The faces of medicine... Celebrating our accomplishments
ILLUMINATIONS
The Magazine for the University of Utah School of Medicine Alumni and Friends

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Letters to the editor: These will be posted on the SOM Alumni Web site. Submit letters at somalumni@hsc.utah.edu

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Dean’s Message

When I look at the history of our amazing institution, I hold so much hope for our future. Take the remarkable life of alumni, Tom Rees, MD, class of 1948, whose story illuminates that life can be well lived, dedicated to helping the human condition. Though Tom sadly passed away last winter, his inspiration will carry on in all of us. Dr. Rees was simultaneously the best plastic surgeon to the stars of his day, and one of the founders of the Flying Doctors of East Africa—one of the largest not for profit organizations responsible for bringing health care and better lives to Africa. He, and his wife Nan, also gave so much to our institution, including endowed chairs in Global Medicine and in the Division of Infectious Diseases for the Investigation of Vector Borne Diseases. Tom’s generosity permeated every aspect of his life, an attribute we will work to carry forward.

Dr. Rees was trained in medicine at the University of Utah before we had our current medical school building, affectionately known as “521.” Next year we will celebrate the 50th anniversary of this historic building and we are looking forward to hosting a major event. When 521 was built in 1965, then dean of the medical school, Phillip B. Price, M.D. had a vision for a hospital “…which would facilitate carrying on the highest grade of scientific work, which by the quality and reputation of its clinical work would attract patients from the whole mountain region irrespective of their economic status and which would have such a standing in the community that the best physicians and surgeons of the city would aspire to its visiting staff”.

Today, we see more than 1 million patients every year, from a referral area that covers 10% of the continental U.S., all while maintaining a national top 10 ranking in quality and safety for the last five years running. This year, University of Utah Health Care was ranked as the No. 1 healthcare system in Utah according to U.S. News & World Report’s 2014-2015 Best Hospitals rankings. As we celebrate the successful realization of this 50-year-old vision, we will be drawing to a close the era of the “521” building. As we begin to plan for the new Medical Education and Discovery (MED) building which will take its place, we collectively take on the challenge of providing a vision for the future. An opportunity like this comes along once in a generation and we are proud to share our plans with you for the construction of a new MED building.

Our vision for the MED Building is that it will serve for the next 50 or maybe 100 years, as a hub of innovation, training and research. Students, researchers and clinicians will work in this collaborative space to advance health as one integrated system, leading the transformation of academic medicine and serving as the new model for university health systems, nationwide. Besides the departmental offices, the MED will serve as the home for our innovation center, for new simulation training centers, for the new Department of Population Health Science and for new health systems innovation research.

And speaking of serving as a model for others, I hope that you happened to notice the accolades offered to our University Health Sciences Center in a recent Harvard Business Review article. Co-authors Tom Lee and Toby Cosgrove wrote in their article, “Engaging Doctors in the Health Care Revolution”, June 2014, that engaging providers will be key for achieving health care reform. They went on to recognize initiatives at Mayo Clinic, Geisinger Health, Cleveland Clinic and University of Utah Health Care as organizations who have successfully engaged our doctors in a new model of care—in our case, highlighting our Exceptional Patient Experience. If you haven’t seen the article yet see page 25 for a recap.

We have come a long way, but we still have a long way to go. Together we will continue to achieve greatness for our institution and our communities.

On behalf of all of us at the School of Medicine, please keep in touch and be well.

Sincerely,
Vivian S. Lee, MD, PhD, MBA
Letter from the Director

Greetings medical alumni, former house staff, faculty and friends!
It’s hard to believe another summer is here and we are looking forward to a new medical class coming through our doors in a month. The SOM Alumni Association always participates in all the activities; orientation, White Coat Ceremony, kick-off picnic, etc. with the incoming class. In four short years they will become our alumni…and we want them to know that alumni of the U of U School of Medicine are their friends!

Speaking of alumni, we have a wonderful Alumni Weekend planned for all of you on October 9-11, whether it is your reunion year or not. We always kick off the weekend with the SOM Alumni Awards Banquet which bestows three Distinguished Awards within the School of Medicine, a Distinguished Alumni Award, a Distinguished Service Award, and a Distinguished Humanitarian Award. This year those awards are going to Anthony Temple, MD ’68, Thomas Caine, MD, ’63 and Christina Gallop, MD, House staff, ’05 and Allan Ainsworth, PhD, the former medical director and founder, respectively, of Fourth Street Clinic. Join us on Friday morning when Dean Vivian Lee talks about the exciting future plans for a new Medical Education and Discovery Building, followed by a luncheon presentation and tour of the simulation centers in the Eccles Health Sciences Education Building and the College of Nursing. Medical students will join you on the tour and demonstrate how they work collaboratively with students across the health science professions in the simulation centers. The reunions for all classes ending in a four or nine are Friday evening, followed by our traditional CME symposium on Saturday morning. We hope those of you who aren’t celebrating a reunion this year, but who live “in the neighborhood” will come out and join us and learn more about happenings at the medical school since you earned your degree.

Speaking of getting your degree, this edition of Illuminations features the Class of 2014 Match Day information and commencement celebration. We find many of our alumni enjoy looking to see if anyone in the graduating class is going to places where they did their training. This year we had 78 individuals match across 24 states. It was quite a day of excitement, stress, anxiety, both exhilarating and exhausting, as I’m sure you remember.

We in the Alumni Relations office are always looking at new ways we can connect with you and serve you. As part of our 2013-2018 strategic planning process the strategic planning committee, made up of current and former board members, a representative from the Dean’s office and a facilitator, recognized that we provide many services for our students, and quite a few activities for older alums, but there seems to be a gap in communication and programming for younger alums (other than our Transitioning into Practice program for residents completing their residency programs at the U). So this fall we’re hosting two free dinner focus groups for alums graduating between 1999 and 2011 to brainstorm and discuss if there are any services or programs we could provide for younger practitioners dealing with new practices, young families, a medical marriage and the many changes that accompany finishing ones residency and starting into full-time practice. We assist our medical students to find mentors among our alumni; perhaps we should be offering the same assistance for our younger physicians? An email will be going out about this shortly, but if this is something you are interested in participating in please call me at 801-585-3818 and I’ll put you on the list.

Finally, I would like to thank many of you who are assisting our current students financially, either through scholarship giving, the stethoscope gift program, volunteering in our Transitioning into Practice program, hosting first and second year medical students in our Dinner with a Doc program, supporting education through financing lectureships or departmental named chairs, or housing our fourth year students as part of our HOST (Help our Students Travel) program. You are what makes working in the SOM Alumni Relations Office a wonderful and exciting experience. Thank you for all you do and see you this fall during Alumni Weekend!

Best wishes,

Kristin Wann Gorang, MS
Executive Director, SOM Alumni Relations Office
I am grateful I chose medicine as a career many years ago. Despite ever increasing and frustrating rules from the government, hospitals and licensing boards, malpractice issues and the stress of the work itself, I am even more grateful that I chose medicine today. I cherish taking care of patients and advocating for public health and health care reform.

As a doctor I have a unique perspective of both treating patients and being involved in the healthcare system. I am a career Utah Medical Association member. I discovered during my time as the UMA President and also as a delegate to the American Medical Association, that effective advocacy requires face-to-face contact with government officials and with legislators in particular. Two years ago, when I was at the Capitol advocating for confidentiality of peer review and other bills, I realized that it is far more effective to be inside the Chamber than outside. It was then, with lots of support from many others, that I made a bold and life altering decision, to run for the Utah State Senate.

After a long, complex, stressful and rewarding campaign, I was elected as the newest senator from District 8 in 2012. I would like to update you on some of the legislation I have been involved with during my first two years in the Utah Senate and what the outcomes have been. During my first session in 2013, I was made chairman of the Business, Economic Development and Labor Appropriations committee. I was also appointed to the Social Services Appropriations committee and served on the Health and Human Services and Political Subdivisions committee. I assisted in the passage of the bill to expand the medical school class size from 82 to 102 new students in 2013 and to 122 students in 2015. I was very proud that we were able to accomplish this goal and help, in a small way, the issue of physician shortages in Utah. In 2013 I also started the arduous fight to get insurance coverage for children with autism and helped pass a bill which rescinded the death penalty for minors.

This year, 2014, healthcare is one of the biggest topics in Utah and that includes up on Capitol Hill. I worked to insure that SB57, a bill that requires insurance companies to provide coverage for children with autism spectrum disorder, was passed. Although strongly opposed by insurers, this bill mandates insurance companies to provide coverage for children with autism and helped pass a bill which rescinded the death penalty for minors.

From the ER to the Senate
By Senator Brian Shiozawa, MD, HS '84

Healthcare is a major topic nationally and locally given the Affordable Care Act and the Medicaid expansion. This is the biggest change in healthcare in forty years, since Medicare. These new changes will affect many citizens personally and our society as a whole. Being a physician gives me a unique perspective in the legislature. I believe physicians do see things differently. We have insight into government regulations, dealing with insurance companies, medical liability, healthcare costs and most importantly, dealing with sick and injured patients. We know the unique language of medicine and recent patient care issues like obesity and the aging of the Boomer generation. While all legislators are expected to consider the myriad of issues that come up every session, most legislators draw on their personal experience and profession to create and evaluate policy. For example, lawyers in the Senate and House have been very involved in the Attorney General controversy. Teachers have been working on education and realtors have worked on bills about property taxes. In following my knowledge base, I have been involved with many of the healthcare related issues: Medical school class size expansion, Naloxone prescriptions for third parties, clean air, insurance mandates on autism and the Medicaid expansion. I have even had the opportunity to take care of sick and injured fellow legislators while in session!
parents and families of children with autism. Looking out at them I felt my efforts were greatly rewarded.

I also worked on the passage of SB62, which reforms the USTAR program. Utah Science Technology and Research (USTAR) is a huge State funded program. At the University of Utah site it involves medically related research and commercialization. I ordered a legislative audit last year, which showed significant deficiencies in the multimillion-dollar program. The new law requires changes in the governance, reporting, audits and commercialization. I also cosponsored a bill that improves licensure rules for psychiatric APRNs, and a bill on clean air initiatives.

One of my most publicized efforts was the sponsoring of SB251, the Medicaid expansion bill, which successfully passed the Senate. This allows the Governor to seek a partial Medicaid expansion as well as initiates the Healthy Utah plan, which is funded by a Federal Block grant given to Utah, equivalent to a full Medicaid expansion. With this support the Governor is now seeking this money from the Federal Government to provide insurance coverage to over 130,000 uninsured Utah citizens with incomes up to 138% of the Federal Poverty Level. These are the Utah citizens who were ironically left out of the coverage under the Supreme Court ruling on the Affordable Care Act, aka Obamacare; they are the very poorest of the uninsured. They are the patients who frequent the ERs due to lack of health insurance and have no other place to go. I’ve seen a lot of those patients in my ER practice. With the additional Federal money these patients will be directed for coverage through private insurance. The effects of the bill will be improved health care for this vulnerable group of patients. This will also lead to improved access and better reimbursement for hospitals, clinics and providers. This is a crucial healthcare issue. It is also a huge fiscal issue for Utah. Health care costs are the leading cause of bankruptcy in Utah. Starting in 2014 we will send an additional $600-900 million each year in taxes to the Federal Government under the ACA. This Medicaid expansion will allow us to reclaim over $250 million each year of our own tax monies to use for this healthcare program in Utah. We can use these monies to care for the uninsured patients for whom we have been paying for years via cost shifting, increased health insurance premiums and inflated hospital and clinic bills. We will probably have a special legislative session to consider this during the upcoming months.

