Message from the Dean

Since coming to the University in July, I have engaged in a Listening Tour across campus and beyond, including several wonderful alumni association events. What I have heard and learned has been impressive. Thanks to the leadership of Lorris Betz, now Interim President, and his predecessors, we have an organization with terrific talent, operational expertise, and extraordinary opportunities. I feel a strong sense of responsibility and also great excitement about continuing our successful trajectory.

In future issues of Illuminations I’m looking forward to sharing our thoughts about some of these opportunities and telling you about innovative projects from across the school that are drawing national attention to the University. Most immediately, however, I need to ask for your help with what has become my highest priority for the medical school – restoring and expanding class size.

I’ve listened to students, faculty, alumni and community leaders over the past few months and it’s clear to me that we can’t fulfill our mission and our responsibility to the people of Utah without this change.

Two years ago we made a difficult but responsible decision to reduce our class size. The school was forced to absorb a $10 million reduction in Federal supplemental support funding and reducing the class size was the best way to maintain the integrity and efficacy of our training program. It was never intended to be a long-term strategy. At the same time, we undertook a curriculum transformation that brought clinical experiences into the first year, integrated basic science and pathophysiology teaching into systems-based courses, and emphasized small group learning. This new curriculum has been a resounding success, and we believe we are training better doctors than ever.

The country’s growing shortage of physicians is a looming public health crisis. An October 2010 study by the Association of American Medical Colleges estimated a shortage of nearly 63,000 physicians in the U.S. by 2015. Nationally, Utah ranks 46th in the number of physicians per population.

My goal is to restore our class size to 102 students and then by two years later, expand it to 122 students. To do this, we’ve determined we need an additional $12.2 million in annual funding. This legislative session we will propose to state leaders a cost-sharing plan with the medical school’s clinical departments that will reduce the amount we need from the state to $9.6 million. Our proposal is fair, and we believe it is the right thing to do.

Consider this:

- The $26.5 million the School of Medicine receives from state taxpayers (only four percent of our budget) puts us in the bottom 10 percent of public medical schools across the country.
- Nationally, the median state support for public medical schools is 14 percent. If we received 14 percent in state support, that would equate to $97 million each year.
- This year, we had 1,500 applicants for our 82 medical student slots. We have an excellent applicant pool of Utah students who are either forced to leave the state to receive their medical education or to pursue other career options.

This is my highest priority as dean and I want to ask your help in making the case for class size restoration and expansion to our state legislative leaders. If there is additional information we can provide that would be helpful please do not hesitate to contact me via the alumni association.

Finally, let me offer a sincere thank you to Dr. David Bjorkman who has accepted an opportunity to serve as dean of the new medical school at Florida Atlantic University. In his 26 years at the U, David demonstrated his skills not only as a fine physician but also as an administrator and leader, serving as dean and as executive medical director for the University of Utah Medical Group. During his tenure, David oversaw the design and development of our new curriculum and established a successful outreach program in Ghana, West Africa. We look forward to continued collaboration with him in his new role.

Vivian S. Lee, M.D., Ph.D., M.B.A.
Dean, University of Utah School of Medicine
At the very successful School of Medicine Alumni Weekend in early October, in addition to the Awards banquet, department events, CME (all very well attended and favorably reviewed) and football game (also well attended but not so favorably reviewed), the Alumni Office facilitated the study of Michelle Skinner, a doctoral candidate in the Dept. of Psychology, on alumni’s attitudes about cadaver dissection as medical students as they progressed into their practice. Alumni were quite interested in reliving this experience; over 60 responded to our request of which 38 were chosen to participate in the study and have been interviewed by Michelle. The Alumni Board also provided pilot funding for the Medical Student Wellness Program, directed by Jan Terpstra, M.D., to expand the available psychotherapy resources by establishing a Counseling Psychology Practicum Site at the SOM. And ten members of the Half-Century Society, which includes alumni who graduated from the SOM at least 50 years ago, have formed a Half Century Society Planning Committee, under the leadership of alumni board member, Dr. James Mason, Class of 1958. In late November this group had a productive meeting with the Dean to provide insight from their extensive perspective about health education and healthcare in Utah and to offer support.

The Alumni Board welcomed the new Dean, Dr. Vivian Lee, at a reception at Dr. Charles and Jasmine Rich’s house in the fall. Under Dr. Lee’s direction the Dean’s Roundtable, introducing medical students to distinguished alumni, has been inaugurated. Students have enthusiastically participated in conversations with Dr. James Freston and Dr. Marsden Blanch (see excerpts of interviews in this issue of Illuminations or view the videos of the Roundtables on the SOM Website: www.medicine.utah.edu/alumni). Dean Lee, Stephen Warner, Associate VP for Health Sciences Development and Alumni Relations Director, Kristin Wann Gorang took advantage of the renewed interest in Utah football after invitation into the PAC12 by traveling to Los Angeles and Oakland, CA during the events leading up to football games to meet with University of Utah School of Medicine alumni in these locations.

Additionally, the Alumni Board has endowed the first Alumni Association scholarship and has been gratified with the generosity of alumni who, despite the current economic climate, have been extremely generous in their support of medical school scholarships. Finally, the Board appreciates the long-term service of Dr. Ronald Ruff who just completed eight years of service on the Alumni Association Board; welcomes Dr. Susan Wiet (Adolescent and Child Psychiatry) and Dr. Bryan Stone (Pediatrics, Primary Children’s Medical Center) to the board; and wishes Dr. David Bjorkman, outgoing Dean, the best in his new position as Dean of Charles E. Schmidt College of Medicine at Florida Atlantic University. I hope you enjoy this edition of Illuminations and current news on your classmates, School of Medicine happenings, and student and departmental activities.
To the Brink and Back: Lupus patient thrives after care at University of Utah Hospital

Henry Garza knew his daughter Rachael wasn’t well, but doctors didn’t know what to make of the long bouts of fevers, fatigue, and swelling she was experiencing. After many visits to the emergency room and exhaustive tests during a six-month period, Rachael, then 17 years old, was diagnosed with lupus, a complex autoimmune disease.

Lupus can be difficult to diagnose because it affects each individual differently. It has a wide and variable array of symptoms that often mimic other diseases. And, because the disease can flare up or lie dormant, symptoms come and go. Even the tell-tale butterfly-shaped rash that frequently marks the bridge of the nose and the cheeks of lupus patients occurs only when the disease is active and manifests in many, but not all lupus patients.

After her diagnosis, Rachael’s symptoms continued to worsen, and she received chemotherapy to suppress her over-active immune system, a reaction caused by the lupus. She began to improve, and sought treatment from a rheumatologist, who put her on a regimen to keep the disease in check. However, a few months later the severe symptoms returned and she endured another round of chemotherapy. Garza explains that a small illness can be a catalyst for lupus flare-ups. He says, “If she catches a cold or anything like that, she has to take care of it quickly. If it’s not treated right, it will trigger the lupus.”

Rachael regained her health and moved to Oklahoma to attend college. In April 2003, near the end of her first year, the lupus flared up as a result of the stress Rachael felt as she prepared for final exams. The symptoms were even more severe than Rachael’s previous two episodes and her doctor advised her to return home. Shortly after arriving home, Rachael became lethargic and lost consciousness. The Garzas took her to the emergency room and were referred to University of Utah Hospital for treatment, where she was taken to the Intensive Care Unit (ICU) and placed on chemotherapy. The doctors discovered that Rachael had kidney failure and she was placed on dialysis.

The first night at the ICU, Rachael’s nose began to bleed. Boaz Markewitz, M.D., the physician on duty, advised Garza that Rachael’s prognosis wasn’t good as they couldn’t stop the bleeding. “But somehow,” Garza says, “with all the care from the good doctors, all the praying—she was able to make it through.” The bleeding stopped and Rachael again began to heal. After another month and a half, she was healthy enough to move from the ICU to a medical floor—but not for long. Other symptoms appeared and suddenly Rachael needed to be moved back to the ICU.

Over the course of eight months, Rachael spent approximately four months in the ICU and experienced four close calls. During this time, the Garzas were constantly at Rachael’s side. As they watched over Rachael and saw the doctors and staff care for her, they felt thankful for the expertise they witnessed. “Through everything that happened during the time that we were there, as my wife and I watched it all, I was unbelievably amazed at the care and the precision of the people.” Garza was touched to see the tender concern of the staff caring for his daughter and relates an experience that occurred after his daughter had been in the hospital for several months. She was hooked up to many IVs and tubes,
and Dr. Markewitz insisted that some sunshine and fresh air would do Rachael good. Garza couldn’t believe that with the condition she was in, with all the tubes she was hooked up to, and the trouble it was going to take, that the doctor would go to such lengths to lift Rachael’s spirits. The nurses, accompanied by Henry and his wife Genny, took Rachael outside for 30 minutes. “It was unbelievable,” says Garza. “It made a difference.”

By October, a deadly medication-resistant infection that had started out as a small cut on Rachael’s leg had spread, and reached from her toes to her thigh. Markewitz consulted with Garza and Genny, and asked them to decide if they wanted to continue the medication, which wasn’t working, and which meant possibly preparing to let Rachael go, or authorizing a major surgery in which the infection, along with dead skin and flesh, would be removed from her foot, calf, and thigh. The Garzas approved the operation. “We’ll do what it takes to save her,” says Garza. Jeffrey Saffle, M.D., a surgeon specializing in burn care, was the surgeon. The day before Rachael’s operation, Saffle met with the family. Garza told Saffle the family would be praying for him during the surgery, and was touched by Saffle’s thoughtful reply that it work, and to me it’s amazing because I remember my parents telling me that the doctors didn’t think I would live a normal life, even if I survived all this. To me, my life is pretty normal! I’m just thankful to be here and see my family grow, and to experience my own family.”

When Garza reflects on his time with Rachael at University of Utah Hospital, he recalls so many individuals who showed his family not only top-notch care, but also compassion and kindness. He remembers Dr.’s Rachael slowly continued to improve and gain strength and by the end of 2004, no longer needed a wheelchair. By 2005, Rachael’s life started returning to normal. However, the complications that she experienced in 2003 due to lupus had been extremely taxing on her kidneys and in 2010, she was back in the hospital for a kidney transplant. The kidney she received was a perfect match, and now, a year and a half later, Rachael is thriving. She married in June 2011, to a man Rachael describes as her other perfect match and is working part time. Rachael says, “I’ve been well enough to be married, well enough to receive a kidney and have

“Genny and Henry Garza
Teaching the Art of Doctoring in a High-Tech World

By Sara Lamb, M.D., Associate Dean of Curriculum

Since 2006, the School of Medicine has been undergoing a transformation of the system of educating medical students. In response to the changing climate of medical education theory and practice, the evolving nature of health care delivery and pressures to provide more efficient, high quality care, the School of Medicine is also changing. With the emergence of electronic medical records, computers on wheels, and computer terminals in patients' rooms, doctors can be found guilty of paying more attention to their computer screen, smart phones, or iPads than to their patients. While teaching future doctors to work within systems that employ these high tech devices to streamline care, reduce costs, improve efficiency and patient safety, the School of Medicine has recognized that the doctor, the patient and their relationship are still at the center of healing.

