-class, comprehensive care that Mayo Clinic is known for."

Dr. Finnoff points out that no other NBA team has a complex with practice and game-day facilities, corporate offices and sports medicine all in one location.

"If a player is injured during practice, he or she can walk across the hall for imaging and consultation," he says. "And if it happens during a game, our facilities are across the street from Target Center where the teams play." >>



Mayo Clinic decided that sports medicine is a priority." - Jonathan Finnoff, D.O.

Team physicians

Mayo Clinic Sports Medicine at Mayo Clinic Square, Minneapolis



Jonathan Finnoff, D.O. (SPMED '00)

- Medical Director, Mayo Clinic Sports Medicine at Mayo Clinic Square
- Department of Physical Medicine and Rehabilitation
- Team Physician, Minnesota Timberwolves and Lynx



Diane Dahm, M.D. (OR '97)

- Department of Orthopedic Surgery
- Head Orthopedic Surgeon, Minnesota Timberwolves
- Team Physician, Minnesota Twins (MLB)



Nancy Cummings, M.D. (OR '14)

- Department of Orthopedic Surgery
- Head Orthopedic Surgeon, Minnesota Lynx
- Team Physician, Minnesota Timberwolves

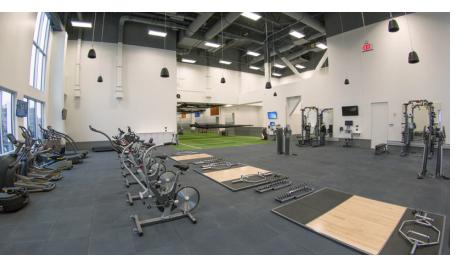
Extending Mayo Model of Care to Twin Cities

Michael Stuart, M.D. (OR '88), Sports Medicine Center co-director at Mayo Clinic in Rochester and Minneapolis, says, "Our partnership with these Minnesota teams provides an excellent opportunity to extend the Mayo Model of Care to Twin Cities residents. Through our relationship with the Timberwolves and Lynx athletes, we hope to inspire the public to learn more about evidence-based fitness and health practices."

Extending elite athlete expertise to everyday athletes

Dr. Finnoff says a high school athlete can be treated by the same medical team that cares for an NBA player. All patients in the new center have access to a comprehensive team in Minneapolis connected to a larger multidisciplinary team in Rochester.

"From precompetition nutritional guidance to surgical reconstruction, we're bringing the same level of care we provide to professional and Olympic athletes to people of all ages and athletic abilities," says Dr. Finnoff. "Every year thousands of people from the Twin Cities make the 90-mile trip to Rochester for sports medicine and other services. In this new location, we offer Mayo Clinic-quality care closer to the broader Twin Cities population and to the professional teams."



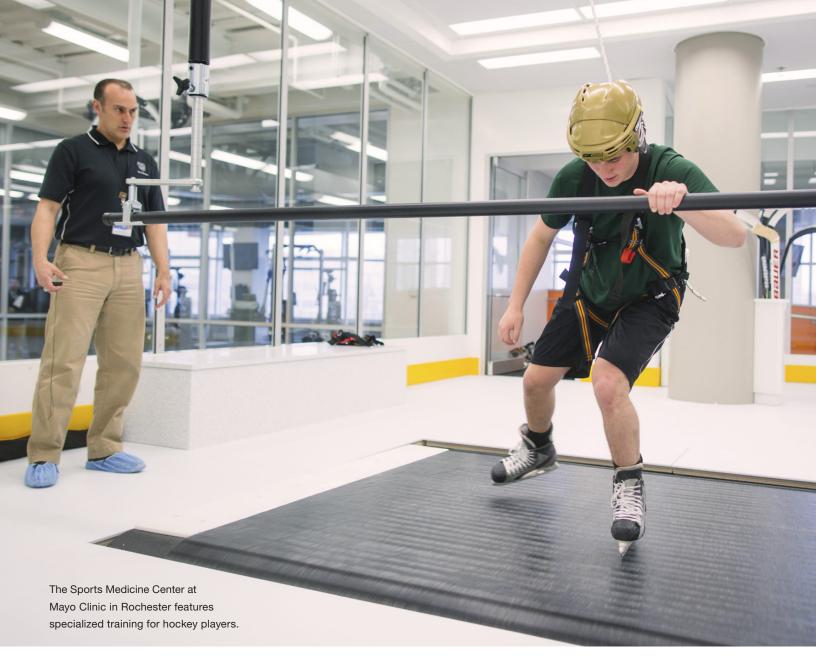


Mayo Clinic Sports Medicine at Mayo Clinic Square • Minneapolis

- Opened in October 2014
- 22,000-square-foot facility
- · Clinical services:
- Consultations for diagnosing, treating and rehabilitating musculoskeletal injuries
 - » Concussion management
 - » Orthopedic surgery (surgeries take place at Mayo Clinic in Rochester)
 - » Physical medicine and rehabilitation
 - » Regenerative medicine services: ultrasound-guided minimally invasive procedures such as

- injections of platelet-rich plasma (PRP) and stem cells to treat musculoskeletal conditions
- Imaging evaluations with the most powerful MRI that is commercially available (3-Tesla MRI), digital radiographs and musculoskeletal ultrasound
- Sport-specific training and conditioning for elite and amateur athletes provided by EXOS, a leader in human performance training
 - On-site certified strength and conditioning and sports dietetics
 - Pitching, hitting and golfing cages

- Video analysis of baseball and softball players, runner, golfers and other athletes
- More than 40 yards of turf for functional work
- Anti-gravity treadmill for athletes returning from injury
- Weight-lifting space
- Health and well-being programs
- Injury prevention
- Orthopedic and sports medicine research
- Mayo Clinic concierge to help with integrated access to Mayo Clinic in Rochester















Sports Medicine Center at Mayo Clinic • Rochester

The new Mayo Clinic Sports Medicine in Minneapolis is similar to the 2014 Mayo Clinic Sports Medicine Center 25,000-square-foot expansion at the Dan Abraham Health Living Center at Mayo Clinic in Rochester. That center also features state-of-the-art

sports medicine and performanceenhancement capabilities to train all levels of athletes, with these highlights:

- Advanced motion analysis and strength equipment
- Multiple playing surfaces wood for basketball and volleyball,
- artificial grass for turf sports, artificial ice for hockey, specialized lifting platforms
- Premier hockey training center with a Woodway skating treadmill and stick-handling and shooting-specific equipment

Mayo Clinic Sports Medicine in Minneapolis

STILL KICKIN'

'I want to move as much as I want to move until my last day'

aekwondo is a big part of Kristin Schantzen's life. She and her husband, Jay, train in this Korean art of unarmed self-defense every day. A second-degree black belt, Schantzen competes year-round. She's ranked in the top 10 in the American Taekwondo Association world championships for sparring. She describes the sport as a whole-body fitness experience — strength, flexibility and "heavy cardio."

Earlier in her life Schantzen was a Division I gymnast at the University of Minnesota.

"Twenty years of gymnastics and several years of martial arts have taken a toll on my body," she says. "I noticed that I had less flexibility as well as pain from my hip in the front of my leg. I continued to train and compete like I always did, but the pain could be intense. I took [over-the-counter] pain medicine every day."

Schantzen's husband, an anesthesiologist, had seen Jonathan Finnoff, D.O., medical director of Mayo Clinic Sports Medicine at Mayo Clinic Square, for knee pain and recommended him to his wife.

"I wanted someone to tell me what my options were to prolong the use of my hip so I could

continue with my sport," she says. "Dr. Finnoff explained my options, recommended physical therapy and offered me PRP injection therapy [an ultrasound-guided injection of the patient's own platelet rich plasma]."

Schantzen, who lives in Stillwater, Minnesota, and works in St. Paul as an anesthetist, had a physical therapy session at Mayo Clinic Sports Medicine and learned exercises to do at home to rehabilitate her hip. She had a PRP injection and says she could tell within a week that it was helping.

"I felt so much relief," says Schantzen. "My health insurance doesn't cover PRP, but it was worth it. Dr. Finnoff and his team explained every step along the way. Now I can do my sport without pain, and I feel better emotionally because a major source of stress is gone.

"Elsewhere I'd been made to feel like my hip pain was a result of aging and that I just needed to slow down. I want to move as much as I want to move until my last day. Mayo Clinic took helping me get better seriously. I feel like I was treated the same as any professional athlete would have been." ◆





SKIES THE LIMIT

'When someone you trust on the U.S. Ski Team says Mayo's the place for you, you go there'

ouis Nguyen of Chanhassen, Minnesota, started skiing at age 5 and ski racing at 6. "You could tell right away he had something special," says his father, Chanh Nguyen.

Louis Nguyen, age 16, trains with the U.S. Ski Team's National Training Group and earned a gold medal in the Rocky/Central U16 (16 and under) Championships. In 2014 he was the state champion in alpine skiing for Chanhassen High School, where he also is the goalie for the varsity soccer team.

Louis Nguyen was injury free until January 2015. At a U.S. Ski and Snowboard Association (USSA) race at Spirit Mountain in Duluth, Minnesota, his right ski got caught on something and twisted underneath him.

"I saw him go down and thought, 'come on, get up,' as it was really a nothing fall," says his father. "He was holding his knee, screaming in tremendous pain. I kind of knew what it was but was hoping it wasn't the case. It's devastating to see your child hurt."

The injury, a torn anterior cruciate ligament (ACL) came at a particularly bad time. February kicks off the season's big races. The months beforehand lead up to state championships and U16 junior championships, for which Louis Nguyen qualified. He was expected to be on the podium — if not winning — the U16 National Championships.

The Nguyens got an opinion at an orthopedic center but weren't confident they were in the right place. Chanh Nguyen reached out to the USSA medical director, Kyle Wilkens, who put them in touch with Jonathan Finnoff, D.O., medical director of Mayo Clinic Sports Medicine at Mayo Clinic Square. Wilkens also recommended Nancy Cummings, M.D., Department of Orthopedic Surgery, to perform the ACL repair.

"We knew about Mayo Clinic by reputation but didn't know about its sports medicine practice," says Chanh Nguyen. "When someone you trust on the U.S. Ski Team says Mayo's the place for you, you go there. From the initial consultation with Dr. Cummings to the surgery, everything was easy to schedule and went like clockwork."

Louis Nguyen had surgery in February at Mayo Clinic in Rochester and was home the next night. He began a comprehensive physical therapy program at Mayo Clinic Sports Medicine in Minneapolis and, according to his father, has met every metric for the ACL return-to-sport protocol.

"The physical therapist for the Timberwolves and Lynx has been working with him on core strength and his quadriceps and hamstrings," says Chanh Nguyen.

