Illuminations

THE MAGAZINE FOR THE UNIVERSITY OF UTAH SCHOOL OF MEDICINE ALUMNI AND FRIENDS

Editor
Kristin Wann Gorang

University of Utah School of Medicine Alumni Association
Board of Directors
Mark A. Johnston, M.D. 1990, President
Fred F. Langeland, M.D. 1976, Past President
Hilmon Castle, M.D. 1959, House Staff, Vice President
Ronald J. Ruff, M.D. 1981, Secretary
Lewis J. Barton, M.D. 1964
Saundra Buys, M.D. 1984, House Staff
Christine A. Cheng, M.D. 1997, House Staff
Ali K. Choucair, M.D. 1984, House Staff
Spencer Debry, M.D. 2003
Dale G. Johnson, M.D. 1956
Kirk M. Neuberger, M.D. 1963
Kirtly Parker Jones, M.D., Faculty
Donald Pedersen, P.A., Ph.D. 1978
Jack Rampton, M.D. 1969
James T. Roth, M.D., M.S.P.H. 1989
David N. Sundwall, M.D. 1969
Hugh D. Voorhees, M.D. 1972
Catherine J. Wheeler, M.D. 1991, House Staff
James Williams, M.D. 1969
Lindsay Wilson, M.D. 2009

Ex-Officio:
Stephen Warner, Associate VP for Health Sciences, Development/Alumni Affairs
David Bjorkman, Dean, M.D., M.S.P.H., 1980
Kristin Wann Gorang, Director

Medical Student Representatives:
Jude Sells, MSII
Ryan Israelsen, MS II
Christina Sok, MS IV
Teresa Tuan, MS IV

Send address changes to:
Illuminations
Office of Alumni Relations
540 South Arapeen Drive, Suite 125
Salt Lake City, Utah 84108-1298
kristin.gorang@hsc.utah.edu

Visit our Web site:
www.medicine.utah.edu/alumni

Update your information at:
http://app.medicine.utah.edu/SOMAlumni/index.htm
To opt-out of Illuminations mailings email:
kristin.gorang@hsc.utah.edu

What’s Inside

1 Message from the Dean
2 Utah’s Health Reform Efforts
3 CHIE and ADP
4 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
5 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
6 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
7 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
8 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
9 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
10 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
11 2009 Alumni Weekend
   • Alumni Reunions
   • Awards Ceremony
   • Alumni Events
12 News Notebook
13 News Notebook
14 News Notebook
15 News Notebook
16 News Notebook
17 News Notebook
18 News Notebook
19 Student Life
20 Alumni Notebook
   • New Board Members
   • Alumni Happenings
   • Half Century Highlights
21 Alumni Notebook
   • New Board Members
   • Alumni Happenings
   • Half Century Highlights
22 Alumni Notebook
   • New Board Members
   • Alumni Happenings
   • Half Century Highlights
23 Alumni Notebook
   • New Board Members
   • Alumni Happenings
   • Half Century Highlights
24 Alumni Notebook
   • New Board Members
   • Alumni Happenings
   • Half Century Highlights
25 Alumni Notebook
   • New Board Members
   • Alumni Happenings
   • Half Century Highlights
26 Alumni News
27 Inside Cover
   Distinguished Award Nominations
28 In Memorium
Message from the Dean

Although it has been a difficult year financially for the medical school, we were very pleased to welcome a highly qualified Class of 2013 into the fold this past August (see back cover picture). Over 1241 students applied for the 82 positions. The average college GPA was 3.6, with a combined average MCAT score of 30. They are all highly qualified and motivated individuals, and we look forward to the next four years of their training.

The new curriculum was implemented this fall and in recognition of what Utah House Speaker David Clark and Dr. Bob Huefner’s lead articles discuss, it recognizes that medical knowledge must be gained, sorted and processed in new ways as we move into a changing medical era. Gone are paper tests, printed syllabi and handouts. Test scores and feedback information are provided through online access. Students are being trained in the use of electronic medical records, and beginning this month will have firsthand experience as they begin their assignments in the University’s Community Clinics. Information technology is an important “thread” in this integrated curriculum with students learning to use electronic resources in multiple venues and in a variety of ways.

We are also pleased to introduce you to some very community-minded students and alumni in this issue. Demanding courses, clinical rotations and long nights and weekends of studying don’t stop many of our students from volunteering for diverse causes in their “free time.” It was interesting to see that both our students and a member of our Half Century Club volunteer on a weekly basis at Salt Lake City’s Fourth Street Clinic, a nonprofit organization that works to end homelessness by providing comprehensive health care and support services to homeless Utahns. In addition, the Office of Diversity and Community Outreach works in partnership with local schools, libraries, federally funded programs, community centers, religious organizations and other academic organizations to set-up relationships between our medical students and various K-12 enrichment programs. Each year our medical students give hundreds of volunteer hours educating and introducing young people to the field of medicine. From kindergarten to high school, current medical students teach children and youth the anatomy and physiology of the body through learning about bones, studying cells and dissecting cow organs. In addition to these hands-on experiences, medical students also share their journeys to and through medicine. These outreach programs offer the additional benefit of providing mentors and role models to underserved communities, which is key, as many of the participants do not know anyone close to them who is a physician.

I hope you enjoy the coverage in this edition of the 2009 Medical Alumni and Community Weekend. For those of you, like me, who have an upcoming reunion, I hope you will be inspired to attend after reviewing the great time had by all at last fall’s weekend. The Continuing Medical Education conference was titled Emerging Infectious Disease Killers, and if you missed it feel free to view it live on our Web site at http://medicine.utah.edu/alumni/Reunion%20Weekend/CME/CME2009.htm. Our Web site also provides live streaming video of all medical school departments that tape their Grand Rounds, complete with links to receive CME credit.

This year the School of Medicine Alumni Relations office is working to expand the services it provides to our current residents and fellows. Working in collaboration with the Graduate Medical office and the Utah Medical Education Council the Alumni Association began a new program for our senior residents this fall, called Transitioning into Practice. The six-hour program’s mission was to provide physicians in training with the information, whether it be financial, legal, or personal, to make a successful transition from a residency or fellowship program to a clinical or academic practice. Numerous medical alumni participated as instructors along with legal, investment and insurance experts. The program was well-attended and will become an annual fall program for our residents.

I wish you the best for the New Year and look forward to meeting some of you at upcoming Alumni Association events.

David J. Bjorkman, M.D., M.S.P.H.
Dean, School of Medicine
appreciate the opportunity to communicate with you, the alumni of the University of Utah School of Medicine. Like many who reside in the communities of which you are a part, my family has been a beneficiary of the knowledge and skills imparted to you by your alma mater. Thank you for your dedicated and caring service.

Several years ago I signed on to Utah’s health reform effort. I had already worked for nearly 30 years in banking and could easily see the coming train wreck—if something is not done relatively soon, our health care system will implode under the weight of its own escalating costs. I decided this is unacceptable. Further, it’s clear we have a system that does not always allow providers to deliver care in the ways they know are best. This, too, must change.

My effort to understand, diagnose, and do whatever I can as an elected official to help treat our ailing health care system has been far more intense than anticipated. Over the past several years I have traveled to 22 states and spoken with scores of doctors, hospital administrators, insurers, state and federal regulators, business leaders, health care advocates, academics, and fellow legislators. None of them has given me a silver bullet—only silver BBs! But if used together, these BBs have the potential to make a powerful impact.

Let me share with you my diagnosis of what ails our health care system, treatments under development, and my hopes and concerns about the future.

THE DIAGNOSIS
The fundamental problem with our health care system is not a lack of “access” to care but the presence of regulatory restrictions and outmoded payment structures that don’t always reward best practices, that drive up cost and consumption, and that ultimately affect the sick as well as the healthy, the uninsured as well as the insured. You are familiar with these impediments because they surface continually. They are often the “non-medical” side of medicine.

For example, at one practice I visited, I was told that for every 15 minutes a pediatrician spends with a child, support staff spends 17.5 minutes processing insurance claims. And this assumes a clean claim! Another example: Innovators have found that while certain innovations lead to better patient care and lower overall costs, payment schedules make it impossible for providers implementing the innovations to capture the savings!

THE TREATMENT
To address the problems created by undue regulatory restrictions and outmoded payment structures, we must ensure that everyone—from patients, to providers, to payers—has the opportunity to experience and respond to signals that normally communicate consumer preferences and regulate supplier quantity and quality in every other well-functioning sector of our economy. For too long, providers and patients have been insulated from one another by third-party employers and insurers making many of the funding, selection, and payment decisions. Individuals must be allowed to experience in greater measure the economic consequences of their lifestyle and medical choices. Similarly, medical professionals must be allowed to experience in greater measure the economic consequences of how they choose to practice. Patients and providers making the best choices should be allowed to capture at least a portion of the benefits that flow from those choices.

HOW CAN WE DO THIS?
HERE IS WHAT WE ARE TRYING IN UTAH.

For several years now, Utah has been laying a foundation for true long-term reform. This foundation includes:

• opportunities for employees to purchase insurance based on individual need rather than employer preference;
• opportunities for employees to pay premiums with income from multiple employers;
• availability of lower cost plans;
• capacity to calculate costs of treatment across entire episodes of care;
• ability to share medical data electronically among patients, doctors, and labs;
• ability for consumers to more efficiently compare insurance plans and medical providers; and
• development of true payment and delivery reform.

When completed, we expect this foundation, and the market responses that build upon it, to slow long-term spending growth. Containing spending growth is key to ensuring that those already insured are able to retain their coverage and those without insurance are able to get the coverage they need.

THE DIAGNOSIS, THE TREATMENT AND THE FUTURE: UTAH’S HEALTH REFORM EFFORTS

By Speaker of the House Dick Clark

Speaker of the House Dick Clark
Our foundation is really nothing more than an attempt to introduce—or in some cases reintroduce—elements proven essential to the effective operation of markets in many other areas of our economy, namely:

• availability of competitive choices;
• consumer access to meaningful information about price and quality;
• consumer and producer accountability; and
• minimization of government regulation.

Each of these elements will eventually be incorporated into a centerpiece of our reform efforts, the newly created Utah Health Exchange.

