



Department of Family Medicine and Community Health  
School of Medicine and Public Health  
University of Wisconsin-Madison

## **McGovern-Tracy and Student Scholars Awards Event**

May 11, 2016 — 5:30-8:00 PM

Monona Terrace Community and Convention Center  
1 John Nolen Drive, Madison, Wisconsin

# Program of Events

5:30-6:00    **Reception**

6:15            **Dinner Served**

6:15            **Welcome and Opening Remarks**  
Valerie Gilchrist, MD, Professor and Chair

**Master of Ceremonies**

William Schwab, MD, Professor (CHS), Vice Chair for Education

6:30            **Keynote Speaker**  
John Brill, MD

“Observations on Community Service, Leadership & Advocacy”

6:50            **2016 Scholars Award Presentation**  
Introductions by Byron Crouse, MD, Professor (CHS) and Associate Dean,  
School of Medicine and Public Health, and David Deci, MD, Professor (CHS),  
Director, Office of Medical Student Education, School of Medicine and Public  
Health

- Compassion in Action Community Leadership Award
- Compassion in Action International Leadership Awards
- Compassion in Action Tibetan Delek Hospital Award
- Dr. Lester Brillman Scholarships
- Dr. Lester Brillman Leadership and Advocacy Award
- Dr. Lester Brillman Mentorships in Family Medicine
- Founders Award (WAFP)
- David C. Eitrheim, MD Rural Resident Memorial Scholarship (WAFP Foundation)
- Robert and Irma Korbitz Endowed Scholarships
- Vogel Foundation Scholarship

7:25            **Dr. Martin and Charlotte Gallagher Prolotherapy Scholarships**  
Introductions by David Rabago, MD, Associate Professor

7:30            **Jan Ashe Memorial Award for “Excellence in Community Radiography”**  
Introductions by William Schwab, MD, Professor (CHS) and Vice Chair  
for Education

7:35            **McGovern-Tracy Scholars Award Presentation**  
Introductions by Cindy Haq, MD, Professor (CHS), TRIUMPH Program Director

7:55            **Closing Remarks**  
Valerie Gilchrist, MD, Professor and Chair

# 2016 Award Recipients:

**Compassion in Action**  
**Community Health Leadership**  
Sarah Brown

**Compassion in Action**  
**International Health Leadership**  
Gavin Stormont  
Wint Wai

**Compassion in Action**  
**Tibetan Delek Hospital**  
Aref Senno

**Dr. Lester Brillman Scholarships**  
Lauren Bauer  
Ryan Brower  
Jonathan Fricke  
Alexander Milsap  
Christine Ripp

**Dr. Lester Brillman Leadership and  
Advocacy Award**  
Amarildo (Mario) Ademaj

**Dr. Lester Brillman Mentorship in  
Family Medicine**  
Jennifer Edgoose, MD MPH  
Kjersti Knox, MD

**Founders Award (WAFP)**  
Caitlin MacCoun

**David C. Eitrheim, MD Rural Resident  
Memorial Scholarship (WAFP Foundation)**  
Paul Stevens, MD

**Robert and Irma Korbitz Endowed  
Scholarships**  
Vy Dinh  
Andrew Pace  
Kelsey Schmidt

**Vogel Foundation Scholarship**  
Nayeli Spahr

**Dr. Martin and Charlotte Gallagher  
Scholarship for Prolotherapy**  
Jasmine Hudnall, DO  
Taryn Lawler, DO

**Jan Ashe Memorial Award for “Excellence in  
Community Radiography”**  
Ellyn DuBois

**McGovern-Tracy Scholars**  
Evan Cretney  
Rachel Lee, MD  
Emily Olson  
Iris Vuong

# Compassion in Action (CIA) Awards



As a result of a generous gift from Dr. Zorba and Penny Paster on behalf of the Paster Family Foundation the following awards have been established to support “a disadvantaged community or population that suffers, because it lacks sufficient necessities for the health and well-being of its members”:

- The **Compassion in Action Community Health Leadership** awards are presented in recognition of a third or fourth-year medical students who, in the course of their medical school education, developed, implemented or improved health care in a disadvantaged community.
- The **Compassion in Action International Health Leadership** awards are presented in recognition of a third or fourth-year medical students who, in the course of their medical school education, developed, implemented or improved health care in a disadvantaged community.
- The **Compassion in Action Tibetan Delek Hospital** award is presented to a medical student to offset their living expenses as they work to develop and implement a process to improve the care of the disadvantaged community at the Delek Hospital in Dharamsala, India.

## CIA—Community Health Leadership Award



**Sarah Brown**

I have 21 siblings, most of whom are adopted out of foster care. My volunteer experiences from childhood and thereafter cultivated a passion for underserved communities. Despite the financial limitations of poverty, my family prioritized community partnership and the value of service. I learned Spanish through my family’s partnerships in Milwaukee. My passions broadened to include the diminution of health disparities when I developed interests in science and wellness during my undergraduate career. My strong commitment to community wellness and my professional dedication to the reduction of health disparities were the impetus for my pursuit of a career as a family physician. Thus far in my training I have continued to prioritize com-

munity partnerships that helped me to elect dual degree MD-MPH program at UWSMPH. During one such opportunity I partnered with local organizations for shared visions of wellness for Latinos of Dane County. Latinos represent the largest and fastest growing minority group in Dane County. While there are many services offered to underserved communities locally, health disparities persist for Latinos. Over the past few years, I have had the privilege of collaborating with the UW Carbone Cancer Center’s Cancer Health Disparities Initiative (CHDI) and Centro Hispano to develop and implement health promotion programs for Latinos locally. CHDI developed a health education program, Cancer Clear & Simple (CC&S), to address cancer basics, screening and disease prevention. Through a Shapiro Fellowship in Summer 2013, I partnered with CHDI and Centro Hispano to translate and culturally modify the CC&S materials for use in the local Latino community.

