

## Wisconsin's First Hantavirus Disease Case: A Reminder for an Index of Suspicion

To the Editor:

Recent attention has been directed to a cluster of hantavirus cases linked to a cruise ship, and the aftermath of global concern and response.<sup>1</sup> This cluster has been identified as resulting from the South American virus species (*Orthohantavirus andesense*). Whereas hantavirus infection has been, and likely will be a rare event in the United States—with 890 cases reported between 1993 and 2023<sup>2</sup>—rare events are worthy of careful consideration.

The openness of the *Wisconsin Medical Journal (WMJ)* to the publication of case reports, even if uncommon in clinical practice, underscores the essential role of a statewide medical journal. In 1997, the *WMJ* published a case report of hantavirus pulmonary syndrome (HPS) occurring in Wisconsin in May 1996.<sup>3</sup> Complete clinical information was provided though a succinct review of the symptoms, examination, laboratory and radiographic findings, and the clinical course of this fatal case.

This case is illustrative of rare events encountered by clinicians. On presentation, the patient reported common, nonspecific symptoms of fever, myalgias, and cough. A broad-spectrum antibiotic was prescribed; the patient returned with worsening cough and shortness of breath and was admitted to an outlying hospital, then transferred to a tertiary care hospital. Diagnosis was made through reverse transcriptase polymerase chain reaction performed on necropsy tissues at the Centers for Disease Control and Prevention.<sup>3</sup>

During 2002, I worked with a medical student identifying the primary care differential diagnosis of inhalational anthrax, another extremely rare infection.<sup>4</sup> We surveyed a random, national sample of practicing family physicians and documented 35 distinct diagnostic categories for inhalational anthrax. Seven diagnostic categories—pneumonia, influenza, viral syndrome, septicemia, bronchitis, central nervous system (CNS) infection, and gastroenteritis—accounted for 86.1% of all diagnoses.

The take-home lesson is thus: rare things usually present in common ways. Four-legged equines in the US are almost entirely horses and not zebras. As the authors of the first Wisconsin

HPS case noted: “Differentiating HPS from other respiratory infections can be difficult, given the nonspecific symptoms associated with the prodromal stage.”<sup>3</sup> In addition, they concluded, “Recognition of the clinical pattern, a history of rodent exposure, and a high index of suspicion are the keys to making the diagnosis.”<sup>3</sup>

Rare events are detected by astute frontline physicians and laboratorians providing usual medical care to their patients as shown by Wisconsin's first HPS case. Accordingly, clinicians need to consider, with higher acuity, those troubling cases that are out of season, out of range, and out of context.

—Jonathan L. Temte, MD, PhD

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## Mindfulness: An Invisible Yet Integral Tool for Physicians

To the Editor:

An insightful editorial in *WMJ* by Dr Fahad Aziz eloquently emphasized that mindfulness is not new to our profession, yet its impact remains underestimated and must be deliberately culti-

vated and practiced consistently.<sup>1</sup> In today's environment of continuous email, cell phones, and social media notifications, mindfulness offers an essential counterbalance by reinforcing present-moment awareness and directing attention in a nonjudgmental manner that supports clear thinking and open-heartedness.<sup>2,3</sup> Intentionally setting aside time for pause and reflection is a core expression of mindfulness. Emerging evidence shows that brief pauses create the cognitive space essential for strategic problem-solving, which enhances adaptability and responsiveness to complex environments.<sup>2</sup> Mindful self-reflection deepens self-awareness, clarifies our values, mission, and goals, and cultivates the growth mindset required to navigate challenges with clarity and intention.