"He's doing great and has no pain. We expect him to be cleared at the six-month mark, and we can find on-snow training perhaps in Chile. If everything goes well, he can resume full-on training in the mountains in November."

Louis Nguyen aims to make the U.S. Ski Team, compete in the Olympics and ski on the World Cup circuit. When his elite skiing days are done, Louis Nguyen is interested in a career in medicine.

Chanh Nguyen says the support from the ski community has been great. "Parents, coaches and athletes at the state championship meet and junior championships texted me and said it wasn't the same without Louis. This level of skiing is competitive, but you want to race against the best, so you want your competition to be healthy.

"Mayo's comprehensive program and incredible facilities have helped Louis become healthy again." ◆ Mayo Clinic Sports Medicine in Minneapolis

HEALTHY VERDICT

'I feel stronger and motivated to stay strong'

usan Beltz of Minneapolis had pain and numbness in her right shoulder for three years, the result of a fall on the ice.

"Six months after the fall I continued to have persistent sharp pain when doing my regular activities — biking, yoga, working out. I received treatment, including physical therapy and injections in my shoulder, but the pain never fully went away.

"Eventually the pain migrated up my neck and down my arm. I noticed I was doing less and not pushing my body because I was afraid of causing more damage. I was frustrated. I didn't want to live with pain for the rest of my life. A co-worker recommended the new Mayo Clinic Sports Medicine center."

Beltz, an attorney who works downtown, saw Jonathan Finnoff, D.O., medical director of Mayo Clinic Sports Medicine at Mayo Clinic Square, and had two ultrasound-guided steroid injections in her shoulder.

"After my first visit, even before I received the shots, I left the clinic feeling optimistic," says Beltz. "Just walking into the clinic feels energizing. It makes me want to bike, jump, sprint and be strong. The culture of fitness at the clinic made me hopeful that I would recover."

Beltz followed her treatment with physical therapy. "Physical therapist Aaron Hellem got movement going in my shoulders and gave me detailed exercises to do at home. In a very short time I felt better and wanted to be stronger. When I asked for a recommendation to a personal trainer to improve my strength and avoid reinjuring myself, Aaron told me about the EXOS performance training programs."

Beltz began working with an on-site EXOS trainer on full-body weight training, stretches and exercises.

"I'm in a small group class, and the services are tailored to my needs," she says. "It has been so beneficial. I am working harder than I did before my injury. And if there are any questions about my abilities, I appreciate that my doctor and physical therapist are right there.

"Everyone at the clinic is kind and positive. I feel that they have a genuine interest in my health. The feeling is, 'We want you to be able to move and be active,' instead of, 'We'll give you a shot or a few stretches and send you on your way.' One of my goals was to have a sustainable plan for fitness. I have that, and the persistent numb feeling and pain in my shoulder are gone. I feel stronger and motivated to stay strong." •



After my first visit, even before I received the shots, I left the clinic feeling optimistic." - Susan Beltz



Jonathan Finnoff, D.O. (left), skiing in Lake Tahoe in the run up to the 2014 Winter Olympics.

GOLD **STANDARD**

From competitive mountain bike and cross-country ski racing to medical director of new venture

onathan Finnoff, D.O. (SPMED '00), was sure his career would center on sports. He had been a national-level cross-country skier and bicycle racer in high school and professional mountain bike racer during college. Then he had a life-changing experience.

One rainy night after an exam, Dr. Finnoff rode his bike home and came across an injured man lying in his path. Realizing that the pool of liquid surrounding the man was blood from a bullet hole to the head, he rode to a nearby library and called 911. He returned to the man, who was still breathing, and stayed with him until the ambulance arrived. By then, he'd stopped breathing. The wound turned out to be self-inflicted.

"I decided I wanted to have the skill set to help people," says Dr. Finnoff. "Mountain bike racing is very dangerous and often in the back country. I wanted to know some first aid in the event of a serious crash."

He took an EMT class and loved it. He changed his major from business to biology and applied to medical school. He stopped competing as a professional in mountain bike racing but kept a hand in competitive sports, winning the USA Cycling National Mountain Bike Series and National Championships in the masters division in his late 30s.

Start in sports medicine

After completing a sports medicine rehabilitation fellowship at Mayo Clinic, he accepted a position at the University of Utah.

Dr. Finnoff competing in national cycling championships.



"I was very excited to begin my career in the sports medicine clinic at the University of Utah, where I had completed my residency," he says.

Soon thereafter Dr. Finnoff accepted a position as head team physician for varsity athletics with Utah State University, a Division I school.

While in Utah he served as medical director for the athlete medical clinics at one venue during the 2002 Winter Olympics in Salt Lake City. There he became acquainted with the U.S. Ski Team and later became one of the team's physicians.

Dr. Finnoff moved to Bend, Oregon, to serve as a primary care sports medicine physician for an orthopedic practice closely affiliated with the U.S. Ski Team.

Return to Mayo Clinic

When Mayo Clinic expanded its Sports Medicine Center in 2007, Dr. Finnoff returned to Rochester to work in the center for the next four years.

Shortly after arriving in Rochester, Dr. Finnoff and his wife had their first child.

"My wife missed living near family, so we moved to the Lake Tahoe area to be closer to relatives," he says. "But I wanted to be back in an academic setting with Mayo Clinic, and we wanted to raise our family in the Midwest. Fast-forward three years to the opening of the Sports Medicine program in Minneapolis, and I'm back. We love the Twin Cities.

"Working here is like going to work at a candy store every day. I get to do research, be involved in the residency program, work with fellows and have an outstanding clinical practice."

A labor of love and a model program

Dr. Finnoff says working with sports teams often is a labor of love.

"Utah State University had 18 Division I teams," he says. "I was in the training room every evening and covered home and away games. It's a seven-days-aweek commitment. You do it because you love taking care of athletes and the types of injuries they have."

Dr. Finnoff has a special affinity for endurance athletes. "They're very dedicated to their sports and often don't get recognition or money," he says. Since 2002 Dr. Finnoff has worked with the U.S. Ski Team's cross-country skiers, Nordic combined athletes and ski jumpers, traveling around the world with them.

Now he is caring for injured basketball players.

"The program we've developed in Minneapolis allows the team immediate access to medical facilities and facilitates communication. The athlete, coach, trainer and medical team can talk about the treatment plan for an injury face to face when it happens. This is going to become the gold standard in sports medicine at the professional level."

Applications to everyday athletes

In addition to treating high-caliber athletes, Dr. Finnoff sees everyday athletes and people with orthopedic concerns at the new Mayo Clinic Sports Medicine facility.

"It's exciting to apply what we learn from caring for elite athletes to all of our patients — from concussion management, physical therapy and strength conditioning coaching to regenerative medicine procedures and orthopedic surgery." ◆

Jonathan Finnoff, D.O.

- Medical Director, Mayo Clinic Sports Medicine at Mayo Clinic Square, Minneapolis
- Department of Physical Medicine and Rehabilitation
- Team Physician, Minnesota Timberwolves and Lynx
- Fellow, American Academy of Physical Medicine and Rehabilitation and American College of Sports Medicine
- Head Team Physician, U.S. Ski and Snowboard Association's Nordic Combined Team (ski jumping and cross-country skiing)
- Team Physician United States Ski and Snowboard Team;
 2014 Winter Olympics
- Medical Director 2013 U.S. Freestyle Skiing National Championships;
 Athlete Medical Clinics, 2002 Winter Olympics; numerous marathons,
 ultra-distance triathlons, bike races, adventure races
- Practiced at Tahoe Orthopedics and Sports Medicine, South Lake Tahoe, California; Mayo Clinic, Rochester; Desert Orthopedics, Bend, Oregon; Alpine Orthopedic Specialists, Logan, Utah; University of Utah (Salt Lake City), Division of Physical Medicine and Rehabilitation
- Fellowship: Sports Medicine Rehabilitation, Mayo School of Graduate Medical Education
- Residency: Physical Medicine and Rehabilitation, University of Utah, Salt Lake City
- Medical School: University of New England, Biddeford, Maine
- Undergraduate: University of Colorado, Boulder



BACK ON THE COURT

Head orthopedic surgeon for Lynx has lifelong love of hoops

ancy Cummings, M.D. (OR '14), has had a lifelong love of basketball. "I had a growth plate injury and trouble with my hip as a kid and spent a year on crutches," she says. At the end of that year, at 14, she tried out for her school's basketball team and, to her surprise, was successful. "My high school coach never emphasized what I couldn't do [run fast]. He focused on what I could do, and that bonded me to basketball and was a great life lesson."

During summers through high school, she worked at a basketball camp in Pennsylvania. The owner of the camp encouraged her to work on her shot rather than worry about her lack of speed. In high school she played on the varsity team. Dr. Cummings played basketball in college and then played on a men's intramural team and in a men's league during medical school. She continues to play when she can.

"I realized I wouldn't be a high-level player, but I could help athletes continue to participate at their highest level," she says. "As a result of my experience as an orthopedic patient and athlete, I decided to become an orthopedic surgeon."

Team doctor

Today Dr. Cummings is the head orthopedic surgeon for the WNBA Minnesota Lynx and a team physician

Nancy Cummings, M.D. (right), played high school hoops for the Wethersfield (Connecticut) Eagles.

for the NBA Minnesota Timberwolves at the new Mayo Clinic Sports Medicine in Minneapolis.

She provides orthopedic care for the Lynx, including preseason musculoskeletal physicals, attends their preseason camp and travels with them on the road for some games. With the team on-site, she can tend to injuries and concerns immediately.

"This partnership is unique," she says. "We're providing our expertise to the teams as well as using the partnership to advance science, education and — most importantly — patient care. We will have Mayo Clinic residents and fellows in this new facility to learn as we analyze athletes and performance."

Regular doctor

Dr. Cummings sees patients of all activity levels and ages for orthopedic concerns at Mayo Clinic Sports Medicine in Minneapolis and travels to Rochester for surgery. She specializes in sports injuries, with a focus on the knee and shoulder.

"Now that I'm at Mayo Clinic, I have colleagues who are world experts to treat the conditions I don't treat as frequently," she says. "The new Sports Medicine center is a great access point for Twin Cities patients who may not want to go to Rochester for a first look."

Alumni connections

Dr. Cummings can understand the reluctance to travel to Rochester.

"I actually interviewed for a residency at Mayo Clinic in 1984," she says. "It was 30 degrees below zero. I was impressed by Mayo Clinic but was offered an impossibleto-turn-down residency at Harvard before the match."

Thirty years later, Dr. Cummings' path took a different course.

She attended a conference at Duke University several years ago with Mayo Clinic's Diane Dahm, M.D. (OR '97), Department of Orthopedic Surgery and team physician for the Timberwolves and Minnesota Twins. The two also participated in Duke's Basketball Experience together.