I am grateful to be serving in the legislature and working to make these significant policy changes that affect so many Utah lives. It is a great opportunity to serve. I was fortunate to choose a medical career so many years ago. I am even more grateful now.
I had never seriously considered taking a sabbatical before. Medical school, residency, and fellowship don’t encourage side journeys. In 2001, after completing my training I joined the Department of Pediatrics at the University of Utah, eager to launch my career as a clinician and researcher. I spent the first several years honing my teaching skills and my clinical skills as a pediatric hospitalist teaching medical students and house staff, establishing a clinical practice, and caring for hospitalized children admitted to Primary Children’s Hospital.

After a few years I felt it was time to add research back into the mix. I had done a research fellowship and M.P.H. after residency and had always wanted to get back to my research interests after my clinical practice was established. My work focuses on gaining a better understanding of why there is so much variation in clinical practice without a lot of clear demonstrated benefit in improved patient outcomes associated with various approaches. This seems particularly the case with the new specialty of hospital-based medicine. I wondered if Primary Children’s Hospital was delivering the best quality of care compared to previous institutions where I had trained? I spent several years learning to conduct clinical and health services research—thanks to some pretty serious investment in resources from Chairman Ed Clark, MD and the Department of Pediatrics. My research mentor, Mike Dean, MD, MBA, Professor of Pediatrics, a very well-funded researcher himself, guided me through the intricacies of writing a grant and then doing the work once it was funded. My division chief, Chris Maloney, had the vision to allow members of his division to take time away from strictly clinical schedules to build a research portfolio for the division. All of this support helped me to become a clinician investigator who studied the U.S. health care delivery system to better understand how myriad factors impact both the quality of care and costs of care. With all this exciting and important research and clinical work to do, it is no wonder I wasn’t even considering taking a sabbatical.

And then I opened an email. It was one of those medical society emails one gets daily about new research findings. However this one had the title…” Are you a mid-career investigator looking to work in Australia?” I forwarded it to my wife and asked her how crazy it would be if we went to Australia for several months next year. She replied back with, “Totally crazy. Let’s do it!”

I was remarkably fortunate to be selected as the 2013-14 Australian American Health Policy Fellow by the Commonwealth Fund, which is funded by the Australian government. Having never been on a sabbatical before, I had no real concept of what an incredible professional and personal opportunity it would turn out to be.

The first few months prior to leaving were the most chaotic we had experienced as a family, figuring out how to leave my...
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own work for several months, watching my wife do the same, telling our kids, who were finishing middle school and excited about starting high school with their friends, that such was not to be the case and that they would miss all but two weeks of summer vacation since Australia has year-round school with the school year starting in January. For those of you considering a sabbatical leave like this, if you have a pet, be forewarned, one of our most difficult challenges was finding someone to look after our eight year old labra-doodle Gryffindor. Australia quarantines domestic animals for six months, so bringing him was impossible. It took some effort but we managed to patch together family and neighbors to serve as doggy foster parents. Of course there were details like finding someone to live in our house, changing the utilities and homeowners’ insurance, etc., etc. We were limited to a total of eight bags for six months to take us from winter to summer, so packing was tricky. We had to secure a home in Sydney, figure out schooling for the kids, and decide if I should bring my bike with me so I could ride it to work like I do in Utah. The list went on… I think you get the picture.

The first few weeks of moving the family to the other side of the world were similarly a whirlwind experience. We found a beautiful house in an area of Sydney called the Inner West. Our house had an extra room thus providing space for the six sets of family and friends who came to visit. If you go someplace a little exotic be prepared for guests!! We were close to the kids’ high school. We were only a five-minute walk to the train station and only a five-stop train ride to the Sydney Opera House. I still miss not having an opera house a few minutes away!!

We explored our new city, enjoying what I am convinced is the best coffee in the world (have a latte for me at Aslan Coffee should you find yourself in Sydney). We bought memberships at the magnificent Taronga Zoo, where the giraffes have the best view of the most beautiful city in the world. We explored the beaches, swam in the ocean, biked, and took swimming lessons from amazing teachers. We ate wonderful Thai food, equally wonderful fish and chips, enjoyed our neighborhood pub, and the life-changing macarons made around the corner from our house. The owner thanked us for our support of his business when we left—we ate many, many macarons. The kids navigated and then mastered school in a very different system—it wasn’t always easy, but they worked hard and did it. In a way, they worked the hardest of any of us, and I hope that one of the benefits of the sabbatical will be their realization that they can move across the world and still thrive.

Then there was the work. I was placed in a new independent department mandated by Australia’s recent round of health care reform. The Independent Hospital Pricing Authority has cost data for all hospitalizations—both child and adult—from Australia’s public hospitals.

In Australia everyone has access to a public health system, but there is also a parallel private health care system. There is nothing more exciting for a health services researcher than having cost data, as opposed to the charge data we generally make do with in the United States. I had built my research career using the cost data developed by Intermountain Health Care in Utah, but now I had access to similar data for an entire country! I used this data to examine the differences in hospitalization costs between a healthy population and a population with chronic conditions, both for children and adults. I then took my show on the road, traveling to almost every major city in Australia, giving talks in many of them about how Australian doctors and researchers could use the data to understand the variation of their costs. Once they are able to align the variation in costs to quality of care they will be in a much stronger position to help understand what we in the U.S. call the value proposition - creating high quality care at a reasonable cost.

The experience was a profoundly satisfying one, and I would welcome any opportunity to work again with the Australian health care system and the extraordinary researchers and administrators who help make it work.
Mr. Benning’s decision to leave his estate to the University of Utah came, in part, after he remembered the care a colleague’s daughter had received at the University of Utah Hospital. In 1969 Allan Lipman, a co-worker and friend of the Benning’s, thought his three-year-old daughter, Tracy, was going to die. Doctors at the University of Utah discovered she was suffering from a rare and often fatal disorder called dermatomyositis. Benning, who had no children, told Lipman to take all the time off work that he needed to care for his ailing daughter. Ten years later, Mr. Benning was in the process of re-evaluating the selection of organizations and causes that could benefit from his estate. Mr. Lipman shared that the University of Utah had a great medical school. “Art remembered my family’s great experience when the hospital saved our little three-year-old-daughter during my first year of employment with Amalgamated,” said Mr. Lipman. “I know that Art would be very proud to know that the fruits of his labor will support the important work of talented physicians and scientists here in Utah both now and into the future.”

**Annual proceeds from the gift help fund the work of 12 faculty members, each of whom occupy an H. A. and Edna Benning Presidential Endowed Chair. An appointment as an H. A. and Edna Benning Presidential Endowed Chair is made in recognition of the dedication and achievement of the university’s top medical researchers and for their contribution to his or her respective field. Chair holders are named by the president of the university.**

Endowed chairs are vital to the University of Utah. Having the ability to provide the University’s top researchers with this type of funding ensures that the University can retain and recruit the brightest and most talented minds in the country, guaranteeing the education of future generations.

**The following new chair holders were named in 2014:**

**Christopher Hill (D.Phil.),**
Distinguished professor and co-chair of the Department of Biochemistry at the University of Utah.

Christopher Hill received a B.A. and D.Phil. from the University of York, England, and performed postdoctoral studies at UCLA before joining the faculty at the University of Utah. Dr. Hill studies the structure and function of proteins. His lab is expert in the determination of macromolecule structures by the method of X-ray crystallography, and also employs a variety of other structural and biochemical approaches. The work is typically collaborative with colleagues who add a more biological dimension and allow the detailed structural and biochemical insights to inform about relevance in living systems. Areas of emphasis include HIV biology, including interactions between viral and host proteins such as those that the viruses exploits to complete its life cycle and others that host cells have evolved to thwart infection. A long-standing interest is in the activation of proteasomes, which function in many critical cellular activities including progression through the cell cycle and protein quality control. A third major interest is in the mechanisms used to regulate access to DNA, which is central to the fundamental processes of replication and expression of phenotype.

In addition to his research program, Hill is committed to advancing financial and environmental sustainability and chairs the President’s Sustainability Advisory Board.
Dr. Matthew Samore received his medical degree from University of Wisconsin School of Medicine and Public Health and did his residency training in internal medicine at Washington University and his fellowship in infectious diseases at Beth Israel Deaconess Medical Center in Boston. He is the Chief of the Division of Epidemiology within the Department of Internal Medicine and the Director of the Informatics, Decision Enhancement, and Analytic Sciences (IDEAS) Center at the Salt Lake City VA. He has adjunct appointments in the Department of Biomedical Informatics and the Department of Family and Preventive Medicine. Dr. Samore has dedicated himself to advancing the University of Utah’s stature in epidemiology, health services research, biostatistics, and informatics. From its inception in 2001, the Division of Epidemiology has grown from its original size of one member to 24 faculty members. The Division of Epidemiology consistently ranks among the top divisions within the Department of Internal Medicine for research funding.

Dr. Samore works across disciplines in ways that foster innovation. His research is highly collaborative, as reflected in his success in procuring center and program project grants, such as the CDC-funded Center of Excellence in Public Health Informatics and the VA Consortium for Healthcare Informatics grants. He is the Principal Investigator of a new program project, funded under the VA’s Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) initiative. The IDEAS (Informatics, Decision-Enhancement, and Surveillance) Center engages multiple departments and institutes at the University of Utah, including Biomedical Informatics, Surgery, Radiology, Internal Medicine, Orthopedics, Psychology, Biology, Human Genetics, College of Nursing, College of Pharmacy, Scientific Computing and Imaging Institute, and the Huntsman Cancer Institute.

Dr. Samore’s research focuses on the interface between epidemiology and informatics. He develops and tests novel approaches to support decision-making, leading to new frontiers in visual analytics, population surveillance, and simulation models. Dr. Samore pushes the envelope on the application of state-of-the-art epidemiological methods to develop evidence about interventions to control healthcare-associated infection and antibiotic resistance. He has championed the use of Big Data to transform approaches to monitoring and improving the health of populations.

Moving Forward: Following up a Successful Collaboration between a Sub-Specialty and Primary Care

Karly Pippitt, MD, FAAFP, ’06, House Staff ’09, Clinical Instructor, Division of Family Medicine
Adjunct Clinical Instructor, Department of Neurology

As a busy practicing family medicine physician, I’ve been fortunate to change-up my clinical practice through an exceptional opportunity. This began with my involvement in a LEAN* project. The University of Utah Health Sciences leadership encourages the LEAN approach developed by Toyota, which embraces improving patient processes to ensure continued best quality care and patient satisfaction. Our LEAN project was a collaborative effort between the Department of Neurology, Headache Division, and the Department of Family and Preventive Medicine, Division of Family Medicine. The project’s goal was to improve diagnosis of migraine in primary care and thereby improve use of migraine specific
medications. We worked with two family medicine residency clinics and found that by utilizing a validated three-item questionnaire, we increased the frequency of diagnosis of "migraine", as opposed to just "headache" and thereby decreased the number of opiate prescriptions.

This successful pilot project led me to become an adjunct faculty member in the Department of Neurology. With this additional faculty appointment, I am expanding my clinical experience, seeing "headache" referrals from the University of Utah Health Care Community Clinics, and working alongside the specialists in the Headache Clinic.

This innovative collaboration seeks to provide recommendations to primary care providers, reduce wait time for patients to be seen in the clinic, and for me to serve as a resource to my primary care colleagues. We are studying how patients perceive a primary care provider in a specialty clinic via patient satisfaction data; we are also studying wait time in clinic and ease of referral.

