

2021
McGovern-Tracy
and Student
Scholars Event

DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH
UW-MADISON SCHOOL OF MEDICINE AND PUBLIC HEALTH

Keynote Address: McGovern-Tracy Scholars - Twenty Years of Inspiration and Imprinting



Susan Skochelak, MD, MPH

Dr. Susan Skochelak serves as the Group Vice President for Medical Education at the American Medical Association (AMA). She leads the AMA's Accelerating Change in Medical Education initiative promoting innovation to align physician training with the changing needs of our health care system. Additionally, Dr. Skochelak is an Adjunct Professor in the Feinberg School of Medicine at Northwestern University. A nationally recognized authority in medical education, Dr. Skochelak pioneered new models for community based interdisciplinary medical education and initiated new programs in rural, urban, global and public health. Dr. Skochelak previously served as the Senior Associate Dean for Academic Affairs at the University of Wisconsin School of Medicine and Public Health and as the director of Wisconsin Area Health Education System. Dr. Skochelak has been the principal investigator for more than \$18 million in grant awards for medical education research. She is the lead author on a new textbook, "Health Systems Science", the first on this important topic written for medical and health professions students. Dr. Skochelak serves as a member of the Institute of Medicine's Global Forum on Innovation in Health Professions Education, the Liaison Committee for Medical Education Council, and the Coalition for Physician Accountability. In 2015, Dr. Skochelak was elected to the National Academy of Medicine.

2021 Award Recipients:

Compassion in Action (CIA) Awardees

- Erik Sanson
- Meghan Zander

CIA Community Health Leadership Awardees

- Yanzi Jiang
- Angela Olvera

CIA International Health Leadership Awardee

- David Marshall, MPH

Dr. Lester Brillman Scholarship Awardees

- Courtney Bork
- David Glaubke
- Gerardo Rodriguez, MPH

Dr. Lester Brillman Leadership and Advocacy Award

- Jane Salutz

Dr. Lester Brillman Mentorship in Family Medicine Award

- Stephen Holthaus, MD

Founders Award

- Nivedita Nair

Robert F. and Irma K. Korbitz Endowed Scholarship Awardees

- Benjamin Kannenberg
- Rutvi Shah

Vogel Foundation Award

- Kahoua Yang

Jan Ashe Community Radiography Award

- Shonté Bell

McGovern–Tracy Scholars

- James Ircink, MD
- Allie Wolf, DO
- Simon Yadgir

Compassion in Action (CIA) Awards



Erik Sanson

Erik is a first-year medical student from Kenosha, Wisconsin. He graduated from the University of Wisconsin-Madison with a Bachelor of Science in Evolutionary Biology. After graduation, he worked at the Wisconsin Department of Health Services until he moved to New York to pursue a Master of Public Health in Epidemiology and Social Determinants of Health at Columbia University. Erik is primarily interested in urban health but finds interest in all areas, including public health research and family medicine. This summer, he plans to complete a research project on the outcomes of alcohol use disorder using non-FDA approved medications. In his free time, Erik enjoys playing tennis near the UW Hospital and cooking up a storm in the kitchen.

As an undergraduate, I volunteered with WUD and went on trips to West Virginia, Georgia and Texas to help with underserved populations. After graduation, I taught English in Madrid and when I returned to the U.S., I worked at Planned Parenthood in Milwaukee, Wisconsin where I worked with a diverse, underserved population. Before all of these experiences, I knew that I wanted to become a physician, but these experiences led me to realize that I want to work with underserved populations. Through my experiences, I learned about the barriers that specific populations encounter when trying to access quality health care, such as a lack of insurance, and realized the importance of working with a community in a way that builds trust and mutual respect. I have a strong desire to work with underserved populations and was accepted into the TRIUMPH program. Through this program, I will return to Milwaukee for my rotations, and learn about community health and how to best provide care to medically underserved urban populations. I'm grateful to be able to begin to learn how to reduce health disparities in Milwaukee as a medical student, and I know that the skills I will acquire will help me be successful in doing so as a physician.



