COMPHEALTH COMMUNITY CLINICAL ADJUNCT FACULTY AWARD
INAUGURAL RECIPIENTS MARYELLYN GILFEATHER, MD AND CHAD SPAIN, MD ’10
ILLUMINATIONS

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

WHAT’S INSIDE

1 Dean’s Message
2 Executive Director’s Message
3 The 1990s Innovators and Entrepreneurs
8 Driving Out Diabetes
10 Darla Rogers and the Mighty Y-90
12 Alumni Weekend
17 Student Life
19 Alumni Reunion
25 CompHealth Community Adjunct Faculty Award
27 Dean’s Roundtable
28 All Class Picnic
31 Rubor Submissions
33 Hurricane Irma Relief Efforts
34 The Giving Corner
35 News Notebook
37 Alumni News

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University of Utah School of Medicine Alumni Association
Some of the highlights from this past year include students contributing over 16,000 hours of community service. The U’s Bench to Bedside program, pairing medical students, engineering students and business students to create new solutions for medical problems is nationally recognized as a vehicle for cutting edge innovation. This year, our students’ average score for Step 1 of the United States Medical Licensing Examination improved almost eight points over the previous year. Our students are leaders in building a Health Sciences emphasis on team based care. Our graduates have matched into excellent residencies around the country, and many are becoming leaders in their programs. With their many accomplishments, they have not forgotten their focus on patient care and helping patients—the reason many of them applied to medical school.

We have some challenges. Our expanded class size affords more deserving candidates than ever the opportunity to attend medical school. Both our class size and the applicant pool from which they are selected have reached historic highs. It forces us to extend beyond our own hospitals and clinics for clinical training sites and preceptors. We need many of our alums who practice in the community along with other non-alumni community physician to assist in training these students. This year, we recognized two of our most notable community-based preceptors with the CompHealth Community Adjunct Faculty Award. To learn more about this award see page 16 of the magazine.

Tuition is higher than it has ever been. The burden of debt our students shoulder continues to rise. This impacts our students in predictable ways. Nearly all of them say their eventual choice of specialty is strongly influenced by concerns about how they will repay their loans. We also lose top candidates every year to other medical schools that can offer scholarships and financial aid we cannot match, which is why we appreciate those of you who give back to the School of Medicine Alumni Gift Fund and/or Scholarship Fund, both of which support our current students.

I am also profoundly grateful for your support of our students through School of Medicine Alumni Association programs, such as Dinner with a Doc, the Student Emergency Fund, the HOST program, the gift of stethoscopes, and all the other generous and kind things you do. Our students recognize how much the school depends on loyal alumni. Your generosity in these areas, combined with the support of scholarships and educational endowments, keeps the school functioning and students encouraged and committed. Every contribution, no matter the size, has an impact.

I’m proud to call myself an alumnus of the University of Utah School of Medicine. It’s an honor and a privilege for me to be associated with all of you. Each year when I attend the School of Medicine Alumni Association’s Awards Banquet, it is a humbling experience to listen and learn about the histories and lives of the 50-year class being inducted into the Half Century Society. So many of our alums have accomplished great things, but I’m also moved by the many small, often unrecognized sacrifices these doctors have made in their professional lives, improving the lives of their patients and the greater community. It’s a privilege to claim you as alumni. Your many acts of kindness and professional excellence are a positive reflection on our school. As leaders and administrators we depend on you. So do our students. Please continue to keep them, our future doctors and the other health care professionals we train, close to your heart.

Thanks for all you do.

Wayne M. Samuelson, MD ’80
Interim Dean, School of Medicine
President’s Message

“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, ...” Opening lines of A Tale of Two Cities (1859) by Charles Dickens.

Health care is undergoing change. Perhaps that is the understatement of the year (so far). I suspect if you asked health care workers to describe the change, the majority would relate experiences that were impacted by the business of health care. Nested inside this very BIG business that has attracted so many businesspersons and made so many fortunes, there remains the classical picture of the physician sitting in an exam room, across from a worried but trusting patient, who is honestly sharing what she shares with no one else about her health and wellbeing. An interaction including questions, answers, a careful physical examination, thoughtful advice and prescribed therapies follows. The “everything else” that is current health care seems poised to overwhelm that classic but critical relationship and interaction between physician (advanced practice nurse/physician’s assistant) and patient.

Some of us have been around a while, watching the changes over five to six decades (yes, it has been evolving at least since the genesis of Medicare/Medicaid). I personally have experienced the introduction of provider panels, capitation, high-deductible insurance policies, the formation of large health care conglomerates, expanding pharmaceutical profit margins, advertising to the general public, overbuilding of health care resources, the ACA, and dog-eat-dog competition in the industry.

The cynic in me sees a business motive driving this change, including the reactions forced on payers, government included, as the total cost continues to do nothing but grow. Health care has also become perhaps the most fertile and misrepresented fodder for growing a political career or fostering a political movement. I’m pretty certain this latter role cares little about the provider-patient relationship and interaction, or the successful treatment of human illness.

I greatly fear the influence the industry may have on health care itself. Health care should be the provision of the best available care to address illness, by empathic human beings, one to the other. This may not always be evidence-based care, the “highest value” care, represent the greatest “quality”, or even address the “disease” directly. It should never become the venue for acquiring the greatest amount of money, or for blocking that acquisition.

I fear the diminishing returns on our current investments in health. Our model is reactionary, we “fix” rather than plan. The greatest advancements in human health over the past 200+ years are: 1) germ theory and the public health responses including sewer systems and potable water; and the medical response including surgical antisepsis; 2) vaccinations; 3) antibiotics; and 4) improvements in reproductive health care leading to a drop in infant mortality. There have been many more advances, but each becomes more focused and more expensive with fewer and fewer lives saved—diminishing returns. Is there still a frontier here? Our greatest future health investments are not difficult to identify. Reversing the obesity epidemic, regular physical activity, good nutrition, cleaning up our polluted world, universal access to health care. None of them fit the business model. All promise little profit, or may diminish current profits, despite huge returns.

So, what do we do? We need to be a workforce moving forward with eyes open. There has never been a more important time to be well-prepared, caring, not motivated by profit, and with a degree of freedom from the influence of the business side. Never forget how crucial you are in this process. You are the protector of the patients under your care. You are the one who decides what happens behind that closed exam room door as you practice your craft. You are the one who decides what happens behind that closed exam room door as you practice your craft. You are the one who decides what happens behind that closed exam room door as you practice your craft. You are the one deciding the degree of dedication to your art you should have. You are the one preparing the next generation of healers, or preparing to be them. You are the one who can make a difference.

Bryan L. Stone, M.D., M.S.
New Voyages of Discovery

In a move that seemed impossible to imagine and improbable to pull off, the ‘90s opened with Space Shuttle Discovery launching the Hubble Space Telescope into orbit and forever changing the way we view space. Back on earth, Kurt Cobain had become a household name, and technology was being introduced and consumed faster than ever. Bill Gates’ dream of “a computer on every desk and in every home” was creeping into reality; by fall 1998, 41 percent of U.S. households owned personal computers. Then came the World Wide Web. Once people understood the possibilities it provided, they couldn’t get enough. The ’90s also introduced us to a sheep named “Dolly” who became internationally synonymous with cloning. On the campus of University of Utah Health Sciences, researchers began mapping the human genome and making discoveries that would forever change the way we treat a wide range of diseases, while medical entrepreneurs commercialized their inventions and brought them to the world. With these advancements, the stage was set for 10 years of tremendous innovation.

HOSPITAL-WIDE SMOKING BAN
In 1992, three years after the hospital banned smoking in its cafeteria, the ban was extended to include the entire building. The prohibition against smoking required a vote by the hospital’s medical board and passed without question in an effort “to actively promote healthy lifestyles.” From this point forward, smoking was only permitted outside.

The photos on these pages are reprinted courtesy of the Spencer S. Eccles Health Sciences Library, University of Utah.

In 1990...

- In-state tuition was $1,632/quarter
- A ticket to see the holiday hit movie Home Alone was $4.20
- Nelson Mandela was released from prison after 27 years

1990s
Innovators and Entrepreneurs

3D ILLUSTRATION OF NEURONAL CELLS

DOLLY THE SHEEP

 Getty Images


LIKE FEEDING CANDY TO A BABY

What started with taming a moose in 1983 and feeding sugar cubes to monkeys in 1984 eventually led to groundbreaking human use of the opiate fentanyl in 1985 and one of the university’s greatest entrepreneurial success stories of the ’90s. In field testing and research labs, Ted Stanley, MD, discovered how to safely immobilize animals using fentanyl. Anxious to apply this research to humans, Dr. Stanley wondered if he could administer the drug in the form of a lollipop. Back at the U, Dr. Stanley went to work with pharmacists to create the lollipop. Formal studies followed in order to seek FDA approval, and on Aug. 1, 1985, Dr. Stanley and business partner Bill Moeller founded Anesta to produce the first fentanyl lollipop. Originally developed as a sedative for pediatric patients going into surgery, the invention was groundbreaking for the University of Utah. It ignited the University’s passion for bringing together medical innovation, not only within the School of Medicine, but also across disciplines and beyond the ivory tower to business and industry.

In 1999, Anesta was sold for $444 million in stock. Dr. Stanley went on to become a serial entrepreneur, launching 10 life-science companies and three research and educational foundations while continuing to invent, inspire and mentor the U’s medical entrepreneurs of the future.

THE MOTHER OF MANY FIRSTS—F. MARIAN BISHOP, PhD, MSPH

The ’90s were filled with firsts for the University of Utah. In 1994, F. Marian Bishop, PhD, MSPH, was named chair of the Department of Family and Preventive Medicine, distinguishing her as the first female chair in the history of the medical school. Dr. Bishop helped establish family and preventive medicine as disciplines in academic medicine and was a devoted mentor to medical school students throughout her career.

F. MARIAN BISHOP, PhD, MSPH

Many of Dr. Bishop’s career “firsts” have the word “woman” attached to them; yet others note that she was the first doctor of philosophy in a field dominated by MDs. She was the first PhD to serve as president of the Association of Teachers of Preventive Medicine (1978–79), the first woman president of the Society of Teachers of Family Medicine (1981–82), and the first person to serve as president of both of these organizations.

GOLD-HEADED CANE

An accomplished artist and jewelry maker, plastic surgeon Clifford Snyder, MD, designed a replica of the original gold-headed cane that was handed down from physician to physician as early as the 17th century. In 1992, he donated the cane to the School of Medicine, where it is ceremoniously awarded each year to a senior medical student who has shown exemplary interest in patient care.

