Welcome to Madison - 2013-2014

• RESIDENTS • FACULTY • STAFF • COMMUNITY • CURRICULUM • CLINICS •
Dear Future Family Physician:

Welcome! Thank you for your interest in our residency program. We believe we have a terrific program, filled with energetic, committed, and bright residents, faculty, and staff.

This process truly is a match. We created this booklet so you may learn as much as possible about our program in order to decide if we are the physicians you want to work with and learn from over the next three years. In addition, we hope this resource will help you determine whether Madison is a place you would like to live for the next three years.

So, what is it we do here every day? Our core value is a commitment to the personal and professional growth of each resident in our program. That growth is fostered within the framework of a dynamic curriculum and is nurtured by the many extraordinary people who are our residents, faculty, and staff. We are, together, a community of colleagues who are generous in our support of each other. We celebrate what you bring to the program and learn from your perspectives and professional goals. We are proud of our graduates and all they contribute to the lives of their patients, their communities, and the health of people on broader scales.

This booklet introduces you to the people, the places, and the processes that make up our program. We continue to evolve in response to new challenges and new opportunities, still since 1969, when our program was founded, it has been based on several important principles:

- We are connected to our community and we are committed to serving its people. Madison is a great place to live and to learn. We strive to be part of the solution to problems – both the challenge of urban need and the demand of rural service. Wherever our graduates practice after residency, we want them to have the skills and the desire to focus on their community and respond to its needs.

- We believe in full-range family medicine, including outpatient care, hospital care, obstetrics and procedures. We have been pioneers in family-centered maternity care training. We are convinced that our nation will continue to need full service family doctors and we gear our training to meet that expectation.

- We believe that an understanding of the complex nature of personal, family, and societal dynamics are essential to maintaining and restoring health. We know that this is enhanced by stimulating each other to develop a greater awareness of our perspectives as physicians.

- We are committed to offering the best in evidence-based medical care. This requires state of the art information management resources and skills, and is increased by active participation in the process of scientific inquiry.
• We have fun. A career in family medicine is an extremely fulfilling pursuit. It is important for us to enjoy our work and to enjoy working together. Further, caring for ourselves, our families, and the parts of our lives that give us joy and meaning are critical for our own personal and professional well-being.

We are proud of our program and of our department. As one of the original few programs in family medicine over 40 years ago, we still find ourselves ranked as one of the top departments of family medicine in the country in the annual U.S. News and World Report’s survey. Our department also leads the nation in the number of NIH grants awarded to a department of family medicine.

Additionally, we are proud of our medical community. Wisconsin is ranked first in health care quality by the federal Agency for Healthcare Research and Quality. And, remarkably, both of our program’s major teaching hospitals – St. Mary’s and University of Wisconsin – were honored as “Solucient Top 100” hospitals for their excellence in exceeding national benchmarks for quality in patient care.

Still, you should not take my word for what makes our program special: during your visit, investigate how these ideals are infused into the daily experience and culture of our residency. Ask questions, seek out those who might share common interests, and see if we feel like a “fit.” We think you will find Madison to be a beautiful and vibrant place. It is a city that you, your family, and your friends will enjoy. We are confident that in our program you will find yourself among interested, enthusiastic, and caring people who share an exciting vision.

So, welcome! We look forward to meeting you.

Sincerely,

Kathy Oriel

Kathy Oriel, MD MS
Madison Residency Program Director
Section 1: MADISON OVERVIEW

“I love the camaraderie and enthusiasm amongst my colleagues in this program. There's an air of mutual collaboration rather than hierarchy – your input as a part of a patient’s care team is valued.”

Ann Braus, MD – Third-Year Resident
Madison is Wisconsin’s capital and has a metropolitan population of 568,000, with 236,000 in the city of Madison itself. A lively, award-winning city, Madison consistently ranks as one of the best places in the country in which to live, work and play. Madison has been honored for its business climate and walking trails, its sports teams and music scene, its healthy environment and child friendliness. Madison is truly one of the nation’s top cities.

The Capitol building, among the most beautiful in the nation, is built on an isthmus bounded by Lake Mendota on the north and Lake Monona on the south. The architecturally acclaimed Monona Terrace, a convention center originally designed by Frank Lloyd Wright, is situated on the north shore of Lake Monona. The Overture Center, an exciting, state-of-the-art performing arts complex, is located in the heart of downtown Madison. Three lakes within the city of Madison provide year-round recreation. Sailboarders and the UW rowing team prefer Lake Mendota. Sailors, fishermen, water-skiers and swimmers enjoy Lake Monona. Paddlers prefer Lake Wingra, a smaller and quieter lake just a few hundred feet from the residency offices and St. Mary’s Hospital.

Madison is home to the University of Wisconsin-Madison, one of the leading public universities in the United States. In addition to being an outstanding academic institution, state residents take great pride in the Wisconsin Badgers, winners of the 1994, 1999, and 2000 Rose Bowls; the 2002, 2003 and 2008 Big Ten basketball championships; and the 2006 NCAA Men’s Hockey Championship. Located on the south shore of Lake Mendota, the UW campus offers numerous educational, cultural and recreational opportunities. The shoreline has walking and bike paths, beaches, boating, and many venues for dining and theater.

In addition, Madison is home to Edgewood College; Madison Area Technical College; excellent public schools; world class theater, dance, and music on tour; live music offerings of all types; the Henry Vilas Zoo; the UW Arboretum; many hiking, biking and cross country skiing trails; interesting ethnic restaurants; one of the largest farmers markets in the Midwest; art and craft fairs; shopping malls; and health clubs. The UW offers many recreational facilities including tennis, racquetball, squash and basketball courts; the lakes offer swimming and other water sports; and an array of opportunities for other leisure time activities for children, adults, and families.

Madison is well known for its energetic intellectual and social climate. It is a community with a conscience that has high standards for itself in its efforts to meet the needs of its increasingly diverse populations. Many distinct neighborhoods contribute to Madison’s unique character. Its growing metropolitan area also encompasses many of the small communities that comprise Dane County.

In Madison, city life is exciting, yet one is never more than 20 minutes from the countryside. For more about Madison and what is happening in the area, the websites listed below are excellent resources:

- [www.visitmadison.com](http://www.visitmadison.com)
- [www.madison.com/](http://www.madison.com/)
- [www.wisc.edu](http://www.wisc.edu)
Madison ~ An Award Winning City!

Madison Ranked #8 in Happiest, Healthiest Cities in America
Prevention.com, September, 2013

Madison #2 Best City for Recreational Activities
Nerd Wallet, August, 2013

Allstate’s Safest Places to Drive
Washington Post, August, 2012

Madison Ranked #1 “Best City for Young Adults”
Kiplinger, July, 2012

#8 Best City to Raise a Family
Parenting Magazine, July, 2012

Madison Ranked 5th most Bikeable City
Walkscore, May, 2012

Madison Ranked 8th Best Music Scene
Livability.com, March, 2012

Madison has 6th Most Dog Parks
USA Today, December, 2011

Madison Ranked 10th Best Town to Live
Outside Magazine, October, 2011

Madison Ranked Best City for Educated Workers
Huffington Post, September, 2011

Madison in Top Ten Greatest Cycling Cities
USA Today, July, 2011

Madison Named 3rd Best City for Young Professionals
Forbes, July, 2011

Madison Name City with Best Job Market
Portfolio.com, June, 2011

Madison in Top 12 for Best Farmers’ Markets
Delish.com, May, 2011

Madison Children’s Museum Ranked 5th-Best
Children’s Museum in the Nation
Parents Magazine, February, 2011

Madison Ranked Most Secure Place to Live in America
Farmers Insurance Group of Companies, December, 2010

UW-Madison School of Medicine and Public Health ranked Top 20 for “Social Mission”
Annals of Internal Medicine, June, 2010

One of the Top Ten Most Innovative Cities
Forbes, May, 2010

Madison 5th Gayest City in America
The Advocate, February, 2010

One of America’s Best Adventure Towns
National Geographic, October, 2009

#2 in Top 100 Best Places to Raise a Family
Children’s Health, September, 2009

One of the Top Ten Places to Buy a Home
ABC News, August, 2009

One of the Cities with the Best Mix of Opportunities for New Grads
Forbes, August, 2009

Madison’s #1 Best Midwest Food Town
Midwest Living Magazine, April, 2009

One of the Top 25 Most Uniquely American Cities & Towns
Newsmax Magazine, April, 2009
2013-2014

THIRD YEAR RESIDENTS

ANN BARRY, MD
Northeast Center
ann.barry@fammed.wisc.edu
Carleton College – Northfield, MN
University of Rochester School of Medicine and Dentistry – Rochester, NY

JAMES CONNIFF, MD
Northeast Center
james.conniff@fammed.wisc.edu
Yale University – New Haven, CT
Columbia University College of Physicians and Surgeons – New York, NY

ELIZABETH FLEMING, MD
Verona Center
elizabeth.fleming@fammed.wisc.edu
University of Wisconsin – Madison, WI
Medical College of Wisconsin – Milwaukee, WI

LISA GO, MD
Belleville Center
lisa.go@fammed.wisc.edu
West Virginia University – Morgantown, WV
West Virginia University School of Medicine – Morgantown, WV

TARYN LAWLER, DO
Northeast Center
taryn.lawler@fammed.wisc.edu
University of North Dakota – Grand Forks, ND
Touro University College of Osteopathic Medicine – Vallejo, CA

THOMAS HAHN, MD
Verona Center
thomas.hahn@fammed.wisc.edu
University of Wisconsin – Eau Claire, WI
University of Wisconsin School of Medicine and Public Health – Madison, WI

MISCHA RONICK, MD
Wingra Center
mischa.ronick@fammed.wisc.edu
Lewis & Clark College – Portland, OR
Oregon Health and Science University School of Medicine – Portland, OR

JENNIFER MASTROCOLA, MD
Wingra Center
jennifer.mastrocola@fammed.wisc.edu
University of Connecticut – Storrs, CT
University of Connecticut School of Medicine – Farmington, CT

ELIZABETH MATERA, MD
Baraboo Rural Training Track
elizabeth.matera@fammed.wisc.edu
Harvard College – Cambridge, MA
University of Louisville School of Medicine – Louisville, KY
ORIENTATION 2011

THIRD YEAR RESIDENTS

ANDREW SCHMITT, MD
Verona Center
andrew.schmitt@fammed.wisc.edu
Rensselaer Polytechnic Institute – Troy, NY
State University of New York Upstate
Medical University – Syracuse, NY

KEVIN THAO, MD
Northeast Center
kevin.thao@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI

NATHAN VAKHARIA, MD
Baraboo Rural Training Track
nathan.vakharia@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI

KARINA SATER, MD
Wingra Center
karina.sater@fammed.wisc.edu
University of Wisconsin – Madison, WI
Medical College of Wisconsin – Milwaukee, WI

MATTHEW SWEDLUND, MD
Belleville Center
matthew.swedlund@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI

SEAN TRAFFICANTE, MD
Wingra Center
sean.trafficante@fammed.wisc.edu
Tulane University – New Orleans, LA
Tulane University School of Medicine – New Orleans, LA

JOSEPH WOLFE, MD
Verona Center
joseph.wolfe@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI

NATHAN VAKHARIA, MD
Baraboo Rural Training Track
nathan.vakharia@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI
2013-2014
SECOND YEAR RESIDENTS

LAURA FLANAGAN, MD
Verona Center
laura.flanagan@fammed.wisc.edu
Southern Adventist University – Collegedale, TN
Loma Linda University School of Medicine – Loma Linda, CA

ERIN HAMMER, MD
Verona Center
erin.hammer@fammed.wisc.edu
University of Wyoming – Laramie, WY
University of Washington School of Medicine – Seattle, WA

RACHEL HARTLINE, MD
Baraboo Rural Training Track
rachel.hartline@fammed.wisc.edu
Liberty University – Lynchburg, VA
Eastern Virginia Medical School – Norfolk, VA

STEPHEN HUMPAL, DO
Verona Center
stephen.humpal@fammed.wisc.edu
University of Wisconsin – Green Bay, WI
Pacific Northwest University of Health Sciences College of Osteopathic Medicine – Yakima, WA

MELISSA MASHNI, MD
Wingra Center
melissa.mashni@fammed.wisc.edu
University of Michigan – Ann Arbor, MI
Wayne State University School of Medicine – Detroit, MI

PATRICK HUFFER, MD
Northeast Center
patrick.huffer@fammed.wisc.edu
Williams College – Williamstown, MA
University of Vermont College of Medicine – Burlington, VT

EUGENE LEE, MD
Verona Center
eugene.lee@fammed.wisc.edu
Boston University – Boston, MA
Boston University School of Medicine – Boston, MA

JOHN MCKENNA, MD
Northeast Center
john.mckenna@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine and Public Health – Madison, WI
ORIENTATION
2012
SECOND YEAR RESIDENTS

CHRI S TA PITTNER-SMITH, MD
Belleville Center
christa.pittner-smith@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI

SAGAR SHAH, MD
Northeast Center
sagar.shah@fammed.wisc.edu
Northwestern University – Evanston, IL
Jefferson Medical College of Thomas
Jefferson University – Philadelphia, PA

CHRISTA PITTNER-SMITH, MD
Belleville Center
christa.pittner-smith@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine
and Public Health – Madison, WI

REBECCA PFaff, MD
Baraboo Rural Training Track
rebecca.pfaff@fammed.wisc.edu
Wellesley College – Wellesley, MA
Meharry Medical College – Nashville, TN

TRISHA SCHIMEK, MD
Wingra Center
trisha.schimek@fammed.wisc.edu
Tulane University – New Orleans, LA
Jefferson Medical College of Thomas
Jefferson University – Philadelphia, PA

ZACK THURMAN, MD
Northeast Center
zack.thurman@fammed.wisc.edu
Miami University – Oxford, OH
University of Cincinnati College of Medicine – Cincinnati, OH

JONATHAN TAKAHASHI, MD
Wingra Center
jonathan.takahashi@fammed.wisc.edu
Carleton College – Northfield, MN
Harvard Medical School – Boston, MA

AISTIS TUMAS, MD
Belleville Center
aistis.tumas@fammed.wisc.edu
Carleton College – Northfield, MN
University of Wisconsin School of Medicine
and Public Health – Madison WI
ALISON BROCK, MD
Belleville Center
alison.brock@fammed.wisc.edu
Goucher College – Baltimore, MD
The Warren Alpert Medical School of Brown University – Providence, RI

M aria Din, DO
Verona Center
maria.din@fammed.wisc.edu
University of Wisconsin – Madison, WI
Chicago College of Osteopathic Medicine of Midwestern University – Downers Grove, IL

2013-2014

FIRST YEAR RESIDENTS

JASMINE HUDNALL, DO
Verona Center
jasmine.hudnall@fammed.wisc.edu
Reed College – Portland, OR
Touro University College of Osteopathic Medicine – Vallejo, CA

RACHEL LEE, MD
Northeast Center
rachel.lee@fammed.wisc.edu
University of Michigan – Ann Arbor, MI
Wayne State University School of Medicine – Detroit, MI

CHRISTOPHER DANFORD, MD
Verona Center
christopher.danford@fammed.wisc.edu
Dartmouth University – Hanover, NH
Duke University School of Medicine – Durham, NC

SEAN DUFFY, MD
Wingra Center
sean.duffy@fammed.wisc.edu
University of Notre Dame – Notre Dame, IN
University of Wisconsin School of Medicine and Public Health – Madison, WI

CAITLIN HILL, MD
Baraboo Rural Training Track Center
caitlin.hill@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Minnesota Medical School – Minneapolis, MN

KIRA LABBY, MD
Baraboo Rural Training Track Center
kira.labby@fammed.wisc.edu
University of Wisconsin – Madison, WI
University of Wisconsin School of Medicine and Public Health – Madison, WI

JULIA LUBSEN, MD
Northeast Center
julia.lubsen@fammed.wisc.edu
Harvard University – Cambridge, MD
Yale University School of Medicine – New Haven, CT
ORIENTATION 2013

FIRST YEAR RESIDENTS

VINCENT MINICHIELLO, MD
Verona Center
vincent.minichiello@fammed.wisc.edu
Boston University – Boston, MA
University of Massachusetts Medical School – Worcester, MA

JESSICA O’BRIEN, MD
Wingra Center
jessica.obrien@fammed.wisc.edu
Williams College – Williamstown, MA
Harvard Medical School – Boston, MA

WALKER SHAPIRO, MD
Wingra Center
walker.shapiro@fammed.wisc.edu
Reed College – Portland, OR
University of Wisconsin School of Medicine and Public Health – Madison, WI

JULIA MCMILLEN, MD
Northeast Center
julia.mcmillen@fammed.wisc.edu
Washington University – St. Louis, MO
University of Tennessee Health Science Center College of Medicine – Memphis, TN

LISA NETKOWICZ, MD
Wingra Center
lisa.netkowicz@fammed.wisc.edu
Pennsylvania State University – State College, PA
Tufts University School of Medicine – Boston, MA

JOSHUA SCHULIST, MD
Belleville Center
joshua.schulist@fammed.wisc.edu
University of Wisconsin – Stevens Point, WI
University of Wisconsin School of Medicine and Public Health – Madison, WI

ANNA VEACH, DO
Northeast Center
anna.veach@fammed.wisc.edu
University of California – Santa Cruz, CA
Touro University College of Osteopathic Medicine – Vallejo, CA
Madison Residency Administration

Residency Program Directors

Left to Right: Adam Rindfleisch, MD, Kathy Oriel, MD, Ildi Martonffy, MD

Residency Program Staff

Back, L to R: Michelle Grosch, Amy Vincent, Dan Samuelson, Vicki Daniels, Jenny White, Kacia Stevenson; Front, L to R: Heather Williams, Chris McGrath, Lisa Tiedemann

Bios and Contact Information:

Faculty:

Kathy Oriel, MD, MS, Program Director, is originally from Michigan and attended the University of Missouri-Columbia for undergraduate and medical school. She completed residency training at St. Paul Ramsey Medical Center in Minnesota, and then participated in a research fellowship at the UW-Madison. Her primary focus is in teaching and practicing family medicine with particular interests in maternity care, physician professional development, and working with underserved communities, including LGBTQ persons. Professionally, Kathy has dabbled in research on domestic violence, motivational interviewing as a method to enhance behavioral change, and the “impostor phenomenon” in family medicine residents. She served in a consultative role on physician satisfaction for the UW School of Medicine and Public Health’s multispecialty faculty group practice. Kathy obtains deep satisfaction as program director because she gets to work closely with such bright, dynamic, and motivated future family physicians. Outside of work, Kathy enjoys playing with her children Evan (14) and Suzanne (10). Kathy treasures being active outdoors, her most recent enthusiasm is long boarding (a type of skateboard) to in the never-ending quest to keep up with her kids. She is a neophyte photographer and gardener. kathy.oriel@fammed.wisc.edu

Ildi Martonffy, MD, Associate Director learned she was no longer a “flat-lander” when she came to Madison for her residency after completing medical school at the University of Illinois at Chicago following her undergraduate degree in biology from the University of Chicago. She finished residency in 2005 and then worked at the Beloit Area Community Health Center in Beloit, Wisconsin for almost five years before returning to Wingra Clinic as faculty in 2010. Ildi has a particular interest in working with the underserved as well as in helping patients with breastfeeding and sat for her IBCLC exam this summer. She enjoys spending time with her husband and two children, who occupy most of her “free time.” She is enjoying her role as Associate Program Director and draws inspiration from our amazing
residents who continue to motivate her to try new hobbies. Consequently, you might find her running a loop in the arboretum or figuring out how to loop a new knot with a crochet hook. ildi.martonffy@fammed.wisc.edu

Adam Rindfleisch, MD, Associate Director, was born and raised in rural Idaho. He graduated from Albertson College of Idaho in Caldwell, Idaho, in 1993 with an Honors BA in chemistry, zoology, and religion. A Rhodes Scholar, he completed a Masters of Philosophy at Oxford in Comparative Social Research, focusing on how the healing systems of India and Great Britain have influenced one another. He completed his medical training at Johns Hopkins University School of Medicine and his family medicine residency at the University of Wisconsin Madison, where he was a Chief Resident. He was the first graduate of the UW DFM’s Academic Integrative Medicine fellowship, and now serves as its director. He sees patients at the Arboretum Family Medicine Clinic and the UW Center for Integrative Medicine. He enjoys travel, reading, writing, time with family, and anything that involves the outdoors. Adam’s particular areas of interest in Integrative Medicine include dietary supplements, spirituality, and energy medicine. adam.rindfleisch@fammed.wisc.edu

Residency Staff:

Vicki Daniels, BBA, Recruitment and Residency Affairs Assistant, joined the Madison Residency team in 2010. Originally from the small rural town of Richland Center, WI, Vicki received her BBA in Marketing from UW-Eau Claire. She has many years of office administration and management experience and is the creator/owner of Not Just Scrapbooking, a home and internet based business. Vicki is blessed with a wonderful husband, Jeff, and two beautiful children, Lukas and Holly. She enjoys scrapbooking, playing volleyball and softball, coaching youth sports, and doing various volunteer works. vicki.daniels@fammed.wisc.edu

Michelle Grosch, MA, Education Coordinator, joined the Madison Residency team in 2002 as the Program Manager/Education Coordinator. She started working at the DFM in 1995 as the Program Manager for medical student education – and loved the time she spent working with medical students. After seven years, she wanted more – hence, the residency position! Working with residents continues to be incredibly rewarding. Michelle’s responsibilities include managing the overall administrative and accreditation functions that support resident education, faculty teaching efforts, and resident recruitment. Michelle enjoys hiking with her dog, spending time with her family and pursuing crafty endeavors (jewelry making and knitting are the latest obsessions). michelle.grosch@fammed.wisc.edu

Chris McGrath, BA, Inpatient Schedule and New Innovations Coordinator joined the residency staff team in January 2012 after spending three years as an Army officer with the "Big Red One," the First Infantry Division. Chris has a degree from the University of Wisconsin in Political Science and History. He spends a great majority of his time on the residency staff putting together color-coordinated inpatient schedules. After 4:30 PM on weekdays, Chris enjoys yardwork and home improvement, particularly digging holes with his fancy new shovel. He lives in Madison with his wife, Jacqui. christopher.mcgrath@fammed.wisc.edu
**Dan Samuelson, Student Hourly**, has been a member of the residency staff since the summer of 2007. Dan spends most of his time handling evaluations, assisting with multiple residency events throughout the year, and other miscellaneous things. Some of Dan’s hobbies include landscaping, rock climbing and hiking, lifting heavy objects, leading youth groups, and making loud noises with the drums.

dan.samuelson@fammed.wisc.edu

**Kacia Stevenson, Assistant Education Coordinator**, is a native of Madison, WI, Kacia Stevenson graduated from the University of Wisconsin-Madison, in 2008 with a Bachelor’s degree in Legal Studies. After college, she worked as an Intellectual Property Assistant for the Wisconsin Alumni Research Foundation. Kacia comes to the DFM from Agrace Hospice Care in Fitchburg, WI, where she worked as the Learning and Development Coordinator. In this position Kacia, coordinated the educational programs including Academic Rotations and Clinical Orientation. She lives on the North side of Madison with her husband, 8 month old daughter, and dog, a mini schnauzer.

kacia.stevenson@fammed.wisc.edu

**Lisa Tiedemann, Resident Seminar Coordinator** joined the Madison Residency team in January 2012. Her responsibilities include coordinating the weekly Residency Seminar Series and Primary Care Conferences, coordinating the faculty call schedules, completing residency verification forms, and providing administrative support to both the St. Mary’s and UW Hospital services. She and her husband Craig enjoy their yard full of flowers, shrubs, trees, fruits and vegetables. She also enjoys reading, cooking, scenic places where she can hike and explore, and spending time with her two amazing adult kids. As a certified childbirth educator for over 20 years, Lisa has passionately guided and supported hundreds of Madison area expectant and new families.

lisa.tiedemann@fammed.wisc.edu

**Amy Vincent, BS, Recruitment Coordinator**, joined the Madison Residency team in June, 2008. She grew up in Madison and earned her undergraduate degree in Education from UW-Madison. Amy’s main focus is coordinating recruitment activities for the Madison and Baraboo programs, though she also participates in various activities for both the Madison and statewide DFM residency programs. Amy lives in Fitchburg with her husband Jeff and their three dogs, Brittany spaniels Remy, Buckley and Scout. Outside of work, she enjoys knitting, reading, gardening, bowling and following a slowly growing array of sports.

amy.vincent@fammed.wisc.edu

**Jenny White, BA, Associate Education Coordinator**, joined the Madison Residency Team in December 2008. After earning her Bachelor’s Degrees at UCLA in Political Science and German, she went on to be a Peace Corps Volunteer in Belize, where she worked with the youth development organization 4-H, and perfected the art of enjoying hammocks. She then moved to Madison to be with her charming husband, Nick. Jenny is an Associate Education Coordinator for the Madison Residency Program and the Education Coordinator for the Statewide Osteopathic Residency Program. At the moment, her favorite things include knitting, yoga, board games and playing tuba.

jenny.white@fammed.wisc.edu
Heather Williams, MA, Associate Education Coordinator, joined the Residency Team in 2007. A native of Kansas City, Missouri, Heather was first drawn to Madison for her undergraduate degree. She has a bachelor’s and a master’s degree in English, and she taught at the high school and community college level for ten years before joining the DFM. As the Associate Education Coordinator, she works closely with residents as they create their educational plans for each academic year. Heather lives with her partner Julie and their daughter Sophia, who turned six in June. heather.williams@fammed.wisc.edu

Statewide GME Staff:

Randy Ballwahn, BA, Graduate Medical Education Contracts/Finance/Regulatory Specialist, manages CMS and ACGME regulatory compliance and oversees educational and financial agreements for all five statewide programs. In addition he manages the budgets for the Madison and Baraboo programs and Statewide GME. Randy has a long history in non-commercial radio, enjoys obscure music of many genres, and has written about it for a variety of publications. He is an avid bicyclist, baseball fan, and loves traveling with his wife Kelli and son Isaac. In addition, Randy drums for The German Art Students, a band that Rolling Stone once described with the phrase “nimble-witted new-wave pop.” randy.ballwahn@fammed.wisc.edu

Contact Information

-- For information about the program, call or email Kathy Oriel at (608) 354-6662 or at kathy.oriel@fammed.wisc.edu or Michelle Grosch at (608) 263-6261 or at michelle.grosch@fammed.wisc.edu

-- For information about the application process or your scheduled interview, contact Amy Vincent at madisonbaraboo.applicant@fammed.wisc.edu or call (608) 265-4668.
WHY CHOOSE MADISON?