Meghan Zander

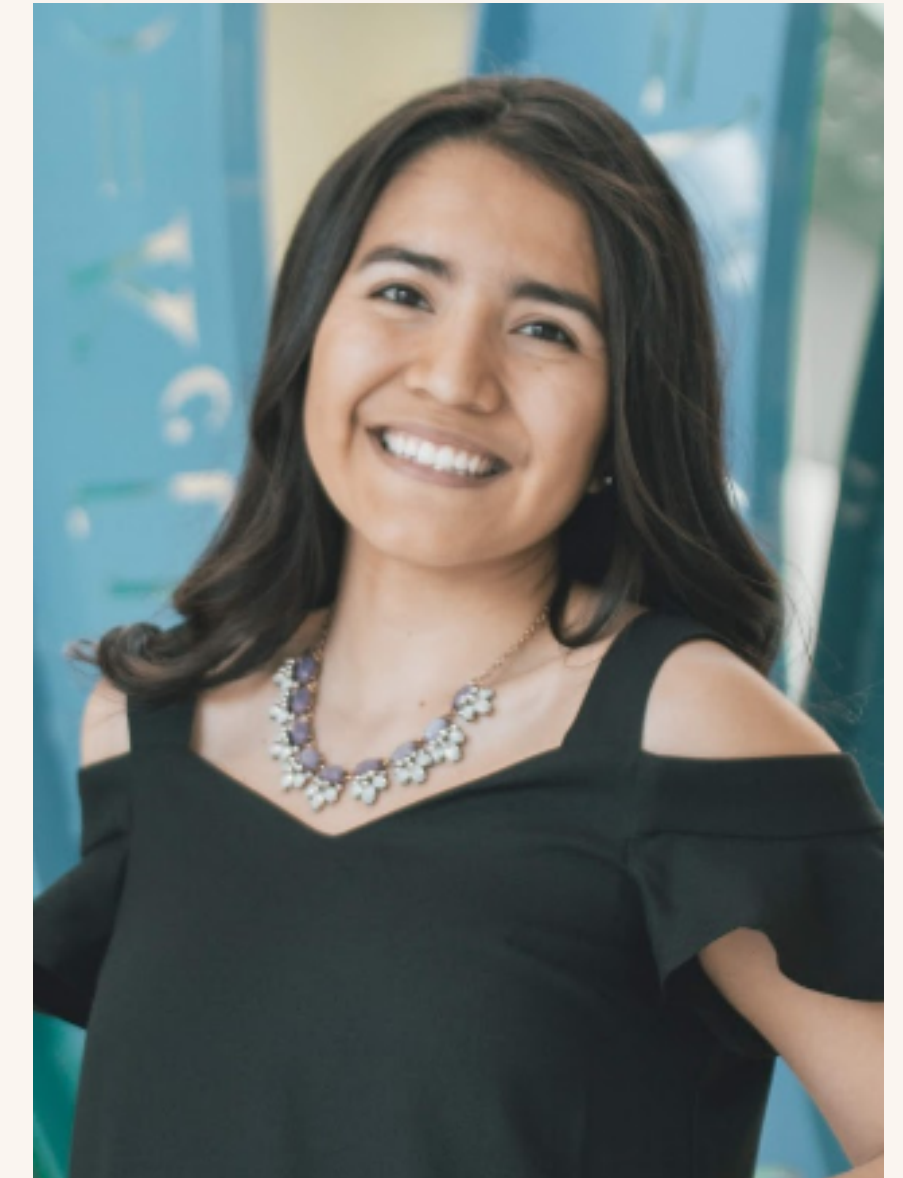
CIA Community
Health Leadership
Awards



Yanzi Jiang

Caring for underserved patients and communities is central to my mission in family medicine. One of the first experiences that informs my mission was from college, when I met a group of formerly incarcerated men from South Madison. Their shared experiences of food insecurity, incarceration, and racism weighed heavily on me, even as a teenager who still had a lot to learn about justice and injustice. Every week for the next five years, I rode bus four to the local FQHC to serve community members in the clinic through motivational interviews and nutrition education. I loved what I was doing, so I applied to medical school, excited to do more of the same. Instead, I was thrown into long days of mind-numbing studying. I thought about quitting many times. Desperate to reconnect with my roots in underserved medicine, I applied to the TRIUMPH program. I felt the fire re-ignite within me. My renewed sense of purpose, particularly in my commitment to underserved folks, grew throughout my clinical rotations. When clinical rotations were halted by the COVID-19 pandemic, I mobilized my TRIUMPH cohort to address the racial disparities exacerbated by the pandemic. My experiences in community-responsive, urban underserved medicine – from South Madison to North Milwaukee, from pre- to post- COVID-19 – have profoundly shaped me into the family physician I strive to be.

