The Magazine of The School of Medicine Alumni Association–University of Utah

ILLUMINATIONS

Summer 2016 Volume 12 Number 1

The Travels, Travails & Gifts of
Harry N. Iticovici, MD ‘50
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What’s Inside

1 Dean’s Letter
2 Alumni President’s Letter
3 The Travels, Travails and Gifts of Harry N. Iticovici
6 The Gift of a Future in Medicine
8 Building 521 Opens It’s Doors
12 Alumni Weekend
• Distinguished Awards
• Reunions
• UTEMED Talks
18 Remembering Kenneth B.
Castleton, MD, Dean, Surgeon and Fundraiser
20 Student Life
• Dinner with a Doc
• Match Day
• Commencement
30 Commencement
34 Alumni Notebook
Our success over the decades is wholly attributable to you—those who have supported innovative science, care and education within our walls. In doing so, you’ve inspired even more innovation from our teams, peers and colleagues. Success breeds success and raises the bar for others. And from this place, we can both learn from and inspire our local and national peers to become even better.

This culture of leadership has been nurtured at the university for more than a century and will continue to define us as a great school of medicine and health sciences center—ultimately improving the quality of life for our state, region and nation.

From the start, the University of Utah has attracted great leaders—serving as a magnet for people who want to revolutionize science and medicine. In part, we found these leaders because we knew that innovation can come from the most unexpected places and from the most diverse perspectives.

Innovators like Dr. Max Wintrobe, who came to Utah from Johns Hopkins, partnered with dedicated physicians from Utah like Dr. Kenneth Castleton, the University of Utah’s first vice president of health sciences, to build out our medical program and school. They and many others constructed the school of medicine on the principle that if we integrate our clinical, educational and research missions, they will strengthen one another. Since then we have collaboratively trained more than 35,000 doctors, nurses, pharmacists, mid-level specialists, scientists and educators. In turn, these healthcare leaders have gone on to impact the world. Leaders like Dr. Charles Sorenson, Dr. Russell Nelson, Dr. Thomas Rees and so many others who have harnessed their University of Utah training to revolutionize health care here and around the globe.

The legacy of great leadership continues to grow here. This year we were joined by numerous recruits who are helping us achieve even more. Recruits like our new chair of internal medicine, Dr. Kathy Cooney, and our chair of the department of population health, Dr. Angela Fagerlin, who joined our ranks to help us advance a new model of care for our patients.

They are connecting our high-value health system with the school to innovate even further. As our students move into our neighborhoods to train at our community clinics, or serve on rural rotations across the state, we can come to understand so much more about how different populations receive and respond to care.

Our next frontier in the future of health care is investing even more in our own physician leaders—because they will lead us to success. At University of Utah Health Care, the clinical training grounds for the medical school, our physician leaders have consistently raised the bar for a health system that is nationally recognized as among the very best university hospitals in quality year after year. These leaders provide an exceptional experience to patients, with over half of the physicians ranked in the top 10% in the nation in patient satisfaction. Our system is responsibly bending the cost curve of health care at a critical time in the history of health care reform. Our leaders inspire and challenge one another. Our investment in them will challenge us and our peers to be even better.

We look forward to another successful year of leading change at the University of Utah. I hope you are inspired to join us.

Vivian S. Lee, MD, PhD, MBA
On a Sunday morning, just six weeks into my residency, a call came into labor and delivery at University Hospital from a pediatrician in Ely, Nevada trying to care for a very pregnant woman who had presented to their ER with uterine pain and vaginal bleeding. There was not an Ob-Gyn in Ely and all the family doctors were gone for the weekend so the doctor was requesting a medical transfer.

I was the OB intern on labor & delivery and during this era the protocol was to send an OB resident along with a labor and delivery nurse on Air Med maternal transports. My senior resident turned to me and said “You’re going to Ely.”

Of note, Ely is probably the most isolated medical community in the West, as it is at least 250 miles from any major medical center, which I would soon find out.

On arrival, I found an uncomfortable woman three weeks from her delivery date with moderate vaginal bleeding through an undilated cervix and a very tender uterus. There wasn’t a fetal monitor but I could hear a baby’s rapid heart rate of 200 beats per minute. A small portable ultrasound showed a grainy image of what I interpreted as a large blood clot behind the placenta. My diagnosis – placental abruption with fetal distress and a risk of disseminated intravascular coagulation.

I called my senior with my assessment. “What are you gonna do?” he asked. “It’s too risky to transport, I’m going to C-section,” I said. There was a distinct, short pause followed by a demonstrative expletive as my senior quickly realized that he had sent a newly minted doctor, not currently licensed in Utah, to another state, who was now contemplating using sharp instruments on a real human being...two, actually. A semi-hesitant “Ok,” followed by another swear word, “Keep me informed.”

Concerned about cutting into someone with a risk of death-inducing bleeding, I went immediately to the laboratory technologist. “Do you have any fresh frozen plasma?” I asked. “No.” “Whole blood?” “No, but I can get whatever you need from Reno in three hours by Highway Patrol.” “Not good enough.” I replied. “Do you have any O negative donors?” His response was, and I’m not making this up, “I think Bill’s in town but he’s on Motrin.” “Call him” was my immediate answer.

I tracked down a cowboy-boot-wearing-gun-toting general surgeon and with the help of the capable OR staff we successfully delivered a healthy baby via Cesarean. Both mom and baby did well. I realize this sounds like a tall tale by an aging physician but my point is this – the training I received at the University of Utah School of Medicine prepared me to handle a difficult situation under unusual circumstances even early in my career.

Reflecting on this experience made me realize the School of Medicine, throughout its history, has always equipped and educated its graduates to do hard things. The reputation is solid. Its clinicians, researchers, technologists, public health workers and administrators are consistently sought after for prime residencies, post-doctoral positions, and employment.

And so it continues with the latest iteration, the class of 2016. They are ready and capable. It won’t most likely be Ely, Nevada where they meet their challenge, but no doubt they will rise to the occasion wherever it is. Best wishes to the newest alumni of this great institution.

Best Regards,

Dale Hull, MD, MPA, ’85
School of Medicine
Alumni Association President
One particular School of Medicine alumnus felt the same pull towards medicine—an innate sense to serve in the health care profession. But for Harry Iticovici, the journey to become a doctor took much more courage and strength than most doctors’ paths. Harry graduated from the University of Utah’s School of Medicine in 1950 and went on to serve as a thoracic surgeon for over 50 years. What Dr. Iticovici accomplished over his storied career is no doubt remarkable, but his path to get there is even more remarkable.

Beginnings

Harry Iticovici was born in Bucharest, Romania in the summer of 1922, with the Great War’s affects still hanging in the air. Born to Jewish, although not religious, parents, Harry felt his childhood was privileged because Romania was in decent shape after the first World War, the economic situation was good, his father’s business was good, so he didn’t have to work and could concentrate on his schooling.

He excelled in school, mastering languages, athletics and friends. However, by the end of secondary school, the influence of the Nazi regime had grown stronger and Harry and his family increasingly felt more and more anti-Semitism. Harry graduated with his baccalaureate in 1940. By this time, he was fluent in English, French and Italian in addition to his native Romanian, but being a young Jewish male, Harry was sent directly to a Nazi work camp after graduating. Although Harry could come home each night, the work during the day was brutal and grueling, causing Harry to get seriously ill on two separate occasions.

Harry’s father continued to encourage Harry to leave, even paying his portion of the boat and passage needed to leave the country. Harry finally acquiesced to his father’s wishes and committed to the crew of The Euxine.

The Euxine

The Euxine, Latin for Black Sea, set sail in 1941 with 12 people on board, three couples, a captain, a first mate, and four single males including Harry, who had little opportunity to prepare for the trip. All he brought with him were a few clothes and a French dictionary. The journey was complicated and rocky, for which no amount of preparation could have compensated.

The journey from student to doctor has never been an easy one. To become a medical doctor one must be persistent, tenacious, compassionate and studious. Medical school requires a lifetime of investments, starting from a very young age. If you ask a medical student or a doctor when they decided to pursue a career in medicine, they often answer with “always.” For doctors, it seems, choosing medicine is something they innately knew, like a calling, something with a purpose beyond themselves.
The crew of the Euxine's first road block came shortly after they set sail. Just a few days into their journey, the Euxine got stuck between rocks off the coast of Turkey, near the town of Cesme. Although not stuck long, perhaps a half a day or so, they had no money to pay their rescuers and instead had to give their mast as collateral. This kept the crew of the Euxine in Cesme for four months, living exclusively on the boat. A member of the Jewish community brought a sack of food each day. This would not be the only time a member of the Jewish community would impact Harry's life and wellbeing.

On hearing about the crew's plight, the Jewish community in Istanbul collected enough money to buy their mast back so they could set sail again.

Once the Euxine had its mast, the crew changed course and set sail for Lebanon, which was accepting foreign Jews. Once again, they were re-directed, this time by the British government, to go to Cyprus. The crew was quarantined for ten days in Cyprus, for worry of diseases and contagions. Ten days of quarantine turned into one year in a refugee camp.

Due to Harry's exceptional grades from his baccalaureate, he was admitted to the university as a sophomore. Continuing his good grades, his next year in school allowed him to take part in an accelerated medical school where he had the opportunity to meet and work with professors and doctors from American schools such as Johns Hopkins and Columbia.

Harry worked diligently during his studies and earned money by working for the Lebanese news outlets at night, translating and delivering the news. His language skills caught the attention of one of the neuroanatomy professors who asked Harry to help him translate medical text from Italian to English. This professor was very impressed with Harry and continued to work with him throughout his junior year.

In January of 1948, Harry began his third year at the university. He later recalled, “The president of the university called the seven Jewish students into his office and told them that he could not guarantee their safety in the school and that we should leave. [He] [the president] said that the government requested the school to get rid of the foreign Jewish students. Not the Jewish students from Arab countries, but the foreign Jewish students.” Harry's family wrote to him, urging him to come back to Romania, but Harry was determined to finish his medical training and continued to look for assistance to complete his studies. Again, the Jewish community would help save and change the course of his life.

The professor for whom Harry had done some translation work was sympathetic to Harry's situation and wrote to fellow faculty members at Johns Hopkins for help. The colleague that answered the call to assist Harry was a gentleman named Maxwell Wintrobe.