With increased pressure to include more in an already packed four year curriculum the School of Medicine has had to become creative in weaving in elements on “doctoring” amidst the teaching and learning of gross anatomy, biostatistics, biochemistry, pharmacology, women's health, and biomedical informatics, along with other foundational topics.

Curricula in medicine across the country have historically emphasized basic science education in the first two years with lesser emphasis on the actual art of working with patients until the latter two years of the four year curricula. The School of Medicine was not much different. Up until 2009, students had limited access to “real” patient encounters. Practicing the skills of interviewing patients, empathizing with their struggles with illness and health related tragedies was limited to a mere two weeks as part of their “Physical Diagnosis” and “Doctor Patient Relationship” courses. Starting in August 2009, the Curriculum Implementation Committee set out to emphasize the intertwining of the medical sciences, medical arts and clinical medicine throughout the four year curriculum. The importance of respect, communication, listening and empathizing with patients early and often was a central goal.

As part of the clinical medicine portion of the curriculum, students in the Class of 2013 were introduced to their first patients – hospitalized children and adults at Primary Children’s Medical Center and the University Hospital – on the first day of medical school. Patients graciously volunteered to speak to the students. The students were tasked with exploring what it is like to be hospitalized, to be ill, and to find out what advice these patients and families would give them as burgeoning young physicians that would make the health care system a better place for people to get well. Recognizing that students inherently come to medical school equipped with the sensitivity, compassion, caring and yearning to heal, the curriculum committee wanted to celebrate these skills, build upon them starting on day one and reward students for their ability to let these qualities shine through.

Following this early introduction to their “first patients,” students then have the opportunity to continue practicing interviews with actors, or “standardized patients”. Their interviews are videotaped and reviewed to illustrate ways in which body language, subtle mannerisms and communication styles all impact the doctor patient relationship. Students review their videos and critique themselves. Small groups of students are tasked with reviewing their peers’ videos. This allows clinical faculty and students to contribute to each student’s learning about how behavior impacts the relationships they will form with patients in the years to come.
Practice makes perfect, and practice is what they do – weekly. During the first semester of medical school, students practice the skills of gathering information and learning the art of the physical exam. Learning how to listen, communicate, and observe are crucial skills that get regular reinforcement both within the classroom and in the clinics.

In January of the first year of the curriculum students are assigned to a primary care clinic site where they are immersed in the clinical environment. On a bimonthly basis, students in these continuity clinics work with physicians, nurses and medical assistants to learn the system of health care delivery from the community clinic perspective. These regular opportunities to interface with patients and families, interview them and hear their concerns and fears all serve to reinforce principles learned in the first semester. Throughout the remainder of the first two years, students progressively develop their interviewing skills, bedside manner, and physical exam techniques under the tutelage of University community physicians. Ultimately, this time and exposure allow students to become much more comfortable, sensitive and effective in communicating with patients and teams of health care professionals by the faculty and house-staff that traditionally help to train our students.

In addition to weaving in opportunities for clinical exposure to patients in the early portion of the curriculum, the School of Medicine has adopted a competency based mission upon which the entire curriculum is structured. Much like the competencies that underwrite the graduate medical education programs across the country, the School of Medicine has adopted similar competencies that students are expected to achieve prior to graduation from medical school. Expectations for competence in areas such as interpersonal skills and communication and professionalism serve to hold students accountable for mastery in each of these areas prior beginning their residency training programs. Inasmuch as the curriculum committee has crafted learning experiences for its students to progressively develop their skills in each of these areas, the School of Medicine has created high stakes assessments of students that are thoughtfully placed through the four year curriculum. It is through these regular, strategic and rigorous examinations that the School of Medicine assures our faculty, patients and the public that those successfully completing the curriculum at the University of Utah can interact, communicate and behave in a fashion that meets the highest standards.

New projects for students at the School of Medicine continue to come on line as the curriculum committee continues to make regular improvements in the educational program. In 2010, the Class of 2014 started their first week of medical school revisiting the Hippocratic Oath, dissecting it line by line to realize and internalize the commitments they made to the faculty, their families and their future patients. They followed this by creating their own personal oaths of professionalism, which they revisit and reflect upon at the year’s end. This fall, students in the Class of 2015 are participating in a video project wherein small groups of students meet and interview patients and families with chronic diseases in their homes. Charged with understanding their patients’ struggles with illness, and the impact it has had on their lives and livelihoods, students will learn first-hand about the ethical principle of consent and will craft a video of their encounters with these gracious patients. Later this year, the class will view their videos and celebrate what was learned, hopefully with the patients and families in attendance.

Future projects for the curriculum, which are part of the medical humanities and ethics component of the program, are under development and will involve students learning about disclosing medical errors, and working through difficult encounters with patients and families, such as delivering bad news. Developing standardized patients and scenarios to help train our students to be competent in these areas before they actually have these critical conversations with real patients will be of great value to our students – and to our patients.

While only three years into a new curriculum, the School of Medicine is excited about the changes that have come about in training our future physicians at the University of Utah. As our community continues to change and the demands on health care professionals evolve, our curriculum will continue to transform to meet the needs of our patients, the public and the students who will ultimately serve them. That is our goal. ☺
What defines our humanity is the shared reality that death follows life. It is an experience none escape. With the wonders of modern medicine and its everyday miracles, with the media preoccupation around staying young forever, with death and dying sanitized and separated from most of our lives, with living in the Land of Denial, we generally ignore this reality.

For those of us in primary care, the new Annual Wellness Exam offers a perfect time to initiate a conversation about end of life issues. There are four components to quickly and effectively start this conversation:

First, I ask my patients, “Have you done a Power of Attorney for Health Care? Do you know what it is? Have your adult children done one?” I keep standardized blank copies of a Medical Power of Attorney to give to those who have not done one already. This a very simple form to read, fill out, sign, and make a legally binding document by either getting two people to witness it or pay someone to notarize it. Once done, I advise my patients to make several copies, send one to my office, give one to the important people in their lives, and keep one with their other significant documents.

Second, I discuss with them the importance of knowing “where you draw the line.” The line is different for every individual. It is drawn where one decides that though they could still be kept alive, their quality of life is such they would rather simply be kept comfortable and not have any medical treatments performed to keep them alive. For 10% of us, no end of life decisions will need to be made. Our dying process is abrupt. A car accident, a major heart attack or stroke. Whatever happens is sudden and fatal. For the other 90%, it is a drawn out process. We “dwindle and fade away.”

The reality of life is that we all end up dead. During the aging process, if we maintain our cognition and our ability to give informed consent, we will continue to make our own decisions. However, since roughly 50% of 80-year olds and an even higher percentage of 90-year olds develop cognitive decline, for many form to read, fill out, sign, and make a legally binding document by either getting two people to witness it or pay someone to notarize it. Once done, I advise my patients to make several copies, send one to my office, give one to the important people in their lives, and keep one with their other significant documents.

Richard Anderson, M.D.

Third, I clarify that once the line is drawn it needs to be clearly communicated to the designated agent. It is impossible to consider all possible decisions that might need to be made and discuss them.

For 10% of us, no end of life decisions will need to be made. Our dying process is abrupt... For the other 90%, it is a drawn out process. We “dwindle and fade away.”
Rather, the philosophy of what we want needs to be thoroughly explained.

Lastly, I tell my patients they must feel very certain and have a trust that “the line” will be respected. The agent will use substituted judgment, making the decisions based on the known wishes of the patient, rather than making decisions for their own reasons. It is important to understand that if one loses decision making capacity, the designated agent has full legal authority to make whatever medical decisions they wish, so it is imperative that you know and trust the agent.

I also share that these decisions are not set in stone. They can be changed at any time simply by having another conversation with the agent. The dilemma we all face with end of life care is that the testing process itself, while offering the hope of finding something wrong that can be fixed to make one feel better, is in itself tiring and often results in further functional decline. Both doctors and patients are balancing the hope of improvement by doing more tests and treatment with the reality that as we age more and more things wear out and a positive outcome is less and less likely to happen. Also, as physicians are aware, many diagnoses have treatment options so aggressive that they may cure the disease but seriously harm the patient. It is important for both patients and physicians to realize that old age, with its impairments, is essentially a “life threatening” illness. Though not in the traditional sense that death is imminent from a cancer or heart attack, but that life is “fading” in the sense of a gradual loss of independence and well-being. As a primary care physician, this involves helping patients to think through the process and make the decision of how they want to live out their life in a situation where a cure and functional improvement is not possible.

Richard Anderson practices primary care internal medicine in Burbank, CA and serves as a hospice physician with Roze Room Hospice.

I tell my patients they must feel very certain and have a trust that “the line” will be respected.

Richard Anderson practices primary care internal medicine in Burbank, CA and serves as a hospice physician with Roze Room Hospice.
Class of 1961:
Front Row, Left to Right: LaMar M. Fox, Joseph L. Thorne, A. Owen Smoot, V. Clark J. Staheli, Ned L. Mangelson, Leon H. White, Enoch G. Dangerfield, John G. Moore, David R. Haymond, John V. Dickson, attended, missing from photo: Dorian R. Faber, and Claude Thomas

Class of 1966:
Back Row, Left to Right: Gary Haddock, Charles Swallow, D. Michael Edson, Gary Larsen, Michael Stevens, John Nichols, Scott Brown, and E. Alan Jeppsen
Front Row, Left to Right: Harmon Eyre, Kenneth Stevens, Gordon Affleck, Jan Freeman, Val Hemming, Todd Cypert

Class of 1971:
Left to Right: Brent Burdett, Craig Booth, and Kent Farnsworth

Class of 1976:
**Back Row, Left to Right:** Carl Hebdon, Boyd Carter, James Tatton, David Benton, David Moore, John Ward, Robert Greensides, Steven Goodell, Ted Hackett, and Scott Swift

**Front Row, Left to Right:** Glenn Cook, Merrill Dayton, Joseph Perry, Sherman Smith, Michael Stones, and Thomas Matthews. **attended, missing from photo:** George Cannon

Class of 1981:
**Left to right:** Maria Oneida, Kim Aoki, Ace Madsen, Robert Treft, Steve Lamb, Lee Vance, Ron Ruff, Lowry Bushnell, Bob Hoffman, Jim Rollins, and Lauren Florence

Class of 1986:
**Back Row, Left to Right:** Steve Miller, Ted Ajax, Robert Cope, Scott Cardon, Owen Reichman

**Front Row, Left to Right:** Harold Johnson, Chris Lehman, Talmage Egan, Joseph Steffens
Classes of 1991 and 2001

Class of 2001:

Back Row, Left to Right: Michael Foutz, Suzanne Harrison, Ryan Nelson, Attila Barabas, Sara Johnson, John Hemmersoner, David Barnes, Ann Burelbach Fowler, James Gordon Howard, Jeanne Falk, Jennifer Fergestad, Danielle Wolff

Front Row, Left to Right: Jonathan Meyers, David Hughes, Chris Carlin, Marion Folkemer, Margaret Solomon, Peter Maughan, Daniel Kaelberer, Christine Anderegg

Class of 1991:

Back row, Left to Right: Liz Jensen, Glen Morrell, Roger Zundel, Terry Finlayson, Van Christiansen, Lee Burns

Front row, Left to Right: Randy Jensen, Marco Mejia, Mike Hardy, Mark Bair, Evan Black, Scott Unice, Brett Bennion

Awards Banquet

Molly and William McMahon, M.D. and Nancy Reiser

Dr. Ed Dudek presents Distinguished Alumni Award to W. Donald Shields, M.D. ‘71
Bonnie and Claude Thomas, M.D., ’61

Jelean and Robert Montgomery, M.D. ’61

Dianne and Devon Hale, M.D. ’69 and Marianne and Wayne Samuelson, M.D. ’81

Franzi and George Manilla, M.D. ’61

Awards Banquet
W. Donald Shields, M.D., 1971, Distinguished Alumni Award

Dr. Shields received the Distinguished Alumni Award for his life-long work in Pediatric Neurology, where his patient care and research focused on “Improving the lives of the unfortunate children afflicted with catastrophic childhood epilepsy.” During his 25-year tenure as chief of Pediatric Neurology at UCLA, he and the division developed a national and international reputation for epilepsy research and patient care, notably in the surgical approach to medically intractable epilepsy in very young children and the development of anti-convulsant medications. He has also received numerous teaching awards for his skill in training residents and fellows.