The Utah Health Exchange is the second of only two health insurance purchasing exchanges in the country. In the Exchange, participating employees will have the opportunity to select from many health plans rather than the one, two, or three plans their employers may have previously offered or perhaps not offered at all. Increasingly, enrollees will also have access to information about insurers, plans, and providers that allows them to make informed decisions reflecting their own values and resulting in higher quality care. Enrollment in the Exchange has been intentionally limited during roll-out, but we expect thousands of additional participants as we refine the enrollment and risk sharing processes and expand eligibility to include all small and large employer groups.

It is important to note that we have created the Exchange without the mandates to employers, the mandates to individuals, and the benefit expansion mandates to insurers prominent in many federal reform discussions. And because we have avoided mandates, we have not had to create expensive subsidies nor raise vast sums of money to fund those subsidies.

In short, our approach to reform is: “Let’s focus on curing the disease and the symptoms will take care of themselves.” If we can begin to fix the many misaligned incentives of our payment structures, the symptoms of poor patient behavior, uneven provider practice, excessive consumption, and lack of affordable alternatives should begin to disappear largely on their own. This is not a short-term, quick-fix approach, but I believe it’s a realistic approach based on sound principles.

Now, I realize that many payment and regulatory problems reflect decades of federal policymaking and are clearly beyond the ability of one state to fix—especially one small state. But that doesn’t mean we can’t do our best with what we have to be a model of innovation to the rest of the nation. And what we have most of is determination, cooperation, and intelligence.

THE FUTURE
We have moved forward in Utah well aware that at some point Congress could implement its own version of reform. The threat of federal legislation that would limit state flexibility and experimentation has motivated us to act now rather than later. The problem in politics is that “later” may not come until the patient is nearly dead.

Regardless of what comes out of Congress, I am committed to achieving meaningful reform in Utah. I am committed to using the BBs we have at hand—and any others I find—even though I’m not always sure where to shoot them! We must remind ourselves that true reform, regardless of where it originates, is a process and not an event, and will be accomplished only as a series of initiatives and adjustments that build on one another. In closing, I wish to highlight two such initiatives in Utah, exciting developments which I believe are key to nearly all other reforms.

First, we are piloting, and will soon implement, electronic standards that will allow doctors, hospitals, and labs statewide to share patient record information electronically, even though they belong to entirely unrelated provider systems or to no system at all.

Second, we will soon have a statewide, multi-year database of all provider payments involving commercial insurers. This proprietary data, protected by the strictest privacy safeguards, will be made anonymous and then analyzed to develop episode of care costs, to create severity indices, and to evaluate the impact of plan provisions and provider practices on outcomes and costs.

Each of these developments—statewide standards for electronic exchange of clinical health data and the all-payer database—holds the promise of greater efficiency, improved practice, and, most importantly, improved patient outcomes. Although change is difficult, it is possible. And it is especially possible in Utah where a spirit of cooperation has prevailed among the many stakeholders in our health care system. I am excited about what we have already accomplished and look forward to many significant developments ahead.
CHIE and APD
Two of the new tools with which Utah leads

By Robert Huefner, Professor Emeritus, University of Utah, former Governor Scott M. Matheson Presidential Endowed Chair in Health Policy and Management

Speaker Clark concludes his article by pointing out two keys to (i.e., tools of) reform: the Clinical Health Information Exchange (cHIE) and the All Payor Database (APD). Both are at the frontier of today’s information technology (IT). Both are likely to be slow or problematic in development nationally because, when starting from scratch, they require substantial time for development and payoff. Both must build upon coordination, and if possible cooperation, among the full range of health care providers. Finally, in Utah, both tools have special opportunities because they build upon the state’s leadership in IT, because of success in cooperative endeavors, because both public and private entities already are well along the road to payoff, and because of the exceptional – even unique – support given these tools by Utah’s legislative and executive leadership.

The cHIE expands upon UHIN (Utah Health Information Network; http://www.uhin.org/) originally developed to route medical billings to insurers. UHIN, operational for 16 years and a national model of success, is highly reliable and efficient. It now transmits 200 million transactions each year, at a fraction of the time and the cost of the processes it replaced.

With legislative encouragement and financing, UHIN’s development of cHIE is creating a system expected to improve the quality of our care and to further reduce its costs. It will offer an electronic network that may be used, with a patient’s approval, for immediate access – by authorized physicians, hospitals, and other health care providers throughout Utah – to view the patient’s previous medical history, tests, scans, and treatments.

In 2009, cHIE was implemented in pilot regions, such as Moab and Green River. Previously, lab tests performed in the Moab hospital were printed and then picked up by local providers, commonly by the staffs of physician clinics driving to the hospital three times a week, or by hospital staff delivering the reports. With cHIE the results are transmitted electronically, less expensively and immediately. Care for accident victims near Green River can save more lives and limbs because records of allergies, current medications, and chronic conditions will arrive at the hospital even before the patient. Throughout the region, persons served by a primary care physician, a specialist, and a hospital miles apart can avoid the delays and costs of repeated tests and scans.

Utah’s APD expands one of the nation’s most respected and experienced databases of health care treatments. In the early 1990s, the Utah Health Data Committee (http://health.utah.gov/hda/HDC/overview.php), was established with legislative authorizations, mandates, and financing. The Committee began with a hospital discharge database that it subsequently expanded to collect information such as prescriptions and emergency room encounters. These data are used to compare providers and time-trends for the use, costs, and outcomes of medical encounters.

In 2008, again because of legislated mandates and with legislated financing, the Committee initiated the APD, an exceptionally complete collection of information about treatments and the expenditures for them. The comprehensiveness of Utah’s APD is likely to make Utah the first state to analyze and report total expenditures for “episodes of care” (EOC).

An EOC for an acute condition such as a hernia includes the complete course of care, from diagnosis through treatments and final follow-up care. For a chronic condition such as diabetes it includes all treatments for that condition during a given year. The APD will better inform providers, patients, and policy makers of the costs of care, the variation in these costs, and the comparison of costs across providers and over time. It establishes data and perspective that are the foundations for shifting reimbursement to total costs rather than for specific procedures and providers. This builds incentives for hospitals, physicians, and other providers to manage, together, the total costs of care.

Finally, the APD provides a rich database to research variations in costs, means to reduce variation, and relationships between processes, costs, and quality of care.

Data software for the APD went online the middle of 2009. Standards and expectations of data submittal were explored and then adopted. Data for 2007, 2008, and the first quarter of 2009 began to be submitted last fall. An initial pilot analysis is currently being conducted using 15 million medical claims and 19 million pharmacy claims from 960,000 Utahns. It is anticipated that preliminary reporting will be available prior to the 2010 legislative session. The first public reports are expected in early 2010.

The cHIE and APD require state-of-the-art technology. They also require tested, as well as new, protections of privacy. Although on both counts Utah is one of the most experienced states, much care is required because the tools involve new purposes and procedures. Those directing the programs face the need to apply the skill and take the time necessary for responsible, as well as timely, development of these powerful tools.

The power and progress of these two tools could not have been achieved without the skills and commitments of the staffs involved. Much is also owed to the remarkable cooperation in Utah of hospitals, insurers, physicians, and others providing the data. Finally, Utah’s legislative initiatives and financing have been essential.
Class of 1959

Back Row (Left to Right): Gerald N. Goodman; Paul L. Black; Jay R. Christensen; M. Moreno Robbins; McLaren Ruech; Kenneth J. Nielson
Front Row (Left to Right): Robert C. Mohr; E. Arnold Isaacson; Ross M. Phillips; Glen K. Lund; A. Lloyd Barrott

Class of 1964

(front row, left to right) Donald Eisert; Grant Fairbanks; David Steiner; Lewis Barton; Fred L. Anderson (back row) Barry Stern; Paul Geneic; James Simmons; Norman Pincock; Doug Ridges; Lynn Bateman

Class of 1969

Back Row (Left to right): Michael McFadden, Stephen Taylor, Theron Brown, Robert Miner, Richard Odell, Jim Williams, Terry Rich, Roger Lewis, John Ferris
Middle Row (Left to right): Harvey Hatch, Robert Smith; John Shaw, Roger Millar, Craig Davis, David Sandwell, Grant Peterson, Clark Jaynes, John Nelson, John Thueson, Robert Wilson
Front Row (Left to right): Lyman Stevens, Sherman Johnson, J. P Hughes, Robert Barham
Class of 1974

(Left to Right) – Dennis Hughes; Daniel Madsen; Richard Jackson; Stephen Axthelm; E. William Parker; Robert Kennedy; Robert Jackson; Jeffrey Booth; Randal Gibb; Richard Black; Randy Burt; Jim Rawlin

Class of 1979

Back Row (left to right) – Greg Leininger; Chris Merkley; Wayne Cannon; Grant Cannon; Paul Clayton; John Siddoway
Front Row (left to right) – Rick Aoki; Gareth Tolver; Roopa Hashimoto

Class of 1999

Back Row: (left to right) – Ryan Lundell, Thomas Higginbotham, Brad Hale, John Matheson, Steve Newman, Brian Williams, Steve Lore, Elise Newman, David Dansie, Ryan McCune Front Row - Douglas Kondo, Rene Hunter, Mitzi Conover, Michelle Fowers, Rich Paxton, Robbins Gottlock, Aya Kamaya, Anne Lin, Jeff Jensen, Dan Ririe, Marnie Ririe
2009 Alumni Weekend

Class of 2004
Adrianne Walker-Jenkins; Rosemary Bearnson; Gabe Charbonneau; Gus Kefalopoulos; Rachelle McCartney; Anupama Kalaskar

2004

Hilmon Castle, M.D., H.S., '59, Linda Castle, Carole and John Moran

Beth and Cleleo Jensen, M.D. '47

Medallions

Department of Family and Preventive Medicine table
Laughter, fond memories from fifty years ago, and tall tales from medical school dominated the Awards Banquet dinner as the Class of 1959 met to be honored as they became members of the School of Medicine Alumni Association’s Half Century Club.

Kristin Wann Gorang, Director of Alumni Relations noted how enjoyable it was to hear them share favorite memories from 50 years ago and catch up on their lives. “I was amazed how many members of the Class of 1959 had their pilot’s licenses” she commented.

Dr. Glen Lund, Senior Class President of the Class of 1959 noted how much had changed with the medical school and University Hospital since their training at the old Salt Lake County Hospital, with classes and research facilities in converted army barracks on campus, and rotations in hospitals and doctor’s offices around town. He highlighted a few of his classmates’ commitments to charity care and medical education, including Jay Christensen’s 30-years of work in a weekly charity clinic he established in California, Moreno Robins running a charitable Spanish-speaking clinic in Provo, his own work with the Salt Lake Fourth Street Clinic and other classmates’ medical missionary service around the world.