Residents
The strength of our program relies on our outstanding residents. In addition to their patient care responsibilities, residents are involved at every level of administrative and educational policy and decision-making in the program.

An eclectic group of 42 people, the Madison residents come to the program with diverse backgrounds, medical school experiences, political opinions and personalities. In this environment, kindred spirits are easy to find.

Faculty
Our residency faculty is a talented and dynamic group of academic family medicine educators and clinicians, complemented by fellowship recipients and community family physicians.

The Madison Residency is an integral part of the University of Wisconsin Department of Family Medicine (DFM), which includes faculty involved in research, medical student education, outreach, and administrative leadership. Most faculty are active participants in the residency—seeing patients, teaching seminars, and precepting residents. Our faculty has special expertise in many areas including:

- Advanced Life Support in Obstetrics
- Community Health
- Developmental Disabilities
- Epidemiology
- Evidence-based Medicine
- Geriatrics
- Integrative Medicine
- International Health
- Law and Medicine
- LGBT Health
- Management of Health Systems
- Maternity Care
- Nutrition
- Osteopathic Manipulation
- Pain Management
- Palliative Care
- Practice-based Research
- Preventive Cardiology
- Quality Improvement
- Rural Medicine
- Sports Medicine
- Stress Electrocardiography
- Substance Abuse
- Women's Health

Our behavioral science faculty has extensive experience working with family medicine residents. In addition to leading seminar presentations, they are always available for consultation and co-therapy. They offer a rotation in counseling for interested residents. In addition, residents work closely with faculty nurse practitioners and physician assistants for obstetric, geriatric, and pediatric visits, as well as in nutrition, weight control counseling, and chronic illness care.

Our residents annually evaluate the faculty and consistently rate them as excellent clinicians, educators, and researchers.

Family Medicine Centers – FMC’s
Each of our FMC’s (Belleville, Northeast, Verona, Wingra) offers a large and varied patient population from which to build their practice. Each center has full-time residency faculty members who provide
care to their own active practices in addition to teaching residents. Our residents benefit from
preceptors who are involved in the research, medical student education, and outreach components of
our department.

While each center has its own distinct characteristics, all provide residents with a full range of
experiences and skills. Resident graduates from each of our clinics have gone on to practice in cities,
rural areas, underserved communities and international locations (see Faculty and Resident Section for
more information). Our graduate surveys continue to reinforce that preparation at each clinic site is
comparable in all aspects of family medicine including maternity care, geriatrics, community
medicine, counseling and procedures.

After matching with our program, incoming residents are asked if they have a clinic preference. Over
the years, we have been consistently successful in placing residents at clinics that meet their needs.
We are fortunate that all of the centers have busy, diverse practices. Difficulties with resident clinical
site assignments have been extremely rare.

To assure that applicants have an opportunity to learn about each center and to see more of the
Madison area, the afternoon of the interview day is spent visiting all of the FMC’s with a resident tour
guide.

The Best of Both Worlds: St. Mary’s Hospital & University of Wisconsin Hospital and Clinics
For many students, an important consideration in choosing a program is whether they prefer the kind
of training available in a setting where the only full-time residents are family medicine residents, or a
hospital that has multiple residency programs. While the final value of a residency experience rests
largely on how much the resident puts into it, location and structure are important. The UW-Madison
Family Medicine Residency is a university program primarily located in a community hospital: our
residents benefit from the best of both worlds. Our residency combines a “high touch” community
clinical environment with the strengths of being part of the University of Wisconsin School of Medicine and
Public Health.

St. Mary’s Hospital (SMH): SMH is a major regional medical center offering state of the art medical
care. Family medicine residents are the only full-time graduate medical trainees at the hospital. A
dynamic, forward-looking institution, St. Mary’s has steadily supported our program since 1970. SMH’s
medical staff is highly qualified. They come to St. Mary’s knowing that they will be involved in the
clinical education of family medicine residents and most are enthusiastic teachers. SMH also has
excellent nursing and ancillary support as well as a creative and energetic administration. In 2003, St.
Mary’s Hospital System (SSM Health Care) was recognized as the first health care organization in the
nation to receive the Malcolm Baldrige Award for Quality. St. Mary’s wins quality awards annually,
including Magnet Hospital status as one of the best places in the country for nurses, as well as a
Thomson Reuter’s 100 top Top Hospitals, one of only 25 institutions nationally to receive this award.

The Family Medicine Department at St. Mary’s is the largest section in the hospital. Family physicians
routinely receive privileges to practice the full range of family medicine including obstetrics, intensive
care medicine and specialized procedures. The case mix is typical of a full service community hospital,
and residents are respected as important members of the health care team.

University of Wisconsin Hospital and Clinics (UWHC): UWHC has been rated as one of the top 50
hospitals in the country for the past decade. The 2013 edition of the U.S. News and World Report’s
“America’s Best Hospitals” also ranked UWHC as the top hospital in the Madison area and in the state of Wisconsin. All of our teachers are members of the UW faculty and we take full advantage of the wide variety of opportunities offered by the medical school and our major university environment. Residents spend four months of the residency on the UW Hospital Family Medicine In-patient Service, a “self-contained” service in which our faculty are the attending physicians and our senior residents lead the team. Many residents elect time in one or more specialized outpatient clinics at UWHC during their second and third year of training. Thus, while SMH is “home,” our residents also benefit from exposure to the different clinical approaches and learning opportunities that exist only at an academic medical center.

**Recognition of Different Learning Styles**

Residents are ultimately responsible for their own education. We recognize that residents come with diverse backgrounds and individual learning styles. In response, we make a number of educational opportunities available.

**Peer Education:** Family Medicine residents are the primary house staff at SMH. Our second- and third-year residents work with first-year residents on OB, MICU, Family Medicine Service, and Pediatrics, as well as the Family Medicine Service at UWHC. This is a positive experience for both our first-year residents who receive guidance from senior colleagues and for our senior residents who have an opportunity to learn by teaching. In addition, senior residents from the OB and surgery programs rotate in limited numbers through St. Mary’s, and fellows from other specialties work on consulting services at UWHC. Our residents enjoy interacting with these residents and the perspective they bring to the educational environment.

**Ambulatory Care:** A variety of learning opportunities exist at each residency teaching clinic. Physician faculty are always available for one-on-one teaching before, during, and after patient care hours. Several community physicians also serve as volunteer faculty. Behavioral science faculty participate in consultations, joint visits, or referrals. Business office and patient care staff at each center are valued partners who have chosen to be involved in resident education; they too have much to offer.

**Small Group Format:** In all three years of residency, a weekly Family Medicine Seminar is held which focuses on clinical, psychosocial, ethical, and political aspects of medicine. Wildlife, a Wednesday noon conference open to everyone in the program, is a venue for the exploration of an eclectic mix of topics coordinated by chief residents. Clinic-based educational afternoons are an opportunity for clinic residents, faculty, and staff to work on the proactive care and systems-based design required in the patient-centered medical home.

**Lectures:** There are many opportunities for didactic learning, including the family medicine seminar presentations, weekly primary care conferences, Monday rounds and special lectures. First-year residents have every Thursday afternoon protected from clinical duties so they may participate in Family Medicine seminar, intern support group, and “Survival Skills,” lectures addressing issues that frequently arise in hospital-based medicine. Interns have reported moving their seminars to one afternoon allows them to break away from clinical duties. They also enjoy the weekly opportunity to socialize afterwards. Resident also attend weekly hospital conferences on all services, and SMH and UWHC offer conferences several times a week.

**Clustered Didactics:** Clustered Didactics for second- and third-year residents brings classmates together for a week in their second and third years. During this week, residents spend time focusing on clinical areas such as Sports Medicine, Gynecology, Geriatrics, and Management of Health Systems.
These workshops tend to be very “hands on” and interactive. Residents still participate in their continuity clinic and seminar during this week.

**Computer Resources:** Each center has easy access to multiple on-line resources. Faculty are available to provide guidance in accessing clinical tools and the DFM’s Information Technology Services staff offers direct individualized instruction on computer use to residents. Faculty are sophisticated users, incorporating evidence-based resources including Family Practice Inquires Network (FPIN), Essential Evidence, pod-casts, and audience-based response systems into their teaching. All evaluations, procedure-logging, and duty hour tracking is web-based through integrated residency software. All residents will have a web-based e-mail account through the University, access to online journals and clinical resources, and eager librarians at SMH and UWHC when residents have trouble locating an answer to their questions. Electronic medical records at all family medicine centers and all hospitals are fully implemented with increased opportunities for patient care and education. A growing number of self-directed learning modules are available online, and faculty are beginning to produce electronic “iBooks.”

**Medical Student Teaching**

Interested residents in the Madison program have the opportunity to interact with and teach medical students in several settings. Residents develop teaching skills:

**In the Family Medicine Center:** All UWSMPH students take a required, eight-week primary care rotation in their third year. During most rotations, one student is assigned to work in each residency clinic. In addition, many fourth year students from UWSMPH and other medical schools choose to do a one month elective in our residency clinics. Residents serve as co-teachers of these students. Resident teaching is highly valued by students, and many residents have discovered the joy of the preceptor role.

**In the medical school:** Second- and third-year residents may participate as teachers on a volunteer basis for small groups of students who are learning interviewing and physical examination techniques in their Patient, Doctor and Society (PDS) course. Resident and faculty physicians team up to teach these courses. Some residents have also been involved in activities of the UW Family Medicine Interest Group, including participation in our recently established “Shadow a Resident” program. Residents are also teachers at our annual DFM sponsored Procedures Fair for medical students.

**In the hospital:** Medical students may choose an elective at either the St. Mary’s or UW Family Medicine services, offering a more extended opportunity to help students grow in their clinical skills.

**Collegiality**

Faculty and residents are truly colleagues in the Madison program. Resident participation and leadership is essential in the ongoing process of monitoring, developing, and implementing the goals and objectives of the program. Residents and faculty work together on patient care, academic pursuits and administration. They jointly present conferences, conduct journal club, write articles, and work on research and audit projects.

Residents participate actively on all committees as well as on ad-hoc working groups designed to address more immediate issues. There are many opportunities for becoming involved in the educational, administrative, and clinical aspects of the Madison program. The Education Committee and its standing subcommittees for curriculum design and content guide the work of the residency.
Support/Social Network

During the two-week orientation for first-year residents, the process of building a support network among new colleagues begins. There is ample time to get to know each other beginning with participation in a team-building day. Senior residents, faculty and staff are very sensitive to the anxieties and long hours that are facts of life for first-year residents.

Throughout the year, resident support is available in a number of ways:

**Resident Network:** Our residents are a social group. Residents often gather informally at each other’s homes or popular spots in the city, such as the Memorial Union Terrace on the UW campus. Ongoing activities include a monthly book club for residents and significant others, a co-ed soccer team, an Ultimate Frisbee team, and a play group for residents with young children. Significant others, children, and friends are always part of program social activities.

**Support for Significant Others:** A support group for residents’ significant others connects resident families as well. The tongue-in-cheek “Trophy Wives Club” includes male and female spouses and partners. This group provides resident partners a means to support each other and have residency be just a bit less challenging for a resident’s partner. The group learns from those who came before and passes on wisdom regarding rotations, call, great restaurants, stores, hockey groups, etc. The “Trophy Wives Club” even has a Facebook group and a listserv with the department.

**Program Support:** We care about the health and well-being of our residents. As such, we have many activities that are supported by the residency program:

- The famous mid-winter “Fizzle” Dinner. First-year residents and their significant others mark the half-way point in the year with food and drink at a local Madison restaurant. Each intern is presented with a special “gift” from the chief residents, and this event is always a fun time. Our second-year resident group similarly gathers for its annual “Foshizzle” Dinner, as do third-year residents for their “Finoozle” event.

- Chief Resident Rounds bring residents together every other Wednesday over lunch to discuss pertinent issues and enjoy each other’s company.

- Wildlife Sanctuary provides a lunchtime forum for residents to learn about topics of interest that aren’t taught in the regular seminar series.

- A yearly resident retreat that includes families takes place over a fall weekend at an outdoors-oriented site outside Madison. Faculty cover patient care responsibilities during the retreat.

- A monthly Intern Support group during protected seminar time provides first-year residents the opportunity to support one another in a safe environment. It is facilitated by a health professional not affiliated with the department.

In addition, the program director and all faculty and residency staff are open and available to residents for any purpose. We truly care about our residents’ quality of life as well as promoting the best educational experience.
PROGRAM HIGHLIGHTS

Strong Continuity Practice

Our Madison program clinics are not small demonstration practices; they are well-established typical family physician practices with high community visibility. Each resident develops a loyal patient following who identify him or her as their family physician. Residents in our program learn how to effectively function as a member of a care team in the patient-centered medical home.

We seek to model excellence in all aspects of our clinical work. Fundamental to that goal is a commitment to patient- and family-centered care. We feel a particular responsibility to offer and to teach an approach to patient care that is uniformly based on principles of respect, flexibility, collaboration, and responsiveness to the needs and desires of those who choose to come to us. We have an expectation that in the context of our individual practice styles, each of us will provide care in a consistent and integrated manner. Though the patient-centered medical home (PCMH) model is now a formal designation, we have provided care consistent with those principles for years. Our robust patient database and quality support staff allow us to monitor and improve the quality of care we provide at each site. Similarly, to assure that patients receive consistent care, we have an expectation that all providers in our system will present patients with the full range of legally acceptable options in reproductive health, end-of-life care, and other such areas in a supportive manner that respects patient preferences, even when choices may be made that do not conform with the opinions of individual providers. Residents have many opportunities to be actively involved in our practice redesign efforts as well as to discuss the interface of social and ethical issues with our clinical work.

Our clinics also provide education in the real world of complex medical care systems. We pride ourselves on responsiveness to the challenges faced by uninsured and underinsured patients. Residents leave the program possessing a familiarity with the financial aspects of medicine at all levels of care.

Behavioral Science

The behavioral science curriculum has long been a strong foundation of our program. Our family physician, nurse practitioner, and physician assistant faculty actively integrate responsiveness to the emotional needs of patients and their families into their teaching and practices, including working closely with the behavioral science faculty:

- Ken Kushner, PhD, coordinates Behavioral Medicine and our Family Medicine Seminar series. He sees patients and teaches at the Wingra Family Medical Center.
- Julia Yates, MSSW, sees patients and teaches at Verona Family Medical Center.
- Madonna Binkowski, MSSW, sees patients and teaches at Belleville Family Medical Center.
- Olga Arrufat-Toxon, MSSW, sees patients and teaches at Northeast Family Medical Center.

In Madison, behavioral health care and education are not relegated only to behavioral science faculty. Physician faculty recognize, value, practice, and teach the role of the biopsychosocial approach. Integrative medicine faculty provide expertise in mind-body-spirit wellness and the importance of a patient-guided approach to healing.
Other faculty provide national leadership in the medical home for all patients and the unique needs of a family-centered approach for children. National Institute of Health grants provide a novel approach to substance use screening and treatment by a health educator who is available to physicians during clinic hours. This model of care provides a seamless integration of services for patients at their own clinic.

**Family Medicine Seminars**

Our weekly Family Medicine Seminars present a comprehensive curriculum. First-year sessions concentrate on common outpatient medical topics such as Introduction to Ambulatory Care, while the focus for second- and third-year residents is broader and inclusive of the full spectrum of family medicine. Topics are listed later in this booklet.

**Clustered Didactics**

Each second- and third-year resident is scheduled for one clustered didactic week per year. During that week the residents spend two days in small groups discussing two focus areas. By clustering a set of topics into smaller groups, problem based learning and procedure skills can be taught more effectively. Areas of focus are: Gynecology and Practice Management (second-year residents); Geriatrics and Musculoskeletal (third year-residents). A competency evaluation is integrated into each session.

**Maternity Care**

The Madison program has made a sustained commitment to prepare residents in maternity care, and has developed a well-deserved reputation for strength in this area. Resident experience on the obstetric rotation at St. Mary’s continues to increase as the practices of our teaching obstetricians and community family physicians grow. There were 3,377 births at SMH in 2012. Nearly all of the intrapartum care for these patients and their families included family medicine residents.

Family medicine faculty are actively involved in a teaching conference series, including case discussions, during this rotation. Residents can expect to be involved in 115-130 deliveries on our OB rotations. In addition, all residents manage their own obstetric patients in our family medical centers—from first visit to delivery, which brings the total for some residents to 160 deliveries over the three years.

**ALSO® (Advanced Life Support in Obstetrics):** In 1992, DFM faculty members John Beasley, MD, and Jim Damos, MD, with contributions from many other DFM faculty, developed the acute obstetrics management course entitled ALSO®. Similar in its protocols to ACLS and ATLS, the course is well known and now taught nationally and around the world. Administrative responsibility for ALSO® has been transferred from the DFM to the AAFP (American Academy of Family Physicians). Madison program residents take ALSO® at the beginning of their first year.

**Management of Health Systems**

Our management of health systems/practice management curriculum aspires to give our residents the tools and experience that will prepare them to be innovators and leaders in practice redesign. We believe that thoughtfully configured clinical systems can improve patient outcomes, enhance efficiency, reduce error, and support adequate reimbursement.
All residents have a four-week rotation with longitudinal experience in Management of Health Care Systems. The rotation is split between the second and third years and is led by Dr. Brian Arndt and their respective clinic manager. Topics including quality improvement, managed care, health insurance and Medicare, personal finances and retirement planning, practice site selection, personnel management, clinical operations, and practice finances. Most topics are introduced through hands-on innovative learning modules. On a quarterly basis, residents also receive disease registries and other data about their own practices. Panels of program graduates share their experience in a variety of settings with current residents. The rural rotation for second-year residents offers an excellent opportunity to gain hands-on practice management experience by working closely with the rural clinic’s administrator. Faculty and staff are available to help with career planning and other aspects of practice management.

**Electronic Health Records**

All of our family medicine centers have functional and up to date EPIC electronic health records. All local hospitals have EPIC systems that link to our clinics’ records. Residents receive training specific to the outpatient and inpatient settings during first-year orientation, and have many resources available to them when assistance is needed.

**Medical Informatics and Computer Support**

The DFM is a founding member of the Family Practice Inquiries Network. FPIN is a dynamic collaboration of academic departments and individuals from around the country to create an evidence-based resource that is uniquely configured to meet the information support needs of family physicians at the point of care. We believe evidence-based medicine skills assure our patients receive state of the art care, both now and through our graduates’ careers. Residents lead Journal Club conferences in the second-year using EBM tools and present an in depth topic conference in their third-year based on the best available evidence. A more in-depth medical informatics elective rotation is available.

The Information Technology Services (ITS) unit of the DFM keeps abreast of new technology and strives to provide computer users with the best service possible. This is a group of staff professionals with a breadth of experience in developing computer systems, teaching computer skills, and providing custom programming to meet specific educational and research needs. The University of Wisconsin Medical Foundation’s Computer Help Desk also only a phone call away to answer related questions and troubleshoot problems.

Frequent hands-on and large group training sessions are available for users at all experience levels. The Department provides access to work stations and laptop computers, color scanner, color printer, as well as reference manuals, computer-related periodicals, and medical software packages. Our website provides online curriculum, including videoconferences in both real time and archived. Podcasts are utilized for residents who are unable to attend lectures. Clinic-based resources and electronic health record tips are constantly shared and improved. Our email system is web accessible from anywhere in the world.

**Rural Rotation**

To maximize residents’ training experience, a four-week rural rotation is required in the second-year. During this rotation, residents not only gain exposure to small town practice, they also get an intense hands-on experience that has an important impact on self-confidence, maturity, and clinical
competence. Eight of our 14 residents go to Richland Center, a long established rural rotation site about 60 miles from Madison, where our program maintains an apartment. Other residents go to sites throughout Wisconsin, including Wautoma (FQHC that serves a large number of migrant workers)/Wild Rose, Keshena (Menominee Tribal Clinic)/Shawano, Sauk City, Dodgeville/Mineral Point, and Lake Mills. Living accommodations are made for residents at each of the alternate sites as needed, and financial support is provided for travel costs.

Rural Training Track in Baraboo

In July 1996 the Madison Residency Program expanded to create an outstanding rural training track in Baraboo, WI, 40 miles from Madison. There are two resident positions each year in this track. The first-year of training is almost identical to that of the 14 residents matched to the core program in Madison. The Baraboo residents rotate on inpatient services at St. Mary’s Hospital and at UWHC. The second and third years are spent primarily at Medical Associates of Baraboo and St. Claire Hospital with continued connection to the core program through conferences, elective rotations, and resident support activities. The rural track is fully accredited. Separate information and materials are available upon request.

International Health

International medicine interests are shared by several DFM faculty who have been involved in establishing clinical training sites around the globe. David Gaus, MD, Lee Dresang, MD, Cynthia Haq, MD, Jeff Patterson, DO, Beth Potter, MD, and Ann Evensen, MD have substantial international experience and assist residents who wish to take electives abroad. Dr. Haq is the Medical School’s Assistant Dean for International Health, and is a consultant to the World Health Organization on the development of family medicine in other nations. There are opportunities for senior electives in Belize, Haiti, El Salvador, Honduras, Ecuador, Uganda, Ethiopia, Poland, and other international settings. Conferences, seminar time and informal interest groups provide additional support for residents who anticipate pursuing international health experiences. The Madison program has also developed a Community and Global Health Pathway for residents with a special interest in this area.

Integrative Medicine

Integrative Medicine is defined as healing-oriented medicine that takes account of the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and complementary. Our belief is that Integrative Medicine = Family Medicine. Both are rooted in finding the most efficient and effective ways to enhance the body’s ability to self heal. The University of Wisconsin’s Integrative Medicine clinic is a program within the Department of Family Medicine. It offers clinical services and resident education in acupuncture, nutrition, bodywork, botanicals/supplements, mind-body therapies, energy medicine, mindfulness, and spiritual connection.

A number of Integrative Medicine experiences are built into the curriculum for all residents, and resident may elect to do additional training as well. Options include the Integrative Medicine Pathway, which assists residents with tailoring outpatient electives toward an Integrative Medicine focus; residents also have the option of applying for the Academic Integrative Medicine Fellowship, which offers two years of additional training for those wishing to become leaders in the field.

The “Aware” Curriculum is a longitudinal, integrated thread throughout all three years of residency. The curriculum focuses on mindfulness, self-care, and various approaches residents may follow to
explore how their beliefs inform not only their medical practices, but all aspects of their lives. The Aware Curriculum, includes experiential learning opportunities, didactics, development of Integrative Medicine-style self-care plans, mindfulness training, and more. Residents are encouraged to participate in mindfulness-based stress reduction and be proactive participants in a healthy work-life balance and overall wellness.

**Community Health**

Our longitudinal community health rotation features programming designed to enhance understanding of how to practice community-based medicine and work with key community resources that are important to patients. Don Carufel-Wert, MD, and Nancy Pandhi, MD, MPH, direct the rotation with the assistance of many others. Both Drs. Carufel-Wert and Pandhi practice at Access Community Health Center, the local Federally Qualified Health Center (FQHC). During the first year, residents participate in creating partnerships with community agencies. Residents then individualize their experience in addressing health and wellness issues associated with their center patient population. All residents are provided with a community health rotation notebook, and access an interactive web-based curriculum. During protected time in the next two years, residents create a personal learning plan that may include design and implementation of a community health project with the assistance of center faculty, other residents and community members.

The goals of the community health rotation include the following:

- To understand the community served by the clinic.
- To familiarize residents with the local resources that address community health issues.
- To integrate the use of local health and social resources into clinical care.
- To learn the principles of community health care team management.
- To understand the impact of socioeconomic conditions on the health and well-being of patients.
- To understand how public health policy at the local state and national levels interface with patient health.

**Access Community Health Center**

The Access Community Health Center (ACHC) is a collaborative venture with the community, the University, and other agencies. The center opened on November 1, 1995 and provides healthcare, social services, and a public library. It primarily serves low income and uninsured people.

Residents staff at the Southside MEDiC Clinic, a free Saturday morning clinic organized by medical students and located at ACHC, as part of the Community Health rotation. Residents also often choose to provide care at the medical student-run Salvation Army Clinic on Tuesday nights. Our hospital in-patient services at UW Hospital and St. Mary’s Hospital provide coverage for ACHC.