"Dr. Dahm and I belong to The Forum, an elite women's sports medicine group," says Dr. Cummings. "I was practicing in Maine when Mayo Clinic and the Timberwolves and Lynx were talking about forming their partnership."

Dr. Dahm mentioned Dr. Cummings to Daniel Berry, M.D. (ADULT '91), former chair of the Mayo Clinic Department of Orthopedic Surgery and the L.Z. Gund Professor of Orthopedics, as a candidate to take care of the Lynx and work at Mayo Clinic Square. Dr. Berry and Dr. Cummings had been residents together at Harvard.

Dr. Cummings interviewed, and Dr. Berry offered her the job.

"The timing wasn't right to do my residency at Mayo, but I love it here now," says Dr. Cummings, who says she has been impressed by the integrated teamwork among Mayo Clinic medical staff.

"I've practiced with the tenet 'the needs of patients come first' my whole career. It was how I was treated as a pediatric orthopedic patient. It's nice to have that as the prime institutional philosophy. That, combined with the collaborative spirit, creates the best possible environment for our patients — whether they are professional, collegiate or amateur athletes or just active people with orthopedic concerns." •



Nancy Cummings, M.D.

- Department of Orthopedic Surgery, Mayo Clinic Sports Medicine at Mayo Clinic Square, Minneapolis
- Head Orthopedic Surgeon, Minnesota Lynx
- Team Physician, Minnesota Timberwolves
- Fellow of American Orthopaedic Association, American College of Surgeons, American Orthopedic Society for Sports Medicine and American Academy of Orthopedic Surgeons
- Former Team Physician Lowell Spinners, minor league baseball affiliate of the Boston Red Sox; University of Maine, Farmington; Mount Blue High School in Farmington, Maine; and Carrabassett Valley Academy, Maine
- Practiced orthopedic surgery at Franklin Memorial Hospital in Farmington, Maine; Olympic Medical Center in Port Angeles, Washington; Fairview Hospital in Great Barrington, Massachusetts; Berkshire Medical Center in Pittsfield, Massachusetts; UMass Memorial Medical Center in Worcester; and Beth Israel Deaconess Medical Center in Boston
- Fellowship: Sports Medicine, UMass Memorial Medical Center, Worcester
- Residency: Combined Orthopaedic Surgery, Harvard University, Boston, Massachusetts
- Research Fellowship: Department of Orthopaedic Surgery, Massachusetts General Hospital, Boston
- Medical School: Columbia University College of Physicians and Surgeons, New York City
- Undergraduate: Bates College, Lewiston, Maine



CONCUSSION RESEARCH

Studying head trauma on the ice and field to develop protocols for objective diagnoses and treatment



Aynsley Smith, Ph.D.

n 2011 Aynsley Smith, Ph.D., saw an article in the *Harvard Gazette* that showed how rat neuron dendrites in a petri dish retracted, failed to make connections and died when exposed to blast trauma. The retraction decreased partially in response to a blocking agent, known as an inhibitor.

"It struck me that this might happen to concussed athletes as well as soldiers — the neurons die and the individual has difficulty making connections in sequential thinking," says Dr. Smith, a concussion researcher in Mayo Clinic Sports Medicine in Rochester. "I redirected my research and committed to getting to the bottom of what happens in athletes' brains."

Mayo Clinic has been involved in concussion research, especially as it involves hockey players and other athletes, for about eight years. Dr. Smith and her research team will begin a pilot study this fall, funded by USA Hockey,

to collect information about the brain before and after significant head trauma. They hope the study will lead to a longer-term study of the effects of head trauma on athletes who can serve as surrogates for military personnel.

The need

"Concussions have increased in combat as a result of IED [improvised explosive device] proliferation and in sport due to increased player size, speed and violence," says Dr. Smith, principal investigator of the study. "It's estimated that 15 to 30 percent of athletes and soldiers sustain concussions, but the numbers could easily be two to three times what is reported due to the subjectivity of diagnosis."

Currently, athletic trainers use the Sport Concussion Assessment Tool 3 (SCAT3) when a concussion is suspected. SCAT3 components query orientation, signs and symptoms, balance, and immediate and delayed recall. Portions of this assessment, according to Dr. Smith, are vulnerable to denial or exaggeration.

"Concussed players and soldiers are returned to sport and combat based on subjective, potentially inaccurate criteria," says Dr. Smith. "We don't have evidencebased concussion protocols. For proper diagnosis, we need an objective, rapid protocol that results in effective recognition and treatment of concussions."

Dr. Smith likens the current subjective concussion diagnosis to diagnosing heart attacks decades ago. That, too, was subjective and unreliable but is now supported by valid, objective measures — electrocardiogram (EKG) and blood biomarkers — that also quantify severity.

"Mayo Clinic Sports Medicine aims to study athletes from amateur, collegiate, national and possibly professional teams as combat-troop surrogates to understand the effects of repeated head trauma on subclinical and clinical events," says Michael J. Stuart, M.D., co-director of Sports Medicine at Mayo Clinic.

Ann McKee, M.D., director of Neuropathology Care at Boston University, is an expert on chronic traumatic encephalopathy (CTE), or concussion aftermath. "The source of a concussion, whether from a collision on the playing field or an explosion on the battlefield, is irrelevant to affected neurons," she says. "Research shows a similar axon and dendritic retraction in the neuronal response to mild traumatic and blast traumatic brain injury."

Dr. Smith says athletes are a more available population to study in an in-depth, controlled manner. "We can apply what we learn about them to military personnel."

The plan

The Mayo Clinic study will:

- Obtain data from athletes on ice and the playing field, including concussion history, baseline, post-trauma and return to play
- Quantitate head-impact events and analyze frequency and magnitude of linear and angular acceleration information from instrumented safety equipment including helmets and mouthguards
- Use video reconstruction to study the mechanism of impacts and resulting brain deformation; expose rat neurons to the same strain magnitudes and rates that are measured in objectively diagnosed concussed athletes
- Observe the neuronal response before and after the application of potentially neuroprotective drugs in this simulated trauma
- Identify treatment in a prospective, controlled trial of promising FDA-approved pharmacologic agents

Athletes experiencing a potentially concussive blow will be evaluated with the NeuroCatch, a quantifiable, portable electroencephalogram (EEG) that has components of the SCAT3 embedded in it; the King-Devick Test of oculomotor function; and serum biomarkers that indicate trauma to the cell body and axon. The on-the-sidelines components of testing will evolve to take less than four minutes, and the prognostic biomarkers and metabolomics profile are expected to be available in 24 to 48 hours. Dr. Smith says these diagnostic tools will provide a reliable mechanism to quickly and objectively diagnose and guide concussion management.

The objective

"Our research team hopes to use the data collected to design a clinical drug trial that investigates the amelioration of concussion symptoms and a pharmacologic regimen that reduces the severity and time required to recover from a concussion," says Dr. Smith.

"Our research team's objective is to make sure our diagnostic tools on ice and in the field are lightweight and fast and provide definitive results so they can be deployed to the front lines, to flight and to military care centers. Only when the correct objective diagnoses are made, the severity evaluated and the prognostics understood can the potential benefits of treatment for concussed athletes and warriors be interpreted in a meaningful way." ◆



Members of Mayo Clinic Ice Hockey Concussion Team:

- Michael Stuart, M.D. (OR '88), Co-director of Sports Medicine at Mayo Clinic
- David Dodick, M.D. (I-1 '91, N '94), Department of Neurology, Mayo Clinic, Arizona
- Jonathan Finnoff, D.O. (SPMED '00), Medical Director, Mayo Clinic Sports Medicine at Mayo Clinic Square, Minneapolis
- Cara Prideaux, M.D. (PMR '11), Sports Medicine, Department of Physical Medicine and Rehabilitation, Mayo Clinic, Rochester
- Edward Laskowski, M.D. (PMR '90), Co-director of Sports Medicine at Mayo Clinic
- Aynsley Smith, Ph.D., Departments of Orthopedic Surgery and Physical Medicine and Rehabilitation, Mayo Clinic, Rochester
- Chad Eickhoff, Mayo Clinic Sports Medicine Center, Coordinator of Athletic Training Services, Rochester
- Janelle Jorgensen, Research Coordinator, Mayo Clinic Sports Medicine Center, Rochester
- David Krause, D.Sc., Department of Physical Medicine and Rehabilitation, Mayo Clinic, Rochester
- Andrew Thoreson, Biomechanics Laboratory
- Kristen Greek, Certified Athletic Trainer, Mayo Clinic Sports Medicine Center, Rochester

Other Mayo Clinic physicians on the concussion research team:

- Bradley Boeve, M.D. (I-1 '92, N '95, N-ACF '96), Department of Neurology
- John Huston III, M.D. (R-D '88, NRAD '89), Department of Radiology
- Ronald Petersen, M.D., Ph.D. (MMS '80, N '84), Department of Neurology
- Nicholas Wetjen, M.D. (NS '07), Department of Neurosurgery

External collaborators

- University of Minnesota
- Simon Fraser University (Burnaby, British Columbia, Canada)
- Western University (London, Ontario, Canada)
- University of Ottawa (Ontario, Canada)
- North Dakota State University (Fargo)
- University of Pennsylvania (Philadelphia)
- Sanford Orthopedics & Sports Medicine (Sioux Falls)

CABLE GUY

MARK ADICKES, M.D.

Catch this alumnus on TV any given Sunday during football season



ny given Sunday during the football season you may find Mark Adickes, M.D. (OR '05), providing commentary about athletes' injuries on ESPN or DirecTV's Fantasy Zone channel. Dr. Adickes doesn't just provide the perspective of an orthopedic surgeon. He is a former NFL player — an

offensive linesman for the Washington Redskins (1990–1993, including the 1991 Super Bowl Championship Team) and Kansas City Chiefs (1986-1990) and was an All-American player at Baylor University.

A back injury ended his professional football career. Now he helps others with injuries and degenerative conditions.



"Numerous injuries, surgeries and rehabilitations gave birth to the idea to become an orthopedic surgeon," says Dr. Adickes. "My teammates thought I

was crazy when I told them I was about to spend 13 years in school training to become a doctor. I was the second oldest student in my class at Harvard Medical School and was married with children when I began my studies."



PHOTO COURTESY OF KANSAS CITY CHIEFS

His time at Mayo Clinic

During residency at Mayo Clinic, he says he learned many lifelong lessons. "What makes Mayo really special is the way physicians from different specialties work with one another. Every time a consultant got a call from another doctor, they always saw that patient right away. I have tried to foster that in my practice. If a doctor calls me and wants me to see a patient, I see them the same day.

"The doctors at Mayo Clinic had exemplary bedside manner. They took the time necessary to take care of their patients physically and emotionally. Injury and surgery are scary subjects when you are the patient."

