As the end of my time as dean of the University of Wisconsin (UW) School of Medicine and Public Health quickly draws to a close, I wanted to take a moment to thank the leadership of the Wisconsin Medical Society for its ongoing support. In fact, without the Society’s enthusiastic endorsement nearly 100 years ago, the school might not be celebrating its centennial next year. Personally, I am also grateful to the Society for the wonderful opportunity it’s given me in this Wisconsin Medical Journal Dean’s column.

A few years ago, when we all agreed to strengthen the relationship between the Society and Wisconsin’s 2 medical schools, I felt it would be useful for the 2 deans to comment on issues that were being addressed in the Journal. And so the Dean’s Corner was created. Yes, Dean Dunn and I might have done some bragging in our messages, but I feel the columns have offered us a unique way to communicate with an important audience—to let you know about programs underway at both schools that relate to Journal themes.

In fact, my more than 11 years of experience as dean has taught me that, fundamentally, the most important part of the job seems to be communication. Granted, activities such as decision making, strategy setting, and recruiting are important, but what ties us together is communication. This shouldn’t be surprising because, in my opinion, communication is the most essential tool available to humans. And as we all know, communication is at the heart of all medical practice.

Despite its importance, however, communication does not get the time it deserves in the life of a typical medical school dean today. To respond to students’ questions about what a dean actually does, I asked my secretary, Carla Eakins, to tally how I spent my time at work. In any given month, the numbers averaged: 880 e-mail messages received, 440 e-mail messages sent, 1110 pieces of incoming mail, 132 letters dictated and sent, 330 human resources and alumni letters signed and sent, 35.5 hours spent in organized group meetings, 49 hours spent in individual meetings with staff and faculty, and 10 hours of meetings spent with people outside the university.

In my 140 months as dean, I have spent an estimated total of 13,230 hours in meetings! Needless to say, this quantitative analysis does not take into consideration the complexities of the job, which are extremely challenging. I have tried to look at all the hours spent in interaction with others as opportunities for communication. And as much as I’ve enjoyed the work, I’m now looking forward to switching gears and refocusing on my pediatric research.

In order to do this, I’ve had to turn down a number of very attractive invitations for long-term projects. But I do want to complete a few short-term projects as I gradually move back to being a full-time faculty member in the UW Departments of Pediatrics and Population Health Sciences.

First, of course, I will be available to assist Dr. Robert Golden, the school’s outstanding new dean, in any way he wishes. Bob is a veteran administrator who is familiar with the many demands of a deanship, so I’m confident that he will transition smoothly into the job. I will be in the background if he needs me.

I also plan to serve as a volunteer member of a few boards of directors and will continue my deep commitment to the Oversight and Advisory Committee of the Wisconsin Partnership Program until the end of my term as chair. These activities will enhance the school’s new commitment to public health.

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Above all, I am excited about refocusing on my cystic fibrosis (CF) research program. I think about this change as beginning my sixth career, but actually it represents a return to what I love most. In a way, I will be turning back the clock to the late 1970s, when my early efforts in neonatology and CF grew into an innovative newborn screening program in Wisconsin.

Now, with support at an all-time high, the research has attracted the attention of the Centers for Disease Control and Prevention, which, together with the Cystic Fibrosis Foundation, wants to make our CF newborn screening program the model for all newborn screening nationally. European countries also are interested, and as a result, I’m helping physicians in Ireland, Belgium, and the Czech Republic to develop their own CF newborn screening programs.

I feel blessed to have so many exciting activities on the horizon as I finish up my tenure as a publicly visible leader in academic medicine. Perhaps you will be reading about our research in future pages of this Journal. In any case, I have very much enjoyed communicating with you in the Dean’s Column, telling you about the wonderful school I have been so privileged to lead for more than a decade.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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