This experience greatly impacted my decision to pursue a dual degree MD-MPH, because it elucidated the feasibility of and contentment in merging careers in family medicine and public health. CHDI trained Centro Hispano staff to implement the program, and I oversaw the completion and evaluation of the pilot program through my MPH fieldwork in the Summer and Fall of 2015. Also during my MPH fieldwork, I began adapting the remainder of CHDI's educational materials for use in Spanish-speaking communities. Additionally, I worked with CHDI to develop new partnerships with Hispanic/Latino community-based initiatives locally and in Waukesha, Wisconsin. Amy Williamson was my supervisor at CHDI during my Shapiro Fellowship, and Rick Strickland became sole director of CHDI during my MPH fieldwork. Together with my mentor Elizabeth Neary, these teachers guided me through my community partnerships and graciously write my letters of recommendation for the "Compassion in Action" Community Health Leadership Award.

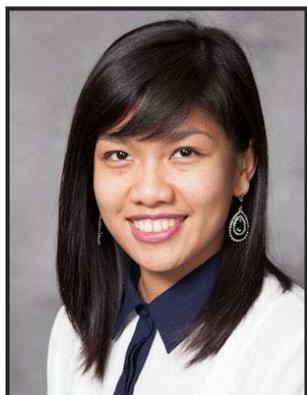
## CIA—International Health Leadership Awards



**Gavin Stormont**

In my second year of medical school, I participated in the Vietnam Health Project (VHP). Because of this student-run organization, I traveled to Vietnam to work at the Hai An Medical Center built and supported by the DOVE fund. I was involved in fundraising, obtaining government approval, coordinating with VHP in Minnesota, arranging travel and accommodations for the clinic volunteers. Our fundraising generated \$3,000, allowing us to provide medical equipment, including a fetal heart monitor. At the clinic, we were able to see over 900 patients. I joined VHP due to my curiosity about Southeast Asia. As an undergraduate, I worked in a research facility in Singapore. While in Singapore, I traveled to adjacent countries, but this involved only tourist destinations. I wanted to experience a rural community un-

touched by tourism, to give me a better understanding of rural health care in Southeast Asia. I am grateful that I was able to return to Asia and experience rural Vietnam. During this trip, I was able to develop my medical skills, use interpreters, obtain histories and physicals, create differential diagnoses, and present to an attending. I saw the incredible imbalance in health care between America and Vietnam. Being a Wisconsin Academy for Rural Medicine (WARM) student, I found it even more noteworthy. Rural communities in both countries have greater difficulties accessing care, but while the United States provides resources to rural communities, Vietnam does not. In my future career as a physician, I plan to find an international community lacking care and work to improve citizen's access. During my training, I spoke to physicians that support international communities. They made a lasting impact in communities by opening clinics and hospitals, raising funds, and traveling to provide care. They have helped many people and I hope to do the same.



**Wint Wai**

There is no other feeling as rewarding as giving back to my hometown community of Yangon, Myanmar. I was excited to organize a four-week community health project in which I gave youth-oriented health hygiene talks in local monasteries and assisted physicians in mobile clinics. The project was funded with Compassion In Action award money that I received as a first year medical student. It taught me the power of training local youth to become community leaders because they are empowered to continue giving these talks today. I plan to return to Myanmar this April to build on this partnership while learning more about its healthcare system and medical training. In the future, I hope to contribute to training medical professionals and community members to ensure sustainable health outreach programs in resource poor settings such as Myanmar. My passion in working with the

underserved comes from my family's struggles as Burmese immigrants. This experience helped me understand not only the challenges that come from being poor and displaced, but also the impact of empowering individuals to overcome these challenges for a better future. Before starting medical school, I became involved with health and educational projects serving such diverse communities as the homeless, refugees, and foster youth. Being a part of their journeys brought such meaning and purpose to my life that I wanted to serve as their advocate. During medical school, I was incredibly fortunate to be a part of the TRIUMPH (Training in Urban Medicine and Public Health) program. By working firsthand in the community, I saw how physicians can be key leaders, integrating public health and prevention with clinical primary care services. Lessons learned through TRIUMPH changed my perspective on barriers in improving health; now when I see barriers, I see opportunities. In addition to my current project of improving family nutrition, I am currently involved in improving refugee health since many families face unique challenges due to lack of resources. I dedicate my time working at refugee clinics, networking with local and state agencies, educating colleagues, and physicians about cultural barriers, and partnering with community health workers to provide health workshops. I love family medicine because it allows me to provide life-long advocacy and continuity of care for anyone regardless of age, gender, or health status while being able to integrate my role as a clinician and a community leader. Most importantly, family medicine will allow me to provide care for the entire family addressing interconnected issues such as parental smoking and childhood asthma. I am drawn to the comprehensive training that family medicine offers and the privilege of seeing a diverse population of patients that will challenge me to grow proficient as a physician. My life experiences, successes, and failures have taught me to be creative, resourceful, and resilient in overcoming barriers in life, both personally and professionally. I, however, was never alone in my journey; I have been surrounded by those who support and empower me every day to get where I am today. I believe that as a society, we are only as strong as the most vulnerable segments of our community. Given the privileged position I have as a future doctor, I am determined to fulfill my social responsibility to reduce health disparities in the communities that I will serve through my lifelong advocacy.