David N. Sundwall, M.D., 1969, Distinguished Service Award

Dr. Sundwall is a clinical professor of Public Health at the University of Utah. He has had a distinguished career as a physician and in health policy and administration in federal and state government. His professional life has been dedicated to improving health in the United States, abroad, and in Utah. He served in numerous federal positions including as Health Staff Director of the U.S. Senate Labor and Human Resources Committee, on the National Commission to Prevent Infant Mortality, as an Assistant Surgeon General of the U.S. Public Health Service, as an Administrator of the Health Resources and Services Administration and as the Executive Director of the Utah Department of Health.

Srinivasan Beddhu, M.D.
The Golden Anniversary Prize for Distinguished Clinical Investigation

Dr. Beddhu is an Associate Professor of Medicine at the University of Utah School of Medicine. His major area of research is malnutrition and obesity in chronic kidney disease and dialysis patients. He leads a productive research team in conducting epidemiological studies, prospective observational studies and interventional clinical trials. He has more than 50 publications and is currently the principal investigator on two NIH RO1 grants. He has served on several national panels and NIH study sections. He mentors nephrology fellows and junior faculty and his mentees have successfully competed for national research awards.
In 1998 the School of Medicine Alumni Association decided to include a medical education component to their Medical Alumni and Community Weekend. For the past thirteen years the Education Committee of the SOM Alumni Association has planned and organized a program for our alums and other community members on the Saturday morning of the weekend. The past four years sponsors such as Merit Medical, ARUP, Megadyne, IHC, IASIS Healthcare, IHC, Mountain Medical Physician Specialists and Regence BlueCross/BlueShield have partnered with the Alumni Association to provide this symposium for free to the general public and for a nominal cost for physicians seeking CME credit.

In January of each year the Education Committee meets to brainstorm topic ideas that will interest a broad range of medical specialties: no small challenge. This year the topics covered everything from health care reform to the evolution of health information technology, from the mysteries of sleep, to where the study of genetics is taking personalized medicine. Attendees also learned the benefits of exercise and how they, as physicians, can influence their patients, and the link between suicide rates and high altitude environments. It was a time for learning and renewing friendships across a broad range of specialties.

If you have suggestions for topics for the 2012 Continuing Medical Education Symposium please email Kristin Wann Gorang, Director of the School of Medicine Alumni Relations at Kristin.gorang@hsc.utah.edu.
Doctor Honoris Causa Degrees Awarded to Drs. Kolb and Normann

On October 7, 2011 two professors from the John A. Moran Eye Center, Dr. Helga E. Kolb, Emeritus Professor of Ophthalmology and Dr. Richard A. Normann, Distinguished Professor of Bioengineering and Ophthalmology, were awarded honorary doctorate degrees from the Miguel Hernandez University in Elche, Spain.

Drs. Kolb and Normann, a husband and wife team who began work at the University of Utah as junior faculty members 32 years ago, have been beneficiaries of the excellent research environment provided by the university and regard their decision to permanently locate to Salt Lake City as being a critical step in their successful research careers.

The Doctor Honoris Causa degree was awarded to Professor Helga Kolb for her basic neuroanatomical research in elucidating the structure and function of the vertebrate retina. Dr. Kolb is the author of an online book on the organization of the vertebrate retina and visual system called “Webvision” hosted at the John A. Moran Eye Center, with mirror sites in Elche, Spain and the National Library of Medicine, Bethesda, MD.

The Doctor Honoris Causa degree was awarded to Distinguished Professor Richard A. Normann for his pioneering work in the development of techniques for communicating with neurons in the central and peripheral nervous systems. These techniques are expected to offer new therapeutic approaches that will partially restore sensory and motor function to individuals who have lost these functions due to disease and trauma.

Both Dr. Kolb and Dr. Normann have received numerous awards for their scientific contributions, however, they both regard receiving an honorary doctorate degree from a major European university as one of the highlights of their professional careers.

Huntsman Cancer Institute’s New Hospital Wing Offers State-of-the-Art Facilities to Cancer Patients

In the fall of 2011, Huntsman Cancer Institute (HCI) opened the doors of its 156,000-square-foot hospital expansion, bringing new state-of-the-art facilities to cancer patients.

“With humility and gratitude, we present this magnificent addition to the people of Utah and all those around the world who may enter its doors,” said HCI’s founder and principal benefactor, Jon M. Huntsman, at the October 28 ceremony dedicating the hospital.

A driving force behind the hospital expansion was the desire to offer world-class care to more patients as well as to further develop HCI’s clinical and translational research programs. The new space adds 50 inpatient beds, 30 outpatient exam rooms, and four operating rooms to HCI’s hospital and clinics. The facilities include a new Center for Infusion and Advanced Therapeutics, a new bone marrow transplant (BMT) unit, new imaging technologies including an intraoperative MRI, an expanded Cancer Learning Center and Wellness and Survivorship Center, and a Center for Breast Health that combines all breast cancer screening and care in one location, and an intensive care unit dedicated to the needs of critical cancer patients.

The rooms in the BMT unit are specially designed with HEPA filtration and more air exchanges per hour to accommodate immune-compromised BMT patients. The amenities of the infusion suite provide comfort for patients enduring chemotherapy treatments. Reclining chairs, accompanied by televisions and blanket warmers, face sweeping views of downtown Salt Lake and the surrounding mountains.

HCI’s latest imaging technology, an intraoperative MRI scanner, is one of fewer than 30 in the world and the only such device in the Intermountain West. The scanner moves on ceiling-mounted rails into the operating room during surgery, allowing surgeons to see whether any tumor tissue remains.

As a cancer survivor, Jon M. Huntsman says he has often visualized how a modern hospital could best treat cancer patients. His vision has now been realized, he says. “With the hospital addition’s new technologies and patient-centered facilities, our institute is one of the finest and most complete cancer centers anywhere in the world.”

Dr. Normann, nominator Dr. Eduardo Fernandez and Dr. Kolb wearing Spanish academic regalia.
Endowed Chairs: An Investment in Education

The best use of life is to invest it in something which will outlast life - William James

In an increasingly competitive academic medicine marketplace the University of Utah Health Sciences must work harder than ever to attract and keep its world class faculty. An endowed chair is one of the most powerful tools the University has to recruit and retain excellent faculty. When the University offers a talented and promising candidate a tenure-track position, he or she is almost always weighing that offer against two or three other leading institutions. To be competitive the University must not only offer a good salary and the promise of research support, they must convince a candidate that the University will invest in him or her for the long-term. An endowed named chair shows they have made that commitment. The more chairs a school has endowed, the more prestigious and attractive it is to potential faculty.

In the Health Sciences an endowed chair position honors and recognizes the distinction of superior faculty by providing financial support, above and beyond salary, with the revenue from an endowment fund explicitly set up for that purpose. The endowment is invested in the University endowment pool where the principal remains intact while the interest provides a perpetual source of annual income. The current payout for a chair is 4%. Usually the position is established in a specific department or division and the donor contributing the funds is allowed to name the position.

Endowed chairs aid the university in more ways than just recruitment of top faculty; they help with the University’s teaching and research mission. These chair positions are the most prestigious faculty positions in the Colleges of Health Science. They provide invaluable financial support for use in research, teaching or service activities. Excellent health science centers must provide research assistance for their faculty to support their educational mission. In order for faculty members to be outstanding teachers, they must remain at the top of their field of study. When professors go on leave to write a new book or work on a research project they often return with ideas for new classes to teach and new energy with which to teach them. In addition, funds normally paid out for salaries are retained in the operating budget, allowing the university to hire more faculty, reducing its student-to-faculty ratio and directing operating budget money to other pressing university needs.

The earliest endowed chairs were established by the Roman emperor and Stoic philosopher Marcus Aurelius in Athens in AD 176. Aurelius created one endowed chair for each of the major schools of philosophy: Platonism, Aristotelianism, Stoicism, and Epicureanism.1 The practice was adapted to the modern university system beginning in England in 1502, when Lady Margaret Beaufort, Countess of Richmond and grandmother to the future king, Henry VIII, created the first endowed chairs in divinity at the universities of Oxford and Cambridge.2 Private individuals soon adopted the practice of endowing professorships, Isaac Newton held the Lucasian Chair of Mathematics at Cambridge beginning in 1669, more recently held by the celebrated physicist Stephen Hawking.3 In the United States Harvard College established the first endowed chair (the Hollis Professorship in Divinity) in 1721.

The first endowed chair in the Health Sciences at the University of Utah was the Nora Eccles Harrison Presidential Endowed Chair in Cardiology which was established in 1979 by the board members of the Nora Eccles Harrison Foundation to continue Nora Eccles Harrison’s lifetime efforts toward the discovery, treatment, and cure of cardiovascular disease. The University of Utah Health Sciences currently has 95 named endowed chairs, 12 anonymous endowed chairs and 21 endowed chairs established through planned gifts.

There are two types of endowed chairs in the Health Sciences with two giving thresholds. An endowed chair is established with a gift of $1 million, the Presidential endowed chair is established with a gift of $1.5 million. Donors are invited to lectures or programs organized by the holder of the chair and to receptions and meetings with the chair. The endowed chairs serve as a living memorial for the donors, linking their names, or the names of someone they honor, in perpetuity to the succession of scholars who are pursuing answers to some of the most challenging problems in health care.

For further information about endowed chairs contact Steve Warner, Associate V.P. for Health Sciences Development, (801) 585-7010, stephen.warner@hsc.utah.edu.

1 http://www.nep.oulsedge.com/article/ A085SET11/sid=383302487&an=18
2 http://plato.stanford.edu/entries/alexander- aphrodisias/rt.1
The positioning of a new 208,000 square-foot research facility located between the health sciences campus and the Warnock and Merrill engineering buildings on main campus has both literal and figurative significance. In all senses, the James L. Sorenson Biomolecular Technology Building – A USTAR Innovation Center promises to be a multidisciplinary crossroad where medical doctors, engineers and scientists will work together on the interface of healthcare and advances in engineering.

Most of the money for the $130-million facility came from the Utah Science Technology and Research (USTAR) initiative. USTAR is a state-funded, industry-led effort to accelerate the commercialization of innovative technologies, expanding and diversifying Utah’s economy.