Now a few months into this experience of seeing patients, I can reflect on my role as an embedded primary care provider in a sub-specialty clinic in an academic center. I will confess that I had trepidations about the reception from patients after their wait to see a specialist; I was nervous about how my skill set in primary care would translate.

Although I often feel like an intern again, asking frequent questions of the headache team and staffing for the great majority (okay, still all) of my patients, my comfort level has grown tremendously. Recently, I saw a patient I had evaluated in the headache clinic in a follow-up at my home clinic–Sugarhouse Clinic–because her primary provider was out on maternity leave. This follow-up was validating because the time I had to listen to her in the specialty clinic allowed me to make a few small changes to her current regimen, which was just the adjustment she needed to get better headache control.

Not only does the specialty clinic allow me more time for patient interaction, I also have immediate access to specialty colleagues in neurology, headache specialists, and neuroradiology. This has allowed me to maximize my time spent in developing a differential diagnosis, question the patient in sufficient detail, and receive immediate feedback from experts about my thought process and physical examination skills.

There is a perception that because there is a significant wait time to get into the specialty clinic, patients are often reflexively referred, (i.e. to get them in as soon as possible) prior to exhausting all options in the primary care toolkit. This has lengthened the wait time for treatment even further. Moving forward, the goal is to triage referrals to the headache specialty clinic. By reviewing referrals and charts, I can provide recommendations to my primary care colleagues so they can handle the treatment at a primary care level and their patients are not waiting longer for treatment.

There are many medications which have an indication for migraine treatment, especially prophylaxis, that might help treat co-morbid medical conditions. For example, a patient with diabetes mellitus and hypertension is often treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB)–both lisinopril and candesartan are indicated for migraine prophylaxis. Being thoughtful about medication options and thinking outside of the usually considered options can improve patient care. Additionally, in working in the headache clinic, I have learned that before I give up on a medication, thinking it did not work, sometimes adding another preventive agent can make the difference.

Though initially anxious about my status as "just a family doc," I have felt nothing but a warm collegial welcome in the Headache Clinic from the providers, staff and patients. I am a family physician, and proud of it, but I am also very proud to have developed a niche in this academic specialty clinic where I am a valued team member.

*LEAN is a production practice that considers the expenditure of resources for any goal other than the creation of value for the end customer to be wasteful, and thus a target for elimination. LEAN is centered on preserving value with less work. LEAN manufacturing is a management philosophy derived mostly from the Toyota Production System.*
Anthony R. Temple, MD, '68

Anthony R. Temple, MD was educated in medicine at the University of Utah School of Medicine ('68). He trained in pediatrics at the Children’s Service of the Massachusetts General Hospital and the University of Utah Medical Center and Affiliated Hospitals. In 1971, he joined the faculty of the School of Medicine, combining his interests and skills in general pediatrics with his specialty training in medical toxicology. There he taught general pediatrics and became the director of the Intermountain Regional Poison Control Center (now the Utah PCC).

In 1979, he joined the Medical Department at McNeil Consumer Products, where, in the early 1980s he was instrumental in changing the approach to pediatric dosing of OTC acetaminophen, using a standardized approach he developed, later applying it also to pediatric dosing of OTC ibuprofen. When he retired in 2005, he was Vice President of Medical Affairs. He is widely published and recently published a major analysis of pediatric antipyretic use of acetaminophen.

He was President of the American Association of Poison Control Centers, and on the Boards of the American Academy of Clinical Toxicology and the American College of Medical Toxicology. He received the Distinguished Service Award of the AAPCC (1979), the Distinguished Career Achievement Award of the AACT (2003), and the ACMT Award for Excellence in Medical Toxicology (2005). He has served on the Utah Poison Control Center Advisory Board since 1998. He is now an Adjunct Associate Professor in the University of Utah, Department of Pediatrics, and a resident of St. George, Utah.

Thomas H. Caine, MD, '63

Thomas H. Caine, MD is a native of Idaho who received his B.S. and MD degrees from the U of U, followed with a residency in internal medicine and a fellowship in clinical outpatient cardiology at the University of Wisconsin (Madison). He joined the U of U faculty in 1968. During his time at the U School of Medicine he served as Assistant Dean of Student Affairs and was the first chief of the Division of General Internal Medicine. While under his leadership the division grew from three to 17 faculty members. Because of his interest in providing comprehensive medical care for his patients, he was the Medical Director of the General Internal Medicine Outpatient Clinics for many years.

He is a Fellow in the American College of Physicians and has received the Utah Chapter’s Laureate award. He also was awarded an outstanding service award by the Utah Medical Association and served as their honorary president from 2002-2003. His activities have stretched across the community in the areas of patient care, administration, teaching and community service. His professional activities have included president of the University of Utah Medical staff, president of the Medical School Alumni Association, and a member of the U of U Hospital Foundation Board.
Christina L. Gallop, MD, MPH

Dr. Christina Gallop has served as Fourth Street Clinic’s Medical Director since 2006 after finishing her residency in internal medicine at the University of Utah and receiving her M.D. from the Temple School of Medicine. Prior, Christina worked as the Hepatitis Program Manager and eventually became the Chief of Programs at Los Angeles County Department of Health Services’ Immunization Program.

Allan D. Ainsworth, PhD

Dr. Ainsworth is a medical anthropologist who worked the majority of his career to provide health care services for disenfranchised populations. In 1988 he created Fourth Street Clinic in Salt Lake City with $345,000 of initial federal dollars. When he retired 23 years later the clinic had a diversified funding base of $7 million and served more than 6,000 unique individuals a year, transforming the way homeless individuals receive health care in Utah. The clinic is a major hands-on teaching facility for students from the various disciplines of medicine, social work and pharmacology. Many U of U medical students do clinical training there and pharmacy students work in the integrated pharmacy Dr. Ainsworth created, which provides more than 65,000 prescriptions to homeless people annually.

Recognizing Fourth Street Clinic

She also served as Project Director for a Community Hypertension Intervention Project at MLK/Drew University School of Medicine in Los Angeles. Christina has worked on several public health research projects at the Medical Entomology Research and Training Unit, the Center of Disease Control, The Universidad de Valle in Guatemala, the UCLA Drug Abuse Research Center and at the University of Southern California’s School of International Relations. Christina holds an MPH from the University of California, Los Angeles and a Bachelors in International Affairs from the University of Colorado. Christina is fluent in both Spanish and French.

Through his tireless advocacy Dr. Ainsworth worked collaboratively with other Salt Lake County service providers to build a nationally recognized tuberculosis surveillance and treatment program, which had the additional result of creating more than 660 permanent supportive housing units for homeless individuals and families. Under his guidance, the clinic integrated behavioral health services with primary health care and developed respite care services for homeless people.

For his leadership in the community he received the Pete Suazo Social Justice Award in Community Leadership, the National Association of Community Health Centers’ Elizabeth K. Cooke Advocacy MVP Award, and Utah Business Magazine’s Health Care Hero Administrative Award. He was president of the National Health Care for the Homeless Council and served on the Martin Luther King, Jr. Human Rights Commission. He is currently an Associate Professor at the University of Utah where he teaches in the Department of Anthropology and the Department of Family and Preventive Medicine.

The Awards Banquet also celebrates the induction of the Class of 1964 into the Half-Century Society.
In the mid 1980’s Salt Lake City’s downtown began a revitalization process that included the demolition and redevelopment of many substandard housing units otherwise known as Single-Room Occupancy Hotels (SROs). The SROs were homes to Salt Lake’s lowest-income residents who often worked odd jobs within walking distance as janitors or watchmen. When the roughly 800 housing units were torn down, 1,000 residents were cut off from their homes and jobs. Prior to the mid-1980’s, homelessness in Utah was an isolated and temporary phenomenon, since then it has become more predictable, intergenerational and permanent.

Allan Ainsworth, PhD, a medical anthropologist, realized that the issues of health and housing were interdependent. It is impossible to be successful in one without the other. People cannot pay for housing without the presence of good health, and good health is unobtainable without a safe, permanent home. Homeless people are three to six times as likely to experience illnesses than those who are housed, with their average age of death in the United States being 48—on par with the life expectancy of Afghanistan and Nigeria, the lowest in the world. Homelessness in the United States is frequently caused by bankruptcies, and half of all personal bankruptcies in the United States are due to health problems.

In response to these issues and the growing need, Dr. Ainsworth founded Fourth Street Clinic in 1988 as a triage clinic staffed by himself and one part-time nurse who relied heavily on hospitals and medical volunteers in the community for patient treatments. Today, the clinic employs a staff of 50 and has a broad volunteer network of more than 150 physicians, PAs, nurses, dentists and others. The clinic is an AAAHC Patient-Centered Medical Home serving 4,100 homeless men, women and children with 25,000 medical, mental health, substance abuse, dental, and case management visits a year. In addition the ALSAM Foundation Pharmacy at Fourth Street Clinic dispenses 54,000 medications annually. Regular health care visits, along with the network to other community supportive services provided by Fourth Street are often an individual’s first steps to move from homelessness to secure housing.

Tooth decay and chronic pain are major issues in the homeless population, both as a health issue, and a cosmetic problem for individuals searching for employment and housing. In 2012 the clinic received a $2.9 million federal grant from the U.S. Department of Health and Human Services to build its own four-chair dental lab at its campus in downtown Salt Lake City. It also added substance abuse clinics and did a mechanical and seismic upgrade on the existing building. With further financial help from Alsco, an international linen and uniform rental company headquartered in Salt Lake City, the dental clinic opened in January 2014 and is now staffed with a dentist, a hygienist and an assistant.

Many University of Utah medical students, physician assistant students and residents receive some of their clinical, patient experience at Fourth Street Clinic. This has provided an invaluable resource for learning to the students and a mutually beneficial relationship between Fourth Street and the School of Medicine.

By increasing homeless Utahns access to primary care, Fourth Street Clinic is a major partner in ending homelessness, promoting community health, and achieving across-the-board health care savings.
Friday Morning October 10  School of Medicine Department Events
7:45 a.m. – 10:45 a.m.
We welcome current or former faculty, house staff, and reunion class members to attend the Department of Internal Medicine’s CME Grand Rounds. Continental Breakfast served and CME credit given.

Program:
Rod Hayward, MD, Director, Robert Wood Johnson Foundation Clinical Scholars® and Professor of Medicine & Public Health, University of Michigan
“Personalized Decision Science: How to Transform Medical Decision-making”
N. Jewel Samadder, MD, MSc, FRCP, Director, High Risk Gastrointestinal Cancers Clinic, Assistant Professor of Medicine (GI), Investigator, Huntsman Cancer Institute, University of Utah “Colorectal Cancer: Familial Risk and Prevention in 2014”

11:00 a.m.  
Dean Vivian Lee M.D., Ph.D., M.B.A. - State of the School Address

12:00-1:30 p.m.
Simulation Laboratory Tour with Medical Students and Lunch
with the presentation, “A Short Walk Through Planned Giving” by Jay Vogelsang, Associate Vice President of Health Sciences Development

Reunion Evening
6:00 p.m. Reception, 7:00 p.m. Dinner  Little America Hotel, downtown Salt Lake City

Accreditation: The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit: The University of Utah School of Medicine designates this live activity for a maximum of 4.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Nondiscrimination and Disability Accommodation Statement: The University of Utah does not exclude, deny benefits to or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, age, veteran’s status, religion, gender identity/expression, genetic information, or sexual orientation in admission to or participation in its programs and activities. Reasonable accommodations will be provided to qualified individuals with disabilities upon request, with reasonable notice. Requests for accommodations or inquiries or complaints about University nondiscrimination and disability/access policies may be directed to the Director, OEO/AA, Title IX/Section 504/ADA Coordinator, 201 S President’s Circle, RM 135, Salt Lake City, UT 84112, 801-581-8365 (Voice/TTY), 801-585-5746 (Fax).
Welcome

Kirtly Parker Jones, MD
Chair, Education Relations Committee,
School of Medicine Alumni Association, Professor,
Obstetrics/Gynecology, University of Utah.