The prospect of being able to provide culturally-conscious care to patients was the reason I chose the field of medicine. Growing up, I frequently served as a translator for my grandparents at the doctor and though I was always happy to spend time helping in any way I could, the effects of this on my family's health was not lost on me. As a future healthcare professional, I have used my position to begin to address health inequities in the Latinx community. One way that I have pursued this is through the MEDiC Student-Run clinics. As a first-year student, I was a clinic coordinator of the Southside clinic. I had the opportunity to meet providers from different healthcare fields with an interest in providing care to immigrant populations. I learned the importance of establishing connections with the community you work with. Only a few months into the pandemic, massive outbreaks were occurring at meatpacking factories including one near my hometown. Through my engagement in a local Latino advocacy group, I heard the call for COVID information in Spanish. I used my network of Spanish-speaking medical school colleagues and located WHO infographics from Spanish speaking countries that were distributed to factories all over Iowa. Similarly, I have again accepted a position in MEDiC to increase the ways we work with community organizations to provide more transparent care and ensure we hear their calls for assistance in the future. I am motivated to continue this work throughout my training in the MD-PhD program because I know that the pathway to more equitable care for all includes daily work from those in healthcare to make small, steady impacts.



Angela Olvera

CIA International Health Leadership Award



David Marshall, MPH

In response to the challenges of COVID-19, it has been an honor to remotely collaborate with community leaders to encourage, empower, and enrich the community of Mfangano Island in Western Kenya. Through data briefs, educational pamphlets, radio broadcasts, and the provision of supplies, our multidisciplinary team has helped this austere community weather these unfamiliar times. I connected our team with the U.S. Ambassador to Kenya and USAID, enabling us to join a task force focusing on COVID-19 education, and our pamphlets were eventually officially adopted by Kenyan Ministry of Health. I continue to be an integral member of the research team, working on the MOMENTUM study, which aims to better understand quantifiable delays in transportation during pregnancy-related, obstetric, and neonatal emergencies on Mfangano Island. From this experience, I have cultivated a deeper appreciation for solidarity, flexibility, and togetherness. While my career in medicine and public health has just begun, I chose to pursue family medicine because it is optimally positioned at the crossroads of individual patient care and community well-being. Supporting individuals and communities along their journey to improved health is truly a privilege, and while worlds apart in both culture and distance, the needs of communities such as Mfangano are similar to those found in my own community right here in America. I aspire to be a full-spectrum family medicine physician in a disadvantaged community, working to increase access to obstetric services in hard-to-reach areas and to reduce maternal and child health inequities. I am determined to continue to prioritize the voices of underserved communities, both locally and globally, as we navigate together the crossroads of individual and public health that energizes my passion for family medicine.

Dr. Lester Brillman Scholarship Awards



Courtney Bork

I first considered becoming a physician after the first time I administered CPR while working as an Emergency Medical Technician (EMT). On this ambulance call, our attempts to resuscitate our patient were unsuccessful and I wished that I would have had more advanced skills at my disposal. As I gained more experience as an EMT, I also hoped to be able to treat and prevent conditions before they became emergencies and I wanted to be able to treat the whole person rather than just a symptom. My enthusiasm to provide preventative and holistic medicine is what first inspired me to go into family medicine. The other aspect that originally drew me to family medicine was that family medicine doctors were deeply embedded in the communities that they served. As someone who grew up on a dairy farm and graduated from a rural high school with ten people in her class, this resonated with me. As I started medical school, I tried to keep an open mind to other specialties, but I found myself always circling back to family medicine. My experience as a Family Medicine Interest Group leader allowed me to understand the variety of skills I could develop as a future family medicine physician. I was also happy to discover that despite the size of the city, family medicine doctors were integrated into and serving their communities. As a fourth-year medical student, I see that there were many factors that aligned to make family medicine the right choice for me. I like the focus on preventative healthcare and holistic medicine, I like the continuity of care and the wide variety of patients that family medicine doctors see, and I like that I will be able to serve and be an advocate for rural communities like my hometown.

