Illuminations
The Magazine for the University of Utah School of Medicine Alumni and Friends

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Message from the Dean

In the Fall of every year the School of Medicine celebrates our annual Community and Alumni Weekend. The Alumni Awards Banquet is held the opening night of that weekend and is the opportunity for us to celebrate not only physicians who graduated from medical school fifty years earlier, but also recognize distinguished alumni and other individuals who have had a significant positive influence on the school, in individual lives, and to the science of medicine. This year I was struck again by the significance of these awards and the traditions of excellence we celebrate at the medical school. It is a privilege to know and acknowledge these stellar leaders.

This year James L. Parkin, M.D., Class of 1966 was our distinguished alumnus for his many years of service to the University of Utah, his specialty of otolaryngology/head and neck surgery, and his breakthrough research in the development of multichannel cochlear implants for the profoundly deaf and the use of lasers in head and neck surgery. John M. Matsen, III, M.D. joined Bill and Patricia Child to receive the Distinguished Service Award. John Matsen had a significant impact on the University, not only through the numerous positions he held in the Department of Pathology and as Senior Vice President for Health Sciences, but for his huge contribution to the University as founding president and CEO of ARUP Laboratories. Pat and Bill Child have taken what they created through hard work and commitment to sound business practices and discovered ways to share their good fortune with their community, much of it to the University of Utah for medical research, teaching and improved facilities for patients. These individuals have impacted hundreds of lives for the better due to their research, teaching, hard work, and generosity. For the child who can now hear due to cochlear implants, the patient for whom a lab reading from ARUP made the difference between life and death, or the patient who receives extraordinary care in the #1 ranked University of Utah Health Care system, these distinguished awardees’ achievements made a significant difference. I want to personally thank them for their inspiration and dedication and also thank the School of Medicine Alumni Association for recognizing giants in our medical community with these Distinguished Awards.

This Alumni Weekend was special to me since I celebrated the 30-year anniversary of my graduation from medical school. It’s hard to believe 30 years have gone by, but as I met with my classmates over our reunion dinner it was wonderful to hear what they have done both personally and professionally with their lives. It makes me proud to serve as the dean to this medical school knowing I have such exceptional colleagues who were trained here.

The lead article in this edition of Illuminations addresses the expanding global connectivity we are seeing in the “without borders” world of medicine. Many of our alums are involved with international humanitarian medical missions, and the medical school’s Global Health Initiative has offered varied and novel training opportunities for students and teaching opportunities for faculty. However, as the article articulates, there are ethical dilemmas in international medical outreach that the organizations that do this work are only now beginning to address. We hope to be part of that discussion and help find solutions to the problems that can occur with this “without borders” mentality.

I hope you enjoy the other articles in this edition and like catching up on your classmates’ lives in the Alumni News section. Best wishes from my office for the New Year.

David J. Bjorkman, M.D., M.S.P.H., ’80
Dean School of Medicine
In theory, one of the things that differentiates humans from the lower animals is the ability to pass on knowledge from one generation to the next. I have always been amazed, then, by how often we simply have to figure things out on our own. Sometimes learning can only happen through trial and error—but much of what we learn by trial and error could be passed on if there were a mechanism for doing so.

One of the goals of the School of Medicine Alumni Association is to reduce the “trial and error” part of becoming a physician by allowing interaction between generations of physicians, often in a non-academic setting. Several new or revitalized programs developed by the Alumni Association permit this kind of relationship.

The Freshman barbecue, hosted at the home of Dr. Chuck and Jasmine Rich, is held during the first week of orientation. Members of the Alumni Association Board meet the new medical students and are available to discuss whatever is on students’ minds. The Dinner with a Doc program for first- and second-year medical students was reintroduced last year and allows medical students and their spouse or significant other to meet with a physician and their spouse, either in the physician’s home or at a restaurant, to discuss medicine, medical practice, and its effects on personal and family life. Dinner with a Doc will be held again this year in March and April.

Third- and fourth-year medical students may participate in the Mentor program. Students have several opportunities to work with physicians in their practices during medical school, but many students are interested in seeing other kinds of practices and specialties in action, and in having more individual time with a physician who can advise them not only on the practice of medicine but on non-academic matters. The Mentor program allows students to have an ongoing relationship with a practicing physician.

Fourth-year students who are interviewing for residency positions out of state can be aided by alumni living in that area through the HOST (Help Our Students Travel) program. As part of the HOST program, alums provide information about the hospital and community and help with transportation and accommodations to make the interview process less stressful.

Alumni who are able to volunteer for the HOST program, Dinner with a Doc, or the Mentor Program are invited to call (801) 581-8591, email melanie.osterud@hsc.utah.edu, or visit our website at www.medicine.utah.edu/alumni.

Those who are unable to participate through direct student interaction can assist through monetary gifts to the Alumni Association which are used for the Stethoscope Gift program, the Alumni Student Emergency Fund, and the Alumni Scholarship Program. I can attest that participation in these programs is both enjoyable and worthwhile. I invite you to facilitate transmission of priceless knowledge to the next generation of medical students: our future colleagues.

Saundra Buys, M.D.
Haiti Revisited: Current Status and Ethical Questions

Catherine R. deVries, M.D.
Professor of Surgery, Urology, University of Utah
President, IVUmed

August 2, 2010. I stepped off the plane at the Toussaint Louverture Airport, Port au Prince. I had traveled to Haiti with the nonprofit group IVUmed and as the International Relations Chair of the Societe Internationale de ‘Urologie. Our purpose was to train Haitian surgeons through surgical workshops and collaborate with them to find solutions for various medical problems still endemic in Haiti seven months after the earthquake. The day was quiet; hot, humid, and quiet. We retrieved our luggage, greeted our driver, and headed out in the Land Rover to Leogane. The tent camps along the roadside appeared to be in relatively good order, and Cite Soleil seemed just as chaotic and tumble-down as it has been over the years. Despite the rubble from the earthquake, clean-up was happening, and the road to Leogane was rutted, but clear. I pulled out my iPhone and got a good G3 connection. I emailed my family and checked my messages.

The guesthouse, built with money from the Gates Foundation nine years ago, was intact. Next door, a large tent hospital was being dismantled. Despondent expatriate volunteers wandered about and rumors circulated about what was to be done with the hospital. Would it go back to the NGO that brought it? Would it be re-deployed in Port au Prince? The remaining foreign medical teams were few and scattered. Part-time ex-pats, in Haiti since January or February, were wrung-out. Those journeymen who had worked in Haiti for 20 to 30 years or more had seen other disasters in Haiti: hurricanes, political turmoil, malaria, dengue fever, and other epidemics, and still they carried on. Then, there were the Haitians.

It was almost nine years ago when last I worked in Leogane, as a surgeon training local doctors in the lymphatic filariasis eradication program. The morning of September 11, 2001, we had just finished our first morning cases, and walked out of the operating rooms to find the televisions on. The World Trade Center towers had just been hit. How strange to be back in Haiti, after its own disaster of January 12.

As a native Californian growing up on the San Andreas Fault, I thought I knew earthquakes. The Loma Preta Quake in the San Francisco area of October, 1989 had occurred while I was Chief Resident at Stanford, on rounds with my team. The earth and buildings groaned; the hospital walls and floors undulated beneath our feet. Televisions fell from the walls in patients’ rooms, and pills scattered along the floors of the pharmacy like ball bearings. We ran to check our patients on ventilators, those in danger of being disconnected as machines and furniture lurched. That night, and afterward for a week, we slept in the yard, afraid to move indoors.

Yet the quake in Haiti, as we all well know, was of a different order. How can San Francisco and Santiago, Chile recover from their quakes within months, or a year, whereas it will be many years before Haiti has even basic infrastructure? Why can Sichuan Province in China recover while internally displaced people in Pakistan still live in tent camps five years after the devastating quake of 2005? The difference, most simply put, is
poverty, and a lack of a societal safety net that assures resilience after disaster—deficiencies that cannot readily or quickly be corrected by well-meaning volunteers and NGOs.

Immediately after the Haitian quake, teams of volunteers mobilized from around the world. Teams came from Utah and across the United States, from Korea, Sri Lanka, Cuba, Israel. They arrived on chartered and commercial flights through Haiti and the Dominican Republic. Some arrived with just a backpack. Others arrived with planeloads of supplies. Some had arranged shelter and transportation through prior contacts. Others just showed up. Some volunteers had skills in trauma and disaster response. Many did not. Reporters dropped in for a day or a week, some actually providing “drive-by” medical care. They all arrived with the good intentions of Good Samaritans. Yet, in the aftermath of the earthquake, and as the initial response has faded, many ethical questions remain.

**Observations and Ethical Issues**

We spent the following week touring regional hospitals guided by local surgeons and administrators. In Leogane, the Hopital Ste Croix was undergoing renovation. Closed for three years due to political and funding issues, new private money had started to arrive after the quake. There were no facilities yet available for surgery, but architects had been engaged through a network of sponsoring churches and work was beginning. For Leogane, the formal healthcare capacity had been limited for several years prior to the quake, but it seemed possible to break the logjam at this new juncture. However, infrastructural issues continue to complicate the project. The original hospital was built over a sewer drainage area. The new hospital plans must take that into account. When Hurricane Tomas recently struck Haiti, the hospital’s construction site, along with its supplies, was flooded. The question now facing the community is: when property rights, funders and local interests conflict in rebuilding the structure, how can the needs of the community be best served in the short and long term? Both currently and historically, infrastructure, planning and code enforcement have been minimal at best throughout Haiti. In Leogane, the need for infrastructural stability is two-fold. First, after 80% of the city was flattened by the quake, there is an urgent need for a functioning hospital facility; the second, and equally important question is, who will provide long-term sustainable medical care? Community outreach and small private and public clinics may help with primary care, but surgery requires a facility—and it is a relatively long distance to Port au Prince. The international community must deal with the ethical dilemma of supporting long-term healthcare for a community largely on the basis of expatriate service missions. Can local care providers meet the community needs, and if so, how can it be done?

After leaving Leogane, we returned to Port au Prince. Even thought seven months had passed, at the main public teaching hospitals, Hopital de l’Universite d’Etat d’Haiti (HUEH), patients recovering from surgery still returned to sweltering tents in the parking lot. There were no functioning x-ray facilities, and service in both triage mode and outpatient elective surgery was still at a minimal level. We had seen c-arms for fluoroscopy in Leogane, disused since the volunteer teams had left. By reports, there were others, but after visiting eight hospitals in Port au Prince, we were un
able to find one that could serve for the general community.

Of the eight public, private and mission hospitals we visited, Hospital St Francois de Sales was the worst off, with wards still collapsed—a ghastly reminder of those patients trapped there in January. Some are believed to be trapped there still. A single operating room was now functional and much of the work was still being done under the trees.

Down the road, and nearer to the airport, St Damien Hospital, the beautiful, large children’s hospital remained intact. Behind a well-guarded wall, the hospital kept tight security, with badges required for entrance. Loaves of freshly baked bread were distributed to patients from a large bin. This lovely, well-landscaped facility with its digital x-rays and nicely equipped ICU appeared to be a model of what Haiti could offer to its children. Yet the place was deserted. Why? We were told that the international NGO community had hired most of the doctors and nurses and that the local medical facilities had lost most of their medical and support staff to overseas nonprofits.

It was a story retold in every Haitian hospital, both public and private. Well-meaning NGOs had descended from the far corners of the earth, bringing supplies and personnel, and taking over both public and private hospitals. Local staff were either pushed aside or hired on. Yet when the visitors departed, seven months later, the local health care infrastructure was worse than it had been before the quake, even considering the damage to buildings and the massive toll of death and injury. How could this be?