THEODORE STANLEY, MD

Inventor and entrepreneur; Professor of anesthesiology; Research professor of surgery

HEALTH SCIENCES REPORT ARTICLE, 1983

“New Anesthetics for Moose and Man” Health Sciences Reporter Article
The Human Genome Project (HGP), an international, 13-year effort to map the entire human genome, brought together U researchers to form the Utah Center for Human Genome Research in 1991. Funded largely by the US Department of Energy and the NIH, which described the project as “an inward voyage of discovery,” the HGP would significantly impact future discoveries at the School of Medicine and institutions worldwide. The project revealed that there are approximately 20,500 human genes and allowed researchers to map each one. The university’s collaboration with five other research institutions involved in the HGP not only helped accomplish the project’s mission, it also provided a springboard for future discoveries in genetic medicine.

Perhaps the most significant breakthrough came from Dr. Ray White, who showed how the new DNA technology could be used to map all human genes, including those that cause cystic fibrosis and neurofibromatosis. His group also discovered many markers on all the human chromosomes, which were then available to the world of genetics for further mapping.

One of the earliest successes came in 1994, when geneticists Mark Skolnick, PhD, and Lisa Cannon-Albright, PhD led the research team that won the five-year race to clone the BRCA1 gene. Using the power of the Utah Population Database to help map and clone genes, Skolnick and his newly formed company, Myriad Genetics, created a test to determine breast cancer risk. Early detection has saved thousands of lives and changed how patients and providers treat and prevent breast cancer worldwide. Although not the first to find the second breast cancer gene, BRCA2, Myriad was the first to isolate it. This began to transform the way scientists categorize cancer, from a disease based on anatomy, to one based on genetic profile.

On the heels of the BRCA1 discovery, University of Utah Health Sciences researchers Mark T. Keating, MD, and Mike Sanguinetti, PhD, uncovered the biological implications of the HERG gene in 1995. Specifically, the two discovered that loss-of-function mutations of the gene caused inherited long QT syndrome, a condition that causes ventricular fibrillation (v-fib), the most commonly identified arrhythmia in cardiac arrest patients. They also realized that rare episodes of v-fib and sudden cardiac death induced as a side effect of several common medications resulted from a similar mechanism—inhibition of the current conducted by the potassium ion channel encoded by the HERG gene. Partly as a result of this discovery, every drug developed by pharmaceutical companies seeking FDA approval in the United States, Europe and China are now tested against the HERG gene. The new testing regulations have saved lives as well as millions of dollars in pharmaceutical development costs.

“By determining the causes of our frailties, our predispositions, our future health, perhaps even our behaviors. This revolution carries the promise of new diagnoses and new therapies for the many diseases that have a basis in our genes.”

RAYMOND GESTELAND, PHD

**A NEW FRONTIER IN GENETICS**

**DNA REPLICATION IN REAL TIME, A MILLION TIMES**

In 1991, Carl Wittwer, MD, PhD, pioneered a revolutionary technique to generate millions of copies of a DNA sample in just 10–30 minutes. Using a hair dryer to develop a prototype device for repeatedly heating and cooling the sample, Dr. Wittwer’s team had soon turned their “Black Beauty” prototype into the LightCycler rapid PCR instrument and introduced it to the scientific community.

The LightCycler cut processing time for PCR—polymerase chain reaction—from four hours to 20 minutes. This eventually led to rapid-cycle real-time PCR in 1996 and enabled scientists to replicate a DNA sequence and detect the reaction as it progressed. With real-time PCR, scientists could conduct genome analysis within minutes of the introduction of infectious agents, like food contamination or bronchitis.
CULTIVATING COLLABORATION

Almost a decade after the Max Wintrobe Building planted the seeds for scientific collaboration, the George and Dolores Eccles Institute of Human Genetics helped this synergetic atmosphere flourish when it opened in 1990. It was in this building, in a small lab on the 5th floor, that Mario Capecchi, PhD, accelerated his pioneering work in gene targeting using knockout mice. It was also where David J. Grunwald, PhD, began conducting zebrafish research to develop models of leukemia, colon cancer, congenital heart defects, muscular dystrophy, DiGeorge syndrome and other birth defects. And this was only the beginning.

GEORGE AND DOLORES ECCLES INSTITUTE OF HUMAN GENETICS

Above: Spencer F. Eccles, Lottie Eccles and Chase Peterson, MD at the dedication; Insert: Raymond Gesteland, PhD, and Ray White, PhD, during construction

MAKING A DIFFERENCE ACROSS THE GLOBE

In 1993, University Hospital unveiled another first-of-its-kind building on campus—the Moran Eye Center. The center provided multispecialty care for the visually impaired and research aimed at better treatments for conditions including glaucoma and macular degeneration. Built largely from donations and named for University of Utah alum and donor John A. Moran, the 85,000-square foot facility was initially designed to serve Mountain West residents but soon became a global force for good, working toward a goal of eliminating preventable blindness worldwide.

TRANSFORMING THE LANDSCAPE

As University Hospital issued patient record 1,000,000 in 1998, the Runnin’ Utes men’s basketball team was competing in the Final Four of the NCAA Men’s Division I basketball tournament. That spring the 225,000-square-foot Huntsman Cancer Institute became a shining centerpiece. Dedicated in 1999, HCI was founded by Ray White, PhD and Jon M. Huntsman. Building on the genetics research happening at the Eccles Institute of Human Genetics, the best and brightest would be brought in to make it happen.

$100 MILLION TO DEFEAT CANCER

The largest financial contribution ever made to medical research, $100 million, was donated in 1996 to fund the Huntsman Cancer Institute by Jon M. Huntsman who pledged, “Cancer will be defeated.”

Karen Buchi, MD, Class of ’84
Advocate for drug-endangered children; Professor of pediatrics and chief of the Division of General Pediatrics; Pediatrician at the South Main Clinic, providing care to underserved children.

“For the past two decades, I’ve been working with university perinatologists, state health department leaders and child protection advocates to shift state policy away from punishment of substance-using mothers and toward treatment for them. We’ve sat on committees. We’ve advocated in the courts. We’ve worked with substance abuse treatment and local law enforcement agencies. Together, we’ve been able to make good policy focusing on prevention and treatment. As a pediatrician, I see this as part of my job.”

BRINGING SIGHT TO THE BLIND

When Alan S. Crandall, MD, class of ’73, first visited West Africa as an ophthalmologist in 1994, he didn’t realize he was kick-starting one of the University’s most ambitious global health campaigns—curing preventable blindness in the developing world. Since that initial humanitarian mission, Dr. Crandall and other Moran Eye Center physicians have led more than a dozen international trips annually—traveling everywhere from Ghana and Nepal to Central America and the Caribbean to conduct medical eye camps and train local doctors, nurses and technicians.
NATIONAL CRISIS, COMMUNITY ACTIVIST

By 1994, the AIDS crisis swelled to urgent levels due to misinformation, fear and lack of effective drug treatment. It was at this time that the University of Utah made a critical hire, bringing in infectious diseases and AIDS specialist, Kristen Ries, MD.

KRISTEN RIES, MD, AND MAGGIE SNYDER, PA-C

Kristen Ries, MD and her partner in both medicine and life, Maggie Snyder, PA-C treated over 90 percent of Utah’s AIDS patients. Dr. Ries served as the clinical director, University of Utah Hospital’s Infectious Diseases/HIV Clinics.

“When we came to the University in 1994, AIDS was an epidemic and people were truly afraid. There was so much discrimination against AIDS patients and their need for treatment was so great. We were treating the overwhelming majority of people with HIV in Utah. Maggie Snyder, PA-C, and I worked 24/7, including house calls on weekends, for those patients too ill to come in for medical care. It was never my intent to become an activist. But I just knew I could protect myself against HIV/AIDS with the same protocols I would use for any other infectious disease. So we forged on with knowledge and naïveté. I care for the underserved because I believe everyone deserves reasonable care.”

A FAR-REACHING FOOTPRINT

Expansion across the valley was another transformation that resulted in growth while providing greater access to high-caliber University of Utah medical care. Through the purchase of a nine-practice multispecialty primary care network in 1998, the University of Utah Community Clinics (UUCC) were born. The goal—to produce “patient-centered and physician-efficient care.”

Providing medical care in a comfortable environment with reduced cultural and language barriers, the first University Health System Spanish-speaking clinic opened at the Redwood Health Center in 2003. But what revolutionized the clinic system was the “care by design” model, originally piloted at the South Jordan Health Center and later implemented system wide. The nationally recognized model cross-trained skilled medical assistants to fulfill all office functions while accompanying the patient throughout the course of the visit.

REMEMBERING DONORS WHO GAVE THE ULTIMATE GIFT

In 1998, the School of Medicine instituted an annual memorial service for people who had donated their bodies for research and education. Far beyond a medical school rite of passage, cadavers are used by researchers to develop new technologies and by practicing physicians to learn novel medical procedures and techniques for surgery.

“There’s nothing that duplicates the human body for the tactile experience it gives,” said Kerry Petersen, director of the School of Medicine’s Body Donor Program. “The health care we enjoy today is based on the body donors of the past.”

THE CENTER OF COMPASSIONATE CARE

What started as a four-bed unit in 1972, the University of Utah Burn Center evolved to 12 beds by 1985 under the direction of Glenn Warden, MD, class of ’68. By 1999 the Burn Center, the only academic specialty burn center in the Mountain West, made its home at University Hospital.

Trained by Warden, and carrying on the rich tradition he established, was Jeffrey Saffle, MD. The center earned a reputation for nationally recognized leadership and research, along with exceptional patient care.

One of the center’s signature programs, Burn Camp, was administered from the new facility. The outdoor camp catering to kids—and adults—with burn injuries, provided a fun environment for cultivating friendships with other burn survivors.
Diabetes Initiative

LEADING THE WAY TO PREVENT AND TREAT DIABETES: A LARRY H. MILLER FAMILY WELLNESS INITIATIVE ANNOUNCED

DRIVING OUT DIABETES

Diabetes is a growing, global epidemic. More than 30 million Americans—or roughly 10 percent of the total United States population—suffer from diabetes. Another 84 million American adults have prediabetes, and of these people, nine out of 10 don’t even know they are at risk. In Utah, 145,000 adults—7.5 percent of the population—have been diagnosed with diabetes. The disease remains the seventh leading cause of death in the United States, as well as the principal cause of preventable blindness, heart disease, stroke, kidney failure, and limb amputations.