Three classmates ended up in full-time academics, Lynn Staheli, recently retired as the Chief of Pediatric Orthopedics at the University of Washington; Doug Carter, who spent 31 years as a full-time faculty member in the department of Psychiatry at the University of Colorado; and Jim Swenson, who started the Department of Physical Medicine and Rehabilitation at the University of Utah, which he chaired for 37 years.

Adding to the festivities of the evening was the awarding of the Distinguished Service Award to C. Hilmon Castle, M.D. and Distinguished Alumni Award to Randy Olson, M.D. ’73 (see page 11 for details).

For the first time student representatives on the Alumni Association Board were invited to attend and partake in the celebration. Christina Sok, MSIV commented on what an enjoyable and inspirational evening it was.
Once again the Alumni Weekend was host to numerous educational opportunities. Five School of Medicine departments hosted breakfasts and programs for alumni on Friday morning, followed by an address from Dean David Bjorkman, M.D. On Saturday the annual Continuing Medical Symposium addressed *Emerging Infectious Disease Killers*. Approximately 85 alumni and guests listened as speakers spoke on the policy, science and politics involved in preparing for an influenza pandemic, the challenges of MRSA, flesh-eating strep, H1N1, papillomavirus, resistant pneumococci and the causes and issues surrounding antibiotic resistance. The symposium can be watched on the SOM Alumni Web site, www.medicine.utah.edu/alumni.
With the University of Utah coming off an undefeated season in 2008, the Utah versus Louisville Homecoming Game was sold out. The celebrations began with reserved tables at the all-campus tailgating party and a quick walk down to Rice-Eccles Field to watch Utah defeat Louisville 30-14. Weekend participants commented that ever since the medical alumni started attending the football games as part of their Alumni Weekend in 2007 the U had been on a winning streak…we must bring good luck!

Ardent football fan Paul Southwick, M.D. ’47

Seat view of SOM Alumni fans

M.D. Cheering squad

Kent Staheli, M.D. ’55, Laura Lee Staheli and Linda Castle cheer the Utes on to victory.
Distinguished Awards

Distinguished Alumni Award

The Distinguished Alumni Award is presented annually to a graduate of the School of Medicine who exemplifies the practice of medicine. This achievement is recognized through excellence in clinical practice, academic activities and research accomplishments. This year’s award was given to Dr. Randall J Olson, Professor and Chair of Ophthalmology, CEO John A. Moran Eye Center.

Dr. Olson received his M.D. from the University of Utah School of Medicine in 1973. He completed an internship at the Mary Imogene Bassett Hospital in Cooperstown, New York, followed by a residency in ophthalmology at the Jules Stein Eye Institute at UCLA. He completed a fellowship at the University of Florida and LSU.

In 1979 Dr. Olson became Chief of Ophthalmology (and the only ophthalmology faculty member) at the University of Utah. With a vision of creating “The best eye center in the world, right here in Utah,” Dr. Olson was able to influence Mr. John A. Moran and other generous donors to build Utah’s first eye center in 1993. Only 13 years after building the first John A. Moran Eye Center, the department moved to a new 210,000 square foot Moran Eye Center with more than half the space dedicated to translational research.

Dr. Olson has authored more than 300 professional publications and is a worldwide lecturer. He specializes in research dealing with intraocular lens complications and anterior segment surgery of the eye. He was selected as one of the fifteen top experts in the field of cataract surgery in the United States in a peer survey conducted by Ophthalmology Times magazine. Dr. Olson has appeared in the last six editions of Best Doctors in America, and has been in the last two Cataract and Refractive Surgery Today editions honoring the top 50 professional opinion leaders in the field of cataract and refractive surgery. His most recent international honor was the gold medal lecture at the 2009 Australian Society of Cataract and Refractive Surgery (ASCRS) national conference. Dr. Olson was honored by the more than 700 participants and given the Barramundi Award. This top award is given to one physician each year who exemplifies a lifetime of supporting the community of surgeons in the advancement of the art and science of cataract and refractive surgery.

Dr. Olson is most proud of his 39-year marriage to Ruth Louise Engstrom Olson and his amazing five children and eleven grandchildren. He believes his professional success is predicated upon his dedicated colleagues, friends and patients at the Moran Eye Center, and recognizes Mr. Moran as an incredible partner and supporter.

Distinguished Service Award

The Distinguished Service Award recognizes individuals, both alumni and non-alumni, who have made outstanding contributions to the school, the community, and the practice of medicine.

Dr. Castle came to Utah in 1952 as a resident in medicine. He served two years as an internist in the U.S. Air Force, returning to Utah in 1956 to complete training and board certification in medicine and cardiology. He served in the Utah Air National Guard as a flight surgeon and consultant to the FAA for eight years, making significant contributions to improve flying and air safety.

Opportunities to teach, do research, and initiate new programs attracted him to the faculty of the medical school. He was a tenured professor in internal medicine and family medicine when he retired in 1998.

During his 46-year career he initiated the Division of Postgraduate Medical Education, served as Associate Dean, was Coordinator of the Regional Medical Program for heart disease, cancer and stroke, chaired the University hospital medical staff and served as director of the acute coronary care unit.

In 1970 Dr. Castle was asked to initiate a new department of family and community medicine with training and research in family medicine as well as in public health. During the fourteen years he chaired this department, he established and supervised two community hospital-based residencies in family medicine, developed a family medicine fellowship to train new faculty, and initiated master’s degree and Ph.D. training programs in public health. Dr. Castle provided leadership in developing physician assistant (PA) training at the University of Utah. Nationally he served two years as president of the Association of Physician Assistant Programs.

As a cardiologist Dr. Castle was the principal investigator in Utah for four large national clinical trials in hypertension and coronary artery disease, and is widely published. He served for seventeen years on the Utah Heart Association Board as well as its president in 1978-79. At the national level he chaired the American Heart Association scholarship committee for five years to fund and develop academic cardiologists.

In 1985 the Utah Medical Association recognized Dr. Castle as its “Physician of the Year.”
On the occasion of the 50th anniversary of their graduation, surviving members of the medical class of 1945 established a quasi-endowment within the School of Medicine Alumni Association to establish “The Golden Anniversary Prize for Distinguished Clinical Investigation.”

The prize was created to recognize, encourage and reward young physicians performing meritorious clinical investigation while continuing a responsibility for patient care and teaching activities. The cash gift for 2009 was $2000, plus a unique Waterford crystal trophy etched with a University medical logo on the base, engraved with the name of the investigator and the topic of the research.

Dr. Kathryn J. Swoboda received the award for 2009. Dr. Swoboda obtained her M.D. from Northwestern University in 1990. She completed subspecialty training in neurology, genetics and neurophysiology at Harvard Medical School and Affiliated Programs. Currently, she is associate professor of Neurology and Pediatrics at the University of Utah, where she directs the Pediatric Motor Disorders Research Program. A focus of her research efforts in neuromuscular disease includes genotype/phenotype studies, and the development of clinical trial outcome measures for children with neuromuscular disorders. She is the principal investigator for the Project Cure SMA Investigator’s Network, an international multi-center clinical research collaboration funded by Families of SMA to facilitate the rapid translation of new therapies for treatment trials. Another focus of her efforts includes genotype/phenotype studies in children with movement disorders, including alternating hemiplegia of childhood, and inherited disorders affecting neurotransmitter synthesis and metabolism, particularly those involved in dopaminergic pathways.

A New Era in Patient Care: University of Utah Hospital Opens New Pavilion

On July 16 community members, hospital employees and government representatives gathered at University Hospital to celebrate the remodeling of the hospital and the opening of the new wing. This expansion substantially increases the number of private single-bed patient rooms, while making access and parking easier for patients and staff alike. Patients, staff, and visitors are enjoying the new expansive lobby, 100 private patient rooms, and an additional 250 parking spaces.

The services patients need most—information desk, admitting, labs, outpatient pharmacy, and cafeteria—are now located near the front entrance.

But the expansion embodies more than just a new wing and new beds, according to David Entwistle, chief executive officer of University Hospitals & Clinics. “This expansion has always been about providing the best space for our patients to receive care and for our staff to work in,” Entwistle said. “The University is known for its excellent patient care, teaching, and leading-edge research, and now we have the facility to match those skills.”

The first phase of construction, completed in 2003, included the Eccles Critical Care Pavilion, which greatly enlarged the hospital’s emergency, surgical intensive care, short-stay and postoperative care facilities, in addition to providing new surgical suites.

The second phase of construction, completed this past summer, features a two-story addition to the Critical Care Pavilion, a four-story addition to the helipad parking terrace, and the new seven-story (five stories above ground, two below) Patient Care Pavilion, which also will be occupied by women's and children's, cardiovascular, and neuroscience services.
NEW CHILDREN’S ENVIRONMENTAL HEALTH POLICY AND LAW CENTER ESTABLISHED

In response to concern over how environmental health policies affect children, the Department of Pediatrics, in conjunction with the S.J. Quinney College of Law, has established the University of Utah Center for Children’s Environmental Health Law and Policy. The Center’s core mission is to improve environmental laws and policies related to children’s health. Led by William McDonnell, M.D., J.D. and Robert Adler J.D., the Center combines the skills and experience of an interdisciplinary team of researchers with expertise in medicine, law, ethics, social sciences, and physical sciences. This collaborative team will focus on numerous environmental health policies affecting children, and seek to improve state and federal environmental health policy-making processes. Chair of Pediatrics Dr. Ed Clark, asserts that this center is unique in the United States because of its focus on children’s health issues.

Current Center projects include 1) a state-based health policy initiative to reduce school children’s exposure to traffic-related air pollution, 2) an air quality monitoring program for the Mountain View Transportation Corridor, 3) a health, environmental, and economic benefits and costs analysis associated with constructing new pediatric hospitals in compliance with Leadership in Energy and Environmental Design (LEED) “green” building standards, and 4) a study to analyze and define the systemic processes used to translate scientific findings into state and federal environmental health regulations and policies. In March 2010, Center investigators will participate in the U.S. Environmental Protection Agency Symposium on the Science of Disproportionate Environmental Health Impacts.