**Internal Brain Drain.** What happens when expatriate nonprofit organizations decide to help local communities by hiring local staff? At first glance, it might appear to be a benefit all around. The staff receive better salaries and the NGO receives a staff with local knowledge and language. However, foreign NGOs depend for their financial well-being on donations and aid dollars (which are unstable sources), and on the mandates of extra-national organizations. While some international NGOs, mission hospitals, and clinics are deeply integrated into the local healthcare network, providing a stable investment over many years, many others are not, taking their direction from distant boards and financial sources. In the long-term, externally funded nonprofits can have a destabilizing influence on local healthcare capacity by enticing the most capable staff away from allegiance to locally directed resources. Pascal Fletcher has called Haiti “A republic of NGOs.” *(Pascal Fletcher, Reuters, Oct. 26, 2010 [http://blogs.reuters.com/the-deep-end/2010/10/26/poor-haiti-again/]*)

This largely uncoordinated collection of organizations inhabits a relatively unregulated country, with little capacity to enforce standards of any kind, let alone medical licensure and training or the work of undocumented expatriate volunteers. Moreover, since the NGOs are in the business of humanitarian aid it might have seemed ungrateful to take issue, and it is only recently that these efforts have been objectively evaluated. From hospital administrators to local surgeons, many have criticized the dumping of unusable medicines and supplies. Supply chains that once supported the local health sector have been undermined by excesses of free medicines and supplies. As previously reliable suppliers have been...
pushed out, or gone out of business, their critical products have become newly unavailable.

"Without Borders." Without borders—What does that mean? Most people worldwide are constrained to local or country borders, by politics, language, financial resources or geography. The ability of doctors or nurses to travel the world on humanitarian missions without constraint is possible because these doctors come from countries with wealth and political influence. Obtaining visas to travel widely around the world, taken for granted by Americans, is not a reality for most people. Yet, for volunteers with the "without borders" mentality, there is a temptation to believe that they answer to a higher, or different ethical standard than local people. Choices appropriate in a local culture might not make sense to people with radically different life experiences, religious backgrounds or cultural norms. During emergencies like the earthquake in Haiti, volunteers from across many cultures drop in. Without any standardized international procedural or medical protocol, and without guidance from a weak and fractured local medical community, accessibility and quality aid is inconsistent and unsustainable.

The disaster, so close to home for Americans, highlighted many needs that are critical to sustainability and resilience: infrastructural support, education, academic partnerships, communication and engagement. These efforts have historically been patchy and balkanized due, in part, to the lack of coordination between diverse mission hospitals and clinics, NGOs and the government healthcare system. Yet, though it may seem perplexing to some of us in the North, to others, Haiti appears to be a good long-term investment opportunity (particularly in the area of communication technology by countries like Vietnam) rather than just an aid sink. The inability to communicate just nine years ago during the 9/11 disaster was what made working in Haiti so difficult. And our close neighbor country has other potential resources—many families in diaspora, and infusions of cash and goods at the micro level can be supplemented by other types of investments. The sum total of these are what may help to sustain and to build the country, as promises of bilateral aid at the national level have been notoriously slow to trickle in.

Data. There are several threads that run through the ethical debates regarding support for health care in the developing world. Among the shocking stories of trauma, violence, contagious disease, and hunger, one thread that gets very little attention is data. Hard data tends to be lost in sensational reports of human misery. The tendency to offer immediate “bandaid” relief often trumps investment in sustainable institutional structures that support economic resilience and health. Fortunately, data is at last becoming available, and this can guide us in future efforts. Fundraisers note that the most effective way to raise money for a nonprofit organization is to establish the one-to-one connection between the problem and the donor. Data can help to illuminate where the needs are greatest and what the components of those needs might be.

In the recent book, Successful Societies: How institutions and culture affect health, Peter Hall and Michele Lamont, (eds) Cambridge University Press, 2009, William Sewell notes, “The trajectory of a society’s population health over time depends on the history of its institutions and cultural structures” (p254). Taking a global perspective, Sewell argues that healthcare shifts with the economy—not just an economy consisting of markets, consumption and production, but also one of political structures, “social imaginations,” technologies, and class relations. These can be monitored and measured. However, economic affluence is only one component of health, and it can be argued that another strong component is the public provision of additional services that impact health such as water, sanitation, electricity and education.

As global capitalism has evolved in the last decade, increasing disparities in healthcare have concurrently developed both within and between countries. As we strive to improve the health of our communities, we must be mindful of the impact of what we do. Both the intended and unintended consequences of our best efforts can be amplified as we export not just our technical expertise but also our cultural paradigm in which it is embedded.

Our planet is a large place, and there is need for help both around the corner and in the far corners of the world. For those of us in the medical community, many ethical problems germane to health volunteerism can be avoided by reversing the implicit dogma that goes “treat first, ask questions later.” Those most basic, most crucial questions—What do you need? How would you like us to help you?—should never be an afterthought. They must be asked sincerely, as the first step in a process that prioritizes cooperation, foresight, and sustainable progress.
Medical Outreach Organizations

In response to alumni interested in organizations in Utah working in medical outreach overseas and locally, the School of Medicine Alumni Relations office has compiled the following list with most, if not all, medical outreach organizations operating in Utah:

Academy of LDS Dentists
www.academyofldsdentists.com
(801) 422-4853

African Organization for Academic and Athletic Development (AOAAD)
www.progress4africa.org
(248) 334-5035

Ascend Foundation
www.ascendfoundation.com

Charity Anywhere Foundation
www.charityanywhere.org
(208) 404-6304

CHOICE Humanitarian
www.choicehumanitarian.org
(801) 474-1937

Collegium Aesculapium Foundation
www.collegiumaesculapium.org

Dental House Call Program
(801) 977-0309

Deseret International Foundation
www.deseret-international.org
(801) 489-1315

Dream Weaver Medical Foundation
www.dwmedical.com
(435) 658-1188

DRL Foundation
www.drffoundation.com

Fostering Healthy Children Program
http://health.utah.gov/cshcn/FHCP
(801) 584-8284

Globus Relief
www.globusrelief.org
(801) 977-0444

Harvest Africa Children's Foundation
www.harvestafricachildrensfoundation.com

Healing Hands for Haiti
www.healinghandsforhaiti.org
(651) 769-5846

Holy Cross Ministries
www.holycrossministries.org
(801) 261-3390

International Rescue Committee
www.theirc.org
(801) 328-1091

IVUMed
www.ivumed.org
(801) 524-0201

JENAR Charity Foundation
http://jenar.org
(801) 791-2704

Koins for Kenya
www.koinsforkenya.org

LDS Philanthropies
www.ldsphilanthropies.org
(801) 240-5567

Love-n-Care Industries
www.lncministries.org
(801) 442-2711

Mali Rising Foundation
www.malirisingfoundation.org
(801) 957-5442

Malieh Free Clinic
www.maliehfreetclinic.org
(801) 266-3700

One Heart Bulgaria
www.oneheart-bg.org

Oulessebougou-Utah Alliance
www.oulessebougou.org
(801) 983-6254

Salt Lake Donated Dental Services
www.donateddental.org
(801) 983-0345

The Hope Alliance
www.thehopealliance.org
(801) 952-0400

University of Utah-Global Health Initiative
www.globalhealth.utah.edu
(801) 587-3315 or (801) 585-9573

Utah Partners for Health
www.upfh.com
(801) 417-0131

Volunteers of America
www.voaut.org
(801) 363-9414

Youth Linc
www.youthlinc.org
(801) 467-1982

Youth Making a Difference
www.ymad.org
(801) 747-YMAD

Zahra Charity
www.zahracharity.org
(801) 808-4563
The Evolving Nature of Surgical Training

Lara Senekjian, MS IV, with assistance from Leigh Neumayer, M.D., Professor of Surgery, University of Utah

When a physician looks back at residency, the memories vary depending on the doctor. Some remember the hours studying to be ready for rounds, some recall practicing suturing hour after hour, and some remember the one mentor that seemed to change their life. Every person recalls those years differently, but there is no question, every surgeon, trained pre-80-hour work week, recollects operating late into the night, then early in the morning, and then heading to the wards for another full day of work.

After what seemed like the millionth cholecystectomy senior residents were ready to do this operation in their sleep. The post-80-hour surgical resident can also do a cholecystectomy in his or her sleep at the end of residency, but what about those other surgeries that a resident should be able to do? Are post-80-hour residents getting trained to be as competent doing the less-common surgeries as their predecessors? The old expression “practice makes perfect” is not just for batting practice; it rings true in the hospital as well. Numerous studies, from bariatric surgery to hip replacements, show decreased mortality with increased volume of a single surgery performed by a single surgeon. When training residents to be proficient in the operating room, the key is volume. As the 80-hour work week changes the face of residency training programs, the debate over the merit of the new changes has been hashed out on both sides, pro and con. However every type of residency is affected in a different way. Surgery has its own issues to face, and volume of surgical case load is a huge factor in surgical training. If volume is the key for perfecting surgeons’ skills, how has volume changed with this new wave of residents and what is the impact? Surprisingly, the actual volume of cases that a graduating general surgery resident sees has not changed significantly, if at all, with the 80-hour week. A study published in the *Annals of Surgery* quantified volume pre- and post-eighty hour implementation and found no significant change. In fact, PGY-5 (fifth-year) residents actually performed more surgeries after the change (390 vs. 339). Though this study was completed at only one institution, several follow-up studies have demonstrated this same phenomenon at other training programs. This consistency would imply that Utah residents are completing increased number of cases, just like residents in other programs. Surprisingly this article also reported that attendings’ perception of interns had significantly changed. It was noted that most attendings stated that interns had less technical skill and
decreased preparedness for the case. How can we reconcile these two opposing views?

Each year the ACGME requires residents to log the number and type of cases. There are 300 operation types classified based on CPT codes. In an article published in the May 2009 *Annals of Surgery* these 300 cases were stratified into a classification scheme by program directors: “A” being the procedures that residents should be competent to perform at the end of residency, “B” being procedures to be familiar with but not necessarily competent in, and “C” being procedures that residents need neither be competent in or familiar with at the end of training; more advanced training would be needed for these surgeries. Of these 300, 121 were considered “A” procedures. In 2005 the mean of laparoscopic-cholecystectomy procedures (an “A” procedure) was 87.8 at the completion of a general surgery residency. This means that residents averaged 87.8 laparoscopic-cholecystectomy procedures during their training and thus are most likely competent doing this procedure. On the other end of the spectrum, an open splenectomy (also an “A” procedure) was performed a mean of 1.5 times at graduation. How could a resident be competent after having only performed one or two procedures? There were also 31 “A” procedures with an average experience of less than 1. There is a flaw in surgery residency training. It appears it is not overall volume, but volume in the right places that is lacking in general surgery residency programs. The American Board of Surgeons is closely monitoring this situation and working with residency training programs to assure adequate volume is achieved across all “A category” surgeries.

The University of Utah is not immune to these changes. Utah has a great reputation for training skilled surgeons and wants to continue to have not only competent but exceptional residents. Trainers at Utah know that educating a surgeon requires a few major factors; graduating residents must be good technically so they can complete surgeries successfully, but also integral to the training is teaching these residents how to be good doctors. Along with gaining the technical skills for the surgery, surgeons must know how to manage patients pre- and post-operatively. This must be emphasized now that the in-hospital hours are decreased. Training exceptional doctors who can manage all types of patients inside and outside of the OR is what residency training must achieve; the skills will come with practice and further advanced training.