**Salary and Benefits**

Residents in the Madison program are University of Wisconsin employees. Salaries set through the state personnel system are for all UW resident physicians regardless of specialty. 2013-2014 resident compensation is as follows:
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<th>Monthly</th>
<th>Annually</th>
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<tr>
<td><strong>First-year</strong></td>
<td>$4,521</td>
<td>$54,262</td>
</tr>
<tr>
<td><strong>Second-Year</strong></td>
<td>$4,688</td>
<td>$56,267</td>
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<tr>
<td><strong>Third-Year</strong></td>
<td>$4,863</td>
<td>$58,357</td>
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**Health Insurance:** Residents may choose from among several different health insurance plans and can include their immediate family (spouse or domestic partner, as well as dependents) in their coverage. The University of Wisconsin pays 80 to 90 percent of the cost, depending on the plan selected. Basic dental care is part of several plans.

**Other Benefits:**
- Disability insurance is also provided to our residents with premiums fully paid by the DFM.
- Term life, major medical, accidental death, vision care insurance, and supplemental dental insurance options are available at low group rates.
- Participation in the UW’s tax sheltered annuity investment program and an employee reimbursement account that allows the use of pre-tax funds for childcare and uncovered medical expenses.
- Access to UW recreational facilities, libraries, technology support services, and other resources.

**Malpractice Coverage:** Malpractice insurance is provided to all residents through the University of Wisconsin for clinical activities that are within the scope of residency duties. Moonlighting is permitted during the second and third years with program approval. Residents must obtain their own malpractice coverage and separate DEA for moonlighting activities.

**Time Away:** The following numbers of working days are available per year for vacations, attendance at professional meetings, participation in CME.

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<th></th>
<th>PGY 1</th>
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<th>PGY 3</th>
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<tbody>
<tr>
<td>Vacation</td>
<td>15</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>CME</td>
<td>0</td>
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Our program has well defined policies for parental, medical, and other types of leave. These policies and other important personnel information are compiled in the Residency Employment Information manual that is updated annually. It is available for review during the interview day, and is also available online at:

https://inside.fammed.wisc.edu/documents/20383

**Life Support Courses**
The DFM offers a full range of life support courses, as part of the curriculum at no cost to residents.
- **ACLS (Advanced Cardiac Life Support)** Certification is expected prior to beginning residency. It can be scheduled before orientation for incoming first-year residents who are not yet certified.
• **ACLS** re-certification is offered in April during the second year.
• **ALSO® (Advanced Life Support in Obstetrics)** is incorporated into first-year orientation.
• **PALS (Pediatric Advanced Life Support)**, including an overview of neonatal resuscitation, is incorporated into orientation.
• **NRP (Newborn Resuscitation Program)** is incorporated into the first-year seminar series.

**Educational Allowance**
Residents receive an educational allowance during each year of residency to be used for supplemental medical education activities and/or for purchase of medical books, educational software or a mobile technology device. In 2013-2014, allowances are as follows: **first-year: $500; second-year: $750; and third-year: $1,000.** This allowance is in addition to life support courses. Second- and third-year residents may each use up to one week of curriculum time to participate in approved CME activities, either off-site or web-based.
GRANTS, RESEARCH AND FELLOWSHIPS

The University of Wisconsin - Madison Department of Family Medicine is one of the top academic departments in the country and is annually among the leaders in National Institutes of Health (NIH) funding for research. Several projects have gained national and international recognition. Most importantly, these projects offer residents excellent learning opportunities. Faculty areas of interest and projects are described below.

Tenured Faculty Research

**Alexandra Adams, MD, PhD** conducts community based participatory research in the area of obesity prevention and Native American Health. She is the principal investigator for several NIH and state funded research projects on childhood obesity as it relates to diabetes and heart disease prevention. Dr. Adams recently received an NIH grant to expand the Healthy Children, Strong Families program model at the national level to include 6 diverse rural and urban American Indian communities. Dr. Adams is also Director of the Collaborative Center for Health Equity (CCHE), a core program of the UW Institute for Clinical and Translational Research (ICTR). Funded by an NIH Research Program Projects and Centers grant, the Center is designed to build lasting partnerships and engage university and community partners in collaborative teaching, research, and service initiatives to improve health equity in underserved communities of Wisconsin.

**Bruce Barrett, MD, PhD** is a 1997 graduate of the DFM Eau Claire residency program. He completed the Madison-based Primary Care Research Fellowship in 1999 and is now a DFM faculty member and Co-Director of the Fellowship. He is also the director of a T32 grant from the National Center for Complementary and Alternative Medicine (CAM) designed to provide research training to individuals aiming for careers in health science research related to CAM. He has conducted numerous studies relating to upper respiratory infection and has developed an outcomes instrument for measuring the common cold (Wisconsin Upper Respiratory Symptom Survey). He was recently awarded an NIH grant from the National Center on Complementary and Alternative Medicine to continue his study on Meditation and Exercise for the Prevention of Acute Respiratory Infection (MEPARI-2).

**Richard Brown, MD, MPH** is a Madison-based tenured professor. His research interests involve use of innovative technologies and clinical systems to deliver substance abuse prevention and intervention services. He teaches about substance abuse screening and intervention and related topics in several health professional schools and programs at UW-Madison. He is concluding a 5 year, 12.5 million Screening and Brief Intervention Referral and Treatment grant for the State of WI titled WIPHL, Wisconsin Initiative to Promote Healthy Lifestyles. The project provides screening, brief interventions and referrals for alcohol disorders in clinics across WI and works in conjunction with the Department of Population Health, and WI DHSS. He is also a partner in numerous projects designed to develop a unified statewide strategy for reducing and preventing risky alcohol use in Wisconsin.

DFM Research Faculty and Scientists

**Randy Brown, MD, PhD** joined the DFM as a fellow interested in research in drug and alcohol abuse and dependence. He received an NIH K23 award to study the treatment outcomes of drug court programs that address dependence issues. He is also the Director of the UW Addiction Medicine Fellowship. This fellowship, in collaboration with the William S. Middleton Veterans Hospital, provides clinical experience and instruction in the management of substance use disorders. Created in 2010, it
is one of the first programs in the country that provides training to family physicians with an interest in becoming Board Certified in the newly recognized specialty of Addiction Medicine.

**Valerie Gilchrist, MD**, is the chair of the department. Her research interests include primary care health care delivery systems, preventive services, cardiovascular risk and hypertension, management of chronic conditions, women’s health, primary care research networks, community medicine, and qualitative methodology. Dr. Gilchrist is also the Principal Investigator of an NIH grant from the Health Resources and Services Administration to develop the infrastructure for the transformation of the department to the Department of Family Medicine and Community Health.

**David Hahn, MD** joined the department in 2012. Dr. Hahn’s primary areas of research interest are asthma and the delivery of clinical preventive services. He is also a founding member and current director of the Wisconsin Research and Education Network (WREN), which implements research projects in primary care clinics across the state.

**Irene Hamrick, MD** joined the department in 2011. She has a broad interest in geriatric health issues including falls prevention, home visits, mental status testing, and nursing home care. She recently completed a study examining disparities in osteoporosis screening and treatment. Dr. Hamrick is also testing a computer-based home visit simulator in which users identify and receive feedback on potential hazards in a three-dimensional, virtual home.

**Larry Hanrahan, PhD, MS** joined the department as Research Director in 2013. He has over 30 years of experience in directing and developing statewide electronic public health surveillance systems and epidemiologic investigations. He is also Principal Investigator of the University of Wisconsin Electronic Health Record - Public Health Information Exchange (UW eHealth - PHINEX) which links clinical care and public health through electronic health record (EHR) exchange. It provides advanced, user friendly data analysis tools to mathematically represent the multiple determinants of health (ecological health systems model).

**Marlon Mundt, MS, PhD** is an Assistant Professor and a 2007 graduate of the UW SMPH Department of Population Health. His current research interests include preventive health, alcohol abuse and intervention, health economics and cost effectiveness analysis. He received an NIH K award to conduct an economic evaluation of adolescent alcohol use and the impact of social networks. He is currently working on a project using quantitative social network analysis to estimate the impact of social networks in primary care settings on work relationships, teamwork, and job satisfaction.

**Nancy Pandhi, MD, MPH, PhD** is currently an Assistant Professor with the Department of Family Medicine. Prior to joining the faculty in 2009, Nancy was a trainee with the Primary Care Research Fellowship Program. Dr. Pandhi’s research program is directed towards effective ambulatory care redesign, with an emphasis on vulnerable populations. Her clinical practice is with Access Community Health Center. She is also faculty coordinator for the second and third year family medicine residency Community Health rotation.

**David Rabago, MD** is a 2001 graduate of the Madison Residency Program. During his residency he pursued both clinical medicine and research, completing a randomized controlled trial of nasal irrigation for sinusitis. Dr. Rabago currently focuses his research on physical, complementary, and alternative therapies for chronic conditions. He received a K award to perform a randomized controlled trial to study prolotherapy as a treatment for knee osteoarthritis pain. He expanded this
research to study the efficacy of prolotherapy for epicondyllosis (tennis elbow). He is currently working on a project funded by the US Department of Defense to study nasal irrigation for chronic rhinosinusitis and fatigue in patients with Gulf War Syndrome. Dr. Rabago is also the research advisor for the Residency Program Journal Club and serves as the Co-Director for the Primary Care Research Fellowship.

Sarina Schrager, MD joined the faculty in October, 1996. She has conducted research on osteoporosis prevention in primary care, with a particular focus on women who have a developmental disability and are at higher risk for development of osteoporosis. Her current research interests include osteoporosis prevention, work life balance, and dual physician families. Dr. Schrager is the co-author of a recently published book titled “The ACP Handbook on Women’s Health.” She is currently leading the faculty development program for the DFM and serves as the faculty advisor for the DFM Academic Fellowship.

Paul Smith, MD joined the DFM faculty in October, 1995. He provides clinical care, teaches residents and is involved in a variety of service and research activities. He is the Associate Director of the Wisconsin Research and Education Network (WREN) and a volunteer on the Board of Directors for Wisconsin Literacy. His interests also include health literacy, electronic medical records and computerized patient interviewing.

Jonathan Temte, MD, PhD joined the faculty of the DFM in September, 1993. He has an extensive variety of research and teaching experience. His research interests include viral disease surveillance in primary care and the timing and cost-effectiveness of influenza treatments. He currently serves as the Chair of the CDC Advisory Committee on Immunization Practices. He recently received a three year grant from the CDC to study child absenteeism due to respiratory disease. Dr. Temte is also the Director of the Summer Student Research and Clinical Assistantship program.

Georgiana Wilton, PhD joined the department as an Associate Scientist in 2002 and is the Principal Investigator of several state and federally funded research and outreach projects addressing the prevention, identification, and treatment of Fetal Alcohol Spectrum Disorders (FASD). Dr. Wilton’s efforts include directing the Wisconsin FASD Treatment Outreach Project (WTOP) which provides training, clinical outreach, and technical assistance to Wisconsin’s women-specific AODA treatment program staff and ancillary service providers regarding the prevention, identification, and treatment of fetal alcohol spectrum disorders in their client populations. She also directs the Great Lakes FASD Regional Training Center (GLFRCT), a collaboration between the University of Wisconsin departments of Family Medicine, Pediatrics, and professional Development and Applied Studies.

Aleksandra Zgierska, MD, PhD joined the faculty in January, 2009 following an appointment with the primary care research fellowship. Dr. Zgierska received an NIAAA K23 Mentored Patient-Oriented Research Career Development Award to study Mindfulness Meditation for Alcohol Relapse Prevention. The research evaluates meditation, an innovative behavioral intervention, as a therapy for alcohol dependence, for which existing treatment outcomes are often not satisfactory. She is also exploring the use of meditation as an adjunct therapy for patients suffering from chronic low back pain.
**Wisconsin Research and Education Network (WREN):**

The Wisconsin Research and Education Network, directed by David Hahn, MD, is a statewide practice-based research network of over 300 primary care clinicians and academic researchers. Over 50 WREN member-clinicians conduct high-quality translational research and quality improvement projects in "real-world" family practices across 35 Wisconsin communities. Many of these projects have been published in peer-reviewed journals.

Examples of WREN-supported projects include a study addressing practiced-based research networks to accelerate implementation and diffusion of chronic kidney disease guidelines in primary care practices, evaluation of a Health Information Technology workflow assessment tool, a project designed to study collaboration among pharmacists and physicians to improve outcomes (CAPTION), and a study examining interaction analysis as a novel approach to understanding patient trust in physician and patient outcomes.

**Research Opportunities:**

Research projects of interest in the DFM are being pursued by family medicine faculty on topics such as alcohol brief intervention and treatment, chronic pain, nutrition, childhood obesity, cost-effective care, HMO development, clinical epidemiology, physician satisfaction, integrative medicine, nasal irrigation, community based participatory research, clinical interventions, care and study of the family, and other clinical topics. Numerous opportunities exist for collaborative efforts between faculty and residents. Each year, several residents elect to work with individual faculty members on research projects, either on a longitudinal basis or during an elective block. If you have particular research interests, please let the residency staff know, and we can connect you with faculty and residents who share your interests. Larry Hanrahan, Research Director for the DFM will also be happy to discuss your interest in working with ongoing projects in the DFM and to connect you with the physician or research faculty investigators. Please contact Terry Little for assistance in setting up an appointment.

**DFM Scholarly Small Grant Program:** Each fiscal year, the Department of Family Medicine allocates funds to support scholarly projects. These funds can be used by DFM faculty, fellows, residents and academic staff for research and other scholarly projects. The small grant program supports the Department’s overall research mission by funding small research studies, academic projects, or evaluation of educational interventions that are expected to lead to the development of presentations, extramural grants, and publications in peer-reviewed journals.

**Fellowship Opportunities:**

**The Nathan Smith Adolescent and Sports Medicine Fellowship** is a two-year fellowship under the direction of Drs. David Bernhardt and Kathleen Carr, in partnership with the Primary Care Research Fellowship, to train primary care physicians in the field of sports medicine to become academic leaders in dealing with a wide variety of sport and physical activity related problems. The fellow is expected to engage in clinical care, as well as teaching and research. The fellow serves as a team physician for both the University varsity and local high school teams. A wide variety of research opportunities are available, and the fellow is expected to publish at least one review article and a peer-reviewed paper during his or her two years. Training will lead to eligibility for the CAQ in sports medicine. For more information, see: [http://www.fammed.wisc.edu/fellowships/sports-med](http://www.fammed.wisc.edu/fellowships/sports-med)

**The Primary Care Research Fellowship Program** is a two- to three-year post-residency program under the direction of Dr. Bruce Barrett. Clinicians have protected time for research and skills development.
The course work and seminars taught by faculty from Family Medicine, Medicine, Pediatrics, Preventive Medicine, Bio-statistics, and associated fields incorporate work in the area of the fellow’s scholarly focus while developing the fellow’s basic research skills and an understanding of the social networks necessary for success in the field. Clinical work and teaching options are available to help the fellow maintain and further develop skills as a clinical provider and teacher. The Program’s goals are: 1) to increase the number of qualified health services researchers conducting community-based clinical research; 2) to contribute to the academic base of departments of family medicine, internal medicine, and pediatrics; and 3) to increase the number of researchers who can successfully compete for NIH funding. Six full-time positions are available through this fellowship. For more information, see: [http://www.fammed.wisc.edu/fellowships/research](http://www.fammed.wisc.edu/fellowships/research)

The Department of Family Medicine Academic Fellowship is an opportunity for family physicians to enhance their teaching, clinical, scholarly, and leadership skills in preparation for a faculty position in an academic setting. The one- to two-year program is designed to be flexible, allowing each adult learner to participate in a variety of professional and academic opportunities that best meet his or her professional interests and career goals. For more information, see: [http://www.fammed.wisc.edu/fellowships/academic](http://www.fammed.wisc.edu/fellowships/academic)

The Department of Family Medicine Integrative Medicine Fellowship allows participants to combine academic and Integrative Medicine interests into a two-year fellowship experience to create national and international leaders in Integrative Medicine. Fellows participate in an intensive online Integrative Medicine curriculum with topics including nutrition, Chinese medicine, manipulative therapies, mind-body techniques, supplements, energy medicine, spirituality, the philosophy of medicine, Ayurveda, Integrative Medicine and the law. In addition to their continuity clinic practice at Odana Atrium, AIM fellows see patients one half-day per week at the University of Wisconsin Integrative Medicine Clinic and become board-certified with the American Board of Holistic Medicine. Fellows choose one or two healing modalities of particular interest to them for more intensive training. For more information, see: [http://www.fammed.wisc.edu/fellowships/integrative-med](http://www.fammed.wisc.edu/fellowships/integrative-med)

The Department of Family Medicine Addiction Medicine Fellowship in collaboration with the William S. Middleton Veterans Hospital, provides clinical experience and instruction in the management of substance use disorders. Successful completion allows the trainee to sit for examination to attain Board Certification in Addiction Medicine. The Addiction Medicine Fellowship, created in 2010, is one of the first programs in the country that provides training to family physicians with an interest in becoming Board Certified in the newly recognized specialty of Addiction Medicine. In addition to clinical experiences, trainees will gain experience in management of acute withdrawal syndromes, medication-assisted treatment of substance use disorders, medical management of substance use disorders and their complications, chronic pain and addiction, and relapse prevention. For more information, see: [http://www.fammed.wisc.edu/fellowships/addiction-med](http://www.fammed.wisc.edu/fellowships/addiction-med)

The Department of Family Medicine Complementary and Alternative Medicine Fellowship is funded by a Ruth L. Kirschstein T32 National Research Service Award from the National Center for Complementary and Alternative (NCCAM) at NIH. The training program is collaborative, multidisciplinary, and individualized to each trainee’s specific needs. The purpose of the traineeship is to provide research training to individuals aiming for careers in health science research related to CAM. The traineeship supports both doctoral candidates and post-doctoral trainees, including residency-trained physicians. The training program provides a mentored research training experience
to facilitate the transformation of new and early stage CAM researchers into independent productive health scientists. For more information see:

http://www.fammed.wisc.edu/fellowships/complementary-alternative-medicine
“I feel like this program really prepares us to excel as full-spectrum family medicine physicians – I love that I get to practice with and learn from such amazing colleagues and faculty members. I can’t imagine being happier anywhere else.”

_Taryn Lawler, DO – Third-Year Resident_
FAMILY MEDICINE CENTERS

The Madison program has four family medicine centers: Belleville, Northeast, Verona, and Wingra. Each center has a dynamic mix of physician faculty, NPs or PAs, and behavioral scientists. Residents are the primary physicians leading the care for their patients with support from faculty and staff in a team-based structure. Madison program residents have opportunities to work with all faculty, though they work particularly closely with the faculty at their continuity site.

As a Madison resident, you will precept continuity patients with faculty who are dynamic teachers and physicians. You will also learn from family physicians who are involved in research, medical education, medical administration, and public health responsibilities. Faculty and residents work together on the family medicine services at St. Mary’s Hospital and the University of Wisconsin Hospital, inpatient rounds, partnering for continuity deliveries, quality initiatives, hospital presentations, research projects, written clinical inquiries for FPIN, committees, on-call, medical student education, etc.

A comprehensive description of each practice site can be found in this section. Also included is a list of the faculty, residents, and staff who comprise the group practice for each center.

What will you find at each center?

- Faculty who identify resident education as their professional passion and primary focus.
- Faculty who also teach medical students and/or conduct research.
- Family physician faculty proficient in a wide range of clinical and procedural interests.
- Behavioral science faculty members, nurse practitioners, and physician assistants who participate in patient care, teaching, and support of residents in their first practice.
- Clinic staff who are committed to excellence in resident education and patient care. The clinic manager keeps the practice running smoothly and is actively involved in teaching residents about what they need to learn about clinic operations.
- Precepting with low resident to faculty ratios for optimal learning. Often, two preceptors are available to ensure the best learning. Community faculty who are physicians in full-time practice also precept at the family medical centers which provides additional perspectives on approaches to care.
- A full range of medical care, including maternity care, home care, and nursing home coverage.
- Opportunities for residents to teach fellow residents, medical students, and other learners.
- Provision of a broad range of procedures, including colposcopy, casting, suturing, lesion removal, endometrial sampling, skin biopsies, cryotherapy, vasectomies, and a variety of gynecological procedures.
- Computer access in each exam room, the “staffing room”, resident work stations, as well as a library with reference books and other educational resources.
- An integrated electronic health record system.
The Belleville Family Medical Center is located 19 miles southwest of St. Mary’s Hospital.
BELLEVILLE FAMILY MEDICAL CENTER

“I feel so fortunate to work with the fabulous team we have assembled out here in Belleville! We are a wonderfully cohesive group of colleagues. From receptionists and medical assistants, to lab personnel and nurses, to faculty and residents - we all value each other and our roles in providing excellent health care to the people of our community while also fostering a great learning environment.”

Jennifer Lochner, MD, Clinic Director

“I feel very fortunate to have the opportunity to train at the Belleville Clinic. We have a diverse patient population presenting with a wide range of diagnoses that have allowed me to experience the full range of family medicine. Our strong faculty group supports us in the challenges of a rural clinic and encourages our professional growth throughout the process of becoming Family Physicians. At the core of our clinic is our amazing staff who make our learning experience possible and create an atmosphere of fun and a feeling of family within the clinic.”

Matt Swedlund, MD, Chief Resident

The Belleville Family Medical Clinic is located approximately 20 miles from Madison. In October 2011, the clinic moved into a new 21,000 square foot prairie style building, complete with a healing garden. The space was designed to allow alternative styles of practice, including group visits and extended hours. The center’s small group practice is a highly cohesive team of six faculty physicians, clinical social worker, and six residents. It also serves as a teaching site for medical students.

Belleville had 19,900 total patient visits in 2012-13. Patients’ payment sources that same period are as follows:

<table>
<thead>
<tr>
<th>Payment Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHC HMO</td>
<td>12%</td>
</tr>
<tr>
<td>Physicians Plus HMO</td>
<td>12%</td>
</tr>
<tr>
<td>Dean Care HMO</td>
<td>11%</td>
</tr>
<tr>
<td>Unity HMO</td>
<td>11%</td>
</tr>
<tr>
<td>Medicare</td>
<td>28%</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
</tr>
</tbody>
</table>

A key factor in the success of our clinic as a clinical and teaching site has been its extensive involvement in the Belleville community. The Belleville Community Health Improvement Program (BCHIP) was established through the clinic to use a community-oriented primary care approach to help the community identify, address, and evaluate the impact of interventions on community health priorities. Some activities resulting from BCHIP include BCAP, the Belleville Community Assistance Program.
Program, which provides small grants to those in need; the Healthy Breakfast Program; and the UFO Fun Run, part of the annual community UFO Days held each year in October.

Our clinic also provides support to several community agencies. Our physicians provide medical services for the Belleville EMS, and faculty, residents, and staff are actively involved in the school district through health lectures and financial support for various activities and sporting events. We provide nursing home patient care at Heartsong in Belleville, New Glarus Home in New Glarus, Ingelside in Mt. Horeb, 4 Winds in Verona, and the St. Mary’s Care Center in Fitchburg. Our doctors and staff also provide lectures and services to the local senior center, participate in the cleanup of a two-mile section of State Hwy 69 in the Wisconsin Adopt-a-Highway Program, and offer support for other community events such as the annual community festival and bike rodeo. In addition, our residents provide a regular health-related newspaper article for the Post Messenger.

The clinic has 24 exam rooms, as well as lab, x-ray, conference rooms and ample resident workspace with a personal workstation including a computer for each resident. The facility also has 3 procedure rooms where residents can gain experience in a range of skills including skin procedures, vasectomy, and colposcopy. Our electronic health record, EpicCare, has been in full use since the fall of 2007.

The community of Belleville has a well-deserved reputation for friendliness, and because we have been in this community for over 25 years, our patients readily accept residents as their personal physicians. Belleville is a quintessential small Wisconsin town, and the beautiful drive from the Madison hospitals provides a therapeutic break in a busy clinician’s day. For outdoor enthusiasts, Belleville is a biking mecca and a great spot for fishing.
## Belleville Faculty, Residents, and Staff

### Belleville Faculty

- Madonna Binkowski, MS, MSSW - Behavioral Science Faculty
- Jensena Carlson, MD - Fellow
- Byron Crouse, MD
- David Deci, MD
- Valerie Gilchrist, MD
- Jennifer Lochner, MD - Clinic Director
- Steve Olcott, MD
- Rich Roberts, MD, JD
- Melissa Stiles, MD
- Gail Underbakke, RD – Dietician

### Belleville Residents

- Alison Brock, MD - First Year
- Lisa Go, MD - Third Year
- Christa Pittner-Smith, MD - Second Year
- Matthew Swedlund, MD - Third Year (Chief Resident)
- Joshua Schulist, MD - First Year
- Aistis Tumas, MD - Second Year

### Belleville Staff

- Tammy Bastian, LPN - Licensed Practical Nurse
- Kayce Basye, MA - Medical Assistant
- Kara Beutel, CMA - Medical Assistant
- Mike Bloyer, MLT - Medical Laboratory Technician
- Lynn Evans, DRT - Radiology Technician, Medical Assistant
- Vicky Fahey - Patient Services, Receptionist
- Anna Helwig, RN - Registered Nurse
- Margie Irland LPN - Licensed Practical Nurse
- Sally Jeglum – Administrative Assistant, Clinic Scheduler
- Mary Kulp, MT - Medical Laboratory Technician
- Wendi Mellem - Patient Services, Receptionist
- Joan O’Connor, RN - Nurse Supervisor
- Marnie Rice - Office Coordinator, Receptionist
- Peggy Soehnlein, CPC - Clinic Manager
- Lisa Way - Medical Assistant – Laboratory
- Nicole Yaun - Patient Services, Referrals
The Northeast Family Medical Center is located 7 miles northeast of St. Mary’s Hospital (near the Dane County Regional Airport).
NORTHEAST FAMILY MEDICAL CENTER

“Northeast provides care to an extraordinary range of people. Residents experience the full breadth of family medicine in their practices and develop great continuity relationships with their patients.”