My original inspiration for becoming a physician was a desire to work with patients and to help people. Many experiences since then have helped to broaden my perspective. I worked for Global Brigades, an international health nonprofit, and served as president of the MEDiC clinic system in Madison. In these roles, I was challenged by the systemic hurdles I saw patients facing. While these charitable organizations worked hard to make the most of limited resources, patient care was burdened by long wait times, lack of provider continuity, and few longitudinal support services. These experiences served as a backdrop to my clinical rotations in the TRIUMPH program. I quickly saw the power of comprehensive primary care in addressing the varying and complex needs patients were facing. I was fortunate to work with community-minded family medicine doctors who had deep relationships with their patients and considered their socioeconomic barriers when developing a plan. They advocated for their patients, both on an individual level and in city and state policymaking. Their philosophy paralleled mine—medicine could be a tool for justice, chipping away at the structural forces affecting health. In this light, my acting internship rotation at Sixteenth Street, a FQHC in Milwaukee, felt like a blueprint for my future career. I was elated to be working at a health center deeply intertwined in its community and offering resources to respond to a full spectrum of patient needs. Looking toward residency, I am eager to continue training in community-responsive family medicine and further exploring its role in health justice. UWSMPH, and particularly the TRIUMPH program, have helped focus my passions into family medicine, and I could not be more excited to start training as a family medicine resident this summer.



David Glaubke



Gerardo Rodriguez

Growing up, my parents always did their best to provide my siblings and I everything we needed. However, when I got to college, the label of "disadvantaged background" was quickly applied to me. The label was not meant to stigmatize, but its negative connotations always had an "othering" effect that separated me from others. Compounding the problem was the perspective the "disadvantaged background" model formed. Instead of looking at the innate strengths, resources, and resiliency of my communities, "disadvantaged" made me a victim with little agency. Physicians working with communities underserved and marginalized in the US need to understand the difference between a deficit-model and an asset-model of service. The different models reflect how physicians interact with patients; either paternalistically or as an equal partner with people. To achieve an asset perspective, doctors should immerse themselves in the communities they serve, and ideally, come from the same/similar background as their patients. My lived experiences as a first-generation Mexican-American helps me connect with other immigrant Latinxs, understand the nuances of their health realities. There are numerous statistics showcasing high rates of obesity, diabetes, hypertension amongst the Latinx communities, but while those statistics represent numbers, for me, those statistics represent my family and friends. My mission is to become a community-oriented physician capable of responding to the needs of his communities. Family Medicine is the only specialty with the flexibility and mission to comprehensively address people's health by going beyond the clinic walls and work with patients within the context of their communities. By recognizing and tapping into the strengths of the Latinx/immigrant communities, I hope to partner with patients so that they can empower themselves to improve their health.

Dr. Lester Brillman Leadership and Advocacy Award



Jane Salutz

Family physicians are integral community members and vital advocates. I am a student in WARM. This program is special to me because it is led by attendings who have an unparalleled passion for community involvement. With the mentorship from local physicians, my cohort of WARM classmates and I worked on longitudinal public health projects. We learned how to identify healthcare needs and develop solutions to improve the overall health of our local communities. As the COVID-19 pandemic unfolded, we gained an increased appreciation for civic engagement and the urgency that is required for advocacy. While my formal medical education was taking a brief timeout, I was inspired by the real-time education that was occurring around me. I saw an evolution in the way that healthcare could be adapted, and we participated in efforts to promote wellness in our community. Together we organized virtual reproductive health advocacy events, volunteered at a local food pantry during the pandemic, and initiated virtual wellness check in events to ensure that the M2s and M3s had support as they transitioned into new roles. My medical education has further emphasized how important it is for my personal growth and happiness to be an engaged community member. This year I served as the VP of Membership for the national AMSA. In this role I served on the Board of Trustees, recruited new members, garnered engagement, and coordinated communication strategies. Through my leadership on the membership team, we were able to promote advocacy efforts surrounding current issues and build personal connections with local AMSA chapters. I plan to utilize the skills of flexibility, innovation, and resilience that I have developed as a medical student as I advocate for future healthcare issues that are important to my patients and to local public health needs.