In addition to its human impact, diabetes also has a large economic impact: the total cost of diabetes in the US is estimated to be more than $245 billion, and spending on diabetes makes up one out of every five health care dollars spent in the US.

The Centers for Disease Control and Prevention estimates that one out of three people will have diabetes by 2050. People in underserved communities have an even higher chance of developing diabetes because they don’t have regular access to screening, prevention, and educational services. Swift action is critical to combat this disease.

As part of our mission to enrich lives, we are partnering with University of Utah Health on this initiative with the goal of having a lasting impact, especially on some of the most vulnerable in our state,” said Gail Miller, chair of the Larry H. and Gail Miller Family Foundation.

Her late husband, Larry, a noted Utah businessman and philanthropist, died from complications of type 2 diabetes when he was 64 years old. “Our family knows firsthand the effects of diabetes and we are committed to help educate and save others from this devastating disease,” said Miller.

The Driving Out Diabetes initiative incorporates a novel three-pronged approach to attack diabetes through prevention and outreach, clinical care, and research and training, proactively delivering screening services to populations who are most vulnerable to developing diabetes.

The project engages research faculty, clinicians, staff, and students from the Office of Wellness and Integrative Health, School of Medicine, College of Health, and the Diabetes and Metabolism Research Center. Led by Angie Fagerlin, PhD, in collaboration with Robin Marcus, PhD, PT; Julie Metos, PhD; Simon Fisher, MD, PhD; and Jared Rutter, PhD, this initiative draws on University of Utah Health’s existing strengths in diabetes and metabolism research, and health and wellness initiatives, as well as the university’s emerging strengths and emphasis on population health.

“We are incredibly grateful for this opportunity to play a crucial role in the efforts to eradicate the disease in Utah and serve as a model for the nation and the world,” Dr. Fagerlin stated. “We deeply appreciate the strong support from The Larry H. Miller Family Foundation and of course Gail Miller.”
MOBILE HEALTH

A flagship of the initiative’s outreach effort will be launching a Mobile Health Program that aims to reduce chronic illness. The team hopes to create healthier communities by partnering with community organizations to provide health and wellness counseling, education, and screening services directly to those who otherwise might lack access to quality medical care.

This past fall, the Driving Out Diabetes team purchased a custom Mobile Health Vehicle, which will feature two private counseling rooms, two screening stations, and a waiting/education area. The vehicle is expected to be ready for the community in spring 2018. In the meantime, the mobile health team has been actively engaging community organizations, working to develop partnerships and identify underserved locations most in need.

PREVENTION AND EDUCATION

As part of the Driving Out Diabetes effort, the team is implementing school- and family-based behavioral change programs, which have been shown to be effective in changing lifestyles and demonstrating improved health outcomes. In fact, studies have indicated that proper nutrition education in childhood results in up to a 25 percent decrease in future incidence of chronic disease, including diabetes. Following this research, the Center for Community Nutrition in the College of Health has created three new programs—Food, Movement, and U; Crush Diabetes!; and Team Thrive—geared toward school-aged children and underserved low-income families.

The first, Food, Movement, and U, partners with three homeless and transitional care sites to teach homeless families healthy eating habits and creative ideas for improving food offerings in facilities serving homeless families. Through a 12-session curriculum, families learn more about eating to prevent diabetes while on a budget, healthy foods and parenting strategies to help kids eat well, and healthy, budget-friendly recipes and food tastings.

The second, Crush Diabetes!, encourages healthy habits in middle school students and their families through a short curriculum and the documentary Sugar Babies which explains the basic physiology of diabetes and features children and adolescents coping with diabetes. The third program, Team Thrive, is a high school-based program that is still in development.

CLINICAL CARE

The Miller family’s support has also given the Driving Out Diabetes initiative the ability to deliver new models of clinical care. The team designed two new programs that offer better care for patients already living with diabetes. The first, a program for uncovering diabetes complications, will identify patients at high risk for impending blindness or foot amputation and refer them for advanced medical intervention. The second, a diabetes outpatient clinical care and education program, will help patients tune up their diabetes management through a one-day seminar with individual attention and small-group learning.

RESEARCH DISCOVERY

The third and final prong in the Driving Out Diabetes initiative is research discovery, innovation, and training. Ensuring the initiative has a long-lasting impact on the diabetes epidemic, the Driving Out Diabetes team is making investments in research to catalyze discovery and innovation for better prevention, treatments, and eventually cures.

The initiative held an open competition for $50,000 research awards to seed new, cutting-edge research and to boost seasoned investigators, foster young talent, and train emerging scientists. A committee of 15 faculty members reviewed and discussed 36 independent applications from University of Utah faculty members across 14 departments and five colleges, presenting a total of eight awards. The winning research includes efforts to develop of a “smart” insulin to treat diabetes, to identify diabetes predisposition genes in Utah families, and to understand hepatic amino acid metabolism regulation’s relationship to diabetes.

MOVING FORWARD

The three-year Driving Out Diabetes initiative is formally launched and the team, Miller family, and University of Utah Health community are excited to see community and academic progress over the next few years.

“This exciting new initiative merges Gail Miller’s vision and passion for reaching people before they get diabetes—particularly the underserved—with the nationally-recognized community of diabetes researchers at U of U Health, who are pioneering novel approaches to treating and preventing diabetes,” stated Lorris Betz, Senior Vice President for Health Sciences and CEO of University of Utah Health.
How to Fight Metastatic Tumors
Colorectal cancer is frightening enough, but “stage IV cancer” means that it has spread—or metastasized—to other parts of the body. In Darla’s case, the cancer had spread to her liver and her lungs. The liver, in particular, is a cause for concern, as it’s impossible to live without a functioning liver.

Despite the first words she heard when she received her diagnosis, it turns out there was something that could be done for Darla. She went to Huntsman Cancer Hospital and started an aggressive chemotherapy regime under the care of G. Weldon Gilcrease, III, MD, associate professor in Oncology. After six months Darla was switched to maintenance chemotherapy. However, the large amount of cancer in her liver concerned Gilcrease. “The liver can hold a large bulk of the disease, which can create pain and fatigue and greatly lower someone’s overall quality of life. If we can control the amount of cancer someone has, they would have virtually no symptoms.”

Gilcrease is a close colleague of Ryan O’Hara, MD, the section chief for Interventional Radiology. They discussed Darla’s case. “We spoke at several points about the right time to do liver-directed therapy,” Gilcrease recalls. We felt that about nine months into her maintenance chemo was a good time for a different treatment.”

O’Hara would perform radioembolization, a technique that delivers millions of tiny radioactive beads through the bloodstream to the liver where they lodge themselves and irradiate the tumors directly.
Interventional radiologists specialize in non-invasive, image-guided techniques to perform what are traditionally thought of as surgical procedures like biopsies, drains, stent placements, and more. They are masters at performing procedures with the most difficult of patients—people who couldn’t survive traditional surgery, for instance.

For Darla, O’Hara chose a product called SIR-Spheres, which are microspheres infused with a radioactive isotope called Yttrium-90, or Y-90. This radioactive isotope is a by-product of the uranium in nuclear reactors, and its properties make it very useful medically as it only emits radiation for about 10 days. The other important property of these microspheres is their size: just 30 microns (millionth of a meter) in diameter. This tiny size allows them to travel through arteries to the tumor, but they get stuck as the artery turns into very small capillaries on the surface of the tumor. This accomplishes two things: 1. it slows the flow of blood feeding the tumor, and 2. it disperses the microspheres over the tumor so that the radiation emitted has the best chance of shrinking or destroying it.

Darla’s Journey
After numerous tests to ensure that Darla’s body would tolerate the treatment, O’Hara ordered a specific dose of SIR-Spheres for Darla, according to her unique biology and amount of liver tumors. A few weeks later, O’Hara delivered the radioactive microspheres to Darla’s liver tumors. Darla doesn’t mince words when describing how her body reacted to the Y-90: “It felt like my insides were melting,” she admits. For most people microspheres cause minimal side effects. But Darla was an outlier. She had a tough eight days of discomfort until one day she woke up and knew she had turned a corner.

She felt better than she had in a long time.
Gilcrease decided she could handle surgery to remove the tumor in her colon, and they successfully removed a foot of her bowel along with a large tumor. The metastatic tumors on her liver and in her lungs went away and she took a long two year “chemo holiday.” To Darla, it felt like a miracle.

“Chemo holidays are usually 3-6 months,” explains Gilcrease. “It’s quite rare to see a patient with metastatic liver disease go such a long time without chemo. Having treated quite a few patients, I think it’s certain Y-90 helped her quite a bit.” Darla’s is not an isolated case. Studies have shown that, for patients with liver metastasis, Y-90 combined with systemic chemotherapy can help to control the disease better than chemotherapy alone.

Living With Cancer
Last year, Darla was introduced to Suzanne Lindley, a 19-year stage IV colon cancer survivor in Darla’s home state of Texas. Lindley organizes fund raisers, retreats, and other events, and before she knew it, Darla was invited to the People’s Choice Awards, to be a model for Fashion Week in New York City, and to attend the Oscars.

Yet cancer survivors must always face the possibility of the cancer returning, and that’s exactly what happened to Darla. Her cancer returned to her lungs, liver and peritoneum. Her Huntsman care team scheduled a new round of chemotherapy and two Y-90 treatments for late summer 2017.

She suffered a longer two-week post-embolization syndrome on her third Y-90 treatment, but still she attests to its power. "Once again, the mighty Y-90," she laughs. "Once you get past that initial period, every day, every hour you feel better and better. I feel like a million dollars now—no pain and my energy level has come back."

When asked about her brush with fame as an Oscar attendee and New York City runway model, she shrugs it off. "What’s more fun for me is camping with my husband. He builds me little teardrop campers. The first one was called Snuggle Shack, the next one was Happy Shack, and he’s building Hope Shack right now."