**The Wintrobe Connection**

Dr. Maxwell Wintrobe is perhaps best known as a legendary hematologist who wrote the clinical textbook on hematology that is still used today. Dr. Wintrobe faced his own challenges in medicine, including anti-Semitism during his career at Johns Hopkins. In 1943, Wintrobe was offered the position as the first chair for the Department of Medicine at the University of Utah, which had recently transitioned from a 2-year medical school to a 4-year program. Dr. Wintrobe was welcomed with open arms to Utah and returned the favor by opening his arms to Harry. The Jewish Society in Salt Lake City offered Harry a scholarship and funding to emigrate from Beirut to Salt Lake City. After two more years of schooling at the U's newly formed four year school, Harry Iticovici finally was awarded his medical degree in 1950.
Reginald Farley grew up in very poor circumstances in Devon, England. From a young age he had a passionate desire to become a medical doctor. However, he sacrificed his own education in order to support his family and provide for the education of his younger brother. His circumstances did not foster much hope of gaining any significant level of education for himself.

At the age of 17 he joined the Royal Air Force and served in its medical corps in World War II. This service, along with the illness and suffering he saw as a youth growing up poor in England, reinforced his interest in medicine. He earned an R.N. from Bristol University, one of the first men to earn a nursing degree in England. Later, he moved his family to Canada, where, unfortunately, his nursing credentials were not recognized.

Undeterred, he continued to work hard, providing for his family, while also continuing his educational pursuits, earning numerous graduate degrees, including a PhD in Sociology. He eventually became a college professor, teaching at Grant McEwan University in Edmonton, Alberta and also at the University of Calgary. He continued his interest in medicine and regretted that the war and financial circumstances prevented him from pursuing a career as a physician. He died in 2010, three years after completing his last advanced degree in Forensic Science.

In 2014, his son-in-law, Larry Stevens, attended a University of Utah Emeritus Alumni luncheon where Vivian Lee, Dean of the School of Medicine, spoke about the importance of medical school scholarships to allow all accepted students, regardless of income, the opportunity to attend medical school at the U. He was struck by how wonderful it would be to honor his father-in-law by establishing a medical student scholarship in his name, allowing students, like his father-in-law, who found it financially impossible to attend medical school, the opportunity to earn their medical degrees.

His wife, Sheila Farley Stevens, was equally enthusiastic. Her father had always loved working with and mentoring students and she knew if he were alive he would be thrilled to be helping some of these bright, talented young medical students with scholarship support.

The Stevens began their giving with a $15,000 scholarship gift to the medical school through the Emeritus Alumni Scholarship Fund in 2015 and increased it to $30,000 in 2016. They have enjoyed meeting the students they are supporting and hope to continue to support medical students in this way into the future.
The Gift of a Future in Medicine

We asked some of our scholarship donors why they give to student scholarship. Here are some of their responses:

Needy applicants, in my experience as a member of the Admissions Committee, are frequently minority applicants and often have fewer financial resources. Minority physicians upon completion of their training frequently return to their communities to provide much needed medical care. Thus, scholarships provide and encourage greater numbers of minority students to pursue medicine and provide care for their people. Therefore, I prefer my scholarship contribution to be used in this way.

Richard Keller, MD, HS ’63

The reason we give is to reciprocate that which we’ve been given. It takes virtuous communities to make civilization. It takes virtuous individuals to make community. We want to support them.

Dick Graham, MD, ’83 and Audrey Schwarzbein, MD

In the winter edition of Illuminations we highlighted individuals who are supporting Five for Five Scholarships ($5,000 a year for a five year pledge) to provide scholarship support to our current medical students. This edition we feature endowed and quasi-endowed scholarships in the School of Medicine. These scholarships were established with a minimum gift—$25,000 for an endowment, $50,000 for a quasi-endowment—which can be paid over five years. They are permanent scholarships in the School of Medicine. The principal is invested in the U of U’s endowment pool and remains untouched. Each year 4% of the funds’ growth is used for scholarship support.

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ROWLAND KURT HUBERT MEMORIAL SCHOLARSHIP IN THE SCHOOL OF MEDICINE
ROSS R ANDERSON, MD SCHOLARSHIP
ELLIOTT V ANDERSON SCHOLARSHIP
LOREN J & WILLENA G ELLISON SCHOLARSHIP FUND
DR THOMAS H CAINE STUDENT SCHOLARSHIP
CONRAD S CARLSON AND MABEL W CARLSON MEDICAL STUDENT SCHOLARSHIP FUND
PAUL WINTROBE MEMORIAL AWARD
BEVERLY AND DON MCCLEVE SCHOLARSHIP FUND IN THE SCHOOL OF MEDICINE
DR D REES JENSEN ENDOWED SCHOLARSHIP FUND
EDWARD C KLATT, MD SCHOLARSHIP FUND FOR MEDICAL STUDENTS
C CHARLES HETZEL SCHOLARSHIP
BERNETT LOVE MEMORIAL SCHOLARSHIP
GEORGE S & DOLORES DORE ECCLES FOUNDATION MEDICAL MINORITY SCHOLARSHIP FUND
JAMES W. WEBSTER SCHOLARSHIP FUND FOR EXCELLENCE
DREW B MEILSTRUP, MD STUDENT SCHOLARSHIP FUND
CRAIG S WINGET MEMORIAL SCHOLARSHIP FUND
DR EDGAR W BARBER RESEARCH AWARD
RICHARD FRENKEL SCHOLARSHIP FUND
DEAN A MOFFAT, MD MEMORIAL SCHOLARSHIP FUND FOR THE SCHOOL OF MEDICINE
OLAF C AND VAUDELLE C OHLIN SCHOLARSHIP FUND
MARY LOUISE MOTTI MEMORIAL STUDENT SCHOLARSHIP FOR THE SCHOOL OF MEDICINE
A KYLE AND LAEL S BETTILYON SCHOLARSHIP FOR MEDICAL STUDENTS
THE SCHOOL OF MEDICINE ALUMNI ASSOCIATION SCHOLARSHIP
JOHN A DIXON, MD MEMORIAL FUND
THE RENEE WRIGHT HAGANDER MEMORIAL SCHOLARSHIP FUND
DR RONALD L AND PAMELA C URRY SCHOOL OF MEDICINE SCHOLARSHIP
MEDICAL CLASS OF 1975 MEMORIAL SCHOLARSHIP FUND
ART U AND BLANCHE T MINER SCHOLARSHIP FUND FOR THE SCHOOL OF MEDICINE
DR ALLEN W & NORMA COWLEY SCHOLARSHIP
KENDALL D GARFF SCHOLARSHIP SCHOOL OF MEDICINE
DR ELMER THOMAS AND EDNA ROMNEY NOALL SCHOLARSHIP

While serving on the SOM Alumni Association Board I was impressed with the quality and dedication of the staff and faculty who devote so much to assure the success of the School of Medicine. I wanted to do my part.

Saundra Buys, MD, HS ’84

My wife, my family and I have been richly blessed because of my education at the University of Utah SOM. I attended medical school at a time when it was more affordable. I worked two jobs during medical school and was able to earn enough money to pay tuition and buy books. That is no longer possible. I graduated from medical school with no debt. When I see the amount of debt current students have at graduation, I wonder how many years it will take to repay. We chose to donate some money to those who study and work hard and will make a positive influence on society in the future. It helps us forget about tax dollars being spent by government on those with no such work ethic. My donation only makes a dent in their expenses for school but that is better than nothing and I hope it brings a smile to their faces.

James Parkin, MD ’66 and Bonnie Parkin
ARNOLD & DOROTHY SHIELDS SCHOLARSHIP IN THE SCHOOL OF MEDICINE
THE D KEITH BARNES, MD AND IDA MAY “DOTTY” BARNES RN SCHOLARSHIP FUND
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J GORDON AND BETTY M BROWNING SCHOOL OF MEDICINE SCHOLARSHIP FUND
ANDREW J AND CAROLYN RICE SCHILLY SCHOLARSHIP FUND
GLADYS C ELLISON MEMORIAL STUDENT SCHOLARSHIP FUND
JIM C & JODEE H HOELEIN SCHOLARSHIP IN THE SCHOOL OF MEDICINE
RUSSELL B CLARK, MD ENDOVED SCHOLARSHIP
THE ALAN AND BEVERLY FRANK LEGACY SCHOLARSHIP FUND IN THE SCHOOL OF MEDICINE
STENBERG-CRONKITE FAMILIES SCHOLARSHIP IN THE SCHOOL OF MEDICINE
THE ROBERT J AND GERALDINE W DeLENGAG LEGACY SCHOLARSHIP
THE HEATHER JOAN BELSEY MEMORIAL ENDOVED SCHOLARSHIP
THE STEVEN K MILLER, MD AND YASEMIN S MILLER ENDOVED LEGACY SCHOLARSHIP FUND
GLENN H AND MARGARET C WYLTER ENDOVED SCHOLARSHIP FUND IN THE SCHOOL OF MEDICINE
VERNAL AND ANORA MORTENSEN SCHOOL OF MEDICINE SCHOLARSHIP
JOSEPH TURNER CROCKETT, MD MEMORIAL SCHOLARSHIP FUND
RONALD L AND DONA P CALL SCHOLARSHIP FUND
THE SUSAN W WALKER TEEN MOTHER SCHOLARSHIP FUND
EDUCATIONAL RESOURCE DEVELOPMENT COUNCIL
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THE DR ROSCOE B ANDERSON AND DR JOAN CRITCHELOW ENDOVED SCHOLARSHIP FUND
DR RICHARD E HURLEY ENDOVED SCHOLARSHIP FUND
RICHARD L AND JOANNE R MCGLISS MEDICAL STUDENT SCHOLARSHIP FUND
THE CONRAD H NEBEKER, MD ENDOVED SCHOLARSHIP FUND IN THE SCHOOL OF MEDICINE
THE DR CLARK LOWE RICH DISTINGUISHED SURGEON AWARD
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DR ALAN R AND CARMEN RUTH PRATT ENDOVED SCHOLARSHIP IN MEDICINE

Correction to Winter 2016 listing of Five for Five Scholarships: Scholarship donors Charles Y Lui, MD and Ming-Li Lui were erroneously listed as Daniel Lui, MD and Ming-Li Lui.
In 1965, the same year that Johnny Cash, The Kingston Trio and the Beach Boys played at Lagoon Amusement Park, the doors of Building 521 opened for the first time. Students with Beatles-inspired mop tops and doctors with thick, black-rimmed eyeglasses flooded into the building. As they did, the dream for a unified teaching hospital, medical school and research facility at the University of Utah was finally realized.