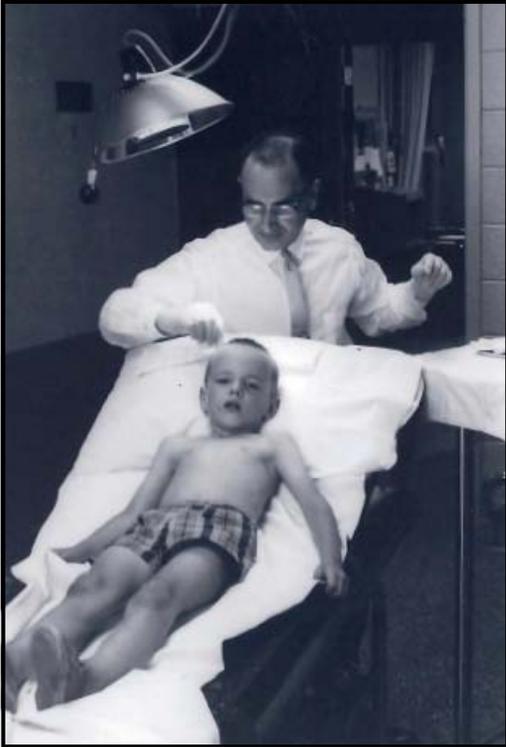
## CIA—Tibetan Delek Hospital Award



### Aref Senno

During the summer of 2016, I will be spending 10 weeks at Delek Hospital in Dharamsala, India. This hospital, located in northern India, primarily serves Tibetan refugees. The purpose of this experience is twofold. First, I will have the opportunity to attend rounds in order to see a variety of conditions not commonly seen in the United States. Second, I will be involved in research/public health projects relating to their Tuberculosis ward. There are three main projects in which I am collaborating on. The first is a research project on the coinfection of Tuberculosis and Hepatitis B. I aim to collect retrospective data on Hepatitis B and Tuberculosis coinfections in order to identify any differences in treatment outcomes as compared to singly infected patients. I am also collaborating on an active case finding project which local staff are using to identify cases within the community. I hope to work with the staff to develop the protocol and analyze the results. The third project I will be involved in is an analysis of tuberculosis in the two years since previous examination. I hope to follow up on previous work to see how the incidence of MDR and XDR TB has changed. This summer experience is critical to my personal development goals as a global health physician. It will first give me an opportunity to work within a low-income, limited-resource setting in order to better understand the difficulties of delivering quality care without many of the benefits we enjoy here in the U.S. Second, I aim to develop, lead, and publish my own research project. It will require a large amount of collaboration to work across language and cultural barriers. However, I believe this will be a valuable learning experience for me in applying many of the skills I have developed in the classroom.

# Dr. Lester Brillman



The **Dr. Lester Brillman Scholarships** recognize graduating fourth year medical students at the University of Wisconsin School of Medicine and Public Health (UW SMPH) who are planning a career in Family Medicine and who demonstrate excitement and involvement in the specialty.

The **Dr. Lester Brillman Leadership and Advocacy Award** recognizes a graduating 4<sup>th</sup> Year medical student at the University of Wisconsin School of Medicine and Public Health (UW SMPH) who is planning a career in Family Medicine and meets the following criteria:

- Demonstrates ongoing and consistent leadership within Family Medicine at the medical school *and* state, regional or national level
- Serves as a role model for peers
- Participates in advocacy efforts that foster Family Medicine locally, nationally or globally
- Exhibits academic and clinical excellence
- Maintains high levels of professional behavior

The **Dr. Lester Brillman Mentorship in Family Medicine Award** recognizes the contributions of faculty and community preceptors who nurture and sustain student interest in Family Medicine through their roles as clinicians, educators and/or researchers.

## Dr. Lester Brillman Scholarships



### Lauren Bauer

I just finished a clinic day in family practice where I felt completely content: I saw a growing, thriving 15 month old, a grandmother working on managing her diabetes, a Spanish-speaking mother trying her best to fight her anxiety, and a hard-working man who is not quite ready to quit smoking. It is a tremendous honor to be a student physician (soon a family physician), and to earn the trust of these patients. I love family medicine because it involves caring for the whole person (and whole family) including all elements that need healing: mind, body, and spirit, from the first moments of life to the very last. I want to dedicate my life to caring for people knowing the moments spent together can and should be therapeutic, even

without medical or procedural intervention. I've realized how fortunate I've been, while on the interview trail and talking to aspiring family physicians from across the country, to have trained in a place that greatly valued family medicine. I owe a great deal of the excitement and understanding for what family medicine can do for our communities to being trained in an environment of such strong and dedicated family physicians. The passion I've witnessed was infectious and it served as an incredible example of what family physicians can be. Thank you for the opportunity to be considered for the prestigious 2016 Dr. Lester Brillman Scholar Award.

I want nothing more than to be the best family practitioner I can be, promoting and advocating for the health of all the patients I serve. I aim to be a community-responsive physician that will always strive to understand the lives of my patients and to use the tools I possess to help them to live those lives in the healthiest and most meaningful way possible.



### **Ryan Brower**

What Family Medicine is to me...

I left a well-child visit with a newborn, energized by the vitality and the potential for what that child can become and enter the next room to a 103 year old woman. As I present the patient..."This is a 103 year old female here for a one week history of...whoa! She has over a century of experience more than our last patient...that's incredible to think about!" The diversity, the stories, the continuous patient-doctor relationship from the very beginning through to the very end of life, the unexpected responses of what the patient's needs are when you sit down next to them and ask, "What brings you in today?" It encompasses so many things that align

with who I am and what my values are. I love so many outdoor activities, I am fascinated by nutrition, I am passionate about learning new things and sharing those with others. I follow my curiosity where it takes me, whether that is the latest studies for patient oriented evidence that matters or to what the patient's entire biopsychosocial story is, of what really brought them to me. I want to treat the individual and not just the medical problem. I want to have a long and continual relationship with my patients and my community. I am a generalist in life, and I will be a generalist in medicine. To be able to share my passions for living a healthier style, to use my training to help guide my patients and my community to live happier and ultimately healthier lives are my goals. To gain and learn the skills to not only help my individual patients, but to also help shift our culture to one that nurtures our complete health and well-being, physically, mentally, and socially. Family Medicine reflects who I am.