Gregory S. Hageman, Ph.D. Moves Enormous Lab From the University of Iowa’s Carver College of Medicine to the University of Utah’s Moran Eye Center

The John A. Moran Eye Center and the Department of Ophthalmology and Visual Science is currently carrying out the largest research laboratory transfer in the history of the University of Utah. This includes seven semi-truck trailers with scientific instruments, 18 freezers, lab equipment, and 4,000 pairs of human eyes donated for research, the largest collection in the world. The caravan traveled more than 1,000 miles from Iowa to Utah to bring the Moran’s newest researcher Gregory S. Hageman, Ph.D. to the University of Utah. Dr. Hageman is the new John A. Moran Presidential Professor of Ophthalmology and Visual Sciences, and Director of the Moran Center for Translational Medicine.

Dr. Hageman is a graduate of the University of Southern California, where he completed both his undergraduate and graduate studies in biology and marine biology. His transformation from a marine biologist to a world-renown vision researcher has led him along many interesting paths, including:

- Research leading to a major discovery that changed Age-related Macular Degeneration (AMD) research worldwide. The director of the Human Genome Project called it “The first major translational research discovery to come from the Human Genome Project.”
- A career focus on glaucoma and AMD (Age-related Macular Degeneration) research after studying spots on the eyes of marine invertebrates.
- Assembling the world’s largest collection of donated eyes for research.
- Testing the eyes of alligators, gazelles, zebras, lions, and any other animal his friends in Africa could supply him with.
- Obtaining funding over the past 22 years from the National Eye Institute/National Institutes of Health, and other entities.
- Working as the principal investigator of a $14.6 million translational award supported by NIH/NEI and involving 12 participating institutions.
- Authoring or co-authoring more than 100 refereed or invited publications, as well as numerous issued patents and pending patent applications.

Prior to his decision to move to the Moran Eye Center, Dr. Hageman served as the Iowa Entrepreneurial Endowed Professor and Professor of Ophthalmology and Visual Sciences at the University of Iowa, Carver College of Medicine. At Iowa he directed the Cell Biology and Functional Genomics Laboratory. He held additional appointments as a Senior Member of the University of Iowa Center for Macular Degeneration, an Associate Faculty in the Center for the Study of Macular Degeneration, University of California, Santa Barbara, and Honorary Professorships at Queen’s University, Belfast, UK and Shandong Eye Institute, Qingdao, China.
Saving Women’s Lives, One Assessment at a Time

The Department of Obstetrics and Gynecology at the University of Utah’s Center of Excellence for Women’s Health piloted their new Women’s Midlife Assessment Clinic this past fall. This consult clinic is a collaborative, comprehensive, multi-disciplinary health and risk assessment clinic. The concept for this clinic was partly based on the fact that women in Utah rank poorly in completing their recommended healthcare screens. Utah women are 50th in the U.S. for getting pap smears, 50th in obtaining cholesterol screening, and 37th for having mammograms. The number of women in midlife in Utah is expected to increase 50 percent in the next decade. During this time of life, inherited health risks and lifestyle factors which accompany middle age will contribute to an increasing prevalence of chronic illness including hypertension, lipid abnormalities, diabetes, depression and thyroid disease.

Many midlife women want to have more information about their health, and desire to collaborate with their healthcare providers to enhance their health. Compared to other times of their life, women in midlife may have more time to attend to their own needs and make lifestyle changes that positively impact their health. The Center’s strategic team saw an opportunity to improve women’s health by developing a midlife assessment clinic to focus on wellness and prevention and identify health risks early and intervene.

There are four distinct components of the Women’s Midlife Assessment Clinic. First, the participant’s health history and screening test results are obtained and evaluated before the visit. On the day of the clinic a shared education program takes place. This consists of a small group of six to nine women meeting informally with experts to discuss ways to maintain memory, manage symptoms of menopause, learn about women’s heart health, cope with stress, and understand intimacy issues.

The third component is an information break where women may visit educational booths to learn about health issues that interest them, including cancer screening, bladder health, aesthetics, and the seven domains of health. The seven domains of health include aspects of our lives that impact overall health, including financial, emotional, physical, social, spiritual, intellectual, and environmental health.

The fourth component is an individual assessment. Healthcare providers from gynecology, internal medicine, dermatology, and a health coach meet individually with each woman to assess their health. Participants are provided with a summary and recommendations to decrease health risks and improve health, including a proposed schedule for ongoing health screens.

Health coaches will help each woman be successful by assisting her to identify goals and develop a personalized action plan to improve and maintain her health. The post-visit summary is forwarded to the participant’s primary care provider, to allow continuity of care. After feedback is received from the pilot clinics, the program will be modified and will then be made available to patients. Watch for the opening of the full Women’s Midlife Assessment Clinics in 2010. For more information, contact the Department of Obstetrics and Gynecology at 801-213-2239.

NIH GRAND OPPORTUNITIES GRANT FUNDS STATEWIDE MASTER PERSON INDEX

The Department of Biomedical Informatics has been awarded a $2.8M 2-year grant to develop a statewide master person index as part of the National Institute of Health’s Grand Opportunities (GO) funding program to support large-scale research projects. The purpose of the GO program is to support high impact ideas with short-term funding that may lay the foundation for new fields of scientific inquiry. “Our statewide master person index project fits the purpose of the GO program very well, and the grant proposal reviewers recognized the significance of creating this resource,” said Scott Narus, Assistant Professor of Biomedical Informatics and the project’s principal investigator. The index will uniquely identify individuals who access clinical and public health services across the state and will link these individuals to their records at health provider organizations. While no clinical data will be contained within the index, the ability to uniquely identify individuals and link them to their electronic health records and public health information such as birth certificates creates a significant potential for longitudinal, comprehensive, population-based research.

The index will also serve the State’s goal of providing access to patient health information across provider organizations to support improved patient safety and health care quality. “As part of this effort, we’ll be developing policies around access and use of the index, and hopefully provide insight for similar efforts in other states,” said Narus. Joining Informatics on this project will be other investigators from the University including representatives from Pedigree and Population Resource, Medical Records, the Institutional Review Board, and Office of Information Security, as well as collaborators from Intermountain Healthcare, Utah Department of Health and Utah Health Information Network.
Hundreds of bright fiberglass-wrapped limbs fill the University of Utah pediatric orthopaedic clinic each Wednesday. Children share injury stories, compare cast colors, stare as their bones appear on x-rays. “I come every year,” said Skyler Smith, referring to multiple broken arms. This time, the sixth-grader’s radial neck fracture occurred on the third day of Little League Football. “I was getting tackled, put out my arm and—crack,” Skyler said, baring his teeth to make a loud cracking noise. Last year, he lasted until the middle of football season, when he was tackled and “my arm took the shape of the helmet,” he said. The year before, a hard fall while downhill skiing caused the fracture. “They say bad luck comes in threes, since this is our third visit, I hope we’re done!” said father, Mark Smith. “[The fracture clinic] has been awesome. You really feel like the doctors care about the child. From the emergency room to the casting, they’ve been great. I couldn’t imagine going anywhere else.”

Although Skyler would “rather not have any [broken arms],” he said, he enjoyed perks like choosing the color of his cast to show school pride. For the previous two casts, he opted for green because his father was the football coach at Olympus High. This year, however, Mr. Smith transferred to coach at West Jordan, and so Skyler chose the new school’s color: blue. “He saves his casts for a while, but then they sink so bad Mom throws them away,” Mr. Smith joked.

The idea of devoting one day each week to fractures, instead of making individual appointments, first came to Dr. John T. Smith in 2001, when he realized that, due to specializations and the burden of caring for uninsured and Medicaid patients, “doctors in the community didn’t want to take care of children’s fractures.” Outside doctors referred children with broken limbs to the pediatric orthopaedic clinic so frequently that “the front desk had to turn them away or add them into an already very full clinic,” he said. “It’s a bad business model to turn patients away; everyone was frustrated.” After meeting with administrators, Dr. Smith designed a fracture clinic in which patients “could call up and be seen, no questions asked.” During the first Wednesday, around 40 patients came to be treated; now they frequently see over 100 patients every Wednesday.

What components facilitate such an efficient clinic? Compartmentalization, delegation and collaboration. Smith trained medical assistants to cast the fractures, so he and Dr. Stephanie Holmes can spend their time examining x-rays and talking to patients instead of casting. He also created a separate computer template for each possible fracture; for example, there is a template for a new distal radius fracture, one for a distal radius follow-up; one for each bone that a child can break. These templates eliminate the need for dictations. Instead, scribes simply enter a patient’s information in the template.

Two doctors, six to seven medical assistants, a trauma practitioner, and various residents and other medical staff work in each fracture clinic. “The doctors talk, the scribes type, the MAs cast…we see every fracture in an efficient way,” Smith said. “Parents have jobs and are busy, they don’t have time to call every doctor and beg to get their child in. Here we provide good service to patients.”

In 2002, Smith presented a paper describing the fracture clinic, which received a clinical award. That paper was the first presented about a fracture clinic, and inspired doctors from other hospitals to come to observe the University of Utah clinic, as well as to establish similar clinics across the United States.

Injuries from high-impact activities, such as Skyler’s repeated football fractures, are some of the most frequently seen at the clinic. The most common fractures treated are of the distal radius, proximal tibia, and supracondylar humerus, often caused by accidents on trampolines, monkey bars, and bicycles. The clinic keeps a database of all patient information, which has been useful in studying trends and fluctuations in fracture types, from humerii and tibias due to trampoline injuries in the spring, to fractured radii and tibias with the onset of snowboarding season in the winter. “The numbers we have are huge and not isolated, so the database is a good research tool and source of data,” Smith said.
Royce Moser, Jr., M.D., M.P.H. Recognized

Dr. Royce Moser, Jr., M.D., M.P.H., a professor in the Department of Family and Preventive Medicine has been named President-Elect of the Harvard School of Public Health Alumni Association and will serve as Chairman of the Harvard School Public Health Alumni Council for two years. Dr. Moser is a graduate of Harvard College, Harvard Medical School, and Harvard School of Public Health, B.A. ’57, M.D. ’61, and M.P.H. ’65.

Dr. Moser spent 23 years in the United States Air Force, working in aerospace, occupational, and environmental medicine programs. His final assignment was Commander, USAF School of Aerospace Medicine at Brooks Air Force Base.