On the morning of July 10, 1965, with high-desert sunshine already heating up the day, the Utah National Guard and Air Guard helped transfer nearly 100 patients from the sweltering Salt Lake County General Hospital to the sparkling-new, air-conditioned University Medical Center. The procession of ambulances was met at the new hospital by Utah Governor Calvin L. Rampton; Kenneth B. Castleton, M.D., Ph.D., dean of the School of Medicine; and Vernon L. Harris, M.H.A., University Medical Center’s first administrator.

Jim Freston, M.D., ‘61, chief resident in 1965 commented:

“At the old county hospital, there were no monitors. When we were on call overnight, we just pushed our beds next to the walls of our patients’ rooms, and if we heard a lot of coughing or gurgling, we’d run over. At the new medical center, everything was shiny and new—with monitoring systems in patient rooms and oxygen built into the walls. But the esprit de corps of the residents and faculty in Utah remained the same. It had always been us against the world—there was this intense dedication and sense of motivation that we all had. I’d never experienced anything like it before, and I haven’t experienced it since.”
Later that year, at the medical center’s dedication on Oct. 16, Dr. Price, former dean of the School of Medicine, shared his vision for a teaching hospital and medical school filled with “bold, imaginative spirits who will extend its services in breadth and depth, who will seek and find and demonstrate yet more effective educational methods, even more fruitful techniques of research and still better ways of handling patients and treating their diseases.” The statement wasn’t just a grandiose dream. It was a prophecy.
ACTIVITIES AND PEOPLE OF THE BUILDING:

CIVIL RIGHTS BATTLES—AND VICTORIES

In 1967, the same year that Thurgood Marshall became the first African American appointed to the Supreme Court, Charles Nabors, Ph.D., became the first African American faculty member at the University of Utah when he was appointed assistant professor of anatomy. Dr. Nabors, who had been denied housing in Salt Lake City’s middle class neighborhoods when he first moved to Utah in 1956, used his voice and position at the University of Utah to lead African American students and community members in nonviolent demonstrations at the Legislature, school board and LDS Church. His work with the Utah NAACP, Utah Nonviolent Action Committee and the Utah State Advisory Committee to the U.S. Commission on Civil Rights helped bring about fair housing and employment laws for minorities in Utah.

“Discriminations here is just as overt as it is in the South. But it’s not as honest.” – Charles Nabors, Ph.D.

FLORENCE STRONG

Florence Strong, the administrative assistant to six deans of the School of Medicine over a span of 25 years, was lauded in the 1969 School of Medicine yearbook as the one person on staff who “always found time to soothe our wounds or appropriately kick our gluteal regions ... perhaps she didn’t wear a nurse’s cap because it wouldn’t fit over her halo.”
LEARNING TO LISTEN TO LITTLE HEARTS

In 1968, George Veasy, M.D., class of ’46, was named director of pediatrics, education and research at Primary Children’s Medical Center in the residential Avenues neighborhood, about a mile away from the University of Utah. He would eventually lead PCMC’s move to the University of Utah campus in 1990, but in the late ’60s, his efforts were focused on setting up needed subspecialty practices at PCMC, including his own pediatric cardiology subspecialty.

During this time, Dr. Veasy also received a full-time faculty appointment at the School of Medicine and began directing the hospital’s intern and resident training program. Dr. Veasy taught new doctors the art and science of listening to hearts—without the aid of EKGs or echocardiograms. Although the primary tool of the time was the physical exam, by the late ’60s Dr. Veasy had partnered with medical computing pioneer Homer Warner, M.D., Ph.D., to set up a computerized catheterization laboratory. The lab enabled surgeons to calculate heart defects in children using a mathematical, technology-driven approach.

BORROWING AND BEGGING TO BUILD A NICU

When it came to caring for the youngest and sickest patients, newcomer August Jung, M.D., class of ’61, led the charge. With no budget for a neonatal intensive care unit, Jung forged ahead anyway, establishing the Mountain West region’s first NICU in 1968. The unit was the only one of its kind between Denver and the West Coast and between Phoenix and Canada.

Administrators bought equipment in small amounts or borrowed it from medical equipment companies and other areas of University Medical Center to supply the NICU with heart-rate monitors, ventilators and other medical equipment. When the one-room unit opened, the mortality rate was 15 deaths per 1,000 live births. Within a year, that mortality rate had been halved, and the unit had received its first patients via airplane and helicopter transport. “Dr. Jung changed the lives of thousands of infants and their families,” said Edward B. Clark, M.D., professor and chair, Department of Pediatrics.

“When the one-room unit opened, the mortality rate was 15 deaths per 1,000 live births. Within a year, that mortality rate had been halved...”
Thursday Evening, October 13, 2016
First Annual Russell M. Nelson Visiting Professorship
6:00 p.m. – 8:00 p.m.
Eccles Human Genetics Auditorium
The Past, Present and Future of Cardiac Surgery
Alden H. Harken, MD, Professor and Chair
UC San Francisco-East Bay Department of Surgery

Friday, October 14, 2016
Department of Medicine Event
8:00 a.m.-10:45 a.m.
Spencer F. and Cleone P. Eccles Health Sciences Education Building, (HSEB) Room 2120
We welcome current or former faculty, house staff, and reunion class members to attend the
Department of Internal Medicine’s Grand Rounds. Continental Breakfast served and CME credit given.

Origins of Cystic Fibrosis Lung Disease
Michael J. Welsh, MD, Professor of Internal Medicine and Investigator, Howard Hughes Medical Institute,
University of Iowa Carver College of Medicine

Bicarbonate in Health and Chronic Kidney Disease
Kalani Raphael, MD, MS, Associate Professor of Medicine,
Division of Nephrology and Hypertension, Department of Internal Medicine, University of Utah

Dean Vivian Lee, MD, PhD, MBA – State of the School Address
11:00 a.m. – HSEB, Room 2120

Society for Supporting Leadership in Internal Medicine (SLLIM Society) Luncheon – By Invitation Only
11:45 a.m. – Room 2110

Celebrating 45 Years of Health Sciences Knowledge
12:15 p.m.-2:00 p.m. Spencer F. Eccles Health Sciences Library
Join us for lunch in the Library! During October, we are celebrating the past, present and future of health sciences library
services at the University of Utah in honor of the 45th anniversary of the dedication (October 4, 1971) of the Spencer S.
Eccles Health Sciences Library. A brief program and exhibits will provide an opportunity to honor the past, to learn about
current initiatives, and to catch a glimpse of the future of our nationally recognized health sciences library.
Awards Banquet

Friday Evening, October 14, 2016
Medical Alumni Awards Banquet and Class of 1966 Half Century Society Induction
6:30 p.m. Social, 7:00 p.m. Dinner

DISTINGUISHED ALUMNI AWARD

David R. Nielsen, MD, FACS

Dr. Nielsen spent his early clinical career in solo private practice as an otologic surgeon, and as senior consultant at Mayo Clinic Scottsdale. He volunteered for 12 years educating school children about tobacco, alcohol, and drug abuse prevention, and was appointed by the Arizona Governor to chair the Tobacco Use Prevention Advisory Committee. He served on the Association of Records Managers & Administrators Board of Directors as Vice Speaker and Speaker of the House of Delegates. He served as chair of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS)'s Board of Governors, and completed his career as the Executive Vice President and CEO for the last 13 years, directing the Academy's education, research, health policy and advocacy, and member services activities for its 12,000 members, retiring in 2015.

DISTINGUISHED SERVICE AWARD

Carl R. Kjeldsberg, MD

Dr. Carl R. Kjeldsberg completed his medical degree at University of Edinburgh, Scotland in 1966. He joined the Department of Pathology at University of Utah School of Medicine in 1981 and became the Chair of the Department in 1993. Together with Dr. John Matsen he founded ARUP Laboratories in 1984. He later became the CEO and Chair of the Board of Directors of ARUP. Under Dr. Kjeldsberg's leadership, ARUP won many awards, including “Fortune 100 Best Companies to Work For,” “Utah’s Top 10 Family Friendly Companies Award,” and American Psychological Association “Psychologically HealthyWorkplace Award.” Dr. Kjeldsberg received the Ernst &Young “Entrepreneur of the Year Award,” and was recently inducted into the Utah Technology Council “Hall of Fame.” He served on the Board of Directors for the Utah Museum of Natural History and the Gina Bachauer International Piano Foundation. In 1982 Dr. Kjeldsberg founded the very successful Rowmark Ski Academy at Rowland Hall-St. Mark’s School. The American Society of Clinical Pathology awarded him the Ward Burdich Award for Distinguished Service to Clinical Pathology. He received research support from the American Cancer Society, Southwest Oncology Group, and Center for Disease Control and Prevention. Dr. Kjeldsberg published over 150 scientific articles related to malignant lymphoma and leukemia, and published 15 books on hematologic disorders and laboratory analysis of body fluids.

To register for weekend events or update information go to:
http://medicine.utah.edu/alumni
**DISTINGUISHED HUMANITARIAN AWARD**

Scott A. Leckman, MD, ‘83

Dr. Leckman is a general surgeon in private practice in Salt Lake City. He is Chairman of the Board of RESULTS, an organization dedicated to creating the political will to end poverty. As a volunteer for over 30 years he has successfully advocated for increasing U.S. commitment to maternal and child health, fighting HIV, TB and malaria, and promoting the spread of microfinance throughout the world.

In 2001, he helped initiate the Health Access Project, to improve access and coordinate comprehensive health care for low-income uninsured individuals in Salt Lake County. More than 600 physicians and nine hospitals in the county are now providing free care to qualified individuals. Thus far, more than $22 million of health care has been donated.

In 2014, in recognition of this effort, he received the Surgical Volunteerism Domestic Award from the American College of Surgeons.

As a civilian surgeon with Project Hope, working with the US Navy, he has operated in Indonesia after the Tsunami, in Mississippi after Katrina, in Papua New Guinea and the Solomon Islands and in Latin America. He has taught local surgeons hernia repair using mosquito net for mesh, in Nigeria, Peru, Cambodia, Ecuador and Thailand. In addition, he has taught laparoscopic surgery to surgeons in Mongolia. He regularly organizes trips for Utah Rotarians to India where they participate in Rotary’s greatest project, the eradication of polio, by immunizing children with polio vaccine. In 2015, he was awarded the The Rotary Foundation, Certificate of Excellence, in recognition of his valuable service to the cause of polio eradication.