Designing a residency program that combines all of these important pieces is difficult. New hour requirements, the large number of surgical cases that a resident must be exposed to, and learning how to manage pre- and post-surgical patients are just a few of the aspects that make residency curriculum difficult. There are many ways to design programs that try to fit this all together, and the University of Utah’s surgery department continues to work on perfecting its training within the 80-hour rules. Utah has been adamant about complying with the 80-hour restriction; in fact the residents are often forced out the door by the senior staff. Utah has incorporated a night float system that allows the residents to go home at a reasonable hour when not on night float themselves. Another aspect that has helped Utah residents adhere to the work restrictions are the amazing mid-level staff that helps fill in some of the holes that might otherwise occur with the new hours.

What must be true in all surgical training programs is that residents must be willing to put in study hours above the 80-hour restriction. The difference must be made up in self-directed learning. Time reading about basics and time spent in the Skills Lab are crucial for residents to make up for the difference in skill and knowledge. This extra time must be self-directed, and not mandated from attending physicians. In today’s world, residents need to take initiative and ownership over their training. While it is important for residents to maintain a balance in life for their own health and outlook, they must know that being a great surgeon takes more time outside the OR, separate from attending physicians watching all they do. Fortunately, many residents do use the University’s Skills Lab on Saturday mornings to practice and perfect their abilities.

*University of Utah surgical residents in training.*
Many residents also read late into the night to answer questions that arose during that morning’s surgery. These are the qualities encouraged and needed in today’s surgery training programs to supplement hours missed in the OR. These are habits developed in training that will benefit surgeons throughout their careers.

While there are some concerns with the 80-hour work week that the American Board of Surgeons is closely monitoring and addressing, there are also some positives noted by attending physicians. The system forces residents to be efficient and use the network of the support team to assist them in their work. There is no time for the resident to draw all of the labs, wheel patients to their new room, or do gram stains in the ED. Residents are in the hospital to work as residents and no longer to participate as ancillary staff. This means more time focused on learning specific surgery skills and dealing with post-surgery issues. Because there is more of a team approach to care with residents handing off patients to other residents more frequently than the previous generation did, all residents must learn to communicate clearly and have the plan of care well documented when handing over a patient to another resident. The abuse that long hours without sleep can make on one’s judgment and ability to function is improved, thus improving both resident and patient safety.

Residency is a difficult time in a young doctor’s life. At the end of the three, five, or seven years, residents want to be the best physician they can be, and expect the training program where they matched is created to make this hope a reality. A surgeon wants to have the hands to operate successfully, a dermatologist wants to know exactly what medication is right for his or her clinic patient, and an ER doctor wants triage skills to become second nature. However, these are just small pieces of what must be taught in residency training. Residents must learn how to become well-rounded successful physicians. In surgery it is easy to think that operating is the only skill that will make a resident into a surgeon, but if this was true, spending time in the OR is all that a resident would need. As medicine evolves it becomes more and more complex, and a mass of information is always at a resident’s fingertips. It is imperative that a surgical resident knows how to operate, care for patients and synthesize the endless medical information. Just as medical information is always evolving, residency programs must evolve as well. The University of Utah surgical residency program has worked to evolve with the times and the requirements, and will continue to do so in the future. The directors are committed to creating great surgeons, not only for the skills of surgery but also for the skills as well-rounded physicians ready to be exceptional at graduation and beyond.

Utah has a great reputation of training skilled surgeons and wants to continue to have not only competent but exceptional residents.
2010 Alumni Weekend

Classes of 1960, 1965, 1975

Class of 1960


Class of 1965

Class of 1975
Front Row (Left to Right): Fares Arguello, Graydon Harker, Nancy Alston, Robert McClellan, Keith Criddle, Daniel Cummings.

Back Row (Left to Right): Douglas Zirker, Fred Barbero, Kevin Charlton, Scott Williams, Brad Taylor, Alan Johnson, Richard Chapa, Cordell Bott

Class of 1980


Class of 1990
Back Row (Left to Right): Jed Bindrup, Mark Johnston, Chris Romney, Peter Jensen, Kevin Kartchner, Robert Aagard, Shane Larson.

Front Row (Left to Right): Joel Dall, Vernon King, Madelyn Palmer, Debbie Anderson, Tony Gianoulis, Jim Bown.

Class of 1995
Left to Right: Ann Taylor, Michael Visick, Virginia Vierra, Catherine Stokes, Brian Hyer, Celia Blackburn.
Class of 2000


Front Row (Left to Right): Jennifer Carter Kinghorn, Greg Christiansen, Donny Luprice Reeves, Cheryl Lee Eberting, Nancy Alkire.

2010 Alumni Weekend

Oliver Wendall and Myrtle Hyde, Gene and Elaine Speakman, Robert and Luzon Bryner, class of 1960.

George and Julie Heninger, class of 1960 and Stever Warner, Associate V.P. of Health Sciences Development.

Joan Madsen, Jasmine Rich, and Liz Warner
This year the Awards Banquet dinner was held at the Grand America Hotel. Over 325 individuals attended, setting an all-time attendance record for the evening. Along with recognizing the 50-year graduation anniversary of the Class of 1960, James L. Parkin, M.D., '66 was awarded the Distinguished Alumni Award and John M. Matsen III, M.D. and Bill and Pat Child were recognized with Distinguished Service Awards. In 1991 the School of Medicine Alumni Association awarded the first Distinguished Alumni Award, followed in 1992 with the first Distinguished Service Award. These awards have grown in stature and recognition in the ensuing 20 years. For information on nominating individuals for a 2011 Distinguished Award please refer to the back inside cover.
Awards Banquet

Dr. John Matsen accepts his Distinguished Service Award.

Reed Brinton, Ron Poleman, J.D. and Anne Osborn, M.D.

CME

Teaching and education are at the core of all activities at the School of Medicine, for students, faculty, alumni and the greater community. Along with assisting department chairs to design educational programs for alums and former house staff during the weekend, the Alumni Association has hosted a Continuing Medical Education program for the past twelve years. This year the topic was Current Challenges in Caring for Patients & Improving Their Health. Topics covered included the Political Economics of Health Care, Childhood Obesity, Type II Diabetes and Bariatric Surgery, Youth Suicide and Issues of Aging. All syllabus materials are available on our web site at: http://medicine.utah.edu/alumni.

Hugh Voorhees, M.D. ’72

Donald Curtis, M.D. ’60 and Hal Bourne, M.D. ’57

Saturday CME Symposium audience
Half Century Club

The Half Century Club was established in 2007 to promote education, camaraderie and a connection with the School of Medicine for all graduates who have celebrated their 50-year graduation anniversary from medical school. The Alumni Association no longer hosts 5-year reunions for classes who have passed their 50th year reunion; but instead sponsors a luncheon and a program once a year for these combined classes.

This year the Half Century Club luncheon was held in the main lobby of the Eccles Human Genetics Building with a presentation afterwards by Dean Y. Li, M.D., Ph.D., the H.A. and Edna Benning Endowed Professor in Medicine and Cardiology and the Director of the Molecular Genetics Program. His presentation was *They Shall Beat Their Swords (Genetic Discoveries) into Plowshares (New Medicines)*, which addressed his work in genetics, the spin-off of two commercial enterprises from that work, and why the University of Utah is such a good place to do research.

Football Game

Utah 56
San Jose 3

Luree and Rob Welch, M.D. ’80

Top Photo: Noel Nellis, M.D. ’60, David and Nathan Nellis. Above : Janet and Paul Doxey, M.D. ’80, Roberto Garcia, M.D. ’80, and Kurt Burnhisel, M.D. ’80

Mary Lou Peak, M.D. ’52, Steve Warner and Mark Johnston, M.D. ’90

Half Century Luncheon
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, community service, academic activities and research accomplishment. In 2010 the award was presented to Dr. James L. Parkin, M.D., ’66, former chairman of the Department of Surgery.

Dr. Parkin graduated from the University of Utah with B.S. and M.D. degrees and then completed a straight medicine internship, an otolaryngology residency and fellowship with an M.S. degree in Physiology and Biophysics at the University of Washington in Seattle. In 1972, he was recruited to return to the University of Utah as a faculty member in the Department of Surgery, Division of Otolaryngology–Head and Neck Surgery. He was division chair for nearly twenty years and served twice as acting chair of Surgery before being named chairman of Surgery. His major research areas were in the development of multichannel cochlear implants for the profoundly deaf and the application of lasers in head and neck surgery. He served as president or officer of a number of his specialty organizations including the Association of Academic Departments of Otolaryngology–HNS and Society of University Otolaryngology–HNS. He was a member of the NIH Program Advisory Committee and Integrated Planning and Policy Committee. Visiting professorships occurred in many national and international universities. Because of health concerns, he left the University in 1997. He was serving as Associate Vice President of Health Sciences at that time.

Jim is married to Bonnie Dansie. They are parents of four sons, four daughters-in-law and have 18 grandchildren. Following departure from the university, Jim and Bonnie spent three years in London, England, where he served as mission president for The Church of Jesus Christ of Latter-day Saints.

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. This year, John M. Matsen III, M.D. was recognized with a Distinguished Service Award for his significant contribution to medicine, and the University of Utah in particular.

Dr. Matsen received his B.A. degree from BYU and his M.D. degree from UCLA. He completed his residency in Pediatrics in the UCLA program, and a USPHS Fellowship in Infectious Diseases and Clinical Microbiology at the University of Minnesota. On completing his fellowship, he became the director of the Clinical Microbiology Laboratories as a faculty member, and advanced at Minnesota to become a professor in three departments. In 1974, he was recruited to the University of Utah as a professor of pathology and pediatrics. He served simultaneously as the head of the Hospital Clinical Laboratories (1974-1978) and as the director of the Clinical Microbiology Laboratories (1974-1993). He also served as Associate Dean of Academic Affairs (1978-1981) and, later, as chair of the Department of Pathology (1981-1993). He was University Senior Vice President for Health Sciences (January 1993 to December 1998). Dr. Matsen was the founding President and CEO (1984-1993) of ARUP Laboratories and served as chairman of its Board of Directors (1993-1999). He is an emeritus Fellow of five specialty societies and has authored 216 articles/chapters. He has been the president of The Academy of Laboratory Physicians and Scientists and of the national Association of Pathology Chairs (1990-1992) and has been a member of numerous university, professional and community boards and committees, serving as chair of several. Dr. Matsen has received numerous professional awards and recognitions, including an Honorary Doctor of Science from the University of Utah.
University of Utah Hospitals and Clinics: #1 in Quality in the Nation

University of Utah Hospitals and Clinics has been named the top academic medical center in the country based on measures of quality, patient safety, mortality rates, readmission rates and patient satisfaction.

University of Utah Health Care system received this #1 ranking for quality in the University HealthSystem Consortium’s annual Quality and Accountability Study. This is the most rigorous and thorough evaluation of quality and patient safety in the country. The study compares the nation’s top academic medical centers, including centers like Mayo Clinic, Stanford, and Johns Hopkins, and ranks them based on the above core quality measures. The UHC scored in the top 15 nationally on every one of the measures. In 2008, the University Health Care system was number 50 out of 88 academic medical centers studied. In 2009, it had moved up to 31 out of 93. The top spot this year came from among 98 academic medical centers and is based on hard data, not perception or reputation.

It is a victory of design, not happenstance. The UHC made a conscious effort from the top down to improve quality. The hospital and physician leaders made quality in all aspects of patient care their top priority. The staff tackled specific care issues and concerns using best practice, evidence-based approaches.