John White, formerly of Boston University, is a nationally recognized expert in deep brain stimulation. His Biomedical Device Innovation team is developing implantable technology to help patients with epilepsy and other disorders. Some of his findings will be showcased in June 2012 when the international Neural Interfaces Conference visits Salt Lake City.

Hamid Ghandehari, formerly of the University of Maryland-Baltimore, has started a new company, TheraTarget, to commercialize his team’s discoveries in drug delivery. His research is in polymer-based approaches that “rifle-shoot” cancer-fighting agents at tumor cells.

Marc Porter, formerly of Arizona State University, leads the Nanotechnology Biosensors team. Building on advances made in high-speed, high-sensitivity magnetic sensing, the team is creating, among other innovations, a nanotechnology-based platform for the early detection of pancreatic cancer.

The Imaging Technology team led by Guido Gerig, formerly of the University of North Carolina, is working toward the detection of pathologies earlier in a person’s life, by studying differences in brain structure in patients with neurological disorders. An example is brain development in children with risk of autism. The team also seeks to create novel visualization and analysis techniques for life science datasets (such as genetics and cell biology), to increase the ability to evaluate the therapeutic effects of new treatments.

“Coming from New York University, one of the things that has impressed me about Utah is the commitment state leaders have made to the long-term economic development of this community.”

–Vivian Lee, M.D., Ph.D., M.B.A.
“Coming from New York University, one of the things that has impressed me about Utah is the commitment state leaders have made to the long-term economic development of this community,” said Vivian S. Lee, M.D., Ph.D., M.B.A., University of Utah Senior Vice President for Health Sciences. “While many states are looking at short-term solutions to their financial problems, Utah’s investment in USTAR ensures that the technology and innovation will remain economic engines for Utah for years to come.”

So far, the investment has paid off. In aggregate through June 2011, across a total of 20 teams at the U and USU, USTAR and its researchers have secured or supported the winning of $137.4 million in total extramural research funding. Given the state’s $73.5 million investment in the research program, that’s a 187 percent leverage of Utah’s research investment to date.

In the long run, the USTAR funding of state-of-the-art interdisciplinary research and innovation facilities should prove equally beneficial. The Sorenson building is designed for LEED Gold certification and includes a 23,000 square-foot nanofabrication and imaging center, vivarium, and neuroscience and biotechnology labs.

“With apologies to U of U athletics, the big game in the PAC-12 is research, and the Sorenson center puts us in good stead with our peer institutions,” said USTAR Governing Authority chair Dr. Dinesh Patel. “The nanofab in particular is a world-class resource that will accelerate discoveries in biomedical engineering.”

Surgery Department’s Alumni and House Staff Gatherings

This year the Department of Surgery paired with the Utah Chapter of the American College of Surgeons during the Medical Alumni and Community Weekend’s department event, Patient and Surgeon Safety in the OR and Maintenance of Certification. The guest speaker was Patricia J. Numann, M.D. F.A.C.S., President-Elect of the College of Surgeons, who addressed how to develop a learning pattern to keep current on scientific information and regulatory issues and acquire new skills to incorporate into one’s practice.

Dr. Numann has served in a variety of leadership roles including President of the Association for Surgical Education and past Chair of the American Board of Surgery, the first woman in either position. She was one of the founding members of the Association for Surgical Education and founded the Association for Women Surgeons. She is also the first woman to receive the American College of Surgeon’s Distinguished Award. She holds Emerita status at the State University of New York, Health Science Center at Syracuse (SUNY). Dr. Numann has mentored many young surgeons, including women faculty in the U’s surgery department.

Chair, Department of Surgery, Sean Mulvihill, M.D. with Leigh Neumayer, M.D., a mentee of Dr. Numann.

Incoming Utah Chapter American College of Surgeons president John T. Langell, M.D., Ph.D., M.P.H. with Dr. Numann.
R. Scott Evans, Ph.D. is a senior medical informaticist consultant in the Department of Medical Informatics at Intermountain Healthcare and a professor in the Department of Biomedical Informatics at University of Utah. Dr. Evans has applied his interests in computerized decision support, the selection and management of anti-infective agents, and computer methods to produce clinical tools that help reduce adverse drug events, adverse medical device events, and venous thrombolytic events. He has also used computerized methods to identify patients who need isolation, to reduce hospital-acquired infections, and to report notifiable diseases. A number of these computerized tools are clinically operational at all 22 hospitals at Intermountain Healthcare. Dr. Evans is a Fellow of the American College of Medical Informatics (ACMI).

The Donald A.B. Lindberg Award for Innovation in Informatics recognizes an individual for a specific technological, research, or educational contribution that advances biomedical informatics. The recipient's work must be conducted in a nonprofit setting and the adoption of the particular advance must be on a national or international level.

American Medical Informatics Association Recognizes Scott Evans, Ph.D. with Donald A. Lindberg Award

Charlene R. Weir, Ph.D. and Qing Treiter Zeng, Ph.D., faculty at the University of Utah, Department of Biomedical Informatics, were formally inducted as Fellows of the American College of Medical Informatics (ACMI) on Sunday, October 23, 2011, at the annual reception and dinner of the College held in conjunction with the AMIA 2011 Annual Symposium in Washington, DC. Weir and Zeng are two of 21 fellows who were elected from an outstanding slate of nominations this year.

Drs. Charlene Weir and Qing Zeng Honored by American College of Informatics

Per Gesteland, M.D. receives Homer R. Warner Award

Dr. Per Gesteland was presented with the Homer R. Warner Award at the American Medical Informatics Association (AMIA) Annual Conference on October 25, 2011. The Homer R. Warner Award is named for Homer R. Warner, MD, PhD, a pioneer in the field of informatics and the founder of the Department of Medical Informatics at the University of Utah. A cash prize is awarded for the paper chosen at the AMIA Annual Symposium that best describes approaches to improving computerized information acquisition, knowledge data acquisition and management, and experimental results documenting the value of these approaches. The candidate papers are drawn from the distinguished paper nominees recommended by the AMIA Annual Symposium Scientific Program Committee and the selection of the recipient is made by the University of Utah Department of Biomedical Informatics.

Per is an Assistant Professor in the Department of Pediatrics and an Adjunct Assistant Professor in the Department of Biomedical Informatics at the University of Utah. He received the award for his paper: *The EpiCanvas Infectious Disease Weather Map: An Interactive Visual Exploration of Temporal and Spatial Correlations* which conceptualized a visual paradigm that provided a “common ground” for detecting and monitoring regional infectious disease activity. From there he and his team developed a software prototype using retrospective data from Primary Children’s Hospital to recreate gastrointestinal and respiratory disease outbreaks as a proof-of-concept. His co-authors include Drs. Adi Gundlapalli and Matthew Samore from the Department of Internal Medicine and Dr. Yarden Livnat and Nathan Galli from the Scientific Computing and Imaging Institute.
University of Utah biochemist Brenda L. Bass, Ph.D., has dedicated her career to following the path less traveled.

That bent hasn’t come without risks for the U of U medical school distinguished professor of biochemistry who researches double-stranded RNA (dsRNA), an elusive molecule whose biological roles are still not fully understood. But Bass has made substantial discoveries involving dsRNA in the past 25 years, and the challenge of researching an area wide open for investigation ideally suits her spirit for tackling the unknown.

Her work embodies the creative and successful investigation the National Institutes of Health (NIH) recognizes each year with a select group of scientists who receive one of the most prestigious honors it gives – the Director’s Pioneer Award. On September 20, 2011 Bass, a member of the American Academy of Arts and Sciences, was among 13 scientists nationwide to receive the prestigious 2011 award at a meeting near the NIH headquarters in Bethesda, MD. The award comes with $2.5 million in funding, $500,000 annually for five years. As its name suggests, the Pioneer Award is intended to give exceptionally creative and productive scientists the opportunity to pursue high-risk, high-reward research in new areas, with the possibility of making a substantial impact on biomedical or behavioral research.

Bass and the other 2011 recipients proposed research projects that build on their past work while also taking it in new and uninvestigated directions. She will test the idea that long dsRNA, encoded in our genome, signals environmental changes that trigger pathways associated with inflammation, including stress, immunity, and aging. Discovering this previously unrecognized network of dsRNA signaling molecules would radically alter the treatment and diagnosis of inflammatory-associated disease.

“T’m testing hypotheses that have developed over my whole career,” says Bass, who also holds an H.A. and Edna Benning Presidential Endowed Chair in biochemistry. “Nobody knows what long dsRNA does. Lots of things have hinted that it has a much larger role than we know. There’s got to be something we don’t understand.”

Researchers have long known that dsRNA made by viruses signals pathways that activate dsRNA binding proteins (dsRBPs) as part of our immune response, and that this is an important defense against viruses. However, the prevailing wisdom has been that dsRNA signals those pathways only in response to a virus. Bass believes that dsRNA encoded within an animal’s own genome, including the human genome, binds dsRBPs to signal environmental and metabolic changes without a virus being present.

Finding out whether and which molecules and genes signal this response in animals without a virus being present will be the thrust of Bass’s Pioneer Award research. If her hypothesis proves true, it opens the potential for new drugs to treat the inflammatory component of many diseases.

The Pioneer Award was established in 2004 to support exceptional scientists who propose potentially transformative approaches in research to address major biomedical and behavioral issues. This is the third straight year a U researcher has received the prestigious honor. In 2009, Ivor J. Benjamin, professor of cardiology, received the award for a novel model to explain the cause of some heart disease. In 2010, Andres Villu Maricq, M.D., Ph.D., received the honor for proposing a new approach to understanding how neural circuits compute, store information, and control behavior.
Safe Travel

DeVon C. Hale, M.D., ’69

With all the serious diseases in the world, it is still a pretty safe place if you understand the risks and how to stay healthy.

The movie “Contagion” has gained some recent notoriety. This is a realistic story of a virulent viral illness which is spread rapidly by respiratory contact. The movie is so realistic that it makes one a little nervous. It describes what might happen if a virus similar to the avian influenza virus ever acquired the ability to effectively spread by respiratory contact. Fortunately, the wild strain of the avian influenza virus spreads mainly by ingestion and hasn’t developed the ability for efficient respiratory spread.

There are a number of serious illnesses we might be exposed to as we travel. Some of the more feared diseases are rarely contracted even when we travel to areas of the world where they are known to exist. Diseases such as cholera, ebola virus, Marburg virus, African sleeping sickness, Lassa virus, plague, anthrax, leprosy and rabies rarely infect travelers.

Vaccines have made the world a safer place. Smallpox disease has disappeared. During my career I have seen a number of people still suffering from diseases for which we have effective vaccines: diphtheria in the Ukraine in 1996 when their vaccine program deteriorated, a child dying from measles in Ghana, patients on mattresses on the floor in Ghana so they would not fall out of bed when their muscles began to spasm from tetanus, and beggars in Africa who cannot walk because of polio. Even in the U.S. there are people with residual effects from vaccine preventable diseases: a relative who was unable to have children resulting from a mumps infection, deafness in a person born to a mother who had rubella during pregnancy, a pregnant young mother dying from chickenpox pneumonia, thirteen infants who died from Haemophilus influenza meningitis the year before the vaccine was released, acute meningococcal meningitis resulting in loss of fingers and toes, cervical cancer in a patient which might have been prevented with the new human papilloma vaccine, and severe influenza pneumonia in an older patient. These infectious diseases might have been prevented by vaccines. They are more prevalent in other parts of the world. It would be important to insure your routine immunizations for these infections are up-to-date when traveling.