Louis Sanner, MD, MSPH, Director

“Northeast Family Medical Center offers a unique learning environment thanks to its varied patient population, faculty with an incredibly broad range of academic niches, and fantastic support staff, including lab, pharmacy, and radiology. I have been able to care for entire families and help my own patients traverse vulnerable life situations, reinforcing why I chose this specialty. Though the learning will always continue, I feel that my time at Northeast has prepared me well for my future clinical practice.”

Ann Braus, MD, Chief Resident

The Northeast Family Medical Center is a longstanding, thriving practice located near the Dane County Airport in Madison. Its new facility, which opened in February 2001, is positioned on the edge of many intersecting Madison communities, including subsidized housing, retirement apartments, immigrant communities, middle class working people, and the well-to-do neighborhood of Maple Bluff. While the majority of our patients are urban and low-to-middle income, the clinic is also two blocks from a cornfield and has nearby rural families as longstanding patients. A core aspect of the Northeast mission is to assure that services are delivered in a way that is sensitive to the needs of the different racial and ethnic minority populations receiving care at Northeast, including significant numbers of Southeast Asian, African-American and Latino patients. There is close coordination with neighborhood, city, county and state health, social service, and education agencies.

Northeast Clinic had 37,600 total patient visits in 2012-13. Patient payment sources for that same period are as follows:

<table>
<thead>
<tr>
<th>Payment Source</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>22%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>19%</td>
</tr>
<tr>
<td>GHC HMO</td>
<td>16%</td>
</tr>
<tr>
<td>Physicians Plus HMO</td>
<td>13%</td>
</tr>
<tr>
<td>Unity HMO</td>
<td>11%</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
</tr>
</tbody>
</table>

The building has 26 exam rooms and two procedure rooms for minor surgery, casting/ortho, and colposcopy. Specific exam rooms are configured to facilitate osteopathic manipulation and prolotherapy. Northeast has a busy maternity care practice. The clinic also has its own ultrasound machine, and faculty and residents perform OB ultrasound exams weekly.
The Northeast faculty have diverse interests and areas of specialization within family medicine, including disability medicine, chronic pain management, osteopathic manipulation, women’s health, obstetric ultrasound, musculoskeletal research, transgender medicine and child development. In addition to faculty physician staffing, nurse practitioners and physicians’ assistants assist residents with patient care. Particular attention is given to the needs of first year residents, including education about well child care, prenatal care, women’s health and geriatrics. Our social worker/counselor is at the center five days per week for patient care, consultation and assistance with mental health issues. Northeast also has a health educator in the clinic fulltime to assist with screening and intervention for patients with AODA issues, tobacco abuse, obesity and other life-style problems.

Five or six times a year our residents, faculty and staff meet at NE for an entire afternoon of practice development and educational activities. Residents participate in community education and service activities. We recently “adopted” nearby Lakeside Elementary School which is K-5 and has a 70% poverty rate. Each year the clinic collects winter clothing to donate to Lakeside students, hosts an annual wellness fair for students and their families and engages in other various health education activities throughout the school year.
### Northeast Faculty

- Olga Arrufat-Tobon, MSSW - Behavioral Science Faculty
- Jennifer Edgoose, MD
- Ronni Hayon, MD
- Hollis King, DO
- Russell Lemmon, DO
- Ashley Lienhart, PA-C
- Ann O'Connor, PA-C
- Kathleen Oriel, MD - Residency Program Director
- Jeff Patterson, DO
- David Rabago, MD
- Lou Sanner, MD, MSPH - Clinic Director
- Sarina Schrager, MD
- Bill Schwab, MD
- Joan Uminski, PA-C
- JoAnn Wagner Novak, MS, RN-C

### Northeast Residents

- Ann Braus, MD - Third Year (Chief Resident)
- James Conniff, MD - Third Year
- Patrick Huffer, MD - Second Year
- Taryn Lawler, DO - Third Year
- Rachel Lee, MD - First Year
- Julia Lubsen, MD - First Year
- John McKenna, MD - Second Year
- Julia McMillen, MD - First Year
- Sagar Shah, MD - Second Year
- Kevin Thao, MD - Third Year
- Zachary Thurman, MD - Second Year
- Anna Veach, DO - First Year

### Northeast Staff

- Kevin Anderson - Clinic Manager
- Christina Lightbourn - Health Educator
- Marisa Roembke - RN Supervisor
- Deb Sands - Clinic Scheduler
Verona Family Medical Center
100 North Nine Mound Road
Verona, WI  53593-1321
608-845-9531

The Verona Family Medical Center is less than 20 minutes from the DFM offices, located 11 miles southwest of St. Mary’s Hospital
VERONA FAMILY MEDICAL CENTER

“The faculty and staff of the Verona Center are especially proud of the high retention rate of our resident graduates in nearby communities and throughout the state of Wisconsin.”

William Scheibel, MD, Director

“I could not have asked for a better place to train than the Verona Clinic. My experience has been very well-rounded with a diverse rural/suburban patient population and excellent opportunities in procedures, urgent care, obstetrics, and care of families. The impressive faculty physicians are both dedicated teachers and invaluable mentors.”

Thomas Hahn, MD, Chief Resident

The Verona Family Medical Center opened in 1975 and is located approximately 11 miles from central Madison. The clinic moved into the present facility in 1994 and completed a remodeling in 2007. The center serves a unique patient population that is a blend of young and old, rural and suburban, and many young families that provide great exposure to a wide spectrum of patient demographics and medical issues. Some clinicians are now seeing third generation family members.

Verona, often dubbed “Hometown USA,” is a growing city, with a population that now exceeds 12,000. It is home to a number of new industries, including Epic Systems, Inc (electronic medical records). The clinic has excellent relationships with its community partners. Verona clinicians regularly present to school classes and to audiences at the Verona Senior Center, and residents and faculty serve as team physicians for the high school football team. Our residents provide informative health articles for the local newspaper. Furthermore, the clinic helps sponsor a variety of community events including the local police department’s Night Out Against Crime.

The clinic has adopted many concepts of the patient centered medical home model. There is a thriving community garden on site that physicians, staff, and patients tend, which cultivates healthy lifestyles in the community. Diabetes group visits co-led by residents and faculty are offered on a regular basis, and robust disease registries allow for more organized patient recruitment and proactive disease management. Consultants in other specialties, such as vascular surgery and osteopathic manipulation therapy, see our patients on-site periodically to reduce the need to travel to Madison for these services. A unique behavioral health model facilitates access to immediate and direct behavioral health services. With a full-time, on-site licensed clinical social worker, the clinic can meet many patient needs regarding a wide range of concerns, such as depression, anxiety, self-esteem, grief, stress management, couples counseling, and crisis situations. Brief intervention counseling often occurs where faculty and residents do joint visits with the social worker, creating a truly collaborative environment for patients and an excellent learning opportunity for residents.

The Verona clinic is staffed with ten faculty physicians with broad interests in obstetrics, women’s health, chronic disease management, integrative medicine, and research. One of the faculty physicians also specializes in sports medicine and cares for a UW Madison athletic team, and the sports medicine training at the clinic is particularly strong. There are twelve resident physicians, four
physician assistants, one licensed clinical social worker, and 25 full-time equivalent support staff. There are 24 exam rooms, two procedure rooms, a cast room, lab, digital x-ray, and a fully implemented Epic electronic medical record. Procedures performed include vasectomy, lesion excision, laceration repair, colposcopy, IUD placement, endometrial biopsy, Implanon placement, and others. The clinic deals with a moderate amount of minor trauma and other work injuries, as there are a number of industries in the area.

There are two patient care teams at the clinic. Each team is comprises multiple faculty members, two residents from each of the three years of residency, and two physician assistants. The clinic’s “lunch bunch” educational session occurs every Tuesday from 1:00-1:30 pm and brings together faculty and residents to informally discuss specific medical conditions, interesting clinical cases, or other topics of interest. Along with developing new medical knowledge about various clinical topics, innovative practice redesign ideas are generated collaboratively by residents and faculty during five half day educational seminars throughout the year.

The clinic’s payer mix comprises approximately half capitation and half divided amongst fee-for-service, self-pay, and government programs. Verona had approximately 35,000 total patient visits in 2012-13. Patient fee revenue for that same period was as follows:

<table>
<thead>
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<tr>
<td>Medicaid</td>
<td>3%</td>
</tr>
<tr>
<td>Dean HMO</td>
<td>8%</td>
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<tr>
<td>GHC HMO</td>
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<tr>
<td>Physicians Plus HMO</td>
<td>9%</td>
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<tr>
<td>Unity HMO</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>24%</td>
</tr>
</tbody>
</table>
**Verona Faculty, Residents And Staff**

### Verona Faculty
- Brian Arndt, MD
- Bruce Barrett, MD
- John Beasley, MD
- Kathleen Carr, MD
- Donald Carufel-Wert, MD
- Janice Cooney, PA-C
- Ellen Evans, PA-C
- Ann Evensen, MD
- Sarah James, DO
- Hollis King, DO
- Maggie Larson, DO
- Jason Ricco, MD - Fellow
- Bill Scheibel, MD - Clinic Director
- Doug Smith, MD
- Heidi Stokes, PA-C
- Karen Wendler, PA-C
- Julia Yates, MSSW

### Verona Residents
- Christopher Danford, MD - First Year
- Maria Din, DO - First Year
- Laura Flanagan, MD - Second Year
- Elizabeth Fleming, MD - Third Year
- Thomas Hahn, MD - Third Year (Chief Resident)
- Erin Hammer, MD - Second Year
- Jasmine Hudnall, DO - First Year
- Stephen Humpal, DO - Second Year
- Eugene Lee, MD - Second Year
- Vincent Minichielo, MD - First Year
- Andrew Schmitt, MD - Third Year
- Joseph Wolfe, MD - Third Year

### Verona Staff
- Kristine Kuhn – Clinic Scheduler
- Jessi Landt – Office Supervisor
- Gina Lanz – Nursing Supervisor
- Mark Shapleigh – Clinic Manager
Wingra Family Medical Center
1102 S. Park Street
Madison, WI 53713
608-263-3111

The Wingra Family Medical Center is located within walking distance, just .5 miles southeast of St. Mary’s Hospital.
The Wingra Family Medical Center is located on Madison’s south side. Developed in the early 1970’s, it was the first Madison residency clinic and was formerly housed in the current DFM offices at Alumni Hall. Wingra has 16 examination rooms, two minor procedure rooms, a counseling room, a clinic laboratory, and a radiology suite, as well as offices for the faculty and a workroom for residents. Physicians at Wingra have the ability to do colposcopy, endometrial biopsies and prenatal ultrasonography. The most exciting new development at Wingra is the move to the new clinic during the summer of 2013.

Wingra is the most centrally located of the four resident centers and is in close proximity to St. Mary’s and Meriter Hospitals. The center is located in a section of the city that is racially and ethnically diverse, as well as medically underserved. In addition to people from the neighborhood, Wingra draws patients from the outlying small towns and communities south of Madison, such as Oregon and McFarland, as well as from Madison’s west side. South Madison contains numerous ethnic communities, most notably African-Americans, various groups of Southeast Asians, and a rapidly growing community of Latinos. Many staff members and medical providers speak Spanish, and interpreter services are available both in person and via interpreter telephone. The diversity of cultures and traditions allows residents at the Wingra Center to learn and practice in a complex multicultural environment.

In July 2009, the Wingra Family Medical Center affiliated with Access Community Health Centers (ACHC) which are a network of federally qualified health center. This affiliation allows residents to understand how FQHCs function in addition to providing more services to patients. Wingra has an integrated behavioral health program with psychologists available on demand for patient care needs. The new clinic will also have an in-house pharmacy which will provide low cost medications for all Wingra patients. The ACHC Southside Clinic is located across the street from Wingra. Community resources at the center include the Madison Community Health Center, Head Start, the Public Health

“Working at Wingra affords you the opportunity to serve a diverse and underserved population, as well as work with amazing faculty, staff, and of course, residents. We truly approach patients with an appreciation for the social context in which they live and take this into account when providing comprehensive and patient-centered care. We are also fortunate enough to have moved to a brand new clinic this year to better meet the needs of our growing clinic population.”

Jennifer Mastrocola, MD, Chief Resident

“We are privileged to be an integral resource in South Madison, which is an ethnically and economically diverse community. Residents have a great educational experience in both clinical medicine and community responsive care.”

Kirsten Rindfleisch, MD, Director
Department, and the student-run MEDIC Clinic. Planned Parenthood and a branch of the Madison Public Library are located in the same building center.

Ken Kushner, PhD, is a psychologist available to all the staff for consultation and joint visits. Ken is also active in observation of residents to improve their clinical skills. Wingra also has a social worker on site, Mary Vasquez, who assists residents in connecting their patients with resources in the community. There are two certified physician assistants at Wingra: Angela Vitcenda, and Mary Giblin. They participate in patient care on their respective teams, do initial prenatal assessments, and help with management of chronic illnesses. Connie Kraus, Pharm. D. and pharmacy interns from the UW School of Pharmacy, assist residents with medication management and questions. They have also set up systems to follow patients on chronic medications that require frequent monitoring. Medical students from all four years frequently visit the center, providing residents with numerous opportunities to teach clinical medicine. PA, pharmacy, and social work students also train here.

Wingra had 27,800 total patient visits in 2012-2013. Pay sources for the clinic during that same period are as follows:

<table>
<thead>
<tr>
<th>Payment Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
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<tr>
<td>Medicaid</td>
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<tr>
<td>Anthem Blue Cross</td>
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<tr>
<td>Dean HMO</td>
<td>3%</td>
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<tr>
<td>GHC HMO</td>
<td>10%</td>
</tr>
<tr>
<td>Physicians Plus HMO</td>
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<td>Unity HMO</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>19%</td>
</tr>
</tbody>
</table>

Wingra has a four team structure in the clinic that provides comprehensive care to patients. The teams are comprised of 2 faculty members, a PA for two of the four teams, 1 first-, 1 second- and 1 third-year resident, 1 to 2 medical assistants, 1 LPN, 1 RN, and a registrar. Each team has a designated day for meeting each week. Noon teaching conferences and discussions are held each week and attended by faculty, residents, and PA’s. In addition, an all-employee clinic meeting is held each month.
## Wingra Faculty, Residents And Staff

### Wingra Faculty
- Randy Brown, MD
- Jess Dalby, MD
- Lee Dresang, MD
- Mary Giblin, PA-C
- Ken Kushner, PhD – Behavioral Science Faculty
- Jonas Lee, MD
- Ildi Martonffy, MD - Associate Program Director
- Beth Potter, MD
- Kirsten Rindfleisch, MD - Clinic Director
- Patricia Tellez-Giron, MD
- Jon Temte, MD, PhD
- Mary Vasquez, MSSW
- Angela Vitcenda, MS, PA-C

### Wingra Residents
- Karina Atwell, MD - Third Year
- Sean Duffy, MD - First year
- Melissa Mashni, MD - Second year
- Jennifer Mastrocola, MD - Third Year (Chief Resident)
- Lisa Netkowicz, MD - First year
- Jessica O'Brien, MD - First year
- Mischa Ronick, MD - Third Year
- Trisha Schimek, MD - Second Year
- Walker Shapiro, MD - First year
- Jonathan Takahashi, MD - Second Year
- Sean Trafficante, MD - Third Year

### Wingra Staff
- Terri Carufel-Wert - Clinic Manager
- Amber Karow - Clinic Scheduler
“One of the most important attributes that I was seeking in a family medicine residency was a supportive learning environment. I am so impressed daily by the dedication of our faculty, support staff, and my co-residents. It is such a pleasure to be part of Madison’s Family Medicine Family.”

Christa Pittner-Smith, MD – Second-Year Resident
MADISON RESIDENCY PROGRAM
CURRICULUM

Background
The Madison program curriculum has always been in excellent standing with the Accreditation Council for Graduate Medical Education’s (ACGME) Residency Review Committee Requirements for Residency Training in Family Medicine. The Residency Education Committee continuously monitors and revises the curriculum to meet changing needs and institutional standards. With institution of the New Accreditation System, the Madison program again received the highest accreditation and does not anticipate a site review until April of 2023.

Intern Partnership
On entry into the residency, all residents are partnered with another entering resident from their clinic for many of our first-year inpatient rotations and the Community Health rotation. The residents in the partnership assist each other in managing their multiple responsibilities, and often are important sources of support for each other.

Team Structures
In the family medicine center, residents are assigned to teams. The partnership models differ slightly among the four centers. The major focus of the residency is learning to be a family physician by providing patient- and family-centered care to a panel of patients. Hospital and outpatient experiences support this professional development. The partnership and team systems allow residents to provide continuity of care to their patient panels and to responsibly cover inpatient rotation duties while assuring adequate learning and personal time away from the residency. Each resident is assigned a patient panel inherited from exiting third-year residents, and their practices grow with new patients. In addition to residents, teams typically include faculty, nurse practitioners or physician assistants, RNs and MAs.

St. Mary’s Attendings and Staff
Family Medicine residents have always been the principal house staff at St. Mary’s Hospital. New residents usually find they are fitting into an established and highly organized system. Attending physicians are enthusiastic teachers and excellent clinicians who know and understand family medicine. Many have been affiliated with the program for years. The nurses at St. Mary’s are well trained, hard working, helpful, and skilled at many basic procedures including IV’s, NG tubes, wound care, and blood gases. Their expertise and support is highly appreciated by our residents.

Rotations and Duty Shifts
While each rotation has unique scheduling needs, all inpatient rotations utilize a night float system to provide coverage for hospitalized patients and ensure sufficient periods of rest for both day and night residents. The Madison Program has prioritized creating a strong culture of education during overnight shifts.

For first-year residents, the rotations that include alternating weeks of night/day shifts are MICU, OB, and Inpatient Pediatrics Nights/Newborn Care. The St. Mary’s and Community ER rotations also include some overnight shifts to maximize after-hours learning opportunities in the Emergency Care environment. First-year residents work primarily during the day on the St. Mary’s and UWHC Family Medicine Services, with the exception on one night shift per week.
Second- and third-year residents are scheduled for 4 weeks of night float each year (2 weeks at SMH and 2 weeks at UWHC). The second-year OB rotation also alternates between day and night shifts. While on other inpatient rotations, senior residents work primarily during the day in a teaching and supervisory role.

Our program is committed to ensuring that residents have the support they need to provide quality patient care at all times. First-year residents always have the in-house support of a senior resident, and backup assistance is available to all residents at all times. Regular monitoring takes place to document our continued compliance with ACGME duty-hours mandates.

**Educational Pathways**

The Madison program has created a mechanism for resident physicians interested in specific topic areas to pursue individualized, yet structured longitudinal curricular experiences called *Educational Pathways*. These Pathways provide experiences and learning above usual residency curricular opportunities in an integrated approach. Each Pathway delineates learning goals, objectives, and educational opportunities for interested residents. Pathways currently approved by the Madison Program Education Committee include Community and Global Health, Integrative Medicine, Developmental Disabilities, Maternity Care, Geriatrics, Sports Medicine, and Women’s Health.
Rotation Summary
2013-2014

First Year Rotations
16 Blocks
(each block is 3 or 4 weeks)

Adult Medicine – 5 Blocks
- St. Mary’s Family Medicine Service – 2 blocks
- UW Hospital Family Medicine Service – 1 block
- Medical Intensive Care Unit at St. Mary’s Hospital – 2 blocks

Pediatrics – 4 Blocks
- Pediatrics Service at St. Mary’s Hospital – 2 blocks
- Pediatrics Nights & Newborn at St. Mary’s Hospital – 2 blocks

Obstetrics St. Mary’s Hospital – 2 Blocks

Surgery – 2 Blocks
- Rural Surgery Preceptorship (Monroe, Baraboo, or Fort Atkinson) – 2 blocks

Emergency Medicine – 2 Blocks
- Community ER (Monroe, Sauk, or Baraboo) – 1 block
- St. Mary’s Hospital ER – 1 block

Community Health – 1 Block

Vacation – 3 Weeks
Second and Third Year Rotations

Outpatient rotations can be taken either 2nd or 3rd year, unless otherwise designated (4 week blocks)

Adult Medicine – 8 Blocks

- Medical Intensive Care Unit at St. Mary’s Hospital – 2 blocks (1 each 2nd & 3rd year)
- Family Medicine Service at St. Mary’s Hospital – 1 block (3rd year)
- St. Mary’s Hospital Night Float – 4 weeks (2 each 2nd & 3rd year)
- Family Medicine Service at UW Hospital – 2 blocks (1 each 2nd & 3rd year)
- UW Hospital Night Float – 4 weeks (2 each 2nd & 3rd year)
- Dermatology (Outpatient) – 4 weeks

Pediatrics – 2 Blocks

- Pediatrics Service at St. Mary’s Hospital – 1 block (2nd year)
- One additional block chosen from available outpatient and inpatient rotations – 4 Weeks

Obstetrics St. Mary’s Hospital – 2 Blocks

Gynecology – 5 Weeks

Surgical Subspecialties - 18 Weeks

- ENT – 3 Weeks
- Musculoskeletal Medicine (Orthopedics, Orthopedics-Related, and Sports Medicine) – 11 weeks
  - Orthopedics – 3 Weeks (Includes Musculoskeletal Radiology and Orthopedics Clinic)
  - Orthopedics Related – 4 weeks (Includes Rheumatology, Casting/Splinting, Physical Therapy, and Selectives)
  - Sports Medicine – 4 weeks (Includes Sports Medicine Clinic, Sporting Event Coverage, Orthotics Lab, and Athletic Training Room)
- Urology – 2 weeks
- Ophthalmology – 2 weeks

Management of Health Systems - 4 Weeks (2 each in 2nd & 3rd year)

Community Health – 4 Weeks (2 each in 2nd & 3rd year)

Rural Rotation – 4 Weeks
Electives – 5-6 Blocks

- Medicine Electives may be chosen from: Allergy, Pulmonary Medicine, Geriatrics, GI, Neurology, and Endocrine.
- Other electives available include Integrative Medicine, Psychiatry, Palliative Care and Hospice, Medical Informatics, Addictive Disorders, Out-of-Town or International rotations, and others.

Clustered Didactics – 2 weeks (1 each in 2\textsuperscript{nd} & 3\textsuperscript{rd} year)

Vacation – 4 weeks (each year)

CME time – 2 weeks (1 each in 2\textsuperscript{nd} & 3\textsuperscript{rd} year)
FIRST YEAR CURRICULUM

**Adult Medicine**

**Family Medicine Inpatient Service at SMH (2 Blocks):** Two first-year residents work with a third-year family medicine resident and a DFM family medicine faculty physician, primarily managing patients from our own clinic practices. *Jennifer Edgoose, MD* coordinates this rotation.

**Family Medicine Inpatient Service at UWHC (1 Block)** One first-year resident works with a first-year psychiatry resident, a second-year family medicine resident, and a third-year family medicine resident. Attending physicians are DFM faculty from the family medicine residency. Residents care for patients from our own family medicine centers, Access Community Health Center, and other UW Health family medicine clinics. The coordinator of this service is *Lou Sanner, MD*.

**Medical Intensive Care Unit Service at SMH (2 Blocks paired):** Two first-year residents work with one second-year and one third-year family medicine resident on this service. Working closely with the St. Mary’s intensivists, they manage all MICU admissions. *Jennifer Edgoose, MD* coordinates this rotation.

**Pediatrics**

**Pediatric Inpatient Service at SMH (2 Blocks paired):** Two first-year residents work with a second-year family medicine resident and pediatric hospitalists on this service. Family physicians who practice at the hospital also admit to the service. The pediatric hospitalist is active in teaching and bedside patient care rounds. *Jonas Lee, MD* is the rotation coordinator.

**Inpatient Pediatric & Family Medicine Service Nights & Newborn Care at SMH (2 blocks):** This rotation alternates weeks of inpatient pediatric night duty with weeks of Newborn Care. While on **Inpatient Pediatric Nights**, first-year residents work with an in-house senior resident to cover patient care and overnight admissions for the St. Mary’s Pediatrics and Family Medicine Services. While on **Newborn Care**, residents participate in the examination, evaluation, and care of healthy newborns, and address common neonatal complications. In addition, SMH also has a regional center for neonatology, which affords residents the opportunity to participate in the care of premature and severely ill infants. As part of the Newborn Care rotation, residents are provided opportunities to become proficient in newborn resuscitation, circumcision, and appropriate care of preemies after discharge from the NICU, as well as opportunities to become familiar with lactation consultation and breastfeeding issues and techniques. Depending on future plans and interests, residents may participate in stabilization and transport of sick and/or premature infants in the field or may participate in genetic counseling sessions. Residents work closely with neonatologists, ICU nursing staff, lactation consultants, DFM and community family physicians and pediatricians throughout this rotation. The coordinator of the newborn rotation is *Ilidi Martonffy, MD*.