It’s a wonderful life that Darla will always fight for—just as her oncologist told her to do on that difficult Mother’s Day three years ago. Y-90 has been a powerful ally, helping her be not just a cancer survivor but a grandmother, wife, world traveler, fashion model, and constant inspiration to others. That’s what interventional radiology is all about—helping patients live longer and happier lives through innovative techniques and technologies.
The October 12-13 annual Alumni and Medical Community Weekend hosted more than 500 guests back to campus to celebrate friendships, renew ties with the School of Medicine, learn from interesting speakers and celebrate distinguished awardees. After a morning filled with CME programming, a luncheon and Dean’s Roundtable with students and Class of 1967 graduate Tom Coppin (see page 20), and the well-received UTEMED talks, (which can be seen on the SOM Alumni Association web site: www.medicine.utah.edu), the Awards Banquet Friday evening honored the class of 1967 and Distinguished Awardees Richard E. Black, MD ’74 (Alumni); Charles W. Sorenson, MD, House Staff ’82 (Service); Geoffrey Tabin, MD (Humanitarian); and Barry M. Stults, MD, House Staff, ’78 (M. Paul Southwick Prize for Clinical Excellence and Teaching). Watching the Class of 1967 receive their pendants while listening to remembrances and stories of their school days and medical careers was, as always, one of the highlights of the evening.
Barry Stults with Paul Southwick’s family
Class of 1967-50 year class
Geoff Tabin, Distinguished Humanitarian Awardee with John A. Moran Eye Center colleagues
Charles and Sharee Sorensen with Bruce and Mary Jensen
William and Marie Couldwell with Lorris and Anne Betz
Lorimer Christensen, MD ’61 and wife Barbara
Barry Stults with Paul Southwick’s family
Medical Weekend Reunion Highlights

At the reunion, classmates mused over yearbooks, discussing how much the campus had changed over the years and how much they had changed since they were in school together! Some classmates had not seen each other since graduation, 20, 30 or 50 years before! They commented how much they enjoyed coming back to keep track of all the new developments in training and research going on at the school and catch up with one another. There was a lot to be proud of.
Scott Leckman, MD ’83, Carl Kjeldsberg, MD, Catherine deVries, MD, Janet Iwasa, PhD, Margaret Battin, PhD, and Jennifer Plumb, MD ’00

Classmates from 1967: Rozanne Hall, Roger Hall, MD, Anne Rasmussen, E. Kent Rasmussen, MD, Elizabeth Hammond, MD, and Jack Hammond
Created by the Office of Academic Affairs and Faculty Development and the School of Medicine Alumni Association, and supported financially by CompHealth, this new awards luncheon recognized outstanding preceptors who work with our learners, both medical students and residents. This Illumination’s cover features the first recipients of this award, Chad Spain, MD ’10 a family practice doctor at Intermountain’s Cottonwood Family Medical Clinic, and Maryellyn Gilfeather, MD, a radiologist at St. Mark’s Hospital. The luncheon is free to all community preceptors teaching U of U medical students and residents, to thank them for their service. These awardees were selected from seven finalists nominated by students, residents, and department chairs/residency advisors for their excellent teaching and mentoring skills. The awardees receive an engraved crystal display and a $2,500 stipend to thank them for the time and effort they spend educating the next generation of U of U trained physicians. This was a great success and will continue on for future alumni weekends, so think of who you know who is a great community clinical teacher and nominate them!

Chad Spain, MD graduated from the U of U medical school in 2010, completing his family and preventive medicine residency in 2013. He is an active volunteer in the community, having volunteered for the Big Brother program, as a local high school football coach and helping with the U’s CARE Fair and at the Maliheh Free Clinic. He is very involved with his specialty of family medicine, currently serving on the Utah Academy of Family Physician board.

Maryellyn Gilfeather, MD is on staff at St. Mark’s Hospital and maintains an adjunct faculty position in the radiology department at the university. Throughout her career in radiology, Dr. Gilfeather has been the recipient of numerous accolades, including the RSNA Resident Research award, the National Research Service Award from the National Heart, Lung and Blood Institute, and the Hewlett-Packard Medical Graduate Award from her medical program at Tufts University.

She brings two to three residents from the U of U to Washington every May to introduce them to government relations and to participate in discussions with Utah elected officials. She also hosts a journal club for university residents and fellows at her home twice a year, discussing topics ranging from the radiology job market to how to have work-life balance.
Dr. James O. Mason is a distinguished member of the School of Medicine’s class of 1958. Given the Wintrobe Award—for being one of the top students in his class—Dr. Mason went on to have a long and impressive career. Over the years, he was executive director of the Utah Department of Health, director of the Centers for Disease Control, assistant secretary for health and head of the US Public Health Service in the US Department of Health and Human Services, and the American delegate to the World Health Organization. Here’s what he shared in a recent Dean’s Roundtable.

**Why did you pursue medicine?**

Actually, my first selection was engineering, and I did two years of engineering at the University of Utah. Then after spending some time in Denmark on an LDS mission, it was that experience that led me into medicine.

The summer before I came home [from Denmark], in 1952, there was an epidemic of poliomyelitis. There were so many cases with bulbar involvement [and people] couldn’t breathe, and Denmark—this was not many years after World War II—didn’t have iron lungs. Those were the ventilators in those days. They were big
as a silo and you could get 30 or 40 into a warehouse where you usually housed people who couldn’t breathe on their own.

In Copenhagen, they didn’t have any [iron lungs], so in my experience there was not only the fear of polio, but watching people who were employed to bag these people who couldn’t breathe on their own. There had to be shifts of the employees to keep the patients alive.

It was very impressive to me that you could keep people alive when they were afflicted by an epidemic disease. So, coming to medical school at the University of Utah was partially attributable to that experience in Denmark—seeing what was happening there and how important it might be to prevent those people from getting polio in the first place.

So, that led to your interest in infectious disease?

Well, there was another step in this—the Korean War. When I started medical school the United States government decided they would rather have me as a doctor than in the infantry or artillery, so I received a deferment. Although the war ended just as I graduated from medical school in Utah, I still had a two-year draft obligation.

After my internship at Johns Hopkins in Baltimore, I was told that I could choose between the United States Navy or the United States Public Health Service. The Navy offered me a job on a cruiser where I would sail out of San Diego, and every six months I would be able to see my family. By the time I had graduated from medical school, I not only had a wife, but I also had three children. My wife decided that I wasn’t going to be seen every six months as I docked on that cruiser in San Diego. So, the other choice was the United States Public Health Service. I’d always been interested in American Indians, and I thought, “I’d love to serve in the Indian Health Service for my two-year military obligation.” I submitted my application to the Indian Health Service and nothing happened.

Here I am within weeks of having to go into the Navy and no response from the Indian Health Service. Just before I finished my induction into the Navy, I got a call from an organization I hadn’t even heard of called CDC—that was Communicable Disease Center at that time—and they called and said, “How would you like to spend two years with us in the epidemic intelligence service?” That was the most amazing experience I’ve ever had in my life. I was trained to be an epidemiologist. I took courses in biostatistics, and for two years I tracked epidemic disease and infectious disease in the United States. Putting that together with polio in Copenhagen and two years of military duty, I just decided, I’d like to make a career of this.

After my military obligation, the public health service said, “If you would pay us back, we’ll send you to any training that’ll accept you.” So, I was paid as a military captain and I completed my residency in internal medicine and then a master’s and doctorate in public health [at Harvard].

Tell us a little bit about your time at the CDC and in Washington, DC at Health and Human Services.

When I came back to the CDC as director, AIDS was just starting—1983. We rapidly recognized that we had major epidemic of disease on our hands, and yet, I could not get the budget to do what had to be done. I was told again and again, “Take it from what else you’re doing.” There wasn’t anything that the CDC was doing that wasn’t important, that didn’t involve somebody’s health somewhere along the line. I know we want small government and we want to break even and not increase the national debt, but there has to be a way, when you’ve got a crisis on your hands, to take care of that crisis.

Here I was under budgetary restrictions and not only do we have an executive branch and I was part of the executive branch; but we have a Congress and we have two parties in Congress. It doesn’t matter what party you belong to, if you’re going to succeed in Washington, or even in Atlanta, with CDC, you’ve got to play politics.

I was supposed to go up and tell Congress that I didn’t need any money. That was the instruction coming down the executive line. It was not true. It wasn’t true for FDA, it wasn’t true for NIH. We all needed money. What does one do? You have a stewardship, a responsibility. You’re being employed by these people, but the truth is over here. Isn’t that what we’re dealing with today? It’s constant in government.

We were just in the first phase of investigating what’s causing this disease. You can’t do that by stealing money from other programs like maternal and child health or immunization or measles eradication. I had to tell Congress that I didn’t have the funds to get the job done even though the message coming down was, “You tell them you’ve got enough.”

As I look back on it, I was thrilled just studying the
What are your thoughts on the current climate in public health at the CDC?

There are a lot of people who think that all of the major problems have been solved. Just take the environment. One of the basic principles of public health is a safe environment. Folks before I came on the scene really cleaned up water. I’ve spent a lot of time in Africa. I spent a lot of time with the World Health Organization; and safe water and adequate supplies of water are absolutely vital. The thousands of lives that have been saved; it hasn’t just been because of surgery and penicillin and things of that nature, but just cleaning up water. Problems are still occurring in many parts of the world. We haven’t even totally solved old problems like water.

People have also reacted when the data hasn’t been there. We’ve made mistakes—look at this researcher who says there’s a link between the measles, mumps, and rubella vaccine and autism. One study and people take an opinion away, and then 20 [studies] are repeated and it doesn’t hold up. There’s no relationship between MMR and autism, but half the population is scared to death of MMR immunization. We’ve got to counter what the internet can so effectively do.

I think public health as a field of interest is as exciting today and as challenging as it has ever been. We’ve got a lot of problems that have to be handled and they won’t be handled by the doctor in his office, working one on one with a patient. It’ll be a doctor who’s responsible for not just individuals, but families and communities and defined populations.

What’s your advice to current or aspiring medical students?

Be the best doctor you possibly can. I’ve relied upon my medical training even as a hospital administrator or anything else I have done. Without good science, and without a good foundation, you can’t do the other things. That’s one of the problems with public health today. There are so many physicians that are staying away from the field and it’s being led by people who don’t have a medical degree. As soon as you cut environmental health and a lot of other things from its medical tether, it has no foundation.

Be a good doctor and get the best training you can get. Be the best you can be. Not the best that someone else in the medical school class can be, but the best you can be in those areas where you have talents. It doesn’t matter what field you choose, but choose something that you have a passion for.

I’m 87 now, so I look back on a lot of experience and I’ve found that the joy is in the journey. I found so many of my medical school classmates were just looking forward to graduation and then doing this or doing that. Everything was way out there in the future. I think the joy is in the journey. I hope you appreciate being freshmen and sophomores. As I look back on it, I was thrilled just studying the marvelous human body. It’s incredible. It’s a miracle. I hope as you dissect that cadaver, that it means something to you. How does this thing work? It’s absolutely marvelous. I’m just astounded by it. Enjoy these experiences. This should be exciting.
Dr. Thomas D. Coppin is a distinguished member of the School of Medicine’s class of 1967. He’s a career army pathologist, who extended his career after 30 years in the army for 13 more years working at FHP and then Lakeview hospitals.