### **Jonathan Fricke**

A dinner invitation from a patient confirmed for me that I belonged in family medicine. I had interpreted for the husband and wife through a month of visits at the MEDiC free clinics. The invitation was humbling. It reminded me of what drew me to medicine: the privilege of caring for the whole family and being part of the community. Through the course of medical school I have come to understand that my strongest personal desire in medicine is to cure illness when possible, but always to reduce suffering and improve quality of life. I learned this while promoting self-care for caregivers at an orphanage in Guatemala and while coordinating a health careers camp for Native American teens. My passion is not for a particular disease or organ system, but for human beings and their stories. This desire naturally draws

me to practice medicine where there is great need. I hope to impact my community through a career of servant leadership. My combined training in medicine and public health has already given me the chance to promote health for individual patients while simultaneously researching the impact of early literacy programs in Wisconsin. I hope to combine these academic interests my contagious enthusiasm for patient care to be an advocate for my patients in the clinic, the boardroom, and the capitol. I accepted the dinner invitation that evening. It turned out to be their daughter's birthday. It was a plot twist only possible in family medicine, as I also knew the daughter from her own visits to the free clinic several months earlier. It was true *family* medicine. I might never be invited to another dinner at a patient's home. Still, I hope that trusting relationships will remain the heart and soul of my career. I cannot imagine a more fulfilling career than family medicine.



### Alexander Milsap

“You can do anything in family medicine!” proclaimed Dr. B as we walked out of a room after diagnosing a broken clavicle. Our next patient had basic insurance and could not afford the medicine for her ear infection. Dr. B explored different routes to obtain the correct medicine, but also provided symptomatic treatment of her cough. Over the last four years, medical school has taught me that being a great doctor means navigating different social and financial situations both inside and outside the clinic walls. Family medicine provides the challenge to acquire a wealth of in-depth knowledge, to guide and support patients, and to provide comprehensive care to a diverse patient population. By the final rotation of third year I had experienced the bulk of other specialties. I always found reasons to love other specialties

and felt jolts of sadness towards the end of each rotation, as I would never get the full experience of them again. The variety of family medicine allows me to explore different areas of medicine every day. To diagnose atrial fibrillation in one patient and then next door reassure new parents about a newborn rash demonstrates the expertise in many areas family physicians possess. My vision of an ideal doctor has the abundance of knowledge to catch complex diagnoses and the compassion to calm those with common problems. Family medicine will provide me a chance to explore everything medicine has to offer without those jolting feelings of sadness when leaving a rotation. I look forward to mentoring and guiding patients towards a healthier lifestyle. Finally, the most exciting part of this role is to provide continuous and complete care to a diverse population of patients while building relationships and navigating different hardships on our journey together.



### Christine Ripp

The year before medical school, I volunteered in an AmeriCorps program called City Year Milwaukee. I was placed in an inner-city classroom and worked with adolescents who were falling behind in core subjects. Seventh grade can be a rough time for everyone, but the challenges these disadvantaged students faced were immeasurable. I had to work hard to make education a priority. Despite being a difficult year, I am incredibly proud of my experience because I gained invaluable skills for my future as a family physician. I learned how to work outside my comfort zone, I gained a newfound appreciation for teamwork, and it sparked my passion in working in underserved areas. I grew up in the suburbs of Green Bay, WI; this was the first time I was exposed to issues of disparity. I witnessed the powerful impact that social forces have on health, and I became passionate about figuring out solutions.

To enhance my community training and leadership skills, I had the privilege of returning to Milwaukee during medical school for the Training in Urban Medicine and Public Health (TRIUMPH) program. In collaboration with a community organization, I have been working on bicycling initiatives, with the ultimate goal of improving physical activity in Milwaukee’s Latino population. This project has allowed me to combine several things I am passionate about, including care for vulnerable populations. It has reminded me of the challenges and rewards from working in diverse urban communities that I was first introduced to during City Year. It makes me excited about working at the community level to bring change to an individual’s life, work that I will continue doing throughout residency and in my future clinical practice as a family doctor.

# Dr. Lester Brillman Leadership and Advocacy Award



**Amarildo “Mario” Ademaj**

I want to first say thank you to the Family Medicine Department for making these scholarships available to us. It is very inspiring seeing the support we receive from the UW SMPH for simply doing what we love. As I was completing my application for Family Medicine Residencies this year, I noticed common themes in my experiences and involvements—they centered around promoting healthy lifestyle development, expanding my knowledge on cultural and socioeconomic understanding, and advocating for the importance and effectiveness of primary care and prevention. I am hopeful that there is going to be a shift in our perspective on medical care towards prevention in our country. I have organized several free clinics in the past

that have been devoted to taking care of vulnerable populations, cultures, socioeconomic classes, and communities. What I have seen over and over again is that health is so much more complex than what we see it to be. It is the social factors that are the true drivers of health outcomes. For that reason, I have dedicated my years during my medical training to working to provide for my community the resources they need. I have been very fortunate to have had so much support from colleagues and professors during medical school and I have tried to make the most of those opportunities to promote and advocate for our field and our patients. I am inspired by scholarship opportunities like this one because it is a delicate time for our field where us, as students, need the support to be able to keep working hard to show our country the effectiveness of primary care. I hope my resume and letters of support reflect my character and passion for Family Medicine and I hope to be considered for this honorable award.

# Dr. Lester Brillman Mentorship in Family Medicine Awards



**Jennifer Edgoose, MD MPH**

It is an extraordinary honor to be nominated for this award, particularly by a student from whom I have learned much. Coming to academia somewhat accidentally mid-career and now wearing a myriad of hats as an academic, I find the greatest reward I reap lies in watching the growth of the learners I've had the great privilege to teach and mentor, and learning from them myself. As a family physician, my philosophy of teaching is an extension of my philosophy of caring, not merely to care for someone else but to care *about* someone else. As a mentor and teacher, I strive to create experiences that I hope are not merely instructive but thought-provoking – that address not only issues of the present but also a potential future. I try to give them myself, including all my unknowing, but similarly my passion for the chase to a

better, wiser place. So my style, I think, is collaborative and engaged. Enthusiasm is infectious and I believe this has been an unwitting tactic in my teaching style. The beauty of mentoring is now bearing its fruits as I now witness my mentees flourish in their own careers. Earlier this month I found myself on a conference call with three former learners who are now academics in family medicine themselves: one who is on faculty at Tufts University; another at University of Connecticut; and another here at the University of Wisconsin. I have found myself mentoring them as residents, academic fellows and now junior faculty and was thrilled to find us all still collaborating together on a manuscript despite the many miles that now separate us. The medical students I've mentored are not only looking toward careers in family medicine and primary care but also engaging in other experiences showing a deep appreciation for patient narrative and community health such as

acceptance into the TRIUMPH program, pursuit of supplemental degrees in public health, and leadership in the Gold Humanism Honor Society. I cannot take credit for their enormous accomplishments but am thrilled to have shared some of the love of my own work with people and communities as a part of their journey.