**UTESMED 2016**

TED-like talks to inform, inspire, and educate 2:30 p.m.-5:00 p.m. – L.S. Skaggs Pharmacy Institute, Auditorium

Live streamed by UEN throughout campus and the state of Utah

Inspiring speakers, innovative ideas, and motivational stories of issues confronting medicine and health care is what to expect from UTESMED 2016. Join us at the first School of Medicine Alumni Association UTESMED program and be inspired by short stimulating talks covering a variety of topics facing us in today’s health care paradigm. This free presentation is scheduled for the afternoon of October 14 in the L.S. Skaggs Pharmacy Auditorium. We hope students, physicians, midlevel providers and community members will join us to participate in the live program; or, due to our partnership with the Utah Educational Network, the program will be shared via live stream across Utah, and available later on the SOM Alumni web site.

View [www.medicine.utah.edu/alumni](http://www.medicine.utah.edu/alumni) for more details.

**Speakers**

Vivian S. Lee, MD, PhD, MBA

**Leading the Leaders**

Since July of 2011, Vivian S. Lee has served as Senior Vice President for Health Sciences, Dean of the University’s School of Medicine, and CEO of University of Utah Health Care. She is responsible for an annual budget of $3.3 billion, including a health care system comprised of four hospitals, numerous clinical and research specialty centers including the Huntsman Cancer Institute and John Moran Eye Center, a network of 11 neighborhood health centers; an insurance plan; over 1,330 board certified physicians; and Schools of Medicine, Nursing, Pharmacy, Health and Dentistry.

A graduate of Harvard-Radcliffe, Vivian received a doctorate in medical engineering at Oxford University as a Rhodes Scholar. Returning to Harvard, she earned her M.D. with honors. Following a residency in Diagnostic Radiology at Duke, she trained as a fellow in MRI at NYU.

Prior to coming to Utah, she served as the inaugural Vice Dean for Science, Senior Vice-President and Chief Scientific Officer at New York University Langone Medical Center.

Vivian is currently principal investigator for two NIH R01 grants. Elected to the National Academy of Medicine, the American Society of Clinical Investigation, she serves on NIH Council of Councils and the Journal Oversight Committee for JAMA. A Fellow and past President of the International Society for Magnetic Resonance in Medicine (ISMRM), Dr. Lee has authored over 150 papers and a popular textbook, Cardiovascular MRI: Physical Principles to Practical Protocols. Her research focuses on quantitative functional MRI for the improved understanding of physiology and disease.
Kevin Jones, MD

What Doctors Can’t Tell You

After studying English literature at Harvard and medicine at Johns Hopkins, Kevin trained in orthopaedic surgery at the University of Iowa and completed a fellowship in musculoskeletal oncologic surgery in Toronto at Mount Sinai Hospital and the Hospital for Sick Children. He and his wife then brought their four children here to Salt Lake City, when he joined the Department of Orthopaedics as a sarcoma surgeon and began his pursuit of mouse genetic modeling of sarcomas under the mentorship of Mario Capecchi. He moved his laboratory to the Huntsman Cancer Institute three years ago, continuing to provide surgical oncology care for sarcoma patients there and at Primary Children’s Hospital. His book, What Doctors Cannot Tell You: Clarity, Confidence and Uncertainty in Medicine was published in 2012.

Terry Box, MD, HS ’83

A Career in Liver Transplantation: My Perspective

Terry Box arrived at the University of Utah School of Medicine from his native state of Texas in 1977 to train in internal medicine after graduating from Southwestern Medical School in Dallas. He completed his residency in internal medicine in 1981 and fellowship in gastroenterology, hepatology and clinical nutrition at the University of Utah in 1983.

Currently, Terry is Clinical Associate Professor of Medicine at the University of Utah. He joined the faculty in 2009 after a lengthy tenure in hepatology and liver transplantation at the LDS Hospital in Salt Lake City from 1983 to 2009, where he served as medical director of the Liver Transplant Program from 1992 until his departure. At the University of Utah, as a member of the Liver Transplant Program, he continues his duties in the clinical care of patients with liver disease both before and after liver transplantation.

Since 1995, he has been actively involved in clinical research in the areas of chronic viral Hepatitis B and C as well as transplant hepatology. He has been an invited speaker for many seminars, congresses and educational events in the disciplines of hepatology and liver transplant and has served on national committees that oversee liver transplant programs in the United States.

Since his introduction to the innovative use of interactive videoconferencing to advance healthcare in remote and underserved areas, he has been committed to replicating the same at the University of Utah. Project ECHO (Extension for Community Healthcare Outcome) was launched in October 2011 and has rapidly proliferated throughout Utah and the Intermountain West.
Josh Schiffman, MD

Why Elephants Don't Get Cancer

Josh Schiffman is a pediatric oncologist at Primary Children’s Hospital (PCH) and Huntsman Cancer Institute (HCI) at the University of Utah. He attended the Brown University School of Medicine, followed by pediatric residency and chief residency at Stanford University School of Medicine. He completed his fellowship training in pediatric hematology/oncology at Stanford University. While at Stanford, he began their Pediatric Cancer Genetics Program. He has been on the faculty at the University of Utah since 2008, where he is an associate professor in pediatrics and an adjunct associate professor in oncoloical sciences. He serves as the medical director for the High Risk Pediatric Cancer Clinic at the University of Utah, where he cares for children and families with inherited risk for cancer. Josh also is the education director for the Program in Personalized Health Care, where he oversees the teaching of translational and individualized clinical medicine to physicians and their patients.

Josh’s research focuses on the development of pediatric cancer and he runs a translational genomics laboratory to identify which children are at risk for cancer and why. Josh works closely with epidemiologists, population scientists, and molecular biologists to try to answer this question. Most recently, Josh has recognized the power of comparative oncology to advance the field of cancer research. Teaming up with collaborators from across the country, the Schiffman Lab is now actively involved in comparing the genomics and functional biology of different species across the animal kingdom and using this information to generate hypotheses and guide experimental design in cancer research. Dr. Schiffman holds the inaugural Edward B. Clark, MD Endowed Chair in Pediatrics Research.

Carrie Byington, MD

Addressing a Public Health Emergency of Olympic Proportions

Carrie Byington is the H.A. and Edna Benning Presidential Professor of Pediatrics and one of two PIs for the Utah Center for Clinical and Translational Science (CCTS). Her specialty as a physician/scientist is in pediatric infectious diseases and diagnostic test development. Nationally, she serves as the chair of the American Academy of Pediatrics Committee on Infectious Diseases (Red Book Committee) and works closely with the US Centers for Disease Control and Prevention. As a result of these experiences, she was asked to serve as the chair of the Infectious Diseases Advisory Group for the United States Olympic Committee (USOC) to address the Zika virus epidemic in Brazil and the planned travel to Rio for the Olympic and Paralympic games.

John Langell, MD, PHD, MPH

Global Health Innovation

John Langell, MD, PhD, MPH completed his surgical training at Stanford University Medical Center and completed advanced training in Space and Aerospace Medicine with NASA at the Johnson Space Center in Houston, TX. His clinical focus is in the application of advanced minimally invasive surgical techniques in laparoscopic surgery with special focus on diseases of the stomach, intestines, liver, gallbladder, pancreas and biliary tree. Additionally, Dr. Langell has expertise in the minimally invasive treatment of hernia disease, including abdominal wall and groin hernias, hiatal hernias, thyroid, parathyroid and adrenal glands. He currently serves as Chief of General Surgery at the George E Wahlen VA Medical Center and Executive Director for the Center for Medial Innovation at the University of Utah.

To register for weekend events or update information go to http://medicine.utah.edu/alumni
W. Donald Shields, MD ’73

Good Fortune as an Unintended Consequence

Don Shields graduated from University of Utah College of Medicine in 1971. Following a residency in pediatrics at the LAC-USC Medical Center, he returned to the “U” for residency in neurology and fellowship in pediatrics neurology under the tutelage of Dr. Patrick Bray. In 1976 Don was recruited to UCLA and became chief of pediatric neurology in 1980. During his 25 year tenure as division chief, his research and patient care focused on “improving the lives of the unfortunate children afflicted with catastrophic childhood epilepsy.” Don and the division developed a national and international reputation for epilepsy research and patient care, notably in the surgical approach to medically intractable epilepsy in very young children and development of anticonvulsant medications. He has trained more than 40 child neurologist residents and pediatric epilepsy fellows, several of whom are now national and international leaders in child neurology and pediatric epilepsy. He has received numerous teaching awards including two pediatric and two neurology teaching awards from the residents. At the 2010 commencement, he received the UCLA School of Medicine Sherman Mellinkoff Faculty Award given for “Dedication to the art of medicine and to the finest in doctor-patient relationships.” In 2011 he was awarded the University of Utah School of Medicine Alumni Association’s Distinguished Alumni Award.

Saturday, October 15
10:00 a.m.-2:00 p.m.
Tours of LDS Family History Museum and Discovery Center
Hear presentations on how to search your family’s genealogy
Opportunity (fee charged) to have your DNA test kit ordered

Alumni Class Reunions
6:00 p.m.
Grand America Ballroom – seating assigned by class year for reunion classes

All medical alumni and community are invited to participate

6:15 p.m.
The Utah Genome Project and its Importance to the World
Lynn Jorde, PhD, Professor and Chair, Department of Human Genetics,
Executive Director of the Utah Genome Project, H. A. and Edna Benning Chair in Human Genetics

7:00 p.m.
Dessert buffet and entertainment follow the dinner presentation
In 1958, Dr. Castleton was called upon to chair the medical division’s fund-raising effort for the new medical center. The Salt Lake County Hospital had lost its accreditation, so the creation of a new medical center was critical. Dr. Castleton was highly respected in the community and such a strong supporter of a unified medical center and medical school that he successfully convinced a whole range of physicians—from those who had no interest, to those who were actively hostile, to support the project. Many physicians became supportive when he told them the center would provide them with a good medical library. He made good on that promise, when Spencer S. Eccles responded to his request for help to build a library building. He raised private funds and got a federal matching grant for the building and the Spencer S. Eccles Health Sciences Library was completed in 1971. His portrait hangs in the History of Medicine Room that is dedicated to him.

In 1962, after 30 years of working as a surgeon in Salt Lake City, President A. Ray Olpin asked Dr. Castleton to become medical school dean. He was hesitant as he didn’t believe that the full-time faculty would accept a downtown physician as dean. He also pondered the career and financial implications of leaving a successful surgical practice to become a university administrator. However, he found the idea of an academic career and the challenges it offered to be very enticing. He accepted, becoming the first native Utahn to hold the post. He directed the medical school from 1962-69, during construction and opening of the University of Utah Medical Center and current School of Medicine.