Dr. Lester Brillman
Mentorship in Family
Medicine Award



Stephen Holthaus, MD

I greatly enjoy working with the UWSMPH students. I continue to precept students during the Chronic and Preventive Care rotation, Acting Ambulatory Internship, and Family Medicine electives. I also enjoy the opportunity to develop long-term mentoring relationships with students, which I see as part of my role as the regional WARM Director for Marshfield Clinic Health System. It is important to me to support students individually throughout their education and ultimately to support the mission of the WARM program in doing so. As it relates to this award, I have been fortunate recently to work with and mentor some truly outstanding students that are choosing a career in Family Medicine. I am excited for their future, and I look forward to watching their careers unfold.

Founders Award



Nivedita Nair

In Family Medicine, providing competent care involves healing with compassion, building relationships, and engaging communities. I developed this impression from fiercely passionate mentors, who live advocacy as their life mission. One such influence is my TRIUMPH mentor—he embodies community justice in every action he undertakes. For my TRIUMPH project, we collaborate with a shelter in Milwaukee to identify health needs, explore assets, and create wellness programming for housing-insecure parents. Through this, we connected with a determined mother who explained how the social systems she relies on for support are often inadequate, even restrictive. She wants to become a nurse but couldn't go back to school without losing access to essential public benefits. Her need to fight for her success led me to confront my own privilege. My mentor saw the opportunity to leverage that privilege to make positive change; he connected this mother with a training opportunity that would not interfere with her eligibility for public benefits. This was a simple act of advocacy, but essential for her path to success. He demonstrated the immense potential for growth and wellness if those with social advantage support and advocate for their communities, particularly for marginalized populations. From those I have had the privilege of serving, I learned there is always room to grow—for ourselves, in our practices, and with our communities. From those who have shared their visions of health through mentorship, I appreciated the immense social capital of healthcare providers. My future in Family Medicine involves leveraging my power to amplify lessons learned from bonds with my patients, to ultimately strengthen our shared communities. I also hope to nurture my communities by sharing my devotion to advocacy with future students, to provide the mentorship I found so essential to forging my own identity as a physician.

Robert F. and Irma K.
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Scholarship in Family
Medicine Awards



Benjamin Kannenberg

In the summer of 2019, I received a Wisconsin Medical Society grant to pursue research at the Bread of Healing (BOH) Clinic in Milwaukee. BOH piqued my interest based on their unique model – rather than providing acute care, the clinic seeks to provide longitudinal primary care to the underinsured. This model allows for the full scope of care, with regular family medicine appointments, in-house specialist referrals, and free prescriptions. My role was to research the clinic director’s theory that this method of providing care both kept patients healthier and reduced financial strain on local ERs. Over the course of the summer, I was able to gain both a qualitative and quantitative picture of BOH’s impact. The numbers were staggering – patients receiving regular care visited the ER 39% less often, reducing local ER costs by over \$900,000 annually – and provided a strong investment incentive for local hospitals seeking a win-win. However, to me, the qualitative impact was equally staggering. The clinic felt like a family – patients who freely admitted that they hated most medical personnel bantered and joked and bonded with the clinic physicians, and it was a common occurrence for everyone to drop everything and warmly greet familiar patients at the door. I have long held that consistent access to quality primary care is the solution to controlling exploding costs in our healthcare system, and my research only cemented that view. However, my interest in family medicine goes beyond the financial aspect. Seeing what a handful of dedicated physicians had created in a cramped church basement, and later working in that same setting during my core rotations, helped me realize that this is what I want in medicine – the ability to carve out a space in which patients can feel not only well-cared for, but also safe and known.