**Obstetrics**

**Obstetrics at SMH (2 blocks paired):** Two first-year and two second-year residents cover the low-risk obstetrical service at St. Mary’s. Residents round on postpartum patients as a team each morning. Residents take turns covering the labor floor in 12-hour shifts. The on-call resident is responsible for evaluating patients in triage and developing an appropriate treatment plan. Residents admit and manage all low risk OB patients, including performing the delivery and managing postpartum care. Other resident duties include managing scheduled inductions, and participating in obstetrical
procedures such as external cephalic version. Patients on the low-risk service come from several obstetrical and family medicine groups and residents work with attending physicians from these groups. Residents additionally have some exposure to high-risk obstetrical patients while working on the floor, including assisting at cesarean sections. Residents evaluate and manage all family medicine patients (including high-risk patients) until they determine through consultation with the attending that an OB/GYN consultation is warranted. An obstetrician and senior OB/GYN resident are in house at all times for high risk care. By the completion of their first OB rotation, most residents have completed 60-75 deliveries (120-150 total deliveries by the completion of two years or four blocks). The coordinator of the OB rotation is Lee Dresang, MD.

**Surgery**

**Rural Surgery Preceptorship (2 Blocks):** During this block of surgery, first-year residents work with surgery preceptors in outlying community hospitals close to Madison. Residents evaluate this rotation very highly because most of the time is spent involved in procedures and first assisting in the OR in addition to mentored involvement in pre- and post-operative care. Jenny White coordinates this rotation.

**Emergency Medicine**

**Community ER (1 Block) and SMH ER (1 Block):** Two ER blocks are required; one is in a community hospital in one of three community sites (Monroe, Sauk, and Baraboo) and the other is the SMH ER. Vacation time is permitted during these blocks, so the total time spent is approximately five to six weeks. Residents work 8-12 hour shifts under the direction of ER physicians at all sites, seeing patients as they present for emergency care. The amount of work and responsibility given to the resident increases over the duration of the rotation. Chris McGrath coordinates the ER rotations.

**Community Health**

**Community Health (1 Block paired):** A unique experience in the first year, the Community Health rotation helps residents understand community-based health issues and the organizations and resources available to assist physicians in community-oriented care. Residents are encouraged to become involved in community health projects and research related to their specific interests. Goals of the rotation include helping each resident understand the health care issues, problems, and resources in the community in which their family medicine center is located, and teaching residents to integrate these health resources into their patient care. Another goal is to demonstrate the impact of socio-economic conditions and health policy on patient health and well-being. The rotation also strives to teach residents to work as members of interdisciplinary primary health care teams. The rotation includes core experiences such as Hospice, Head Start, medical student run free clinics (Salvation Army and South Side Clinics), AODA outpatient treatment, and Domestic Violence Prevention. It also includes experiences specific to the individual family practice centers, such as home visits, school health visits, senior center, neighborhood or community center visits. The rotation coordinators are Don Carufel-Wert, MD, Nancy Pandhi, MD, Michelle Grosch, MA, Jenny White, and Heather Williams, MA.

**Outpatient Care**

**Belleville, Northeast, Verona, and Wingra Family Medical Centers:** Each center operates as a group practice. Within the center organization, emphasis is placed on the resident partnership system and on a team structure to facilitate continuity of care, awareness of complex patients, and after-hours
coverage. Working with physician faculty, nurse practitioners, physician assistants, and behavioral science faculty allows the resident to experience a multidisciplinary approach to patient care. First-year residents average 2 half-days per week at the family medical center. They start out seeing one patient an hour and increase the pace throughout the year.

Critical Care Courses
Entering first-year residents complete required ALSO and PALS courses during the first two weeks of residency. NRP, also required, is presented in the fall and winter in order to accommodate participation while on inpatient rotations. Incoming residents are expected to be BLS and ACLS certified before starting in our program, and our staff will provide information about courses offered in the Madison area. Heather Williams, MA coordinates critical care courses for the residents.

Family Medicine Seminars
The family medicine seminar for first-year residents meets Thursday afternoon from 1:00-5:00pm (lunch is provided). The first-year seminar series provides a comprehensive orientation to family medicine and ambulatory care. During the first four months of the year, part of the seminar time is devoted to the Survival Skills series, which is presented by senior residents and covers the basic acute inpatient problems that residents encounter. Topics for the first-year seminar series are included later in this booklet. An EKG teaching series is also a longitudinal part of this weekly seminar.
SECOND AND THIRD YEAR CURRICULUM

Overview

The second- and third-year curriculum is well established and flexible. Generally there are ten four-week blocks and four three-week blocks. Rotations are available in most subspecialty areas; electives are offered in addition to required rotations. The Madison area medical community offers many educational options. For example, residents on Sports Medicine may choose to work with UW Sports Medicine faculty at the UW Research Park Clinic, or with family physicians who provide sports medicine services in the Dean Health system. Residents choosing to take Allergy may select either the UWHC (University of Wisconsin Hospital and Clinics) Allergy Clinic or the Pediatric Allergy group in the Dean Health system.

Our outpatient rotations are regularly reviewed and revised in order to address the wide variety of needs of different residents, the continuing evolution of health care, and the changing availability of educational resources. Some examples:

- Many residents choose to work in the outstanding ER at the Children’s Hospital in Milwaukee or to do a Developmental Peds rotation at the nationally recognized Waisman Center in Madison to complete their Pediatrics requirements.
- Residents may choose an Integrative Medicine elective with our faculty, Drs. Dave Rakel and Adam Rindfleisch and our Integrative Medicine Fellows, Drs. Adrienne Hampton, Anne Kolan, and Samantha Sharp.
- Several attendings who teach our GYN and ENT outpatient rotations travel to small, nearby communities to see patients. Residents have the opportunity to travel with them and have found these day trips to be excellent one-on-one educational experiences.

Residents also have the opportunity to develop new or alternate rotations in Madison or elsewhere. A policy for submitting a proposal is available, and examples of electives initially developed by residents are the Children’s Hospital ER in Milwaukee (mentioned above), Diabetes Management, Vasectomies, Practice Styles, Madison Birth Center, Palliative Care and Hospice, Geriatrics, and Resident as Teacher. In addition, time is available for an out-of-town rotation. Many residents have gone to Indian Health Service sites, while others choose out-of-town rotations at or near potential fellowships or practice sites. Interest in international sites has increased over the past several years. One of our faculty, Dr. Jeff Patterson, travels to Honduras every March to do prolotherapy, and several residents accompany him to learn this procedure. There are also established International Rotations in Belize, Ecuador, Uganda, and other countries. The Department is partnering with Ethiopian colleagues to establish a family medicine residency at Addis Ababa University and residents are welcome to participate in this project.

Second- and third-year residents divide their time between hospital or outpatient rotations and seeing their own patients in the family medicine center. The team system plays a vital role in maintaining continuity of patient care and balancing the resident’s experience between service and education.
Outpatient Care at Belleville, Northeast, Wingra or Verona Family Medical Centers (FMC)

While on inpatient rotations (UWHC, SMH, MICU), second- and third-year residents are scheduled in the FMC two times per week. During their outpatient and elective rotations, second- and third-year residents are generally scheduled to see patients in the FMC five half-days per week. Most subspecialty outpatient rotations are four half-days per week. An example of a typical week is four half-days of outpatient rotation, five half-days in the FMC, and one half-day for Primary Care Conference and Family Medicine Seminars (Wednesday morning). Time spent in the family medicine center is reduced to four half-days if the resident is co-leading a small group in the Patient, Doctor and Society course at the UW Medical School, giving public school education talks, doing nursing home rounds, home visits, etc.

Many of the attending physicians in both inpatient and outpatient settings have been teaching for many years. These teachers have developed strong ties with our program. They continue to teach year after year with tireless enthusiasm.

Primary Care Conference and Family Medicine Seminar

- **Joint Primary Care Conference (Wednesdays, 7:30 to 8:30 am at St. Mary’s):** The Madison Family Medicine Residency has combined with the SMH Family Medicine Department (many members are our graduates) for this Wednesday morning conference. DFM faculty physicians, as well as St. Mary’s and guest physicians, present at this conference on a wide range of topics relevant to Primary Care. In addition, second-year residents lead a Journal Club presentation at the conference, and third-year residents present a review of a clinical topic of their choice. The conference is protected time for second- and third-year residents on most rotations. First-year residents attend this conference as often as scheduling permits.

- **Family Medicine Seminars (Wednesdays after the Primary Care Conference):** These seminars include the basics of family medicine, behavioral science, preventive medicine, practice management and community medicine in a two-year cycle.

Wednesday Noontime Activities

- **Chief Rounds** are the second and fourth Wednesdays at noon. All residents are encouraged to come. Lunch is provided.

- **Wildlife Seminars** are scheduled at the request or approval of residents and are presented on the first and third Wednesdays from February through October. The series title highlights the eclectic nature of the content. A wide variety of topics, including subjects such as advances in medical informatics, international health, preventive and alternative medicine, community medicine, and Literature in Medicine, are potential offerings.
SECOND AND THIRD YEAR ROTATIONS

Rural Rotation

One four-week block in a Wisconsin rural practice site in the second year is required. Eight residents do this experience as a rotating partner in a well-established practice at Richland Center, a small community 60 miles west of Madison. An apartment is maintained in Richland Center for resident use, though residents return to Madison weekly for their continuity clinic and for the weekend if they are not on call. Six residents go to alternative sites, either of their choosing or established by the program. Options include a migrant health clinic, a tribal health center, and a variety of private practices that are within daily driving distance of Madison.

Adult Medicine

- **Medical Intensive Care Unit Service at SMH (1 Block second year, 1 Block third year):** Senior residents supervise the first-year residents but do not take any overnight call.
- **Family Medicine Inpatient Service at SMH (1 Block third year):** The senior resident is in a teaching and supervisory role and does not take call on the service.
- **Family Medicine Inpatient Service at UWHC (1 Block second year, 1 Block third year):** Second-year residents have two weeks of night shift on this service and also rotate in separate blocks as part of the daytime team. The third-year resident has teaching and supervisory responsibility on this service and takes call twice per month, alternating weeks with the second-year resident.
- **Outpatient Dermatology (4 Weeks)**

Pediatrics

- **Inpatient Pediatrics at SMH (1 Block second-year):** The senior resident is in a teaching/supervisory role and does not take call on the service.
- **Pediatric Selectives (4 Weeks second or third year):** Choices include one or a combination of the following: Parenting and Infant Development; Outpatient Pediatrics in Madison with local pediatricians; Children’s Hospital ER in Milwaukee; Pediatrics Fitness Clinic at Research Park; Child Psychiatry Consultation Service- UWHC; Developmental Pediatrics at the Waisman Center; and/or Pediatric Allergy.

Surgery

The following surgery-related rotations are all required outpatient rotations.

- **ENT (3 Weeks)**
- **Urology (2 Weeks)**
- **Ophthalmology (2 Weeks)**
- **Orthopedics (3 Weeks)**
- **Orthopedics-Related (4 Weeks):** Four weeks of musculoskeletal orthopedic-related rotations are required: 1 week rheumatology; 1 week of casting and physical therapy; 2 weeks of selectives, which include pain management, prolotherapy, pediatric orthopedics, podiatry, Spine Clinic, and...
work-hardening. Residents may also go to Honduras in the spring with Jeff Patterson, DO and do prolotherapy to meet part of their ortho-related requirement.

**Sports Medicine (4 Weeks): Locations include one or a combination of the following:** UW Research Park or Dean clinics. This rotation also requires residents to spend two afternoons in a high school training room and cover two sports events.

### Obstetrics

Obstetrics at SMH (2 Blocks second year): Residents take turns covering the labor floor in 12-hour shifts. In addition to the required blocks of OB, a high risk OB rotation is available for third-year residents at Meriter Hospital in Madison as an elective.

### Gynecology

Five weeks of Gynecology are required in the second and/or third year. Choices include various practices in Madison, Sauk City, Portage, Monroe, and Freeport, IL.

### Management of Health Systems

Two weeks of Management of Health Systems are required in the second year, and two weeks in the third year. Residents learn how to implement a quality improvement project in their own practices. A combination of independent learning and facilitated and shadowing opportunities allow residents to explore the types of practices they are interested in pursuing after residency as well as key factors in managing their practices.

### Community Health

In the second and third years, a total of four weeks of Community Health is required. After the introductory block in the first year, residents prepare an individualized learning plan that guides their Community Medicine activities in the second and third years.

### Clustered Didactics

In the second and third years, a total of two weeks of Clustered Didactics is required. One week is scheduled each year. Curriculum for second-year residents focuses on Management of Health Systems and Gynecology. Third-year resident sessions emphasize Musculoskeletal Medicine and Geriatrics.

### Electives

Residents have a minimum of 12 weeks of elective time. Established electives are listed below:

- Addiction Disorders
- Allergy
- Behavioral Health
- Cardiology
- Diabetes Management
- Endocrine
- Geriatrics
- GI
- HIV Clinic
- Medical Informatics
- Neurology
- Nutrition
- Palliative Care and Hospice
- Practice Styles
- Prolotherapy (Honduras)
- Psychiatry
- Radiology
- Research
Residents may also develop their own electives or take additional weeks of rotations that meet requirements (e.g. physical therapy). Longitudinal electives can be arranged to meet individual educational goals.

**Teaching Rounds**
Second- and third-year residents, as well as faculty, attend inpatient teaching rounds on Monday mornings from 8:00 – 9:00 am. A senior resident generally presents clinical cases that are inpatient focused, as well as some that are outpatient. An EKG teaching series is also a longitudinal part of this morning didactic. Clinic-based patient rounds, didactics, and case discussions are held at various times in the four FMC’s. Most inpatient services also have focused educational discussions and/or conferences.

**Call for Second- and Third-Year Residents**
Night call for the FMC patients are shared by all second- and third-year residents and has been consolidated into four After Hours Care rotation weeks per year, five days per week.
EDUCATIONAL CONFERENCES AND SEMINARS

All Residency Conferences, Meetings, and Seminars are listed in Madlines, a weekly publication that is distributed electronically to all residents. **First-year** residents attend **Thursday afternoon** seminars, a combination of core family medicine topics, and senior resident-presented Survival Skills. **Wednesday conferences and seminars** are primarily for **second- and third-year** residents. There are also resident conferences on the inpatient services.

**Survival Skills Seminars for First-Year Residents**

Survival Skills seminars are conducted by senior residents during the first half of the academic year to provide support and information on common first-year call questions and issues. A range of topics are addressed including On-Call 101, Hypertensive Emergency, Acute Pain Management, Sepsis, Atrial Fibrillation, Altered Mental Status, GI Bleed, etc. Survival Skills Seminars are one hour long and held during the Thursday afternoon seminar series.

**First-Year Residents Family Medicine Seminar Series**

The first-year seminar series provides a comprehensive orientation to family medicine and ambulatory care. Seminars are required, and seminar is protected time for most residents. Seminars are held on Thursdays from 1:00-5:00 pm. A sample list of topics appears below:

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</tr>
<tr>
<td>Chest Pain/Angina</td>
<td>Lower Respiratory Infections</td>
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<tr>
<td>Chronic Illness</td>
<td>Nexplanon Training</td>
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<tr>
<td>Contraception</td>
<td>Nursing Home Orientation</td>
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<tr>
<td>Dermatology</td>
<td>Nutrition for Health Promotion &amp; Disease Prevention</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Postpartum Exam</td>
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<tr>
<td>ECG</td>
<td>Practice Management</td>
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<tr>
<td>Evidence Based Medicine</td>
<td>Prenatal</td>
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<tr>
<td>Fracture Management</td>
<td>Psychiatry/Anxiety/Depression</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Shoulder Exam</td>
</tr>
<tr>
<td>Headaches</td>
<td>Smoking Cessation</td>
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<tr>
<td>Hyperlipidemia/Heart Disease/Lipids Basic</td>
<td>Sports Physical</td>
</tr>
<tr>
<td>Hypertension</td>
<td>STIs</td>
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<tr>
<td>IBS, GI Bleeds, Gastritis</td>
<td>Stroke Evaluation and Treatment</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Infant and Toddler Nutrition</td>
<td>Trauma Work-up</td>
</tr>
<tr>
<td>Integrative Medicine</td>
<td>Upper Respiratory Infection</td>
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<tr>
<td>Adolescent Health</td>
<td>Knee Exam</td>
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</table>
First-Year Resident Rotation Didactic Sessions

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Day, Time, Location</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>MICU / Internal Medicine</td>
<td>Monday-Friday 9:00-12:00 PM</td>
<td>Case or topic-oriented seminar for the family medicine residents staffing the MICU.</td>
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<td></td>
<td>MICU Conference Room or the Cardiology Conference Room - 5 NW.</td>
<td>General Internists: Monday and Friday 9:00 to 12:00 PM</td>
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<td></td>
<td>Palliative Care with Dr. Marchand: Tuesday 10:00 to 11:00 AM</td>
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<td>Cardiology with Dr. Denahey Thursday 7:30 to 8:00 AM</td>
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<tr>
<td>Pediatrics</td>
<td>Daily b/n 9:00 AM and 12:00 PM</td>
<td>Case and topical presentations and discussions led by Pediatric hospitalists, intensivists, surgeons,</td>
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<td>Scheduled by the Senior Resident</td>
<td>community pediatricians, and family medicine faculty.</td>
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<tr>
<td>OB</td>
<td>Lecture Series 7:30-10:00 AM</td>
<td>Lecture/discussion series by various family physicians and OB faculty and residents on aspects of OB care and labor and delivery management. Additional lectures may be held during specific weeks on the rotation.</td>
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<tr>
<td>UW Family Medicine Service</td>
<td>Monday-Friday 8:00 AM 10:45 AM</td>
<td>Attend Peds lecture as able</td>
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<td></td>
<td></td>
<td>Attend Internal Medicine case report as able</td>
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<tr>
<td>St. Mary’s Family Medicine Service</td>
<td>Mondays – 8:00 AM 4th Monday AM – Morbidity and Mortality Conference</td>
<td>Monday morning report</td>
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</tbody>
</table>

SMH Conferences for Medical Staff and DFM Faculty and Residents
A monthly conference calendar for SMH is distributed to residents. It is also available from the Medical Staff Office at St. Mary’s.

Monday Conferences:
- Pediatrics Conference – 7:00 am

Tuesday Conferences:
- Pulmonary Conference (2nd and 4th Tuesdays) 7:30 am

Wednesday Conferences:
- Joint Primary Care Conference – 7:30 am
  1st Wednesday: Best Management Series presented by St. Mary’s staff physicians and invited speakers
  Remaining Wednesdays: Primary Care Conference and Journal Club presentations by R2 and R3 Family Medicine residents.

Friday Conferences:
- Cardiac Conference – 7:00 am (listed in Madlines)
### Family Medicine Seminar Series for Second- and Third-Year Residents

Seminar for second- and third-year residents is held on Wednesday mornings from 9:00 a.m. – 12:00 noon. A sample of second and third-year seminar topics appears below:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Topic</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Abdominal Pain in Children</td>
<td>Dysfunctional Uterine Bleeding</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>Environmental Health</td>
<td>Newborn Lab</td>
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<tr>
<td>Allergy Syndromes in Children</td>
<td>Exercise Rx/Cardiac Rehab</td>
<td>Osteoporosis</td>
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<tr>
<td>Alzheimer’s Disease</td>
<td>Evaluation of a Pelvic Mass</td>
<td>Pain Management</td>
</tr>
<tr>
<td>Amenorrhea</td>
<td>Failure to Thrive</td>
<td>Palliative Care/Hospice</td>
</tr>
<tr>
<td>Ankle Exam</td>
<td>Female Incontinence and Organ Prolapse</td>
<td>Pediatric Anemia</td>
</tr>
<tr>
<td>Back Pain</td>
<td>Fibromyalgia/Chronic Fatigue</td>
<td>Pediatric Enuresis and Encopres</td>
</tr>
<tr>
<td>Behavioral Problems in Children</td>
<td>Fine Tuning Contraception</td>
<td>Pediatric Orthopedics</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Foot Exam</td>
<td>Pelvic Pain</td>
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<tr>
<td>Breast Feeding</td>
<td>Hand/wrist Exam</td>
<td>Polycystic Ovarian Cyst/Hirsutism</td>
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<tr>
<td>Cancer Screening</td>
<td>Headache</td>
<td>Preventive Health in the Elderly</td>
</tr>
<tr>
<td>Casting Lab</td>
<td>Health Literacy</td>
<td>Problem Solving Therapy</td>
</tr>
<tr>
<td>CHF</td>
<td>Hepatitis Viral and Non-Viral</td>
<td>Provider Patient Communication</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>HIV</td>
<td>Radiology Cases</td>
</tr>
<tr>
<td>Child Development</td>
<td>Hospital Nutrition</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Childhood Asthma</td>
<td>IBS and GERD</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Chronic Coronary Artery Disease</td>
<td>Infertility</td>
<td>Seizure Disorders</td>
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<tr>
<td>Chronic Grief/Coping</td>
<td>Immunizations/Vaccine Safety</td>
<td>Sinusitis/ENT/Tonsillitis/Otitis</td>
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<tr>
<td>Chronic Kidney Disease</td>
<td>Integrative Medicine</td>
<td>Sleep Disorders</td>
</tr>
<tr>
<td>Clinical Nutrition</td>
<td>Joint Injection Lab</td>
<td>Somatization</td>
</tr>
<tr>
<td>Coding and Documentation</td>
<td>Knee Exam</td>
<td>Stress Tests and Cardiac Imaging</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>Male Reproductive Health</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Coughs, Colds and Allergy Medications</td>
<td>Management of Abnormal Pap Smears</td>
<td>Suturing Lab</td>
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<tr>
<td>Cross-Cultural Issues/Use of Interpreter</td>
<td>Menopause</td>
<td>Teaching Skills for Residents</td>
</tr>
<tr>
<td>Dermatological Therapeutics</td>
<td>Miscarriage</td>
<td>Thyroid Diseases</td>
</tr>
<tr>
<td>Dermatology (Advanced)</td>
<td>Motivational Interviewing</td>
<td>Type I &amp; II Diabetes</td>
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<tr>
<td>Disclosing unanticipated outcomes</td>
<td>Musculoskeletal Imaging</td>
<td>Vaginitis, PID, STDs: Update and New Treatment Guidelines</td>
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<tr>
<td>Domestic Violence</td>
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</tbody>
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**Wildlife Seminar**

The Wildlife seminars are optional sessions for all residents with topics that do not fit into the regular required seminars. It meets once a month, July through October and February through May, from noon to 12:45 p.m. and lunch is provided. Topics have included:

- Family Medicine and Primary Care in a Developing Country
- Rural Health Practice Panel
- Quality of Work life for Family Physicians in Wisconsin
- Health Care/AIDS in Kenya
- Limiting Common Prescription Errors
- ER at Indian Health Services
- Health Care System Change
- “Fireside Chat” with the DFM Chair
- Occupational and Environmental Health

**Check In Group**

This optional, confidential session meets monthly during resident’s protected seminar time. The group is facilitated by UW Integrative Medicine Mindfulness Practitioners.
Scheduled Resident Social and Support Activities

♦ **Annual Residency Picnic** - The annual residency picnic, held each June, marks the transition of the interns into the residency and the graduating residents’ departure. Held at a local park for residents, faculty, staff and families, it is an evening of food and fun for all!

♦ **Support Groups** - Recognizing that residency is demanding and often draining, residents formed two monthly support groups – one for interns and one for second- and third-year residents, held during protected seminar time. The groups, facilitated by an expert in mindfulness meditation, provide time for residents to support each other in a safe and nurturing environment. They are also a great time to catch-up with colleagues.

♦ **Aware Curriculum** - This innovative curriculum provides residents with an eclectic mix of experiences, reflection, study, and mentoring to promote personal and professional growth. Residents have access to financial resources to pursue particular areas of interest in conjunction with individual development plans. The Aware Curriculum aims to help residents nurture their abilities to provide more compassionate and humanistic care throughout their medical careers.

♦ **Chiefs’ Rounds** - Chiefs’ Rounds occur twice monthly over lunch and are part business, part social. They serve as the primary way for residents to keep up to date with residency (and resident) happenings.

♦ **Resident Retreat** - The end of summer brings a retreat for residents and their families. This is a protected time to relax and get to know fellow residents without the pressures of work. There are no required activities other than being present. Highlights of past retreats have included scavenger hunts, yoga, pottery classes, swimming and canoeing, campfire singing and plenty of food!

♦ **Fizzle Dinner** - Each February the Residency invites all first-year residents (as well as significant others) to dinner in a Madison restaurant to celebrate being “over the hump” of the intern year.

♦ **Foshizzle, and Finoozle Nights** - Second and third year residents celebrate their own versions of the Fizzle Dinner with the Foshizzle and Finoozle Nights. These nights are planned and hosted by residents.

♦ **Graduation** - An evening celebration on campus with family, friends, colleagues, faculty and staff marks the end of the residency journey for the Madison residents. It is an evening to remember for the good food and good friends.
“The best part of our program is the faculty and the residency staff. You feel confident learning from the faculty physicians, and the staff are always ready to help you with any concerns.”