Building the medical school was difficult due to insufficient money, delays and change orders. Despite the original $10 million raised, Dr. Castleton spent considerable time in New York and Washington, D. C. seeking additional funding from foundations and government agencies.

In July 1965, Dr. Castleton participated in opening the new hospital — marking the first time that the School of Medicine had its own teaching hospital on site. The new school brought all of the science and clinical people together in one building. Faculty, residents, and students enjoyed direct interaction and teaching became much more efficient. There were new laboratories, classrooms, and equipment. The extra space allowed the medical school class size to increase from 45 to 65.

His work as dean was consumed by administration and fund raising. His efforts included an addition to the rehabilitation building and a federal grant for new equipment. Along with the medical library he built a new animal research building.
There was a great need for housing interns, students, and residents so he fundraised to build medical center housing as well.

At the time of his retirement in 1969, President Fletcher asked him to be the first Vice President of Health Sciences. He held that position until 1971. He was responsible for the medical school, the university hospital, the pharmacy school, the nursing school, and the medical library. He recruited faculty from around the country to fill positions at the growing schools.

In 1983 School of Medicine Dean Cecil Samuelson summed up Dr. Castleton’s contribution as this, “That initial impression of Dr. Castleton’s goodwill, calm demeanor, supportive attitude, interest in others, and quiet competence has been continually reinforced over the years. Ken Castleton has built an exemplary and, in my judgment, unequalled record of service to this University and accomplishment in the activities in which he has participated.”

Works Cited:

We would like to thank the following for their generous support of the University of Utah School of Medicine Alumni Weekend

Gold Level:

Bronze Level:

Eccles Library Reception Sponsor:

Other sponsors:
By Amanda Fujiki, MD ’16,

My love for you grows in silence
Your tiny hands are still
The band around your wrist tells the world you are mine
Yet you seem farther than ever before
I tell myself you can hear me
So I talk to you through the night
And sing your favorite lullabies
I feel the pain you cannot tell me
And remember what you will not
When you are older I will sit at your bedside
And tell you of the time when you had to forget
And lay still in a metal bed, like sleeping beauty
I will not tell you about the lines, and tubes, and beeping sounds
Reminding me every minute that we were not in a fairytale
Instead, I will say you were brave
And never alone
I will tell myself I did not wait too long to call
And maybe I will believe it
Then I will watch you drift to sleep
With the peace of knowing
That in the morning
You will wake

Layer of Medicine Course
Fosters Medical Student to Publish Children’s Book

Daniela Anderson, MS III has turned her Layers of Medicine project (MS1-2 course directed by Gretchen Case, PhD and Karly Pippitt, MD) into a published book. The book is titled The Moon Prince and the Sea. She received a prestigious Watson Fellowship the year before she began medical school to study infectious disease around the world. The book is based on the true story of a child she met in India and another young friend in the US whom are dealing with cancer. Both the story and art are by Daniela. The book is available for sale on Amazon.
Dinner with a Doc 2016

Dinner with a Doc occurs every spring. Organized by the School of Medicine Alumni Association Student Programs Committee, it pairs first and second year medical students with community physicians for dinner. Some doctors host in their homes, some at restaurants. It is an opportunity for medical students and their spouses to find out more about a particular specialty’s training, lifestyle and challenges in an informal setting, with someone who can say, “Been there, done that.”

If you are interested in participating in Dinner with a Doc 2017 please email Jacqui Voland at Jacqueline.voland@hsc.utah.edu or call 801-581-8591.

Thank-a-thon

Every fall the School of Medicine Alumni Relations office hosts a Thank-a-thon, giving students a chance to thank alumni and others who have supported them by funding medical scholarships.
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<th>MATCH DAY MATCH DAY 2016</th>
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<td><strong>ANESTHESIOLOGY</strong></td>
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<td>Bach, Bridger Westcott</td>
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<td>Hill, Jordan David</td>
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<td>Barney, Jacob Kent</td>
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<td>Beasley, Heather Marie</td>
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<td><strong>FAMILY MEDICINE</strong></td>
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<td>Anderson, Holly Marie</td>
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<td><strong>GENERAL SURGERY</strong></td>
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<td>Barrett, James Robert</td>
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<td>University of California, Irvine Medical Center, Internal Medicine California</td>
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Alex Bracey celebrates with SOM Board President Dale Hull, MD, ‘86
Morgan, John William
Hospital of the University of Pennsylvania, Internal Medicine
Pennsylvania

Rigby, Brennan Dwight
University of Vermont Medical Center, Internal Medicine
Vermont

Schackmann, Elizabeth Ann
University of Washington Affiliated Hospitals, Internal Medicine
Washington

Subhash, Amith
University of Louisville School of Medicine, Medicine-Preliminary
Kentucky

Thomas, Samuel Crandall
University of Utah Affiliated Hospitals, Internal Medicine
Utah

Troy, Martine Nicole
Veteran Affairs Medical Center at Boise, Internal Medicine
Idaho

Vega, Farah Esther
Veteran Affairs Medical Center at Boise, Internal Medicine
Idaho

NEUROLOGY
Erickson, Preston
University of Utah Affiliated Hospitals, Neurology
Utah

Hoversten, Knut-Kjell Elias
University of Utah Affiliated Hospitals, Neurology
Utah

Larsen, Nicholas Wiessner
Stanford University, Neurology
California

Phillips Jr., Gregory Douglas
Madigan Army Medical Center, Neurology
Washington

OBSTETRICS–GYNECOLOGY
Amaral, Georgina F.
University of New Mexico School of Medicine, Obstetrics-Gynecology
New Mexico

Gentry, Katherine Jane
University of Utah Affiliated Hospitals, Obstetrics-Gynecology
Utah

OPHTHALMOLOGY
Jensen, Jason Dale
Research Fellowship, Ophthalmology
Tennessee

Lynn Nguyen celebrates with her parents

Match Day
Lectures, research projects, lab tests and books were set aside for a day of celebration with faculty members, family and friends. The graduates included 31 undergraduate medical laboratory sciences students, 122 Master level graduates and 48 PhD graduates in programs as varied as biochemistry, clinical investigation, public health, occupational health, human genetics and biomedical informatics, and 76 medical doctorate graduates.

Commencement speaker Charles Sorensen, MD discussed why he would begin a physician’s journey again in a heartbeat, stressing how medical knowledge is expanding rapidly and quickly moving to the front lines of care, making more of a difference in people’s everyday lives. Senior class president Matt Lamont brought tears to many eyes as he recalled his realization during medical school that every patient needs to be treated as a unique person, who is cared for and loved by family and friends, as he dealt with his own family’s medical crises during his medical school years.

A reception afterward helped all attendees relax and celebrate the day they had been working towards for many years. Now the next steps of their careers begin!
“Data driven systems will help you improve your practices, your science, your teachings, and ultimately take better care of patients. Yet if I can offer one piece of advice to you today, it is that you must not let your patients get lost in the data…. After all, they are why most of you got into health care in the first place.” Dean Vivian Lee
“I am absolutely convinced that the future of medicine and affiliated sciences is amazingly bright,” said Sorenson, a urologic surgeon who has practiced for 39 years and still spends each Wednesday in the operating room. “I know not everyone shares this view, but I’m convinced it’s evidence-based.”

In his keynote address, the head of Utah’s largest private health care system gave the Class of 2016 three reasons why he sees their future as the “best of times,” while acknowledging it may not be the easiest of times thanks to the rapidly changing health care landscape.

First, medical knowledge is rapidly expanding and making its way to the front lines of care, said Sorenson. “I believe we are truly at the dawning of a new age,” he said. “Information is expanding exponentially, and the scope of it is greater than it was a generation ago.”

Second, innovations are producing better patient care. Sorenson shared how Intermountain urology surgeons, including himself, improved together after they were given data showing great variances in how each performed prostate resections. “With no other intervention than showing us the data, we learned and improved,” said Sorenson. “Doctors and other health care professionals want to do the best for their patients.”

Third, Sorenson cited team science as coming of age. “Whether your future is in research, informatics, teaching, or clinical care, these endeavors are far too complex now for individuals to go it alone,” he said.

Being part of a team of smart, talented, and trusted colleagues is one of the greatest professional gratifiers, according to Sorenson. An adjunct professor of surgery at the U, Sorenson also imparted some practical wisdom to the Class of 2016. He drew close to tears as he reminded the new graduates how they relate to their patients is just as important as the care they can give. Their words, temperament, and attempts to connect with their patients will make a real difference, Sorenson said.

“For patients, nothing is ever routine,” he said. “Let me tell you from personal experience, you won’t really understand the patient’s perspective until you or someone you dearly love is a patient facing an uncertain future. That will change you….”

In closing, Sorenson told the Class of 2016 to think about change as an exciting opportunity. “Don’t think about change as something that’s happening to you, it’s happening for you.”
In 2012, Midvale Mayor JoAnn Seghini asked the School of Medicine for assistance in meeting the healthcare needs of uninsured residents of her city. The Midvale Family Clinic that had previously provided much of this care lost its support in 2010-2011 and was forced to close its doors.

At about the same time, health science educators at the University recognized the value of a venue where students from the various health science disciplines could learn to work together in real life situations providing patient care as interdisciplinary teams. Midvale’s problem became an opportunity for the University’s Health Science students. Almost three years later students from the College of Pharmacy, College of Health, College of Nursing and School of Medicine work together providing healthcare to Midvale’s underserved population. Patients receive care that they need. Students get hands on experience and learn from each other.

Students in the College of Health’s Department of Physical Therapy seized the initiative and founded the Student Run Pro Bono Clinic. They created their own board and arranged for interpreter services and faculty supervision. They provide state of the art physical therapy and are active participants in clinical investigation of multidisciplinary approaches to problems common to this population. Students from the Division of Nutrition provide education, counseling and practical advice to patients. This leads to healthy dietary choices and facilitates better care. PharmD students from the College of Pharmacy are also active participants in the clinic’s multidisciplinary approach. They review medications, provide education and help find the most cost effective treatment solutions. Students from the College of Nursing’s Doctor of Nursing Practice Program provide care for women’s health issues along with geriatric and general primary care. School of Medicine students (both MD and Physician Assistant) get the opportunity to apply what they learn in other areas of their curriculum and to see first hand how a team approach can really work. All students are witnesses to patients’ response to treatment. “Healthcare is about building community by helping one patient at a time,” says PharmD student Chau Ho. The patients often communicate their gratitude to the students with hugs.