Nurses diligently educated patients about smoking cessation, a core quality measure. Because the correct selection and timing of antibiotics is critical to improving surgical outcomes, all physicians involved in surgical cases were brought up to speed on best practices. Specific protocols and order sets were built into the computerized provider order entry systems as a check-and-balance measure to ensure consistent care. Staff did an exhaustive review of patient records and documentation of conditions recorded by care providers. This identified issues with documentation that led to incorrect coding. Correcting the coding more accurately reflected the quality of patient care.

Everyone from housekeeping and nutrition care to billing and check-in staff contributed to make every aspect of the patient experience exceptional and the rewards have also been exceptional!
University of Utah medical researchers have made an important step in diagnosing autism through using MRI, an advance that eventually could help health care providers identify the problem much earlier in children and lead to improved treatment and outcomes for those with the disorder.

Neuroradiologist Jeffery S. Anderson, M.D., Ph.D., U of U assistant professor of radiology, used MRI to identify areas where the left and right hemispheres of the brains of people with autism do not properly communicate with one another. Those areas are in “hot spots” associated with functions such as motor skills, attention, facial recognition, and social functioning — behaviors that are abnormal in autism. MRIs of people without the disorder did not show the same deficits. Other than increased brain size in young children with autism, there are no major structural differences between the brains of people with or without the disorder.

It has been long believed that more profound differences could be discovered by studying how regions in the brain communicate with each other. The study, using diffusion tensor imaging, which measures microstructure of white matter that connects brain regions, reveals important information about autism. The advances highlight MRI as a potential diagnostic tool, possibly permitting patients to be screened objectively, quickly, and early on when interventions are most successful.

“This work adds evidence of functional impairment in brain connectivity in autism and brings us a step closer to a better understanding of this disorder,” says Janet Lainhart, M.D., U of U associate professor of psychiatry and pediatrics and the study’s principal investigator.

An increasing number of studies have shown connectivity abnormalities in autism, but this is the first to characterize functional connectivity abnormalities in the entire brain using MRI rather than in a few specific pathways. The research involved about 80 autism patients between the ages of 10-35 and will be added to an existing autism study following 100 patients. In addition to someday using MRI as a diagnostic tool for autism, researchers also hope to use the data to describe biologically different subtypes of autism and develop brain imaging methods to better understand autism and improve the lives of affected individuals.

The collaborative autism imaging research includes researchers in the departments of Psychiatry, Radiology, Pediatrics, Neurosciences, Scientific Computing and Imaging Institute, and The Brain Institute.

Dr. Shameema Sikder Receives the 2010 Claes Dohlman M.D. Award

Shameema Sikder, M.D. of the John A. Moran Eye Center was awarded the prestigious 2010 Claes Dohlman M.D. Award for Fellows in Cornea, Refractive Surgery and External Diseases.

The 2010 Claes Dohlman M.D. Award recognizes outstanding fellows who are training in the areas of Cornea, Refractive Surgery and External Diseases. Applications from current and last year’s cornea fellows across the country are reviewed by a selection committee comprised of leaders in these subspecialties and former recipients of the award.

Dr. Sikder was selected because of her extreme efficiency, confidence, honesty, humility, her unwavering ethical integrity, as well as her impeccable sense of academic leadership and her remarkable surgical skills.

Born in Sheffield, England, Dr. Sikder moved to the U.S. at the age of five and spent several years on the East Coast before settling in Tucson, Arizona. She graduated Summa Cum Laude from the College of Engineering at the University of Arizona, where she studied Chemical Engineering and Biochemistry. Dr. Sikder graduated Alpha Omega Alpha from the University of Arizona College of Medicine before completing her residency at the prestigious Wilmer Eye Institute at Johns Hopkins University. Currently a cornea and refractive surgery fellow at the John A. Moran Eye Center, University of Utah School of Medicine, she will soon return to the Wilmer Eye Institute as Assistant Chief of Service, Assistant Director of the Ocular Trauma Service and Assistant Professor of Ophthalmology. While remaining on faculty at the Wilmer Eye Institute, Dr. Sikder plans to focus clinically on keratoconus, pediatric corneal disease and ocular surface neoplasms as well as resident education.
To honor Dr. Gerald Rothstein for his extraordinary contribution to the School of Medicine, including establishing the Division of Geriatrics, the Department of Internal Medicine is planning to establish the Gerald Rothstein Endowed Lectureship in Geriatrics. One lecture is planned per year (contingent on funding) to enhance visibility of geriatrics and provide updates from national geriatric experts on key clinical aging research advances.

Dr. Rothstein was born in Florida and received a Doctor of Medicine degree from University of Florida School of Medicine in 1962. He immediately entered internal medicine residency training at the University of Utah School of Medicine. His training was interrupted by two years in the U.S. Army. Upon returning to Salt Lake City, he completed his training serving as Chief Medical Resident under Chairman Maxwell M. Wintrobe.

Following his training he joined the U of U Hematology Division as a Clinical Fellow. He began a series of studies of the physiologic regulation of the bone marrow’s cellular production that he continued as a faculty member. He served seven years as director of the Clinical Coagulation Laboratory; directed the Hematology Organ System course; and directed the Department of Internal Medicine house-staff program.

Stimulated by the marrow regulation abnormalities in neonates, he founded the Department of Medicine’s Geriatrics program in 1986 and served as Chief until 2005. The Departments of Medicine and Pediatrics joined forces to form a Division of Human Development and Aging.

The common thread was an interest in disordered marrow regulation in the very young and old. His studies demonstrated a paradoxically disordered marrow response to a sublethal bacterial infection in rodents. It is now well accepted that such dysregulation is a likely mechanism for anemia frequently seen in older subjects.

In 1991, Rothstein organized a group of academic faculty to submit a proposal for a Geriatric Research, Education and Clinical Center (GRECC) at the VA SLC Medical Center. Upon approval the GRECC program has been continuously funded. A geriatric fellowship training program was also initiated in 1991. Thanks to his creativity and leadership, geriatric medicine has become a part of the academic and clinical fabric of the U of U, and is an integral part of Internal Medicine practice in the U of U, VA and IMC Hospitals.

We invite you to support this tribute to Dr. Rothstein. For more information or to donate to the endowment in honor of Dr. Rothstein call (801) 581-7606.

Michael K. Magill, M.D. Accepted into Bishop Fellowship Program

Michael K. Magill, M.D., professor and chairman of the Department of Family and Preventive Medicine (DFPM), has been accepted into the prestigious Bishop Fellowship Program. The fellowship is a training program for senior family medicine faculty sponsored through the Society of Teachers of Family Medicine Foundation. It enables selected senior family medicine faculty to gain advanced knowledge and skills for leadership in academic medicine, completing the fellowship part-time throughout a year while continuing to serve in their current faculty positions. One of four recipients to be awarded this fellowship for the 2011-2012 academic year, Dr. Magill will study advanced health care delivery system redesign for patient-centered medical homes and accountable care organizations, and how these can strengthen academic health centers. The fellowship will provide Dr. Magill the opportunity to visit leading academic health centers and health care delivery systems across the nation, and to interact with national leaders of health care redesign. Dr. Magill indicates, “I am grateful for the opportunity to bring lessons learned from the ‘best in the business’ of health care delivery reform nationally to contribute to continued success of the University of Utah’s patient care, teaching, and research.” The fellowship was endowed by a bequest from the late F. Marian Bishop, Ph.D, M.S.P.H., former Chair of Department of Family and Preventive Medicine.
Building on advances made in high-speed, high-sensitivity magnetic sensing, a team of University of Utah researchers has been awarded a five-year, $2.3 million federal grant to create a nanotechnology-based platform for the early detection of pancreatic cancer.

The team will build upon an existing prototype to develop a fully functional magnetic sensor and associated analytical tools. The goal is to produce an instrument that can, in a matter of seconds using a drop of blood, identify and quantify hundreds of protein biomarkers that may indicate the presence of cancer.

The grant was awarded under the Alliance for Nanotechnology in Cancer program run by the National Cancer Institute of the National Institutes of Health. The Alliance seeks to leverage nanotechnology to improve the diagnosis, treatment, and prevention of cancer.

The grant was awarded under the Alliance for Nanotechnology in Cancer program run by the National Cancer Institute of the National Institutes of Health. The Alliance seeks to leverage nanotechnology to improve the diagnosis, treatment, and prevention of cancer.

The research team includes scientists, engineers and clinicians. Directing the team are USTAR* researcher Marc Porter, Ph.D. of the Departments of Chemistry, Chemical Engineering, Bioengineering, Pathology, and director of the Nano Institute of Utah, and Sean J. Mulvihill, M.D., chair of the Department of Surgery at the University's School of Medicine and senior director of clinical affairs at Huntsman Cancer Institute.

Pancreatic cancer is the fourth most common cause of cancer-related deaths in the United States. “The five-year survival rate is about four percent,” Porter said. “That’s the lowest of any cancer, and underscores the importance of the project. Currently there are few disease markers that can be detected early enough to have value in treating the cancer.”

Using technology similar to a laptop disk drive, the platform can detect minute fluctuations in protein biomarkers once labeled with a magnetic nanoparticle. By reading the nanoparticle/protein combinations on a chip array, the device can profile different proteins simultaneously, a process called multiplexing. “What we expect to find are specific markers or groups of markers that may indicate the onset of pancreatic cancer before the patient even begins to feel ill,” Porter said.

Research has identified approximately 200 proteins to be studied. “Part of this study will be to narrow the number of candidate markers, the presence or absence of which may be significant,” Porter said. “The grant will help us run scans on a very large sample base to spot the correlations.”

Dr. Mulvihill sees enormous potential with this technology. “Our critical need today is to identify biomarkers that can stratify patients in a way that will allow us to individualize their therapy,” he said. “The problem is complex because of the heterogeneity of both the patients themselves and their tumors.” He believes that biomarkers will have roles in earlier diagnosis of pancreatic cancer, predicting response to specific therapies, and stratifying patients in terms of prognosis and risk of complications of treatment.

In the long run, Porter envisions the scanner as an element of quick, inexpensive, ubiquitous healthcare delivery. These scanners could potentially be manufactured at a cost low enough to place them in local clinics, hospitals, and even retail pharmacies. With automation, operating them would not take a lot of training, and the results could be delivered quickly to the patient’s physician.

*The Utah Science Technology and Research (USTAR) initiative is a long-term, state-funded investment to strengthen Utah’s “knowledge economy” and generate high-paying jobs. Funded in March 2006 by the State Legislature, USTAR is based on three program areas. The first area involves funding for strategic investments at the University of Utah and Utah State University to recruit world-class researchers. The second area is to build state-of-the-art interdisciplinary facilities at these institutions for the innovation teams. The third program area involves teams that work with companies and entrepreneurs across the state to promote science, innovation, and commercialization activities.