As a Wisconsin native, I have always been passionate about giving back to the community I have called home for nearly 20 years. I am genuinely interested in Primary Care because continuity of care is important to me. I personally believe that providing long-term care, both preventive and therapeutic, is an integral part of practicing medicine. A physician is also a leader and an advocate. I have served as an FMIG leader, where I helped promote Family Medicine, as well as a Phase 1 & 2 Class Representative, where I facilitate communication and help address feedback/concerns between school leadership and the student body. With our core clinical rotations coming to an end, I have had a nice opportunity to reflect on my experiences. My first clinical rotation was on the inpatient medicine service. Though I have so much respect for doctors who care for acutely ill patients in the emergency or inpatient setting, I quickly realized that environment was not for me. I joke that my brain was wired differently because, whenever asked about diseases and treatment options, I had a tendency to respond first with preventive measures and management of a patient's chronic medical conditions (e.g., diabetes, hypertension, etc.). I also enjoyed my outpatient clinical experiences on Family Medicine. I loved being able to connect with patients and their families while helping to emphasize preventive care and also helping to address any new, acute concerns. Not only did I connect with my patients, but I also loved my work environment because I could truly envision myself working alongside these MAs/nurses and incredibly supportive MD/DO providers. Reflecting back, I consider myself very lucky that all of my clinical experiences have helped reinforce my love and passion for Family Medicine.



Rutvi Shah

Vogel Foundation Award



Kahoua Yang

In the first phase of the Forward Curriculum, we are taught the determinants of health. We are asked to imagine, for example, how access to transportation may affect access to care, empathize with someone who struggles with language barriers, or consider how systemic racism may be embedded in a healthcare system. For me, these were much less hypothetical and much more real life circumstances that I have witnessed my entire life. These experiences are also the primary drivers that motivate me to pursue a career in family medicine. Growing up in a small, predominantly-white town in Wisconsin, I have observed the disconnect between my Hmong community and the healthcare system. I watched as my own family delayed seeking care due to fear of not being understood by the doctors and nurses. I also saw the failure of public health campaigns that were implemented without adequate community input. As a nursing assistant, I worked with physicians who frequently found themselves at odds with Hmong patients and their families who refused medical procedures or treatments based on cultural beliefs that the physicians did not understand. As such, there was little trust and increased frustrations between both parties leading to delayed or ineffective medical care. Even in the limited time that I have spent in clinical rotations in Milwaukee, I have observed similar patterns of barriers to care but on even larger scales. And it would be easy to be disheartened by this, as I have frequently felt myself. Through the TRIUMPH program, however, I have drawn inspiration from the numerous community organizations who are working to break down these barriers. From providing access to transportation to patients to providing culturally competent trainings to healthcare workers, these selfless individuals are making great strides in addressing these needs. Thus, I am more motivated than ever to serve and provide equitable, quality healthcare to those in underserved communities.

Jan Ashe Award

"Excellence in Community Radiography" presented by the UW Department of Family Medicine and Community Health in conjunction with the UWHC School of Radiologic Technology:

- For gentle care
- For comforting smiles
- For compassionate attention
- For unwavering commitment
- For professional excellence