Joe Wolfe, MD – Third-Year Resident
Belleville Faculty

Madonna Binkowski, MS, MSSW (Belleville) graduated from the University of Wisconsin-Madison in 1979 with a dual Master's degree in Behavioral Disabilities and Social Work and interned with the UW Ambulatory Pediatric Service. She completed a post graduate externship in Structural Family Therapy. Madonna is particularly interested in children’s learning, behavioral and mood disorders. In the fall of 1994, after 15 years at Northeast Clinic, Madonna joined the faculty at Belleville Family Medicine Center as an Assistant Clinical Professor one day a week in order to continue her career while parenting her six children. She provides short term cognitive behavioral therapy for a variety of presenting problems, particularly anxiety, depression and panic in adults. In addition she teaches residents about the psychosocial aspects of family practice.

Byron Crouse, MD (Belleville) has been at UW School of Medicine and Public Health since 2001. He serves as the Associate Dean of Rural and Community Health and serves in various leadership roles in the Department of Family Medicine. In addition to his educational and administrative duties, he sees patients at the Belleville Family Medicine Clinic. He did his pre-medical education at St. Olaf College and medical school at the Mayo Medical School in Rochester, MN. He finished his Family Medicine residency in Duluth, MN in 1980 and entered rural practice in Spooner, WI. After 7 years in private practice, he entered an academic practice serving as a residency director at the Duluth Family Practice Residency and the Chair of Family Medicine at the University of Minnesota, Duluth Medical School. Dr. Crouse's practice interests include preventive medicine and sports medicine. He has been involved in developing programs for sigmoidoscopy and colposcopy. He is interested in issues affecting rural health care. His research interests are also focused on rural health and has been involved in the study of cancer care in rural areas and health care practice in rural regions.

David Deci, MD grew up in warm and sunny Jensen Beach, Florida. He earned his undergraduate degree in Biology and Chemistry at Florida State University and was one of the first students in the innovative Program in Medical Sciences. He received his Medical Degree from the University of Florida College of Medicine and then completed his residency at the University of North Carolina Mountain Area Health Education Center in Asheville, NC where he served as Chief Resident. After two years of practice in Mars Hill, NC (population 600), he relocated to Strasburg, VA (population 3,500) where he practiced inpatient,
outpatient, and community oriented Family Medicine for 15 years. In November 2000, he entered academic Family Medicine at West Virginia University in Morgantown, WV. His roles there included Family Medicine Clerkship Director, Director of the WVU Department of Family Medicine Rural Scholars Program, FMIG Faculty Advisor, and Faculty Advisor to MUSHROOM (Multidisciplinary UnSheltered Homeless Relief Outreach Of Morgantown).

Dave joined the UW DFM faculty in March 2009 in the role of Director of Medical Student Education. He has a particular interest in wellness promotion, health screening, adolescent health, men’s health, and care of rural communities. His educational research interests include student engagement in underserved care, role modeling and its power within the curriculum, community-based curriculum development, transdisciplinary collaborative teaching, and provision of health care to unsheltered homeless. Dave lives in Fitchburg with his wife Diane. They have two grown sons. Dave enjoys gardening, travel, the performing arts, and hiking.

Jennifer Lochner, MD Dr. Lochner's affiliation with the UW Department of Family Medicine began when she was born at St. Mary’s Hospital while her father was a family medicine resident (in the second graduating class of the then newly formed specialty and UW Department). She grew up in the small town of Waupaca, WI and learned about family medicine first hand before attending college and medical school at UW followed by residency at Oregon Health & Sciences University in Portland, Oregon. She stayed on at OHSU as a 4th year Chief Resident and then joined the full time faculty there, eventually taking on the role of Associate Residency Director and Medical Director of the South Waterfront clinic. After 11 years in Portland her Wisconsin family ties overcame the wonderful relationships she had found with patients, friends and colleagues and so she moved back to Madison in December (yes, December) of 2010. She practices full spectrum Family Medicine at the Belleville clinic and feels lucky to have found such a wonderful group of staff, partners, residents and patients with whom to partner. When not at work Jen enjoys spending time with her husband Steve and their 2 young children and occasionally even finds time to hit a spin class, read or knit.

Steve Olcott, MD joined the Department of Family Medicine in 2007. He attended medical school at the University of Buffalo School of Medicine, and completed his residency at the University of California School of Medicine – Davis. He began a solo family practice in Grass Valley California, and practiced there for 18 years. He then joined a community hospital group family practice in Corvallis, Oregon, and practiced there for 11 years. Dr. Olcott’s practice interests include cardiovascular disease and preventive medicine. He was Medical Director of the Belleville Clinic during the construction of the new clinic, which is designed to provide a healing environment for patients and staff. He is interested in helping residents prepare for practice in a community setting. He is married with two adult children and two grandchildren. When not at work, he enjoys spending time with his wife and their dogs, gardening, reading, and traveling.

Richard G. Roberts, MD, JD is a family physician and attorney and has practiced in Belleville since 1987. At the international level Dr. Roberts is President of the World Organization of Family Doctors (Wonca). Dr. Roberts is a member of the Board of Governors of the National Patient Safety Foundation and the National Advisory Council of the California Health Benefits Review Program. He is Vice Chair of the Interstate Postgraduate Medical Association. Dr. Roberts is a past president of the American Academy of Family Physicians (AAFP), the AAFP Foundation, and the Wisconsin Medical Society. Professor Roberts has focused on quality improvement, guidelines, and practice redesign as his areas of scholarship. He has served on nearly 3 dozen national and international guidelines panels. He has served as a consultant on primary care and health system reform to a number of governments and
companies, as well as the U.S. Food and Drug Administration, the World Health Organization, and the Wisconsin Medical Examining Board.

**Melissa Stiles, MD** received her MD degree from the University of Iowa College of Medicine in Iowa City and completed her residency at the Madison Family Practice Residency Program in 1991. She joined the Department in August, 1992 as the center director of the Belleville Family Medical Center and served as the center director until July, 1996. She completed a fellowship in Geriatric Medicine at UCLA in 2001 and has the CAQ in Geriatric Medicine. She is active in pre-doctoral education and participates in teaching first/second year medical students in the GPP program. Special interests include geriatrics, palliative care, and use of emerging technologies in medical education. She currently co-chairs the STFM Group on Geriatrics and is a medical director for Hospice of Madison. Dr. Stiles was the Associate Director of the Madison Campus Residency Program from June, 2002 to June, 2006. She currently is the UW-Madison liaison for the Family Practice Inquiries Network (FPIN). She was honored to receive the Marc Hansen Lectureship Award in 1997 and the Baldwin E Lloyd, MD Clinical Teacher Award in 2003.

**Northeast Faculty**

**Jennifer Edgoose, MD, MPH** joins the UW medical faculty from the Pacific Northwest, where she worked for more than a decade in a community health clinic. After graduating from Wellesley College with a B.A. in biological chemistry, she spent a year doing research at the National Institutes of Health before attending Columbia University where she received her M.D. and M.P.H in 1996. There she developed a strong interest in primary care and patient advocacy which led her to enter a family medicine residency at the University of Washington where she piloted a new track that focused on the urban underserved. She followed this by joining a community health clinic providing full spectrum family medicine including obstetrical care to the uninsured and underserved of greater Tacoma, WA. Her interests lie in providing ongoing work with the underserved and medically disadvantaged in the context of the patient centered medical home; health literacy and cross-cultural care; the patient-doctor relationship; and end-of-life issues. She wants to explore the complex challenges of providing high quality, evidence-based health care for all and to help residents and medical students experience the rewards of work in community medicine and community health clinics.

**Ronni Hayon, MD** joined the Department of Family Medicine as an Assistant Professor CHS in October 2012. She received her medical degree from Drexel University College of Medicine in Philadelphia and she completed her Family Medicine residency at the UW-Madison Family Medicine Residency Program. Following residency, Ronni completed a one-year Academic Fellowship with the Department of Family Medicine. Ronni is committed to providing full-spectrum family medicine but has particular interests in women’s health, OB care, LGBT health and adolescent medicine. In her spare time, Ronni can often be found knitting.

**Russell Lemmon, DO** completed his medical training at the Chicago College of Osteopathic Medicine and the MacNeal Hospital Family Medicine Residency in Illinois. Following residency he served as a family physician in the U.S. Air Force, stationed at Luke Air Force Base in Arizona. While on active duty he was the medical director for the Family Medicine department and was deployed as a physician with the special forces in Iraq. He also completed training in medical acupuncture and used this modality to treat military personnel in both the U.S. and Iraq. After 4 years in Arizona, Russ and his family moved back to the Midwest, first working in private practice in the Chicago suburbs before transitioning to academic family medicine here at the DFM in Madison. His professional interests include medical acupuncture, osteopathic
manipulation and integrative medicine. Outside of work Russ enjoys chasing around his 3 young kids and biking around Madison.

Kathy Oriel, MD - Madison Program Director  Please see page 9 for full bio.

Jeffrey J. Patterson, DO graduated from Kirksville College of Osteopathic Medicine in 1972. He completed his family practice residency in the Madison Family Practice Residency Program in 1975. He subsequently joined the faculty at the Northeast Family Medical Center in early 1976, and he is now a professor. He served as center medical director from 1988 to 1991. He is an active family practitioner with special interests in the areas of chronic back pain and human sexuality. Jeff is a founder of the Madison Chapter of Physicians for Social Responsibility (PSR), and has been active in work internationally with the International Physicians for the Prevention of Nuclear War. A major interest is in chronic myofascial pain treated with prolotherapy. Jeff heads the Hackett Hemwell Foundation which promotes research and teaching in prolotherapy and does charitable work in Honduras. He leads medical groups in Honduras each year, and residents may participate in this as part of their orthopaedic elective.

David Rabago, MD After graduating medical school at UW Madison in 1997, David pursued a one-year post-graduate research year in epidemiology at the UW Department of Population Health. David completed residency in Family Medicine in 2001, graduating from the UW Department of Family Medicine in Madison (Verona Clinic). During his residency David served as Chief Resident and also developed a passion for clinical research, completing a randomized controlled trial of nasal irrigation for chronic sinus symptoms. David continued his training after residency, completing a National Institutes of Health-sponsored fellowship in clinical research, and then receiving a 5-year National Institutes of Health K-23 Career Development Award. David now splits his professional time, maintaining an active continuity and teaching practice at Northeast Family Medical Center while also conducting research. His research focuses on assessing injection therapies for chronic musculoskeletal pain and on nasal saline irrigation for upper respiratory conditions.

Louis Sanner, MD, MSPH received his MD degree from Stanford University in 1983. He completed a family practice residency at the University of Missouri-Columbia in 1986 and stayed on there as a Robert Wood Johnson Foundation Practice Fellow from 1986 to 1988, earning an MS degree in public health. He joined the DFM in July 1988 and was the Madison Program Director from 1996 through June 2002. He teaches and practices at Northeast Family Medical Center. His academic interests center around resident education, particularly training for underserved rural and urban practice. He serves as a national consultant to Family Practice residencies for the AAFP. Lou received the Baldwin E. Lloyd, MD Clinical Teaching Award from the residents in June 1993.

Sarina Schrager, MD, MS joined the Northeast faculty in 1996. A graduate of Dartmouth College with a BA in French Literature, Sarina received her MD degree from the University of Illinois College of Medicine at Chicago in 1992. She completed her residency in family medicine at the MacNeal Hospital program in Berwyn, Illinois in 1995 and then completed a one year self-designed fellowship in Women's Health at MacNeal that combined graduate work in Women's Studies with clinical care in family practice. She completed a MS in population health sciences at the University of Wisconsin in 2006. She is the director of faculty development for the DFM. Her teaching focus is on women’s health education for residents. Her current research interests include osteoporosis prevention, vitamin D testing in primary care, work life balance, and dual physician families. She is also the director of the department’s academic fellowship.
**William E. Schwab, MD – Vice Chair of Education** is a native of Madison and attended the University of Wisconsin as an undergraduate. He graduated from the Case Western Reserve University School of Medicine in 1980 and went on to complete his family practice residency at the University of Virginia in Charlottesville. After residency, he worked as a family physician at a community health center in the coal fields of southern West Virginia. Bill joined the DFM faculty in 1985 and was director of the Madison Residency Program from 2002 until 2008. He currently serves as the DFM’s Vice Chair for Education. Bill is a nationally respected clinician, educator and policy consultant about the care of children with special health care needs and adults with disabilities and chronic illnesses from a patient- and family-centered perspective. He is a member of the Board of Directors and senior teaching faculty of the Institute for Patient- and Family-Centered Care in Bethesda, Maryland. In conjunction with the UW Waisman Center, he was principle investigator for the National Medical Home Autism Initiative, funded by the federal Maternal and Child Health Bureau from 2004-2008, and of a project funded by the Centers for Disease Control from 2008-2011 to enhance developmental screening by family physicians. Bill was honored as Family Physician of the Year by the Wisconsin Academy of Family Physicians in 1999 and received the Baldwin Lloyd Teaching Award from Madison Program residents in 1987 and 2008.

**JoAnn Wagner Novak, MS, APNP** received her BS in nursing from UW-Milwaukee in 1986 and MS degree in 1990 from UW-Madison in both the adult/aging and pediatric nurse practitioner programs. JoAnn has volunteered in a variety of community outreach/health education programs, often geared towards children and teens. She has served on both county and national pediatric obesity groups. JoAnn is active in the Geriatric NP Association, the Wisconsin Statewide Asthma Coalition, and a Board member of the WI Chapter of Pediatric NP’s. Within our Department, JoAnn provides education and leadership in geriatric and nursing home care for residents as well as sexually transmitted infections. She is active in quality improvement, patient education, and has advanced case management skills across the lifespan.

**Verona Faculty**

**Brian Arndt, MD** is a true Wisconsin Badger at heart as he completed his undergraduate degree in mechanical engineering, medical degree, and family medicine residency training all at the University of Wisconsin-Madison. Dr. Arndt provides the full spectrum of family medicine including OB and inpatient care. He has special interests in preventive health and nutrition. His diabetes group medical appointments allow him to share these interests with his patients and engage with them in a dynamic setting for shared decision making and developing self-management goals. His interest in chronic disease management is also reflected in his work with multidisciplinary team development to enhance patient-centered care between visits. He is interested in patient care handoffs and transitions in care and has worked to develop electronic signout tools for our inpatient teams. Research areas of interest include collaboration with public health to estimate chronic disease prevalence through evaluation of EMR data. He also works collaboratively with the UW Department of Industrial Engineering to better understand the complexity of primary care and patient safety in the inpatient and outpatient settings. Dr. Arndt enjoys everything outdoors, especially fishing, and is well-known by his colleagues for his occasional lumberjacking in his prairie restoration work. His wife Kimberly is also a UW Health physician in Physical Medicine and Rehabilitation.

**Bruce Barrett, MD, PhD** received M.D. and Ph.D. (Anthropology) degrees from the University of Wisconsin-Madison in 1992, then did an international health fellowship with Johns Hopkins University at a World Health Organization research institute in Guatemala. A 1997 graduate of the Eau Claire residency program, Dr. Barrett completed the Madison-based primary care research fellowship in 1999. Dr. Barrett now directs research fellowships in primary care and complementary and alternative medicine. His
work has been supported by grants from the National Center for Complementary and Alternative Medicine at the National Institutes of Health, and the Robert Wood Johnson Foundation. His research focuses on acute respiratory infection, placebo effects, herbal medicines, mindfulness meditation, and exercise. Bruce also works with Physicians for Social Responsibility, focusing on climate change, environmental health, and universal health care. When not busy with clinical care, community service, research or teaching, Bruce can be found with his family, and/or running, biking, swimming, skiing, hiking, climbing, canoeing or sailing.

**John Beasley, MD** graduated from Harvard College in 1964 and received his MD from the University of Minnesota in 1969. Following a rotating internship, he practiced for three years, including experience in the Peace Corps in Chuuk in the Caroline Islands. In 1975 he completed his Family Medicine residency and joined the faculty of the DFM. His special clinical interests include EEG reading (one book authored) and aviation medicine. He was one of the co-developers, along with Jim Damos, MD, of the Advanced Life Support in Obstetrics (ALSO) course. He founded the Wisconsin Research Network (WReN) and was the founding chair of the International Federation of Primary Care Research Networks. He has lectured nationally and internationally on primary care and primary care research and is the author or co-author of over 40 published articles. His current research work is with the UW Department of Industrial and Systems Engineering and focuses on the complexity of primary care, electronic health records, and patient safety. He is the Coordinator of I-PrACTISE, a research and educational collaborative between Industrial Engineering and the Primary Care specialties.

**Kathleen Carr, MD** completed undergraduate (Exercise Physiology) and medical degrees at the University of Wisconsin-Madison, residency training at the University of Michigan, and a two-year fellowship in primary care sports medicine at the University of Wisconsin-Madison in 2002. She joined the Madison Campus faculty in July 2002, and was the Associate Residency Director from 2006 until 2013. She has been the Associate Director of the Primary Care Sports Medicine Fellowship since 2005. Dr. Carr also serves as a team physician for the University of Wisconsin athletes. She is the curriculum director for musculoskeletal medicine in the residency, and has ongoing research in long-term outcomes of knee injuries in female athletes.

**Donald Carufel-Wert, MD** is a Madison residency graduate and trained at the Verona Family Medical Clinic. Prior to college at Eastern Mennonite University in Harrisonburg, VA, he lived in Pennsylvania, Washington D.C., Kansas, West Virginia, and Indiana. Between college and med school, Don volunteered at an inner city clinic in Washington, D.C. for a year. Then Don returned to Indiana for medical school at Indiana University. After an excellent training program during the 3 years of residency, Don and his family moved to Milwaukee where he worked for Family Health Plan. He returned to academics when he joined the St. Luke's residency program and saw patients at the Clarke Square Family Health Center. After 4 years in Milwaukee, Don and his family couldn’t resist the urge to return to Madison and all it has to offer. Presently he works half-time in the DFM teaching residents in Verona, overseeing the Community Medicine curriculum, and assisting with the rural rotations. The other half of his job is caring for patients at the Access Community Health Center, a federally-funded community health center.

**Ann Evensen, MD** completed her undergraduate and medical degrees at the University of Wisconsin-Madison. She had residency training at the University of Washington-affiliated program in Renton, WA. Since residency she has practiced part-time but full-scope family medicine in rural and private practices in Covington, WA, Platteville, WI, and Monona, WI. She was named a Master Teacher by the UW Department of Family Medicine and joined the Verona faculty in 2007. Her professional interests are low-risk obstetrics, women's
health, international health, office-based procedures, and practice improvement. She loves to explore the ethnic food riches of Madison and lives in Verona with her husband and three children.

**Maggie Larson, DO** grew up in rural MN and received her B.A. in Psychology at Carleton College in Northfield, MN, while studying abroad in Spanish language and completing my pre-medical requirements. She then lived in the greater Chicago area for a short time working as a live-in counselor for teenage girls and as a medical assistant in a pediatric medical clinic affiliated with the Chicago Children's Hospital. After completing medical school at Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, she stayed in the Kansas City area at the Research Family Medicine Residency, completing her third year as chief resident. As part of a National Health Service Corps scholarship repayment program, Dr. Larson worked for 5 years in a rural health system in central Minnesota practicing full spectrum family medicine including hospital and obstetrical patient care, periodically supervising visiting medical students, PA students and residents. She is excited to return back to academic medicine by joining the staff at UW-Madison. Outside of work, she keeps busy with my husband, Jay, and 3 boys Jack, Erick, and Leif.

**William Scheibel, MD** graduated from the University of Wisconsin Medical School in 1974. In 1977, he completed a family practice residency in the Madison program. Bill was a family physician in New Richmond, Wisconsin, for two years before returning to the DFM as a faculty member. He has served as the director of the Belleville center, and was promoted to professor of family medicine in 1991. Bill was the associate director of the Madison Residency Program in 1985-86 and became the Verona center director in 1987 after serving as associate director for several years. Bill received the "Baldwin E. Lloyd, MD, Clinical Teaching Award" from residents in 1989, and was chosen to be the 1990 recipient of the Family Practice Educator of the Year Award from the Wisconsin Academy of Family Physicians. His interests include practicing the full range of family medicine and teaching residents. He is also an instructor for Advanced Cardiac Life Support (ACLS).

**Douglas Smith, MD** graduated from the University of Illinois School of Medicine in 1979 and completed his residency at the Eau Claire Family Practice Residency Program in Eau Claire, Wisconsin. He practiced for three years in Mondovi, Wisconsin as part of the National Health Service Corps Private Practice Option. From 1985 through 1987 Doug was a Fellow in the Robert Wood Johnson Family Medicine Faculty Development Program at the University of Washington. Prior to joining the DFM in July 1990, he was a faculty member at the University of Colorado Department of Family Medicine. Doug’s primary responsibilities are in predoctoral education. Doug and his wife, Barb, have four children.

**Karen Wendler, PA-C** is a physician assistant at Wingra Family Medical Center. She joined the Verona staff in 2009. She received her PA degree from the UW Medical School. She is currently an instructor and pediatrics course coordinator in the UW PA Program. She has completed the clinician training with the Midwest Aids Training/Education Conference.

**Julia Yates, MSSW, LCSW** completed her Master of Science and Clinical Social work degree with an emphasis in structural family therapy in 2003 from the University of Wisconsin- Madison. She completed her post graduate clinical externship on an Adult Inpatient Psychiatric unit which included extensive Emergency room training along with individual and group therapy. Julia’s professional interests include: women’s health, working with adolescent populations, grief counseling, couples counseling, motivational
interviewing, holistic approaches to healing, and diagnosis and treatment of mood disorders. Julia was introduced to the Department of Family Medicine while working with the Wisconsin Initiatives to Promote Healthy Lifestyles, which also afforded her the opportunity to strengthen her motivational interviewing skills. She joined the UW Health Verona team in March of 2008 and became full time after closing her private practice in Janesville in February 2011. Julia provides psychotherapy and brief consultation services to a wide age range at the Verona clinic, and she draws from multiple therapeutic, holistic approaches including cognitive behavioral therapy, solution focused therapy, and acceptance/commitment therapy. She also thoroughly enjoys working with residents through direct teaching, observation, and shadowing opportunities.

**Wingra Faculty**

**Randy Brown, MD, PhD, FASAM** attended medical school at the University of Washington, Seattle. He completed his family practice residency at the University of California Davis-affiliated Stanislaus County Family Practice Residency Program. He has achieved Board Certification in Addiction Medicine (2009) and a PhD in Population Health Sciences (UW Madison, 2009). Additional training experiences have included University of California San Francisco’s Faculty Development Fellowship (2001-2002), the UW HRSA Primary Care Research Fellowship (2001-2004), and the UC San Diego Alcohol Medical Scholars Program (2002-2004). Dr. Brown’s research focuses upon services to addicted individuals in non-traditional settings and via non-traditional means, including in primary care, general hospitals, and criminal justice supervision and through the use of mobile technology. He is a licensed provider of office-based treatment for opioid dependence. Dr. Brown speaks fluent Spanish and enjoys serving the local Latino population at the Wingra Clinic. He is the Director of the Center for Addictive Disorders at University of Wisconsin Hospital and Clinics, the Director of the UW-VA Addiction Medicine Fellowship Program, and Medical Director of the Madison VA Interprofessional Advanced Fellowship in Addictions Treatment. He is adjunct faculty in the Department of Population Health Sciences, and a Center Scientist with the Center for Health Enhancement and Systems Studies in the UW Dept. of Industrial Engineering. He is the Medical Director for Overdose Prevention with the AIDS Resource Center of Wisconsin, LifePoint Program. He served as the President of the Wisconsin Society of Addiction Medicine for three years (2007-2009).

**Jessica Dalby, MD** joined the Wingra faculty in 2012 after completing a residency in family medicine and an academic fellowship at UW Madison. Before finding her home in Madison, she was living in Texas, where she completed her B.S. in biochemistry at the University of Texas in Austin and attended medical school at Baylor College of Medicine in Houston. In Texas, and while studying and traveling abroad in Spain and the Americas, she developed fluency in the Spanish language. Her clinical interests are wide-ranging and include full spectrum family medicine, including obstetrics. She has pursued additional training in reproductive health and teaches residents skills in this area. She spends most of her free time outside, biking around town, and enjoys gardening at her community garden plot and cooking good, fresh food. She is currently learning home canning methods to preserve the bounty of summer from her garden.

**Lee Dresang, MD** graduated from the Indiana School of Medicine and completed his family medicine residency at the New Mexico Family Practice Residency. He then completed the Tacoma Rural Health Fellowship before coming to Wisconsin. His special interests include women’s health, Latino and international health and violence prevention. He is currently the OB Coordinator for the Madison Family Medicine Residency Program. Former Member and Chair of the ALSO Advisory Board.
Kenneth Kushner, PhD received his BA from the University of Wisconsin in 1971. He attended graduate school in clinical psychology at the University of Michigan, where he received his MA in 1974 and his PhD in 1976. He was an assistant professor, with a joint appointment in psychiatry at the Medical College of Ohio from 1977-80. After a brief appointment as lecturer in the University of Maryland’s Far East Division in Japan, he moved to Madison in 1981, where he joined the Madison Family Practice Residency Program and is currently a professor. His responsibilities include teaching the psychosocial aspects of family practice to the residents and the delivery of psychological services at Wingra Family Medical Center. Dr. Kushner is Coordinator of Behavioral Science for the Madison Residency and is Chair of the Promotions and Mentoring Committee for the Department of Family Medicine. In recent years, he has coordinated the Department’s liaison with family medicine programs in China.