Adickes also says he learned not to put business before the needs of the patient. "Medicine today can be a very volume-oriented business. Mayo Clinic ingrained in me the diagnostic approach and appropriate algorithm for determining who needs surgery and only performing procedures when absolutely indicated. This approach has made my practice very gratifying and my patients very happy."

His practice

Dr. Adickes treats high school, college and professional athletes and cares for recreational athletes in the community. He specializes in minimally invasive



arthroscopic surgery of the knee, shoulder and hip. He is a former team physician to the Houston Rockets (NBA), Houston Comets (WNBA), U.S. Ski Team and Houston Rodeo, and current hip consultant to the Houston Texans NFL team.

In 2009 he was chosen by Baylor University sophomore quarterback Robert Griffin III to perform his reconstructive knee surgery in Houston. In 2011, just 11 months after surgery, Griffin returned to play and won the Heisman Trophy while leading the Baylor Bears to a 10-win season.

During the football season, Dr. Adickes sees orthopedic patients five days a week. He flies to New York City each weekend for his DirecTV Fantasy Zone channel show and returns to Houston early on Monday mornings.

His broadcasting career

On the subject of his broadcasting career, Dr. Adickes says his task is to provide medical insight into injuries. "People find sports medicine interesting, especially when they're 'attached' to a team or player. They want to know when players will return and if they'll be able to perform at a high level. Proper injury analysis is an important part of sportscasting. But just because you treat athletes doesn't mean you know what it's

like for an athlete. I know what the injury, surgery, rehabilitation and return to play are like from the athlete's and physician's perspective. Athletes respect that I know what it's like to have your job on the line due to a potentially career-ending injury. I'll always be a sports fan, and this is a great way to be close to sport and athletes."

Dr. Adickes says he's provided a positive message to his five children, ages 21 to 11. "They know it's never too late to change your career path in an effort to find joy and fulfillment."

COURTESY OF ESPN

Mark Adickes, M.D.

- Orthopedic Surgeon, The Ironman Sports Medicine Institute, Houston
- Assistant Professor, University of Texas Medical School, Houston
- Injury Analyst, ESPN and DirecTV Fantasy Zone channel
- Fellowship: Sports Medicine, The Steadman Clinic, Vail, Colorado
- Residency: Orthopedic Surgery, Mayo School of Graduate Medical Education
- Medical School: Harvard Medical School, Boston, Massachusetts
- Undergraduate: Baylor University, Waco, Texas

FULL PLATE

NANCY RODRIGUEZ, PH.D.

Alumna has a full plate — including advising others what to put on theirs



s a postdoctoral research fellow at Mayo Clinic in the 1980s, Nancy Rodriguez, Ph.D. (ENDO '86), focused her research on the role of protein in diet. She continues research in that realm today and is considered an expert on protein and human nutrition. A fellow of the American College of Sports Medicine, Dr. Rodriguez teaches, conducts research and provides sports nutrition counseling.

Her chocolate milk study

In 2010 Dr. Rodriguez's work gained attention when a study conducted in her lab at the University of Connecticut's Department of Nutritional Sciences proved chocolate milk to be an effective post-workout drink for restoring muscle. The study, "Chocolate milk and endurance exercise recovery: protein balance, glycogen, and performance," was published in *Medicine & Science in Sports & Exercise* (April 2012).

"The chocolate milk study validated one of my first funded projects as an assistant professor, where I investigated the effect of drinking milk during exercise on protein utilization," says Dr. Rodriguez. "At the time, in the late '90s, no one could conceive of milk as a sports beverage."

Her work with collegiate and professional athletes

Today, as head sports nutritionist in the UConn Department of Sports Medicine, Dr. Rodriguez applies her expertise to help prepare collegiate athletes for competition including former UConn athletes. They include Maya Moore (Minnesota Lynx, WNBA), Darius Butler (Indianapolis Colts, NFL), Emeka Okafor (former Washington Wizards player, NBA free agent), Kemba Walker (Charlotte Hornets, NBA) and Diana Taurasi (Russian Premier League, former WNBA player).

Dr. Rodriguez also has worked with professional teams in hockey and men's and women's basketball. She recently completed three years as sports nutrition consultant to the Indianapolis Colts.

Her work on the President's Council on Fitness, Sports and Nutrition

Dr. Rodriguez also shares her knowledge with a broader audience. In 2014 she was appointed to a three-year term on the Science Board of the President's Council on Fitness, Sports and Nutrition, and she is the Board's new chair. The Science Board was formed in 2003 to ensure the messages and programs of the President's Council are scientifically sound. Its 13 members include scholars



who have made significant contributions to the research and science of physical activity, health, sports and nutrition. Mayo Clinic's Daniel Hurley, M.D. (I '83, ENDO '86), Division of Endocrinology, Diabetes, Metabolism, & Nutrition, and Internal Medicine, also is on the Board.

"In this capacity, I'm focused on translating the Council's message to reduce obesity across the life cycle — with a focus on good nutrition and activity for healthy aging," says Dr. Rodriguez, who conducted a recent study of yoga as an exercise for middle-aged adults to maintain muscle.

"Dan Hurley and I were fellows at the same time at Mayo, so it's fun working together on the President's Council," she says. "I find a little bit of Mayo Clinic everywhere I go."

Her reflection on the atmosphere at Mayo Clinic

Dr. Rodriguez looks back on her training at Mayo Clinic and credits it with the approach she uses in her research lab today.

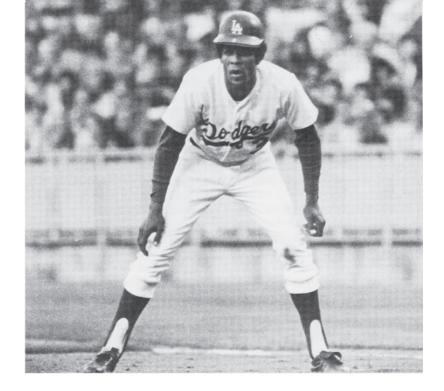
"In the lab as a fellow in the endocrine unit at Mayo Clinic, I learned the benefits of camaraderie and intellectual sharing," she says. "We all had our

own projects, but intellectual ownership wasn't a huge concern. The atmosphere fostered a sense of community in contributing and understanding that discussions involving several people from different areas were the most productive. There is a respect for all people and acknowledgment that everyone has a role to play.

"I encourage that collegial approach in my work with teams as I counsel athletes, sports medicine physicians, athletic trainers, and strength and conditioning coaches." • OF UNIVERSITY OF CONNECTICUT

Nancy Rodrigez, Ph.D.

- Director, Sports Nutrition Services, Department of Sports Medicine,
 Division of Athletics
- Professor of Nutritional Sciences
- University of Connecticut, Storrs
- NR2 Nutrition Consulting Services
- Fellowship: Endocrine Research Unit, Mayo School of Graduate Medical Education
- Graduate: Ph.D., Biochemistry; Master's Degree, Nutrition, West Virginia University, Morgantown
- Undergraduate: Virginia Tech, Blacksburg



Dodgers' center fielder Willie Davis.



SPORTS FLASHBACK

Alumnus provided medical care for Dodgers

obert M. Woods, M.D. (I '41), was a solo practitioner in Santa Monica, California, who became team physician for the Los Angeles Dodgers baseball team from 1958 to 1966. A *Mayo Alumnus* story in October 1973 described how he started working with professional baseball — first with the Los Angeles Angels minor league team:

One night an injured Angels' player was in need of medical care. Doctor Woods was called by the Angels' announcer, himself a patient. Soon thereafter, the Angels' management was sending all its players to Bob Woods' office for treatment, and his official designation as "team physician" came after the Angels asked him "to come on out and see some of the games."

"I just started seeing the players at the ball park then," Doctor Woods says.

Dr. Woods' duties with the Dodgers included:

- Planning for the organization's medical program
- Providing year-round primary medical care to Dodger management, employees and players' families
- Treating and examining Dodgers and visiting team players, coaches and umpires
- Overseeing the ballpark's first-aid station "When you have 50,000 people or so for a double-header," said Dr. Woods, "it's like taking care of a city that size for six to eight hours."

Alumnus Robert Woods, M.D., checked to see how catcher Joe Ferguson's fractured thumb was healing.





Dr. Woods with Dodgers' manager Walter Alston.

Dr. Woods credited baseball owners and the Major League Baseball Team Physicians Association with creating an identity for sports medicine from the early 1960s to the early 1970s. "Any amount of money an owner spends on an athlete from a medical standpoint is peanuts when you compare the money he's got invested in the players' salary and drawing power. We physicians finally impressed upon the owners that if they are going to pay a man \$150,000 to \$200,000 a year, it behooves them to keep that man in good shape."

Dr. Woods made sometimes-painful decisions about players' injuries and, thus, their careers. "Medical opinions are important in trades. If we have access to a player, we will examine him for an opinion as to whether a certain joint is going to give him trouble or a certain illness that he has or has had will be a problem. We give management a straight answer, which they weigh with scouting reports and other information, and trades usually develop or fizzle a short time later."

▶ Read the complete October 1973 Mayo Alumnus story online to learn the role Dr. Woods played in Hank Aaron's pursuit of Babe Ruth's home run record and his treatment of Sandy Koufax. alumniassociation.mayo.edu

Alumnus designed football shoe

In 1966 Houston orthopedic surgeon Bruce Cameron, M.D. (OR '50), introduced a new concept of football shoe designed to reduce knee injuries. He developed the



Alumnus Bruce Cameron, M.D., collaborated with a trainer for the Baltimore Colts to develop a football shoe — the Wolverine Swiveler — designed to reduce knee injuries.

shoe with the assistance of the Baltimore Colts trainer, Otho Davis.

Dr. Cameron said most knee injuries occur because cleated football shoes forced into the turf didn't allow thigh and shinbones to move as a unit. Dr. Cameron's shoe was called the Wolverine Swiveler, after the manufacturer. The shoe's cleat unit was capable of swiveling 360 degrees and featured a torsion bar on the heel.

"The shoe is good for any sport you change directions in — rugby, lacrosse, even baseball," said Dr. Cameron. "As man becomes a swiveler, he will have moves you can't make when he has to have cleats in the ground. Anytime you work in science and want an answer, go back to nature. She already has the answer. Simulate it and usually you are right." ◆



WHERE ARE THEY

William Simmons, M.D., beneficiary of a helping hand lends a hand

illiam Simmons, M.D. (MMS '81), arrived at a medical career in a nontraditional way. A native of South Carolina, he was the first from his school to go to medical school and one of the few to go to college. He moved across the country in pursuit of an education, including two Mayo Clinic experiences. Having benefited from mentorship, beginning at home, Dr. Simmons now is reaching back to help produce the next generation of black American men in medicine.