Dr. Moser is the past Director of the Department’s Rocky Mountain Center for Occupational and Environmental Health, one of 16 National Institute for Occupational Safety and Health (NIOSH) Education and Research Centers. His current major teaching emphasis is on management of health and safety programs and he teaches graduate and continuing education courses on the topic. He has published a number of papers and one textbook, currently in its third edition, on this subject.

In addition he has interests in disaster and terrorism response planning and published the article, “Preparing for Expected Bioterrorism Attacks,” in May 2001, a few months before the anthrax events in the fall of that year. In 2002, he developed an online education program “Bioterrorism Responses by Health Care Professionals,” under the auspices of the Association of Occupational and Environmental Clinics and the NIOSH.

Dr. Moser is a past trustee of the American Board of Preventive Medicine (ABPM) and a past member of the Accreditation Council for Graduate Medical Education’s Preventive Medicine Residency Review Committee. He is past president of the Aerospace Medical Association, and is certified by the ABPM in Aerospace Medicine and in Occupational Medicine.

PRIME – GLOBAL HEALTH: PRIMED FOR SUCCESS

The Program in Medical Education (PRIME) is a five year, dual degree program (medical and master of public health degrees and a graduate global health certificate) designed to train physicians to provide health care to and become leaders in the health care of underserved populations. With the Department of Family and Preventive Medicine (DFPM) leading the way in collaboration with the Office of the Senior Vice President, the University of Utah is starting its own PRIME degree. Modeling programs at the University of California medical schools, the University of Utah’s PRIME – Global Health will prepare leaders in health care who understand and are responsive to the needs of underserved communities locally and abroad.

PRIME - Global Health will focus on the care of Salt Lake County’s urban refugee populations and incorporate an international service learning experience for students. The DFPM’s current infrastructure helps to ensure the program’s success. Practitioners within the department already provide care to the local refugee community via the Hartland project. Starting in January 2010, the University of Utah Redwood Health Center will continue these efforts with a weekly refugee clinic. The department also partners with leaders in Ghana to promote community health development and sustainability. Within the next five years, the DFPM plans for similar collaborations in China and India.

During these difficult economic times, getting PRIME – Global Health started has been challenging, so the DFPM was greatly encouraged by the Marriner S. Eccles Foundation award recently granted to PRIME – Global Health. The department looks forward to future collaborations as it further develops and refines the program.
Dr. Geoffrey Tabin, Professor of Ophthalmology & Visual Sciences, University of Utah School of Medicine and Director of the Division of International Ophthalmology at the Moran Eye Center is featured on the cover of the December 2009/January 2010 National Geographic Adventure magazine. In the yearly “Adventurers of the Year” publication, Dr. Tabin is inducted into the National Geographic Adventurer Hall of Fame for his compassionate service and his goal to cure unnecessary blindness throughout the world. In this issue there is also a fascinating article written about Dr. Tabin by Three Cups of Tea co-author David Oliver Relin. You can read the story online at: http://adventure.nationalgeographic.com/2009/12/best-of-adventure/geoff-tabin.

In addition to this honor, Dr. Tabin is leading the Moran Eye Center and HCP outreach efforts in partnership with the U.N. Millennium Villages Project to conduct a survey of blindness in Africa, bringing sustaining eye care to twelve specific villages. The U.N. program seeks to end extreme poverty by working within the most underdeveloped areas, village by village throughout Africa, in partnership with governments and other committed stakeholders.

Dr. Randall J Olson, Professor and Chair of Ophthalmology and CEO, John A. Moran Eye Center, said this about Dr. Tabin: “I can honestly say that I don’t know of any single individual in the United States who is more focused on curing preventable blindness in underdeveloped countries and helping the poorest of the poor to obtain vision care. Geoff has a relentless passion for international outreach. It seems like every month he is setting up a new eye camp in a remote region of the world where living conditions are some of the worst on earth. With each camp or village he visits, literally hundreds of people gain vision. I believe Dr. Geoff Tabin is richly deserving of these honors.”

Tilganga Eye Center screened over a quarter of a million patients in the Himalayan region and provided more than 15,000 surgeries, bringing the total number of patients screened since 1994 to nearly 1.7 million and the total number of sight restoring surgeries to over 120,000.

Dr. Tabin graduated from Harvard Medical School and is a specialist in corneal disease and refractive surgery. He is also co-founder of the Himalayan Cataract Project (HCP) with Dr. Sanduk Ruit of Nepal. The HCP and the Moran Eye Center support eye care outreach in Nepal, India, Bhutan, Tibet, North Korea, Myanmar, Cambodia, Bangladesh, Vietnam, Ghana, Sudan and Ethiopia. This past year, the HCP and its flagship partner Tilganga Eye Center screened over a quarter of a million patients in the Himalayan region and provided more than 15,000 surgeries, bringing the total number of patients screened since 1994 to nearly 1.7 million and the total number of sight restoring surgeries to over 120,000.

Dr. Tabin is also leading the Moran Eye Center and HCP outreach efforts in partnership with the U.N. Millennium Villages Project to conduct a survey of blindness in Africa, bringing sustaining eye care to twelve specific villages. The U.N. program seeks to end extreme poverty by working within the most underdeveloped areas, village by village throughout Africa, in partnership with governments and other committed stakeholders.

Dr. Randall J Olson, Professor and Chair of Ophthalmology and CEO, John A. Moran Eye Center, said this about Dr. Tabin: “I can honestly say that I don’t know of any single individual in the United States who is more focused on curing preventable blindness in underdeveloped countries and helping the poorest of the poor to obtain vision care. Geoff has a relentless passion for international outreach. It seems like every month he is setting up a new eye camp in a remote region of the world where living conditions are some of the worst on earth. With each camp or village he visits, literally hundreds of people gain vision. I believe Dr. Geoff Tabin is richly deserving of these honors.”

Dr. Tabin is inducted into the National Geographic Adventurer Hall of Fame

Geoffrey Tabin M.D. receives “Unsung Heroes of Compassion” award from The Dalai Lama

Moran Eye Center Ophthalmologist
Dr. Geoffrey Tabin Receives Two Prestigious International Honors

News Notebook
New Leaders Named at the School of Medicine

Christopher P. Hill, D. Phil., distinguished professor of Biochemistry, and Wesley I. Sundquist, Ph.D., professor of Biochemistry and an H.A. and Edna Benning Presidential Endowed Chair holder, have been named to succeed Dana Carroll, Ph.D., professor of biochemistry, as co-chairs of the Biochemistry Department. Carroll, who led the department from 1998, will continue with his research and teaching at the University. Sundquist and Hill, who each joined the biochemistry faculty in 1992, have collaborated on researching HIV, the virus that causes AIDS, and are known internationally for their work.

Lynn B. Jorde, Ph.D., the H.A. and Edna Benning Presidential Endowed Chair in Human Genetics, was named the chairman of the Department of Human Genetics. Dr. Jorde succeeds two other internationally known geneticists, co-chairs Mark F. Leppert, Ph.D., distinguished professor of Human Genetics, and Mario R. Capecchi, Ph.D., distinguished professor of Human Genetics and Biology and 2007 Nobel laureate in physiology or medicine. Since joining the School of Medicine faculty in 1979, Jorde has published more than 200 articles on his research in human genetic variation, the genetic basis of human limb malformations, and the genetics of common diseases, such as high blood pressure. He has been honored with 12 University teaching awards, including the Outstanding Pre-Clinical Professor Award, given by graduating medical students, and the University of Utah Distinguished Teaching Award. In 2008 he was a co-recipient of the Award for Excellence in Education from the American Society of Human Genetics.

Harriet W. Hopf, M.D., professor and Director of Resident Research Training in the Department of Anesthesiology and Adjunct Professor of Bioengineering has been named Director of the Women in Medicine and Science Program and Director of Mentoring in the Office of Faculty Administration at the University of Utah. Dr. Hopf is board certified in Anesthesiology as well as Undersea and Hyperbaric Medicine. She is Vice President of the Wound Healing Society. Her research focuses on measuring tissue oxygen, improving wound healing outcomes by increasing oxygen delivery to the wound, and preventing surgical site infection. In recognition of her abilities as a mentor, she received the UCSF Graduate Students Association Faculty Mentorship award in 1999 and was elected to the Haile T. Debas Academy of Medical Educators at UCSF in 2004.
Medical Students give their time at the Fourth Street Clinic

By Rosemary Grace Campbell – Excerpted from the Utah Chronicle

On any given Saturday morning, students of the U’s School of Medicine can be found on 400 West in Salt Lake City, running a small health clinic for the state’s homeless. The Fourth Street Clinic runs like a regular doctor’s clinic during the week, with paid physicians and nurses exclusively serving the homeless population. Each Saturday morning, first- and second-year medical students have a chance to manage and volunteer at the clinic and get real-life experience as they interview patients and learn how to diagnose their problems.

The clinic was started in 1988 by Allan Ainsworth, a second-year medical student, because the health care needs of the homeless were not being met, said Katherine Poruk, a clinical study assistant in the U’s department of neurology. Poruk serves as one of 10 student managers who run the clinic Saturdays.

“The clinic as a whole really provides (the homeless) a place where they can go and get their symptoms treated,” Poruk said.

“Health problems make it difficult for homeless people to find jobs, which prolongs their homeless situation, so access to free health care impacts their quality of life in a positive way,” Poruk said.

Tammy Nguyen, in her first year in the medical program and a student manager of the clinic, said that volunteering at the clinic has helped her gain a more realistic idea of what homelessness is like. She said she has noticed many patients are only recently homeless because of the bad economy and come to the clinic because they need help, but they genuinely try to look for work and keep themselves healthy.

“They are not really looking for a free handout,” Nguyen said.

Volunteering in the community has become important to Nguyen, who said that when she has more technical skills as a physician, she hopes to make donating time to those who need help a long-term commitment.

The Saturday morning clinics supplement the medical students’ education. Henry Tran, a second-year medical student and a manager, said it’s good for the student volunteers to get some hands-on experience. Aside from the 10 student managers, any medical student can sign up to volunteer, and those who sign up vary each time, with a usual rotation of two student managers and six to eight students at the clinic each weekend.

“It really helps us to get out of the classroom and not go crazy from studying the hard textbook stuff,” Tran said. “It’s useful to be exposed to this population that has a very unique set of needs compared to patients usually seen.”

An attending physician helps the students Saturday mornings as they practice interviewing, writing patient histories and diagnosing problems, Tran said. Students also learn by watching the doctor interact with patients.