Why don’t you share the story of how you became a pathologist?

I was in the middle of my rotating internship [at Madigan Army Medical Center in Fort Lewis, Washington], and I applied for an ear, nose and throat residency, which was very competitive. In the army, those were awarded to doctors who were in Vietnam and would return. I think that was fair for paying that price. And so, when I opened my orders, it said Vietnam. I made an immediate trip to the Army education office, went down the list of residencies, saw three, and one of those was pathology. I essentially took it on the spot. I walked over to the chief of pathology and said, “Would you take another resident next year?” And he said yes. He got on the phone, changed my orders in Washington, and I looked forward to becoming a pathologist. And I went home and told my wife, and she said, “What is that? Is that a real doctor?”

So, you did pathology, then where did you go?

I went to Germany. I’d served an LDS mission in the Netherlands, and I wanted to go back to Europe—it had been several years. So, I looked for a central place where the army had openings, and I was on my way to Germany.

While I was there, I heard there was an exchange in the army, with the Royal Army Medical College in London. That’s a place that manages all the careers of the people in the Royal Army. And the only exchange in the army was pathology. Somebody came through from the Surgeon General’s office, and he wasn’t well received by most of the doctors who’d been drafted—so, we had plenty of time to talk. He asked me what I wanted to do, and took out a legal pad and started writing. I said, “I heard there was an exchange position in London.” So, he wrote my name down, and we adjusted the time I was in Germany to meet that. I was on my way to London.

I was right in the middle of the city, about two blocks down from Westminster Abbey. We were right on the Thames in a historical building. In that building were the two of us, me and a pathologist from the Royal Army. We reviewed all the pathology that was done anywhere in their system.

How did you end up back in Washington?

It was time. The exchange position was two years, so I had to go somewhere after that. We’d been in Europe six years, and it was time for the kids to learn that they were really Americans—they’d
So, I contacted an organization called Pathologists Overseas that where they had a liaison office and called a consultant in pathology in Washington, DC, said, “What have you got for me?” And he said, “How about the assistant chief of where you were? At Madigan Army Medical Center?” We loved the Pacific Northwest, we didn’t mind the rain. I knew my wife would love it, so I said I’d take it.

I went home and told my wife, and she was thrilled that we were going back to Fort Lewis, Washington. On the way home, I took a trip to Washington, DC. While I was there I called up the consultant and said, “I’m in town, anything you want to discuss?” And he said, “Oh by the way, I’ve changed your assignment.” My heart kinda fell. I thought, “I hope I’m not going to El Paso, Texas.” But he said, “The chief of pathology was in trouble, the residency program was in trouble, and you won’t be the assistant chief, you’ll be the chief.” So, I went back to where I trained, six years later as the chief of the department and residency program director.

I wasn’t sure I was prepared [to fix the program]. But I sat down with the green book—that’s a book of all the requirements for accreditation of a residency. And for a few weeks, I sat at an IBM electric typewriter—no computers in those days—and I rewrote the entire residency program by myself. I instituted strict rotations with evaluations and applied for reaccreditation. Full accreditation came back, and we maintained that the rest of my time there.

How did you get involved with medical work in Ghana?

DeVon Hale was giving a lecture at lunch, and he talked about his experiences [in Ghana]. He threw up a picture on the board and he said, “Here’s a thousand-bed hospital without a pathologist.” And my classmate, Liz Hammond, yelled across the room, “Tom, you’re just the one!” So, after that lecture, people kinda zeroed in on me, “How about going to Ghana?”

I thought I’d better go look on my own. I asked the LDS church if I could do a humanitarian service there for six months. I told DeVon, “I’ll buy a ticket and go look.” And he said he was going in three weeks and asked if I wanted to go with him.

And so that day I ran to turn in my passport to apply for a visa—they said it took two weeks. I went and got shots and photographs and everything. And sure enough, the visa came in on time, and I went to Ghana with DeVon. There were 11 medical students who also came. After about two days DeVon assembled them, and we went on a bus to the teaching hospital. For a week, I trailed him as he settled the medical students in their various assignments.

And then we went to meet pathology, and it was a mess. They begged me, “Can you stay?” I said no, but that I could put a program together and return in about six months.

So, I contacted an organization called Pathologists Overseas that had done work in Kenya, Madagascar, and Nepal, and I asked how this worked. And they told me that they did it with a series of rotating volunteers. When I came back [home], I talked to them again, and they said, “I’ll tell you what; we’ve never been in West Africa, but if you’ll be the program director, we’ll help you recruit.” Well the president [of Pathologists Overseas] called everybody who’d ever done a rotation like this before, and I called every pathologist I knew. After a few months, I had enough pathologists to start the program. I decided to go first, make sure that everything was in order, and have the others fill in as we needed.

In two weeks, we were in business, and we cleaned off a backlog of an entire year of pathology.

Do you have any memorable moments from your time as a medical student?

In pathology, we were assigned mentors, and these were groups of five or six medical students. So, the faculty each had a piece. I was in a group assigned to somebody who didn’t show up very often. I think he came up from Provo when he felt like it. So, when we had the first examination, the results were released by your mentors; we didn’t have one, and nobody else would tell us. We begged to be assigned somebody else, and they assigned us Dr. Coulson, who was from the UK and a wonderful guy.

So, we got in the lab. It was a little lecture thing, kinda like out of the movies: a table in the center and the bleachers around the side. We sat, and he told us our results. He went down the row of those in my group, and he got to one fellow (it was my best friend), and he said, “And you, mister, were the second lowest in the class.” And I looked at my classmate, and he had this look of horror on his face, which struck me so funny that I burst out into laughter. And [Dr. Coulson] said, “And Mr. Coppin, you shouldn’t be laughing, because you were the lowest.”

In pathology. And I thought to myself, well I’ll pass, but it doesn’t matter, I’m never going to be a pathologist.

Is there any advice you want to share?

I love people. And as a residency program director, it was a real privilege to mentor careers. But in addition to the residents, you have to manage your staff. And I’m the kind of guy that if I put somebody on a roster, I put my name first. So that once the chief has done it, it’s hard for anybody else to back out. And that stood me in good stead.

And everyone’s important. In a hospital, it doesn’t matter if it’s the person emptying the waste baskets. Everybody makes your life possible, and as a doctor you’re privileged to be head of the team.

And it doesn’t matter where you go, you’ve got the tools. You can do it.
SOM ALUMNI BOARD HOSTS THE ALL-CLASS PICNIC
The School of Medicine Alumni Association Board has hosted a freshman class picnic at the start of the school year for many years. This year the Student Programs and Awards Committee decided to do something new and volunteered to host the All-Class Picnic in August, at the start of the new school year. Held at Sunnyside Park with financial assistance from Mutual Insurance Company of Arizona (MICA) and CompHealth, the picnic was a huge success with 300+ students, family and board members attending. There was a face painting booth for children and adults alike, Meier’s barbeque for dinner, Art City Donuts for dessert, a volleyball game, picture booth and other fun games. A good time was had by all.

WINTER SOCIAL—BOWLING AT OLYMPUS BOWL

Approximately 90 medical students and alumni with their families hit the bowling alley in January 2018 for the first annual Winter Social Bowling event. Alumni tried to split themselves between alleys to talk to students about their specialties and medical practices. The Alumni Association sponsored the dinner and bowling fees.
Hippocratic Oath

I swear to fulfill, to the best of my ability and judgement, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow. I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy and understanding may outweigh the surgeon's knife or the chemist's drug. I will not be ashamed to say "I know not," nor will I fail to call, in my colleagues when the skills of another are needed for a patient's recovery. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know, most especially must I tread with care in matters of life and death, if it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humility and awareness of my own frailty. Above all, I must not play at God. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick. I will prevent disease whenever I can for prevention is preferable to cure. I will remember that I remain a member of society with special obligations to all, my fellow human beings, those of sound mind and body as well as the infirm. If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling, and I long to experience the joy of healing those who seek my help.
THE COMMERCIAL THIEF AND MEDICINE, Watercolor by Tyrel Foster, MSIII

THE PRECISION OF MEDICINE
Rachelle Perkins, MS II

Calligraphy represents time, precision and a methodical process. Mastery of medicine requires those same traits to be equally successful. The symbols of medicine written in calligraphy explore the relationship between vital traits that all successful medical professionals employ. Successful medical care requires collaboration between all medical professionals.

UNDONE
By Anna Shvartsur

Maybe there is something I can do
To tap into
To undo
To drain the stream of restless visions
Out of view
To leave you finally, at ease
Not in pieces
But in peace

FREAK ACCIDENT
By Madison Hunt, MS IV

She was late
A: intubated.
And didn’t see
B: bilateral breath sounds.
The black ice
C: palpable radials, DPs b/l.
As she ran
D: GCS 8.
To catch the bus
E: clothes off, 2 warm blankets on
That Monday morning.

LAYERED STATE, pen and ink by Matt Petersen, MSIV

Layered State is an examination of the complex relationships which exist within our state. Drawn from the artist’s perspective, Salt Lake City, Utah’s capital and urban hub, features prominently. Successive layers represent urban, suburban and rural Utah. Above and below, the communities are surrounded by nature, both rolling valleys and the dramatic Wasatch Mountains. Thin contiguous lines reminiscent of an EKG tracing represent the pulse of each individual community and highlight both the similarities and stark differences between them.

Submissions from Rubor: Reflections on Medicine from the Wasatch Front
On Oct. 16 students belonging to the University of Utah student chapter of the American Industrial Hygiene Association, or AIHA, sent boxes of supplies to the Industrial Hygiene Department at the University of Puerto Rico, to help in the relief efforts following Hurricane Irma.

“We are excited to help in the relief effort because that is what we are here for,” said Christopher Moore, Vice President of the University’s AIHA student chapter.

Hurricane Irma developed on Aug. 30 near the Cape Verde Islands. It quickly spread and affected many cities across the northeastern Caribbean and the Florida Keys, including Puerto Rico, Barbuda, the Virgin Islands, and parts of Florida. After the hurricanes had moved through the region the AIHA reached out to its chapters asking for donations and supplies to help in the relief efforts across Puerto Rico. Upon receiving the request for help, Dr. Rod Handy, professor and director of the industrial hygiene and occupational and environmental health programs at the Rocky Mountain Center for Occupational and Environmental Health, or RMCOEH, as well as students and additional faculty, helped gather boxes of gloves and personal protective clothing to aid those in need.