Jonas Lee, MD grew up in the suburbs of Kansas City and graduated from Princeton University with a degree in Ecology and Evolutionary Biology. He struggled to choose between a career in medicine versus teaching. Ultimately, he decided to return to the much more friendly Midwest to attend the University of Kansas School of Medicine. John McPhee’s description of the first family medicine graduates in “The Heirs of General Practice” convinced him to become a family physician. During medical school, Jonas spent a month traveling through Mexico followed by several weeks caring for the homeless population in Colorado Springs, CO. He volunteered regularly at a Catholic Worker hospitality house in Kansas City. The experiences solidified his desire to serve the needy close to home. He completed his family medicine residency at the University of Wisconsin-Madison in 1999. After serving as medical director at a community health center in Beloit for eleven years, Jonas returns to Madison with a passion for caring for underserved populations. He also has an interest in natural childbirth, addiction medicine, and inpatient medicine. Jonas enjoys homeschooling his five children, exploring cities on foot, helping out with the CSA renting the family land, and restoring bicycles. With the help of family and friends, he’s been building his dream eco-home since 2006, with the hopes of finishing during his lifetime.

Ildi Martonffy, MD, Associate Director Please see page 9 for full bio.

Beth Potter, MD Originally from Illinois, Beth completed her undergraduate degree at Knox College in French Literature. She then attended Rush Medical College in Chicago and completed her residency at UW-Madison in 1999. Since residency, she has been teaching at Wingra clinic and is currently the medical director there. Her teaching interest include technology in medicine, women’s health and healthcare policy and working in underserved communities. She has been working on an affiliation between the ACHC community health center and Wingra Clinic. She speaks French and Spanish and enjoys using these languages during patient care. Outside of work, Beth is busy spending time with her husband and 3 children and enjoys running, soccer, skiing and biking. Whenever possible she likes to be outside.

Kirsten Rindfleisch, MD received her B.A. from Sarah Lawrence College, her M.D. from Johns Hopkins School of Medicine, and completed her family medicine residency training and an academic fellowship at UW Madison. She practices at Wingra Family Medical Center and is currently collaborating with other health care providers to develop an improved health care safety net for South Madison’s diverse communities. Her other academic interests include health disparities, chronic disease management, and clinical quality improvement. Outside of work, Kirsten enjoys spending time with her husband and sons, traveling, reading, and gardening.
Patricia Tellez-Giron, MD Raised in Mexico City, Dr. Tellez-Giron received her medical degree, with honors, at the National University of Mexico (UNAM). She moved to the United States 14 years ago to be with her family and to continue her education. She completed the University of Wisconsin Family Medicine Residency program and soon after graduation joined the faculty at Wingra clinic. Dr. Tellez-Giron received the public health award for community advocacy for her work with the Latina community and the Wisconsin Well Women program in 2000. Other awards include the AIDS Network Executive Director’s Award for Outstanding Community HIV/AIDS Service in 2004 and the Faculty Excellence Award for Community Service also in 2004. Dr. Tellez-Giron teaches physicians and other health care professionals about cultural competency in working with Latino/communities. She is the chair of the Latino Health Council in Madison and under her leadership several community initiatives have been implemented including a monthly health prevention Spanish radio program, annual Latino Health fair, and a Latino Chronic disease summit among many others.

Jonathan Temte, MD, PhD joined the faculty of the DFM in September 1993. He received his BA from Luther College, Decorah, Iowa, in 1980, an MS in biological oceanography from Oregon State University in 1986 and a PhD in zoology (minor: epidemiology) from the University of Wisconsin in 1993. He is published widely in the area reproductive ecology and birth timing of seals and sea lions. Jon pursued his medical training at the UW-Madison Medical School receiving his MD in 1987. He is a 1993 graduate of the Madison Family Practice Residency. He has an extensive variety of research and teaching experience, and received the Resident Research Award in 1993 and the Baldwin Lloyd Clinical Teaching Award in 1996. He served as the director of the Wisconsin Research and Education Network (WREN) from 2000-2005. Jon chaired the American Academy of Family Physicians (AAFP) Commission on Science in 2008 and currently chairs the Wisconsin Council on Immunization Practices. He served as AAFP liaison to the Advisory Committee on Immunization Practices (ACIP) from 2004-2008, and was appointed as a voting member of ACIP (2008-2015) where he is the current chair (2012-2015). He is also the Medical Director for Public Health – Madison/Dane County. Jon has been active on pandemic influenza and bioterrorism working groups for the state of Wisconsin. His current research interests include viral disease surveillance in primary care, school-based monitoring of influenza, seasonality and epidemiology of influenza, attitudes toward immunization, and assessment of workload in primary care settings.

Angela Vitcenda, PA-C is a certified Physician Assistant. She graduated from the University of Wisconsin-Madison Physician Assistant Program, after earning undergraduate degrees in psychology and nursing. She earned a Masters degree in Industrial Engineering and Human Factors from the University of Wisconsin-Madison. Her special interests include diabetes.

Arboretum Faculty

David Rakel, MD started his career near the Teton Mountains in Driggs, Idaho where he was in rural private practice for five years before completing a two-year residential fellowship in integrative medicine at the University of Arizona Health Sciences Center. He is the founder and director of the University of Wisconsin Integrative Medicine Program and associate professor with tenure in the department of family medicine at the UW School of Medicine and Public Health. Dr. Rakel is editor of one of the premier texts in this field titled, Integrative Medicine now in its 3rd edition. He is also the co-editor of the Textbook of Family Medicine and editor-in-chief of Primary Care Practice Update. He is involved in NIH funding to study the ‘clinician effect’ and to incorporate healing modalities into medical school curricula. He is one of 5 mentors for the University of Wisconsin School of Medicine and Public Health student body. He is board certified in family and holistic medicine and sits on the executive committee for the Consortium of Academic Health

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Centers for Integrative Medicine. He has been awarded a number of teaching awards including the Baldwin E. Lloyd clinical teacher award, the UW Department of Family Medicine faculty excellence award, the Marc Hansen lecture award and the resident teacher-of-the-year award. He has a certificate of added qualification in sports medicine and is certified in interactive guided imagery. He enjoys exploring complex systems and developing insight into how each can find a path towards health.

Adam Rindfleisch, MD, Associate Director  Please see page 10 for full bio.

Statewide Osteopathic Program Faculty

Hollis King, DO, PhD joined the faculty of the DFM in September 2011 as Director of the Statewide Osteopathic Residency Program and Professor of Family Medicine. Prior to this appointment he was a Professor of Osteopathic Principles and Practice at A.T. Still University School of Osteopathic Medicine in Arizona campus in Mesa, AZ. His PhD is in Clinical Psychology and he integrates the osteopathic philosophy of body-mind-spirit into his clinical practice. He is a Past President and Fellow of the American Academy of Osteopathy. He writes a regularly appearing column in the Journal of the American Osteopathic Association, “The Somatic Connection,” which reviews the evidence base for manual medicine. Dr. King is the Chief Editor of and a contributor to The Science and Clinical Application of Manual Therapy published in 2011 by Elsevier which delineates the research supportive of osteopathic manipulative medicine (OMT) for systemic disorders as well as musculoskeletal conditions. He is the author of the chapter on “Osteopathy in the Cranial Field” in Foundations of Osteopathic Medicine, 3e published in 2011 by Lippincott, Williams & Wilkins. Dr. King conducts a half-time practice in the residency clinics and in the Integrative Medicine consultation service. He staffs the DO residents doing OMT and conducts the quarterly Statewide OMT Workshops. He is currently conducting a research project in collaboration with the Department of Ophthalmology on “OMT for Intraocular Pressure Lowering in Ocular Hypertensive Patients.”

Maggie Larson, DO  Please see page 72 for full bio.

Russell Lemmon, DO  Please see page 68 for full bio.

Research and Other Faculty

Alexandra Adams, MD, PhD (Research) Dr. Adams completed her MD in 1994 and her PhD in Nutritional Sciences in 1997 at the University of Illinois College of Medicine, Urbana, IL. She completed her Family Medicine Residency at the University of Wisconsin in 1997, and joined the faculty in 1999. Dr. Adams practices at The UW Pediatric Fitness Clinic in Madison. Her special interests include pediatric nutritional problems, obesity, metabolic syndrome and indigenous diets and health. She has been working in partnership with three Wisconsin Tribes and the Great Lakes Inter-Tribal Council for the past 10 years on a variety of projects to prevent childhood obesity with the aim of reducing the risk of future cardiovascular disease and diabetes. Currently, she devotes most of her time to a family based intervention project to reduce obesity and cardiac risk factors in American Indian children; Healthy Children, Strong Families (HCSF). This participatory research project is a randomized controlled trial examining the effect of a home visiting intervention on reducing metabolic risk and improving lifestyles in the children and their primary caregivers. She is also Director of the NIH P-60 Collaborative Center for Health Equity (CCHE) at the UW School of Medicine and Public Health, a center that works in research, teaching and service partnerships with underserved communities in WI. She enjoys spending time with her husband and three children in outdoor activities and cooking.
David Gaus, MD, MPH & TM (Other) was educated at the University of Notre Dame and Tulane University School of Medicine and Public Health where he also earned a Master’s Degree in Public Health and Tropical Medicine. He completed his UW Family Practice Residency at the St. Luke’s Hospital in Milwaukee in 1995. After working 2 years as full time teaching faculty at St. Luke’s, he moved to Ecuador in 1997 where he founded and has run Andean Health & Development, a non-governmental organization that builds sustainable rural healthcare infrastructure. He also founded a Family Practice Residency in Ecuador at Hospital Pedro Vicente Maldonado jointly with the Catholic University of Ecuador. He has published in the area of healthcare policy for developing countries, and has served as a Temporary Expert for WHO in their expanded vision of Primary Health Care strategy. He worked part time at St. Luke’s from 1997-2009. Starting in 2010, his part-time clinical responsibility is teaching hospitalist at the UW and St. Mary’s Hospitals and continues to work extensively in Ecuador developing that FP residency and a global health research facility.

Nancy Pandhi, MD, MPH (Research) received her B.A. in Political Science from the University of Chicago and her M.D. from Medical College of Virginia. She completed residency at the Shenandoah Valley Family Practice Residency. While there, she developed and implemented a longitudinal spirituality and medicine curriculum. Additional training experiences have included the UW HRSA Primary Care Research Fellowship (2004-2007) and the UC San Diego Addressing the Health Needs of the Underserved Faculty Development Program (2009). She has a M.P.H and a PhD in Population Health Sciences from UW Madison. She joined the DFM faculty in 2009. Her research focuses on effective primary care practice redesign with an emphasis on improving care for vulnerable populations. Her clinical practice is at the William T. Evjue Clinic of Access Community Health Centers. She also directs the second and third year Community Health Rotation.

Paul Smith, MD (Research) is a Professor in the Department of Family Medicine at the University of Wisconsin-Madison. Dr. Smith graduated with his BA in chemistry from DePauw University in Greencastle, Indiana in 1979. He received his MD degree from Wright State University School of Medicine in Dayton, Ohio in 1982 and completed his residency training at Maine-Dartmouth Family Practice Residency in Augusta, Maine, in 1985. After residency, he joined the Family Practice Department at Health Services Association, a staff model HMO, near Syracuse, New York where he practiced for almost ten years and participated in ASPN, a primary care research network, for nine years. He joined the DFM faculty in October 1995. He provides clinical care and teaches residents one day per week, and spends three days per week in a variety of service and research activities. He is the Associate Director of the Wisconsin Research and Education Network (WREN) and a volunteer on the Board of Directors for Wisconsin Literacy. His interests also include health literacy, electronic medical records and computerized patient interviewing.
“Co-residents, faculty, and staff become friends and family; they encourage us to take care of our professional and personal lives and show that a balance can be achieved.”

Eugene Lee, MD – Second-Year Resident
MADISON PROGRAM RESIDENTS

Belleville Residents

**Alison Brock, MD (PGY-1)** Originally from Beloit, WI, Ali earned her bachelor’s degree in Music Performance from Goucher College in Baltimore. She then returned to the Midwest to serve as an AmeriCorps VISTA member with the Chicago Public Schools Homeless Education Program. Working with a team of volunteers, she helped to create and implement Chicago HOPES, an after-school tutoring program serving public school students living in homeless shelters. During this time she also volunteered with The Night Ministry, a mobile health unit that visited underserved neighborhoods in Chicago. Ultimately, Ali decided to pursue her interests in education and community advocacy through a career in medicine. After returning to Goucher to complete a post-baccalaureate premedical program, Ali attended medical school at Brown University where she focused her attention on issues of prisoner health and medical-legal partnership, a model of care that places lawyers in primary care settings to address unmet legal needs adversely affecting patient health. Ali is a member of the National Health Service Corps and has strong interests in behavioral health, hospice and palliative care, and rural medicine. In her spare time, she enjoys listening to archived recordings of A Prairie Home Companion, exploring Madison’s dog parks, swimming, and spending time with her family in southern Wisconsin.

**Joshua Schulist, MD (PGY-1)** grew up in the rural town of Custer, Wisconsin. He completed a Bachelor of Science degree in Biology from UW – Stevens Point, and then completed his medical degree at the University of Wisconsin School of Medicine and Public Health. He is drawn to Family Medicine for its scope of practice and continuity of care, and he hopes to return to a rural community to practice after residency training. During medical school he was a participant in the Wisconsin Academy for Rural Medicine (WARM) program, which provides students with a longitudinal rural curriculum at sites throughout the state. In addition to clinical work, as a WARM student Josh had the opportunity to work on a project with community partners and local physicians in Marshfield, WI, to identify local prescription drug-related problems and effective ways to address them. While in medical school, Josh also served as a student delegate to both the Wisconsin Medical Society and the AMA Medical Student Section. He was also a member of the Family Medicine Interest Group. In his off hours Josh is most often found outdoors, hiking, camping, and grilling out. He also enjoys photography, astronomy, and watching scary movies.

**Christa Pittner-Smith, MD (PGY-2)** hails from Sheboygan, WI. She earned her bachelor’s degree in Biochemistry from UW-Madison, and went on to complete her medical degree at the University of Wisconsin School of Medicine and Public Health. She is drawn to family medicine for its continuity of care, and she completed a Family Medicine Externship at the Aurora Clinic in Plymouth, WI, where she was able to observe the Patient-Centered Medical Home model of healthcare. She is also attracted to Family Medicine for its emphasis on the health of communities. In her role as Student Director for the Wisconsin Academy of Family Practice, she was inspired by family physicians who were making changes not only at a patient level in their individual clinics, but who were also working towards community changes at a state and national level. As a medical student, she volunteered and served as the Referrals Coordinator for the student-run MEDiC clinics, which provide healthcare to underserved populations in Madison. She also gave presentations on health and anatomy to elementary and middle school students through the organization Doctors Ought to Care. Outside of medicine, Christa enjoys spending time outside with family and friends. She also enjoys distance running, biking, swimming, playing the piano, and reading.
Aistis Tumas, MD (PGY-2) grew up in rural communities in Idaho, Wyoming, Colorado, and Wisconsin, where he witnessed early on the pivotal role a committed family physician can play in medically underserved areas. After completing his B.A. in Chemistry from Carleton College, he worked as an Environmental Educator in Southeast Michigan for two years before entering medical school at the University of Wisconsin School of Medicine and Public Health. He naturally gravitated towards Family Medicine as the best fit for his diverse interests in obstetrics, hospital medicine, end-of-life care, wilderness medicine, and care for the underserved. During medical school, he served as the Community Coordinator for Doctors Ought to Care, a group that promotes health and wellness to K-12 students through presentations by medical students. He also spent five weeks in southern India volunteering in a clinic for HIV positive patients. When not in the hospital or clinic, Aistis enjoys photography, writing, and spending time outdoors, whether training for a Nordic ski race, rock climbing, playing ultimate Frisbee, or going on a long bike ride with friends. He has also completed three wilderness medicine races and served as a student leader for UW’s Wilderness Medicine elective course.

Lisa Go, MD (PGY-3) hails from West Virginia, where she earned her undergraduate and medical degrees at West Virginia University. Lisa’s uncle received an early thyroid cancer diagnosis, which reinforced for Lisa that she wanted to practice in a specialty where the connection with patients can help prevent illness all together, or at least reduce the impact through early treatment. Lisa already has a deep understanding of the therapeutic relationship: that the best medicine is provided not just through high-tech diagnostic testing, but through listening to each person and individualizing their care based on that knowledge. Through WVU’s Family Medicine Interest Group, Lisa volunteered and served as a team leader for MUSHROOM (Multidisciplinary Unsheltered Homeless Relief Outreach of Morgantown). This program provides the homeless with food, water, clothing and basic medical intervention. As a third year student, she was nominated for the John Traubert Award, which recognizes a student’s compassion, caring, empathy, and enthusiasm for family medicine.

Matthew Swedlund, MD (PGY-3) grew up in a small farming town in Wisconsin and completed both his undergraduate and medical degrees at UW-Madison. Although he initially wanted to pursue computer science or engineering, Matt fell in love with biological sciences and ultimately was accepted into the Medical Scholars program at the UW. While in medical school, he has found a number of ways to combine his love of medicine with computers. He was the webmaster for the Medical Student Association and Doctors Ought to Care, and he worked on the initial development of the Healthy Classrooms website and continued to help with website maintenance until starting residency. Matt is an Eagle Scout and continues to volunteer as a committee member for the Boy Scout Council in Madison, focusing on the accreditation requirements and staff training for the aquatics programs at the Council’s three camps. Matt enjoys many outdoor activities, including sailing, windsurfing, kayaking, canoeing, camping, hiking and gardening. Matt joins the Madison program with his wife, Liz Fleming.

Northeast Residents

Rachel Lee, MD (PGY-1) A Michigan native, Rachel completed her undergraduate degree in Biology from the University of Michigan–Ann Arbor before attending medical school at Wayne State University School of Medicine. Rachel was drawn to Family Medicine for its emphasis on community health and the healing relationship between doctor and patient. The breadth of Family Medicine is also conducive to her diverse interests, which include women’s health, palliative care, and wilderness medicine. As a medical student, Rachel organized a women’s procedures night and an educational lecture on contraception in her role as coordinator for the Medical Students for Choice group. She was also a regular volunteer at the
Wayne State Student-Run Free Clinic and at Cass Clinic, a free clinic for the homeless and uninsured living in Detroit’s Cass Corridor. Rachel also completed a summer-long externship at the Henry Ford Health System Emergency Department, where she researched emergency physician bias towards patients who frequently present to the emergency department. When she has free time, Rachel’s hobbies include motorcycling, time-speed-distance rallying, and baking.

Julia Lubsen, MD (PGY-1) Originally from Virginia, Julia earned her bachelor’s degree in Neurobiology from Harvard University and her medical degree from Yale University. Julia brings to Family Medicine a passion for serving all members of the community, including the uninsured. During medical school, she was an active volunteer at the student-run HAVEN Free Clinic, and after her third year she accepted a one-year fellowship to serve as co-director of the clinic. Over the course of the year, the clinic provided more than 800 visits to uninsured patients in a predominantly Latino community in New Haven. Julia also has strong interests in disease prevention, nutrition, and primary care delivery. As a research fellow with the Fair Haven Community Health Center, she studied the relationship between family functioning and diabetes risk and the effects of family functioning on participation in an intensive lifestyle intervention. She also served as Co-Leader for Yale’s Family Medicine Interest Group, and has taught fellow students in both the first-year Histology Lab and The Healer’s Art course. Her other interests include meditation, integrative medicine, and rural medicine. In her free time she enjoys rowing, running, yoga, hiking, cross-country skiing, knitting, vegetarian cooking, and playing the piano.

Julia McMillen, MD (PGY-1) grew up in Memphis, TN, and earned undergraduate degrees in Biology and Women's and Gender Studies at Washington University in St. Louis. She then returned to Memphis to pursue her medical degree at the University of Tennessee Health Science Center College of Medicine. She knew upon entering medical school that she wanted to be involved primarily in the care of women and children, since the health of this most basic family unit mostly determines the health of a community as a whole. Given her love of women’s health, labor and delivery, and family planning, she initially decided to select Ob/Gyn as her specialty, and completed her intern year at the University of Illinois residency program in Chicago. She missed caring for children and families in a primary care environment, however, and ultimately decided to change courses and pursue Family Medicine. During the transition between specialties, Julia worked full-time as a resident clinician at Medicos para la Familia, a full-spectrum bilingual family medicine clinic that provides care for an urban underserved population in Memphis. In her off hours, Julia enjoys volleyball, camping, hiking, gardening, yoga, racquetball, potlucks with friends, and walks with her hound.

Anna Veach, DO (PGY-1) After completing her B.A. in Women’s Studies at the University of California in Santa Cruz, Anna worked as a Medical Assistant for the Coastal Health Alliance, a group of clinics that serves patients in rural communities in northern California. With this initial experience under her belt, she then went on to complete her medical degree at Touro University College of Osteopathic Medicine. She brings to family medicine a passion for teaching and Osteopathic Manipulative Medicine. As an OMM Pre-Doctoral Teaching Fellow, Anna taught first and second-year students in lecture and lab settings, while also seeing patients in the OMM clinic. She also engaged her teaching skills in her role as Co-Coordinator of the campus OMM Clinic, where she participated in extra teaching sessions for first and second-year students to increase their palpation skills. Anna plans to incorporate OMM into her future practice and has pursued additional training in Cranial Osteopathic Manipulation and the use of biodynamics in the Osteopathic treatment process. In addition to OMM, Anna’s medical interests include women’s health, OB and integrative medicine. In her free time, Anna enjoys road and mountain biking, traveling, camping, sailing, backpacking, gardening, hiking, skiing, and snowboarding.
Patrick Huffer, MD (PGY-2) After earning a B.A. in Biology from Williams College, Patrick spent a year in Madison working for the Pathology Department at the University of Wisconsin Hospital and Clinics. He returned to the east coast for medical school at the University of Vermont College of Medicine, but now finds himself back in Madison for residency. Patrick has a strong interest in international health and has made several trips to Ecuador and Guatemala over the past six years. Before starting medical school, he participated in a medical brigade to Ecuador as a translator, and also spent a month in rural Guatemala as a part of a stove-building project. Then, as a medical student, he was able to return to both countries to help provide primary and preventive care to underserved communities. Patrick has always been drawn to Family Medicine for its opportunities to practice rural and international medicine, as well as for its focus on treating the whole person, from birth to death. As a medical student, he helped expose others to the specialty as the student leader for UVM’s Family Medicine Interest Group. In his off hours, Patrick is likely to be found outdoors, playing soccer, backpacking, canoeing, skiing, or bicycling. He also enjoys cooking, reading, drawing, and playing guitar.

John McKenna, MD (PGY-2) grew up in the northern Wisconsin town of Antigo. Before entering the world of medicine, he spent six years with the U.S. Navy, including four years as a Nuclear Electricians Mate on a naval nuclear submarine. After his term of service, he moved to Madison to pursue his bachelor’s degree in biology and then his medical degree from the University of Wisconsin School of Medicine and Public Health. John has a strong interest in population health, and during medical school he completed a one-year research fellowship in applied epidemiology with the Center for Disease Control and Prevention. As a research fellow in the influenza division, he performed epidemiologic analyses on a case series from the 2009 influenza pandemic and also assisted with several epidemic outbreaks, including a mumps outbreak in Guam and an influenza outbreak in North Carolina. During this fellowship year, he witnessed first-hand how research and public policy can have a tangible impact on people’s lives. He hopes to bring this population health perspective into his future clinical practice to improve the care of his patients and the health of his community. In his free time, John enjoys spending time with his wife Kelly and son Miles. He is also an avid gardener and loves growing his own food.

Sagar Shah, MD (PGY-2) Sagar’s diverse and global interests are apparent in his bachelor’s degrees in Middle Eastern & Southeast Asian History and World Religion. As an undergraduate at Northwestern University, his passion for human rights led him to volunteer with the International Rescue Committee, teaching ESL and job-training skills to Colombian, Russian, Afghani, and Somali-Kenyan refugees. During the summer before his senior year, he also traveled to India as a research fellow to study the initial response of NGOs to the tsunami disaster. Sagar then continued his work with refugee populations as a medical student at Jefferson Medical College of Thomas Jefferson University. Most notably, he assisted with the formation of a new student-run Refugee Health Clinic in Philadelphia. As Guest Director for the clinic and Chair of the Cultural Competency Committee, he helped manage daily operations and educated medical professionals regarding cultural competency and psychological stressors in refugee health care. As a medical student, he also received an International Foerderer Grant to document the experiences of victims of torture among refugees and internally displaced persons in Mae Sot, Thailand. In his free time, Sagar’s hobbies include photography, billiards, intramural sports, hiking, cooking, creative writing, and movies.

Zachary Thurman, MD (PGY-2) earned his B.A. in Zoology from Miami University in Ohio and completed his medical degree at the University of Cincinnati College of Medicine. He brings to family medicine a defining commitment to caring for the underserved. During college, he spent eight weeks in Belize as a pre-medical volunteer, where his eyes were opened to global disparities in health. Then, after graduation, he volunteered as a summer intern in inner-city Detroit, working as lead instructor at a kids day camp and living in the
impoverted “Third Street” neighborhood. Zack carried these formative experiences with him into medical school, where he has been an active volunteer at community health fairs, free clinics, and local initiatives to combat poverty and health inequality. His most sustained advocacy work has been with the Walnut Hills Fellowship, a Christian neighborhood ministry focused on community support, family advocacy, and affordable housing. In addition, he completed an eight-week internship at a Federally Qualified Health Center in Cincinnati, and he participated in a week-long project focused on serving rural homeless populations in and around Athens, OH. When taking a break from his work on the front lines, Zack enjoys running, bicycle commuting, reading, letter writing, and going on adventures with friends.