Jillian Wong, a second-year medical student, said that the patient-doctor interaction has made a big difference in her understanding of how to work well with patients.

“It reminds me how much I enjoy clinical work and how much I want to be a doctor,” Wong said. “Making a patient happy makes my Saturday wonderful.”

The Saturday clinic is free for patients, but the clinic relies heavily on government grants and donations that come in other forms. Oasis Café and Whole Foods donate vegetables, pastries and fruit to the clinic every weekend for the homeless community, Wong said.

The student managers are also trying to raise money for a flu shot clinic and hope to get funding from ASUU for it.

“For now, the Saturday clinic keeps them busy. “It is an eye-opening experience because we don’t realize how lucky we are to have health insurance and people who support us,” Wong said. “It reminds me how important it is to give service.”
ANDREA CLARK ESPLIN RECEIVES
ZION’S BANK SMART WOMEN’S GRANT

Fourth-year medical student, Andrea Clark Esplin, was awarded a Zion’s Bank Smart Women’s Grant in the amount of $3,000 to support a series of free Influenza Vaccine Clinics for the homeless, refugees, shelter residents and the uninsured/underserved in the Salt Lake Valley. The clinics are a part of her service-learning project for the Family Medicine Honors/Career Track Program and will be conducted in collaboration with medical student volunteers from the Fourth Street Saturday Homeless Clinic. Andrea received the award at a reception hosted by Zion’s Bank on November 10, 2009. University of Utah medical student service projects are not uncommon and several are supported by the Family Medicine Interest Group (FMIG) and their advisor Susan E. Cochella, M.D., M.P.H. Besides volunteering at the homeless clinic on Saturdays, they perform several hundred health screenings each year at the annual CARE Fair, sponsored by the Junior League of Salt Lake City. Another project in which they have participated is the Truth From Youth, an anti-smoking program for fourth and fifth graders, sponsored by the Utah State Health Department.

Alumni Highlights

Alumni Board Welcomes New Members

Saundra Buys, M.D. is a board-certified hematologist and medical oncologist. She grew up in Southern Utah and Washington State and graduated from Tufts University School of Medicine in Boston in 1979. She returned to Utah for residency and fellowship in Hematology and Oncology, and stayed on (and on) at the University of Utah and Huntsman Cancer Institute. She currently holds NIH grants in the areas of cancer screening and genetic predisposition to breast and ovarian cancer. Clinical activities include caring for a large population of women with breast cancer, which she finds highly rewarding. She also co-directs the Family Cancer Assessment Clinic, in which individuals with a strong family history of cancer receive recommendations about screening, genetic testing, and options for risk reduction. This activity allows her to communicate information learned through her research efforts to individuals and families facing difficult decisions about medical management.

Interests outside of medicine include hiking, running, reading, and spending time with grandchildren. She is gratified by the opportunities available to her through her connection with the University of Utah and her close association with many of the great teachers and leaders over the years, and appreciates the opportunity to assist other alumni in maintaining ties with the University.
Alumni Highlights

Alumni Board Welcomes New Members

Spencer deBry, M.D. received his medical doctorate from the University of Utah School of Medicine in 2003. During medical school he served on both the admissions committee and as a senator representing the School of Medicine in the Associated Students of the University of Utah. During residency training in adult psychiatry at the University of Utah he established a thriving research tract for the program while studying neurotoxicity in adolescent brain development and published a theory to explain the high levels of nicotine dependence seen in those who initiate use early in life. After serving as chief resident he accepted a position at the University of Utah's Neuropsychiatric Institute in 2007 where he currently works with the seriously and persistently mentally ill population. His current area of research and teaching is psychotic disorders.

Dr. Jones is Professor and Vice Chair for Educational Affairs at the Department of Obstetrics and Gynecology where she has had an academic appointment for the past 27 years. Her undergraduate degree was in Molecular, Cellular and Developmental Biology from the University of Colorado, where she also attended Medical School. Her residency in obstetrics and gynecology and her fellowship in reproductive endocrinology were completed at the Brigham and Women’s Hospital, Harvard Medical School.

Her clinical and research interests include contraception, advanced reproductive technology, and menopause. She has been a member of the National Medical Committee for Planned Parenthood and is past Chair of the Association of Reproductive Professionals. She teaches Ethics in Reproductive Medicine in the Honors Program at the University of Utah, as well as teaching reproductive medicine to medical students, residents and physicians. She has been involved in the administration of her department, medical school, and university and has a certificate in Alternative Dispute Resolution from the University of Utah. She is a past President of the Academic Senate at the University of Utah.

She is married to Chris Jones MD, PhD, who is director of the University of Utah Sleep/Wake Center and has a 25 year old son, Breck. The University of Utah School of Medicine and the University as a whole have been her academic home for 27 years and she looks forward to continuing to serve.

A native of Kaysville, Utah, Dr. Rampton received his undergraduate and medical school education at the University of Utah, graduating in 1969. He served a medical/surgical internship at University of Utah Hospitals and then a residency in diagnostic radiology at Utah, finishing in 1975, a “Utah Man” all the way. His residency was interrupted by two years in the U.S. Navy, 1971 to 1973. He was an instructor in the Department of Radiology at Utah 1975/76 after which he entered private practice at Cottonwood Hospital. He has been with the same radiology group for 33 years which, after several mergers, has become Mountain Medical Physician Specialists, a larger group serving the Wasatch Front and southern Idaho. His practice is currently limited to breast imaging, predominantly at Intermountain Medical Center and LDS hospitals.

Dr Rampton and his wife, Itha, are the parents of four graduates of the University of Utah and three of their children/children-in-law are practicing radiologists here in Salt Lake City with ties to the medical school. Dr Rampton is privileged to serve as a member of the alumni board and looks forward to making a contribution to its mission.
Lindsay Wilson, M.D. is flattered to be serving on the Alumni Association Board. As a recent graduate from the University of Utah School of Medicine in 2009 and student board member during the 2008-2009 academic year, she is thrilled to be continuing on in the mission of the board. She is looking forward to a productive and educational experience with the Alumni Association board throughout her term.

Lindsay is a Salt Lake City native, and grew up in the Avenues. She attended college in Massachusetts and is happy to be back in Salt Lake near family and friends for her medical school and residency training. This year she will be working as an intern in Intermountain Medical Center’s Transitional Year program. Next year Lindsay will commence her dermatology residency at the University of Utah. She is interested in medical dermatology and hopes to join the faculty at the University when her residency training is complete. When she is not working in the hospital, Lindsay enjoys spending time with her husband Chris and dog Porter, hiking in the foothills, skiing, and cooking.

Donald Pedersen, P.A., Ph.D. 1978

Donald M. Pedersen, PhD, PA-C has been involved with the University of Utah Physician Assistant Program (UPAP) since 1979 and has been the Program Director since 1989 after attaining a faculty appointment in the Department of Family and Preventive Medicine in the University of Utah School of Medicine. Dr. Pedersen is now a professor and has authored over 60 articles, book chapters, and books relating to clinical practice and physician assistant education.

Under Dr. Pedersen’s leadership UPAP became a graduate program in the School of Medicine offering the Master’s of Physician Assistant Studies degree.

Nationally, he was President of the Association of Physician Assistant Programs (APAP) and in 1998 he founded the Association’s Research Institute that provides small grants for educational research by PA program faculty on a national level. He is the 2009 Research Achievement Award winner from this organization. Dr. Pedersen has also served as the President of the Physician Assistant Foundation (PAF), the philanthropic arm of the American Academy of Physician Assistants (AAPA). After eight year on the Board he is now an Emeritus Trustee. He completed ten years on the state of Utah Physician Assistant Licensing Board, serving two years as chair. Following the 2004 Asian tsunami, Dr. Pedersen traveled to southern Thailand as a volunteer, serving 3 weeks helping identify the dead through DNA samples. He worked at Wat Yan Yao, a Buddhist temple where approximately 4000 bodies were processed. He is looking forward to serving on the board as a representative of the Physician Assistant program in the School of Medicine.

Jim Roth, M.D.

Jim Roth, M.D. graduated from the University Medical School with the class of 1989. Following graduation, he completed his residency in OB/Gyn at Duke University Medical Center and then returned to Salt Lake City to go into private practice at St. Mark’s Hospital and Cottonwood Hospital. After Cottonwood Hospital closed and Intermountain Medical Center opened, he became a clinical faculty member of the department of OB/Gyn and enjoys working with the residents and the medical students.

He and his wife have two children who are both attending college out-of-state; the eldest is a senior and the youngest is a freshman. Now that he is an empty nester, he welcomes the opportunity to join the School of Medicine Alumni Board of Directors. Ever since his time at Duke, he has been very aware of the quality of the education he received at the University of Utah School of Medicine, and feels it is important to support the school and its students in anyway he can. His hope is to help increase the involvement of all alumni and to make it easier for that involvement to occur. To that end, he has joined the Communications Committee and will be working hard to get the word out with regard to what the School of Medicine needs from the alumni, and how the alumni can effectively respond. He looks forward to hearing from you and encourages you to email him at jlns21@msn.com.
Eric E. Johnson, M.D., ’76 Awarded Honorary Fellowship from the Royal College of Surgeons

This past July, Eric E. Johnson, M.D. ’73 was awarded an Honorary Fellowship in Dublin, Ireland at the Royal College of Surgeons. Dr. Johnson shared that this was a unique ceremony, including pomp, gowns, guards, royal orbs, speeches and receptions, the flying of the American Flag over the Royal College, and the attendance of the Charge d’Affairs of the American Embassy.

Dr. Johnson completed his orthopaedic surgery residency at UCLA and finished two fellowships in Europe, one in Hannover, Germany at the Medical School in Trauma Surgery, and one in Paris, France, studying pelvic and acetabular fracture surgery. He is currently the Mullikin Professor of Orthopaedic Trauma Surgery at the David Geffen School of Medicine at University of California, Los Angeles and has been Chief of the Orthopaedic Trauma Service at UCLA since 1982.

Dr. Eric Johnson with the Charge d’Affairs from the American Embassy.

AirMed Medical Director Honored With Lifetime Achievement Award

Eric Swanson, M.D., associate professor of emergency medicine at the University of Utah School of Medicine and University Health Care’s AirMed medical director, received the Air Medical Physicians Association (AMPA) Distinguished Physician Lifetime Achievement Award during the Air Medical Transport Conference in San Jose, Calif.

