

From
Milan
to
Marquette

Despite an increasingly global medical community, many U-M fellows and residents stay on to practice medicine right here in Michigan.

When you ask southern Michiganians where they're going on a holiday, often their response is "up north." To most, it means the forested northern part of lower Michigan, but beyond the Straits of Mackinac stretches Michigan's Upper Peninsula — 16,452 square miles of wilderness, lake shore, beaches, forest, mountains and small communities. Remote from the more densely populated regions of lower Michigan, the U.P., as it's called, is home to about 300,000 "Yoopers."

BY RICK KRUPINSKI



For years, a single hand surgeon, based in Marquette, the U.P.'s largest city, has provided care to residents throughout the Upper Peninsula who suffer from trauma or disorders of the hand. Were he to relocate or retire, the U.P. would have no access to his level of expertise. The demand for services already caused some patients from the U.P. to seek treatment in nearby Wisconsin.

That potential scenario changed early this year when Nathan Taylor, M.D., a 2011 graduate of U-M's new fellowship program in hand and wrist surgery, traveled with his wife to Marquette, on the shore of Lake Superior, to interview with Orthopaedic Surgery Associates. OSA foresaw the need to bring a hand surgeon into the group. The constant snow during the Taylors' January weekend stay may have daunted others — but not the Taylors, who saw in the U.P. opportunities for the outdoor lifestyle so central to their lives. Avid campers, hikers, bikers and water-skiers, they fell in love with the area.

As one of only two fellowship-trained hand surgeons in the U.P., Taylor saw the opportunity to build a busy practice quickly with a group he calls "unique and superb individuals." With residency training in plastic and reconstructive surgery, gained at the University of Texas Southwestern Medical Center, he brings his talent and skills in that area to the group practice as well.

Taylor earned his medical degree from Georgetown University School of Medicine in Washington, D.C. He chose the University of Michigan for his fellowship training because of the opportunity it offered to study at the side of Kevin Chung, M.D., an internationally recognized hand and wrist surgeon who himself completed his residency at U-M in 1994 and is now on the Medical School faculty. The talent that Chung drew to Michigan in the form of Nathan Taylor now provides crucial health care services to the underserved Upper Peninsula community.

It's a good match both ways. Originally from Salt Lake City, Utah, which Taylor says has a small-town feel despite a population of about 186,000 in a metropolitan area of 1.2 million, he developed a love of outdoor activities that characterizes his life to this day. Jennifer Taylor, from the Dallas-Fort Worth area, shares that love. Though they considered Arizona, Colorado and Texas, they found that Michigan's Upper Peninsula offered everything they were looking for. Marquette, with a base population of 20,000 that swells to 30,000 when Northern Michigan University students are in town, definitely has the small community feeling Taylor finds reminiscent of his hometown origins.

"And I love the Yoopers!" he says, citing the hardy, casual, friendly nature of the U.P.'s residents. "I had a 72-year-old female patient recently with a metacarpal fracture who asked, 'Can you do surgery on my hand in time for me to shovel snow this winter?' That's a Yooper."

In his Marquette practice, Taylor does elective hand and wrist surgery — carpal tunnel syndrome, ganglion cysts, arthritis — as well as treats traumatic injuries. "At Texas Southwestern, it was mostly trauma that I saw," he says. "During my fellowship at Michigan, I became more familiar with the elective surgery side of things. That grew on me."

Taylor performs surgery at Marquette General Hospital, Bell Hospital in Ishpeming (where Jennifer is a recovery room nurse), and, about two times a month, at the OSF St. Francis Hospital in Escanaba.

It's typical for trainees at a top-tier medical school like the University of Michigan to move from place to place during the course of medical training, reflecting the mobile, global patterns of society in the early 21st century and the routine exchanges and shared expertise among leading academic medical centers. But just as U-M-trained physicians can be found practicing in states from Alaska to California to Florida to Maine, the state of

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Graduate medical education — residency and fellowship training following medical school — hones physicians' specialized skills and makes them the surgeons, dermatologists, family practitioners and specialists in a host of medical areas that provide care to patients.