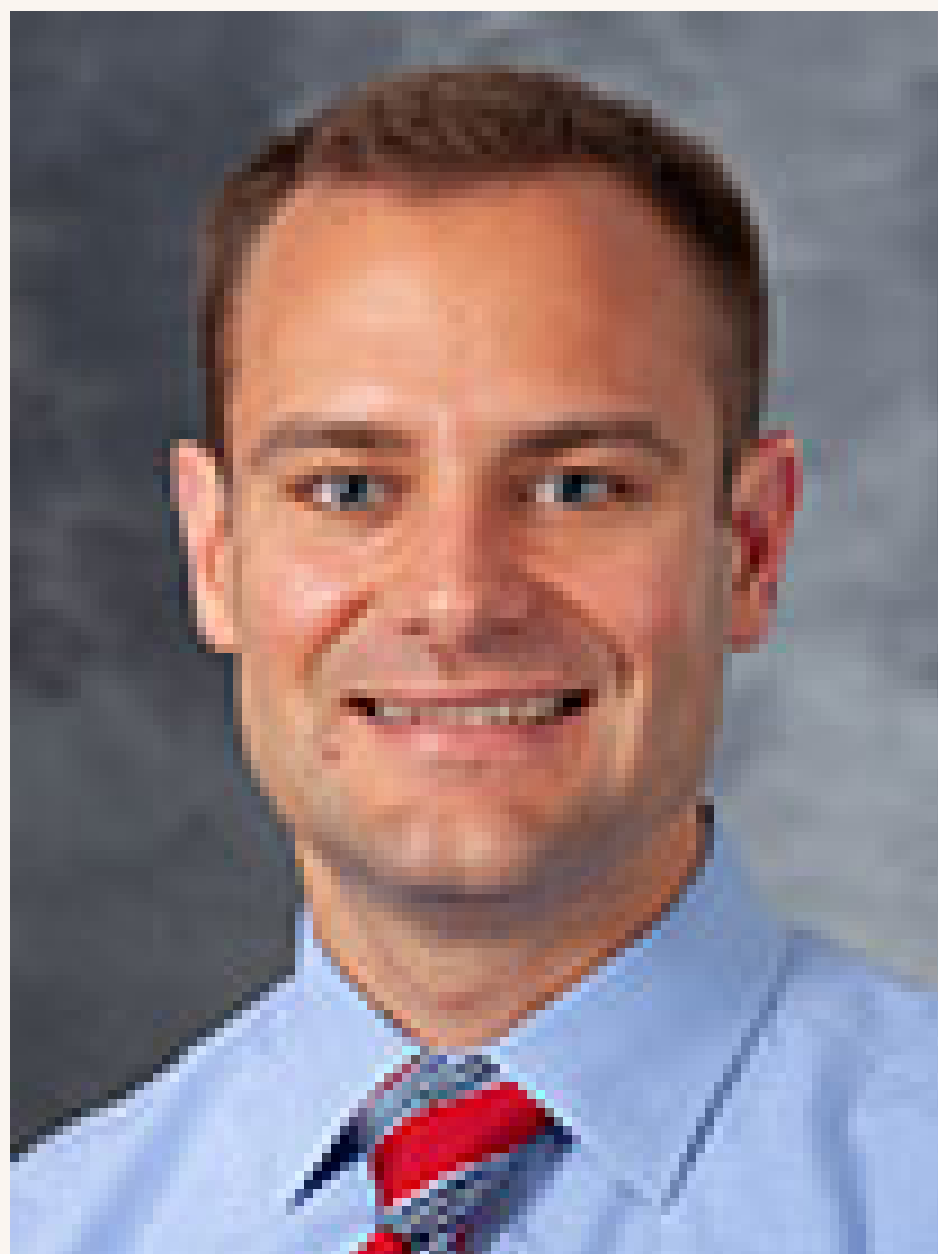
This award is presented annually to a graduating student who displays superior technical skills, an ability to communicate with patients and a cooperative team spirit. Recipients are selected for their caring, empathetic approach to people, especially families. The award is named in memory of Jan Ashe, a dedicated professional radiographer and beloved member of the Northeast Family Medical Center for 25 years. The Jan Ashe Memorial Award recognizes the importance and satisfaction of a career in general radiography in a community-based clinic.



Shonté Bell

Thank you for considering me for the Jan Ashe Award 2021. I'm happy to be a demonstration of how significant quality patient-centered care is within our community. Being a minority student, I am exceptionally happy to be recognized by your committee for this award. In the future I hope to see our department continue to reach out to the community, reflect all communities we provide care for and provide exceptional care for each patient of all backgrounds and ages. Thank you.