### **Kjersti Knox, MD**

Who changed your life? Who planted the seed? Who watered it? Cindy Haq. Sharon Adams. John Brill. Lisa Sullivan-Vedder. Deb Simpson. These five physicians/ community leaders/scholars fundamentally planted and nurtured the garden that has become my career as teacher, practitioner, and community advocate. Students like Alonzo Jalan, Ryan Kartheiser, Bethany Howlett, Shelly Crane, and Dan Ziebell continue to tend that garden and teach me more than I them. Students join me in clinic and on labor and delivery, inpatient services, and community projects. In each context they challenge me to be a better physician and patient advocate. The energy and challenge that students bring to my practice inspires me to teach and invite students to share my patients' lives. In return, wherever their seed has land-

ed, I seek to challenge and support students to take the next step in their own growth. My practice is nourished by ideas and concepts repurposed from multiple mentors - their compost – from which have grown the five core values/skills of my practice:

1. Connect across cultures – Cindy Haq, Alonzo Jalan,
2. Facilitate collaborative action – Sharon Adams, Ryan Kartheiser;
3. Recognize and mobilize community assets – John Brill, Bethany Howlett;
4. Learn and improve continuously – Lisa Sullivan Vedder, Shelly Crane;
5. Be accountable - to those I work with and those I serve - Deb Simpson, Dan Ziebell.

While many share these values, I have listed the names of mentors who have particularly modeled these for me. These are the values to which I strive and that give my practice purpose. My goal is to cultivate the same in my student gardeners.

## Founders Award (WAFP)

The Founders Award is given to an outstanding fourth year medical student who is pursuing a career in family medicine and has exhibited interest in fostering the concepts of family medicine as a medical student



### **Caitlin MacCoun**

Support is a key element to overcoming obstacles. Throughout medical school, I have seen the power of exceptional support systems in my patients' abilities to overcome social and medical issues. Personally, the tremendous amount of support I have received from friends, family, and my community has led me to where I am today. Specifically, my rural hometown of Johnson Creek, Wisconsin has been a constant source of support both academically and in my personal life. My strong appreciation for this support has motivated me throughout medical school to pursue Family Medicine so that I can provide a similar support to a future rural community that I will call home. I am passionate about Family Medicine for a variety of reasons, particularly continuity of care, understanding the patient as a whole, and

treating the underlying cause of illness. Continuity of care allows practitioners to build a relationship that is oftentimes necessary to identify both the social and medical issues that act as barriers to achieving health and wellness. I plan to develop a skillset as a physician that helps me identify these key underlying issues and approach each patient as a whole rather than a fragmented problem list. I plan to practice full spectrum Family Medicine with an emphasis in Obstetrics and Women's Health. Additionally, because I believe so strongly in a community as a support system, I plan to devote my resources to community health and preventative medicine through advocacy and education at the local level. Having grown up in a rural town, I feel incredibly thankful for the ways in which the community has shaped my upbringing and has ultimately contributed to the person I am today. I am looking forward to the opportunity to reciprocate and make a positive contribution to a community.

# David C. Eitrheim, MD Rural Resident Memorial Scholarship



The **Wisconsin Academy of Family Physicians (WAFP)-Foundation** awards \$10,000 annually to a first year resident in a Wisconsin residency program who demonstrates an interest and commitment to rural family medicine.

A Minnesota native and WAFP Past-President, Dr. David C. Eitrheim completed his undergraduate training at Augsburg College and graduated from the University of Minnesota-Duluth School of Medicine in 1983. A 1986 graduate of Sioux Falls Family Practice residency program, he practiced for five months in Cameroon, Africa before joining the practice at Red Cedar Clinic in

Menomonie, Wisconsin. Dr. Eitrheim's accomplishments over the course of his career were always patient-focused. Dr. Eitrheim initiated innovative patient care into his practice by changing processes and focusing on building a team-based care system that empowered his clinic staff and encouraged patient involvement in their own care. Dr. Eitrheim said being a family doctor in a small town is "continuous care of your friends and neighbors. My care (for my patients) is more than just a moral obligation, it is a desire to help friends and their families have a better life." Dr. Eitrheim established one of the first rural training tracks in Wisconsin. Sadly, Dr. Eitrheim passed away on January 1, 2016.



## **Paul Stevens, MD**

I am extremely honored to be chosen for the David Eitrheim, MD Rural Resident Scholarship. Family Medicine is a great fit for me as I have enjoyed the challenges and rewards of trying to do it all for my patients. I also grew up with Family Medicine where my father showed me the job and life satisfaction to be had from having these deep connections to his patients. I appreciate the mentorship I receive from many great physicians and Dr. Eitrheim exemplified many of the traits I seek to develop. I am currently living in Madison for my intern year, but am looking forward to moving to Baraboo for the rest of residency to be immersed in a real rural practice. I also look forward to further pursuing my

interest in advocacy for rural health and family medicine at future AAFP conventions by engaging local, state and national officials on these matters.

# Robert F. and Irma K. Korbitz Endowed Scholarships



This award is named for Dr. Robert Korbitz, a Family Physician from Monona, and his wife, Irma, and is offered by their surviving children. The Korbitz Scholarship is given to third or fourth year medical students with a strong interest in the field of Family Medicine as a focus of their training.