Travel related vaccines include hepatitis A, hepatitis B, typhoid fever, yellow fever, Japanese encephalitis and sometimes pre-exposure rabies. These vaccines should be considered when traveling to specific areas of the world or if you are going for longer periods of time.

Travel related vaccines include hepatitis A, hepatitis B, typhoid fever, yellow fever, Japanese encephalitis and sometimes pre-exposure rabies. These vaccines should be considered when traveling to specific areas of the world or if you are going for longer periods of time.

Malaria is still a major illness with about 600 million cases per year. Progress is being made in that the deaths from malaria in the last ten years have decreased from about 2 million down to 750,000 per year. The people living in tropical countries are relying on bed nets, residual insect spraying and effective treatment medications to make this remarkable progress. In U.S. travelers, about 1,500 cases of malaria are diagnosed each year with eight to twelve deaths. Eighty-five percent of malaria in U.S. travelers is contracted in sub-Saharan Africa. Those who do not take preventive medications or are not on the appropriate medication dose or schedule are much more likely to develop malaria. It is fortunate that there are several effective malaria medications from which to choose.

The most common infectious disease travelers encounter is diarrhea. This is most often a benign self-limiting infection caused by a toxin from a bacterium called Enterotoxigenic E. coli. As long as you remain well hydrated, diarrhea is seldom life threatening but it can sure ruin a vacation or business trip. Between 10% and 70% of travelers to tropical or resource poor countries develop diarrhea while traveling. It is wise to use safe water and food precautions but even those who are very careful have some risk. Pepto-Bismol can decrease the risk of diarrhea. For simple traveler’s diarrhea without fever and with no blood present in the stool, symptoms can be controlled fairly quickly by taking an antibiotic and Imodium AD.

Participants at the University of Utah Global Health exchange sites in Eldoret, Kenya; Kumasi, Ghana; Baroda, India; Hainan, China and Trujillo, Peru, are provided with the above information. We want them to have a great experience and the best chance of staying healthy.

For more information on specific vaccinations needed when traveling abroad contact the International Travel Clinic at the University of Utah, (801) 581-2898.

DeVon C. Hale, M.D., ’69
Each morning throughout his time in Nepal, Dr. Pettey would begin his day before sunrise to prepare for many hours of eye exams and surgery. Early in the morning, he arrived at the local eye camp where there were more than a hundred people waiting to be seen by the American ophthalmologist. Many of these people traveled on foot on unmaintained dirt roads for hours and some camped out just to ensure they got an appointment.

“A typical day for a patient is arriving at 7 a.m., being seen at 11 a.m., having surgery at 7 p.m. and having to walk back home on mountain paths that night. Then they walked back, sometimes several hours, the next morning for their follow-up appointment,” said Pettey.

Many of the patients Dr. Pettey saw suffered from severe cataracts and hadn’t been able to see anything more than a shadow for many years. According to the World Health Organization, 18 million people are blind from cataracts, the leading cause of blindness worldwide.

“With cataract surgery, you can quite literally take someone who cannot see anything but the perception of light and the next day they can read the small lines on the eye chart,” added Pettey.

After a full morning of examining patients, Dr. Pettey moved directly to surgery where he would spend the rest of his day and most of his night performing surgery, mostly for cataracts. With each completed surgery came a new patient prepped and ready to regain their sight.

“I was taken aback at the efficiency and hard work of the local team of technicians. They worked from dawn to late each night ensuring the people that came could be seen and treated. It is a level of hard work I’ve seldom seen,” observed Pettey.

“I’m so lucky to have had this experience and grateful for the knowledge I’ve gained. I will take this experience with me for the rest of my life,” he concluded.

Each year, residents and fellows from the John A. Moran Eye Center are given the opportunity to travel to eye camps in developing countries to treat local residents. In November 2011, fellow Jeff Pettey traveled to multiple areas in western Nepal to provide eye exams and perform surgeries on those who may otherwise never see an ophthalmologist.

Jeff Pettey, M.D., received his bachelors degree at the University of Utah, his medical degree at The Ohio State University, followed by residency at the John A. Moran Eye Center at the University of Utah. He is currently an anterior segment and ophthalmic education fellow at the Moran Eye Center.
Memorandum of Understanding Signed with College of Health, Kintampo, Ghana

By: Nadia Miniclier MS, PA-C

The University of Utah has many long-standing relationships throughout Ghana, but this one is unique in that the focus is on mid-level clinician training. The College of Health, Ghana has been training physician assistants (PAs) for over 40 years and was recently named the model PA training school for sub-Saharan Africa by the West African Health Organization.

There are 24 million people in Ghana, with approximately 2,300 physicians and 1,200 PAs. PAs in Ghana provide over 70% of the populations’ primary healthcare needs, each seeing 90-150 patients per day, primarily in rural settings.

The U.S. collaborators gain clinical training experience in Ghanaian clinics and municipal and regional hospitals. They have learned that the best assistance to Ghana is not to just treat patients, but to teach and share knowledge with the clinicians and teachers thus empowering change and growth from within. The U of U and the College of Health, Ghana sponsors the only continuing medical education conference in the country for Ghanian PAs. Currently over 500 Ghanian PAs attend yearly. Ghanian clinicians and educators request the conference topics so local clinicians can train for what they need in their settings. This is a change from previous ‘service’ endeavors where first-world countries have tended to assume they know what is needed and don’t collaborate with the practitioners and individuals who work full-time in their field and have the best grasp of the problems and issues.

Collaborative Medicine: The Utah Personalized Health Care Pilot Program for Ovarian Cancer Patients Begins

Dynamic interdisciplinary partnerships and new campus infrastructures for personalized health care are uniting Huntsman Cancer Institute and the University of Utah’s Health Sciences. Scientists and clinicians in a cooperative goal to improve drug screening and testing introducing a novel personalized healthcare platform, cell sheet technology. A technology established in regenerative medicine, cell sheets (Cell Seed®) can be utilized to create tumors from cells derived directly from patient’s tissues. Engineered tumors can then be used for personalized drug screening, among other uses.

The team, including Drs. Janát-Amsbury, You Han Bae and C. Matthew Peterson, was recently awarded the University of Utah Personalized Health Care Pilot Program Award to advance personalized treatments for ovarian cancer patients. A key component of this project was the establishment of formal research bridges between the University of Utah and the developers of cell sheet technology: Tokyo Women’s Medical University, Waseda University and its research facility TWIn’s, led by Professor Teruo Okano. The U’s team visited the Tokyo Institutions earlier this month and officially kicked off future collaborations between the universities.

This project hopes to improve current models for the development of personalized drug screening, which have unacceptably low rates of success predicting which drugs identified in preclinical testing will be effective in human trials. Pharmacogenomics-based systems used currently have limited predictive powers and often generate confounding and costly discrepancies between preclinical and clinical outcomes. This has been attributed to the lack of truly predictive, personalized preclinical screening tools. Because failure rates for Phase III anti-tumor therapy trials in humans are higher than in any other therapeutic arena, new technology capable of revolutionizing old paradigms is required. The research team envisions that cell-sheet technology will permit identification of the most promising anticancer agents in a personalized, custom-tailored format for the post-surgical, pre-therapeutic testing phases for ovarian cancer patients.
 Dean’s Roundtable

Since the University of Utah School of Medicine started educating doctors in 1905, thousands of exceptionally talented physicians have gone on to pursue fascinating careers, making important contributions to their respective fields. As a way to connect some of the school’s contemporary alumni back to their alma mater and with our medical students, Vivian Lee, M.D., Ph.D., has created a Dean’s Roundtable program. During an informal Q&A format, students learn about these distinguished alumni’s different and often unique career paths. We are delighted to share with you excerpts from the first two Dean’s Roundtable discussions with Dr. James Freston, ’61 and Dr. Marsden Blanch, ’74. To watch the interview videos, visit our Website: www.medicine.utah.edu/alumni.

James Freston, M.D. Ph.D., is an internationally recognized expert in the clinical pharmacology of gastrointestinal drugs and diseases. Trained in clinical pharmacology, gastroenterology, hepatology, and aerospace medicine, he received his M.D. degree from the University of Utah and his Ph.D. degree from the University of London. He directed the gastroenterology and clinical pharmacology divisions at the U, where he won the Outstanding Professor Award six times, and then became the chair of internal medicine at the University of Connecticut for 17 years. He was the founding Chair of the Gastroenterological Association’s Foundation, President of the AGA, and also the past Chair of the American Digestive Health Foundation. A prolific researcher, Freston was instrumental in the development of several blockbuster drugs, including Prevacid and Actos. He directed the Digestive Health Foundation. A prolific researcher, Freston was instrumental in the development of several blockbuster drugs, including Prevacid and Actos. He was the former surgeon general of Connecticut. He currently lives on Kiawah Island in South Carolina with his wife Margie (whose “career has been on Kiawah Island in South Carolina with his wife Margie (whose “career has been even more interesting than mine”), and is the proud father of four and grandfather of 11.

On what medical school at the U was like in 1957-1961: The grading system was diabolical. They kept our GPA a secret and never told us how we were doing. Traditionally, they’d flunk out a quarter of the class, so you didn’t know until the end of the year if you’d be invited back. There were 64 people in my class and I counted about 12 of my classmates who I thought were dumber than I was. They were gone after Christmas break, which meant I was sure to be right on the cusp of flunking out. I spent the rest of the year working really hard to keep my place. It paid off, I ended up second in the class.

On why he chose gastroenterology: I was interested in every specialty . . . except for pediatrics. That’s because I had a child die in my arms and it shook me deeply. So I looked for opportunity. In my second year of medical school I was taught the concept of the dose-response curve—when you increase the dose, the response is steep, but then it flattens out—and quite frankly I have tried to apply it to my career. I’ve tried not to get on the flat part. At the time, there were three gastroenterologists and no hepatologists in the Intermountain area. Gastroenterology was just taking off scientifically. A lot of very smart people were starting to publish lots of good science: the discovery of gastrin, secretin, the relationship of Banting and Best’s discovery of insulin and its relationship to beta cells and then islet cells of the pancreas. I caught GI at the start of the curve, rode it up, got hepatology training and rode it up, and then tried to marry pharmacology with hepatology and gastroenterology. That’s what led to the drug discovery part.

On how he got to London: Back in those days, medicine was a club. Dr. Maxwell Wintrobe [chair of the U’s Department of Medicine] would call A. McGehee Harvey [the chairman at Hopkins] for example, and say “I’m sending my best student to you.” And he would say “okay” and that was that. I wanted to go away for an internship because I had been educated entirely in Utah, and so I applied to a couple of really fine places in the East. Well, I wasn’t the best student, so when it got down to me, he said, “I can’t match you with the three places you want to go so you’re staying here.” He told me not to worry because it was easier to transfer as a resident than an intern. That was the end of the discussion. So in the middle of my second year, I said I’d really like to transfer, and he said, “No, you are staying here. We want you and Dr. McArthur [a colleague of mine in the same predicament] to be the chief medical residents.” And I guess my jaw dropped. I hadn’t aspired to be chief resident because I wanted to get on with pharmacology and gastroenterology, and I guess he noticed.
Vivian Lee, M.D., Ph.D. with James Freston, M.D., Ph.D.