For more information, go to www.innovationutah.com or follow http://twitter.com/Innovationutah.
Student Life

Transitioning into Practice…
with Help From the Alumni Association

On October 27 the School of Medicine Alumni Association, along with the Graduate Medical Education office and the Utah Medical Education Council hosted the 2nd annual Transitioning into Practice program for residents and fellows in their final two years of training. Alumni Relations Director Kristin Wann Gorang envisioned this program after attending a session on a similar program hosted by Mayo Clinic at the American Association of Medical Colleges Advancement conference. The goal of Transitioning into Practice is to educate senior residents and fellows, soon to go out into private, group or academic practice, in a variety of skills necessary for a successful medical career and life. Topics covered included Financial Stewardship, Personal Security Insurance, Physician Employment Contracts, The Practice Interview, Strategies for Success in Practice and Life and a five-physician panel discussion What I Know Now That I Wish I’d Known Then, covering a variety of specialties, ages and practice types. The Alumni Relations office is currently gathering feedback from residents to improve and refine the presentations. The next Transitioning into Practice program will occur in October of 2011.
U.S. Navy-Civilian Medical Collaboration to Improve Health Care in the Pacific Rim

Kent W. Farnsworth, M.D.’71

On September 14, 2010, the U.S. MERCY Ship docked at the Navel Base in San Diego after completing a 4 ½ month deployment to countries bordering the Pacific including port stops in Guam, Vietnam, Cambodia, Singapore, Jakarta, Indonesia and Darwin, Australia. The objective of this mission was, in addition to creating good will, to learn how best to provide humanitarian medical services utilizing military and civilian medical teams gathered from diverse locations.

On board the MERCY Ship, in addition to a full complement of Navy medical personnel, were members of several Non-Government Organizations (NGOs) including Operation Smile, Project Hope, and LDS Charities; together comprising a crew of over 700 health care providers.

Among this crew were Albert Nielsen, M.D. ’71 and his wife Charla. Dr. Nielsen concluded his general practice in Gridley, California and within six weeks found himself with his wife as the group leaders for 80 health care providers of the LDS group on the ship. Dr. Nielsen also headed medical groups that frequently went ashore triaging patients for surgery and providing basic medical care for as many as 1,000 patients a day. Some MEDCAPS, as these shore visits were called, would go by helicopter or fixed wing plane hundreds of miles inland to provide care in remote areas.

During the Vietnam War, hospital ships performed well, providing critical advanced care near the battle front. Two TAH-19 class hospital ships (MERCY and COMFORT) were produced by conversion of existing tanker ships. The MERCY Ship is a 10-story-high vessel. The surgery deck has 12 operating rooms with full technical support including diagnostic imaging with CT, angiography, and ultrasound and laboratory facilities including pathology and a blood bank. The ship is equipped with recovery, intensive and transitional, as well as long-term beds and a modified flight deck to accommodate helicopters. During this deployment over 25 surgical cases were done daily ranging from orthopedic to plastic and eye surgeries to gynecologic procedures.

Late one day, while anchored near Sihanoukville, Cambodia, doctors encountered a 60-year-old Buddhist monk who presented with total prolapse of her pelvic organs. Though surgical quotas were already filled for available cases in the OR, she was taken on board and the necessary corrective surgery performed. During her convalescence on the ship, she was also fitted with a pair of glasses, significantly improving her vision. As we visited her on post-op rounds, she greeted us by placing both her hands clasped together high over her head in a gesture of respect and gratitude.

Teaming with surgeons and other providers trained throughout the world was insightful and medically stimulating. Initially, the process of working together was slow and somewhat tentative. As opinions were shared and competencies demonstrated, collaboration became more coordinated and efficiency increased. Faces scarred from burns, cleft lips, extremities mal-aligned from previous fractures and congenital deformities, visual impairments, pelvic tumors, and a host of other disorders, generally advanced in their pathology, were daily addressed in the ship’s operating rooms.

A woman was seen experiencing heavy uterine bleeding whose pelvic ultrasound revealed a significantly enlarged uterus containing multiple fibroid tumors. For cultural reasons, she was opposed to having a hysterectomy. The ship was equipped with state of the art imaging technology that allowed the invasive radiologist to do selective arterial embolization allowing multiple myomectomies to be done rather than a hysterectomy, much to the relief of the patient.

Interpreters were used effectively to bridge the language barrier posed by patients as well as in teaching native physicians brought on board. The interpreters were typically young Cambodians who were very proficient, socially engaging and eager to learn. While making post-op rounds, as we spoke with patients, the interpreter was often tapped on the shoulder by an attendant family member anxious to
have their own ailments addressed by the medical team. One young translator was in his final year of medical school, hoping to complete a surgery residency in Singapore and return to Phnom Penh to establish a nursing school.

As is often the case, those we met gave much more to us than they received. Their personal stories were inspiring. While in transit to the ship, a few of our group were transported through the busy street of Phnom Penh by Mr. Chin, a youthful looking father of three boys who lived with his family in a one room second floor apartment overlooking the crowded shops of the interior of the city. As he drove his Toto, a two wheeled carriage attached to his motor bike, through the narrow streets, his right leg hung lifelessly over the foot plate, a result of polio he contracted as a child. Like many, as a child his parents were both killed during the Khmer Rouge occupation of the 1970s. Despite all of this he had a radiant smile and spoke optimistically of the future.

Throughout the year the Navy docks the MERCY SHIP on the west coast and the COMFORT SHIP on the east coast, both on alert to address possible domestic emergencies. 2011 will see COMFORT heading south in the Atlantic to sites of need as it did in Haiti last year. Opportunities will likely exist for interested physicians to “come aboard” in similar humanitarian endeavors in the future.

For his outstanding contributions to the treatment of one of the most challenging problems in modern obstetrics, Twin-to-Twin Transfusion Syndrome, Dr. Julian De Lia received the 2010 Pacesetter Award from New York Hospital Queens in Flushing, NY. The Pacesetter Award is the hospital’s highest honor – presented each year to an individual who has had a major impact on the advancement of patient care, medical education, research, and the well-being of the human community. The honor was awarded to Dr. De Lia on June 7 at a gala which 2500 people attended at the Lincoln Center.

Dr. De Lia is the founder and medical director of the International Institute for the Treatment of Twin-to-Twin Transfusion Syndrome at Wheaton Franciscan – St. Joseph Campus in Milwaukee, WI. The Institute is the only fetal treatment center in the world specifically dedicated to the life-threatening disorder that can impair or cause the death of twins in the womb.

As a Pacesetter Award winner, Dr. De Lia is in elite company. Previous recipients of the award include J.W. Marriott, Jr., Chairman and Chief Executive Officer of Marriott International, Inc.; Dr. Joshua Lederberg, Nobel Laureate in Medicine; Dr. Judah Folkman, noted cancer researcher; and Fr. Mychal Judge, the first official victim of the September 11, 2001 attacks.

Julian E. De Lia, M.D. ’80 Receives Prestigious Pacesetter Award

Surrounded by twins that he was able to help by his groundbreaking work treating Twin-to-Twin Transfusion Syndrome, Julian De Lia, M.D., is pictured, center, with the 2010 Pacesetter Award.
The Art of Rural Medicine

Rodney Anderson, M.D. ’89

As the need to train and recruit primary care practitioners to rural areas continues as a focus of the Medical School and the Utah Medical Education Council, Kristin Wann Gorang, Director of the School of Medicine Alumni Relations office had a discussion with Rodney S. Anderson, M.D., Class of 1989, who has practiced primary care in Vernal, UT (population 7,700) since 1992. The discussion was wide-ranging and covered the pros and cons of this type of practice.

KWG-Have you always lived in a rural community?
RSA-I was raised in Vernal, but I lived in Salt Lake City for the four years of medical school, and I’ve also lived in Columbus and Dayton, Ohio; Huntington, West Virginia; Denver, Colorado; and Dallas, Texas. So I’ve lived in larger cities and definitely know what I’m missing by not living in “the big city.” Now I live in Naples, Utah, a “suburb” of Vernal, and I prefer Naples.

KWG-So what do you miss the most about living in a larger metropolitan area?
RSA-I miss that if I fly home from a conference or a vacation into Salt Lake City that I can’t drive 10 or 20 minutes and be home. Rather, I still have three hours of driving, often over slick roads through Parleys and Daniels canyons to get home so I can be in clinic at 7:30 a.m. the next morning. When I sit in the parking lot at the Salt Lake City airport at midnight getting ready to make the drive I’m frequently reminded of the consequences of choosing to live three hours from a major airport. But for me the benefits outweigh the problems.

KWG-So what is the main benefit of practicing in a rural setting?
RSA-Well, the main difference is lifestyle since I think with modern technology and communication we rural docs practice as high a quality of medicine here in Vernal as anybody does anywhere. Everything that is available to a doctor on the Wasatch Front is also available to me. I drive 4 ½ minutes from my office to my 40-acre farm, which isn’t even in Vernal, but in the neighboring town of Naples, and I don’t have to stop at a single stop light and I don’t have a second of road rage. I can feed my cows and horses and dogs and geese and cats (the pig is in the freezer) then walk in the door and leave the crazy world behind. Not everyone would choose this lifestyle, but for me it’s a great fit.

KWG-So not many docs seem to choose this lifestyle?
RSA-That’s been changing as more subspecialists have moved in. When I first moved to Vernal I was doing central lines in ICU, colonoscopies, ear tubes, in-hospital stress testing, etc. I’ve been squeezed out of all of these. However, I still do about 100 deliveries a year and do my own C-sections. I have full unrestricted OB privileges, but even that may be changing as OB subspecialists move in.

KWG-What about your practice? Are there procedures you do that family doctors in the city rarely do?
RSA-During the time that I have been in Vernal I can count 16 physicians of varying specialties that have come, set up practice, and then left for various reasons. The most common complaint I hear is the lack of social and cultural opportunities. “There aren’t classy restaurants, there’s no good shopping…etc. etc.” The Internet has improved the shopping situation, but you have to be someone (and your spouse has to be on the same page as you) who likes a simpler life and doesn’t care so much about fancy restaurants and doesn’t mind driving to Salt Lake to attend professional theater productions and concerts.

KWG-What about limitations of a rural practice?
RSA-The only limitation I see on my practice is the time to get something done. I order tests from the U of U frequently along with the other “big boys” on the Wasatch Front. I can draw any blood here and send it by daily courier service, but for
certain other tests the patient has to go to Salt Lake. I have developed associations with subspecialists and referral centers to assure my patients get anything and everything they need. I literally have my favorite subspecialists on speed-dial in my cell phone and they are great to give me phone consultations. I have a cardiologist in my office at least once a month seeing my referrals and I’ve developed a relationship with a neurologist in Craig, Colorado and can get my patients in to her in just a couple of days.

KWG: So you feel you can give high quality care in Vernal and still have the lifestyle you prefer?

RSA: I am thoroughly convinced that we practice the same top-notch medical care here in the rural backcountry as in the big cities. We don’t have as ready access to all of the latest and greatest technologies but we attend all the same CME’s and strive to stay up-to-date on the most current recommendations for our patients. If we see something is truly needed we can make the same phone call that anyone else does to schedule an appointment. I just have to remind some of my referral base that it will take at least three hours before the patient can get there. Like me, most of my patients are quite used to that three-hour trip and wouldn’t have it any other way. We get through a lot of books on tape!

For a person who enjoys being close to nature and a slightly slower lifestyle I think practicing in a rural community is ideal; however, if a person likes regular dinners out at someplace other than Burger King or the local cafe and doesn’t want to drive a few hours to attend professional plays, ballet or symphony concerts rather than community or high school productions, a rural practice probably isn’t the best choice. I suggest that fourth-year students who are interested in a rural practice do a rotation outside of a metropolitan area to see if it is a fit for them. For me and mine, it’s perfect!

Adam Sharp, M.D. ’07 selected for Prestigious Robert Wood Johnson Foundation Clinical Scholars Award

Adam Sharp, M.D. ’07 has been selected by the Robert Wood Johnson Foundation as a University of Michigan Clinical Scholar—a two-year fellowship that supports future leaders in the improvement and transformation of health care.