If you would like to help in the AIHA’s relief efforts in Puerto Rico, visit: https://www.aiha.org/publications-and-resources/Pages/Disaster-Response-Resource-Center.aspx
Marvin (Marv) and Elizabeth Rallison have been good friends of the University of Utah School of Medicine for many years. A graduate of the class of 1957, he is Professor Emeritus in the Department of Pediatrics. Marv was one of the only pediatric endocrinologists in northern Utah for most of his career, helping children cope with and fight diabetes. He and classmate Virgil Parker founded diabetes youth Camp UTADA, now operated by the Foundation for Children and Youth with Diabetes, Inc. Both doctors spent many years as physician volunteers for the camp.

In 2006 he and Elizabeth established the Rallison Pediatric Lectureship with a pledged gift. Then in 2012 they began donating to medical student scholarship, establishing a Five for Five Scholarship in their name in 2016. Recently, they decided to include a bequest in their trust for the School of Medicine to continue support of the scholarship after their deaths. The proceeds of the bequest will perpetually endow the Marvin L. Rallison, MD and Elizabeth W. Rallison Endowed Scholarship, serving as a reminder forever of their commitment to the school and medical education and Marv’s gratitude for his own training at the U of U School of Medicine.

Marv is involved as a member of the Half Century Society Planning Committee and was “impressed with Dean Vivian Lee’s plan for enlarging the class size and improving the School of Medicine.” He and Beth wanted to assist her vision with a planned gift. Because they have enjoyed interactions with current medical students at Half Century Society and School of Medicine Alumni Association annual events, along with meeting their student scholars at the Scholarship Recognition dinner, they chose to continue to support students with the gift.

Currently, Marv and Beth like their time in Utah with involvement in U of U events and enjoy wintering in Arizona. Marv is author of “Growth Disorders in Infants, Children and Adolescents” and was the primary medical examiner for an extensive six year medical survey studying the effects radiation fallout had on the thyroids of children in southern Utah. For more information on planned giving contact Gunnar Crowell, JD, 801-587-1183

NEW SCHOLARSHIPS IN THE SCHOOL OF MEDICINE JULY 2017—JANUARY 2018

Endowed Scholarships:
minimum endowment level is $25,000

Class of 1966 Endowed Student Scholarship in the School of Medicine
Class of 1967 Endowed Student Scholarship in the School of Medicine
Joseph M. Heath, MD ’58 and Coleen W. Heath Endowed Scholarship in the School of Medicine
The James L. Parkin and Bonnie D. Parkin Endowed Scholarship in the School of Medicine established by son, David S. Parkin

Newly Established Five for Five Expendable Scholarships ($5,000 a year five year pledge to scholarship)

M. Moreno Robins, MD, ’59 and LaVinia Robins Scholarship in the School of Medicine

Scholarship Gifts of $5,000–$9,999

Matthew L. Hansen, MD ’00
Brent Horsley, MD ’67
Richard H. Keller, MD, HS ’63
Raymond James Charitable Trust
William R. Seitter, MD, HS, ’94

Scholarship Gifts of $10,000–24,999

Susan Campbell for the Sherman Dickman and Diane Dickman Endowed Scholarship in Biochemistry
Child Family Foundation
Val Hemming, MD ’66

Scholarship Gifts of $50,000–$99,999

Russell Clark Realty donation for the Russell Clark, MD Family Endowed Scholarship in Family and Preventive Medicine
Ernst Friedrich, MD and Marianne Friedrich for the Dr. Ernst R. and Dr. Marianne Friedrich Scholarship in the School of Medicine

Established Planned Gifts
James L. Parkin, MD ’66 and Bonnie D. Parkin
Marvin L. Rallison, MD ’57 and Elizabeth W. Rallison
Thomas N. Parks, PhD and Patricia Legant, MD, HS ’80 MD
FIRST COHORT OF AAPA-PAEA RESEARCH FELLOWSHIPS SELECTED

Three PA faculty members from around the country have been selected for the inaugural Association of Physician Assistants and Physician Assistance Education Association (AAPA–PAEA) Research Fellowship, a new program designed to build the profession’s research capacity by funding one release day per week for interested researchers. Virginia Valentin, PhD, PA-C, associate professor and associate director of the University of Utah PA Program was one of the inaugural recipients. The other two recipients were Alicia Quella, PhD, PHAS, PC-C, a clinical associate professor and director of the Augsburg University PA program in Minneapolis and Christina Hanson, PHAS, PA-C, associate professor at the Bethel University PA program in St. Paul, Minnesota.

The AAPA–PAEA Research Fellowship is a collaborative PA education and workforce research capacity building program with three main objectives: (1) to develop a cadre of PAs skilled in PA education and workforce research, (2) encourage utilization of PAEA and AAPA data to generate research of interest to the PA profession and community of PA scholars, and (3) provide future research mentors for newer faculty to sustain the PA workforce and education research pipeline.

Each fellow’s institution will receive a grant of up to $25,000 to permit a 20 percent release from teaching and other activities to allow the individual time to focus on research. This directly addresses one of the biggest barriers that PA faculty face in the production of research: lack of time. Each fellow will develop a research project under the guidance of both an institutional mentor at their program as well as an external mentor. The fellowship will also include two in-person experiences at the PAEA national office in Washington, DC, and at the AAPA offices in Alexandria, where fellows will be able to interact with PAEA and AAPA research teams and key staff at organizations like the Association of American Medical Colleges, U.S. Department of Health & Human Services, and the National Academy of Medicine. The fellowship will run from Nov. 1, 2017 through Oct. 31, 2018.

FORMER SCHOOL OF MEDICINE ALUMNI ASSOCIATION PRESIDENT SAUNDRA BUYS, MD NAMED ON FORBES’ PHYSICIAN HONOR ROLL

Saundra Buys, MD, medical oncologist at Huntsman Cancer Institute (HCI) and a professor of medicine at the University of Utah was named by Forbes among the top breast cancer physicians in the country. Buys is one of only 27 in the nation to receive this recognition. She was recognized for her innovative work in cancer screening and genetics, particularly her groundbreaking work advancing the understanding of breast cancers that run in families.

Buys has cared for cancer patients since 1982, and notes that the field is both challenging and gratifying. According to Buys, breast cancer patients are often very informed about their disease, allowing for a high degree of collaboration between the patient and the cancer care team. “Breast cancer was the first cancer for which specific targeted therapy was available, and the disease has led the field in identification of individuals who are genetically predisposed to cancer. This, along with a deepening understanding of the biology of breast cancer, has allowed for a great deal of personalized breast cancer care,” says Buys. “But while there have been major advances, much more work remains to be done, particularly in metastatic breast cancer which remains incurable.”

Buys received her medical degree from Tufts University and completed her internship and residency at the University of Utah. She served as the School of Medicine Alumni Association president from 2012 to 2014.

Forbes’ list of top breast cancer physicians was generated in partnership with Grand Rounds. The list was developed using an algorithm that assessed physician quality data, among other factors.
It was celebration time on October 3 when Utah’s Natural History Museum hosted the University of Utah’s Physician Assistant program faculty and staff along with leading pioneers of other national PA programs, to celebrate the 50th anniversary of the PA profession.

“I’m excited to be looking back on the 50 years of the profession and almost 50 years of the program here at the university,” said Don Pedersen, PA-C, PhD, professor emeritus of the Department of Family and Preventative Medicine and a former director of the program.

The PA profession began when Dr. Eugene Stead of Duke University Medical Center compiled a class of US Navy Corpsman in 1965 and taught them content based on the quick and useful knowledge that was taught to medical staff during World War II. The physician assistant was to come alongside and assist physicians and other medical personnel, expanding their reach and efficacy.

Santosh Reddy, MD, associate professor of Internal Medicine, imparted some of his experiences and thoughts regarding the PA profession, their work alongside physicians, and his love of his career. Ruth Ballweg, PA historian and professor emeritus from the University of Washington School of Medicine, followed Reddy, sharing the history of the profession. “Most people focus on Duke and how the profession started there, but there is much more to the story,” Ballweg said. Richard “Dick” Smith, MD, helped establish one of the earliest PA programs at the University of Washington School of Medicine, which is known for its primary care focus. Dr. Smith was an innovator and developer of highly efficient health care delivery systems in the United States and developing countries. In 1968 he created a collaborative model for health care change to accompany supportive enabling environments at the local community, state, and national levels. Along with others, he successfully demonstrated that the physician assistant profession could develop, flourish, and make needed contributions to an ailing health care system. Dr. Smith helped replicate his MEDEX Physician Assistant programs at eight university medical centers, training PAs across the United States, including the University of Utah.

Roderick S. Hooker, PA, PhD, adjunct professor of health policy from Northern Arizona University, a leading pioneer and researcher in the PA sphere, followed Ballweg by enlightening the audience with medical professional statistics. He showed the rates of doctors per person around the globe and the need for and importance of the PA profession worldwide.

In addition to celebrating with a variety of influencers and professionals in the PA field, the celebration hosted a national banner display that traveled to Huntsman Cancer Institute, Primary Children’s Hospital, Eccles Health Sciences Library, and the University Utah Hospital. The display consisted of six banners representing different elements of the PA profession, its history, and its important contributions to the world.

Pedersen acknowledged and applauded the 50 years of the profession and the University of Utah’s PA program. Starting as a certificate program in a small red brick building on the grounds of Fort Douglas, Pedersen recounted how the PA program has grown and improved, positively impacting many lives.

In closing, Karen Mulitalo, MPAS, PA-C, program director and interim division chief of the Division of Physician Assistant Studies introduced a video compilation of the Department of Family and Preventive Medicine highlighting student/faculty experiences and connections, both during training and later in practice.

The PA program at the University of Utah will celebrate its 50th year in 2020. While the profession has evolved over the past 50 years, everyone is excited for the work of the future.

For more information regarding the PA program and the University of Utah and its expansion, visit http://medicine.utah.edu/dfpm/physician-assistant-studies/program.
IN THE WAKE OF HURRICANE HARVEY

Hurricane Harvey deposited more than 40 inches of rain along the Texas Gulf Coast in a four day period. Steven Bott, MD, ’98, associate professor in the Department of Anesthesiology, led UT-1 Disaster Medical Assistance Team (DMAT) in its response to dangerous hospital flooding in the Houston area, which displaced more than 30,000 residents and was declared a national emergency. Dr. Bott acted as the Chief Medical Officer and team administrative leader as they erected medical tents and coordinated with National Guard personnel in case the local hospital system was unable to absorb an increased patient load.