So he said “You do that, and when you are finished, I’ll send you anyplace in the world.” So I started looking at good places and came back and said, “I want to go with Dame Sheila Sherlock at London’s Royal Free Hospital. He sent a one paragraph letter to Dame Sherlock, and she sent a one paragraph letter back saying, “We are delighted to accept him into our program. Tell him that two years are better than one.”

On adjusting to the British: I was so intimidated when I got there that I developed a stammer because the Brits were so eloquent. About halfway through the year, I realized they weren’t smarter than I was, they just sounded better.

On how he ended up getting his Ph.D.: While I was in London, I figured I might as well get my Ph.D. So I walked across the street to the University of London and enrolled. It was just a matter of doors opening and taking advantage of opportunities as they presented themselves.

Secret to his success: There’s no substitute for hard work. But I think the reason I’ve enjoyed success is that I was somehow able to get myself associated with very capable people and good ideas. I trained under tremendous mentors, who influenced me profoundly. Louis Goodman and Max Wintrobe in Utah and Dame Sherlock in London.

They helped shape my ideas and work habits and taught me the importance of associating myself with talented people who shared my values and sense of what’s important. I tried to apply those principles throughout my career.

On what sparked his interest in pharmacology: I’m reluctant to tell people this story. But we were really poor and my job during medical school was to catch feral cats under the old County Hospital, which they used in experiments in the physiology and pharmacology departments. I got two dollars a cat and a lot of scratches. Well, I guess I was so diligent, that a professor of pharmacology, Don Esplin, a brilliant neuroparmacologist, gave me a summer job working as a technician in his lab. He also gave my wife, who was a nurse supporting us, a job as a technician. I loved pharmacology so much I was thinking of dropping out of medical school and becoming a pharmacology graduate student. Dr. Louis Goodman heard about that and he came in and practically grabbed me by the ear and said, “Don’t do this. Go get your clinical training and if you want to get your Ph.D. later, fine.” I took his advice, as usual, but I never got over my affection for clinical pharmacology. I realized that there were very few people in the world who were pharmacologists and gastroenterologists or hepatologists at that time. So I said that will be my niche to get research funding and to get clinical trials going. When I came back to Utah, we had vacant space in the University Hospital so we created a clinical pharmacology program and a clinical trials center right there. Pretty soon, companies started coming to us.

On how he got involved in developing drugs: It’s a long story, but the short of it was that one of these companies asked me to help them develop a new drug—Prevacid—for treating ulcers and acid reflux, among other things, and I was intrigued. There wasn’t anything like it on the market, and I could see the potential. This was a partnership between Abbott Laboratories in this country and Takeda Pharmaceuticals in Japan. They wanted to develop this mega drug that was right down my alley. This was a new pharmaceutical class. Nothing like it had ever been seen before, certainly not given to man extensively. There was concern that it might be a carcinogen. The drug before it, called Prilosec, had caused a bizarre tumor in the stomach of rats called gastric carcinoids. So there were many toxicology issues. I was allowed to form a committee of expert consultants to guide development and address all safety issues.

On the kind of advice consultants gave to the company: We recommended what experiments they should do, and then after had an all-day seminar to analyze the data and then suggest the next experiments they should do. The FDA approved it and within 3 years it was selling 3 billion dollars a year worldwide. It was a blockbuster drug that helped millions of people. The money generated by that funded the diabetic drug called Actos, and we applied the same practice to that. It was exciting. These were really smart people. Out of the 15 consultants, six or seven went on to be chairs of medicine, and five became presidents of the AGA.

On how his pharmacology background helped him: I could talk to the pharmacologists and translate the discussion between the basic scientists and the clinicians. So we were doing translational medicine before it became fashionable. I think being able to do this helped me enormously. Still does. Many of my publications are in clinical pharmacology.
Marsden Blanch M.D., M.P.H., F.A.C.S. combined his medical expertise and business acumen in 1985 when he founded Utah-based Megadyne Medical Products, one of the three largest electro-surgical product companies in the country. Its success is the result of Dr. Blanch’s innovation in developing the first eschar-resistant, PTFE-coated electrodes. While at the University of Utah, he earned his medical degree (1974) specializing in Otolaryngology, Head and Neck Surgery. He returned, earning a Masters of Public Health in 2003. He graduated from BYU Magna Cum Laude in 1970 with a degree in Zoology and a minor in Chemistry.

On why he chose otolaryngology:
I wasn’t sure what area I wanted to go into, so I did a straight surgery internship to figure out what area to pursue. I considered neurosurgery, cardiac surgery…at the time it was really about finding the thing I disliked the least. Ultimately, it was two doctors that made me take a closer look at otolaryngology, both of whom were mentors for me—James L. Parkin, M.D., and Mike Stevens, M.D. I identified with them, learned a lot from them, and also appreciated that they emphasized the importance of family along with being a good surgeon. I was also drawn to the challenge and the variety of surgeries in this specialty ranging from micro-surgery of the ear to head and neck tumors, and encompassing both adults and children.

On perfecting stapedectomies:
This is a very precise micro-surgery that restores hearing; there is no room for error at all. As a chief resident I loved doing them but there were not a lot of opportunities to get experience because the U did not see many stapedectomy cases and assisting on these cases was difficult. So I had some connections at St. Mark’s hospital and was able to practice on cadavers. Eventually I got confident enough and ended up seeing a lot of cases in Utah.

On why he didn’t work for pharmaceutical companies full time:
I was asked many times, and I said, “Are you kidding me?” All they would do is pay me more money. I was having the time of my life. No, it was never even a consideration.

On the collaborative approach to treating patients:
I learned at a very young age here at the University of Utah that silos are very counterproductive. When I was chief of gastroenterology here, I was blessed with having a chairman of surgery (Frank Moody, M.D.), who was a terrific GI surgeon, and really a fun man to work with, and he liked to collaborate as much as I did. We had combined GI surgery conferences and we were right together all the time. It was easy. We can’t do it without the surgeons, and the surgeons can’t be as effective as they need to be without input from us.

And other career reflections:
I feel fortunate that I’ve been able to pursue several careers simultaneously, each of which has given me a tremendous sense of satisfaction. I told my wife the other night; I can’t imagine a more fulfilling life.

On how Megadyne was founded:
In founding Megadyne, I’m reminded that you never know what is around the corner in your life. I was planning my life around being a surgeon; my defining characteristic was that I was a surgeon. But in 1984 I got tired of taking the time to scrape eschar off of the cautery tips—the buildup of burned tissue from surgery. It wasted time and after the nurse had sandpapered the eschar off, the abraded blade attracted even more eschar. About this same time, I was watching my wife cook on a Teflon-coated frying pan one morning and I thought “why can’t we coat the blade with that?” I was pretty confident that Teflon could be used in patients because of its inert nature and the fact that it was already being used in some applications as a prosthetic implant.

I got four Teflon-coated blades, sterilized one, and took it to the operating room. It worked great! Pretty soon colleagues were requesting them, refusing to do surgeries without them, so I found myself practicing medicine by day and spending my evenings coating blades with Teflon and giving them away. I would test them out on a chunk of liver or meat in my office; nurses would come in the...
next day, sniff the air, and say “Dr. Blanch you’ve been working on your blades again.” This product was the catalyst to starting a medical products business, which was first called American Medical Products and then Megadyne.

On hardships and payoffs those first years in business: It has been a real fun ride, but it wasn’t always easy. At first we flailed. I was busy as a surgeon and my business partner was busy as a hospital administrator. We had no marketing and sales experience and we were just spinning our wheels and were almost out of money. We had spent $35,000 and not sold a single blade. It got to the point that we had to stop doing this or leave our jobs; my wife nixed that—“who is going to give you a paycheck if you do that?” she asked. So instead I began to look for some partners with the experience we lacked and who could bring some money in.

Again we struggled and were about six to eight months from running out of money, when I got this idea. It was during the height of HIV and people were worried about it spreading, especially in operating rooms. I figured it won’t be long until we’ll be required to wear glasses in ORs, to prevent HIV getting into the membrane of the eye. So my partner borrowed $10,000 from his father-in-law and bought a bunch of shop goggles, two varieties—standard and deluxe; we repackaged them in Ziplock bags with mimeographed labels that said “Medical Glasses,” with a one-page brochure. We sent them to every hospital in the country; within a couple of weeks orders came in like crazy—we couldn’t keep up with them. This was the late 1980s, and we’ve never had to advertise them since. It also provided us the money to send a sterile sample of the blade to every surgeon in the country, so that product then took off.

These two products exemplify the value of being aware and keeping your eyes open and seeing where there is a problem that can be solved.

On patenting that first product: I didn’t even know that Teflon was an insulator and radio frequency was electricity—I was too ignorant to know that this wouldn’t work so we just did it. And it worked. Nobody else had ever thought of it because they assumed since Teflon was an insulator it wouldn’t work. It wasn’t until we were defending our patent in court that I found out it worked by capacitive coupling.

Our patent was good for 17 years, and this time allowed us to build a solid base before competitors could enter the picture, though we had several infringement lawsuits. We really were the first in the market and are still the best. My advice is if you are thinking of an idea, chances are someone else is too, so protect it early on.

On establishing a niche: We are now a full-service electro-surgical company, but it wasn’t until about 1998 that we narrowed our focus and made the decision to sell only electro-surgical devices. Prior to this we were hustling to develop and sell all sorts of medical products and we knew our 17-year Teflon-blade patent was coming to an end. During this period of time, I went on a three-year LDS mission in Southern California where I oversaw the care and training of some 200 missionaries, and came across a fast food place called In-N-Out Burger. It focused only on burgers and these joints were thriving. This gave me an idea.

When I returned to Utah I said, “We want to own core electro-surgery and we’re going to be like In-N-Out Burger.” My partners caught the vision of becoming strictly an electro-surgical company. We got rid of everything except about eight to ten electro-surgical devices. We kept the goggles of course!

On other passions: If someone had told me ten years ago I’d be running marathons and riding motorcycles, I would have laughed. I ran my first 10K at 58 and it nearly did me in. Since then I’ve run 20 marathons and will run the Boston Marathon this year for the fourth time.

I used to call motorcycles, “murder-cycles” to my children when they were young, but at 62, I was looking for a way to connect with one of my sons and the bridge was motorcycling. The BMW 1200 RT is my passion right now—that is a hot bike. Last summer we did a 3,000 mile road trip though four national parks. Once I get on a motorcycle, I just feel like the world has been lifted off. It’s pure freedom.

I’ve got 6 children and 19 grandchildren and I love being with them. Right now I’m planning a pumpkin patch for them on our property in Midway. In addition to several marathons, I’m training for the Napa Valley Ironman for next summer and a motorcycle trip to the Northwest. I honestly don’t think I would change anything looking back…I absolutely love my life. I never thought of myself as a dedicated optimist, but a lot has just fallen into place.

I provide free medical care at a clinic downtown once a week and have never been tempted to give up medicine, even when Megadyne was flourishing. This is who I am—a clinician at heart and I’m glad I’ve stayed in the realm of helping patients.
Class of 1961

William Black, M.D.
Dr. Black and his wife Sandra reside in St. George, Utah. Dr. Black has 12 children, enjoys genealogy, and is the author of two books, Mormon Athletes – Books I and II.