A total of 27 Clinical Scholar Awards were distributed to residents at four universities: Yale University, the University of Pennsylvania, the University of Michigan, the University of California, Los Angeles and the U.S. Department of Veteran Affairs Medical Centers affiliated with the participating universities. The fellowships begin July 2011.

“Clinical Scholars are leading change through every level of the health care system including community practice, local and state government, the federal government and professional organizations,” said Desmond K. Runyan, M.D., Dr.P.H., national program director for the Clinical Scholars program. “Our new scholars join a distinguished network of over 1,100 alumni that include prominent leaders of public and private agencies at the state and national levels, including RWJF president Dr. Risa Lavizzo-Mourey and Assistant Secretary for Preparedness and Response in the Department of Health and Human Services Dr. Nicole Lurie."

“The Clinical Scholars program is one of RWJF’s flagship programs and is among the oldest and most prestigious fellowships awarded to physicians,” said David M. Krol, M.D., M.P.H., F.A.A.P., Human Capital Portfolio team director at RWJF and an alumnus of the Clinical Scholars program. “Clinical Scholars have paved the way for physicians who want to take a leadership role in improving health and health care in the U.S.”

Through the program, Dr. Sharp will spend two years examining the delivery, impact and organization of health care. He and other scholars will work on a range of issues such as mitigating disparities in care of hospitalized children; using technology to improve doctor-patient communication; improving end-of-life care; reducing hospital-based infections; reducing preterm births for at-risk women; and expanding access to primary care in underserved communities.
Dr. Marsden Blanch was born and raised in Salt Lake City, attending South High School. He graduated from BYU magna cum laude in 1970 with a joint degree in Zoology and Chemistry. He received his medical degree from the University of Utah in 1974 and completed his residency in Ears, Nose and Throat/Head and Neck Surgery at the University of Utah Affiliated Hospitals. In 2001 he returned to the University to earn a Master's degree in Public Health. He blended his medical and business acumen in 1984 when he founded Megadyne Medical Products; he is currently Chairman of the Board. Dr. Blanch is married to Lynette Kehl and they have six children and 18 grandchildren. He enjoys motorcycling and marathon running, having competed in the Boston Marathon twice. He has served on the SOM Alumni Association board once in the past and is glad to serve again because he feels he owes a great deal to the University and to all those who came before to make it such a great institution. He hopes to encourage more alumni to get involved with the school and to give back to help the School of Medicine excel.

Richard H. Keller, M.D., House Staff, '63

Dr. Richard Keller was born in Ogden, Utah. After graduating from the University of Maryland School of Medicine in 1958 he served a straight internship in medicine at Utah and one year of pathology at L.D.S. Hospital before a three-year residency in radiology at Utah, finishing in 1963. He was elected to Alpha Omega Alpha in 1957. The construction of Cottonwood Hospital was pivotal to his career. Dr. Keller took the opportunity to fashion its two-room radiology department that opened on May 7, 1963. Alta View Hospital was added to the practice in 1982. During those years, the growth of radiology was amazing with the new technologies contributing to ever more specific and accurate definition of disease. Sub-specialization became the necessary consequence and with it ever more pressure to keep up with snowballing growth in science and technology. As various subspecialties developed thirteen excellent radiologists joined the group. Dr. Keller served in many leadership and administrative positions during his thirty-two years of practice, but his true joy was the diagnosis of disease in the patients he served. Toward the end, he felt the pressure of the explosive knowledge growth in radiology. As a generalist, he felt he had become an anachronism in the field he loved so much. Since retirement Dr. Keller has enjoyed serving on the School of Medicine Admissions Committee and facilitating social medicine. He looks forward to serving a second time on the Alumni Board.

Sherman C. Smith, M.D. ‘76

Dr. Sherm Smith was born and raised in Provo, Utah. He graduated summa cum laude from BYU in 1972, majoring in German Literature. He graduated from the University of Utah Medical School in 1976 and then completed a general surgery residency in 1981 at Fitzsimmons Army Medical Center in Denver, Colorado. He served with the U.S. Army Medical Corps at Frankfurt Army Regional Medical Center in Germany until 1984 and then started private practice with Memorial Medical Center in Salt Lake City, Utah. He moved to Rocky Mountain Associated Physicians in 1992 at Cottonwood Hospital; then to St. Marks Hospital in 1996, where he continues to practice bariatric surgery.
Kent and Terri Jex were high school sweethearts and married soon after graduation. Then came the schooling. Lots of it! First college, then four years of medical school, five years of residency and two years of fellowship training culminating in Kent becoming a cardio-thoracic surgeon.

By the time Kent started his first year at the University of Utah Medical School they already had two children and by graduation they had three with a fourth on the way. Life was good, if hectic, but finances were extremely tight. Trying to keep up with tuition payments, rent, feeding and clothing children, church commitments and other financial and charitable obligations was a juggling game. Both Kent and Terri still remember trying to make a decision on giving to a church commitment or paying for the next term of medical school. After much thought, concern and worry they decided to step out in faith and make the charitable donation, hoping their dedication and faith would be rewarded. A short time later an unexpected scholarship check from the University of Utah School of Medicine arrived in the mail. They both still tear up when they remember the significance of that gift. Right then and there they knew their prayers had been answered and they made a commitment to give back to other medical students when their finances allowed.

As soon as they were able they began sending some money yearly to the medical school, always to the general alumni medical scholarship fund. By the mid 1990’s the Jexes found themselves in a financial position to begin giving back in a more significant way to the school. As time went on and their gifts to scholarship increased, Kristin Wann Gorang, director of the School of Medicine Alumni Relations office, contacted them to see if they would like to make a five-year pledge to scholarship and be matched with a specific medical student as opposed to their money going into the general scholarship fund. The chance to get to know a specific student appealed to them. Their only requirement was the student be married and have at least one child, in memory of their own financially tight times during their training years. This year Ryley Enz, Class of 2014, is the first recipient of the R. Kent Jex, M.D. and Terri Jex Medical Student Scholarship, receiving a grant of $5000 to assist him, his wife and daughter with their expenses. This August, while back on a trip to Utah to visit family, the Jexes were able to meet with Ryley and learn more about his family and goals in medicine. Because of their interest in medical scholarship the Jexes have also included the School of Medicine in their will to ensure their scholarship will go on into perpetuity.

If you are interested in establishing a medical scholarship by making a five-year pledge to the School of Medicine for a specific student please contact Kristin Wann Gorang, (801)585-3818, kristin.gorang@hsc.utah.edu in the School of Medicine Alumni Relations office.

On August 4, 2010 four physician assistant students from the Division of Physician Assistant Studies in the Department of Family and Preventive Medicine were presented checks as Castle Scholars for the coming year. Five years ago Chair Emeritus, Dr. C. Hilmon Castle, founder of DFPM and the Utah Physician Assistant Program (UPAP) created an endowment in the program to benefit PA students. The students were selected for their exceptional clinical skills. The Castle Scholars for 2010-2011 include: Richelle Gaiter, Amy Arrilio, Dean Marturello, and Jenny Hatch. Dr. Castle was Chair of DFPM from 1970 to 1984. After retraining in specific areas in cardiology, he entered private practice in cardiology at Holy Cross Hospital in 1986, while continuing with part-time teaching at the medical school until his retirement in 1998. Today he remains active on the Medical School Alumni Association Board as Chair of Alumni Programs and continues to teach health professions students. He also maintains a competitive tennis game.
Class of 1960

William W. Barney, M.D.
Dr. Barney practiced family medicine for 11 years and served for 5 years as an instructor first in the Department of Postgraduate Education and then in the Department of Community and Family Medicine at the University of Utah. He completed an internal medicine residency in 1975 and practiced internal medicine for 25 years in the Salt Lake Valley. He served a medical mission to the island of Tonga with his wife. He enjoys reading and working in the yard and considers one of his greatest achievements his seven children and being married to one wife for 60 years.

G. Landon Beales, M.D.
Dr. Beales was a member of the University of Utah School of Medicine clinical faculty in the internal medicine department for over 30 years, semi-retiring in 1999. He has a special interest in the treatment of chronic fatigue and fibromyalgia syndrome. He enjoys exploring the back roads of Utah in his Jeep, camping with family and friends, being an amateur radio operator, playing his violin and working on cars.

David W. Brown, M.D.
Dr. Brown practiced family medicine in Cedar City, UT for forty years and emergency medicine the last two years before he retired in 1992. He and his wife Nora have six children and eight grandchildren. He enjoyed farming and ranching, raising sheep, cattle and alfalfa until he turned the ranch over to his son a few years ago. Now he enjoys working in his garden and spending time with his family.

Thomas H. Browning, M.D.
Dr. Browning is an Emeritus Professor of Medicine at the University of Wisconsin. His specialty was gastroenterology. He served on the governing board of the American Society of Gastrointestinal Endoscopy and also received their Distinguished Service Award. He retired in 1998 and enjoys spending time with his wife Nina, golfing, playing tennis and bridge and gardening.

F. Robert Bryner, M.D.
Dr. Bryner is a retired board certified orthopaedic surgeon and a fellow in both the American College of Surgeons and the American Academy of Orthopedic Surgeons. He served as president of the Utah Chapter of the Western Orthopedic Association in the 1980s and was awarded the Utah Lions Humanitarian of the Year Award in 1985. He has been very involved in medical charity work around the world from 1976 to the current day, providing orthopedic services in Guatemala, Honduras, and Belize. In his spare time he loves designing and constructing wood furniture and restoring antique autos, including a 1910 Elmore and a 1936 Packard.

Donald D. Curtis, M.D.
Dr. Curtis is a “mostly” retired pediatrician, though he still spends a few hours a week in his office where he’s practiced for 45 years, 35 of which were with the same partner! In his spare time he enjoys playing golf, traveling, reading, watching his grandchildren play sports, playing the piano and discussing politics, investments and current events with his friends. Looking back he thinks he turned out to be a much better physician than he was a medical student!

R. Garr Cutler, M.D.
Dr. Cutler practiced plastic and reconstructive surgery in Eugene, OR for many years, retiring in 2006. He was president of the local county medical society and president of the NW Society of Plastic Surgeons. Along with plastic and reconstructive surgery he specialized in hand surgery, replantation surgery and corrective surgery after massive weight loss. He has performed cleft lip and palate surgery in Budapest and several cities in Mexico on humanitarian medical mission trips. In his spare time he enjoys wood carving, glass blowing, watercolor painting, bread making and digital photography.

James C. Facer, M.D.
Dr. Facer lives in Mill Creek, WA where he practiced otorhinolaryngology at the Everett Clinic. He reported that the clinic had 20 doctors when he joined and when he retired in 1995 there were 150 doctors with two surgical centers and five satellite clinics. He enjoyed sailboat cruising and racing and now enjoys cruising in his powerboat. He also likes to SCUBA dive and travel.

Kitchener E. Head, M.D.
Dr. Head worked in general practice and emergency medicine in Idaho, retiring in 2001. He also practiced medicine for four years in the back bush of Alaska as the medical director of the Norton Sound Regional Health Corporation, which covered fourteen villages within an area the size of California. He was a representative in the Idaho Legislature. He also has built several cabins as a way to take a break from medicine. He and his wife of 58 years, Sonja, have seven children, 43 grandchildren and 12 great grandchildren.

George R. Heninger, M.D.
Dr. Heninger specialized in psychiatry and neuroscience and is still involved with academic research. He has had continuous NIH funding since 1967, resulting in 250 publications. In recognition for his work he received the Julius Axelrod Mentorship Award from the American College of NeuroPsych Pharmacology. He still enjoys long-distance running, fly fishing and backpacking in the Beartooth Wilderness Area in Montana.