Prescription Opiate Use and Abuse: 
The Data, The DOPL and Your Practice
Thomas F. Higgins, MD
Associate Professor, Orthopaedics,
University of Utah

Rheumatoid Arthritis and Osteoarthritis: 
Updates on diagnosis and new treatments
Grant W. Cannon, MD, MACP, FACR
Professor of Medicine,
Associate Chief of Staff of Academic Affiliations
and Thomas E. and Rebecca D. Jeremy Presidential
Endowed Chair in Rheumatology

Organ and Tissue Donation: 
Past, Present and the Future
Tracy Schmidt
Executive Director,
Intermountain Donor Services

Where Does Parkinson’s Disease Start? 
An update on clinical and pre-clinical features
Rodolfo Savica, MD, MSC
Assistant Professor of Neurology, USTAR Professor

Cannabis for Neurological Disease: 
Cannitbe that good?
Fran M. Filloux, MD
Chief, Division of Pediatric Neurology,
The Glenn and Ben Schmidt/Edgar
Chair of Pediatrics, Neurology

Saturday, October 11 Continuing 
Medical Education 
7:30 a.m. – 12:15 p.m.
Updates in Science and Practice Receive 
4 CME credit hours AMA Category 1

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Twice monthly, an inter-disciplinary group of students performs first-time visits for uninsured patients at the Maliheh Free Clinic. This completely student-driven endeavor combines first and second year Physician Assistant (PA) students, PharmD candidates and Family Medicine resident physicians. The students are supervised by faculty from the Department of Family and Preventive Medicine as well as the School of Pharmacy.

Volunteer providers in primary care and other specialties staff the clinic during regular clinic hours. However, the demand for care far outweighs the available supply. New patients have occasionally waited greater than six months with the greatest limitation being the time it takes to complete an intake history and physical.

Our students identified this access issue as an area where they could make a difference. Working together with the Maliheh staff, the students organized a night-time clinic focused on providing the initial visit for new patients. The student leaders created a vision and mission statement for the student-run clinic. They organize all student volunteers and are responsible for operations of the evening clinics. In addition to providing a service to members of our community while gaining valuable patient care experience, the students are receiving many lessons that come from outside the classroom. They are learning about providing culturally competent care, how socioeconomic factors affect healthcare delivery and are developing a greater understanding of the effect of health care disparities on individuals and populations. Most importantly, they are also learning how to deliver care in student cross-disciplinary teams, which will help them to become better providers in the future; delivering quality, compassionate care as part of a high functioning multidisciplinary team.

“The best way to find yourself is to lose yourself in the service of others.” Mahatma Gandhi
Deans Roundtable

Elizabeth H. Hammond, MD ‘67

When Elizabeth H. Hammond, M.D., applied to the University of Utah School of Medicine in the early 1960s, she should have been a shoo-in. She had outstanding MCAT scores and nearly perfect grades — the only mark on her record was a B in badminton. But it took three interviews, including one with a professor of psychiatry who informed her by entering medical school she would be taking the place of a man, for her to finally be accepted.

She was just one of two women in a class of 50. By contrast, the first-year 2013-2014 medical class has 52 women and 50 men.

“I was asked if I ever intended to get married or have kids — but I didn’t answer the question directly. I would simply say, ‘Dr. Bliss, I intend to practice medicine my entire life,’ ” Hammond said at a Dean’s Roundtable event at the School of Medicine in November 2013. “And I wish he were still around so I could say, ‘Dr. Bliss, I practiced medicine my entire life.’ ” And she also managed to be happily married and raise three children.

At the start of the Roundtable Hammond stressed the fact that if she wouldn’t have had a wonderful partnership in her marriage she couldn’t have done all the things she did, both professionally and in her personal life. Finding the right partner she believes is essential to success in all aspects of your life.

Hammond, who obtained undergraduate and medical degrees from the University of Utah, is a professor of pathology at the U of U and director of Cardiac Transplant Pathology for the Utah Cardiac Transplant program. She recently retired as a pathologist at LDS Hospital, an Intermountain Healthcare facility. In 2013 she was the first person to be recognized by the College of American Pathologists with the Pathology Advancement Award and in 2007 she received the Distinguished Alumni Award from the University of Utah School of Medicine for her contributions to the field of medicine.

After graduating from medical school, Dr. Hammond completed a one-year internship as a fellow from the National Institute of Health in Stockholm, Sweden. She finished her residency and fellowship at Massachusetts General Hospital. Her work as a pathologist includes standardization, collaboration and publication of a lifesaving technique for pathologists and oncologists. In the early 1980s, a cell-surface protein called HER2 was discovered in approximately 20 percent of women with breast cancer. Women with this particular protein had a much higher mortality rate than those without. Extensive research was conducted and by the late 1990s, a drug called Herceptin was developed to target this particular protein. About 50 percent of those who had the HER2 protein or gene expression and correctly used Herceptin responded to the drug. However, those who did not have the HER2 protein and took the drugs were paying more than $100,000 for a useless drug that could have potentially harmful side effects, including heart damage.

Correctly identifying the HER2 gene or protein became vital for pathologists and patients. Still, around 20 percent of tests produced incorrect results because the process was not standardized, Hammond said.

“I became very concerned. I know how likely it is you can do it wrong if you play around with the recipe even a little,” Hammond said. “We don’t have the luxury of being cowboys anymore. We have to do things in a standardized way.”

Her first attempts at standardizing the procedure by educating groups of 60 pathologists were unsuccessful.

“Nothing happened. Everyone perceived that they were always perfect and it was someone else’s problem,” Hammond told the crowd of University of Utah medical students.

Taking another approach, she worked with the American Society of Clinical Oncologists, as well as the College of American Pathologists, of which Hammond was a board member. After a year of research and documentation, the results, along with the correct process for performing the tests, were jointly published in 2007 by the two organizations.
“That made a complete switch in interest of the pathologists about what to do. They started doing the right things. It's not perfect, but it's a lot better,” Hammond said.

Of the approximately 1,100 labs nationwide performing the test, about 900 are fully accredited and go through a rigorous review regularly to ensure correct results, she said.

Hammond’s work with HER2 testing and other projects exemplifies a lifetime dedicated to research and medical practice. She confesses she's loved research since she was an undergraduate student and that she's always had a burning curiosity to take her knowledge beyond the textbook.

“How do you find the answer to any question that you don’t know the answer to and you can't find it in a book? You've got to do experiments, you have to use the scientific method to find the answer,” she said.

But it’s important to have a balance in life and good relationships with other health care professionals, she said.

Research isn't for everyone and clinical medicine isn't either; finding support with colleagues is vital for medical advances.

“There’s a role for everyone,” Hammond said. “Luckily we don’t all like the same things.”

John T. Hopkin, MD ’68

With just a single year of medical school under his belt, John T. Hopkin, M.D., found himself a little over his head, but intellectually intrigued, while performing mental status exams during a summer job at a Wyoming mental health hospital. This brief exposure to the world of mental illness fascinated Hopkin, and started him on a career in psychiatry that eventually led him to the epicenter of the AIDS epidemic in San Francisco and a calling in life helping people who have been habitually isolated from society. It was a journey more satisfying than he could have imagined.

Before deciding on his career path, Hopkin took a summer position following his first year at the School of Medicine working as an aide at the Wyoming State Mental Hospital. Resources were sparse and he was asked to perform mental status exams and maintain records of patients for an accreditation audit. With almost no training in the profession, Hopkin found himself exposed to the practice of psychiatry at the ground level.

“Wyoming State Mental Hospital was no better or worse than any other mental hospital at the time. It was kind of discouraging and horrifying. They practiced early pharmacology with first-generation anti-psychotics,” Hopkin told a room of University of Utah medical students as part of the Dean’s Roundtable series in March. “But I found the work fascinating – asking a series of questions that was supposed to lead to a diagnosis. That’s where I got a feeling that the mind was extraordinary. I was taken with it very much, even though this was the worst kind of setting you could possibly see it in.”
That early exposure, and his own battle with depression, influenced his decision to join the profession. He also recognized that the field would be exploding and there would be radical breakthroughs in the science, he said.

Hopkin, who also had earned his undergraduate degree at the University of Utah, completed medical school at the U of U before going to the University of California, Davis, to finish his residency. He later moved to the Bay Area and held various top positions at San Francisco General Hospital and at the Langley Porter Psychiatric Institute at the University of California, San Francisco (UCSF). He published several articles with his colleagues during that time, and continued to teach and hold leadership positions in the UCSF department of psychiatry.

While working, teaching and publishing in various areas of his field, his work with those who were affected by HIV and AIDS in the first stages of the epidemic was especially influential on his career and life, Hopkin said. When he arrived in San Francisco in 1980, the first patients with AIDS came into the hospital. The condition was unknown and undefined. Symptoms began as pneumonia and then a strange visible malignancy appeared. Recently diagnosed patients were given six weeks to live. There was a real view that the patients were stricken with a leprosy-like condition and at first it was unclear how it spread, all that was known about transmission was it mainly affected men who had sex with men.

The condition had a particularly strong impact in large cities where gay men seeking respite gathered from all around the country. Los Angeles, New York and San Francisco were hit especially hard.

“Many of the people who contracted the disease were seeking love and community for the first time,” Hopkin said. “For the first time in their lives, many had the freedom to engage in social and sexual interaction and they embraced that freedom. But to learn that the freedom wasn’t free – well, that was very difficult.”

Local governments were concerned with tourism dropping and Hopkin was contracted by both the city and county government to create a program of outreach and group sessions for those diagnosed with HIV and AIDS. After diagnosis, many patients lost support from their friends and family and consequently suffered from other psychological conditions, on top of physical ailments. The programs were also designed to help at-risk people understand how to deal with their own fear factors. Compounding the risk of contracting the disease, gay men had other societal pressures and were often needlessly diagnosed with borderline personality disorder, Hopkin said.

Medical treatments began to progress and antivirals were developed. Eventually, HIV and AIDS became a chronic disease. New ways to treat it are being developed and the gay community is normalizing, Hopkin said. But the support groups established in the early years developed a framework to help and provide community to many men and some women in dire circumstances.

After many years of working with HIV and AIDS patients, Hopkin retired to a farm in rural Utah. But his work helping others hasn’t ended. He has joined in sponsoring a program for refugees to the United States, training them to serve as translators and case managers for their own populations. Finding trusted individuals from the communities who can empathize with those who need help is vital, he added. Currently, the program is aiding a group of Bosnian refugees who are dealing with post-traumatic stress disorder, depression and many other hardships.

In 2013, Hopkin established a Presidential Endowed Chair in Autism Research in the University of Utah’s Department of Psychiatry. It was the University’s first endowed chair in the Department of Psychiatry. Hopkin said the development of drugs, as well as psychotherapy treatments, is vital when addressing the autism spectrum. Helping people with autism understand their own thought processes and how and why they are different from others can be an important step forward in their well being, he said.
TRANSITIONING INTO PRACTICE

September 3, 2014  5:30-8:30 p.m.
Alumni Hall – Spencer F. and Cleone P. Eccles
Health Sciences Education Building

The goal of the Transitioning Into Practice program, designed for residents and fellows in the last two years of training, is to provide the physician with information and tools that facilitate a successful transition from training as a resident or fellow into a successful practice in medicine.