Swanson, a graduate of the Class of 1992, has served as medical director of AirMed since 1998. AirMed, University Health Care’s emergency flight service, was named International Program of the Year by the Association of Air Medical Services in 2006. Other responsibilities have included time spent as clinic physician of the Park City Ski Resort Clinic, and currently as a member of the Snowbird Ski Resort Ski Patrol and editor of the Air Medical Journal.

Swanson received the AMPA Medical Director of the Year award in 2001 and the Utah Department of Health, Bureau of EMS, EMS Physician of the Year award in 2002. He has been a full-time U of U School of Medicine faculty member since 1997. He completed his residency training in 1995 at the University of Pittsburgh and served as an attending physician at The Mercy Hospital of Pittsburgh from 1995 to 1997.

Eric Swanson, M.D. ’92
Recognizing child abuse as a problem was a relatively new concept in 1970 when Peter Adasek, MD, House Staff, University of Utah ’66, entered private practice in Colorado Springs, Colorado, but it was apparent he had a special rapport with abused children and he soon became the child abuse specialist in his multispecialty group practice. “Typically, I would evaluate a case and eventually go to court to testify,” he says. In the course of testifying in many such cases, Dr. Adasek was stunned to learn how often an abused child was returned to his or her family simply because the family had a more experienced lawyer than the young district attorney, and appalled at how many of them ended up re-abused. He also realized why other pediatricians were reluctant to take these cases—some were uncomfortable with testifying in court; many more were dissatisfied with the level of reimbursement and the time court proceedings kept them out of their medical practices.

By the mid seventies, Adasek had developed a reputation as the “local expert” in child abuse. He opened his own office and invested in a set of video equipment, which was brand new in the consumer marketplace. Adasek began videotaping his examinations and interviews with abused and neglected children to produce better evidence. Not only did his tapes prevent many children from having to return to court and testify multiple times, they also increased the conviction rate. Once he had a critical mass, Adasek used these tapes to produce a teaching video, It’s Safe to Get Involved, intended to encourage physicians to document abuse cases in their practices.

In 1982, Adasek showed his video at the International Conference on Child Abuse and Neglect in Paris. Encouraged by the interest it generated, he returned to Colorado Springs, found someone to cover his practice, packed his family in a motor home and spent the next several months traveling the United States giving talks on child abuse awareness at hospitals, medical schools, police departments and social service departments. An article published in Contemporary Pediatrics generated even more interest, and he was deluged with lecture requests. Unfortunately, many of the places that needed the information most couldn’t afford a speaking fee. When Adasek’s attempts to find underwriting from the pharmaceutical industry failed, he began to cover the travel expenses himself.

“It was interesting that there was always money if you were pushing a drug for a pharmaceutical company but if you were just pushing information, they didn’t have any money for you,” he says.

After a serious car accident in the mid-1980s, Adasek left clinical practice. He went to law school with the intent of prosecuting child abuse cases (and even interned for famed San Francisco defense attorney Melvin Belli) but was turned off by legal maneuverings and the emphasis on financial outcome. Instead, he decided to re-focus his energies on child abuse prevention through increasing awareness of the issue. For the last 20 years, Adasek has traveled throughout the United States and internationally to share his expertise: how to determine the difference between accidental trauma and abuse; how to confirm the diagnosis; how to document the abuse and to testify on behalf of the child. And he’s done the majority of it at his own cost. His remuneration, he says, has been the knowledge he has “broached this important subject that has been taboo on many locales, helping children there in the process.” For his contributions, Adasek has been named Advisor to the Minister of Health of the Czech Republic and was awarded honorary membership in the Czech and Slovak Medical Associations and Czech and Slovak Pediatric Societies.

“Awareness of child abuse is much greater than it was 30 years ago throughout the world,” says Adasek. “It’s great to have been part of making that happen.”
Half-Century Club Happenings
By: Glen K. Lund, M.D., ’59

This new column is to highlight what some of our retired alumni are doing in their “free” time.

When my wife Anne and I returned from three years in Switzerland in 1997 my private practice had pretty much evaporated; but I still felt I might have something to offer people needing help from my specialty. I asked around a little bit and was told of a possible need at the Fourth Street Clinic. When I approached the people in charge there and asked them how they were getting their ENT problems taken care of, they said, “Not very well.” Appointments were made around town with various ENT specialists, but getting the patients to their appointments by taxi or bus was frequently a problem. I determined that what was needed was an ENT clinic housed at Fourth Street, but there were no available funds for such a facility.

There was, however, a small space at the Clinic that could be used if we could find financing for the necessary equipment. A few days later, in a very fortunate conversation on the subject with one of my sisters, I was told that her son-in-law, a CPA, had a client who had inherited a sizeable sum of money and was frequently making donations to causes such as ours.

I contacted the son-in-law, Brad Bradley, who confirmed that he did indeed have this delightful client and that she was at that time open to suggestions for giving support to some worthy cause. He made arrangements for her to meet me at the Clinic and explain what the need was and what we were trying to accomplish. She met with us, was favorably impressed, and asked how much was needed. I had gone through my instrument and equipment catalogues and replied that $23,000 would allow us to establish a very adequate facility. A short time later, she sent a check in that amount to the Clinic and we were able to equip it with most of what any well-equipped ENT exam room would have, including endoscopes, operating microscope, powered chair, treatment unit with instrument drawers, miscellaneous instruments, etc.

An audiologist, Rex Scott, with whom I had worked for 40 years, agreed to do all of our hearing tests at no charge. He and I had done outreach clinics to Southern Utah and the Indian reservations in Arizona and New Mexico for many years. In 1990, we had traveled to Romania together where we had been able to fit hearing aids on 162 hearing-impaired teenagers in a trade school in Bucharest. Between the Eccles Foundation and our generous equipment donor, we were also able to obtain another $10,000 for basic hearing aids, which Mr. Scott uses judiciously to help a large number of our patients who desperately need them.

I, and other colleagues, who have covered when I have been away, feel right at home seeing patients in this very adequate facility. When surgeries are deemed necessary, many of my colleagues in the area very graciously do them and we feel that we are able to really make a difference in the lives of these needy patients.

Our facility is the only homeless clinic in the country with an in-house ENT facility that we know of, and one article describing its success has been written and published.
Class of 1959

A. Lloyd Barrott, M.D.
Dr. Barrott is a retired family practice doctor. His significant achievements include being board certified in family medicine, earning a Silver Beaver Award, his 10 children and 37 years of practice after being treated for non-Hodgkin's lymphoma. Dr. Barrott's interests are Boy Scouts, skiing, fishing, hiking, Rotary and church. After retirement he served as a missionary for his church for three years and as a medical advisor.

Paul L. Black, M.D.
Dr. Black is a retired internist. He had 10 years of active duty in the Navy and retired as a Captain from the Naval Reserve. He established his own private practice and eventually became the team physician for the San Diego Chargers from 1990 to 1999. His interests include bridge, classical and jazz music, live theater, sailing, cooking, travel and the collection and consumption of wine. He feels his number one achievement is his wonderful family.

Douglas Bryant Carter, Sr., M.D.
Dr. Carter is semi-retired. He currently has a part-time practice with a few chronic psychiatric patients. He was a full time faculty member at the University of Colorado School of Medicine for 31 years. His final promotion was to Emeritus Professor of Psychiatry after serving as acting Chairman of the Dept. of Psychiatry for six years. He also served as the Psychiatric Residency Training Director and Associate Dean of Graduate Medical Education during his career. Dr. Carter's interests include fly fishing and restoring old Ford trucks and Mercedes roadsters. He and his wife Sheila have five children.

Robert C. Mohr, M.D.
Dr. Mohr is retired. His specialties were psychiatry and neurology. His interests include his family, friends and supporting the United States of America.

Class of 1960

Jay R. Christensen, M.D.
Dr. Christensen is retired and lives in Salt Lake City. He practiced Ob/Gyn for 45 years. His last position was as the Psychiatric Residency Training Director for the University of Colorado School of Medicine and a full time faculty member at the University of California San Diego. Dr. Christensen is his wonderful family.

Gerald N. Goodman, M.D.
Dr. Goodman is a retired general surgeon. He practiced general medicine and flight medicine for three years before specializing in general surgery for 42 years. Dr. Goodman helped pioneer the surgical treatment of severe obesity and developed a renowned center for open and laparoscopic treatment of obesity. He served 34 years in the U.S. military as a general surgeon and was called to serve for five months in Germany during the Gulf War. Dr. Goodman's interests include boating, sports, scouting, camping, traveling, and church service. He has been happily married for 56 years and has nine children and 29 grandchildren.

Class of 1961

Robert T. Miner, M.D.
Dr. Miner is a retired plastic surgeon and forensic medicine practitioner currently living in Orange, California. Along with his practice he keeps busy as the former President of the Orange County Medical Association, Orange County Plastic Surgery Society, and Orange County Foundation of Medical Care. He was also the plastic surgery reviewer for the Medical Board of California for 20 years and was a member of the California Medical Association Board of Trustees, California’s AMA delegation and a member of the corporate board for Blue Shield.

Class of 1962

McLaren Ruesch, M.D.
Dr. Ruesch works two days a week in his family practice office, two days a week in a jail and also with nursing home patients. He was the Chief of Staff for Cobre Valley Hospital for three years and was President of the Board of Cobre Valley Hospital for two years. Dr. Ruesch served as Medical Director of Copper Mountain Inn Nursing Home for seven years and as the Chief Medical Officer the Gila County Jail for five years. In his spare time he enjoys square dancing, skiing, boating, camping, photography, travel and flying.

Class of 1964

Lynn L. Bateman, M.D.
Dr. Bateman practices as an internist at Utah Valley Regional Medical Center. He began his practice in intensive care and pulmonary/respiratory care at Utah Valley Hospital in 1970. He spent 29 years as an LDS conference doctor and served as a bishop for the LDS church for five years. He is married to Joan Pace Bateman, they have seven children and have resided in Mapleton, Utah for the past 37 years.

Class of 1965

Norman W. Pincock, M.D.
Dr. Pincock specializes in internal medicine and primary care for Escondido Internal Medicine, Inc. in Escondido, California. He is a former chief of staff for Palomar Medical Center and a former flight medical officer for the Gemini Astronauts. He currently serves as Chairman, Department of Medicine, for Palomar Medical Center and is a delegate to OMESS, CMA and AMA. He has eight children and 18 grandchildren and is President of the PalPac Chapter of the Barbershop Harmony Society.