This was the first deployment in the team’s 10-year existence. Luckily, UT-1 DMAT did not have to triage patients coming from local hospitals. The Harvey mission acted as a real-life training zone for future mass-casualty events. Dr. Bott spent countless hours in meetings with other emergency personnel learning how to improve emergency care in low-resource settings.

The largest task of the team was erecting and disassembling a Disaster Aeromedical Evacuation Operation—essentially a mobile hospital for airlifting critically ill patients. The second mission assignment was joining Minnesota 1 DMAT as they cared for 1,853 shelter residents.

“It was a privilege of mine… to work alongside Dr. Bott,” said Raul Garcia of the Utah Bureau of Emergency Medical Services and Preparedness (BEMSP). “His calm demeanor and strong medical experience provided stability in an environment where decisions change by the minute.”

This was a sentiment echoed by Dr. Bott’s colleagues. “He’s so knowledgeable and easy mannered, but tenacious,” said Jolene Whitney, program director of Utah BEMSP.

THE AMERICAN SOCIETY OF HEMATOLOGY HONORS U OF U JOSEF T. PRCHAL, MD, WITH THE 2017 HENRY M. STRATTON MEDAL

The American Society of Hematology (ASH) recognized Josef T. Prchal, MD, of the University of Utah, and Sherrill J. Slichter, MD, of the University of Washington, with the 2017 Henry M. Stratton Medal for their seminal contributions in the areas of basic and clinical/translational hematology research, respectively. The prize honors two senior investigators whose contributions to both basic and clinical/translational hematology research are well recognized and have taken place over a period of several years. Drs. Prchal and Slichter accepted their awards on December 12, during the 59th ASH Annual Meeting and Exposition in Atlanta.

Dr. Prchal, the recipient of the 2017 Henry M. Stratton Medal for Basic Science, is a Professor of Medicine in Hematology, Pathology, and Genetics at the University of Utah in Salt Lake City. During the last 40 years, he has made original and lasting scientific contributions to the study of a broad range of red cell disorders. In particular, he is highly regarded for his research on disorders of increased red cell mass, including primary erythrocytosis/polycythemia, and inherited and acquired forms of secondary erythrocytosis and acquired and familial polycythemia vera. Dr. Prchal’s research has contributed substantially to the fundamental understanding of the genetic basis of both primary and secondary polycythemias. His genetic investigations of acquired polycythemia vera led to the association of chromosome 9p abnormalities with the disease. More recently, he and his collaborators showed that Tibetans
In March 2017, the Department of Family & Preventive Medicine welcomed a new department chair, Kolawole Okuyemi, MD, MPH, a prominent physician-researcher whose work focuses on improving the health of underserved populations and eliminating health disparities. He also shares a passion for mentoring and training upcoming health researchers.

Prior to coming to the University of Utah, Dr. Okuyemi was at the University of Minnesota Medical School Twin Cities for 11 years, where he was a professor and the inaugural Endowed Chair for Health Equity Research in the Department of Family Medicine and Community Health. While in Minnesota, he was also the director for the program in Health Disparities Research, as well as director of Cancer Health Disparities for the Masonic Cancer Center, an NCI-designated Comprehensive Cancer Center at the University of Minnesota. He received his medical degree from University of Ilorin, Nigeria, completed a family medicine residency and Master of Public Health at the University of Kansas Medical Center, and a public health research fellowship at the Morehouse School of Medicine in Atlanta, Georgia.

In the past 20 years he has focused on research and programs to improve the health of underserved populations and eliminate health disparities using pharmacological and culturally tailored behavioral interventions, as well as community-engaged research approaches. He served as principal investigator, (PI) on several NIH funded centers, as well as research and training grants aimed at reducing cancer-related health disparities, especially among African Americans, African immigrants, and homeless populations.

Dr. Okuyemi has a passion for mentoring and has mentored faculty, postdoctoral fellows, graduate, and undergraduate students, many of whom have progressed to establish their own independent academic, research, or other health professional careers. In conjunction with his passion for mentoring, Dr. Okuyemi is one of five principal investigators for a $22 million NIH grant to establish the National Research Mentoring Network (NRMN) and serves as PI/Director of NRMN’s Professional Development Core. NRMN is a nationwide consortium of biomedical professionals and institutions collaborating to provide all trainees across the biomedical, behavioral, clinical, and social sciences with evidence-based mentorship and professional development programming.

The goal of the National Research Mentoring Network is to enhance the diversity of the NIH-funded research workforce. NRMN’s program models emphasize the benefits and challenges of diversity, inclusivity, and culture within mentoring relationships, and more broadly the research workforce. As director of the Professional Development Core, Dr. Okuyemi oversees helping new researchers write more effective NIH grant proposals through programs that pair young researchers with experienced researchers and mentors from across the country. His passion for training and mentoring the next generation of researchers, as well as a robust history of writing and receiving NIH-research funding is core to the success of the NRMN professional development core.

The Department of Family & Preventive Medicine is excited to welcome Dr. Okuyemi to the University of Utah Health family.

More information on the National Research Mentoring Network can be found at: https://nrmnet.net/
The John A. Moran Eye Center’s exceptional clinical care, residency program, and research place it among the top 12 programs in the nation, according to top leadership at eye centers across the country.

An Ophthalmology Times survey of chairpersons and residency program directors released in November ranks Moran at No. 9 for having the best overall program. Moran’s residency program ranked No. 6 in the nation, while its clinical care was ranked No. 10 and its research program No. 12.

“These rankings are significant since they represent the viewpoints of eye care leaders around the nation,” said Moran Eye Center CEO Randall J Olson. “We couldn’t be more pleased that the quality of our programs has been recognized in this way.”


Ophthalmology outcomes aren’t nationally tracked, so it’s difficult to add them to the methodology. But Olson suggested adding three other factors during his speech:

• The amount of peer-reviewed publications an institution generates relative to its number of researchers

• National Institutes of Health funding relative to researchers

• Allowing doctors to only rank their top three choices among institutions outside their regions and where they haven’t trained

“Each year, Moran does exceptionally well in these rankings,” said Olson, “and it’s impressive that many of our peers hold us in such high esteem. But, I believe adding additional measures could provide a more complete picture of the factors that lead to exceptional care.”
Thirty-year-old Marshall Burningham worked hard to have his own internet technology business. Working for Apple, he traveled the world to hone his tech skills and become, as he describes, a ‘Swiss Army Knife’ of technology. He loved the single, independent life of living in downtown Salt Lake City—far from his parent’s alpaca farm.

That all changed on one evening in 2016.

Leaving work around 1 am, he walked home and climbed the five flights of stairs to his apartment. The next thing he remembers is being loaded into an ambulance. He can’t recall falling 50 feet or that he couldn’t lift his hand to take the glass of water his rescuers offered him. Marshall’s spinal cord was severely damaged; he lost all feeling below his shoulders and much of the mobility in his arms, head, and neck.

By flexing his biceps and triceps, he can drive his chair, which cost $55,000, but getting rid of Burningham’s dependence on contact lenses and glasses was another priority. He wore contacts before his injury, but they weren’t an option after. Glasses proved problematic—they constantly slipped down—and he couldn’t push them back up.

The John A. Moran Eye Center Cornea and Refractive Department partners with the Spinal Cord Injury Program and Rehabilitation Center at Utah to give spinal cord injury patients, between the ages of 21 and 45, who have limited or no use of their arms and hands, the gift of sight, at no charge. The program gives spinal cord injury patients a chance to eliminate their need for glasses or contact lenses, which are often difficult for them to manipulate.

Moran doctor Amy Lin determined Burningham qualified for PRK (photorefractive keratectomy), one of several surgical procedures to correct vision. The surgery was performed at Moran’s Midvalley clinic, which accommodates wheelchairs and transfer equipment. Three months after surgery, his vision was 20/15 in both eyes, without glasses. Burningham’s hope is to be independent again, with care assistance coming to him, rather than living with his parents or in assisted living. Not wearing glasses brings him one step closer to that goal.
At the 46th annual meeting of the Child Neurology Society, Utah 1971 alum and 2011 Distinguished School of Medicine Alumni awardee, W. Donald Shields, MD, received the Society’s Roger and Mary Brumback Lifetime Achievement Award. Awardees are recognized for their outstanding commitment to child neurology, patient care and humanism in medicine, leadership or service to the Child Neurology Society, and a life-long career devoted to child neurology as a clinical discipline, whether as a practitioner, clinical investigator, or advocate for the principles of the Child Neurology Society. Dr. Shields easily met all of these criteria.

After graduating from the U medical school, completing a residency in pediatrics at USC in Los Angeles, and additional training in child neurology at the University of Utah under mentor, Dr. Patrick Bray, Don joined the faculty of UCLA School of Medicine in the Division of Pediatric Neurology in 1976 and became chief of the division in 1980.

He quickly strengthened the program by hiring excellent faculty members such as Dr. Harry Chugani, who gave added impetus to the remarkable novel developments underway with PET imaging, and Dr. Alan Shewmon, a neurophysiologist who understood pediatric EEGs with an intuitive understanding that the tracings from developing brains needed a special approach for interpretation. With the addition of Dr. Warwick Peacock, a pediatric neurosurgeon from South Africa, the team began developing surgical treatments for infantile spasms. Early on Don and his colleagues faced significant skepticism about the wisdom and ethics of those surgical procedures. However, soon, some of his most vocal critics began to adopt the approach, and gradually it has emerged as the standard at leading epilepsy centers throughout the world.

Don’s other research interests involved clinical trials of anticonvulsant medications. His collaboration with Dr. Roy Elterman in a compassionate study of vigabatrin for refractory infantile spasms was, perhaps, the most impactful, since it resulted in the approval of vigabatrin for infantile spasms by the FDA.

He had a powerful influence on his trainees and was an outstanding role model for combining empathy and compassion with clinical diagnostic skills. In 1999 he was appointed the Rubin Brown Distinguished Chair at UCLA. His commitment to teaching resulted in many awards including the Robert C. Neerhout Faculty Teaching Award in the Department of Pediatrics, the Golden Hammer Teaching Award in the Department of Neurology and the Sherman Mellinkoff Faculty Award, recognizing dedication to the art of medicine and cultivation of the finest doctor-patient relationships.

Don was the principal investigator of the first pediatric Epilepsy Surgery Program Project and has served on numerous NIH review panels. He also participated in NIH workshops on pediatric epilepsy surgery and on pediatric anticonvulsant drug trials. He was elected to membership in the American Pediatric Society and has held numerous positions in both the Child Neurology Society and the American Epilepsy Society, receiving the American Epilepsy Society’s Service Award in 1996.