"I was raised by my grandparents in rural Charleston County, South Carolina," says Dr. Simmons. "Although my family members experienced limited opportunities, they encouraged me to seek the highest levels of educational accomplishment. My grandfather, who had one of the largest blackowned farms in the county, made me believe that I could do anything I wanted to.

"I liked to dream about the possibilities. Television was an outlet. My initial exposure to medicine was 'Marcus Welby, M.D.' I loved his kindness and compassion. When I announced at my eighth-grade graduation that I wanted to be a doctor, the teachers laughed because it seemed so far-fetched."

Moving for opportunities

Dr. Simmons attended all-black schools until ninth grade. A few students were selected to go to a white school in an integration attempt, but he wasn't among them. His opportunity came through the Earl Jackman Relocation Program sponsored by the Presbyterian Church (U.S.A.) The program placed high-potential black students from segregated Southern schools with white families in the North and West. (The program ended in 1972 due to debates about the effects of placing students with families of a different race.)

Dr. Simmons moved to New York City at age 13 through the relocation program after his church pastor convinced his family of its value. "I was a bit behind in school when I arrived in New York, but the mother in the family I stayed with tutored me every night," says Dr. Simmons. "I passed the state's Regents Examinations at the end of 10th grade because of her tutoring. That rigor set the groundwork for my further development."

As a sophomore in high school, Dr. Simmons participated in a health careers program at New York University School of Medical.

After a year he moved to Bozeman, Montana, where he lived with another family during his last two years of high school. His participation in the Earl Jackman Relocation Program ended when he graduated.

Then he was off to The College of Wooster in Ohio for two years. After transferring to Carleton College in Northfield, Minnesota, he participated in a Health Careers Opportunity Program at Mayo Clinic. For each of two summers during college, he spent 10 weeks working in the hematology lab of



Paul Didisheim, M.D. (PATH '65). A few years later, he returned to Mayo for medical school.

A 1975 *Mayovox* profile of Dr. Simmons as a participant in the Health Careers Opportunity Program said:

He's on the road again, headed for Carleton to complete his collegiate studies, then on to medical school and perhaps eventually to a clinic of his own making, where he could serve poor people. Where his journey into the mainstream of American life will ultimately take him is uncertain. But he will get there. ...

Fulfilling his dream

He did "get there" and does indeed serve poor populations. In addition to his academic medicine positions, he is president of Gateway Medical Society, a nonprofit organization in Pittsburgh. Founded in 1963 as an affiliate of the National Medical Association, Gateway's mission is to:

- Promote the health and welfare of black and socioeconomically challenged populations in southwestern Pennsylvania
- Enhance the quality of health services by addressing racial disparities in health care

William Simmons, M.D., an anesthesiologist at UPMC Shadyside Hospital in Pittsburgh, is president of Gateway Medical Society, which has a program dedicated to preparing young black males for careers in science, technology, engineering and math.

• Enhance wellness by providing health education to the community

Gateway Medical Society's primary programs include a symposium that educates the innercity public about prominent medical problems in their community, a

provider symposium that educates medical professionals about issues and changes in medicine that affect their practices, and the Journey to Medicine Academic Mentorship Program for African-American males.

"Gateway raises a voice for black physicians, nurses and dentists who care for the socioeconomically challenged and underserved patients in the greater Pittsburgh community," says Dr. Simmons.

William Simmons, M.D.

- Attending Anesthesiologist, UPMC Shadyside Hospital, Pittsburgh
- Visiting Associate Professor of Anesthesiology,
 University of Pittsburgh School of Medicine
- Fellowship: Pediatric Critical Care and Pediatric Anesthesiology, UPMC Children's Hospital of Pittsburgh
- Residency: Pediatrics, Georgetown University Medical Center, Washington, D.C.; Anesthesiology, George Washington University Hospital, Washington, D.C.
- Medical School: Mayo Medical School
- Undergraduate: Carleton College, Northfield, Minnesota
- Native of: Yonges Island, South Carolina

Mentoring young men on the path to medicine

The Journey to Medicine Academic Mentorship Program was established in 2009. Students are selected in sixth grade and started on a six-year path of academic enrichment, augmenting what they learn in school and preparing them for careers in science, technology, engineering and math (STEM).

"Black and white students perform about the same in the first four grades of school," says Dr. Simmons. "Beyond that a gap develops and widens all the way through high school. We were motivated to start this program because black males in Pennsylvania have a 58 percent high-school graduation rate compared to their white male counterparts, with an 85 percent rate."

Dr. Simmons, who co-chairs the Retention Committee of the University of Pittsburgh Medical Center/University of Pittsburgh Physician Inclusion Council and chairs the University of Pittsburgh Medical School Department of Anesthesiology Diversity Advisory Committee, references data (*The New England Journal of Medicine*, March 19, 2015) about black Americans in medicine:

- The number of black males who graduate from medical schools has not changed significantly in 30 years. The number of black females has increased, and Asians of both sexes have increased to more than five times that of black male graduates. White females have increased to near parity with white males.
- Sixty-five percent of black
 Americans who enter bachelor's
 degree programs in STEM-related
 disciplines either drop out of college
 or change majors and graduate
 with a degree in a non-STEM field.

"Of all racial groups in Pittsburgh, black American males are the lowest recipients of scholarships through the Pittsburgh Promise grant program for college funds — a public school initiative — because they rarely qualify for the minimum grade-point average or school attendance requirements," says Dr. Simmons. "All of the nearly 90 boys in our Journey to Medicine program are on track to qualify for Pittsburgh Promise."

Giving back what was given to him

Dr. Simmons' efforts were recognized by the University of Pittsburgh during its 39th annual Honors Convocation in February, when he received the Exemplary Service Award. He also received the 2014 Iota Phi Foundation (Omega Psi Phi Fraternity) Exemplary Service Award; and the National Medical Association's (NMA) 2015 Large Society of the Year Award for having inspired and challenged physicians and medical professionals nationwide to address critical issues of health care and medicine. The NMA is the largest and oldest national organization representing African-American physicians and their patients in the United States.

Dr. Simmons emphasizes the importance of mentorship and the role it played in his life.

"My grandfather was my first mentor," he says. "One person can make a difference in your life if he or she motivates you and you don't want to disappoint them. I'm fortunate to have personally had many mentors. I'm happy to offer mentorship to others. Being able to help the young men in the Journey to Medicine Program is a great joy. When the first student from our program becomes a physician, I'll be elated." •

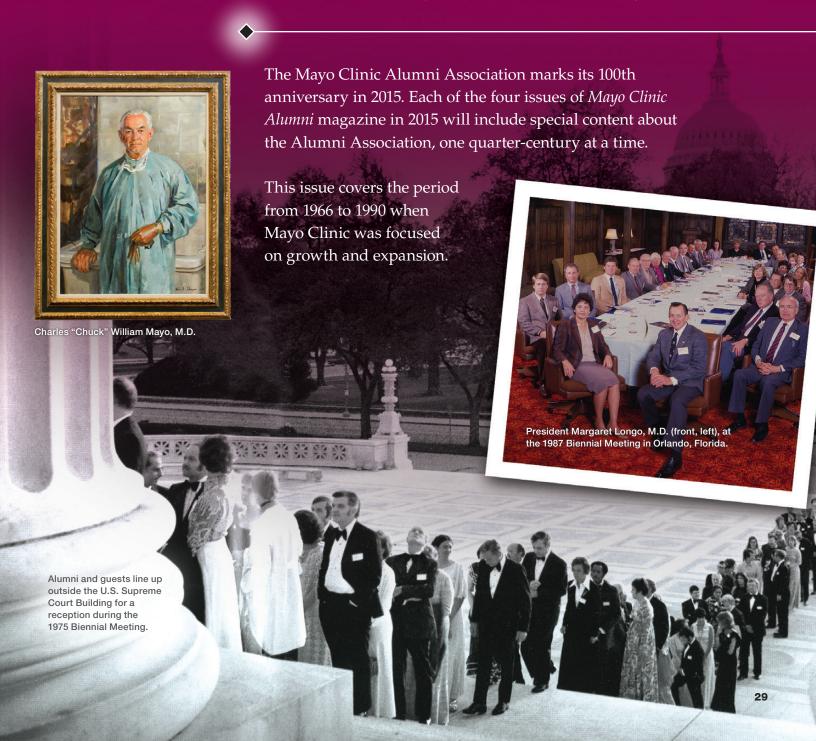
[►] Mayovox published stories about Dr. Simmons in September 1975 and July 1981.

Visit <u>alumniassociation.mayo.edu/people</u> to read them in full.



THE ALUMNI ASSOCIATION

The third quarter-century



ABUNDANT CHANGES IN MEDICINE, MAYO CLINIC AND THE ALUMNI ASSOCIATION

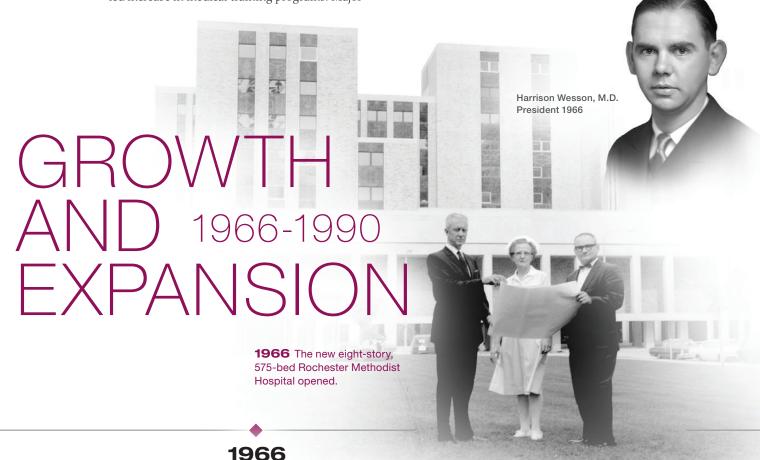
Having determined that the legacy of the Mayo brothers could survive — and, indeed, thrive — without their presence, Mayo Clinic focused on growth and expansion, including establishing Mayo Medical School, Mayo Graduate School, Mayo Clinic in Florida and Mayo Clinic in Arizona. These substantial changes reflected the needs of the time, while still honoring the legacy of the Mayo founders, and altered the character and makeup of the Alumni Association.

Major changes in medicine

The third quarter-century of the Alumni Association began amid abundant changes in medicine. Infectious diseases were largely under control. The health care system was dominated by hospitals and based on employment; few Americans were insured for primary or outpatient care. Pharmaceuticals were booming. Great exploration was underway in transplant surgery and cardiac care. Then Medicare and Medicaid were enacted. A doctor shortage was feared, leading to a government-led increase in medical training programs. Major

changes were afoot in continuing medical education. Communicating with and listening to patients was increasingly emphasized.