## Vy Dinh

My mom tells fantastic stories; I relish listening to them. She endured famine growing up in postwar Vietnam. She learned to take care of 8 younger siblings, despite not having much opportunity to learn in a classroom. She supported my father in his radical decision to sell all their belongings so that we could escape from Vietnam in a small fishing boat to a refugee camp in Thailand. A year later, we arrived in America, where my path towards a career in medicine may have begun. To this day, I carry my mom's tales with me not just because they are extraordinary, but because they help me gain insight into the kind of person she has become. As I meet with more patients, I am reminded of how powerful it is to listen to their narratives. Their stories provide me with a context to better understand their health

and behaviors and how I can guide them, with my knowledge and experience, towards a better life. Additionally, their stories keep me motivated when I become mentally or physically exhausted from the rigors of school. Maintaining this perspective has also drawn me towards a career in Family Medicine. While patient stories are abundant in any track, Family Medicine invites opportunities to share stories that span across an individual's lifetime. Whether that story is about a newborn's scary but harmless rash or a brave man's decision to choose hospice care, the impact that a primary care physician can make in these interactions is empowering. I am excited to be a part of a field of doctors who appreciate learning about their patients' personal narrative. As if my mom is beside me again, I am eager to gain insight into my patient's lives through their stories. Because of this, Family Medicine is the right choice for me.



## Andrew Pace

How does one achieve professional satisfaction? My approach to this question requires regular self-reflection in both my personal and professional life. Through the sum of my experiences and this reflection, I have built an identity and set of values with which I strive to live by. This fluid approach guides the direction I take both personally and professionally, so my actions align with these values. A lifetime of exposure to rural Family Medicine in Wisconsin through my father and clinical exposure through medical school has shown me that pursuing this specialty aligns with my identity and values. These values are numerous and include such principles as universal access to high quality health care, achieving social justice through

medicine, educating patients on a wide range of health issues, and multi-generational continuity. Maximizing productivity is one additional value that is particularly important to me, and I will expand on this below. My conceptual framework of professional productivity involves two main spheres: how essential is the profession and how needy is the community. Regarding the former, an essential profession is one that provides a service to a community that can in turn lead to its own growth and productivity. Regarding the latter, a needy community is one that fails to grow and be productive in the absence of that profession. Rural Family Medicine in Wisconsin is a profession that maximizes both spheres, and this is why I have chosen this career. Furthermore, this framework provides an essential motivation to continue to expand my skills clinically and advocate for my patients in the community. I have created and led two community projects involving fluoridation and opioid morbidity and mortality. These are examples of how that framework motivated me to identify a community need and work towards filling that need with my skills, local community resources, and state resources.



### **Kelsey Schmidt**

The most powerful moment of my medical education occurred as a third year medical student when I drove home on a Saturday morning to be with my grandfather as he passed away surrounded by his loved ones. His final gift to me was that of accepting death and the importance of a strong supportive family and community. My grandfather's death came at a pivotal time in my medical school career when I was contemplating my past and solidifying my future aspirations. I grew up in Monroe, a small town in Southern Wisconsin. As a child, I admired my father's hard work ethic and my mother's compassion for serving her community. Before leaving home to attend college, I met my future husband; a driven, loyal farmer, who is my biggest supporter and helps me maintain a proper perspective. With

this background I became very involved in community activities while pursuing my higher educational goals. As a Biomedical Engineer major at UW-Madison, I served as president of the Student United Way. I volunteered at American Family Children's Hospital and Make-A-Wish Foundation. In medical school, I volunteer with The Road Home, MEDiC Clinics and the Healthy Classroom Foundation. Through these experiences, I have learned the extent to which many in our communities are struggling with poverty, the effects of being underserved by the healthcare system, and potential solutions to these issues. In medical school I've held leadership positions with InterHouse Council and the Quality Improvement (QI) Interest Group. I am a member of two resident and faculty committees for QI and patient safety. I attended the Academy for Emerging Leaders in Patient Safety: The Telluride Experience where I worked with critical stakeholders in the health community to address ethical and professional dilemmas regarding patient safety. I also participated in two unique experiences, at the Dhulikhel Hospital and the Monroe Clinic, to expand my knowledge in QI and to work to increase the standard of care in rural settings to underserved populations. As a third year student I began to experience the bonds that form between a physician and their patients. During my rotation at the VA Hospital, I had a patient who was discharged on hospice. When I asked him for advice on how I could serve my patients better, he replied, "I don't have any advice, I can tell you care and that's what matters." Later that week, I called my grandfather who told me, "I need you more than you need me." I now recognize that being there for my patients at all stages of their lives is what I need to do as a physician. These memories signify that what patients need most is a physician who cares about them and is truly there for them, whether in the clinic, hospital, out in the community, or in their homes. This is why I am confident in my decision and passion to become a family physician in my rural hometown and continue my work in public health to provide quality care to patients with limited resources.

# Vogel Foundation Scholarship

This award was established by the Vogel Foundation and recognizes one or more fourth year medical students planning to pursue a career in family medicine with an emphasis on providing care for underserved populations.



## **Nayeli Argüelles Spahr**

In Asunción, Paraguay, the sea of corrugated metal and cardboard homes juxtaposing the million dollar steps of the Senate building is a quintessential portrait of mis-distribution of resources. At the MEDiC Southside Clinic in Madison, I observed the health care struggle of immigrant families and uninsured caregivers. I learned first hand about the consequences of the social determinants of health before I set foot in a public health class. Although I may not have known the term for it, I could see the health impacts of structural violence, a failed education system, deleterious family environments, and emotional and physical traumas of growing old in the streets or facing addiction. Now, whether I am working with new immigrant parents in group well-child care or with the vulnerable searching teenager in Milwaukee's near South side, I witness a common struggle. Social support is integral to whole person wellbeing, often more than a pharmacy formulary. My community relationships have motivated me throughout the last five years of medical and public health training and have driven me to seek additional advocacy skills through participation in TRIUMPH. These relationships have brought me to Family Medicine, where I can fully appreciate the power that patients have to promote health for themselves and their communities. I am both humbled and honored to be nominated for the Vogel Foundation Scholarship. I have been graced with the gift of exceptional mentors, my peers among them, who have shaped this journey. As TRIUMPH students, we recently spent time developing our individual leadership vision statements. Here is mine: "I foresee building strong connections with an engaged community and creating spaces for voices to be heard and collective action to be made. I employ this vision through an open-mind, listening, laughter, love, and fierceness."