Presentations
• The Search & Interview—Keys to Success
• Physician Employment Contracts
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• Panel Discussion—What I Know Now that I Wish I’d Known Then
• Public Service Loan Forgiveness Program

Registration & information online at www.medicine.utah.edu/alumni or call 801-585-3818     FREE EVENT!

First University of Utah Fall Urologic Summit Conference

The University of Utah Division of Urology is pleased to announce the Division’s first annual Fall Urologic Summit meeting held September 26-28 at Stein Erickson Lodge in Park City, Utah. The meeting’s focus is prostate cancer. Confirmed speakers include Dr. Joseph Smith from Vanderbilt University, Dr. Peter Carroll from UCSF, Dr. Anthony Zeitman from Harvard Medical School, Dr. Fergus Coakley from Oregon Health Sciences, Dr. Sean Elliot from the University of Minnesota, and Dr. Anthony Bella from the University of Ottawa.

For more information see http://www.utahurologysummit.com

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Anesthesiology

Akord, Jeremy Michael
Mayo School of Graduate Medical Education, Anesthesiology, Arizona

Boucher, Dulce Elizabeth
Morehouse School of Medicine, Medicine-Preliminary, Georgia
University of Utah Affiliate Hospitals, Anesthesiology, Utah

Bradley, Derek David
San Antonio Uniformed Services Health Education Consortium Program, Medicine-Preliminary, Texas
San Antonio Uniformed Services Health Education Consortium Program, Anesthesiology, Texas

Strunk, Joseph Donald
Providence Sacred Heart Medical Center, Transitional, Washington
Virginia Mason Medical Center, Anesthesiology, Washington

Masters of Business Administration Applicant

Garbett, Bryson Chadwick

Child Neurology

Roundy, Lindsay McCoard
University of Utah Affiliate Hospitals, Child Neurology, Utah

Dermatology

Liaquat, Maryam
University of California, San Francisco-Fresno, Medicine-Preliminary, California
Cooper University Hospital, Dermatology, New Jersey

Emergency Medicine

Enz, Ryley Abram
Maine Medical Center, Emergency Medicine, Maine

Hawkins, Morgan Jonathan
Emergency Medicine Program Candidate

Kartchner, Nathan Joseph
University of Nebraska Affiliate Hospitals, Emergency Medicine, Nebraska

Smyres, Cameron Scott
University of California, San Diego Medical Center, Emergency Medicine, California

Family Medicine and Occupational and Environmental Health

Chestnut, Robert Aaron
University of Utah Affiliate Hospitals, Family Medicine, Utah

Family Medicine

Eshenroder, Nathan Michael
Anderson Area Medical Center, Family Medicine, South Carolina

Garcia, Gary Santiago
University of California, Davis Medical Center, Family Medicine, California

Heath, Natalie Brooke
Utah Valley Regional Medical Center, Family Medicine, Utah

Johnson, Paul Michael
Utah HealthCare Institute, Family Medicine, Utah

See, Melissa Velez
University of Utah Affiliate Hospitals, Family Medicine, Utah

Thaller, Tobi Nicole
University of Utah Affiliate Hospitals, Family Medicine, Utah

General Surgery

Blevins, Katherine S.
Stanford University Program, General Surgery, California

Internal Medicine

Cheyne, Bryan Graeme
Exempla St. Joseph Hospital, Internal Medicine, Colorado

Curtis, Heather Rochelle
Providence Health & Services St. Vincent Hospital, Internal Medicine, Oregon

Harrison, Jonathan David
University of California, San Diego Medical Center, Internal Medicine, California

Jenkins, Stephen L
University of Utah Affiliate Hospitals, Internal Medicine, Utah

Kaur, Manpreet
Greenwich Hospital, Internal Medicine, Connecticut

Kazbou, Hana
Loma Linda University, Internal Medicine, California

Mohebali, Donya
Beth Israel Deaconness Medical Center, Internal Medicine, Massachusetts

Narciso, Heather Esposo
Kaiser Permanente/Santa Clara, Internal Medicine, California

Pestotnik, Michael Lee
Internal Medicine Program Candidate

Redman, Joseph Stapley
Baylor College of Medicine, Internal Medicine, Texas

Teles Grilo Teixeira da Silva, Miguel
Mayo School of Graduate Medical Education, Internal Medicine, Minnesota

Uchida, Amiko Mae
University of Washington Affiliate Hospitals, Internal Medicine, Washington

Warner, David E.
Wake Forest Baptist Medical Center, Internal Medicine, North Carolina

Medical – Pediatrics

Cirulis, Meghan May
University of Utah Affiliate Hospitals, Medicine-Pediatrics, Utah

Hill, Parker Richards
University of Rochester Strong Memorial Hospital, Medicine-Pediatrics, New York

Co-Class Presidents Max Padilla and Sam Francis

Medicine – Preliminary

Ellsworth, German Laurence
Banner Good Samaritan Medical Center, Medicine-Preliminary, Arizona

Hoggan, Ryan Noel
Virginia Commonwealth University Health System, Medicine-Preliminary, Virginia

Sibbernens, Erik David
Legacy Emanuel Hospital/Good Samaritan, Medicine-Preliminary, Oregon

Medicine – Primary

Callister, Catherine
Johns Hopkins University/Bayview Medical Center, Medicine-Primary, Maryland

Neurology

Bonnell, Gabriel Dain
Medical University of South Carolina, Neurology, South Carolina

Heidarian, Lauren Lahdan
University of Utah Affiliate Hospitals, Neurology, Utah

Morales, Jose Roberto
University of New Mexico School of Medicine, Neurology, New Mexico

Neurological Surgery

Tran, Diem Kieu Thi
University of California, Irvine Medical Center, Neurological Surgery, California

Hoang, Nguyen
Ohio State University Medical Center, Neurological Surgery, Ohio

Obstetrics-Gynecology

Janicki, Lindsay Noel
Mountain Area Health Education Center, Obstetrics-Gynecology North Carolina
Ophthalmology

Bernhisel, Ashlie Anne
University of Utah Affiliate Hospitals, Ophthalmology, Utah

Constantine, Ryan Nicholas
University of Utah Affiliate Hospitals, Medicine-Preliminary, Utah
Duke University Medical Center, Ophthalmology, North Carolina

Kirk, Kevin Ronald
Indiana University Health Ball Memorial Hospital, Transitional, Indiana
University of Rochester, Ophthalmology, New York

Ostler, Erik Moffat
St. Luke’s Hospital, Medicine-Preliminary, Missouri
St. Louis University, Ophthalmology, Missouri

Padilla, Maximilian Roydon
University of Nevada Affiliate Hospitals, Medicine-Preliminary, Nevada
University of South Florida, Ophthalmology, Florida

Miller, Matthew Albert
University of Iowa Hospitals and Clinics, Medicine-Preliminary, Iowa
University of Iowa, Ophthalmology, Iowa

Tucker, James F.
Providence Sacred Heart Medical Center, Transitional, Washington
University of California, Irvine Medical Center, Ophthalmology, California

Ophthalamic Pathology Fellowship

Farukhi, Mohammed Aabid
Moran Eye Center, Ophthalamic Pathology fellowship, Utah

Orthopaedic Surgery

Dowdle, Spencer Blake
University of Iowa Hospitals and Clinics, Orthopaedic Surgery, Iowa

Otolaryngology

Curtis, Stuart Hal
Albany Medical Center, Otolaryngology, New York

Pediatrics

De Berito, Theodore Vincent
University of Chicago Medical Center, Pediatrics, Illinois

Gunderson, Matthew Donald
Phoenix Children’s Hospital, Pediatrics, Arizona

Jones, Andrew Lee
Salt Lake City, Utah
University of Michigan Hospitals-Ann Arbor, Pediatrics, Michigan

Mecham, Cherisse
Phoenix Children’s Hospital, Pediatrics, Arizona

Murray, Kathryn Margaret
University of Utah Affiliate Hospitals, Pediatrics, Utah

Sorensen, Matthew W.
University of Texas Southwestern Medical School-Dallas, Pediatrics, Texas

Physical Medicine & Rehabilitation

Wagner, Graham E.
Washington Hospital Center, Medicine-Preliminary, District of Columbia
University of Utah Affiliate Hospitals, Physical Medicine & Rehabilitation, Utah

Plastic Surgery

Garlick, Jared Wayne
University of Utah Affiliate Hospitals, Plastic Surgery (Integrated), Utah

Psychiatry

Bell, Patrick Aaron
University of Utah Affiliate Hospitals, Psychiatry, Utah

Radiology - Diagnostic

Baillargeon, Amanda Marie
University of Utah Affiliate Hospitals, Medicine-Preliminary, Utah
Mayo School of Graduate Medical Education, Radiology-Diagnostic, Minnesota

Chan, Jessica Ivanka Treidi
Intermountain Medical Center, Transitional, Utah
University of Utah Affiliate Hospitals, Radiology-Diagnostic, Utah

Herde, Ryan Frederick
University of Pennsylvania Mercy Hospital, Transitional, Pennsylvania
Duke University Medical Center, Radiology-Diagnostic, North Carolina

Hu, Eric Mu
University of Utah Affiliate Hospitals, Medicine-Preliminary, Utah
University of Michigan Hospitals, Radiology-Diagnostic, Michigan
May 24 was a day of celebration and downpour, as 78 medical students, 42 physician assistant, and 144 bachelor, master and PhD graduates of the University of Utah School of Medicine poured out of the rain into Kingsbury Hall to celebrate their graduation.

Nobel Prize Laureate Mario Capecchi spoke to the graduates, faculty members and families about the changes that had occurred in his field of genetics in the past fifty years, stating that the future of medicine, their future, would experience even more rapid transformation. He shared that he changed his field of research approximately every seven years. From studying bacteriophages (bacterial viruses), to mammalian genetics, then to developing the “knock out” mice—for which he shares the 2007 Nobel Prize in Physiology and Medicine—and, more recently, developmental genetics of the nervous system and behavior. Today he is consumed with comparative genomics across multiple species. He encouraged all graduates to embrace change, saying the status quo is your enemy. He challenged them to never stop being a student, reading, discussing, reevaluating, being curious. It takes the same amount of effort to work on the big questions as the little questions, so whatever your field in medicine, he said, choose the big questions.

I solemnly pledge to consecrate my life to the service of humanity. I will practice medicine with conscience and dignity. The health and life of my patient will be my first consideration. - From The Oath of Hippocrates
MS IV students Andrew Jones, Paula Griffith, Joseph Strunk and Heather Narciso sing the National Anthem

Regents Dan Campbell and Pastor France Davis, Dr. Mario Capecchi, Regent Jesselie Anderson and Dean Vivian Lee

Medical Graduates Aabid Farukhi, Hana Kazbour and friend

Medical student Alex Hoang receives congratulations from Mario Capecchi

PA graduates Lisa Stephens and Dalyn Steed

Medical Class of 2014

Mario Capecchi addressing the audience

PA graduates Rebecca Thatcher, Derek Urban, Matthieu Tuahivaatonomihit, Donal Warner and Brady Watkins

Celebratory gathering after graduation
Brandon Garth Wilkerson, MD
Receives School of Medicine Alumni Association
4th Year Student Award

The School of Medicine Alumni Association Fourth Year Award was established in 1990 by the board of the Alumni Association. The criteria for this student-nominated award is a demonstrated concern for their peers and a life that exemplifies the ethical, moral and academic skills deemed necessary to make an exemplary physician.