The Alumni Association, too, enacted change in the 1960s. Leaders decided that the interval between national meetings should be two years instead of one and that the national meetings should be held in different cities across the country, rather than always in Rochester.



Growing pains

Among the changes in the Alumni Association was considerable growth in the number of alumni. With that came greater distance between them and the institution that bound them. At the 1966 Alumni Association meeting President Harrison Wesson, M.D. (S '37), exhorted members to renew their interest in Mayo through the Alumni Association and hinted at the topic du jour — continuing medical education:

I think that extramural alumni — including me — must begin to take a more active interest in the affairs of the Association. ... The standard response to such exhortations is a question: Why should extramural alumni be interested in activities of Mayo Graduate School? The easiest answer is an appeal to self-interest: We should hope that facilities will be

made available for continuing medical education at Rochester. Just as important, however, is our responsibility to help maintain the clinic's reputation for high standards of patient care, depth of education, and quality and caliber of teaching. This reputation affects all of us in our association with fellow doctors at home.

We also have a substantial moral obligation to support the Graduate School. We received our graduate training here — in the clinic, in the hospitals, in the laboratories — from men of wisdom. When we care for the sick and have the satisfaction of comparing the quality of our training with that of others, we quickly realize the extent of the unpayable debt we owe to this institution.



1967 1968 1969

Request for Mayo-sponsored CME

Mandatory continuing medical education was widespread by the end of the decade and a game-changer in the profession. A 1968 survey of alumni indicated "a virtual mandate" for Mayo to develop new, more effective programs in continuing education. In response the Alumni Association appointed a committee to study how Mayo's formidable resources might be used more effectively for the continuing education of practicing physicians — its alumni in particular. Highlights of the recommendations were:

- That a department of continuing education be formed as an integral part of the Mayo organization
- That formal postgraduate courses be organized on specialty and subspecialty lines featuring stellar casts drawn mainly from outside the active clinic staff
- That special consideration be given in planning the annual meetings of the Mayo Alumni Association and to major changes which enhance their attractiveness and educational value

The committee proposed an experiment to hold Alumni Association annual meetings in various regions of the country, perhaps returning to Rochester only in alternate years.

Carl Schlicke, M.D. (S '42), president of the Alumni Association in 1968, addressed alumni about their connection to Mayo Clinic and their need for "more than sentiment" from the organization, including CME opportunities at meetings:

The sense of kinship which exists between those who have had the good fortune to have had part of their training here in Rochester is something which can never be extinguished. It is well nigh impossible for a Mayo alumnus to attend any sort of a medical meeting, regardless of size or location, without finding himself suddenly in the midst of a group of former fellows. I think it may be difficult for the intramural alumni to fully appreciate what a closely knit fraternity this is: a group of people united by a feeling of pride in having been associated with the



1971 The first Mayo-authored article was published in a medical journal. Today staff members contribute more than 6,000 publications to medical literature each year.

1972 Mayo Medical School opened.

1972 Mayo alumni resided in 67 countries and every continent except Antarctica.



1970

1971

1972

Nicholas Hightower Jr., M.D. President 1971–1973

Mayo Clinic, a sense of deep appreciation for what the Clinic has given them and happy memories of experiences shared in common.

... I am sure the average alumnus would like to have his association based on something more than sentiment. He would like to see a dynamic, purposeful organization which meant something more than just another certificate on the wall. The problem is: How best can this be accomplished? What about the annual meetings?

... If nothing else has been accomplished in the past year, at least I feel that the Mayo Graduate School of Medicine has been made aware that the Alumni Association is deeply interested in becoming involved in a program of continuing education.

Meeting frequency and geography

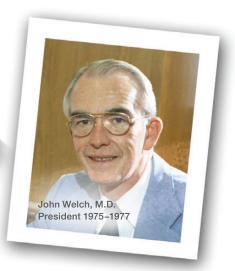
The times they were a-changin'. In 1969 the United States put a man on the moon, and the Alumni Association held its Biennial Meeting in Los Angeles — the first outside of Rochester. The change in location was made in part to recognize the geographic diversity of membership. Many of the 4,737 members were organizing in more than 20 regional and specialty alumni groups. The Texas and Washington, D.C., groups had existed for years, and the Colorado-Wyoming and Greater New York groups were new.



1975 Mayo Clinic was among the first medical centers to copyright original medical illustrations.



1975 A new Mayo Clinic necktie sold for \$7.50, including postage and handling. The proposal, design and production of the tie took almost three years. The first official tie was presented to outgoing president of the Alumni Association Robert Coffey, M.D. (I '36, S '38).





THE MAYO ALUMNUS

named professors, with (from left to right) Raymond Pruitt, M.D. (I '43), Vernon Mattox, Ph.D. (BIOC '42), and Guy Daugherty, M.D. (I '44), as Hill Family Foundation Professors of Community Health, Biochemistry and Medical Education, respectively.

Robert Coffey, M.D. President 1973–1975

1973 1974 1975 1976

New decade, more upheaval

Change continued to dominate health care in the 1970s. The health care system was in crisis, and escalating costs paved the way for HMO legislation. On the positive front, President Richard Nixon enacted the National Cancer Act of 1971 to strengthen the National Cancer Institute and efforts against the disease. Technology and computerization flourished. And the number of women in medicine increased from 9 percent to 25 percent by the end of the decade.

Transformation in medical education, including the opening of Mayo Medical School in 1972, meant more change for the Alumni Association, the makeup of its membership and their "different orientation" to Mayo. As John Higgins, M.D. (I '57), secretary-treasurer of the Alumni Association, observed:

... the Alumni Association will be affected by this change on the local educational scene. For the first time provisions must be made for members who may receive the major portion of their graduate education elsewhere, or who may move directly into practice without further training. Such persons may well have a different orientation to Mayo with regard to their expectations as alumni. Officers and members of the Association must be prepared to welcome such new graduates, to respond to the requirements which they represent, to help instill within them the spirit of pride in the Mayo traditions, both old and new, which has been such a significant force in the professional lives of all of us.

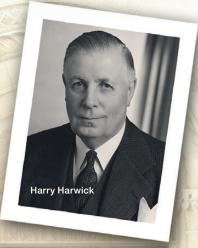


1977 The last baby was born at Saint Marys Hospital Obstetrics Unit. Obstetrics service officially opened on the third and fourth floors of Rochester Methodist Hospital.

1977 Alumni Association dues increased to \$15, the first increase since 1968.

1978 The bronze doors of the Plummer Building closed in symbolic respect for Harry Harwick, emeritus executive officer of the Board of Governors and former long-time administrative head of Mayo Clinic.

1978 Construction began on a \$7.9 million eight-story expansion and renovation of the Harwick Building.



1977 The Doctors Mayo Society was launched by the Mayo Alumni Association, with 79 founding members within the first three months.





1977

Supreme gathering

No doubt the 1975 Biennial Meeting in Washington, D.C., was lofty and memorable for participants. It featured a reception at the U.S. Supreme Court building hosted by Chief Justice Warren Burger, Associate Justice Harry Andrew Blackmun and Associate Justice Lewis Powell Jr. More than 500 alumni and guests filled the 300-seat Court Chamber. After dinner, guests assembled in the Court Chamber. A standing-roomonly crowd applauded the entering justices. Justices Burger and Blackmun spoke to the group about the history of the Court, the Court building and routine Court procedures.

1978 A July flood in Rochester — the worst in the city's history — left five people dead. Southeast Rochester was hardest hit, and the foundations of many homes were washed away. More than 5,000 families were affected, and total damage was estimated at \$80 million.



1978 Mayo Graduate School of Medicine began a three-year family practice training program to alleviate the physician shortage in rural communities in southern Minnesota, western Wisconsin and northern Iowa. Residents combined study at Mayo Clinic with practice at the nearby Kasson Health Facility satellite clinic.

1978 A survey in 1978 of alumni revealed avocations including musicians, a horse breeder, an ice boat "fanatic," a racquetball champion, a race-car driver, authors, a UFO researcher, marathon runners, a professional photographer and a sculptor.

Plans for the next century

The 1980s were characterized by jockeying for position among health care organizations — a shift toward privatization and corporate status, consolidation and integration, and a move into other areas of health care business. Medicare shifted to payment by diagnosis rather than treatment, and insurance companies moved to capitation payment in lieu of fee-for-service.

Mayo Clinic was not immune from these changes. In the mid-1980s a group of Mayo leaders created a vision of what Mayo should look like in the next century. They foresaw that new government edicts and increasing cost-containment measures could threaten the financial stability of Mayo's core clinical practice and make it increasingly difficult to support research and education activities. They wanted to ensure that Mayo could continue to fulfill its three-fold mission.

Their vision led to Mayo's geographic expansion into Jacksonville and Scottsdale; the merger with Saint Marys and Rochester Methodist hospitals in Rochester; and the creation of a regional health system, with associate clinics in three Midwestern states. Those leaders also recommended that Mayo diversify its sources of revenue and create the entrepreneurial organization Mayo Medical Ventures.

Time validated their predictions. The cost-conscious '90s brought substantial reductions in Medicare reimbursements and the spread of health maintenance organizations and managed care providers. Other top-tier medical organizations were forced to consolidate operations and cut back on teaching programs. Mayo was able to survive and flourish.

Robert Jamplis, M.D. President 1979–1981

1979 Mayo School of Graduate Medical Education introduced the Clinician-Investigator Training Program for physicians who wanted to combine patient care with an academic and research career.

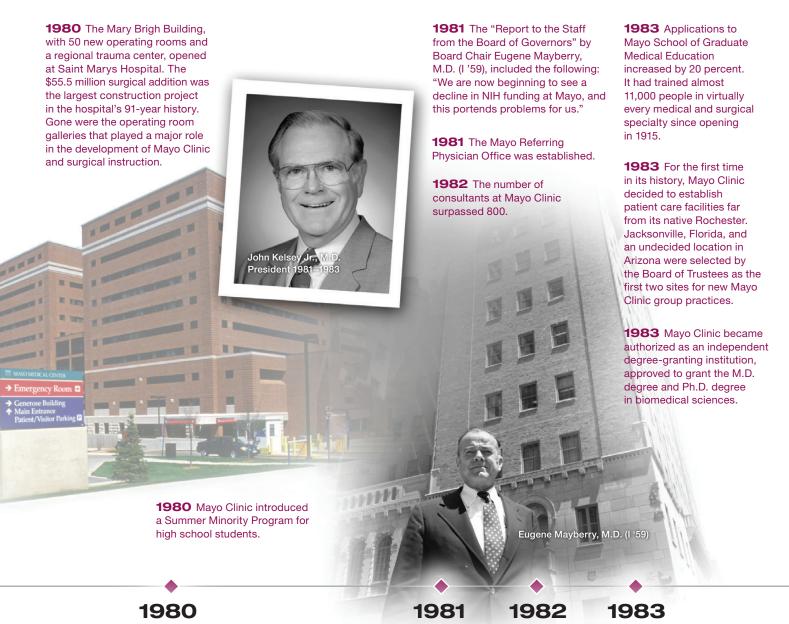
Firsts — O Canada and Distinguished Alumni

In sync with the geographic expansion of Mayo Clinic and a less Rochester-centric mindset, the Alumni Association ventured into new territory in the 1980s — its first Biennial Meeting on foreign soil. The 1981 meeting in Montreal, Canada, was a nod to the international composition of the group, with members engaged in practice, research and education in more than 60 countries. The Judd-Plummer lecturer was The Honorable Claude Ryan, leader of the Quebec Liberal Party.