# Dr. Martin and Charlotte Gallagher Scholarship for Prolotherapy



Through the generosity of Martin Gallagher, MD, DC, MS, and Charlotte Ciotti Gallagher, MS, DC, the UW Department of Family Medicine and Community Health (DFMCH) established the Dr. Martin and Charlotte Gallagher Scholarship for Prolotherapy.

These scholarships support family medicine residents, fellows and/or clinicians who have a strong interest in prolotherapy, and who are committed to providing it in their practice, by funding the recipient's attendance at the Hackett Hemwall Patterson Foundation (HHPF) Annual Prolotherapy Conference and the annual service-learning trip to Honduras. Prolotherapy is a regenerative injection therapy in which a physician injects a sugar-saline solution into painful joints and soft tissue attachments. It's most commonly used to relieve pain in the knees, shoulders, neck, back, and elbows. The UW DFM is a leader in prolotherapy-related education and research, as demonstrated by its annual Prolotherapy Conference and Research Symposium in Madison and annual service-learning trip to Honduras.

This year's recipients are Jasmine Hudnall, DO and Taryn Lawler, DO.



Jasmine Hudnall, DO  
PGY-3



Taryn Lawler, DO  
Clinical Instructor

# Jan Ashe Memorial Award for “Excellence in Community Radiography”

This award is presented annually to a student graduating from the School of Radiographic Technology (SORT) who displays superior technical skills, an ability to communicate with patients, displays superior technical skills and is for their caring, empathetic approach to people, especially families.



## **Ellyn DuBois**

My name is Ellyn DuBois. I was born and raised in the Madison area. I am enrolled as a student at University of Wisconsin-Milwaukee. Currently, I am senior student in the UW Hospital and Clinics School of Radiologic Technologies.

Come August I will be graduating from UW-Milwaukee with a bachelor's degree in bio-medical sciences, along with a certificate in nutrition. In addition to going to school, I work at the UW Hospital as a radiology department assistant for the on-call residents. This job has given me the opportunity to learn the “behind the scenes” aspect when it comes to why certain exams are being ordered, and what goes into reading that particular study. I also feel that my job has helped me grow as a student with being able to expand on not only how, but what

makes up a good radiographic image. I know that the health field was a good career path for me because I have always enjoyed being around people, and helping them out in any way that I can. I believe that it takes a person who is hard-working, responsible, and compassionate to work in the health field; all of which are qualities I have. When I am not at school or work I enjoy spending time outside, exercising, and being with friends and family. I am looking forward to what the future holds, and am very grateful for the opportunities I have already been given through out by college career.

# McGovern-Tracy Scholars

The McGovern-Tracy Scholars are medical students or family medicine residents who exemplify values of community service and leadership.



*Margaret van Wagenen, John McGovern, and Isabel McGovern Kerr (L-R)*

## Isabel McGovern Kerr

The Department of Family Medicine is able to offer these awards through the generosity of Isabel McGovern Kerr and her family. Her bequest to the department serves as a reminder of her family's service and commitment to the State of Wisconsin.

## Michele Tracy

The awards also honor Michele Tracy, whose spirit and record of service to communities exemplifies McGovern-Tracy Scholars.

After completing her undergraduate degree at the UW, Michelle joined AmeriCorps VISTA in the Peekskill Area Health Center in New York which serves low-income individuals. Her work involved community education of homeless and HIV populations. While at the Peekskill Area Health Center, she published "Healthy Transitions" and presented at national conferences on these issues. Michelle deferred medical school admission for one year to continue the community projects she began. When she started medical school in the fall of 1998, her passion for improving the health of the underserved communities drove her extensive involvement in MEDiC and LOCUS. Michele worked on an educational program to help the residents of the Porchlight community, which was administered by MEDiC and now bears her name. Michele was a second-year UW medical student when she tragically died in an accident while participating in an educational service program in Malawi, Africa in July 1999. The **Michele Tracy Project** focuses on improving health care through education and empowerment.





### **Evan Cretney**

My father's favorite saying is, "Life is a struggle; struggle to enjoy it or enjoy the struggle." Every day of my life I try to "enjoy the struggle," and I have realized that it is impossible to enjoy my struggle without helping others enjoy their own. This is why I chose to attend the UW School of Medicine and Public Health and pursue a career in medicine. I know that this education will help sharpen my ability to serve others. My goal now and in the future is to live a life of compassionate service, guided by the skills and knowledge that have been built through my roles as a father, friend, student, and citizen. This goal has led me to multiple opportunities during my medical school career. Last summer I organized a weekly drop-off from a local farm so that students and staff would have easy access to fresh, organic produce. I have also served as a leader of the Family Medicine Interest Group since the fall of 2014. This has been a wonderful opportunity to be involved in medical student education and enrichment. Our group plans, organizes, and fundraises for events such as our annual Basic Life Support in Obstetrics® course, Family Medicine Procedures Fair, educational noon talks, and various community service events. In the spring of last year, I applied and was accepted to be the student member of the Wisconsin Academy of Rural Medicine program's admission committee. While this is by far the most time consuming of my activities, it is also the one that I enjoy the most. I am honored to have the opportunity to be a part of people's journey to become a physician dedicated to serving rural communities in our state. Currently, I am working with the WARM administration and staff from the Rural Cancer Disparities Project to develop a community engagement project that I will implement during my final years of school. While we are only in the early stages of planning, I am very excited to gain more experience working with an underserved rural community to take steps towards reducing the disproportionately high cancer burden often experienced in these areas. This project will also be a great opportunity to expand the scope of my service activities to a broader, more diverse group of people.