When fourth year student Andy Jones wrote his nomination for Brandon Wilkerson he cited Brandon's leadership during his time in medical school, which was underscored by his humility and quiet confidence. Brandon served as 3rd year class co-president, UMA delegate, National AMA delegate to two national meetings, as the U of U AMA Co-President, UMA Co-President and as a member of the UMA Board of Trustees and the SLC Medical Society Executive Committee.

Andy commented that Brandon's greatest wish is for everyone around him to succeed. He reached out repeatedly to help and motivate struggling students and to lift up his peers. He regularly tutored, mentored and otherwise assisted students from all classes, covering extra call shifts, staying late, and taking on extra work to lighten the load of those around him.

He was particularly interested in children with paralysis or otherwise physically handicapped. During medical school he worked with the “Now I Can Foundation” and was the event coordinator for the annual “Run to Walk” event, raising funds for children with Cerebral Palsy. He is also committed to promoting cancer awareness and served as the Event Chair and Entertainment Chair for the local American Cancer Society Relay for Life, which raised over $60,000 towards cancer research.

While in medical school he dedicated time to cancer research—participating in seven different projects including NIH funded research in pancreatic cancer and orthopedic research in soft tissue sarcoma.

An excellent student, Brandon worked part-time his first two-years of medical school but still scored among the top in the nation on both the USMLE Step 1 and Step 2 exams and was invited to teach the SOM’s Step 1 board prep class. He continued to shine in his 3rd and 4th year clerkships often cited as one of the top students with an “excellent work ethic, dedication to the team, and to his patients.”

The Alumni Association is proud to give this well-deserved award and gift of $1000 to Brandon and look forward to watching him progress as a doctor as he moves forward with his surgery residency at Vanderbilt.

Long-Term Chair of Internal Medicine Steps Down

John R. Hoidal, M.D., Chairman for the Department of Internal Medicine, stepped down as Chairman on July 1, 2014.

He has spent the last 30 years in medical school administration both as Division Chief and Department Chairman. In 1987, Dr. Hoidal came to the University of Utah School of Medicine from the University of Tennessee, where he served as the Director of the Pulmonary Medicine Division. He joined the University of Utah as Chief for the Division of Respiratory, Critical Care and Occupational (Pulmonary) Medicine. He has also served as the Chief for the Division of Pediatric Pulmonary and Interim Chair for the Department of Internal Medicine prior to his official appointment as Chairman in 2004.

Dr. Hoidal led the Department of Internal Medicine during a period of tremendous growth. In 2001, when he became Interim Chairman, the Department’s annual budget was roughly $70 million, clinical income reached $33 million, research grants were roughly $24 million, and the Department had 11 Divisions and 142 faculty members. Today the Department’s budget is greater than $145 million, clinical income is more than $80 million, research grants surpass $30 million, and there are now 16 divisions and 312 faculty members. One of Dr. Hoidal’s celebrated successes is the creation of the Society Supporting Leadership in Internal Medicine (SSLIM). SSLIM raises private donations from former faculty and trainees to encourage junior faculty to go into education and research. By providing bridge funding between grants and loan repayment to junior faculty, the Department can successfully invest in future leadership. Currently, the Department has supported 32 junior faculty through SSLIM funding.

Dr. Hoidal currently holds the Clarence M. and Ruth N. Birrer Presidential Endowed Chair. Although Dr. Hoidal is stepping down as Chairman, he will continue his clinical practice and research programs.
Harvard Business Review Recognizes Physician Engagement Efforts by University of Utah Health Care

University of Utah Health Care was recognized in the June edition of Harvard Business Review as a health care system embracing new transparency efforts involving physicians in the challenging process of overhauling health care to better meet patient needs.

U of U Health Care is one of several prestigious health care systems, which include Cleveland Clinic, Mayo Clinic, and Brigham and Women’s Hospital, featured in the article titled “Engaging Doctors in the Health Care Revolution.” The article focus is on how physicians can help propel health care transformation as the U.S. moves from a fee-based approach to a broader team-based approach in patient care.

Harvard Business Review cites the University of Utah Health Care’s efforts as the first hospital system in the country to post online physician reviews and comments, a venture launched in 2012. The initiative allowed providers to receive their patient-experience data privately and opened the door to conversations about how to make improvements. The data was then shared internally, and other physicians could compare their performance and ratings to colleagues. Eventually, the concept evolved online, where patients can publicly review a physician’s report card on http://healthcare.utah.edu.

“With each escalation in transparency, overall performance improved,” the Harvard Business Review article states. “One key to Utah’s success with the program, we believe, was its gradual introduction, which allowed physicians to acclimate at each step.”

Web traffic to the U’s online physician profiles skyrocketed after implementing online reviews. The most recent numbers, from March 2014, show page views to U of U Health Care physician profiles totaled 122,072—a dramatic increase from the 32,144 page reviews tallied before online physician reviews and comments had been fully adopted. The surge in web traffic is a strong indicator that patients and consumers appreciate the transparency and additional information made possible by online reviews.

University of Utah Health Care uses data from more than 40,000 patient surveys to rate its physicians on nine measures using a five-star system. Patients are e-mailed an electronic survey within a few days of their medical appointment and are asked to complete questions about the care they received and to provide specific comments. Feedback is then posted to the web site and is also used to improve all areas of patients’ clinical experiences. Other health care systems across the country have consulted with University of Utah Health Care about lessons learned while adapting their own respective models of online physician reviews.

Saving Money and Improving Outcomes at Primary Children’s Hospital

In 2012 appendicitis treatment at Primary Children’s Hospital changed. The new approach focuses on tailoring the type and duration of care on the patient’s response. It is designed to decrease the length of hospitalization and cost of care as well as improve outcomes.

Since implementation of the new protocol the length of hospitalization has decreased by two days for children with ruptured appendicitis and decreased by one day for children with non-ruptured appendicitis. Cost of care has decreased from $13,610/patient to $9,870/patient for ruptured appendicitis and $5,783/patient to $4,499/patient for non-ruptured appendicitis. This has led to a total cost savings of approximately $1,200,000 a year at Primary Children’s Hospital. Additionally, outcomes have improved. Fewer patients are getting readmitted (8.4% prior versus 5.9% now) and fewer patients are developing intra-abdominal abscesses (5.2% prior versus 1.3% now).

How were these changes achieved? First, the way surgeons performed appendectomies was unified. This dramatically decreased the use of high-cost disposable materials. Previously the average appendectomy cost $760 for disposable single use materials. Now an appendectomy utilizes only $240 per appendectomy.

Then an emergency room appendicitis evaluation protocol was employed that was designed to eliminate CT imaging in patients. This saves cost and decreases the long-term risk of radiation exposure. Additionally, a discharge teaching program was implemented to ensure parents understand what to expect and how to treat their child with appendicitis after they return home so children can stay safely at home and out of the emergency room after discharge.

Other hospitals have noticed the success at Primary Children’s Hospital and several have consulted with Primary Children’s to adopt the same strategies. Primary Children’s continues to work to provide quality value-driven care that places the child first and always.
Animating Biology

Janet Iwasa, Ph.D., a research assistant professor in the Department of Biochemistry at the University of Utah, sometimes receives looks of surprise when she describes her research. “I’m a molecular animator,” she says. “I use 3D animation software from the entertainment industry to create scientifically accurate depictions of molecular hypotheses.”

Iwasa created her first scientific animations while she was a graduate student studying cell biology at the University of California, San Francisco, and went on to pursue animation full time as a postdoctoral fellow at Massachusetts General Hospital and Harvard Medical School. Her experience working with numerous researchers has shown her that animations can play diverse and important roles in research, teaching and outreach. “Animations are an amazing way to communicate our ideas — to others in the research community, to our students, as well as to the public at large” Iwasa says. “They’re also a powerful tool for exploring molecular hypotheses by allowing researchers to visualize what might be happening in three dimensions and over time.”

Since her arrival to the University of Utah in 2013, Iwasa has started a number of new collaborations with U faculty, including Wes Sundquist (Department of Biochemistry) and Brad Cairns (HCI). A major focus for the next several years will be a detailed molecular animation of the full viral life cycle of HIV. This project will be carried out through close collaboration with the Center for the Structural Biology of Cellular Host Elements in Egress, Trafficking, and Assembly of HIV (CHEETAH), a NIH-funded consortium led by Wes Sundquist. Iwasa is creating a website, called “The Science of HIV” which will feature these animations, as well as other resources, such as interviews with researchers and lesson plans for biology educators.

U Researchers Seek Patient Input to Improve Surgical Care

Hospital readmissions following surgery add millions of dollars a year to the nation’s health care bill and often occur when physicians don’t communicate well with each other or their patients. The University of Utah recognizes the impact poor communications has on surgical patients and wants to improve their outcome. In the next nine months, University of Utah researchers are going to address this issue by enlisting patients to identify problems they experienced in communication and care coordination before and after surgery.

Led by vascular surgeon Benjamin Brooke, M.D., Ph.D., assistant professor of surgery, the researchers are forming a network of up to 250 patients from rural and urban areas in Utah and surrounding states that have experienced surgical care at hospitals such as University of Utah Hospital. The study is funded by The Patient-Centered Outcomes Research Institute (PCORI), a Washington, D.C., group that advocates for improved communication between patients and providers resulting in better-informed health care decisions.

Patients are frequently perplexed by the steps involved in obtaining surgical care, spanning inpatient as well as preoperative and postoperative care in the community. When care is poorly coordinated, patients are unduly tasked with providing the only consistent linkage longitudinally across the episode, navigating from step to step with little guidance. Bridging the siloes between community and inpatient care across providers has typically relied on the vigilance of individual providers with limited roles and perspectives, rather than relying on a team-based approach with the patient at the center. This project seeks to bring together a network of patients and surgical care stakeholders to study the experience of patients undergoing surgery, identify common deficiencies in care coordination, and investigate interventions to improve outcomes of surgical care episodes.

The experiences of the network of patients and providers will determine where major problems in care coordination exist. Along with patients the network will include primary care physicians, surgical specialists and other follow-up care providers involved in surgical care. By assembling and engaging patients and major stakeholders in the community-surgical interface, the U hopes to create a research platform allowing a broad range of investigations designed to improve the experience and outcomes of surgical care episodes.
University of Utah Study Review helps Establish Newest National Guidelines on Opioid Use

Kurt Hegmann, MD, MPH Chief, Division of Occupational and Environmental Health and Director of Rocky Mountain Center for Occupational and Environmental Health

Opioids are the most potent pain relievers for acute pain. They are also prominently used for peri-operative pain. Their use to treat chronic pain is controversial.

As we know from warning labels on prescription medication vials, opioids can cause potential impairments. While providing potent pain relief for acute pain, these medications act on the central nervous system, causing sedation and otherwise impairing higher cognitive functions. They are also quite addictive.

Recently, The Rocky Mountain Center for Occupational and Environmental Health (RMCOEH), a National Institute for Occupational Safety and Health-sponsored education and research center serving HHS Region 8 (Utah, Montana, North Dakota, South Dakota, Wyoming, and Colorado) completed an 18-month research review of opioid use and came up with the national recommendations to aid physicians and other health care personnel when prescribing opioids.

The RMCOEH is housed in the Division of Occupational and Environmental Health within the Department of Family and Preventive Medicine. Kurt Hegmann, the Director of RMCOEH, is the editor of the American College of Occupational and Environmental Medicine’s Evidence-based Practice Guidelines. These guidelines set up standards for a variety of different health issues, including low back pain, neck injuries, opioid use, respiratory concerns, etc. The Opioid Guidelines panel was likely the most diverse, multidisciplinary panel yet formed to review opioid use, made up of specialists in addiction medicine and counseling, anesthesiology, emergency medicine, family medicine, infectious disease, internal medicine, neurology, neurosurgery, occupational medicine, orthopedic surgery, pain medicine, pharmacology, physical medicine and rehabilitation, sports medicine and toxicology.