In response to a Board of Directors' decision to expand the scientific program, all alumni specialty

groups were invited to hold scientific sessions at the meeting, resulting in 13 specialty group sessions that qualified for Category I CME credits.

At the meeting, the Alumni Association introduced a new award — the Distinguished Alumnus Award, which was established to recognize alumni who made exceptional contributions in medical fields. The first recipients were John Kirklin, M.D. (S '50), of Birmingham, Alabama, and Dwight McGoon, M.D. (S '57), of Rochester, Minnesota.



International meetings, a female president and a new home

Interest in the Alumni Association and CME opportunities at its Biennial Meetings boomed. The 1983 meeting in San Diego, California, was the best-attended outside of Rochester.

Alumnus Sanford Roth, M.D. (I '65), of Phoenix, Arizona, commented on the value he derived from the meeting:

... I looked at my peers and realized the tremendous resource that Mayo and its alumni have developed within medicine. My friends represented some of the finest private and university institutions in our country and the world. They were active as lecturers, research workers, authors and, most importantly, fine clinicians. This is the ultimate strength of our Mayo heritage.

In recognition of its international nature, the Alumni Association in 1984 introduced international trips — a program combined with a tour — in years alternating with the Biennial Meeting. The meetings allowed participants to connect with alumni around the world, beginning with Austria, Switzerland and West Germany.

The 1985 Biennial Meeting — back in Rochester — attracted more than 1,400 alumni and their guests. Aptly titled, "Change," the meeting's predominant themes included the transforming health care environment, such as Mayo Clinic geographic expansion. The Judd-Plummer lecturer was J. Alexander McMahon, president of the American Hospital Association.

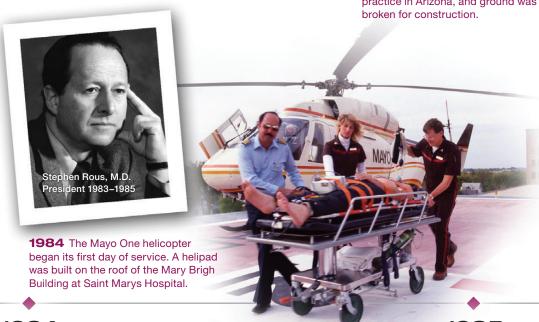
The decade concluded with two notable changes for the Alumni Association:

- The first female president, Margaret Longo, M.D. (S '67), of Lafayette, Louisiana, accepted the gavel from William Manger, M.D., Ph.D. (I '55), of New York City, New York, at the 1987 Biennial Meeting in Orlando, Florida.
- The Alumni Association moved into a new home the new Mayo Alumni Center in the Siebens Building.

At the dedication of the new Alumni Center, Alan Sessler, M.D. (ANES '62), dean of Mayo School of Graduate Medical Education, said to alumni:

You are our link to the world of medicine and medical education, and we welcome your participation and support. ... I also ask you to continue to assist us in other ways as well. For example, help us recruit outstanding medical students, residents and research fellows. The competition for the best is rigorous, and the continuing success of this institution depends on having a considerable segment of the very best, young medical talent in our programs. Please help direct them our way.

1985 Scottsdale was announced as the location of the Mayo group practice in Arizona, and ground was broken for construction.





1985 Ground was broken for the Jacksonville, Florida, clinic.

1985 Silk scarves for women were made available through the Alumni Association.

1984

1985

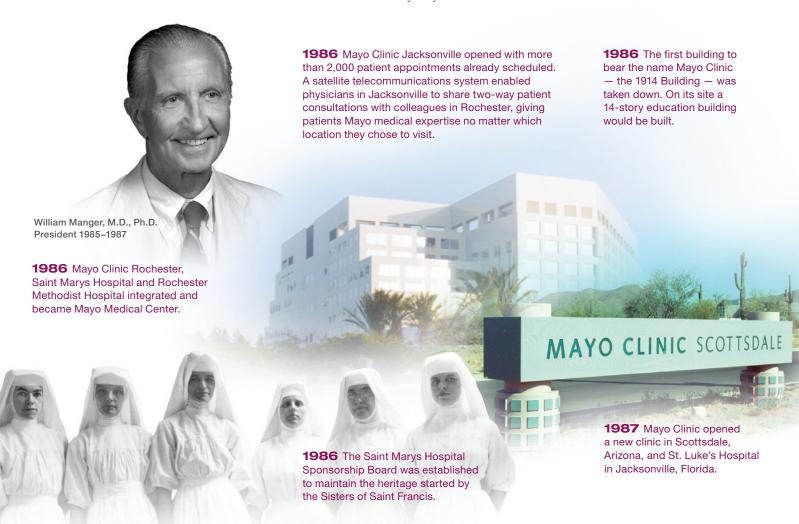
REFLECTIONS OF PAST PRESIDENTS

Murray Hoffman, M.D. (I '51) Old Orchard Beach, Maine President 1977–1979

"I was aware of the very high standards and caliber of those who came before me," he says. "The Alumni Association was very fortunate in having such distinguished individuals leading it, and I felt humble to be selected to follow them. I tried to continue their efforts to form bridges between the alumni and the clinic.

"There was big news at the clinic at the time. The first class that entered the new Mayo Medical School in 1972 had just graduated in 1976. Thus, we had a new category of membership in the Alumni Association — Mayo Medical School graduates."

Dr. Hoffman describes the period as a time when informal grassroots discussions began about the pros and cons of the possibility of Mayo "branch clinics" and in what part of the country they should be located. "The leading thoughts at the time were that this was all a pipe dream and would never happen. The years as president of the Mayo Clinic Alumni Association were among the highlights of my career, consisting of 43 years of practice and teaching. I look back on those years with great pride and happiness," says Dr. Hoffman, who retired as professor of medicine, University of Colorado Anschutz Medical Campus in 2003.



1986

Stephen Rous, M.D. (U '63)

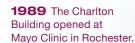
Newport, Rhode Island President 1983-1985

When he trained at Mayo Clinic, Dr. Rous was president of the Fellows Association, and he chaired the Alumni Association's Committee on Development from 1979 to 1982. He describes the Alumni Association as a link for alumni to the institution they love. "At Mayo, you become totally imbued with the atmosphere, the quality of care and medicine practiced the way it should be. The

Alumni Association provides a way to continue that love affair."

Dr. Rous, a clinical professor of surgery at Brown University Medical School, adds, "I doubt there is any meeting that gives me as much pleasure and satisfaction as does the biennial Mayo alumni get-together. I say this because there has been no other time in my life when I have met and befriended as many individuals whom I genuinely care about than I did during my three years at Mayo. I'm not sure why this happened. It may have been because

there are few outside diversions in Rochester, so interpersonal relationships became all-important, or it may have been because the people in Rochester truly were (and still are) warmer, more caring and more genuine than many others who populate this earth. For whatever reason, the fact remains that it is a great treat for me to come to Rochester, and I cherish every opportunity that the alumni reunion offers to see old friends."



1989 The Siebens Building, home to most of Mayo's educational programs and the Alumni Association, opened at Mayo Clinic in Rochester.

Margaret Longo, M.D President 1987-1989

1987 Margaret Longo, M.D., of Lafayette, Louisiana, was the first female president of the Alumni Association.

1987 Patient registration number 4 million was given out. Frank Pavel, M.D. President 1989-1991

1989 Mayo Graduate School was accredited to grant degrees.

1989 Mayo implemented new national internal medicine guidelines limiting resident hours to no more than 80 per week, averaged over four weeks, requiring 24 hours off weekly and limiting call to no more than every third night for inpatient rotations.

1990 Mayo Clinic broadcast a live surgical teleconference using a satellite video communication system to an audience in Leighton Auditorium in the Siebens Building. The program focused on six gynecologic procedures broadcast from two operating rooms at Rochester Methodist Hospital. Obstetricians from 26 states and Mexico attended the CME course.

1990 The Human Genome Project began.





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Mayo Clinic Alumni Association Board of Directors

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



David Graham, M.D. (MMS '87, I '90, HEMO '93)

Board Member

- Medical Director, Western Region, Levine Cancer Institute, Charlotte, North Carolina
- Fellowship: Hematology/ Oncology, Mayo School of Graduate Medical Education
- Residency: Internal Medicine, Mayo School of Graduate Medical Education
- Medical School: Mayo Medical School
- Undergraduate: University of South Dakota, Vermillion
- Native of: My father was in the Air Force, so I didn't live anywhere more than four years until I moved to Rochester for medical school.

Why did you decide to pursue medicine?

I developed a love for science at a fairly early age. That interest increased because of medical interactions for me and my family members, including a number at Mayo. In high school I took every available science class and was active in forensics and debate. When the time came to choose between law and medicine, I made the best choice for me.

Why did you train at Mayo Clinic?

At the time I applied to medical school, Mayo Medical School was still affiliated with the University of Minnesota and took only four out-of-state applicants a year. I applied anyway. Then the school disaffiliated from the university, and out-of-state slots jumped to 10. I made the waitlist. I got a call from then-Dean Dr. Roy Rogers (DERM '73). My roommate took the call and thought it was a friend playing a joke because the caller identified as Roy Rogers. He finally realized the call was legitimate and gave me the information.

What was your initial impression of Mayo Clinic?

I had been at Mayo a number of times. My aunt had a kidney transplant there, and I had scar revision surgery. It was a completely different feeling going into orientation for medical school and hearing that first talk about the Mayo milieu. I was struck by a feeling of grandeur and awe that persists to this day.

How does Mayo Clinic influence your practice?

Two easy words — patient first. From how I dress (no lab coats), to how I address the patients, to apologizing if I am late, to still trying to figure out the best way to maintain personal contact when I have to spend more and more time looking at the computer screen, my Mayo training impacts all of that.