Lorimer “Lorry” “Chris” Christensen, M.D.
Dr. Christensen is happily married to Barbara and resides in Salt Lake City, Utah. He enjoys dancing, shooting, golf, tennis, photography, travel, writing, research, hiking, swimming and music.

Enoch G. Dangerfield, M.D.
Dr. Dangerfield and wife Ann Marie live in Sandy, Utah. He enjoys walking/hiking, planes, video editing, photography and music. Dr. Dangerfield is an ownership partner in a twin engine plane and sings in two choirs.

John V. Dickson, M.D.
John V. Dickson, M.D. is an avid ASU sports fan. He has been a Sun Devil member for 40+ years. He also enjoys other Arizona teams and is a season ticket holder for the Phoenix Suns, Arizona Cardinals, and Arizona Diamondbacks. Dr. Dickson has been happily married to Lou Ann for 53 years and enjoys being an active grandfather.

Dorian R. Faber, M.D.
Dr. Faber is the father to three children and grandfather to 19 grandchildren. He enjoys reading, church service and cruises. Dr. Faber has served three missions to Bulgaria, Australia and Chicago.

LaMar M. Fox, M.D.
LaMar M. Fox, M.D. was a Clinical Professor and Training Director in Child Psychiatry at UCSF. He, along with wife Betty Lee, raised four sons and currently reside in St. George, Utah. Dr. Fox enjoys reading, writing, travel and church activities.

James W. Preston, M.D.
Dr. Preston has been married to Margie for 55 years and they have four children, 11 grandchildren and three great-grandchildren. Dr. Preston was Chief of the GI Division at the University of Utah for eight years, six-time winner of the Outstanding Professor Award, and was chair of the Internal Medicine Department at the University of Connecticut for 17 years. He is very active in church, philanthropy and community service.

LeRei “Barney” Gardner, Jr., M.D.
Dr. Gardner and his wife Sara reside in El Dorado Hills, California. He retired in 2002 after a busy career in Orthopedic Surgery which included being the team physician for the U.S. ski team and the U.S. men’s and women’s soccer teams. Dr. Gardner raced sports cars all over the U.S. from 1979 to 1995— even winning 1st place at Pebble Beach. He also enjoys restoring classic cars.

Stanley J. Haberman, M.D.
Dr. Haberman and wife Nanette reside in Trenton, New Jersey. He enjoys tennis, aerobic activities, his grandchildren and white water rafting.

Raymond D. Hilavty, M.D.
Dr. Hilavty is a life-long resident of Logan, Utah and had held many prestigious positions within the area. He was the instructor for the USU department of Audiology and Speech Pathology, Chief of Staff at Logan Regional Hospital and served as a team physician for both Logan High School and USU. Dr. Hilavty is an Aggie fan, enjoys fly fishing, hunting, photography, gardening, travel and sports.

Frank W. Kleist, M.D. Frank W. Kleist, M.D. and his wife Teresa, are residents of Visalia, California. Dr. Kleist enjoys long distance cycling, traveling, tennis, book clubs and landscaping. A few of his significant achievements include serving as President of Tulare County Medical Society and becoming a Diplomat of the National Board of Medical Examiners.

LeRoy Montgomery, M.D.
Dr. Montgomery is a Board Certified Ophthalmologist and served as the Medical Director of Central Utah IHC and of BYU Student Health.

Jerry R. Martin, M.D.
Jerry R. Martin enjoys hiking, reading, fishing, western history, family history and LDS Church history. He and wife Beverly live in Pleasant Grove, Utah.

Robert F. Montgomery, M.D.
Dr. Montgomery is a former two-term member of the Utah State Senate.

John G. Moore, M.D.
Dr. Moore resides in Salt Lake City, Utah. He enjoys his cabin in Island Park, Idaho, skiing, swimming, golf, reading Scandinavian detective novels and attending reunions!

Ronald R. Potter, M.D.
Ronald R. Potter, M.D. resides with wife Beverly in Walnut Creek, California. He enjoys travel, golf and reading.

Howard L. Roberts, M.D.
Dr. Roberts and wife Laura have eight children and 30 grandchildren and reside in Kanab, Utah. He enjoys scouting, music, patriotism, community service, history and gardening. Dr. Roberts would love to travel to different parts of the world and notes that retirement is great!

Robert P. Romney, M.D.
Dr. Romney and wife Deborah reside in Alpine, Utah. He enjoys flying fishing, boating and LDS Temple work. His significant achievements include positions as the Medical Director of Central Utah IHC and of BYU Student Health.
A. Owen Smoot, M.D.  
A. Owen Smoot, M.D. resides in Bountiful, Utah with wife Joan. He held many administrative positions during his career but most enjoyed being able to put injured people back together. He keeps busy in retirement with his work with the Church of Jesus Christ of Latter-day Saints.

Joseph L. Thorne, M.D.  
Dr. Thorne notes his significant achievements as his three children and 12 grandchildren. He enjoys spending time at his Montana property relaxing. He and wife Donna reside in Salt Lake City, Utah.

Leon H. White, M.D.  
Leon H. White, M.D. and wife Le- one reside in Roy, Utah. During his career Dr. White served as Chairman of the Department of Pediatrics at both McKay-Dee and Ogden Regional Medical Center. For 25 years, he served as team physician for Roy High School athletics. Dr. White enjoys amateur radio, gardening, fishing, hunting and wood carving.

Val Hemming, M.D.  
Dr. Hemming served in the United States Air Force from 1965 to 1990. He was the director of pediatric residency at David Grant Medical Center, Travis, AFB, CA. In 1980 he was assigned to the Department of Pediatrics at the Uniformed Services University of Health Sciences (USUHS) in Bethesda, Maryland. He was promoted to Professor of Pediatrics in 1984; appointed Professor and Chair of Pediatrics in 1987 and served until 1995 when he was appointed interim Dean of the School of Medicine at USUHS. In 1996 he became Dean of the School of Medicine and served until 2002 when he retired as an Emeritus Dean and Professor.

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Dennis Stevens, M.D.  
Dr. Stevens is a practicing infectious disease physician in Boise, Idaho. He recently obtained funding for a new Biomedical Research Institute at the Boise VA Medical Center, construction will be completed in February 2012. Dr. Stevens has over 170 original research publications. He received the Infectious Disease Society of America Citation, the Surgical Infection Society Altemier Award, and the American Association of Physicians Endowed Lectureship, Royal Society of Physicians at Edinburgh, Scotland.

Sherman Douglas Wing, M.D., FA.C.R.  
Dr. Wing practices diagnostic radiology at Utah Valley Regional Medical Center and resides in Provo, Utah. He was a counselor for the Radiological Society of North America from 1989 to 1994 and President of the Utah State Radiological Society from 1995 to 1996. Dr. Wing served as Medical Staff President, Utah Valley and Orem Community Hospitals from 1998 to 1999 and received the Physician of Distinction Award for the IHC Urban South Region in July 2004.

Class of 1976

Bart Brower, M.D.  
As Dr. Brower’s career ends he confesses that he still doesn’t understand renal physiology and the one unanswered question that continues to burn in his soul is “why did I have to take biochemistry?” He states he has not used one gram, not one milligram of it in 35 years of practice. All in all Dr. Brower wouldn’t change a thing. He was blessed with a great education, a practice filled with wonderful patients and experiences, fantastic partners, and an incredible wife and family.

Glenn Cook, M.D.  
Glenn Cook, M.D. has been married to Rosilene for over 40 years. Together they have three children and eight grandchildren. He is practicing full time with Scottsdale Medical Imaging. He is Endovascular Forum Board certified in Diagnostic Radiology with CAQ in Interventional Radiology. Classmates can be found on Facebook, LinkedIn and Twitter.

Merrill T. Dayton, M.D.  
Dr. Dayton is currently Professor and Chairman, Department of Surgery, SUNY Buffalo and Chief of Surgery of the five hospital Kaleida Health Systems. Dr. Dayton currently serves on the Board of Directors, for the Academic Health Professionals Insurance Association which is the malpractice insurance company for the entire SUNY system. He has served as President of two national academic surgery organizations, Western Surgical Association and the Association for Academic Surgery and Vice-President of another – Society of Surgery of the Alimentary Tract. Dr. Dayton was selected as a Distinguished Educator by ASE and received the CEO Distinguished Contributions Award from the Erie County Medical Center.

Val Dunn, M.D.  
Dr. Dunn and his wife Laura recently celebrated their 40th wedding anniversary. They have 17 grandchildren and have a happy life living in beautiful Provo Canyon near Vivian Park. Together they served a Humanitarian Mission to India for 18 months and currently enjoy serving at the Provo Missionary Training Center. Dr. Dunn is now working ¾ time with the greatest group of radiologists in the country, Utah Radiology Associates.

Theodore N. Hackett, Jr., M.D.  
Dr. Hackett lives in Arcadia, California and practices at Verdugo Hills Hospital in Glendale, California.

Robert M. Holley, M.D.  
Dr. Holley has a family practice at Pt. Pleasant Medical Center in West Virginia. He is an Assistant Professor at Marshall University, a Board eligible Lipidologist and a national speaker on vascular disease.

Randy Paulsen, M.D.  
Dr. Paulsen resides in Lexington, Massachusetts and is Assistant Professor of Psychiatry at Harvard Medical School. He told his classmates if they are ever in Boston for a conference or whatever to give him a call or send him an email: rtpaulsen@partners.org.

Michael Stones, M.D.  
Michael Stones, M.D. lives in Logan, Utah where he is a working internal medicine doctor at IHC’s Budge Clinic.

James (Jim) Tatton, M.D.  
Dr. Tatton lived long enough to retire as of 2007 and now enjoys the privilege of volunteering. He has one wife and eight children and resides in Nephi, Utah. He is a fellow in three organizations: Emergency Medicine, Family Medicine, and Wilderness Medicine.

Val Dunn, M.D.  
Dr. Dunn is a Fellow of the American Congress of Obstetricians and Gynecologists and a Diplomate for the American Board of Obstetrics and Gynecology. He is a certified menopause practitioner and a member of the North American Menopause Society since 2007. Dr. Wapett is certified in Operative Laparoscopy and Operative Hysteroscopy. He has won the Dr. Bill James Award, the B.K. Haffner National Award for Outstanding Service to Alaska Native/American Indian Women, and the American Congress of OB/Gyn 2011 Professional Development Award.

Class of 1981

Jonathan Camp, M.D.  
Dr. Camp lives in Henderson, Nevada and has seven children and 14 grandchildren.

All significant achievements in his life are centered around his great family! Dr. Camp loves his patients and practice as a managing partner at the Children’s Bone and Spine Surgery. He has a great life in Las Vegas and hopes to retire in 10 years.

Steve Erdman, M.D.  
Dr. Erdman is Director, Pediatric Gastroenterology Fellowship Training Program at Nationwide Children’s Hospital/The Ohio State University College of Medicine. He is the Past President of the Collaborative Group of the Americas on Inherited Colorectal Cancer. He and his wife Terri are still going strong after 29 years of marriage and have one son, Sam.