### **Rachel Lee, MD**

My approach to community health is grounded in a desire to establish and foster long term, authentic relationships between health practitioners and community partners. The Community medicine project at Lakeview Elementary with which I have been involved for the past two years exemplifies this approach. I have seen how our efforts to build a clinic-wide relationship with that school (located just blocks from Northeast Clinic) have effectively deepened our relationships with our community as a whole. After meeting with the principal and social worker and conducting a formal needs assessment at Lakeview Elementary School, we learned that food insecurity was a top health concern. From there, we partnered with multiple nearby food pantries as well as the Madison Second Harvest Food Bank to come up with creative ways to address this issue. My main project has been a biweekly weekend food backpack program targeting the

most food insecure families at the school, which was funded through crowd sourcing. Our next plan is to partner with one of the local food pantries to bring weekly boxes of food to families in need. In contrast to the weekend backpack program, families will be able to select desired food from a weekly menu. I have learned a great deal from the community partnerships that have arisen out of this project. I have learned that meaningful partnerships begin by listening and that there is more value in fostering relationships that spearheading a project with a measurable outcome. Most importantly, I feel that I have gotten to know my community better as a result of these efforts. I plan to return to my hometown of Detroit and work with the urban underserved population there. While the community health needs will be different, I plan to continue to make long lasting and authentic relationships with community partners throughout my career.



### Emily Olson

Ending a year as President of MEDiC Student-Run Free Clinics was both eye-opening and enriching. I quickly learned the challenges of navigating strong opinions while attempting to improve the quality and quantity of the care we are able to provide underserved patients at our seven clinics within the Madison community. I supervised a variety of projects, including adding a pediatric clinic, orienting over 400 health professional students to the volunteer program, and overseeing a Needs Assessment to gauge areas that most need improvement. MEDiC's new pediatric clinic integrates a psychosocial screener as an essential part of each patient visit; questions focus on things like housing and food security but also ask about depression and anxiety. Student volunteers then team up with a social worker on site to connect families with community resources. We are now exploring the feasibility of integrating screening questions and social work into patient visits at other clinics. There isn't a day where I

don't ask myself: "What can MEDiC do better?" MEDiC is unique in that educating future health professionals (including physicians, nurses, physical therapists, pharmacists, and physician assistants) is of equal value as providing care to patients. MEDiC would not exist if not for our dedicated volunteer clinicians whose patience and encouragement help students grow into caring clinicians who are able to assess the patient's entire situation and not just their symptoms. I strive to be like MEDiC's volunteer physicians and live a life where I cannot only attempt to close the gaps in the community's health care system, but also encourage students to ask the difficult questions about HOW to close those gaps. My experience as MEDiC president solidified the idea that fostering a mentality of service in future health professionals is an essential aspect of improving health in the community.



### Iris Vuong

My career goals are driven by the challenges my parents faced adjusting to life in America. After fleeing Communist Vietnam and living in Malaysian refugee campus for nearly a year, they eventually made it to the US, with no financial resources and zero English. Still, they fought to provide a home and an education for my four sisters and me. Because of my parents sacrifice, I'm committed to using all that I've been given to help others in similar situations. I have spent the last eight years exploring how I can be of greatest use in the medical field. I've discovered my passion for working with the most stigmatized and disenfranchised populations. Having been raised by my mother who struggles with alcoholism, I know what it means to care for someone holistically through an illness that does not have a quick and easy solution. I've learned perseverance and resilience, especially through trying times. I have a particular interest in populations that struggle with addiction. In college, I worked

tirelessly interviewing programs nationwide and researching optimal practices in order to redesign and implement a new needle exchange program, after learning that the New Haven needle exchange program was in bad shape. I have also discovered the joy of providing for my parents' communities. After volunteering as a medical assistant and Vietnamese translator on the Pacific Partnership mission with the US Navy, I learned the power of providing culturally sensitive care. Here at the UW, I have continued to explore ways in which I can contribute and work for the medically underserved. As a leader of Medical Students for Minority Concerns, I have helped organize mini medical school days for disadvantaged students where the goal is to encourage and support them in pursuing their dreams of doing well in high school, or getting into college and medical school. I have also worked directly with the UWSMPH administration to integrate more cultural sensitivity training into our medical curriculum as well as improving support for underrepresented minority medical students. Looking forward, I've realized that I can make the greatest impact working with the injection drug use community as a primary care physician. I've had the immense privilege of gaining their trust and helping them get a second chance at life, a rare opportunity unique to this profession. My mom tells me *la lanh dum la rach*: "the fresh leaves nurture and protect the wornout leaves." Or, the healthy must look after the sick. In line with this, I envision travelling to Vietnam on mission trips similar to the US Navy mission. My greatest hope is to give back to my parents' community often, while also serving my own here in the US where basic healthcare is often inaccessible to those who need it most.

# 2015 Award Recipients:

## **Robert and Irma Korbitz Endowed Scholarship**

Lauren Bauer  
Mathew Herbst  
Leah Krueger  
Caitlin MacCoun  
Paul Stevens

## **Compassion in Action**

Katharine Kelly  
Chinou Vang

## **Compassion in Action Community Leadership**

Helen Yu

## **Dr. Lester Brillman Scholarships**

Megan Keuler  
Lucas Kuehn  
Lauren Walsh

## **Dr. Lester Brillman Mentorship in Family Medicine**

Catherine Best, MD

## **Vogel Foundation Scholarship**

Heather Nennig

## **WAFP Founders Award**

Lauren Brown

## **Dr. Martin and Charlotte Gallagher Scholarship for Prolotherapy**

Alexandra Ilkevitch, MD

## **David Eitrheim, MD Rural Resident Scholarship**

Emily Ramharter, MD

## **Jan Ashe Memorial Awards for “Excellence in Community Radiography”**

Rayna Kluz  
Luis Perez

## **McGovern-Tracy Scholars**

William Burrough  
Akaila Cabell  
Kaylene Fiala  
James Ircink  
Rachel Hartline, MD

In every community, there is work to be  
done. In every nation, there are wounds  
to heal. In every heart, there is  
the power to do it

*Marianne Williamson*



DEPARTMENT OF

**Family Medicine and  
Community Health**

UNIVERSITY OF WISCONSIN

SCHOOL OF MEDICINE AND PUBLIC HEALTH

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