Perhaps the greatest success of the Midvale Clinic is what students learn from each other. Second year medical student Dallin Hubbard describes his experience. “The Midvale Clinic is a wonderful experience where service, scholarship and compassion intersect in a single place.” Kelly Stewart, a Masters in Nutrition and Registered Dietician student agrees. “My time at Midvale has been invaluable to learning and practicing nutrition counseling. I have gained knowledge far beyond the scope of my nutrition classes… together we give better care than I could give by myself.” Daniel Evans, a second year medical student adds, “From the perspective of a medical student, working at the Midvale Clinic allows our classroom learning to come alive. I have learned so much about how a healthcare team functions from colleagues in Pharmacy, Nutrition and Nursing. This place is where I feel I am really learning how to become a physician.” One lesson not lost on the students is the value of collaboration. Marissa Weber, starting her second year in medical school, makes the point that “No question goes unanswered when you have many different minds working together – whether it is about nutrition, medication, or general healthcare our team can really help these patients who often can’t find care elsewhere.”

At the end of each clinic session, the students and their supervising faculty sit down together to share one thing they learned that day. Most often they mention something they learned from another student. One thing they all share is enthusiasm – for their patients, for each other and for the future of healthcare. Any alumni physicians or PAs who are interested in volunteering at the clinic can contact Vice Dean of Education Wayne Samuelson, MD ’80 at (801) 581-6436, or wayne.samuelson@hsc.utah.edu
In July 2015, Drs. Alison Crum and Anya Gushchin trained local doctors and brought oculoplastic vision care for the first time to villagers suffering from a never-before-seen form of droopy eyelid (ptosis), as well as other eye-related afflictions, in the remote eastern highlands of Papua New Guinea (PNG).

“Droopy eyelids all over the world are just droopy eyelids,” says Crum. “Basically, the muscles that raise the eyelid don’t work, so the eyelid sags over the eye and blocks vision. But we found PNG patients with droopy eyelids who are also losing the ability to talk, swallow, and walk. It is very different than what we expected. This is a whole new neurologic disease that progresses throughout the entire body. It’s very surprising—localized only to this region of PNG—and we don’t know why it happens.”

Droopy-lid patients who were not candidates for eyelid surgery were fit with “ptosis crutches”—custom glasses made on the spot from donated reading glasses. The lenses are cut out of the bottom of the frame, heated to make them flexible, and then bent up and inward toward the face. When worn like glasses, the in-turned lenses lift the drooping eyelid, allowing the patient to see through the empty frame. Much better than the alternative eyelid crutches locals create with sticks from trees, which could cause infection.

The only two local doctors at Mingende, Drs. Gabriel Yohang and Maggie Taune, do everything: administer anesthesia, deliver babies, remove appendixes, and handle trauma, but neither had ever worked on eyelids. Drs. Crum, Gushchin, and Limbu made training the local physicians a priority during the mission. “It is hard to teach everything in a week. We need to try to identify medical students who want to be ophthalmologists and to continue training” says Crum. “But the training went well, and I’m really looking forward to going back. I’m honored and really proud that I get to do this work every day.”

Patient, Yawai before and after Surgery.

Team at Airport: “Anya Gushchin, MD, international fellow, oculoplastic, and Alison Crum, MD, oculoplastics, orbital surgery, neuro-ophthalmology specialist, Moran Eye Center; Edward Quigley, MD, PhD, neuro-radiology specialist, University of Utah; Dr. Michael Seward, MD, cornea/comprehensive specialist, Great Lakes Eye Care, Michigan.”
Kathleen Cooney, MD Selected as New Chair for Department of Internal Medicine

March 2016, Kathleen Cooney, MD joined the University of Utah Department of Medicine as the Chair of Internal Medicine, the largest department within the School of Medicine at the University of Utah with 14 divisions and nearly 350 full-time faculty members.

Dr. Cooney received her medical degree at the University of Pennsylvania School of Medicine and her residency education in internal medicine and fellowship in hematology/oncology at the University of Michigan. Dr. Cooney joined the University of Michigan faculty in 1991, and served there in key leadership positions, including most recently as Division Chief of Hematology/Oncology and Deputy Director of the University of Michigan Comprehensive Cancer Center.

Her clinical interests are primarily in the medical management of men with advanced prostate cancer. She is internationally recognized for her research on the identification of genetic defects in sporadic and hereditary forms of prostate cancer. Dr. Cooney established a clinical database with over 4000 participants at the University of Michigan to study the inheritance patterns of prostate cancer that has provided an infrastructure for her research program. Her work led to the important discovery of a recurrent mutation in the HOXB13 gene that increases the chances of being diagnosed with hereditary prostate cancer, and this discovery is leading to new insights about screening, prevention, and treatment of this common cancer.

When Dr. Cooney moved to Utah, she was impressed with how University of Utah Health Care and the entire health sciences campus are embracing health care transformation. “The leadership and faculty are trying to innovate and do things differently, which is critical if we are to move U.S. health care forward,” she said.

Dr. Cooney succeeds John R. Hoidal, M.D., who led the Department of Internal Medicine as interim chair and chair since 2001, a time marked by significant change in academic medicine, and the educating of future doctors, along with rapid growth in the department’s size.

Angela Fagerlin PhD Selected as Inaugural Chair for Department of Population Health Sciences

In January 2016, Angela Fagerlin, PhD joined the University of Utah Department of Medicine as the Chair of Population Health Sciences (PHS). PHS is the newest department within the School of Medicine at the University of Utah. The vision for PHS is that it drive health care transformation and be a hub for education, investigation, and expertise in health services, patient engagement, cost, quality, outcomes, and health delivery systems research.

Dr. Fagerlin received her doctorate in experimental psychology at Kent State University. Dr. Fagerlin joined the Department of Internal Medicine at the University of Michigan in 2000. She also was a research scientist at the VA Ann Arbor Center for Clinical Management Research. She led the Center for Bioethics and Social Sciences in Medicine, which was a joint program between the University of Michigan and the VA Ann Arbor.

Her research interests have focused on testing methods for communicating medical data to patients and providers (e.g., genetic test results, the risks and benefits of cancer treatment) and the development, testing, and implementation of decision support interventions. She is internationally recognized for her work on determining how to engage patients in understanding life-changing diagnoses and making the best decisions for themselves. Additionally, her research has more recently focused on determining the best methods for communicating about genetic testing and infectious diseases (e.g., the Zika virus, Ebola, influenza). Her research has been funded by VA, NCI, NIH, and the European Union.

Dr. Fagerlin is thrilled to see the innovative steps that the University of Utah’s health sciences leadership, faculty, and staff have been taking to address the health care needs of all patients.
Since the fall of 2015, Dr. Michael Rubin, an Associate Professor in the Division of Epidemiology in the Department of Internal Medicine, has been awarded two prestigious federal grants to aid in the fight against antibiotic resistance and healthcare-associated infections (HAIs).

The first, awarded in September 2015, is a three-year, $2.2 million grant from the Centers for Disease Control and Prevention as part of their Safety and Healthcare Epidemiology Prevention Research Development (SHEPheRD) program. Dr. Rubin will lead a multidisciplinary ensemble of University investigators with expertise in mathematical and agent-based computer modeling, healthcare epidemiology, statistics and contact network analysis, and environmental microbiology. Their plan is to construct an innovative computer simulation of an ICU setting for the purpose of improving our understanding of the granular transmission dynamics of HAIs due to drug-resistant bacteria and other emerging pathogens such as Ebola virus. The simulation will incorporate real-world findings on the heterogeneity of contact networks and estimates of bioburden across surfaces in the healthcare environment, and will estimate the direct and indirect effects of bioburden reduction interventions such as enhanced hand hygiene, contact precautions, and environmental cleaning interventions. Ultimately, the simulation will guide the development of targeted interventions that maximize prevention under conditions of limited resources.

The second, announced in March 2016, is from the Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI), which will establish a new five-year, $3.7 million QUERI program led by Dr. Rubin out of the VA Salt Lake City Health Care System. The mission of the program, entitled “Combating Antimicrobial Resistance through Rapid Implementation of Available Guidelines and Evidence” (CARRIAGE), is to lead compelling implementation and quality improvement projects that improve the use of antibiotics and reduce the burden of HAIs across VA care settings.

CARRIAGE projects will target the behaviors and processes at the critical points in the chain of infection that facilitate the development and spread of antibiotic-resistant pathogens, thereby breaking the cycle of transmission and improving health care delivery for veterans. The program will involve nearly two dozen investigators at nine VA facilities across the nation, and is slated to begin in the fall of 2016.
Exciting Discoveries in Genetic Causes of Common Variable Immunodeficiency featured in New England Journal of Medicine

Common variable immunodeficiency (Hypogammaglobulinemia-CVID) is the most common, clinically significant, immune problem affecting humans with an incidence of between 1 in 20,000 to 50,000 individuals. CVID is felt to be a primary immunodeficiency, which means it is genetically determined rather than being due to secondary causes such as immunosuppressive therapy, infection, malignancy or transplantation. It has onset from early childhood up to 90+ years of age with an average onset of around 24 years of age. Because the symptoms, which usually consist of recurrent sinusopulmonary and gastrointestinal infections, vary in severity, it can take many years to be recognized, during which complications such as severe pulmonary disease, autoimmunity or even lymphomas may develop. The genetic causes of CVID are known in only 10-12% of cases, although the number of specific molecular defects has risen in the last few years to somewhere on the order of 16.

For the past six years, Drs. Attila Kumanovics, and Karl Voelkerding of the Department of Pathology and Dr. Harry R. Hill, of the Department of Pathology, Pediatrics and Medicine, have been employing next generation sequencing, as well as comparative genomic hybridization in attempts to discover new molecular causes among the 200-300 patients Dr. Hill and colleagues have seen over the past 40+ years. These ongoing studies, funded by two NIH grants and a Utah Genome Project grant have led to the following interesting discoveries.

A 27 year old female was referred to the University of Utah Clinical Immunology Clinic after being diagnosed with CVID at another medical center. She suffered severe Norovirus gastrointestinal infection leading to diarrhea and weight-loss. She had very low immunoglobulins and antibody producing B cells along with a history of autoimmunity. After being recruited into the molecular study of CVID, both she and her parents donated DNA samples. Shortly thereafter, she developed a fulminant Aspergillus fungal pneumonia and passed away. Upon post-mortem analysis of the patient’s and her parents’ DNA by Next Generation Sequencing (NGS) of the exome (encoding regions of the genome), it was discovered that she actually had heterozygous mutations on both chromosomes of the recombination activating gene 1 (RAG1; J. Clin. Immunol. 35:119-124, 2015). This gene is known to be associated with a form of severe combined immunodeficiency, which usually affects children in infancy or early childhood. This case pointed out that such patients can escape detection until later in life and suggests molecular screening can be extremely useful in detecting these patients, hopefully leading to earlier recognition and more aggressive therapy, including bone marrow or stem cell transplantation.