Class of 1966

Bruce W. Keller, M.D.
Dr. Keller is a general practitioner for Brigham Medical Center in Brigham City, Utah. He jokes that he's survived government and insurance company interference in his practice for 38 years.

Class of 1967

Barry L. Stern, M.D.
Dr. Stern is a practicing urologist in Sun City, Arizona. He is the former president of the Arizona Urological Society.
John Peck Owens, M.D.
Dr. Owens practices pediatric cardiology at Pediatric Cardiology Associates in San Jose, California. He has six kids and enjoys skiing, snowboarding, surging and cycling.

Richard H. Odell, M.D.
Dr. Odell is a practicing dermatologist at St. Mark's Hospital in Salt Lake City, Utah.

Class of 1974
Jeff J. Clawson, M.D.
Dr. Clawson practices in the field of emergency medicine and emergency dispatch protocol and research. He is the founder of the National Academies of Emergency Dispatch, the national and international standard setting organization for 911 emergency dispatchers and the inventor of the Medical Priority Dispatch Protocol System. He reports he is still the greatest Ute fan in our class! Dr. Egan has seven great kids, ages 18 to 35. He said, “I miss riding with the ambulance more than the emergency department.”

Dennis Hughes, M.D.
Dr. Hughes has been a practicing obstetrician-gynecologist for over 30 years. His practice is located at Old Farm OB/GYN in Salt Lake City. Dr. Hughes served six months for the National Health Service in New Zealand. He also volunteers for the LDS Church on the neonatal resuscitation team.

Robert T. Jackson, M.D.
Dr. Jackson is an orthopedic surgeon at the Central Utah Clinic in Provo. He is the father of five sons and one daughter and is a senior member of a 14-member Orthopedic Group.

Class of 1976
Eric E. Johnson, M.D.
Along with receiving the honorary fellowship in the Royal College of Surgeon in Ireland in July 2009 Dr. Johnson reports he is still on staff at UCLA. Lives in West LA, has two daughters, Alexis, 25 and Erica, 17, and still skis with George Veyas, M.D. ’76 every January in Sun Valley.

Karen Buchi, M.D.
Dr. Buchi is a professor of pediatrics at the University of Utah. She serves as the pediatric medical director of the South Main Clinic for underserved women and children. She is currently president of the Utah Chapter of the American Academy of Pediatrics and continues to work at the state level to develop strategies to address the problem of maternal substance abuse and the drug-endangered child. She’s been married to Kenneth Buchi, M.D. for 26 years and they are the proud parents of Jennifer, age 21 and Emily, age 13.

Paul N. Hopkins, M.D.
Dr. Hopkins is a professor in preventive cardiology at the University of Utah. He is also co-director of the cardiovascular genetics program at the U.

Joseph Brent Muhlestein, M.D.
Dr. Muhlestein practices interventional cardiology at both Intermountain Medical Center (IMC) in Salt Lake City and at the University of Utah, where he is a professor of medicine. He is the director of cardiology research at IMC. He is the proud father of 11 children and four grandchildren.

Julie A. Tominaga M.D.
Dr. Tominaga shared that after 25 years she is once again working with Dr. Kevin Tracy, who was one of her anatomy partners and currently is the assistant director of UC Davis Primary Care Network, as a pediatrician. Another former classmate, Dr. Norma Klein, is also employed by UC Davis as a pediatric anesthesiologist. She has a daughter Kiera and is married to Kevin Coulter M.D.

Class of 1984
Mark Valentine, M.D.
Dr. Valentine is a practicing pediatrician at the Sandy Clinic in Sandy, Utah and is a volunteer clinical faculty member at the University of Utah. In 2006-2007 Dr. Valentine was the Medical Staff President for AltaView Hospital also located in Sandy. He is a Silver Beaver award winner in the Great Salt Lake Council Boy Scouts of America.

Class of 1989
J. Spencer Thompson, M.D.
Dr. Thompson is an assistant professor for the Oklahoma University Health Sciences Center Department of Radiation Oncology in Oklahoma City. He previously practiced in Phoenix, Arizona and St. Augustine, Florida. Dr. Thompson is thrilled with his current position at the University of Oklahoma and loves having access to all of the superior equipment, cutting edge technology, and outstanding colleagues. He doesn’t even mind writing lectures! His practice focuses on GU oncology, head and neck cancer and stereotactic radiosurgery. He has been married for 10 years to Brian Becker and has three dogs and 14 nieces and nephews.

Class of 1994
Kathryn Casull, M.D.
Dr. Casull practices internal medicine at Medical Associates of Salt Lake in Utah.

Class of 1999
Steve Lore, M.D.
Dr. Lore practices family medicine at Hill Air Force Base in Utah. He received a second board certification in Hospice and Palliative Medicine and was the medical director for VistaCare Hospice from 2005 to 2008. He and his wife have seven children; the oldest is starting her senior year of high school.

Margaret L. Roberts, M.D.
Dr. Roberts practices family medicine as the supervising physician at a Veteran’s Administration Medical Center outpatient clinic in Rock Springs, Wyoming. She previously was the medical director for Castle Rock Ambulance Service in Green River, Wyoming.

Mark Rose, M.D.
Dr. Rose is currently living in balmy Phoenix, Arizona with his wife and six children. He is a partner in the Arizona Asthma and Allergy Institute. In 2009 he was chosen as a “Top Doc” in Phoenix Magazine. He completed his residency in general internal medicine in 2003 at the Cleveland Clinic and served as chief medical resident that year.

Class of 2002
Jeffrey Anderson, M.D.
Dr. Anderson completed his fellowship in 2009 in pediatric cardiology and is currently practicing as a pediatric electrophysiologist for Cincinnati Children’s Hospital Medical Center in Cincinnati, Ohio.

Laurie Blanch, M.D.
Dr. Blanch is a practicing pediatrician at The Children’s Mercy Hospital in the Pediatric Care Center in Kansas City, Missouri. She and her husband Robert have two children: Ella, 3; and Samantha, 1.
Robert Blanch, M.D.
The second Dr. Blanch is currently a radiology resident at St. Luke’s Hospital at the Truman Medical Center in Kansas City, Missouri. His fellowship will be in Imaging Informatics at Northwestern in Chicago, Illinois in 2010-2011.

Rachel N. DePuy, M.D.
Dr. DePuy is a general surgeon at Saint Joseph Medical Center in Polson, Montana.

Linsey Etherington, M.D.
Dr. Etherington is living in Salt Lake City and is a general surgeon at the University of Utah.

Joshua J. Larsen, M.D.
Dr. Larsen is an anesthesiologist at Dixie Regional Medical Center in St. George, Utah. He has two daughters.

Rachele McCarthey, M.D.
Dr. McCarthey practices pediatrics, psychiatry, and child and adolescent psychiatry at the University of Utah Child and Adolescent Behavioral Health Clinic. Dr. McCarthey was the triple board chief resident in 2008-2009 and served an externship in eating disorders at Lindner Center of Hope in Ohio. She is married to Brock Vandekamp and has one son, Thomas.

Jared W. Parker, M.D.
Dr. Parker practices ophthalmology at Ungricht Eye Associates in Murray, Utah.

Class of 2007
Matthew Oman, M.D.
Dr. Oman will complete his Internal Medicine residency in 2010. He lives in Denver, Colorado.

In Memorium

Ray H. Barton, Jr., M.D. M.D. 1942 7-Sep-2009
Stanley R. Child, M.D. M.D. 1945 1-Nov-2009
A. Dean Clark, M.D. M.D. 1965 25-Aug-2009
Russell B. Clark, M.D. M.D. 1926 10-Sep-2009
Kenneth Orson Fishler, M.D. M.D. 1948 7-Jul-2009
L. Keith Gates, Sr., M.D. M.D. 1946 29-Jul-2009
Wesley G. Harline, M.D. M.D. 1943 19-Aug-2009
Edward B. Holley, M.D. M.D. 1944 19-Jul-2009
C. Duane Larsen, M.D. M.D. 1965 8-Jun-2009
Cleleo L. Jensen, M.D. M.D. 1947 28-Dec-2009
Lowell D. Larsen, M.D. M.D. 1959 13-Sep-2009
Harold Markowitz, M.D. M.D. 1958 16-Aug-2009
Dean Wilson Packard, M.D. M.D. 1957 20-Nov-2009
CALL FOR NOMINATIONS

The University of Utah school of Medicine Alumni Association Distinguished Awards.

The School of Medicine Alumni Association Board invites you to nominate your colleagues and classmates for consideration for the 2010 Distinguished Alumni and Distinguished Service Awards. School of Medicine alumni, faculty and staff, as well as other professional colleagues, may submit nominations. Complete nominations should include:

- A letter stating for which award the nomination is submitted, outlining in detail the nominee’s qualifications.
- The nominee’s curriculum vitae, including current address and phone number.
- Secondary letters or materials in support of the nomination, if available.

Any nominee nominated in the past three years and gaining finalist status will not need to be re-nominated. To gain a list of the 2007, 2008 and 2009 finalists please contact Kristin Wann Gorang, Director, SOM Alumni Relations, 801-585-3818 or kristin.gorang@hsc.utah.edu.

Submissions may be emailed to the above address or mailed attn:
Kristin Wann Gorang, 540 Arapeen Drive, Suite 125, Salt Lake City, UT 84108


A list of past awardees is available at: www.medicine.utah.edu/alumni/network/awards/index.htm

Distinguished Alumni Award
This award is presented annually to a graduate of the School of Medicine who exemplifies the practice of medicine. Achievement is recognized through excellence in clinical practice, academic activities and research accomplishments.

Distinguished Service Award
This award recognizes individuals both alumni and non-alumni, who have made outstanding contributions to the school, the community, and the practice of medicine.

SAVE THE DATE

September 23-25
Connecting with U
2010 Medical Alumni Weekend

Thursday, September 23
Awards Banquet and 50-Year Class Celebration

Friday, September 24
School of Medicine Department Events
Half Century Class Program and Luncheon


Saturday, September 25
Continuing Medical Education Conference
Topic: TBD

Tailgating Party at Alumni House
U of U Homecoming Football Game versus San Jose State
Members of the Class of 2013 reciting the Hippocratic Oath after receiving their white coats.