Accredited primarily by the Accreditation Council for Graduate Medical Education, these specialized programs rely heavily on federal and state payments from the Medicare and Medicaid programs, as well as extra reimbursement from private insurance. This financial policy enables the U-M, which has the largest graduate medical education program in Michigan, to achieve the dual missions of providing patient care to the Medicare population, the underserved and the uninsured, and educating future physicians

to provide care to the American public. There are nearly 9,000 residency and fellowship programs accredited by ACGME, enrolling 114,000 physicians in specialty and subspecialty programs throughout the U.S. One of every seven actively practicing physicians in the nation is a resident or fellow in an ACGME-accredited program.

The U-M Medical School has a total of 94 accredited graduate medical education programs: 24 residencies and 70 fellowships. "Forty percent of those who pursue graduate medical education with us stay in Michigan to practice after they finish," says Senior Associate Dean for Education and Global Initiatives Joseph Kolars, M.D. (Fellowship 1989), whose career has focused on physician education. "That's an impressive rate among top medical schools."

The Pediatric Emergency Medicine Fellowship Program, since 2006, has graduated nine fellows; seven of them have remained in Michigan to practice. Desiree Seeyave, who

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followed in her older sister’s footsteps by earning her medical degree at the University of the West Indies, left her native Trinidad and Tobago specifically to seek specialty training she could take back to her homeland. After a pediatric residency at the State University of New York in Brooklyn and completion of a three-year U-M fellowship in pediatric emergency medicine, however, Seeyave found no openings in Trinidad at the time of graduation. Having spent, during her fellowship training, two to three months per year at Hurley Medical Center in Flint, she not only saw similarities in diversity and economic conditions with her native land, but also felt familiar with medicine at Hurley, which is staffed by U-M physicians. “I felt it was a good fit. There are lots of sick children who need help and there is always something to be done.” Seeyave has been practicing pediatric emergency medicine at Hurley since 2009.

With an unemployment rate of more than 11 percent and roughly a quarter of its population below poverty level, Flint, a city of approximately 117,000 about 55 miles north of Ann Arbor, is well known for its long-term economic hardships. “A lot of the patients we see have no insurance, or need a ride home, or have other needs — like a primary care physician,” Seeyave says. “We use our social workers a lot to get them help with setting up insurance, or getting a ride home by bus or cab, or referrals for parenting classes, psychiatric care and substance abuse. They need to know that there’s someone who’s there for them.”

Though gunshot wounds and trauma are among the emergencies that bring



patients to Hurley's ER, Seeyave is enthusiastic toward her work and Flint. "In emergency medicine, patients come in without a diagnosis and are very sick. It's like a mystery to figure out the diagnosis and how to treat them," she says. "With pediatric patients, there is usually a quicker turnaround; taking care of them is less complicated than taking care of adult patients."

Seeyave finds working with children very rewarding and enjoys their appreciation. "We often get hugs and high-fives. There was one 5-year-old who was a cheerleader," she recalls. "After we treated a laceration on her head, she jumped off the table and gave us a cheer!"

Carla Zahuranec grew up on a farm near Ottawa, Ohio, about 40 miles southwest of Toledo. Used to a small town, rural kind of community, she knew as she undertook studies at the Medical College of Ohio that she wanted that kind of practice, too. While she

attended medical school in Toledo, her then-fiance, Darin, a graduate of Case Western Reserve's medical school in Cleveland, completed a four-year neurology residency at the U-M; they married at the end of those four years. He wanted to follow his residency with a stroke fellowship at the same time Carla was looking to match with a family medicine residency program. Though they considered Cincinnati and Cleveland, the U-M had the right offerings for both of them.

"The U-M has a top family medicine residency program. It's a good combination of bread-and-butter family medicine and tertiary care, and academic hospital experience," Zahuranec says. The program has two continuity sites: Ypsilanti, near Ann Arbor, offers an urban experience; the small community of Chelsea, west of Ann Arbor, provided the rural experience she was seeking.

Her husband's fellowship was two years and her residency was three, so they had to decide: Would he bridge the gap with a year of clinical work before they moved on, or would they remain in Ann Arbor? Once again, Michigan had something for both.