The guidelines also include a comprehensive opioid treatment consent form combined with an opioid treatment agreement to facilitate management of patients, and other tools to help health care workers. With this convincing epidemiological evidence, the ACOEM Opioids panel recommended the avoidance of safety-sensitive job functions while under treatment with opioids. They also noted that there are no validated tools to determine if someone is safe to operate a vehicle on opioids. Among those treated with opioids, sufficient time after the last dose is recommended to eliminate approximately 90% of the drug and active metabolites from their system. The guideline also recommends caution among those consuming other depressant medications such as benzodiazepines and sedating antihistamines (e.g., diphenhydramine including Benadryl).

The panels work included searching databases going back to 1966. This included 24,617 articles being screened with a total of 157 high and moderate quality studies identified addressing pain treatment. Nine sizable epidemiological studies were identified and included in the analyses. Some of the most significant findings of the study are as follows:

1. As the first guideline to systematically address literature on opioid use and motor vehicle crashes, all 12 studies reviewing motor-vehicle impairment with opioid use supported an elevated risk of crash and thus recommended people in safety sensitive jobs not to take opioids.

2. Out of 28 trials, no quality trials were identified showing superiority of opioids, including when compared with non-steroidal anti-inflammatory drugs and other medications for pain treatment.

3. Lower doses of post-operative opioids were associated with better long-term functional outcomes.

4. The strongest risk factors for overdose and deaths included concomitant use of benzodiazepines, illicit substances, unemployment, psychiatric disorders and substance abuse history.

5. Selective use of opioids was recommended for patients with acute and post-operative pain; extended opioid use should only be used with documented functional gains.

6. A strong and reproducible dose-response relationship identified a recommended morphine equivalent dose limit of 50mg per day as opposed to prior guidelines, based mostly on expert opinion, which recommended a 110-120 mg maximum dose, which likely allowed too many fatalities to occur.

7. The longest placebo controlled trial lasted only four months. This confirmed the finding of others that there is no evidence of long-term efficacy from treatment with opioids, yet there is an evidence of hazards.

8. Many patients do not tolerate opioids, washing out or dropping out in various phases of the trials.
2014 Rosenblatt Prize for Excellence
Awarded to Randall J Olson, MD, ’73

Randall J Olson, MD, Professor and Chair of Ophthalmology and Visual Sciences, CEO, John A. Moran Eye Center, University of Utah School of Medicine, was named the 2014 recipient of the Rosenblatt Prize for Excellence, the U’s most prestigious award. The $40,000 gift is presented annually to a faculty member who displays excellence in teaching, research, and administrative efforts.

The Rosenblatt Prize Committee, a group of distinguished faculty members, recommends selected candidates for the award. University of Utah President David W. Pershing made the final selection and said that “Dr. Olson has a long, rich history with the University and is an inspired choice for this honor. His forward-thinking leadership has effectively put the Moran Eye Center on the national map, bringing life-changing research and outreach, renowned patient care, and academic excellence together in one outstanding institution.”

Dr. Vivian Lee named one of the 40 Smartest People in Healthcare

In the Spring of 2014 Vivian Lee, MD, PhD, was named as one of the 40 smartest people in healthcare by Becker’s Healthcare, the leading source of business and legal information for healthcare industry leaders. Since July 2011, Dr. Lee has served as senior vice president for health sciences at the University of Utah, dean of U of U’s School of Medicine and CEO of University of Utah Health Care. While at the U Dr. Lee has championed transparency and value-driven care in academic medical centers. “I’m a big believer in data and in measuring things,” she told Becker’s Hospital Review. That belief spurred the development of UHC’s Value-Driven Outcomes Tool, an algorithm meant to measure the true cost — not sticker price — of a patient’s episode of care. Dr. Lee, a radiologist, was awarded a Rhodes Scholarship to study at Oxford University in England, where she earned a doctorate in molecular engineering. She earned her medical degree with honors from Harvard University in Boston and completed her MBA at NYU’s Stern School of Business.

Clough Shelton, MD Recognized by American Otological Society

Clough Shelton, MD, Chief of the Division of Otolaryngology, was recently awarded a Presidential Citation by the American Otological Society. This citation recognizes his leadership and outstanding contributions to education and research in Otolaryngology, Otology, and Neurotology. He is also a Past President of this organization.

The American Otological Society is the second oldest medical society in the United States, founded in 1868. Its membership consists of those who have distinguished themselves in the field of Otology, including publication of a major thesis and/or a record of significant research contributions supported by extramural funding.
Otolaryngologist Dr. Richard Orlandi receives National Award for Collaboration

Dr. Richard Orlandi received an award from the American Academy of Otolaryngologic Allergy (AAOA) recognizing his success in forming collaborations between their society and the American Rhinologic Society (ARS). These two societies represent the largest block of subspecialists within the field of otolaryngology. The award acknowledged Dr. Orlandi’s efforts to establish a research grant jointly offered by the two societies, making it one of the largest nongovernmental research grants offered in otolaryngology. Collaboration between the two societies had been lagging for years and this joint research program has become a platform for shared goals and alignment. Drs. Todd Kingdom, outgoing president of the ARS, and Dr. Tim Smith, incoming president of the ARS, also received an award for their leadership in supporting Dr. Orlandi’s project.

Prestigious Sloan Research Fellowship Awarded to U of U Researcher Adam Douglass, PhD

A Utah neuroscientist who specializes in dopamine has received a 2014 Sloan Research Fellowship. Adam Douglass, Ph.D., assistant professor of neurobiology and anatomy, is among the 126 American and Canadian researchers who will receive $50,000 to further their research.

The prestigious awards identify scientists and scholars early in their careers with the potential to become future leaders in their field. Dozens have gone on to win a Nobel Prize and other awards.

“These researchers are pushing the boundaries of scientific knowledge in unprecedented ways,” said Dr. Paul L. Joskow, president of the Alfred P. Sloan Foundation.

Douglass studies how dopamine influences behavior using a genetically-encoded, fluorescent voltage indicator on larval zebra fish. The simple fish are in their first week of life. Their transparency works well with optical research techniques.

“One of the areas where we’re really lacking is describing what dopamine does to the entire brain,” Douglass said. “The technique we’re developing will let us do that while maintaining cellular resolution. That allows us to investigate the contribution of individual neurons.”

Dopamine is critical to certain behaviors. The disruption of dopaminergic neurotransmission is intricately connected to diseases such as Parkinson’s and schizophrenia.

The voltage indicator allows the lab to record neuron activity without using electrodes. Researchers have built a microscope that can image this indicator in thousands of neurons in one experiment. The Sloan dollars will assist the lab in paying for staffing support.

Siam Oottamasathien, MD, FACS, FAAPI, a member of the University of Utah Division of Urology, was awarded a NIH R01 grant from the National Institute of Diabetes and Digestive and Kidney Diseases to further investigate urologic chronic pelvic pain and explore glycosaminoglycan derivatives as novel treatment options. The Oottamasathien Laboratory has pioneered a new rodent model of bladder inflammation and pain, while characterizing the role of mast cells in diseases affecting the urinary bladder. In collaboration with Presidential Professor of Medicinal Chemistry, Glenn Prestwich, PhD, the Center for Therapeutic Biomaterials, and GlycoMira Therapeutics, they have developed a new family of anti-inflammatory therapeutics. With this strong collaborative team, they are hopeful that this new family of drug will someday effectively treat those afflicted with painful bladder syndrome.
Junior Faculty Members Tracy Manuck, MD and Erin Clark, MD Win Awards at Society for Maternal Fetal Medicine

Nearly half a million babies are born too soon each year in the United States. Preterm birth (birth before 37 weeks of pregnancy) is the leading cause of newborn death, and babies who survive an early birth face an increased risk of a lifetime of health challenges, such as breathing problems, cerebral palsy, intellectual disabilities and others. New research findings may soon help doctors personalize preterm birth prevention treatments by identifying which women at higher risk for preterm birth will be helped by progesterone injections. Injections of one type of progesterone, a synthetic form of a hormone naturally produced during pregnancy, have been shown to reduce the risk of recurrent preterm births by about a third.

Tracy Manuck, MD, assistant professor of Maternal Fetal Medicine and co-director of the University of Utah Prematurity Prevention Clinic at University of Utah Health Care, has been working to understand why progesterone treatments prevent preterm birth for some women but not for others. She hopes to determine whether there is a way to personalize their treatment based on their genetic makeup. She presented her latest findings at the Society for Maternal-Fetal Medicine’s (SMFM) 34th annual meeting, The Pregnancy Meeting™.

Dr. Manuck and her colleagues evaluated 50 women followed in a prematurity prevention clinic that received progesterone treatment and separated them by whether they responded to the treatment. The team then sequenced all of the areas of the women's genomes that code for proteins and looked for genetic differences between the two groups. The team identified several genes and general biologic pathways that were more likely to be expressed in women who did not respond to progesterone.

Dr. Manuck was presented with the March of Dimes award for Best Abstract in Prematurity at the SMFM's Annual Meeting. 2014 marks the 11th year the March of Dimes award has been presented. Dr. Manuck is a two-time recipient of the honor. She was honored in 2009 for research that looked at progesterone receptors and progesterone response.

A second award for best research of the session was given to Erin Clark, MD, Assistant Professor of Obstetrics and Gynecology at the University of Utah. Her study showed that a variant in SERPINE1, a gene involved in inflammation and blood clotting, was associated with cerebral palsy and death in very preterm babies.

Preterm birth is the leading cause of childhood brain injury in otherwise normal children. The earlier a baby is born, the higher the risk of brain injury. However, even among the tiniest preemies, some babies develop quite normally, while others have devastating brain injury and lifelong disability. The reason for this difference in outcomes is not well understood. Genetics may allow identification of babies at increased risk so that those babies can be targeted for prevention and treatment strategies. Previous genetic studies of very preterm babies have suggested several genetic variations that might predispose to brain injury and developmental problems. However, different studies have had different results.

Genetic Predisposition to Adverse Neurodevelopmental Outcome After Early Preterm Birth: A Validation Analysis, was a collaborative effort between the Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Units and Neonatal Research Networks. Researchers evaluated two different populations of very early preterm births (earlier than 32 weeks) with the goal of confirming the same genetic risk factors in both groups. The first population of preterm births was enrolled in a large Neonatal Research Network study, and the other group was of births that were enrolled in a Maternal Fetal Medicine Units Network study of magnesium sulfate before preterm birth for prevention of cerebral palsy. Results revealed a variant in the gene SERPINE1, a gene involved in inflammation and blood clotting, was associated with cerebral palsy and death after early preterm birth in both populations of preterm babies.
Catherine R. deVries Honored at Annual National Physician of the Year Awards

University of Utah surgeon Catherine R. deVries, MD, MS, professor of pediatric urology and director of the University of Utah Center for Global Surgery was honored with the Clinical Excellence Award at the Ninth Annual Castle Connolly Medical Ltd. 2014 National Physician of the Year Awards. Dr. deVries was one of just three physicians from across the nation to win the Clinical Excellence Physician of the Year award in 2014.

In the past two decades deVries has made dozens of trips to Africa, Latin America, and Asia where hundreds of millions of people have extremely limited access or no access at all to surgery. While performing countless operations for people with urologic needs, her primary goal is to establish a sustainable approach by teaching surgical procedures to local physicians and nurses so they can meet the needs of the populations they serve.