Walter W. Hiller, Jr., M.D.
Dr. Hiller reports that his greatest achievement so far is “not retiring.” He spent much of his career working in community mental health in Pittsburgh, PA, which he enjoyed very much. He now works three days a week in his solo private practice, seeing outpatients, which he also enjoys. He spends his free time with his grandchildren. His best memory of medical school was working with classmates to produce the 1960 Medicine Man yearbook.

O. Wendell Hyde, Jr., M.D.
Dr. Hyde is a retired family practitioner living in Ogden, UT with his wife Myrtle. In his spare time he enjoys gardening, woodworking and hiking. His favorite medical school memory was when he participated in a study of mood altering drugs. The morning he was to present a case to Dr. Wintrobe he was given an unidentified drug. He could barely stay awake during the presentation. It turned out he was given 200 mgm of Nembutal. Dr. Wintrobe commented he had never seen a more relaxed student present a case to him.

C. Duane Kerr, M.D.
Dr. Kerr delivered babies, fixed hernias, took out hot appendices, repaired broken bones for 25 years in his town home of Tremonton. He then became the medical director at Thayklol/ATK and practiced occupational health until retiring in 2000. He still loves to hunt and fish, builds and plays a variety of musical instruments and raised registered quarter horses for a while until managing the mares’ social calendar got to be too time consuming. He started doing cowboy poetry over 20 years ago and has written three books of cowboy poetry along with performing at cowboy poetry gatherings in eight states.
F. Neal Mortenson, M.D.
Dr. Mortenson practiced OB-GYN in Logan, Utah, from 1968 until he retired in 2002. He delivered approximately 6,000 babies in his career, with a comparable volume of pelvic surgery. He was active in the U.S. Army Reserves, serving on active duty during Desert Shield/Desert Storm, retiring in 1999 after over 21 years of service. He and his wife of 52 years, Ann, have six children, 26 grandchildren, and five great-grandchildren. They also own three horses and two dogs. He appreciates the lifelong friendships he formed with his gross anatomy cadaver partners and others during medical school.

Noel Nellis, M.D.
Dr. Nellis is a retired thoracic and cardiovascular surgeon who began the heart surgery program in Ogden in 1970 and also set up the cardiovascular program in Arnhuda, Ohio while he was on the clinical faculty at Case Western Reserve University. He served as chief of surgery at various military hospitals and is a retired Colonel in the U.S. Air Force. He currently lives in South Ogden with his wife Helen and serves as the LDS Church Area Medical Advisor for the Utah North area.

Richard R. Price, M.D.
Dr. Price practiced general surgery in Salt Lake City until he retired from active service in 1998. He still works full-time in administration as a Medical Director for Intermountain Health Care. He organized the trauma service at LDS Hospital and was its director for 14 years. He is an Emeritus Clinical Professor of Surgery at the University of Utah and was chairman of the Utah Committee on Trauma for the American College of Surgeons for 10 years. He enjoyed casting broken bones, and doing a full rural medical practice. He retired in 2000. He and his wife Vicki have six children and 15 grandchildren. In his spare time he enjoys playing tennis and genealogy.

Doyle H. Taylor, M.D.
Dr. Taylor lives in Tooele, Utah where he practiced anesthesiology until he retired in 2004. He and his wife Vicki have four good kids, many calves and some great horses! He enjoys ranching, fishing and hunting. His best memory of medical school was doing research in the summer months with Dr. Frank Tyler in the metabolic division. He felt Dr. Tyler was a true genius and that the metabolic division faculty members were great teachers and real gentlemen with vast amounts of medical knowledge to bestow on their students.

Paul L. Whitehead, M.D.
Dr. Whitehead is still practicing psychiatry/child and adolescent psychiatry in the Salt Lake area, but is in the process of retiring. He served as the chairman and director of the Department of Child Psychiatry at Primary Children’s Medical Center from 1967-1981 and developed the first residential, day treatment, and inpatient centers in the region. He received the Norman S. Anderson M.D. Award for Distinguished Service to Mental Health in Utah in 1989. He has been a clinical professor of psychiatry at the University of Utah School of Medicine since 1977 and received its Pathfinder Award for Child and Adolescent Mental Health. He enjoys performing and composing on the organ, gardening and traveling with his wife Marilyn and his four children and five grandchildren. In his spare time he golfs, fly fishes, gardens and enjoys traveling.

Talmage W. Shill, M.D.
Dr. Shill retired from his family medicine practice in 1998, where he also specialized in the treatment of allergies. He attended the School of Aerospace Medicine at Brooks Air Force Base and served as a flight surgeon from 1961-1964. He still enjoys flying a Cessna 206 airplane in his free time. More recently he served as a Medical Care Specialist Missionary for the LDS Church to the Pacific Island area.

Gene E. Speckman, M.D.
Dr. Speckman practiced general medicine in Mt. Pleasant, Utah, delivering babies, casting broken bones, and doing a full rural medical practice. He retired in 2000. He and his wife Elaine have six children and 15 grandchildren. In his spare time he enjoys playing tennis and genealogy.

Ariel L. Williams, M.D.
Dr. Williams practiced radiology and served as a flight surgeon with the United States Air Force, where he achieved the rank of Colonel. He retired in 1981, but then worked as a locum tenens physician in 12 different states post retirement. He enjoys studying genealogy; all things related to aviation, including building model aircraft; and has put in 1,800 hours as a volunteer at Hill Air Force Base.

Nelson E. Wright, M.D.
Dr. Wright practiced internal medicine in Salt Lake City until he retired in 2007. He is thankful for his fabulous marriage to his wife, Nancy, three great children and eight wonderful grandchildren. He enjoys music, skiing, tennis, golf, genealogy, church activities and keeping up with literature and medical science. He remembers the wonderful teachers he had at the School of Medicine, along with lunchtime with Remus, his cadaver and "his most joyous disappointment" when their doctoral gown ceremony was rained out.

Class of 1965

Lynn S. Farnsworth, M.D.
Lynn Farnsworth currently lives in Mesa, AZ. He served in numerous Army hospitals in the United States and overseas as an OB/GYN and as department chairman and residency program director. After he retired from the military in 2003 he was acting and assistant chairman at the Maricopa Medical Center in Phoenix. Since retirement he has written a book about his great-grandfather and served from 2004-2006 as a medical advisor in Recife, Brazil.

J. Charles Rich, M.D.
Dr. Rich retired from his neurologic surgery practice in 2002. He was very involved in his specialty, serving as the president of the American Association of Neurological Surgeons and the American Academy of Neurological Surgeons. He was a delegate to the AMA House of Delegates from the Congress of Neurological Surgeons. He was head of the Division of Neurological Surgery at LDS Hospital and Speaker of the House of Delegates for the Utah Medical Association. He served as Chief Medical Officer to the Salt Lake Winter Olympic Games in 2002. He has been involved with the University of Utah serving on the Alumni Board and the National Advisory Council, along with serving as past president of the SOM Alumni Association and receiving a Distinguished Alumnus Award from the School of Medicine. He is married to Jasmine, they have five sons, three of whom are M.D.’s. His final comment is that he continues to be a humiliated, yet earnest golfer!

K. Gary Shields, M.D.
Dr. Shields states he is still alive and kicking, which is probably his most significant achievement. He is retired and lives with his wife, Lynda, in Salt Lake City.

Peter V. Sundwall, M.D.
Dr. Sundwall practices family medicine in Murray, Utah. He wrote he is still reasonably alert and reasonably healthy!

J. Darrell Thueson, M.D.
Dr. Thueson practiced family medicine in Salt Lake City for 32 years until he retired in 2001. He very much enjoyed his medical practice. He and Nomi have been married for 47 years and enjoy their five children and thirteen grandchildren.
Class of 1975

Juan Barbero, M.D.
Dr. Barbero is the medical director of the Emergency Department of Family Health West Hospital in Fruita, CO. He serves on the executive board of the Mesa County Medical Society Board of Directors for the Colorado Medical Society. In his spare time he enjoys running in half marathons, backpacking, climbing, biking, skiing, and world travel. He also enjoys the Lewis and Clark Trail.

J. Cordell Bott, M.D.
Dr. Bott is married and has seven children. He helped establish the Central Utah Cancer Center in Provo. He served on its executive board and helped it grow from eight physicians to the largest private practice clinic in Utah, with over 100 physicians. He brought the National Surgical Adjuvant Breast and Bowel Project (NSABP) clinical trials program to Utah. He still enjoys breeding quarter horses, classical piano and organ and serves as the church organist. He is listed in Best Doctors in America, Who’s Who in America, and Who’s Who in the World.

Thomas Dee Callahan, M.D.
Dr. Callahan practices family medicine at the Callahan Clinic in St. George, Utah.

Curtis M. Campbell, M.D.
Dr. Campbell is an urologist and practices at McKay Dee Medical Center in Ogden, UT.

Richard Chapa, M.D.
Dr. Chapa reports he recently retired after thirty years of private practice in OB/GYN. He commented it was all very enjoyable.

Bradd K. Christensen, M.D.
Bradd and his wife Joan live in Salt Lake City where he practices plastic surgery near St. Mark’s Hospital.

Al Davies, M.D.
Dr. Davies practices with Medical Center Intensivists, PA, in Houston, Texas. For many years before that he was a clinical associate professor of Medicine in the Department of Internal Medicine at the Baylor College of Medicine in Houston. His subspecialties are endocrinology, metabolism and critical care medicine. He and his wife, Debra, have six children and nine grandchildren. He was named a "Best Doctor" by Best Doctors, Inc. in 2002, 2003, 2005 and 2009.

R. Kim Davis, M.D.
Dr. Davis is a Professor Emeritus from the University of Utah where he was the holder of the Beckstrand Chair in Surgical Oncology. He also served as chief of the Otolaryngology/Head and Neck Surgery Division and was director of the Laser Institute of Utah. He currently works for Intermountain Medical Center. He and his wife, JoNell have six grown children. In 2005-2008 they served in Kiev, Ukraine as LDS missionaries.

Graydon Harker, M.D.
Dr. Harker still works in the field of medical oncology at Utah Cancer Specialists in Salt Lake City, UT.

Gregory A. Schwitzer, M.D.
Dr. Schwitzer is retired and currently serving as president of the Europe East Area mission in Moscow, Russia for the Church of Jesus Christ of Latter-day Saints.

Patricia J. Sparks, M.D., M.P.H.
Dr. Sparks recently retired as a consultant in occupational and environmental medicine and clinical toxicology and as a clinical faculty member of the Department of Environmental Health at the University of Washington and the Department of Medicine at the University of British Columbia. She has lived and practiced in the Seattle, WA area for many years, but recently became a permanent resident of Canada in order to legally marry the person of her choosing, a woman she has known since 1981.

J. Bradley Taylor, M.D.
Dr. Taylor practices urology in south Orange County. He and the other senior partner have expanded their single specialty practice to 10 urologists. It is the largest private practice urology group in southern California and has fellowship trained doctors in female urology, urooncology, male infertility, laparoscopy and u/D Vinci robotic surgery. His main special interests include managed care, medical legal issues, and robotic surgery (which some of his younger associates have taught him). He reported he is still having fun and enjoying his work so has no intention of hanging it up anytime soon.

