

Since 1987, the Laureate Awards have been given annually by the Iowa Chapter of the American College of Physicians as a mark of honor and recognition for achievement of excellence in internal medicine in the State of Iowa. Categories of accomplishment include:

- Scholarship and contributions to the medical literature
- Excellence as a teacher
- Significant innovations in or contributions to health care services
- Advancement of the goals of the American College of Physicians and of other medical societies and organizations.

Past Recipients

1987

Ernest O. Theilen, MD, FACP, Iowa City
Charles H. Gutenkauf, MD, FACP, Des Moines

1988

François M. Abboud, MD, MACP, Iowa City
William B. Galbraith, MD, MACP, Cedar Rapids

1989

James A. Clifton, MD, MACP, Iowa City
John S. Chapman, MD, FACP, Dubuque

1990

Donald C. Zavala, MD, FACP, Iowa City
Erling Larson, Jr., MD, FACP, Davenport

1991

Richard L. DeGowin, MD, FACP, Iowa City
George G. Spellman, MD, FACP, Sioux City

1992

Paul M. Seeborn, MD, FACP, Iowa City
Kennedy C. Fawcett, MD, FACP, Ames

1993

John W. Eckstein, MD, FACP, Iowa City
R. Bruce Trimble, MD, FACP, Mason City

1994

John E. Kasik, MD, PhD, FACP, Iowa City
Steven R. Craig, MD, FACP, Des Moines

1995

Janet A. Schlechte, MD, MACP, Iowa City
John P. Viner, MD, FACP, Dubuque

1996

Hal B. Richerson, MD, FACP, Iowa City
Nathan Josephson, MD, FACP, Des Moines

1997

Charles M. Helms, MD, FACP, Iowa City
Gregory A. Hicklin, MD, FACP, Des Moines

1998

James Christensen, MD, FACP, Iowa City
John H. Brinkman, MD, FACP, Mason City

1999

John H. MacIndoe, MD, FACP, Iowa City
Thomas J. McIntosh, MD, MACP, Cedar Rapids

2000

Lewis E. January, MD, MACP, Iowa City
David W. Lucke, MD, FACP, Sioux City

2001

Raymond J. Hohl, MD, FACP, Iowa City
Ralph R. Pray, MD, FACP, Des Moines

2002

Joel A. Gordon, MD, FACP, Iowa City
Peter J. Reiter, MD, FACP, Ottumwa

2003

John F. Fieselmann, MD, FACP, Iowa City
Rick L. Wilkens, MD, FACP, Des Moines

2004

Kenneth A. Hubel, MD, FACP, Iowa City
Steven Eyanson, MD, FACP, Cedar Rapids

2005

George V. Lawry, MD, FACP, Iowa City
Paul D. Sosnouski, MD, FACP, Ames,

2006

Richard F. LeBlond, MD, FACP, Iowa City
Robert F. Weis, MD, FACP, Muscatine

2007

Scott A. Vogelgesang, MD, FACP, Iowa City
Lisa Ann Veach, MD, FACP, Des Moines

2008

Scott R. Wilson, DO, FACP, Iowa City
W. John Yost, MD, FACP, Des Moines

2009

Mark W. Purtle, MD, FACP, Des Moines
Barbara A. Muller, MD, FACP, Cedar Rapids

2010

Deanna L. Questad, MD, FACP, Des Moines
Paul L. Mulhausen, MD, FACP, Iowa City

2011

Joseph F. Szot, MD, FACP, Iowa City
Steven P. Joyce, MD, FACP, Sioux City

2012

Douglas B. Homick, MD, FACP, Iowa City
Daniel P. Allen, MD, FACP, Des Moines

Iowa Chapter
American College
of Physicians



2013
LAUREATE
AWARDS

March 22, 2013

Mark C. Wilson, MD, MPH, FACP
University of Iowa Carver College of Medicine
Iowa City, Iowa

Mark C. Wilson, MD, MPH, FACP

Dr. Wilson is the product of parents who embodied classy refinement, authentic interest in others, and the dogged perseverance of an over-achieving dustbowl survivor. Their nurturing and prodding support was refined by real-life knocks from his five siblings and jobs ranging from landscaping to bartending. His heart’s geographic frame of reference is the stark beauty of the high plains of Texas.

He started driving east from Amarillo without a map to attend Westminster College in Fulton, Missouri. Taking uncharted odysseys would continue to define his path through life. Mark believed strongly in building a strong liberal arts foundation even though several courses in the humanities were truly stretch endeavors, and his less than stellar GPA almost kept him out of medical school.

Texas Tech University School of Medicine took a risk on him, and both were surprised that he graduated with AOA honors. Early in his first year, he responded to Mary Beth Fasano’s index card pinned up on the student bulletin board (the prototype for social media). She was 1 of 7 women in the class of 100 students and looking for a squash partner. Mark confirmed that this game involved a racquet and ball, quickly surmising that he could pass himself off as somewhat accomplished even though she had played collegiate squash. Thus began a wonderful relationship, the

rest of which has been built on truth-telling.