Lauren Florence, M.D.  
Dr. Florence’s work revolves around rejuvenating aging faces. She’s been using autologous tissue transfer since 1993, basically moving fat from places where one doesn’t want it to places where one does want it. She founded the Healthcare Information Initiative of Utah (hiiu.org) trying to make health records uniformly connect to each other. She currently serves as Vice-Chair of the Utah State Health Data Committee. She’s married to her college sweetheart and is a grandmother of one.

Marcia Leatham, M.D.  
Dr. Leatham is retired and living in Bonita, Caribbean. She works from time to time, as the mood strikes, and dives to her heart’s content out her back door on Bonaire. Dr. Leatham is loving being a grandma to her two young grand kids!

Ace Madsen, M.D.  
Dr. Madsen resides in Vernal, Utah with his wife Zoe and practices internal medicine at Ashley Regional Medical Center.

Steve Mimaugh, M.D.  
Dr. Mimaugh is working the night shift at St. Mark’s Emergency Room in Salt Lake City, Utah. He been part of a geriatric rock and roll band, The Disgusting Brothers Band for 31 years (a spin-off from The Texas Uprising Band, 16 years – don’t ask!) and played at the Gallivan Center twice in 2011. He has three children in grad school at the University of Utah and a loving and fulfilling domestic partnership with his sweetheart and soulmate of 10 years, Jay Johnson, RN and her two daughters. He continues to play rock and roll, run rivers, camp, bike, hike, and go to concerts.

Douglas Richards, M.D.  
Douglas Richards, M.D. currently resides in Cottonwood Heights, Utah. He was professor of Obstetrics and Gynecology and head of the Maternal Fetal Medicine Division at The University of Florida prior to returning to Utah in 2011. He practices at Intermountain Medical Center and University of Utah Medical Center.

Lee Wendell Vance, M.D.  
Dr. Vance is a resident of Jacksonville, Florida. He is a Fellow of American College of Chest Physicians and a Fellow of the American College of Physicians. Dr. Vance has had practices in St. George and Ogden, Utah and Roseburg and Hermiston, Oregon. He joined the US Navy and practiced at the National Naval Medical Center and Naval Hospital in Jacksonville, Florida. Dr. Vance was a Clinical Associate Professor of Medicine at the Uniformed Services University of Health Sciences from 2004 to 2007. In his time in the service he was deployed to Djibouti, Kuwait and Afghanistan.
Class of 1996
Lisa Morgan, M.D.
Dr. Morgan is married to Brian Canty and resides in Salt Lake City, Utah. She is currently taking some much needed time off to spend with their five year old son, Luke.

Todd Murdock, M.D.
Dr. Murdock resides in Missoula, Montana and practices pediatric ophthalmology at Rocky Mountain Eye Center.

Class of 1999
Steven K. Miller, M.D.
Dr. Miller is a resident of Salt Lake City and the father of five children, two of which are medical students. Dr. Miller is the Past President of the Utah Otolaryngology Society, President of ENT Center of Salt Lake, Park City and Draper, and is currently an AMA delegate from the state of Utah.

Scott McFarland, M.D.
Dr. McFarland resides in Granite Bay, California and practices Ophthalmology.

Class of 2001
Marion Folkemer, M.D.
After finishing residency Dr. Folkemer spent four and a half years in the Indian Health Service for the Navajo and Tulelips Reservations. She currently resides in Seattle, Washington and practices at the University of Washington Neighborhood Clinics as a pediatrician.

James G. Howard, M.D.
Dr. Howard completed an internal medicine/ophthalmology internship at the University of Utah, an ophthalmology residency in 2005 and a fellowship in vitreoretinal surgery and disease in 2007 at the University of Iowa. He currently lives in Sandy and is a partner at Retina Associates of Utah in Salt Lake City.

James Pingree, M.D.
Dr. Pingree resides in Salt Lake City, Utah and practices Neurosurgery at St. Mark’s Hospital.

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James Pingree, M.D.
Dr. Pingree resides in Salt Lake City, Utah and practices Neurosurgery at St. Mark’s Hospital.
Class of 2002

William Mitchell, M.D.
Dr. Mitchell lives in San Diego, California and works as a medical oncologist seeing primarily thoracic malignancies. He also serves as the medical director of the palliative care program at UCSD.

Class of 2003

Jacob Clendenon, M.D.
Dr. Clendenon finished an Abdominal Transplant Surgery fellowship in Abdominal Transplant Surgery in 2011 at Mayo Clinic and currently practices in that field at Aurora St. Luke’s in Milwaukee, WI. He did his general surgery residency at Albert Einstein School of Medicine at the Montefiore Medical Center.

Class of 2006

Jeremy Biggs, M.D.
Dr. Biggs is currently working as an Assistant Professor at the University of Utah and lives in Draper, Utah with his wife and three children.

Paula Cook, M.D.
Dr. Cook is Board certified in Family Medicine and sitting for Ad- diction Boards in December of 2012. She enjoys her family practice at Wasatch Family Medicine and at St. Marks Hospital and watching her family grow in Salt Lake City, Utah.

Chenyin He, M.D.
Dr. He is happily married to her husband, Ben Li who is a fellow in maternal-fetal medicine and pediatric genetics at UCSF. Together, they have a little furry dog named Bouncy. They love being back in the Bay Area and enjoy the surrounding mountains and Pacific Ocean.

Heather Helton, M.D.
Dr. Helton is currently a Pediatric Hematology/Oncology Fellow at Seattle Children’s Hospital. She completed her Children’s Hospital at Michigan State University in 2006 and a fellowship in clinical research in 2010.

Sarah Petersen, M.D.
Dr. Petersen is excited to be back home in Utah. She completed her residency at Children’s Mercy Hospital in Kansas City, Missouri in 2010. Dr. Petersen has two children, Timothy and Anna Bella. She loves being a mostly "stay-at-home-mom" with a great part-time gig at University of Utah South Jordan Health Center.

Christian Sybrowsky, M.D.
Dr. Sybrowsky is currently completing a fellowship in sports medicine/arthroscopy at the University of Iowa. He completed his residency in 2011 in orthopaedic surgery at the University of Washington.

Class of 2002

William B. Slayton, M.D.
Dr. Slayton, who is a children’s oncologist and a associate professor of pediatrics in the University of Florida College of Medicine was recently named chief of the division of pediatric hematology and oncology after serving as the interim chair since 2008. Dr. Slayton completed a research fellowship in pediatrics hematology and oncology focused on stem cell biology and leukemia at the University of Utah in 1999. He specializes in treating and studying high-risk forms of leukemia.

Randy Danielsen, Ph.D., PA-C, DFAAPA, ’78
Dr. Danielsen is an Emeritus professor at A.T. Still University. He serves as the Senior Vice-President of the National Commission on Certification of Physician Assistants Foundation. He recently co-authored a book, The Preceptor’s Handbook for Supervising Physician Assistants, for physicians who supervise PAs. For more information go to www.jblearning.com/catalog/9780763773618.

In Memoriam

Roscoe B. Anderson, M.D. MD 1946 10 Dec 2011
Robert H. Ballard, M.D. MD 1944 08 Aug 2011
David D. Bone, M.D. MD 1978 21 Oct 2011
Ezra R. Clark, M.D. HS* 1954 10 Sep 2011
Clayton Ronald Gabbert, M.D. MD 1958 22 Jul 2011
Kenneth Howard Huey, M.D. MD 1956 22 Jun 2011
John W. Isgreen, M.D. MD 1958 29 Aug 2011
Roger S. Jernstrom, M.D. MD 1957 15 May 2011
Hiroshi Kuida, M.D. MD 1946 02 Aug 2011
John Kumagai, M.D. MD 1944 09 Jun 2011
Stephen F. Lowry, M.D. MD 1955 12 Jul 2011
Dean H. Mahoney, M.D. HS* 1974 04 Jun 2011
Hugh C. McLeod, M.D. HS* 1977 30 Sep 2011
John E. Smith, M.D. MD 1950 18 Aug 2011
Sarah Petersen, M.D. MD 1944 08 Aug 2011
John Kumagai, M.D. MD 1944 09 Jun 2011
Stephen F. Lowry, M.D. MD 1955 12 Jul 2011
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Hugh C. McLeod, M.D. HS* 1977 30 Sep 2011
John E. Smith, M.D. MD 1950 18 Aug 2011

*HS designates House Staff alum
Bryan Stone, M.D., ’86
Bryan graduated from the University of Utah Medical School with the class of 1986. He completed a residency in internal medicine and pediatrics at Duke University from 1986-1990. At the completion of residency he was awarded a Pediatric Scientist Development Program postdoctoral fellowship and spent 3 years at the “U” as a molecular geneticist. He left academic medicine for 10 years, serving the people of Carbon and Emery counties in rural Utah as a primary care provider, with the last 2 years as a community hospitalist in Price. Bryan returned to academics at the “U” as a pediatric hospitalist in 2003 at Primary Children’s Medical Center. He resumed a research career pursuing interests in health services and comparative effectiveness, and enjoys opportunities to teach the medical students and residents. He is funded on grants addressing needs of children with chronic illness including focused work helping children with asthma.

Susan Wiet, M.D., House Staff, ’03
Dr. Wiet graduated from Northwestern University Medical School in Chicago, IL. She completed her residency in Adult Psychiatry then fellowship in Child and Adolescent Psychiatry at the University of Utah Hospital and Clinics. She served as Medical Director for the Child and Adolescent Behavioral Health Clinic, then Youth Partial Hospital Programs at the University of Utah Neuropsychiatric Institute. She served in community mental health as the Medical Director for Summit County and increased substance abuse services in the community. For the past eight years, she has served as the Medical Director/Consultant and Residency Rotation Director for Odyssey House – Adolescent Unit and will soon expand dual diagnosis services to Adult and Parent/Children units. She holds American Board certifications in Adult Psychiatry, Child and Adolescent Psychiatry and Addiction Medicine. She is the immediate past president of Intermountain Academy of Child and Adolescent Psychiatry and was instrumental in forging collaboration between child psychiatrists and pediatric practices in conjunction with the Department of Pediatrics at the University of Utah. She is an advocate for people with mental health impairments and is particularly committed to improve the identification of and services for youth and adults with dual diagnosis and childhood trauma.

Incoming Board Members

Do you have an idea for an article in Illuminations?

A story you’d like to share about your personal experience in the world of healing?

A humorous or moving incident you think other medical personnel would enjoy reading?

Know of an alumnus/a who has done something remarkable in their life?

Submit your ideas or manuscripts (subject to editing and no longer than 1200 words) on line at http://app.medicine.utah.edu/SOMAlumni/index.htm by attaching them to the image link, email your submission to Kristin.gorang@hsc.utah.edu or mail to Illuminations, SOM Alumni Relations, 540 Arapeen Drive, Ste. 125, Salt Lake City, UT 84108.
Call for Nominations

Submission Criteria

The following categories are 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:

Curriculum Vitae:
A CV should be included with the submissions for the Distinguished Alumni Award. A CV is recommended, but not required for the Service and the Humanitarian nomination.

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

Deadline:
March 1, 2012

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

To view previous recipients, please view our Web site: http://medicine.utah.edu/alumni/network/awards/index.htm
A nomination 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. Recipients will receive their awards at the September 13 Alumni Association School of Medicine Awards Banquet.