Darin Zahuranec became a member of the Medical School's faculty in 2007 while also pursuing a master of science degree from the U-M School of Public Health, which he received in 2009. He is currently an assistant professor of neurology. Carla completed her residency in 2008 and now practices family medicine in the Milan office of IHA, a 32-office, not-for-profit multispecialty group with 156 physicians and more than 250,000 patients in southeast Michigan.

Her patients are from the town of Milan, population roughly 6,000, about 15 miles south of Ann Arbor, and from nearby towns such as Dundee and the surrounding countryside and farms. "I can relate to them because of my own background," she says.

Though she's wanted to work in medicine as long as she can remember — first as a nurse and then as a physician — it was, in part, her mother's death of a pulmonary embolism when Zahuranec was 6 years old that inspired her career in family medicine. "I wanted to help create more opportunities for parents and grandparents," she says — improving health, extending life, allowing families to stay together longer.

The same impetus may be behind her three-day-a-week schedule, allowing her more time with son Noah, 3 1/2, and daughter Ella, 1 1/2. "It's a perfect balance," she says of her life and work. "I love the variety of what I see in family medicine. I never know what's behind the next door."

More than 9,000 M.D.s and M.D./Ph.D.s have completed residencies and/or fellowships at the U-M Medical School. At an average Michigan retention rate of 40 percent, that yields an estimated 3,600 specialized

physicians who have provided — or are providing — health care services to the state's population.

One of those physicians is Edward Bove, M.D., the Helen F. and Marvin M. Kirsh Professor of Cardiac Surgery, and professor of surgery in the Department of Pediatrics and Communicable Diseases. Bove, originally from New York City, earned his M.D. at Albany College in New York, completed a residency in general surgery at the U-M in 1976 and another in thoracic surgery in 1977. Bove left Michigan for a fellowship at the Hospital for Sick Children in London, England. He worked for awhile in New York, then learned of an opportunity at Michigan. There wasn't much hesitation on Bove's part. "The U-M is a great institution and a spectacular university with the right tools and players in place," he says. He returned to Michigan in 1986 — bringing with him the expertise gained during his fellowship in London.

A world-renowned congenital heart surgeon, Bove operates on children and, increasingly, adults. "Children with congenital heart defects will require further surgery as adults," he says. "It used to be that success with children with congenital heart defects was getting them released from the hospital. Now they are living into adulthood."

Bove has performed nearly 10,000 congenital heart operations during his 25-year U-M career.

He also helps train residents, fellows and medical students. "It's such a joy to work with such bright trainees," Bove says. "Since I've been here, we've trained 30-40 congenital heart surgeons, some of whom are directors of their own programs now. We have one of only 10 approved cardiac surgery fellowship programs in the U.S. — everyone knows that if you want to learn cardiac surgery, this is the place to come to."

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Rick Ohye and Ed Bove

at the U-M, certainly knew that. After medical school, a general surgery residency and a fellowship, all at Ohio State University, Ohye came to Michigan for the opportunity to train with Bove, completing his pediatric cardiovascular surgery fellowship here in 1999. “He’s an incredibly talented surgeon,” Bove says. “Now the baton is being passed to him.”

It’s a classic case of talent attracting talent, and of training the next generation of physicians. “At the time,” Ohye says, “this was one of only two programs in the country where

fellows got to operate. Training here was more than I could have hoped for. Ed not only teaches the technical aspects, but also provides a lot of career mentorship and advice that’s key to a surgeon’s future success.” Now Ohye is head of the Congenital Cardiovascular Surgery Fellowship and also participates in the training of residents and medical students, including mentoring U-M undergraduates and high school students from underprivileged areas.

Ohye has performed approximately 50 pediatric heart transplants since joining the Medical School faculty in 2000, and operates on about 300 patients per year. He also leads a 14-center randomized trial comparing techniques for the Norwood operation for hypoplastic left heart syndrome, the first multi-institutional prospective trial ever conducted in congenital heart surgery.

The U-M Medical School, since its earliest days, has been a leader in medical education in the United States. To this day,

it has a strong national — and increasingly international — presence and influence, and Michigan-trained physicians provide care around the globe. But all things global come full circle, and Kolars is quick to point out the substantial contribution the Medical School makes to the state which supports it. “Any state would be envious of our medical school because of the local contributions we are making to our communities,” he says. “And we consider it a privilege to be of service to the people of Michigan.” [M]