For physicians, mindfulness is integral to professional competence, promoting effective clinical decision-making and reducing medical errors.<sup>3</sup> Mindfulness is vital for empathy and cultural awareness, as a distracted physician cannot fully hear the patient's story or appreciate the emotions and values that shape decision-making.<sup>4</sup> A study demonstrated that premedical and medical students who were randomly assigned to mindfulness training experienced decreased psychological distress and increased empathy.<sup>3</sup> Without mindfulness and empathy, clinicians may complete required tasks yet fail to connect meaningfully with patients, overlooking the nonverbal cues essential for trust, adherence, and shared decision-making.<sup>4</sup>

However, modern clinical practice increasingly strains this capacity for mindful presence. Secure electronic messaging—now integral to care coordination—creates constant digital interruptions.<sup>5</sup> Each alert demands cognitive switching, disrupting attention and interrupting the reflective thought necessary for accurate diagnosis. Ultimately, mindfulness is critical to patient-centered care as it strengthens the trust that lies at the heart of the patient-physician therapeutic relationship and supports healing. The next generation of physicians learns mindfulness from the attending physicians they observe, placing a profound responsibility on us as medical educators to uphold mindfulness as both a personal discipline and a professional legacy.

—Farzana Hoque, MD, MRCP

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## Sponsorship: A Vital Leadership Strategy for Career Advancement in Academic Medicine

To the Editor:

Faculty development plays a vital role in satisfaction, retention, and career growth in academic medicine. It is commonly built around 4 pillars: mentorship, scholarship, sponsorship, and collaboration. While mentorship is well established in academic culture, sponsorship remains a less visible and underused strategy for faculty development.

Although mentorship and sponsorship are closely related, they serve distinct roles. Mentors provide guidance, advice, and support based on experience to help faculty navigate challenges and develop skills. Sponsorship, by contrast, is an intentional leadership practice that advances careers through the use of influence, credibility, and positional authority. Sponsors recommend individuals for leadership roles, nominate them for awards and committees, secure invited speaking opportunities, and expand access to professional networks.<sup>1</sup> Through these actions, sponsors open doors that might otherwise remain inaccessible. Core elements of sponsorship include recognizing talent, providing sustained support, increasing visibility, and advocating for opportunities that enable growth.<sup>1-3</sup>

This distinction is important because career advancement in academic medicine depends not only on productivity and merit but also on access

to opportunity, visibility, and recognition. Access to leadership roles and professional networks is often uneven, and sponsorship can play a critical role in bridging these gaps. For faculty from underrepresented groups, sponsorship may be particularly impactful, helping to counter structural and implicit biases and ensuring that excellence is recognized rather than overlooked.<sup>1,4-6</sup>

Effective sponsorship can also be understood through the “ABCDs” framework: Amplifying achievements, Boosting credibility, Connecting to influential networks, and Defending against bias—actions that actively advance a mentee’s career.<sup>7</sup>

At the individual level, sponsorship can accelerate promotion, facilitate leadership appointments, and expand recognition beyond one’s home institution. At the organizational level, it contributes to stronger and more diverse leadership pipelines. Importantly, effective sponsorship does not require extraordinary resources. Rather, it depends on an intentional and proactive approach to recognizing both current strengths and future potential and acting on that recognition.

One of the most tangible expressions of sponsorship is the nomination of faculty for awards, committees, editorial boards, and leadership positions. These acts confer credibility and visibility that often compound over time. Sponsorship is not a single event but a longitudinal commitment that includes feedback, advocacy, and follow-through as careers evolve.<sup>1,5</sup>

Faculty awards represent a particularly powerful and often underrecognized form of sponsorship. Although awards are frequently viewed as symbolic, they function as strategic career accelerators. Awards support promotion, increase professional visibility, and create opportunities for leadership and collaboration. They also shape institutional narratives of excellence by signaling which contributions are valued.<sup>1,3</sup> In this way, recognition becomes more than acknowledgment; it becomes a mechanism through which equity can be advanced. Collective recognition benefits not only individuals but also teams and institutions.<sup>4,6</sup>

Sponsorship ultimately extends beyond individual career development and reflects a broader leadership responsibility. Leaders who engage in sponsorship actively shape the future of academic medicine by determining who is seen, supported, and advanced. By embracing sponsorship and using recognition thoughtfully, academic leaders can cultivate the next generation of leaders while building a more inclusive and supportive professional community.<sup>1,4-6</sup>

—Pinky Jha, MD; Sanjay Bhandari, MD

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