Another fascinating family of CVID patients involved two sisters both with very low immunoglobulins and antibody producing B cells. Further examination of the whole family revealed a deletion in a portion of a chromosome containing eleven genes, only one of which was known to have a role in antibody production (J. Immunol. 188: abstract 63.6, 2012). An additional thirteen children and grandchildren of these two sisters also have the deletion and low immunoglobulins and B cell numbers, though most have not had serious infections yet and are not currently on immunoglobulin replacement therapy. This extensive family was combined with other patients from major immunology centers across the US and Europe for publication in the February 25, 2016 issue of the New England Journal of Medicine.

The use of molecular techniques in such research studies is resulting in new state of the art diagnostic techniques which are currently being instituted at ARUP Laboratories, the clinical reference laboratory wholly owned by the University of Utah and its Department of Pathology. Hopefully, these tests will lead to earlier diagnoses, appropriate immunoglobulin replacement and even more effective therapies based on correction of the genetic defect involved in these potentially life threatening diseases.
Dr. Eugene Stead, chairman of the Department of Medicine at Duke University, with support from Dr. Charles Hudson, president of the American Medical Association, established a two-year program to formally educate “physician assistants” in order to address the health care delivery shortages of the time. The education model was based in part on Dr. Stead’s experience of fast-track training of doctors during World War II and on his work developing a new curriculum for undergraduate medical education. In the fall of 1965, four ex-Navy corpsmen began their education at Duke University under Dr. Stead’s direction. The physician assistant was trained to provide medical care to rural and other medically underserved populations while under physician supervision.

In 1970, C. Hilmon Castle, MD, chair of the newly formed Department of Family and Community Medicine, and William M. Wilson, PhD, had established the University of Utah’s Physician Assistant program with Dr. Wilson as the first director. The first students, many of which were returning Vietnam War veterans, were enrolled that same year and accreditation was granted by the Committee on Allied Health Education and Accreditation in 1973.

Donald M. Pedersen, PA-C, PhD succeeded Dr. Wilson as the program director in 1989. By 2002 the program had rapidly expanded, gaining a much broader base of applicants than just medics and Dr. Pedersen became concerned that the origins of the program, educating heroic battlefield medics to care for rural and underserved populations, would be lost. He contacted John Prazen, a talented artist and sculptor, himself a former Navy corpsman, with an idea for a statue to be placed outside the entry to the University’s Physician Assistant program offices recognizing the war medic and their contribution to the start of the new medical field of Physician Assistant. He also formed a committee to raise the $100,000 needed to create, fire, and place the statue. Prazen was very taken by the project and was meticulous in creating the statue with all the correct combat medic uniform detail.

The statue was dedicated on July 11, 2003 with national speakers and local PA veterans reminiscing about their personal experiences. The motto on the statue reads, “Lifesavers then—Caregivers now—Physician Assistants”.

At the dedication, Pederson commented, “I believe this work of art captures well the commitment to caring displayed by the medics and corpsmen of the past and of those presently serving our country. Thanks to the early students of PA programs, medics and corpsmen, who infused this caring attitude into our profession, the PA profession—a grand social experiment that began in the mid 1960s, with its origins firmly rooted in the military medical ethos—can only be viewed today, nearly 40 years later, as a resounding success.”

Since that time other PA schools around the country have expressed interest and created their own medic recognition statues, including the Eugene Stead Center housing the North Carolina Academy of PAs at Duke University and the Lock Haven Physician Assistant Program at the University of Pennsylvania.

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Many of the patients that urogynecologists Ingrid Nygaard, Peggy Norton and Yvonne Hsu see in their practice have health issues resulting from something that occurred decades earlier – pelvic floor disorders that developed after they underwent vaginal childbirth. Although one in four U.S. women has a pelvic floor disorder, which includes conditions such as pelvic organ prolapse and urinary incontinence, the conditions were under-researched for many years and strategies to prevent them are scarce, according to Nygaard, professor of obstetrics and gynecology and the principal investigator of the grant. She believes more can be done to prevent these disorders – which are in part caused by weakened or damaged muscles in the pelvic floor, often as a result of vaginal childbirth – and she and 10 other U of U investigators are addressing the problem through research funded by a Program Project Grant from the National Institutes of Health. The grant, which is highly competitive, began in July 2015 and provides $5.9 million over five years to aid the researchers from four U colleges – School of Medicine and the Colleges of Nursing, Health and Engineering – in developing novel ways to maximize pelvic floor health and prevent pelvic floor disorders in women after childbirth. It’s only in the past two decades that pelvic floor disorders have received due attention, according to Nygaard, very little attention has been given to prevention. “Through our multidisciplinary approach to research, we want to learn how to best improve pelvic floor health after vaginal childbirth,” she says. “Figuring out how to maximize recovery after the first birth will open the door to preventing women from later developing pelvic disorders.”

Women who deliver babies by cesarean section are less likely to develop pelvic floor disorders, particularly pelvic organ prolapse, and some advocate that method to prevent the problem. Nygaard and her collaborators strongly disagree with that strategy. “We believe it’s not sound public health policy to advocate Cesarean delivery as a primary prevention strategy to prevent pelvic floor disorders,” she says.

Nearly 4 million U.S. women deliver babies each year, and the majority of them do so vaginally. One in seven U.S. women will have surgery for a pelvic floor disorder in her lifetime.

With the working title of MAP (Motherhood And Pelvic Health), the research is divided into three core areas – administrative, biostatistics and clinical coordination care – and entails three projects:

- Using a sensor devised by U of U bioengineers to measure intra-abdominal pressure (IAP) in women 8 weeks pregnant and then a year later to see how pressures affect the pelvic floor.
- Investigate how different levels of physical activity and inactivity and muscular strength and fitness affect pelvic floor health in early postpartum and a year later.
- Describe experiences and cultural knowledge of postpartum pelvic floor support changes in the Salt Lake Valley’s two major ethnic groups, European-Americans and Mexican-Americans, and develop culturally appropriate education toolkits.

Photo caption: L to R: Peggy Norton, co-investigator, Department of OB/GYN, Yvonne Hsu, co-investigator, Department of OB/GYN, Ingrid Nygaard, Project PI, Department of OB/GYN, Ana Sanchez-Birkhead, co-investigator, College of Nursing, Janet Shaw, PI, Department of Exercise and Sport Science, College of Health, and Marlene Egger, PI, Department of Family and Preventive Medicine. Other grant investigators missing from the photo: Michael Varner, PI, Department of OB/GYN; Erin Clark, co-investigator, Department of OB/GYN, Xiaoming Sheng, co-PI, Department of Pediatrics, Lauren Clark, co-PI, College of Nursing and Robert Hitchcock, PI, Department of Bioengineering
The Division of Gastroenterology, within the Department of Internal Medicine, recently completed a $1M campaign to create an endowed chair honoring the career and legacy of Randall (Randy) W. Burt.

Dr. Burt is the epitome of not only the ideals of academic medicine, but the practice of it. As a scientist, he worked with Dr. Eldon Gardner to characterize what came to be known as Gardner’s syndrome.

Dr. Burt was the lead clinical investigator of the group that discovered the APC gene in Familial Adenomatous Polyposis (FAP) and the first report of attenuated FAP. His work has led directly and indirectly to the prevention or early detection of colon and other cancers in thousands of patients and families.

Dr. Burt has served the University of Utah School of Medicine with distinction as a clinician, teacher and administrator, while attaining international recognition for his research contributions, helping to unravel the genetic basis of colorectal cancer and saving the lives of many individuals who are at risk of developing this cancer.

The Division of Gastroenterology names Endowed Chair after Randall W. Burt, MD, ‘74

The Division of Gastroenterology, within the Department of Internal Medicine, recently completed a $1M campaign to create an endowed chair honoring the career and legacy of Randall (Randy) W. Burt.

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Dr. Burt has been a remarkable leader in a multitude of roles throughout the University of Utah including Chief of Medicine at the Salt Lake City Veterans Affairs Medical Center and Chief of the Division of Gastroenterology at the University of Utah. In his role as faculty and division chief, Dr. Burt has worked with 48 faculty members and helped train 98 fellows. At the Huntsman Cancer Institute his roles have included Senior Director of Prevention and Outreach, Director of the High Risk Cancer Registry and Clinics, Interim Senior Director of Clinical Affairs, and Interim Executive Director. He has also been integral to the success of the Cancer Control and Population Sciences Program and Colon Cancer Program.

For his outstanding leadership and contributions to medicine Dr. Burt received the Distinguished Alumni Award from the University of Utah School of Medicine Alumni Association in 2012.

The Randall W. Burt, MD, Endowed Chair in Gastroenterology emulates Dr. Burt’s impact as the recipient will have an academic appointment within the Division of Gastroenterology, but will be stationed at the Huntsman Cancer Institute focusing on gastroenterological cancers. The Division would like to thank all of the contributors to this endowed chair, specifically the Jon M. and Karen Huntsman Foundation.

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A Physician Assistant Gives Back to her Home on the Navajo Reservation

Revina Talker, PA, is doing what she has always dreamed of: giving back. That is to say that she is providing valuable health care services to an underserved community, which is also the one she grew up in.

Revina was raised on the Navajo Reservation in New Mexico. The Navajo Indian Tribe is the largest tribe in the United States. The census also reports that between 35-45% of families on the reservation are below the poverty level. With regard to educational achievements, Native Americans are usually the lowest group to graduate from high school and even lower from college or graduate schools. Access to healthcare poses serious challenges.

Revina remembers visiting the reservation’s community clinic as a youth with her grandfather. As her interest in medicine grew, she clued in on a problem, “I realized that there was a discrepancy between what the English-speaking doctor would say and what my grandfather, who only speaks in the Navajo tongue, thought the doctor said. Needless to say, this can be problematic: there’s a gap between the care being provided and the patient’s expectations.” Talker decided she could be a solution to the problem.

While in high school she left the reservation to take part in the Indian Student Placement Program run by the Church of Jesus Christ of Latter Day Saints. After earning her bachelor’s degree at BYU, Talker, a first generation college graduate, went on to enroll in the University Physician Assistant Program (UPAP), because she noticed the program focused on providing primary care in communities like hers. One of the oldest PA programs in the country, UPAP is committed to training PAs to meet the challenges of providing high quality care in medically underserved and rural communities. “I knew the U had a great medical science program, but when I read the UPAP mission, I knew that they would support me in my goals.” In the UPAP, students can choose where to do their two clinical rotations, and Talker was able to set up both of hers on the Navajo reservation—first at the Inscription House in Arizona, then at the Montezuma Creek Clinic, where she now works.