What valuable lesson did you learn at Mayo Clinic?

I learned that no test, lab, scan, etc. is infallible. Everything has false positives and false negatives. If something doesn't make sense, repeat it if you have to.

How do you contribute to the Mayo Clinic Alumni Association?

I think I can bring a perspective of the private practice physician. Many graduates from all levels of Mayo training end up in academic practices. That has not been my path. In addition, my penchant for traveling has given me some perspective of some of the unique international issues my fellow alumni face.

What do you do in your spare time?

I read a lot and am a movie buff. I have also started to follow the lead of Dr. Joseph Rubin (I '72, HEM '74, ONCL '75), who was the chair of the Medical Oncology department when I was training. He took one to two trips overseas a year to what seemed at the time like very exotic places. I try and get out of the country once or twice a year now. Destinations have included Portugal, Istanbul, Slovenia, Brussels and Croatia. I try to reach out to Mayo alumni during my travels. Those interactions follow the precedent set by Drs. Charlie and Will and can be very rewarding.

What would people be surprised to know about you?

In the late 1960s my family lived in Japan. The priest on the military base and some of the kids, including me, were used in a commercial for the Japanese version of Twinkies. It was filmed in Nagasaki at Madame Butterfly's house. To this day I cannot eat a Twinkie.



Richard Morgan, M.D. (CCM-A '85)

Board Member

- SJ Pain Associates, private practice pain management/ palliative care, St. Joseph Medical Center, Menorah Medical Center and Cass Regional Medical Center, Harrisonville, Missouri
- Fellowship: Critical Care and Pain Management, Mayo School of Graduate Medical Education
- Residency: Anesthesiology, St. Luke's Hospital, Kansas City, Missouri
- Medical School: University of Kansas School of Medicine, Kansas City
- Undergraduate: University of Kansas, Lawrence
- Native of: Emporia, Kansas

Why did you decide to pursue medicine?

My father went to Mayo Clinic immediately after serving as a physician in World War II to begin his residency. He met my mother there and got married. After leaving Mayo he had a long, successful career as an internist in Emporia, Kansas. Like a lot of physicians, I've been inspired by my dad. My path to medicine and Mayo Clinic was no doubt a result of that inspiration.

Why did you train at Mayo Clinic?

In addition to my father, I was encouraged and supported by Mayo alumni mentors Gene Fibuch, M.D. (ANES '74), Gene Bode, M.D. (ANES '81), and Jim Mallow, M.D. (ANES '74) — smart doctors who pointed me to Mayo to pursue critical care.

In 1984 pain management may not have been an established fellowship. I was accepted to a critical care fellowship but asked if I could spend half my time in the chronic pain clinic and also focus on perioperative pain. My request was granted. I received excellent additional training in injection techniques — at that time all performed without fluoroscopy. We were taught the importance of tactile expertise. Knowledge of anatomy was critical. It was great experience.

How does Mayo Clinic influence your practice?

In addition to my pain experience, my time was spent with many excellent staff members in the ICUs



I was encouraged and supported by Mayo Alumni mentors ... smart doctors who pointed me to Mayo to pursue critical care."

- Richard Morgan, M.D.

of Saint Marys and Methodist hospitals. It gave me strong experience and knowledge of cardiopulmonary physiology and pharmacology plus technical skills in central access and monitoring that remain key to my knowledge.

What would people be surprised to know about you?

My pals will agree that I was a lousy athlete, and I beat myself up over the years. As a result of the miracle of modern medicine, I have an artificial ankle and hip, which have kept me active and improved my quality of life dramatically. During these times of frustration in health care, I never lose sight of these miracles we take for granted. I learned personally about chronic pain early on. Those joints are a blessing.

What do you do in your

I'm an avid bicyclist and gardener.



Mary Reynolds, M.D. (MMS '98)

Board Member

- Family Physician, Rocky Mountain Urgent Care, Westminster, Colorado
- Residency: Family Medicine, Medical College of Wisconsin, Milwaukee
- Medical School: Mayo Medical School
- Undergraduate: University of Notre Dame, Notre Dame, Indiana
- Native of: Minneapolis, Minnesota

was working for a while, I missed being part of something that mattered deeply to people.

Why did you train at Mayo Clinic?

Mayo Medical School is like the Disneyland of medical schools. Where else can you learn neurology in a class of 10 students, taught by the physician who wrote your textbook?

What was your initial impression of Mayo Clinic?

I was struck by how enthusiastic our instructors were. We were treated as future colleagues, and they loved sharing their knowledge with us.

How does Mayo Clinic influence your practice?

Mayo taught me to focus on the art and science of medicine first. The business aspect, while necessary, is second.

What valuable lesson did you learn at Mayo Clinic?

I learned to listen to my patients. The best moments in medicine are when you make a connection with your patient, and both of you come away changed.

What do you do in your spare time?

Most of my free time is spent with my 3-year-old daughter. I hope to get her on the ski slopes this year.

What would people be surprised to know about you?

I was a writer for TV Guide in New York City for three and a half years before I went to medical school. I wrote cable movie listings. ◆

spare time?

Where else can you learn neurology in a class of 10 students, taught by the physician who wrote your textbook?" - Mary Reynolds, M.D.

Why did you decide to pursue medicine?

Medicine is a second career for me. Medicine was always a part of my life as a child both because my father is a physician and I have a congenital medical condition (cleft lip and palate) that required frequent doctor visits and hospitalizations. When I went to college I swore I would never go near a hospital again. But after I

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For complete descriptions and a list of other available opportunities, visit:

physicians.mayo-clinic-jobs.com/

Mayo Clinic in Rochester

Occupational Medicine

The Division of Preventive, Occupational & Aerospace Medicine seeks board-certified/eligible candidates with expertise in occupational medicine and transportation medicine. Patient population includes workers and employers seeking assessments for illness or injury with potential functional limitation, and pilots and commercial motor vehicle drivers seeking medical certification examinations.

CONTACT: Becky Schulte, schulte.becky@mayo.edu

Mayo Clinic in Arizona

Primary Care Physicians — New Location

The departments of Internal Medicine and Family Medicine seek board-certified physicians to expand service at an ambulatory satellite clinic in the Chandler, Arizona, area. This position includes an academic appointment with the College of Medicine.

CONTACT: Adriana Semko, 480-342-2353 or semko.adriana@mayo.edu

Mayo Clinic in Florida

Neurologist - Multiple Sclerosis

The Department of Neurology seeks a board-certified neurologist with subspecialty training in multiple sclerosis and related neuro-immunological disorders to lead a clinical program. Applicants should have fellowship training in clinical neuro-immunology/MS and experience with clinical research or basic science in the field.

CONTACT: Lavinta Pennington, pennington.lavinta@mayo.edu

Mayo Clinic Health System

Internal Medicine - SE Minnesota Region

Board-certified/eligible internal medicine physicians are sought to join the outpatient primary care practice in Albert Lea.

CONTACT: Nakayla Warren, warren.nakayla@mayo.edu

Family Medicine - SW Minnesota Region

Full-time board-certified/eligible family medicine physicians are sought to join the regional practice in Springfield, St. James, Mankato and Fairmont.

CONTACT: Jeannie Green, green.jeannie@mayo.edu

Hospitalists - NW Wisconsin Region

Board-certified/eligible internal medicine physicians are sought to join an established hospitalist practice in Eau Claire and Menomonie.

CONTACT: Cyndi Edwards, 800-573-2580 or edwards.cyndi@mayo.edu

General Adult Psychiatrist — SW Wisconsin Region

Board-certified/eligible general adult psychiatrist is sought in La Crosse for a diversified, multidisciplinary outpatient and inpatient practice with DBT clinic and residential programs.

CONTACT: Lindsay Linder, 507-385-5865 or linder.lindsay@mayo.edu

Pediatrician — Waycross, GA

Full-time or part-time board-eligible/certified pediatrician is sought to join an established practice in Waycross, Georgia, integrated with Mayo Clinic Florida.

CONTACT: Rose Cuenta, 904-953-1539 or cuenta.rose@mayo.edu

MAYO UPDATE

Obituaries

Harold Berman, M.D. (DERM '59), died June 28, 2015.

William Carpenter, M.D. (PATH '63), died May 21, 2015.

Alfred Dally, M.D. (I '66), died April 25, 2015.

Robert Delaney, M.D. (I '69), died April 10, 2014.

Marten Geitz, M.D. (OR '65), died Nov. 29, 2014.

Robert McKee, M.D. (S '57), died Aug. 14, 2014.

Christian Picco, M.D. (S '87), died May 20, 2015.

Jeffrey Piehler, M.D. (TS '80), died Nov. 14, 2014.

Lowell Pincock, D.D.S. (OMS '54), died June 9, 2015.

Herbert Ripley, M.D. (S '51), died June 27, 2015.

Rodolfo Herrera Robles, M.D. (OBG '60), died Jan. 19, 2015.

Herbert Seybold, M.D. (U '55), died Feb. 16, 2015.

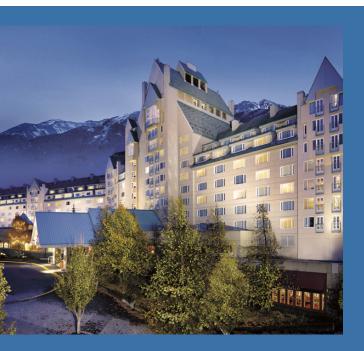
Jorge Solis-Manjarrez, M.D. (PHYS '50, S '53), died April 12, 2015.

William Steffee, M.D., Ph.D. (I '70, NEPH '72), died March 31, 2015.

Paul F. Wilson, M.D. (P '57), died Feb. 8, 2015.

Eugene Woroch, Ph.D. (BIOC '51), died June 20, 2015.

Ocmplete obituaries and the Update section, with alumni and staff news, are available on the Mayo Clinic Alumni Association website, alumniassociation.mayo.edu/people/.



SAVE THE DATE

2016 Mayo Clinic Alumni Association International Meeting and Tour

JUNE 16–18, 2016 • FAIRMONT CHATEAU WHISTLER WHISTLER, BRITISH COLUMBIA, CANADA

Plan to attend the Mayo Clinic Alumni Association 2016 International Meeting in Whistler, British Columbia, Canada. This is the first time in more than 30 years that the meeting is in North America.

Following the Mayo brothers' tradition, this meeting combines focused learning on current topics in medicine and science with leisure time among colleagues and mentors, in settings that foster innovative thinking.

A 2010 Winter Olympics venue, Whistler has stunning year-round natural beauty. Activity abounds for all ages — from golf, hiking and mountain biking to spas, festivals and food from around the world.

Check the Alumni Association website for information about pre- and post-conference tours: alumniassociation.mayo.edu

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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