Dr. deVries became interested in providing urologic care to undeveloped nations when she visited Honduras shortly after completing her surgical residency at Stanford University. Seeing children who needed urologic care but had no access to it, she developed a surgical care and education model built around the conditions and limited resources available in undeveloped countries. In 1994, she founded International Volunteers in Urology, which focuses on teaching urology in resource-poor areas. The not-for-profit organization, now called IVUmed, has set up educational partnerships to teach all aspects of urology to doctors and nurses in 30 nations.

Recognizing that people in undeveloped nations need access to all types of surgery, she recently established the Center for Global Surgery at the University of Utah. The center brings together people with backgrounds in surgery and anesthesia, business, finance, and engineering to combine their experience and talents to find innovative ways for resource-poor areas to develop the infrastructure to provide surgery. In March 2013, the center held its first annual conference, which was attended by people from across the United States and throughout the world. deVries serves on two World Health Organization projects, including the committee for Global Initiatives for Emergency and Essential Surgery.

About the National Physician of the Year Awards
Castle Connolly Medical Ltd. created the National Physician of the Year Awards nearly a decade ago to acknowledge the clinical excellence that typifies American medicine. Building upon its already broad and deep processes for the identification of Castle Connolly Top Doctors®, it annually solicits special nominations from thousands of physicians across the country and the leadership of more than 1,000 hospitals to identify extraordinary physicians who have made significant and cutting-edge contributions to their areas of medicine.

University of Utah on the Front Lines of Stroke Research

In September 2013, the University of Utah was chosen to be one of 25 regional coordinating centers in the National Institutes of Health (NIH)-funded stroke trials network - NIH StrokeNet. The network was created to reduce the burden of stroke by maximizing efficiencies to develop, promote, and conduct high-quality, multisite clinical trials focused on key interventions in stroke prevention, treatment and recovery.

The network provides some unique features such as a central Institutional Review Board that will reduce the length and cost of clinical trials as well as a comprehensive data sharing system. Another critical and unique element to NIH StrokeNet is the provision of funding for training of fellows and junior faculty in conduction of translational stroke research.

The University of Utah was a strong candidate for this award due to extensive experience in stroke research and a great record of patient recruitment and retention. The University also uses an attractive interdisciplinary approach to stroke care, including integration with vascular neurology, pediatric neurology, neurointensive care, interventional neuroradiology, emergency medicine, neurosurgery, and stroke rehabilitation.

The University of Utah is the hub for Utah StrokeNet and will partner with local satellite facilities: Primary Children’s Medical Center (Salt Lake City, UT), George E. Wahlen Department of Veterans Affairs Medical Center (Salt Lake City, UT), Utah Valley Regional Medical Center (Provo, UT), and 16 other telestroke partner sites.

Dr. Jennifer Majersik, the University of Utah’s Stroke Center Director, is the Principal Investigator for Utah StrokeNet. The team also includes Project Director Dr. Sandra Reyna, Co-PI Dr. Gordon Smith, co-investigators Dr. Jana Wold, Dr. Susan Benedict, and Lorie Richards PhD; and study coordinators Kinga Aitken MPH and Suyi Niu CRC.
First Hedi-Fritz-Niggli Professor at the University of Zurich filled by U of U Professor Kathleen Digre, MD

While women are increasing in the ranks of assistant professors in most universities across the world, there are fewer women who advance to the rank of full professor. This is true at the University of Utah as well as the University of Zürich. The University of Zürich (UZH) has developed an Action Plan in which, by 2016, at least 25% of professors in each of its faculties (or schools) will be women. While UZH enjoys 18% women faculty (data from 2012), these are not evenly split among all of the schools and each has different challenges to face.

As a result, the faculties have developed their own action plan projects to address their specific situations and priorities. One of these plans is to invite an outside tenured woman professor to the University to spend 6 months (one semester) working within one of their schools -- teaching, giving lectures, and working with the Gender Equality Office on this important task. The professorship - The Hedi Fritz-Niggli Visiting Professorship – is named for Professor Hedi Fritz Niggli,(1921-2005), a radiation biologist and the first woman full professor at the University of Zürich, and the first woman member of the Swiss Science and Technology Council.

This Professorship is sponsored by the Office on Gender Equality and the Gender Equality Commission. Dr. Digre was invited to be the inaugural guest professor. The Zurich School of Medicine currently has 15 women professors, representing 10% of all professors in the School. The School of Medicine’s action plan is called ‘Filling the Gap’ and is focused on mentoring, career planning and protected time for research for junior would-be faculty.

The host department is the Department of Ophthalmology at the School of Medicine, under the direction of Professor Klara Landau who is also on the Gender Commission of the University of Zürich. While in Switzerland Dr. Digre saw patients, discussed cases, and attended daily morning report.

During the first three months of her professorship, She gave several lectures at conferences and seminars and assumed responsibility for the residents’ weekly journal club conference. Working with women faculty was inspiring since many of the women have excellent research backgrounds. Several workshops were held – including one on negotiations. This workshop was led by University of Utah Professor Kirtly Jones, herself a certified negotiator and full professor in the Department of Obstetrics and Gynecology. Dr. Digre also participated in programs that were working to expand leadership in the various schools of the University, increase the number of women on strategic committees, and increase the number of women in neuroscience leadership.

One of the key events of the academic life in Zürich is the Dies Academicus, where the University grants honorary degrees and where the newly appointed Rektor (president) Michael Hengartner of the University presented his vision for the University. The Hedi Fritz Niggli Professorship was first announced at this meeting in April 2014.

While working hard on many projects, Dr. Digre learned many new things which she hopes to bring back to the University of Utah. Her husband, Professor Michael Varner, also from the University of Utah, came to Switzerland with her and was associated with the Department of Obstetrics and the newly established Competence Center in Personalized Healthcare; he also has lectured and attended many conferences during their time there. Programs like these promote true bidirectional learning with the ultimate goal of promoting women faculty at all institutions.

Rektor Michael Hengartner greeting Kathleen Digre as she was announced as the first Hedi Fritz Niggli Guest Professor. (Photograph by Frank Brüderli).

February 2014, annual meeting of the women professors (Photograph by Marc Latzel).

Kathleen Digre MD lecturing to neurology residents (Photograph courtesy of the University of Zürich).

To see Dr. Kirtly Jones’ negotiation workshop live view:
Alumni News

Class of 1964

Paul Geniec, MD
Dr. Geniec and his wife Kathryn live in Jamestown, NC. He feels fortunate to have practiced the entire gambit of otolaryngology from head and neck surgery to some facial plastic and reconstructive surgery during his career. He has fond memories of the anatomy course with Dr. Hashimoto and his lab partners, Ken Morrison, Michael Clements and Fred Miyai. In his spare time he enjoys farming and gardening and raising Caim Terriers. He states that he is now relating to his patients when they said, “You can’t retire, you’re the only doctor I’ve ever known” as his physicians are retiring!

Class of 1969

Clark Edman Jaynes, MD
Dr. Jaynes specialized in addiction medicine working with impaired physicians and other professionals in Idaho and Southern California. He has a great family, a single digit golf handicap and is enjoying his retirement.

H. James Williams, MD
Dr. Williams is a retired emeritus Professor of Medicine at the University of Utah. He is a master of the American College of Rheumatology. In 2004 after retirement he served as a missionary president in Denmark, Iceland, and Greenland. He is currently the temple president of the Copenhagen, Denmark temple for the Church of Jesus Christ of Latter Day Saints.

Class of 1974

E. William Parker, Jr., MD
During his career Dr. Parker delivered 7800 babies. He is supportive of certified nurse midwives. He promoted vaginal delivery after multiple previous cesarean sections and is an advocate for patience in labor. He is now retired, but enjoyed a wonderful career as an obstetrics and gynecological physician.

Robert Keller, MD
Dr. Keller says that having six kids and nine grandkids equals no retirement. After 24 years working in the ER, he started doing cosmetic medicine. He went totally “Hollywood” producing 350 TV spots and specials. Then he did a reality show with Dina Eastwood and learned how much he missed medicine. So, he is now working on stem and immune cell therapies and developing an organic vaccine program with two Noble prize winning MDs. He has been very fortunate and owes it all to the U of U Medical School.

Class of 1979

Petra N. Joseph, MD
Dr. Joseph has done significant work in helping patients with chronic pain and addiction to opioids and other drugs. She currently lives in Chicago and practices physical and rehabilitation medicine at the Rehabilitation Institute of Chicago. Dr. Joseph is planning on retiring soon and moving to Boston with her spouse.

Class of 1983

D. Bradley Welling, MD, Ph.D, F.A.C.S.
Dr. Welling has been named the new Chairman of Otolaryngology for the Massachusetts Eye and Ear/Massachusetts General Hospital departments, Chairman of Otolaryngology for Harvard School of Medicine, and the Walter Augustus LeCompte Professor of Otolaryngology at Harvard.

Class of 1984

Patricia McIlvaine, MD
Dr. McIlvaine plans to retire from her internal medicine clinical practice in July 2014. She has been involved in CM10 from 2012 to 2014 for EHR Implementation and Meaningful Use. She has been the laboratory medical director since 2009 for a high complexity clinical lab. Dr. McIlvaine is also a volunteer trainer for Snow Leopard Enterprises and has spent significant time in South Gobi, Mongolia doing outreach work to pastoral nomads, working for conservation and economic improvement through the development of cottage industries.

Class of 1989

Robin Berger, MD
Dr. Berger is married, has four children, and two Corgis. She served as president of the Washington County Medical Society from 2013-2014. She practices internal medicine in St. George, UT.

Class of 2004

Tracy James Robinson, MD
Since finishing his body imaging fellowship at UW, Dr. Robinson has been working for Integra Imaging, Seattle Radiologist/Western division, as a nightshift diagnostic radiologist. As of April 2014, Dr. Robinson completed his masters in Biomedical Informatics at the University of Utah with a sub-specialty of Imaging Informatics. He married his wife, Sarah, in June 2009, and they had their son Tray in November 2009.

Class of 2009

Benjamin Frederick Johnson, MD
Dr. Johnson works as an anesthesiologist for Intermountain Medical Center at the IMC Hospital in Murray, Utah. He and his wife, classmate, Eliza Boyer, who finished her ER residency at the U of U in 2012, have three children.

In Memoriam 2014

Eugene L. Bellin, MD  MD 1958  9 February 2014
Robert F. Bitner, MD  MD 1951  18 May 2014
Kent H. Black, MD  MD 1983  11 April 2014
Brad Neldlen Brian, MD  MD 2007  7 May 2014
Merrill C. Daines, MD  MD 1945  8 May 2014
Robert F. Easley, MD  MD 1950  28 April 2014
Edmund C. Evans, MD  MD 1955  8 April 2014
Hallard B. Harmon, MD  MD 1945  2 January 2014
Raymond D. Hlavaty, MD  MD 1961  5 January 2014
Frederick V. Jackman, MD  MD 1951  26 March 2014
John Margaris, MD  MD 1957  1 April 2014
Joseph A. Mayer, MD  MD 1948  17 March 2014
Dan Oniki, MD  MD 1947  1 May 2014
Jerry K. Poulson, MD  MD 1967  22 January 2014
John M. Sanders, MD  MD 1965  13 February 2014
Jack D. Stringham, MD  MD 1948  7 July 2014
Claude R. Thomas, MD  MD 1961  2 June 2014
Keith M. Wayment, MD  MD 1974  31 March 2014

To register for weekend events or update information go to http://medicine.utah.edu/alumni
Reunion year celebration? Watch the mail in August for your registration packet! A registration form is also available on-line at http://medicine.utah.edu/alumni, where locations, fees and more details are available. Questions? (801) 581-8591