Class of 1976

Patricia Peterson, M.D.
Dr. Patricia Peterson practices internal medicine full time and has been the associate medical director of internal medicine for PeaceHealth Medical Group for 10 years. She was hounded as a Fellow of the American College of Physicians in 2009. She’s served on the regional governing board for Lower Columbia Region of PeaceHealth for 11 years. In her spare time she enjoys tap-dancing and sailing, especially in the San Juan Islands. Her son is a senior in mechanical engineering at the Rose-Hulman Institute of Technology in Terre Haute, IN and plans to do graduate work in aeronautical engineering at the University of Washington in Seattle…a lot closer to home!

Class of 1985

Dr. John Courtney Clyde, M.D.
Dr. Clyde reports from Spokane, WA, where he is part of a large single specialty group of surgeons. More than half of his elective practice is breast cancer, but he still does a significant amount of trauma and acute care surgery. He just completed a term as president of the Spokane County Medical Society and is involved with the Washington State Association. He and his wife, Katie, just bought a condo in Salt Lake City and are hoping to spend more time there.

Class of 1990

Daniel Berndt, M.D., FACCP
Dr. Berndt lives in Woodbury, MN, and is an emergency medicine doctor at St. Joseph’s Hospital. He also serves as an associate clinical professor at the University of Minnesota.

Jed Bindrup, M.D.
Dr. Bindrup and his wife, Anne, have seven children. He is currently the plastic surgery division chair at Intermountain Medical Center and works at Canyon Crest Medical Center in Draper, UT.

Leland Jeffery Chappell, M.D.
Dr. Chappell reports that in 2003, after 11 years of private practice in Richfield, UT, he joined the Wayne Community Health Center in Bicknell, UT. The clinic is over 50 miles from the nearest hospital and provides an interesting and challenging family medical practice. He and his wife Julie have enjoyed raising their four children in a rural setting within minutes of some of the most wild and beautiful places on earth.

Shane Larson, M.D.
After completing residency, Dr. Larson and his family remained in Houston, TX, for three years before returning to Utah. They have been back in their hometown of North Logan for more than 13 years. He practices anesthesiology at Logan Regional Hospital and Cache Valley Specialty Hospital and has served as the chair of the Department of Anesthesiology at both facilities. He also served as medical staff president and is now on the governing board at Logan Regional Hospital. His wife, Carole, an RN, works in administration at Cache Valley Specialty Hospital. They have three children. The oldest two have accompanied Dr. Larson on travels with The Hope Alliance to Peru and Guatemala on three occasions performing humanitarian medical missions.

Andrea Seek, M.D.
Dr. Seek lives in Waterston, MA, and practices Psychiatry at the Lahey Clinic in Burlington, MA.

Class of 1995

Celia Blackburn, M.D.
Dr. Blackburn has practiced family medicine at the Intermountain Healthcare Bountiful Clinic for nearly ten years after having been cured of the delusion of running a solo private practice. She enjoys chasing around her three grandchildren who think grandma is pretty great. One of the grandkith she delivered on her birthday. What a great present!

Kirk Bollinger, M.D.
Dr. Bollinger currently is working at West Park Hospital in Cody, Wyoming. He has been an emergency room physician for the past 10 years and is currently chief of staff. He and his wife Annette have been married for 17 years and have a son, Kaden, 10, and a daughter Kinley, 7. They enjoy doing anything out-of-doors, especially fishing, hiking, snowboarding, rafting and most recently they are learning to sail. When they have the time they love to travel as a family. Life is good!

Douglas Denys, M.D.
Dr. Denys lives in Lindon, UT with his wife and three boys, ages 9, 7 and 4, plus six dachshunds! He received the Utah County Doctor of the Year award in 2009-2010. He is a member of HART (Humanitarian Aid Relief Team) and worked in Kenya for a month in both 2008 and 2009 repairing cleft lip-palate defects, craniofacial defects, head and neck tumors, etc. While there he established a training camp for Kenyan children to promote running and foster youth talent. He has directed races in Kenya for the past two years and sponsored the first full-distance marathon in Western Providence, Kenya, in 2010. This fall he competed in the U.S.A. national long course triathlon championships. He has also completed multiple marathons, ultra-marathons and triathlon events.
Gordan Harmston, M.D.
Dr. Harmston practices gastroenterology and hepatology at Mountain West Gastroenterology in Salt Lake City. He is also the medical director of the Liver Transplant Program at Intermountain Medical Center.

Devin Hymas, M.D.
Dr. Hymas lives in Thousand Oaks, CA where he practices ophthalmology with the Lynn Eye Medical Group.

David Larson, M.D.
Dr. Larson is living in Midway, Utah and went into solo pediatric practice a year ago, plus put an addition onto their house. He reports his wife Soooz and their kids are doing great. His son Charlie is 15 and loves to golf. Daela-Kate is 12 and reads more than the rest of the students in her class combined, and Sanne at 8 is their dismantler, experimenter and a chef, scientist and demolition expert all rolled into one! He still enjoys bike riding in the summer and skiing in the winter. He invites classmates to drop by if they are ever in Heber Valley.

Kurt Riffelman, M.D.
Dr. Riffelman and Chao have been married for 18 years and have two children, Camilla, 16, and Isaac, 13. He has worked for 12 years at Midtown Community Health Center in Ogden as a family medicine doctor. In 2008 he was named Weber County’s “M.D. of the Year.” In his spare time he enjoys fly fishing, backpacking, scouting, treasure hunting, rock hounding, hunting and exploring.

Catherine Olsen Stokes, M.D.
Dr. Stokes has been a pediatrician with JFK at McKay-Dee Pediatric Clinic for 10 years. She is an active member of the American Academy of Pediatrics, having served as a representative-at-large and on the legislative section. She and her husband have five children.

Class of 2000

Michael Cawdry, M.D.
Dr. Cawdry completed a residency in emergency medicine at UC San Francisco-Fresno in 2004. He lives in Sanger, CA, and practices at UC San Francisco-Fresno Emergency Medicine.

Michael Daily, M.D.
After completing a general surgery residency at the University of Utah, Dr. Daily pursued a fellowship in abdominal transplantation surgery and now is the director of kidney and pancreas transplantation at the University of Kentucky Medical Center in Lexington, KY.

Michael Hinckley, M.D.
Dr. Hinckley completed his residency in dermatology in 2009 and a fellowship in Mohs Micrographic Surgery in 2010. He currently practices at Granger Medical Clinic in West Valley, UT.

James L. Hoffman, M.D.
Dr. Hoffman is a fellow in pediatric cardiology at Primary Children’s Medical Center at the University of Utah.

Kelli Hyland, M.D.
Dr. Hyland reports that her new job in the outpatient mental health clinic at the VA Medical Center (she loves treating our veterans) is a nice balance to being mother to a fun, feisty five year old (Scout) and partner to a very dear and supportive Mike Roskelly. Mike is still busy and happy mixing music in their backyard and she spends any free moments practicing yoga, writing and learning how to paint!

Jeffrey Jackson, M.D.
Dr. Jackson and his wife, Marissa, currently live in the Los Angeles area where he is completing a fellowship in sports medicine and arthroscopy. They have two girls and two boys and will be returning to Salt Lake City next summer to join the Salt Lake Orthopedic Clinic at St. Marks Hospital.

E. Jeremy Kendrick, M.D.
Jeremy is still at the U of U where he completed a pediatrics residency and is finishing a fellowship in child psychiatry. He is board certified in pediatrics and received the Ginsberg Fellow Award in Psychiatry. He still plays a mean drum in a rock band and thinks he could still beatMuhammad in a ping pong match.

Drew Esplin, M.D.
Dr. Esplin completed his residency in family practice in 2003 and now serves as the medical director of Intermountain Healthcare’s Logan Instacare.

Brian Johns, M.D.
Dr. Johns completed his residency in occupational medicine at the University of Utah in 2004 and a Master’s in Public Health degree at the University of Iowa. He, his wife, Charity, and their four children (ages 4-11) now live in Kimberly, Idaho. He practices occupational medicine at St. Luke’s Magic Valley Occupational Health in Twin Falls.

Sarah Logan, M.D.
Dr. Logan practices obstetrics and gynecology at the Esprit WomanCare Center in Parker, CO (southeast Denver metro area). She reports she is now the mother of two "perfect daughters."

William B. Warner, M.D.
Dr. Warner practices urogynecology at the National Navel Medical Center in Bethesda, MD. He and his wife, Whitney live in Silver Springs, MD.

Alissa Packer, M.D.
Dr. Packer is living in Sandy, UT and practicing pediatrics at Wasatch Pediatrics. She is working at Mass General Hospital as a general internist (inpatient and outpatient) and administrator (medical director of the MGH continuous care initiative and assistant medical director of the MGH care management program for high-cost Medicare patients). He is also working on a master’s in health policy and management at the Harvard School of Public Health and enjoys his work as a clinic preceptor, medical ward attending and director of the MGH health policy seminar for residents.

Jonathan Tlachac, M.D.
Dr. Tlachac reports that he finished an anesthesiology residency at the University of Pittsburgh Medical Center in 2009, and then completed a regional anesthesia and perioperative pain medicine fellowship this year. He resides in Menomonee Falls, WI, with his wife Jodee, and two daughters, Brooke and Rachel, and is an Assistant Professor at the Medical College of Wisconsin.

Jose C. Vega, M.D.
Dr. Vega is living in Caribbad, CA, where he, his wife Roxanne, and his sons and daughter are enjoying the surf. He welcomes all of his classmates to come visit if they are ever in San Diego saying the U of U will always have a special place in his heart. He made some sports predictions, two of which fell flat (Romo and the Cowboys will reign in 2010 and the Padres will finally win a World Series in 2010), but who knows, he may be right with the Lakers making it a three-peat as NBA Champions! He concludes his comments with a charge to his classmates to “Go forth and heal!”

Class of 2006

David B. Anderson, M.D.
Dr. Anderson lives in Olympia WA, where he is in residency working for certification in anesthesiology.

Clifton Hall, M.D.
Dr. Hall reports that he is currently in the middle of his dermatology residency at the University Medical Center Brackenridge in Austin, TX. He will complete his residency training in December of 2011.
The School of Medicine Alumni Association Board invites you to nominate your colleagues and classmates for consideration for the 2011 Distinguished Alumni and Distinguished Service Awards. School of Medicine alumni, faculty and staff, as well as other professional colleagues, may submit nominations.

Submission Criteria
The following categories will be used to describe the nominee's qualifications for receiving the award. The nominator will be requested to describe how their nominee contributes to any or all of the categories listed, plus any other pertinent information he or she feels is valuable to the nomination:

Distinguished Alumni Award
Clinical Practice
Community Service
Research
Academic Activities

Distinguished Service Award
Contribution to the Field of Medicine
Service to the School of Medicine
Community Service

Curriculum Vitae: A CV should be included with submissions for the Distinguished Alumni Award. A CV is not necessary for the Service Award nomination as often they are not academic in nature.

Letters of Support: A minimum of two letters of recommendation are required for each nominee; one of which can be the nomination letter.

Deadline: February 14, 2011.
Send completed nominations to:
540 Arapeen Drive, Ste. 125, Salt Lake City, Utah 84108,
faxed to (801)585-2613, or emailed to kristin.gorang@hsc.utah.edu.

An application form is available online at http://medicine.utah.edu/alumni/network/awards/Nominations.htm.

Announcement of Awards: Awards will be announced in May of each year and printed in the June edition of Illuminations magazine.

To view previous recipients, please view our Web site: http://medicine.utah.edu/alumni/network/awards/index.htm
Class of 2014, White Coat Ceremony...and so it begins!