His 3rd year clerkships were at a county hospital in El Paso a few blocks from the border. He had powerful – and voluminous – clinical experiences in this resource poor setting that provided endless inspiration to grow his enduring skills to interview, examine, and reason about his patients. Although Mark toyed with the idea of pursuing consecutive residencies of internal medicine and then surgery believing that otherwise he’d never learn enough medicine to be a great surgeon, he chose internal medicine. He is part of the last big cohort of US graduates who chose this path before it crashed in the next year’s humbling match results for our specialty.

Dr. Wilson was actually relieved to be asked to serve an extra year as Chief Resident at Wake Forest University because it would postpone his need to decide which subspecialty to pursue. During his Chief year, he grew immensely from a 6-month stint attending his own general medical ward service and having innumerable teaching opportunities. Mark particularly loved facilitating Morning Reports in ways that kept this case-based, interactive venue from sliding into predictability. During this rich faculty development year, it dawned on him that he was clueless about how to decide which clinical research reports should influence his teaching and patient care. This awareness and his emerging interest to re-invigorate

clinical education of internists led him to find a rigorous fellowship to ensure that he was well-prepared for an as yet unchartered career in academic generalism.

During his 3 year General Medicine fellowship at Johns Hopkins, Mark’s parents intermittently confirmed that he understood that with the same investment he could become a cardiologist. On the morning of his first Research in Progress presentation, another fellow helpfully advised that the best approach to survive these ‘RIP Sessions’ was to never wear a blue shirt since it’d just get pitted out with obvious sweat. Noticing that Mark was wearing a blue shirt, he wryly added: “Don’t worry; you’re tall and you shake a good hand.” Mark has continued to lean on these traits throughout his career.

In the middle of his fellowship, Dr. Wilson discovered that he was not passionate about becoming a clinical epidemiologist because it was too far removed from the immediacy of clinical work and clinical learners. Again without a clear roadmap, he began a productive collaboration with others at McMaster University where their generosity permitted his inclusion in the early Evidence-Based Medicine movement.

Dr. Wilson came back to Wake Forest to start his academic childhood focusing on EBM, subclinical cardiovascular disease, and demystifying the exploding literature called clinical practice guidelines. Six months later, he

was asked to take over as the residency program director. Wise counsel of others included that to take this step was ‘physician-assisted suicide’ at such a tenuous junction to develop his own traditional niche in academic medicine. Mark has never regretted jumping onto this poorly defined alternative path to academic longevity.

Choosing to take an upper Midwest adventure during his twelfth year as program director was never reflective of boredom with that role. Dr. Wilson remains fascinated by the challenge of how to best educate internists of the future. However, the opportunity to help build more vibrant learning environments and programming across all specialties at the University of Iowa felt intriguing, noble, and probably impossible. This mix has proved to be the perfect recipe for his life’s work since 2004 as Iowa’s Director of Graduate Medical Education.

Ever since choosing this poorly illuminated road through academic medicine, it’s been a wild and joyful ride intermittently punctuated by periods of frustration whenever his impatience (or impertinence) regarding the pace of progress would surface. Fortunately, throughout this adventure he has maintained his core centering values while developing thicker skin. As Dr. Wilson has challenged others over the years, “We don’t want to train others to be as good as ourselves; we want

to train others to be *better* than we are.” This one driving aspiration embodies much of Mark’s approach to clinical care and clinical education, and he believes that ultimately we must inspire our learners to identify their sustaining passion for mastery pursuit throughout their professional careers.

Dr. Wilson is an amalgamation of the generosity of multiple people over the years who directly influenced his career path. A few whose approaches to life and medicine embody how we should inspire others to higher performance include:

- *Warry Williams* set high expectations while providing tremendous support and fun, showcasing the power of personalized educational efforts.
- *Bob Schrier* provided me with a glimpse of clinical magic when he could anticipate a patient’s clinical course well before it happened. Therein lies my quest to become the ultimate student of my patients ... and my learners.
- *Julia Cruz* had an uncanny ability to connect with patients regardless of vastly different life experiences through compassion, honesty, and understandable language.
- *Pat Ober* showed the power of a master storyteller, riveting learners during interactive educational sessions. Subsequently he serves as a

valuable confidante always generously sharing his wisdom.

- *David Sackett* shared his mastery in small group facilitation. His ability to ‘trust the group’ and utilize well-timed comments or gestures to deftly steer the group toward what needed to be discovered and owned by the learners was awe-inspiring.
- *Scott Richardson* can always ask the right question to spur deeper understanding, and he embraces the mentality that if you’re living on the edge, you’re taking up too much room.

Simply listing these fine folks humbles Dr. Wilson as recounting their contributions to his development raises the hundreds more to whom he, his patients, and his learners are indebted. He still sees himself as a ‘half-baked’ product and is far more comfortable with the notion that he is an *enthusiast* about his craft rather than an expert. Compared to many of his talented colleagues, Mark has just been on the road a bit longer where he gets back up each time he’s fallen during his adventures as an internist. In large part, he just manifests his authentic interest in others and his dogged perseverance to move beyond status quo sensibilities. It is not clear if the classy refinement also in his genetic code will ever be expressed.