McGovern-Tracy Scholars Awards



James Ircink, MD

It is natural for family physicians to think beyond the confines of a single encounter, a single exam room, and consider a patient's wellness in the context of their beliefs, values, family, and community. It is why I was drawn to this specialty; we care about the relationships, environment, and societal forces that affect our patients. In the face of discrimination, racism, mental illness, or poverty, we acknowledge the divide yet more strongly perceive the connection in our shared humanity, our shared desire to be well. In residency I have had the honor and privilege to build on work that I started as a medical student in the MEDiC shelter clinics, to take my medical bag and do as the motto of the Street Medicine Institute proclaims: "Go To The People". As a volunteer street medicine physician for the Madison Street Medicine Initiative, I have been able to go beyond clinic walls at least once per month to provide direct care to individuals living on Madison's State Street who would not otherwise access our medical system. Our greatest practice, though, is that of relationship-building - helping others feel welcome, acknowledged, and loved. As a group of doctors, physician assistants, nurses, social workers, and outreach guides, we expand the continuity of care and learn about social determinants, barriers to access, and societal stigmas that our most vulnerable brothers and sisters face. True to the heart of family medicine, I am proud to represent our specialty in this work of community outreach, bridge-building, and compassionate care. Our work has just begun, and I hope to stay in Madison to continue it for many years to come. I am honored to be considered for an award that, in Michelle Tracy's memory, embodies the spirit of service to those in need. Together may we each step out of our comfort zones and whether it is in thought, advocacy, policy, or direct service, "Go To The People" who need us the most.

Early in residency, I voiced an interest in participating in DEI and was fortunate to find mentorship in champions Jennifer Edgoose, MD, and Shelly Shaw in the Office of Community Health. I was elected as a resident voting member of the Department's DEI committee. Dr. Edgoose and Shelly made me aware of a UW Health initiative involving modular diversity training called "Microlearnings," which I took on as a pilot facilitator and evaluator. They were completed with staff "lunch and learns" at a residency clinic. I am now in the process of evaluating the feasibility of employing the Microlearnings at other UW Health clinical sites and will be presenting this as a "Scholarly Discussion Presentation" at the Society of Teachers of Family Medicine conference. What is more exciting about this project was the evolution of its scope. In light of 2020 events surging the Black Lives Matter movement, two of the sessions were converted from Microlearnings to Anti-Racism discussions. The Belleville School Principal, Green County Sheriff, and a Green County Public Health representative attended with plans to continue promoting advocacy in their community. Another DEI project emerged as other residents expressed interest in Anti-Racism efforts, and I co-founded the Anti-Racism Education and Advocacy (AREA) group. This group started through a connection with the Harambee Village community organization supporting families of people of color in South Central Wisconsin. Our next project is to attend their monthly support meetings and create materials regarding the COVID-19 vaccine. The AREA group meets bimonthly to share (un)learnings and tackle this work. These programs have been a meaningful part of my residency experience, what I describe as "heart projects." They reflect avenues in which the medical profession can be involved in their communities and partner with organizations that have paved the way.



Alexandra Wolf, DO



Simon Yadgir

As a student volunteer and council member at the MEDIC free health clinics, I saw the terrible consequences of our fractured healthcare system unfold. I watched people decide to avoid potentially life-saving medical care out of fear of crippling medical debt. These experiences had me discouraged, hopeless, and depressed, in only my first year of medical school. I felt that as a medical student, I was becoming part of a cruel and uncaring system that valued profit more than human life and well-being. My frustration led me to become a student leader for the Students for a National Health Program where I learned the most important lesson of my first year of medical school: that my voice can make a difference. I was put in front of audiences of fellow medical students, health care workers, and other members of my community. I aimed to show these people that we need to value the health of every member of our society, most of all the poor and disadvantaged, and emphasize the need for healthcare reform. I was surprised to find that people in my community valued the opinions of a medical student, a true example of my privilege. This was a frightening realization, but it also empowered me to fight harder for what I believed in. I found that as I became more vocal about healthcare reform, that my classmates became more vocal about healthcare reform, and about building a culture that values the health of our patients and community above our own success. My empowerment became the empowerment of those around me. Feeling I've played a part in this change, small though it may be, gives me hope that I can use my voice to advocate for the voiceless throughout my medical career.

*A Special Thank You to Our
Scholarship Sponsors*

The Jan Ashe Memorial

The Family of Dr. Lester Brillman

The Family of Robert F. and

Irma K. Korbitz

The Family of Elizabeth McGovern

Dr. Zorba and Mrs. Penny Paster

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