When Talker describes the type of poverty on the reservation, it’s eye opening. Many homes she visits outside of the clinic have no running water or electricity. These factors help determine the treatment plans she gives patients. Her days consist of conducting well child exams, sports physicals, splinting or laceration repair, managing chronic medical conditions like Type 2 diabetes, hypertension, osteoarthritis or rheumatoid arthritis, musculoskeletal pain and many other conditions. Talker works side by side with her supervising physician, Dr. Phil Smith, who is Navajo and also speaks Navajo well.

“It’s been really rewarding to have the elderly say that they are grateful that I’m here and helping them with their medical needs. Speaking Navajo helps so, so much,” Talker says.

The other rewarding part of her job is her work as a preceptor with UPAP students. Talker began working at Montezuma full time in 2008, and by 2009, she started precepting students. “Professors talk about challenges in class, but when the students see it first hand, it really has a lot more impact on their education,” Talker says. “And I’m really happy to be a part of that.”

Talker says that she couldn’t be happier with her education and where she landed because of it—after all, she’s chasing her dreams. “There are tons of challenges here, but it’s totally worth my time. It’s hard, but I am completely satisfied with the work that I’m doing which goes to show the importance of what PAs do.”

Material taken from articles by Amanda Moloney Johns, Jennie Coombs and Nadia Cobb
To update your address or share information in Alumni News go to https://app.medicine.utah.edu/somalumni

Alumni News

Class of 1966

Gordon W. Affleck, MD ‘66
Dr. Affleck worked as an orthopedic surgeon for many years in Bountiful, UT at Lakeview Hospital where he was chief of staff and served two terms on the board of trustees. He performed some of the first arthroscopic surgery in the Bountiful area. He comments that he felt he was very well trained at the University of Utah School of Medicine, and while in the Air Force during the Vietnam era many other Air Force physicians from prestigious eastern schools hadn’t been trained as well. However, he still has a bit of a negative memory of losing approximately ten of their original 55 classmates between the start of school and graduation.

Edwin C. Biddulph, MD ‘66
Dr. Biddulph lives in Idaho Falls where he practiced orthopedic surgery until he retired in 2000. Along with his medical practice he has served in multiple LDS church callings including as stake president and mission president at the Philippines Bacodil Mission. He commented that presenting to Dr. Wintrobe was always memorable, but that medical school helped him learn to handle stress and life has been good.

Wayne L. Coleman, MD ‘66
Dr. Coleman is a retired OB-Gyn doctor living in Meridian, ID. He served in the U.S. Army during Vietnam for eight years and then practiced at St. Luke’s hospital, where he served as the OB/Gyn chairman for two years. His record was delivering 19 babies within a 24-hour time span. He served a humanitarian mission during the Kosovo crisis in Albania for 18 months at a Women’s Hospital during the Kosovo crisis in Albania. He has three sons who are all graduates of the U of U School of Medicine, one practicing in Utah, the other two in Idaho.

Harmon J. Eyre, MD ‘66
Dr. Eyre had a dual career in medicine, both as a professor of medicine and Deputy Director of the U of U Cancer Center (precursor of Huntsman Cancer Institute) and eventually President and then Chief Medical Officer of the American Cancer Society in Atlanta, GA. He retired from the CMD position in 2008 and returned to Utah. He and Julie have visited 51 of the 59 US National Parks and are working on getting to the final seven in Alaska and one in American Samoa.

L. Gerry Freeman, MD ‘66
Dr. Freeman was a diagnostic radiologist who served as a flight surgeon in the US Army during Vietnam and then worked for 19 years in Franklin, Louisiana. He currently is retired and lives with his wife Virginia in Athens, GA, enjoying time with his children, grandchildren and great-grandchildren. He served 7 ½ years as a fulltime LDS missionary, ½ with his wife as a couple missionary in Manaus, Brazil, Nairob, Kenya, Guam Micronesia and Washington, DC.

Vol G. Hemmings, MD ‘66
Dr. Hemmings served in the U.S. Air Force for 30 years, first as a flight surgeon and then in pediatrics and infectious disease. He served for eight years as professor and chairman of the Department of Pediatrics at the Uniformed Services University of the Health Sciences in Bethesda, MD and then was dean from 1996-2002. For over 40 years he has conducted and published basic science and clinical research studies examining pathogenesis of bacterial and viral pulmonary infections in infants and young children. His collaborative research with respiratory syncytial virus (RSV) resulted in two FDA licensed biologicals for prevention of serious RSV infections in high risk children.

Gary F. Larsen, MD ‘66
Dr. Larsen practiced orthopedic surgery for 37 years, retiring in 2008. He and his wife Suzanne enjoy travel, tennis, skiing and bicycling. He enjoyed helping people get better with the least amount of surgery. (And he’s a surgeon!) He remembers an ENT lecture in medical school titled “The Six Causes of Hoarseness that all of You Must Never Forget” He’s still trying to recall three of them.

50 years of caring for patients and treatment innovations.

Paul W. Broadbent, MD ‘71
Dr. Broadbent is an emergency medicine physician and works part time at Orem Community Hospital, UT. He and his wife, Marilyn, live in Heber City. He is retired from the US Department of State, Foreign Medical Service and the US Army Medical Corp Reserves. In his spare time he enjoys all things out-of-doors, sailing, diving, fly fishing, tennis, skiing, hiking, and camping.

Brent Burdett, MD ‘71
Dr. Burdett was the first certified allergist in Ogden, UT in 1979 and served as the co-director of Primary Children’s Allergy Clinic for 20 years. He was also the president of both the Utah Society of Allergy and Asthma and the American Lung Association in the 1990s. He and his wife have been married for almost 40 years and have four children they are proud of. He still remembers receiving a lecture about heart disease from a chain smoking cardiovascular surgeon. He enjoys the outdoors, hiking, skiing and running and especially likes the series of 15 backpack trips he has taken in the Wind River Mountains of Wyoming over the past 15 years.

Gary R. Hunter, MD ‘71
Dr. Hunter retired from his active plastic surgery practice in 2014. He currently volunteers his time at the Hope Clinic in Salt Lake City. He enjoys spending time with family, volunteering both in medicine and as a school teacher and playing golf. He is unable to attend the upcoming reunion but says, “fond memories, best wishes to everyone”

Sherman Douglas Wing, MD ‘71
Dr. Wing completed a residency and fellowship in diagnostic radiology and neuroradiology in 1976 at UC San Francisco. He was on faculty at the U of U medical school from 1976-1981. He has fond memories of all his classmates and felt like they all supported one another throughout their four years of schooling. His favorite memory was the phone call from Dr. Tom Caine telling him he had been accepted to medical school and was receiving a scholarship.

Class of 1971

Van Christiansen, MD ‘91
Dr. Christiansen is a family medicine physician at the Ogden Clinic in Ogden, Utah. He completed his family medicine residency at the University of Wyoming in Casper, WY. He is hoping to attend his 25th reunion this fall and see many of his classmates.

Class of 1991

Michael Holmstrom, MD ‘96
Dr. Holmstrom works for The Orthopedic Specialty Hospital (TOSH) in Murray, UT. He exclusively treats knees including problems of all ages from simple therapy to arthroscopy and knee replacement. He was the president of the Utah State Orthopedic Society from 2011-2015. Last summer he went with approximately 40 other volunteers on a three-week humanitarian mission trip to Nepal with Youthlink. They worked in the village of Sunthkan outside of Katmandu.

Class of 1996

Suzanne Jensen, MD ‘01
Dr. Jensen completed her emergency medicine residency at Stanford University and currently lives in Los Altos, CA working for Mills-Peninsula Emergency Medicine Association. She and her husband Greg enjoy parenting their four children. She enjoys biking, swimming, running, hiking and skiing with Greg whenever they have a chance.
<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Shirley O. Labrum, MD</td>
<td>MD 1944</td>
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<td>Alma K. Hansen, MD</td>
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<td>Warren M. Hughes, MD</td>
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<td>John L. Clayton, MD</td>
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<td>Samuel C. Houston, MD</td>
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<td>F. LaMarr Heyrend, MD</td>
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<td>Clayton L. Thomas, MD</td>
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<td>Brandon S. Allen, MD</td>
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**A Final Note** Excerpts from thank-you notes received from current medical school scholarship recipients:

I am married and have two children, which means that the costs of attending medical school is not limited to the costs incidental to tuition, books and food for myself, but also includes the expenses necessary to provide for a family of four. Because of your kind gift, I will be able to focus my efforts on studying medicine and pursuing my career as a medical doctor without an additional stressor every time I pay rent or buy a plane ticket for a residency interview. **Jaren Roberts, MS IV**

I would like to thank you for your generosity in contributing to the Medical Scholarship Fund. I am a MSIV preparing to apply to a dermatology residency this fall. While in medical school, I have tried to take advantage of the community service resources available to medical students. One of my favorite activities has been helping children with chronic skin conditions. With the generosity of local businesses and private donors, I organized a free yearly meet-and-greet lunch and raffle for children with skin conditions. My goal is to become a physician who is connected with my community and I feel that the School of Medicine and its alumni have certainly helped facilitate that. I look forward to the opportunity to pay it forward to future students. **Tim Michaelis, MS IV**

Thank you for your generous scholarship from the Alumni Medical Scholarship Fund. I am truly grateful for your kindness and support. I have always been fascinated with medicine due to my father and grandfather’s influence in their internal medicine careers. However, I truly discovered that a career in medicine was right for me after taking a Medical Anthropology course during my undergraduate education. The course was taught by Dr. Alan Ainsworth, who is the founder of the 4th Street Homeless Clinic in Salt Lake City. I began working at 4th Street and helped implement their smoking cessation program. Since then, I have acquired a strong compassion for the underserved in our community. I still care for patients in the homeless shelter downtown as part of the Medical Student Outreach Clinic on Saturdays. I just started the Family Medicine Clerkship. I love finally being able to consistently work with patients and they have taught me so much already. Helping the underserved has been the most meaningful and fulfilling part of my work life and I plan on caring for the disenfranchised in our community throughout my career as a physician. **Beau Bigelow, MSIII**
Please visit our Web site at http://medicine.utah.edu/alumni

Class of 2016 with Dean’s Office