Ann Braus, MD (PGY-3) returns to Madison after earning her B.A. in Biology from Carleton College in Northfield, Minnesota, and her medical degree from the University of Rochester School of Medicine and Dentistry. Ann has a passion for working with a diverse range of people. She has served as a volunteer lab assistant in Tanzania, an English Language teaching assistant in France, and a resource educator at the OHSU Salvation Army in Portland, OR. Once Ann entered medical school, she discovered that she enjoys working with patients of all ages, especially the elderly. This interest led her to become a leader in Rochester’s Medical Student Aging Interest Group, where she coordinated networking events for students and planned bi-monthly lunchtime lectures with local geriatricians. Ann enjoys international travel, ultimate Frisbee, and just about any activity that will keep her busy outdoors, including hiking, backpacking, rock climbing, cycling, snowshoeing and skiing.

James Conniff, MD (PGY-3) grew up in Connecticut and earned his B.A. in History from Yale University. After spending a year doing research at University of Washington and the Children’s Hospital in Seattle, he traveled back east to attend medical school at Columbia University. Once there, James joined a student advocacy group that provides free and confidential HIV test counseling to anyone affiliated with Columbia University. The unique approach of preventing infection by establishing meaningful, two-way relationships with clients shaped James’ approach to patient care and prevention. In addition to his fine academic and service accomplishments, James is an accomplished vocalist. At Columbia, he was a member of the Ultrasounds, a medical student a cappella group, and in college he was the first tenor and a manager for the world tour of the Whiffenpoofs of Yale, the nation’s oldest collegiate a cappella group.

Taryn Lawler, DO (PGY-3) earned her undergraduate degree at the University of North Dakota before heading to California to complete her medical degree at Touro University College of Osteopathic Medicine. Taryn was drawn to medicine while learning how to overcome language and cultural barriers as a Peace Corps volunteer in Honduras. She realized that her experiences could help her empower members of underserved communities to take charge of their health. During medical school, Taryn put her osteopathic manipulation therapy skills to use volunteering at the Suitcase Clinic, a free clinic serving Berkeley’s homeless population. She also volunteered with Rock Med, a division of the Haight-Ashbury Free Clinic, providing free medical care to concert and festival audiences and participants. In her free time, Taryn enjoys hiking, camping and generally being outdoors. She also loves running, dancing, reading, baking, crafts, farmers markets, watching movies and spending time with friends and family.

Kevin Thao, MD (PGY-3) Originally from Ban Vinai, Thailand, Kevin earned his undergraduate, medical and M.P.H degrees at UW-Madison. After coming to the United States as a young child, Kevin was one of the first in his family to experience education and he immersed himself in the sciences. In medical school, Kevin decided that he could make his greatest contribution to medicine by giving back to the Hmong community. Kevin’s work to date includes editing and translating health illustrations for the Hmong Health Education Network’s website, presenting general health information workshops to a local
group of Hmong elders, and presenting anatomy and disease correlation seminars to the Bayview Hmong community in Madison. Through these projects, Kevin has assessed the overall health status of the Hmong population and determined healthcare disparities and needs. He has shared this information with his colleagues at UW to help others become informed healthcare providers for the Hmong community. In recognition of his work, Kevin was awarded the McGovern-Tracy Scholarship for community service in 2008.

**Verona Residents**

*Christopher Danford, MD (PGY-1)* hails from Greensboro, North Carolina. After earning a bachelor’s degree in Physics from Dartmouth University, he worked for four years as a research engineer for Mediwave Star Technology, a small biomedical startup company in Greensboro. He had always harbored an interest in medicine, however, and he went on to complete his medical degree at Duke University. Chris brings to Family Medicine a strong interest in health policy, health systems, and advocacy. As a medical student, he participated in Duke’s new Primary Care Leadership Track, and he served as a Board of Trustees member for the North Carolina Academy of Family Physicians Foundation. He was also the founder and president of a Duke chapter of Primary Care Progress, a national organization that supports students interested in primary care through programs, leadership development, and networking opportunities. Chris also has a special interest in health information technology and its role in quality improvement, and his third-year research project focused on using EMR data to predict adherence to lipid management performance measures. Outside of medicine, he enjoys spending time with his family and playing soccer. He is also a fan of zoos, animals, and the detective fiction of Rex Stout.

*Maria Din, DO (PGY-1)* A Wisconsin native, Maria completed her undergraduate degree from UW-Madison before attending medical school at the Chicago College of Osteopathic Medicine of Midwestern University. She worked in several research capacities both during and after college, but her interest in a career in clinical medicine was confirmed by a summer internship at Doctor’s Hospital in Lahore Pakistan. Working alongside a team of physicians, she had her first exposure to both medical morning rounds and the vast inequalities in the healthcare system experienced by people living in under-resourced areas. In medical school, Maria was drawn to Family Medicine for its focus on preventive medicine, the patient-physician relationship, and providing care to underserved populations. As a student, she volunteered at a local non-profit medical clinic and helped pilot a volunteer research project investigating medication non-compliance among individuals living with HIV/AIDS. Maria also organized outreach events for children and adolescents in her role as vice president of the Chicago College of Osteopathic Medicine Pediatric Club. In her free time, Maria enjoys reading biographies and memoirs, pilates, tennis, traveling, hiking, music, and fashion.

*Jasmine Hudnall, DO (PGY-1)* grew up in rural Massachusetts, where she was fortunate to have an early role model in her father, a primary care physician with an integrative medical practice. After earning her a bachelor’s degree in Biology from Reed College in Oregon, she worked as a medical assistant for several years before pursuing a medical degree from Touro University College of Osteopathic Medicine. True to her roots, Jasmine has a strong passion for integrative medicine. She was the president of the Touro University Integrative Medicine Club, and she pursued advanced training in osteopathic techniques through the Osteopathic Cranial Academy. Jasmine took on leadership roles in the Sonoma County Medical Association and her local student chapter of the American Association of Osteopathy. She was also a regular volunteer at the Touro University Student Clinic and at a free clinic established at the local Jewish Community Center. Jasmine brings with her to Madison a passion to create positive change in the health of her community.
Outside of medicine, Jasmine loves spending time with her family, writing and recording music, growing food, baking, and playing outside.

**Vincent Minichiello, MD (PGY-1)** grew up in Peabody, Massachusetts, and completed undergraduate degrees in Biology and East Asian Studies from Boston University. After college, he studied Traditional Chinese Medicine at the New England School of Acupuncture before beginning medical school at the University of Massachusetts. Vinny is passionate about integrative medicine. As a medical student he participated in an exchange program with three hospitals in China, where he spent time with physicians who were integrating Western medicine and traditional Eastern medicine in the hospital setting. He then brought this knowledge back to the UMass Cancer Center where he co-founded the Integrative Oncology Initiative, a student-run mind-body medicine group that meets weekly to teach deep breathing exercises, tai chi, restorative yoga, and guided imagery to cancer patients, family members, interested cancer center staff, and medical students. In addition, he completed the University of Arizona Integrative Medicine Elective Rotation and studied Osteopathic Manipulation Therapy in Augusta, ME. He is also fluent in Mandarin Chinese and served during college and medical school as a volunteer and free-lance interpreter. In his free time, Vinny’s hobbies include piano, Tae Kwon Do, Kung Fu, and Tai Chi.

**Laura Flanagan, MD (PGY-2)** grew up in Wisconsin and, after eight years away, is now returning home to begin her residency. She earned her B.A. in Biology from Southern Adventist University in Tennessee, and she completed her medical degree at Loma Linda University School of Medicine in California. Laura has always been drawn to family medicine for its emphasis on preventive care and patient relationships, and she helped share this interest with her fellow medical students as vice president for the Family Medicine Interest Group. She also worked as a student researcher through the Department of Family Medicine on a study that used the electronic medical record to review quality control cornerstones for Diabetes Mellitus patients. Laura's interest in Family Medicine also stems from her commitment to the underserved. She volunteered at Project Hope in San Bernardino, where she built supportive relationships with expectant teen parents at a local high school through activities, one-on-one mentoring, and parent education. She also traveled to Belize with fellow students and faculty from Loma Linda to assist with the construction of an ER addition to a local hospital and to help set up ambulatory clinics in remote villages. Some of Laura’s hobbies outside of medicine include running, singing, playing the piano, baking, and spending time with family and friends.

**Erin Hammer, MD (PGY-2)** A Wyoming native, Erin began her academic career with a degree in Photojournalism from the University of Wyoming in Laramie. She ultimately chose to become a physician, however, and earned her medical degree from the University of Washington School of Medicine. As a medical student, several formative experiences led her to select Family Medicine as her specialty, including a 4-week immersion experience in community medicine through the UW Rural/Underserved Opportunities Program. Under the supervision of a primary care physician, she worked in the rural community of Lander, WY, and developed a community-focused research project based on the needs of the patients in the area. In addition to general primary care, Erin has an interest in sports medicine and has served as a member of the medical team for local hockey and Nordic ski teams. Erin herself is also an accomplished Nordic skier. She was president of the University of Wyoming Nordic Ski Club, and she placed 2nd overall in Nordic skiing at the 2007 U.S. Ski and Snowboard Association National Competition. When not working or skiing, Erin enjoys road biking, knitting, traveling, and following the Denver Broncos.
Stephen Humpal, DO (PGY-2) After earning his B.S. in Environmental Science from the University of Wisconsin–Green Bay, Steve spent five years working for Jacobs Engineering in Anchorage, Alaska. Jacobs Engineering is the primary contractor for the Army Corps of Engineers cleanup effort of Formerly Used Defense Sites in Alaska, and Steve’s work included authoring work plans and reports of environmental cleanup work throughout the state. Ultimately, however, he decided to switch gears and pursue a career in medicine. After completing additional coursework in molecular biology, he relocated to Yakima, Washington, where he completed his medical degree from Pacific Northwest University of Health Sciences College of Osteopathic Medicine. As a medical student, he volunteered at the Union Gospel Mission free health clinic, where he completed histories and physical exams and helped formulate treatment plans. He has also volunteered as an EMT for various wilderness events and trainings. In his free time, Steve enjoys trail running, biking, kayaking, hiking, and virtually any other activity that allows him to be outdoors. He also completed four years of Division I swimming while at the University of Wisconsin–Green Bay.

Eugene Lee, MD (PGY-2) earned his B.A. in Biochemistry and Molecular Biology and his medical degree from Boston University. He has a strong interest in complementary and alternative medicine, as evidenced by his leadership role during medical school in the Preventive and Integrative Medicine Student Group and travel to China to study Traditional Chinese Medicine. He is also drawn to the intersection of medicine and the humanities. He pursued an optional medical anthropology course during his first year to learn more about how health and healing are viewed in various world cultures and religions. He also participated in a Literature in Medicine seminar and a Narrative Medicine discussion group, where participants discussed literary works about medicine and explored the impact of medicine in their own lives through the art of narrative. An additional area of interest for Eugene is mentoring and teaching. He has tutored in many contexts and served as a student leader and instructor for the first-year Introduction to Clinical Medicine class. In his free time, Eugene loves traveling and his adventures have ranged from road trips to the Badlands in South Dakota to explorations of the Australian Outback. He is also passionate about cooking and baking.

Elizabeth Fleming, MD (PGY-3) was born in North Carolina, but grew up in Wisconsin and chose to stay here for her undergraduate and medical school studies. She earned her B.S. in Biology and Integrated Liberal Studies from UW-Madison and her medical degree from the Medical College of Wisconsin. Even though both her parents are family doctors, it was hearing the story of a breast cancer survivor in college that moved her toward a career in medicine. Family Medicine spoke to her because it affords the opportunity to bear witness to patient stories over time. Liz excelled in the Medical Humanities Track at the Medical College of Wisconsin, and her description of working with her mentor earned her publication in the academic journal Family Medicine. Liz also sang with a medical student a cappella group, Chordae Hormonae, and served as a reviewer for the Student British Medical Journal. Along with singing, reading and writing, Liz also enjoys being outdoors and exploring other cultures. She joins the Madison program with her husband, Matt Swedlund.

Thomas Hahn, MD (PGY-3) While growing up in small-town Wisconsin, Tom’s parents, both teachers, instilled in him the importance of helping others, serving his community, and, most importantly, the value of education. Tom earned a B.S. in Psychology from the University of Wisconsin – Eau Claire and his medical degree at the UW-Madison School of Medicine and Public Health. As a medical student, Tom volunteered at the Southside MEDiC clinic in Madison, and served on the executive planning committee for the annual Medical Students for Minority Concerns’ health fair to promote wellness and provide free health care screenings. He also found ways to incorporate teaching into his medical school career, giving talks to children in local schools about pertinent health topics through the Doctors Ought to Care (DOC) program,
and working as a tutor for first and second year medical students. Tom enjoys running, music, photography, and has a special gift for sculpting balloon animals.

**Andrew Schmitt, MD (PGY-3)** comes to Madison by way of New York, having earned his bachelor’s degree in Electrical Engineering at Rensselaer Polytechnic Institute before heading to State University of New York Upstate Medical University for medical school. Although he did not enter medical school, or even his clinical rotations, with a sense of which specialty he would ultimately practice, Andrew’s desire to treat each patient as a whole person drew him to family medicine. He connected with the community through medicine and science, whether working at the medical student free clinic or as a science fair mentor to local 5th grade students. During his time in medical school, Andrew also became interested in the link between healthy nutritional choices and the nation’s food culture, farming practices and knowledge of one’s food sources. Outside of medicine, Andrew finds time to make his own beer and wine. He also enjoys restoring and repairing cars, along with racing in autocross competitions.

**Joseph Wolfe, MD (PGY-3)** grew up in Waukesha, Wisconsin and came to Madison to earn his undergraduate degree in Pharmacology/Toxicology and complete his medical education at the UW School of Medicine and Public Health. Like many students, Joe began medical school without a clear idea of his specialty choice. During his third year primary care rotation, one of the doctors described a family physician as a doctor who can help people anywhere in the world. Having witnessed the conditions in rural Dominican Republic where his brother is a missionary, Joe realized that family medicine complemented his desire to serve those whose healthcare needs are often neglected, both in the United States and abroad. While in medical school, he participated in a research project with the UW Department of Family Medicine that included an investigation of food availability and barriers to healthy eating for the Menominee Indian Reservation in northern Wisconsin. He also organized and facilitated educational visits to local elementary schools through Doctors Ought to Care.

**Wingra Residents**

**Sean Duffy, MD (PGY-1)** Originally from Milwaukee, Sean earned his B.A. in Anthropology from the University of Notre Dame and his medical degree from The University of Wisconsin School of Medicine and Public Health. He comes to Family Medicine with a longstanding commitment to underserved medicine and global health. As an undergraduate, he shadowed doctors and medical students as part of an internship program in Puebla, Mexico, and he traveled to Guatemala to volunteer with Common Hope, a non-profit organization that partners with impoverished families to ensure that children receive the services and support necessary to succeed in school. Then, as a medical student, Sean made three more trips to Guatemala, including a year-long leave of absence to work with Common Hope as a medical volunteer. Sean is equally passionate about underserved medicine here at home. As an undergraduate he was co-president of the Community Alliance Serving Hispanics, and he organized a spring break trip to the Arizona border to work with migrants crossing the Arizona desert. As a medical student, Sean was an active volunteer for the student-run MEDiC clinics and he was co-coordinator for the Global Health Interest Group. In his spare time, Sean enjoys spending time with family, traveling, reading about archaeology, and tinkering with computers.
Lisa Netkowicz, MD (PGY-1) After earning her B.A. in Psychology from Penn State University, Lisa spent two years working full-time as a case manager for the elderly. It was in this role that she was first inspired to study medicine, both for her interest in geriatric health as well as the enjoyment and satisfaction she gained from the relationships she formed with the people she served. She attended medical school at Tufts University in Boston and was drawn to Family Medicine for its focus on holistic care. As a student she participated in a Family Medicine Externship, where she was able to shadow a family physician at Greater Lawrence Community Health Center during integrative medicine practice. She helped facilitate group visits with at-risk youth and developmentally disabled adults, and also maintained a community garden. Lisa also enjoys teaching and mentoring. She served as a preceptor for the first-year interviewing course at Tufts and mentored a ten-year-old boy with spinal bifida through Children’s Hospital of Boston. Lisa’s hobbies include yoga, sailing, running, biking, swimming, hiking, live music, and cooking. She also loves hoop dance, a form of art and exercise using a hula hoop, and has become an accomplished hoop dance performer and teacher.

Jessica O’Brien, MD (PGY-1) Originally from Michigan, Jessie earned a B.A. in Biology from Williams College in Massachusetts before heading west to work in a neuroscience laboratory at UCSF. While working as a researcher, she also sought out opportunities to be involved in her community. She taught interactive science lessons to English Language Learners in San Francisco public schools, and she counseled patients about HIV transmission in a free healthcare clinic. These outreach experiences ultimately inspired her to return to the East Coast to pursue a dual degree in medicine and education from Harvard University. Jessie’s commitment to education and public service continued during medical school, where she was the student director and education director of the Crimson Care Collaborative, Harvard’s student-faculty clinic that provides care to underserved patients. In this role she designed curricula for volunteers, including an elective course called Social Justice Through Primary Care, and led continuous quality improvement cycles. She also continued her outreach to schools by assisting a family physician with the implementation and evaluation of a health literacy program at Somerville Public High School. In her free time, Jessie enjoys city biking, fitness challenges, cooking seasonal produce, live music, public radio, and reading novels.

Walker Shapiro, MD (PGY-1) grew up Albany, California, and earned his bachelor’s degree in Spanish Literature from Reed College in Oregon. He then moved to the Midwest to pursue his medical degree at the University of Wisconsin School of Medicine and Public Health. He is drawn Family Medicine as the specialty that best engages his core values of compassion, care for the underserved, and attention to environmental and social factors that influence health. Before medical school he traveled to Nicaragua to provide Spanish-English interpretation for a medical mission trip, and he has been an active volunteer for the student-run MEDiC clinics that provide care for the underserved in Dane county. He also has a strong interest in education and has volunteered with school children in California and Madison, providing academic support for Spanish speaking students and presenting health-related workshops. During medical school, he served as Finance Committee Secretary for the Healthy Classrooms Foundation, an organization that provides grants for innovative projects in schools. He also co-founded the Jewish Association of Medical Professionals to help facilitate discussions for fellow students about religion and medical ethics. Outside of medicine, Walker enjoys music (guitar, mandolin, singing, songwriting), reading, backpacking, cycling, and traveling. Most of all, he enjoys spending time with his wife and two daughters.

Melissa Mashni, MD (PGY-2) A Michigan native, Melissa completed her undergraduate degree in Biology from the University of Michigan–Ann Arbor before attending medical school at Wayne State University School of Medicine. Throughout her life, Melissa has spent much of her time in service to others, both locally and globally. As an undergraduate, she traveled to Mexico and the Dominican Republic to assist with clinical work and promote
health awareness in impoverished neighborhoods. Then, as a medical student, she volunteered in Costa Rica and southern India to help deliver health care to indigent populations in rural and urban communities. In addition to her international work, Melissa has also been an advocate for the underserved in Detroit. As part of Wayne State’s Fabric of Society program, she volunteered more than 150 hours during her first two years of medical school, and as co-leader for her local chapter of the Christian Medical Association she helped coordinate regular homeless outreaches. She also founded RunDetroit, an after-school running and mentoring program at a Detroit elementary school that is now in its third year of operation. Melissa’s other professional interests include integrative medicine and women’s health, and in her spare time she enjoys running, biking, yoga, and generally anything outdoors during the summer.

Trisha Schimek, MD, MSPH (PGY-2) Originally from Rochester, Minnesota, Trisha completed her B.A. in Neuroscience and Spanish and her M.S.P.H. in Tropical Medicine from Tulane University in New Orleans. She then headed east to Philadelphia where she earned her medical degree from Jefferson Medical College. Trisha brings to Family Medicine a strong commitment to the underserved and a deep love of Latin American culture. Before entering medical school, she spent 6 months as a volunteer with Doctors for Global Health in Chiapas, Mexico. Alongside a supervising physician, she trained Health Promoters in remote communities to perform basic first aid and manage common patient complaints. Then, as a medical student, she volunteered in Guatemala to provide health education classes in Spanish to elementary children, and then later organized a trip back to the country with seven of her fellow students to build stoves and provide medical care to a small rural village. In addition to her global health work, Trisha was a strong advocate for the underserved in Philadelphia. Among other activities, she was a regular volunteer at the student-run free clinic, and she created a weekly health and fitness program for women at an addiction recovery home. When Trisha finds herself with some free time, she loves traveling, volleyball, Latin Dancing, spinning, running, and yoga.

Jonathan Takahashi, MD, MPH (PGY-2) After completing a bachelor’s degree in Chemistry from Carleton College in Minnesota, Jonathan initially set his career sights on education. He spent a year on the island of Kaben in the Marshall Islands, teaching ESL, reading, science, math, and physical education to children in grades 3-8 in a bilingual environment. In addition to the challenges of under-resourced education, he was able to see first-hand the consequences of severely limited health care. This experience ultimately inspired him become a doctor in order to work with underserved communities to improve health and prevent disease. He returned to the states and earned both his medical degree and Masters in Public Health from Harvard. In addition to his interest in public health, Jonathan has a strong interest in Integrative Medicine. His own practice of yoga and meditation over the past ten years has motivated him to explore how to integrate techniques from contemplative traditions into western medicine. As part of his MPH, he conducted a systematic evaluation of the Mind-Body Program for Successful Aging, a group health promotion program for seniors in the Boston area. He also co-led his medical school’s interest groups in Holistic Medicine and Primary Care. Jonathan’s hobbies and interests outside of medicine include piano, singing, cooking, hiking, and reading.

Karina Atwell, MD (PGY-3) A Madison native, Karina earned her degree in Kinesiology-Exercise Science at UW-Madison before heading to Milwaukee to complete her medical degree at the Medical College of Wisconsin. Karina’s desire to provide community support for patients led her to develop the Community Partnerships for Health outreach program where medical students provide health-related educational presentations to different communities. She also completed a summer internship at Walker’s Point Community Clinic where she helped to implement a new depression screening tool, and spent a month providing care to low-income and rural communities in Guatemala. Karina is eager to learn how to provide excellent care for individual patients during her residency training, but is also interested in pursuing public health training where she can impact health disparities on a broader scale. In her spare time, Karina enjoys running, kayaking, hiking, cooking, photography, movies and travel.
Jennifer Mastrocola, MD (PGY-3) comes to Wisconsin from Connecticut, where she completed both her undergraduate and her medical degree at the University of Connecticut. After earning her B.S. in molecular and cellular biology, she spent two years working as an EMT. It was during this time that she decided to become a family physician in order to help patients in all times of need. During medical school, her experiences volunteering at Migrant Farm Worker and homeless shelter clinics shaped Jenn’s commitment to the underserved. This led her to pursue the Urban Service Track, where she improved her skills in interdisciplinary team care, cultural competency, population health, community resources and quality improvement. She also served her medical school community by acting as a student mentor, leading various service and interest groups, and by participating in professional organizations to promote primary care in Connecticut. Outside of medicine, Jenn enjoys spending time with her husband and family, being outdoors, running, reading, traveling, and experimenting with new flavors and foods in the kitchen.

Mischa Ronick, MD (PGY-3) was born and raised in Colorado and relocated to Portland, Oregon for his undergraduate and medical degrees. Although his major in college was biology, it wasn’t until after graduation working as a volunteer medical assistant with Project Erase, a tattoo-removal program serving former criminals, gang members and others whose appearance limits their ability to reintegrate into society, that he first became captivated with medicine. In medical school, Mischa continued his work with the underserved, volunteering at the Southwest Community Health Center for uninsured patients and the Wallace Medical Concern, which provides health care services to people who face barriers to receiving care due to socioeconomic or other hardships. These experiences were important supplements to his medical education, giving him new perspectives to apply to his coursework. Mischa likes to spend his free time pursuing athletic endeavors such as distance running, bicycling, basketball, golf, soccer, ultimate Frisbee and tennis. He has also found that meditation, along with keeping active, helps him during challenging times.

Sean Trafficante, MD (PGY-3) grew up in the Portland, Oregon area before heading to New Orleans to earn his BA and MD at Tulane University. While in medical school, Sean’s work at the Daughters of Charity Clinic in the Ninth Ward showed him that helping people learn about their bodies and long-term sustainable health practices was the kind of medicine most suited for him. After he graduated medical school in 2010, he postponed residency training to spend a year in Sierra Leone with Doctors for Global Health, providing medical care and developing community-based initiatives for health and human rights. Much of Sean’s work focused on treating women who were victims of sexual and gender-based violence and working to provide both local communities and health workers with methods to combat the cycle of violence. Outside of medicine, Sean enjoys music, recently becoming interested in West-African drumming and music of the African diaspora. He also earned the title of jazz DJ of the year in 2001 by WTUL, the student radio station in New Orleans.