One of the most important chapters in Don’s professional life is the extraordinary leadership he provided to the Child Neurology Foundation (CNF). He assumed leadership of the CNF at a difficult time and demonstrated exceptional leadership skills in challenging the board to undertake a self-study of its goals and processes, while gently putting in place systems and processes that brought excellent results. Ms. Amy Miller, the present executive director said, “Today, CNF is more successful than it has ever been. This success is directly correlated to Don’s presidency and the leadership action he took, with courage, with grace, and yes—with humility.”

Now retired, Don enjoys being a globetrotter with his wife, Ginny, and family time with his daughter, sons and grandchildren, along with finding time for a few rounds of golf. Current trainees at UCLA benefit from and greatly appreciate the time he spends with them in the clinic as a professor emeritus, and an endowed chair he established in Patrick Bray’s name supports a child neurology faculty member at the University of Utah.

This article was redacted from the Connections of the Children’s Neurology Society, Raman Sankar, MD, PhD
David Sundwall, a class of 1969 graduate of the University of Utah Medical School and a faculty member in the Department of Family and Preventive Medicine at the U of U will be retiring at the end of the 2017–2018 academic year. A physician and public health pioneer, the lecture series, as well as the endowment started to support it, were created to remember Dr. Sundwall and the contributions he made to the field of public health during his long career. The lectureship will bring in guest speakers from local, national, and global levels to discuss current issues in health care and public health. These speakers will include a broad range of experts in public health and health care policy, including policy makers, academicians, and community and political leaders.

“We set up the lecture series to continue Dr. Sundwall’s legacy in public health policy and to bring distinguished policy experts to campus to honor that legacy,” said Kimberley Shoaf, a professor and associate division chief in the Department of Family and Preventive Medicine.

Dr. Sundwall gave the lecture for the evening’s inaugural event. He spoke about his early years in public health, his experiences throughout his career, and shared 15 principles that he learned during the course of his career. More than 100 students, alumni, faculty, staff, friends and associates of Dr. Sundwall attended the lecture to honor his many achievements and support the development of the endowment and lecture series.

A contributing member in the public health field for over 30 years, Dr. Sundwall served 24 years in Washington, DC in multiple government and private health sectors, before returning to Utah. Since moving back west, he served as director of the Utah Department of Health, continued his work as a full professor in the Department of Family and Preventive Medicine and served eight years on the School of Medicine Alumni Association Board—two as president. Dr. Sundwall keeps his clinical skills current by volunteering weekly at the Utah State Health Clinic and at the Midvale Community Health Center.

While a future lecturer list is still in the developmental stages, the Division of Public Health and the Department of Family and Preventive Medicine look forward to building the endowment and bringing excellent public health experts, such as Dr. Sundwall, to campus.

To donate to the David N. Sundwall Lectureship Endowment, please visit http://tinyurl.com/y9agvd1b

Illustration by Randall Royter
Wendy Chapman, PhD, the chair of biomedical informatics at University of Utah Health has been elected to the National Academy of Medicine (NAM). The high honor comes on the heels of receiving a top accolade in her field, the Donald A.B. Lindberg Award for Innovation in Informatics.

Chapman was among 70 new US members and 10 international members elected to the class of 2017 in recognition of their professional achievements and outstanding contributions to service. The academy comprises a diverse group of members from the fields of health and medicine; the natural, social, and behavioral sciences; and beyond, to advise national and international communities on medical issues and questions.

Chapman is most noted for developing informatics algorithms and tools for natural language processing (NLP), a means of using computational power to pull data from doctor’s notes and health records that are otherwise hidden from automated analyses.

For instance, finding the word “pneumonia” in a record does not necessarily mean the patient was diagnosed with the illness. Chapman’s algorithms put these terms into context by determining if the patient had no pneumonia, a history of pneumonia, or perhaps was at risk. Such information can be applied to decision support tools, identifying cohorts for research studies, and optimizing processes such as billing.

Her simple algorithms, which are easily adaptable and accessible by software developers as well as non-experts, are now considered a “gold standard.” They have been translated into several languages to analyze clinical texts across the world.

“When you do your research, it feels small. It’s only after time passes that you can start to see that what you did made a difference,” says Chapman. “I’m extremely honored to be recognized by my peers in this way.”

Chapman initially imagined a career in linguistics and was accepted to a doctoral program in Chinese literature when serendipity changed her plans. Frustrated that funding for that field was tough to come by, an offhand remark made by her husband’s informaticist colleague caught her attention. He said that the linguistics of natural language processing was “killing him,” seeding within her the idea of applying her skills in new ways.

It wasn’t long before she switched to the graduate program in the Department of Medical Informatics at the University of Utah, receiving her PhD in 2000. She spent the next 10 years as a postdoctoral fellow and early career professor at the University of Pittsburgh, then three years as an associate professor at the University of California, San Diego. In 2013 she returned to the U to become chair of the department that launched her career 13 years prior.

In her current role, Chapman capitalizes on the varied skills of her faculty to collaboratively tackle big problems in health care. The smart EHR initiative at U of U Health is reconfiguring digital health records into an active tool to help clinicians make better decisions, prevent errors, and follow guidelines for the best medical care.

Chapman previously led the American Medical Informatics Association (AMIA) NLP Working Group and founded and leads the AMIA Women in Informatics Committee. She is an elected fellow of the American College of Medical Informatics and serves as an elected director of the AMIA Board of Directors.

Chapman joins five University of Utah faculty to have recently been elected to the NAM, including inductees Vivian Lee, MD, PhD, and Mario Capecchi, PhD, Sun Wan Kim, PhD Baldomero Olivera, PhD and Carrie Byington, MD.
ALUMNI NEWS

CLASS OF 1967

Stephen H. Bennett, MD

Dr. Bennett completed his residency at Johns Hopkins in plastic surgery. In the middle of his training he did a stint at the NIH working in the surgery branch of the cancer unit. He has seven children and 19 grandchildren, one starting medical school this year. In his spare time he enjoys golf, tennis, and painting.

John S. Boyden, Jr., MD, JD

Dr. Boyden received both a law degree and a medical degree from the University of Utah and completed a general surgery internship at Cornell Medical Center. His law career has focused on medical-legal issues. He was co-founder and a senior partner of Boyden, Kennedy & Romney law firm and served as Asst. Attorney General to the state of Utah from 2000 to 2004.

Gordon D. Brown, MD

Dr. Brown practiced diagnostic and interventional radiology for over 30 years at Utah Valley Regional Medical Center. He was active in many radiology professional organizations and was a founding board member of the Utah Medical Association’s Financial Services. He and Pat have four children and 16 grandchildren. In his spare time he enjoys traveling, spending time with family, reading, and golfing.

Carolyn B. Coulam, MD

After completing a rotating internship at Dartmouth and a residency in OB/Gyn at Mayo Clinic, where she remained for 17 years, establishing the first in vitro fertilization program, Dr. Coulam continued her career in reproduction and fertility at the University of Pittsburgh, in Indianapolis, Illinois, and New York. Today she serves as the director of Recurrent Pregnancy Loss and director of research at the Reproductive Medicine Institute in Chicago. She has enjoyed her career in medicine, but considers her ten children her greatest accomplishments.

Curtis R. Coulam

Upon graduation from medical school Dr. Coulam completed two residencies, one in orthopedic surgery and one in diagnostic radiology. He practiced general radiology for 30 years in Oregon, retiring in 2007. He now lives in Idaho. He is proud of his three children, two of whom are graduates of the U of U School of Medicine and practice medicine in Boise, ID. In his free time he enjoys cooking, hanging with his dogs, and working on old cars.

David G. Feil, MD

Dr. Feil developed the first in-office eye surgery center in Visalia, CA. He and Margarit have enjoyed 54 years of marriage, have four sons, three of whom are physicians, and the other is a ray of heaven’s light in their home. In his spare time he enjoys travel, reading, genealogical research, and running a small farm.

Jimmie R. Graham, MD

Dr. Graham spent most of his pathology career in the army in Texas and Arizona, but while at Ft. Huachuca in Arizona he also filled in as chief of professional services. He also served as the chief of pathology and the residency program director at Brooke Army Medical Center in San Antonio. He has been married for 35 years and enjoys customizing vans and motorcycles, learning foreign languages, and working on computers.

Roger V. Hall, MD

Dr. Hall retired from his cardiothoracic practice in Medford, Oregon in 2015. He practiced at Asante Rogue Regional Medical Center as a senior surgeon, was on the Asante Hospital Board, and was president of the medical staff in the 1990’s. He has been married to Rozanne for 52 years, has five children and 22 grandchildren. He’s had an 85 acre cattle and hay ranch since 2006 where he goes to relax and connect to his Idaho farm boy heritage.

Gary L. Halversen, MD

Dr. Halversen had a great career in diagnostic radiology, serving as the chief radiologist at Western Neurological Associates, a multi-specialty group in Salt Lake City, for 27 years. He loves choral music and has sung with numerous choirs, including the Mormon Tabernacle Choir. He and his wife have travelled all over the world from Europe to China, South America to Africa.

John S. Boyden, Jr., MD, JD

Dr. Boyden received both a law degree and a medical degree from the University of Utah and completed a general surgery internship at Cornell Medical Center. His law career has focused on medical-legal issues. He was co-founder and a senior partner of Boyden, Kennedy & Romney law firm and served as Asst. Attorney General to the state of Utah from 2000 to 2004.

John H. Holbrook, MD

Dr. Holbrook spent the majority of his career at the University of Utah as a professor of Internal Medicine. He was a course master for the physical diagnosis course and teaching clinical skills. Using evidence-based reasoning was his passion. He retired in 2001 and since that time has served as a consultant to physicians serving LDS missions in Africa, Russia, and Europe. He and Judy have seven children and 22 grandchildren.

Lorenzo W. Horsley, MD

Dr. Horsley did a general surgery residency at Johns Hopkins followed by a cardiothoracic surgery program at University of Pittsburgh. He started the open heart surgery program at the
ALUMNI NEWS

largest hospital in Rockford, Ill. He married DeAnn Jenkins one
week before medical school started and noted as a nurse
at SL County Hospital she was his “walking, talking scholarship
through medical school.” They have five children together and 19
grandchildren.

Michael A. Lawson, MD
Dr. Lawson specialized in internal medicine, nuclear medicine
and endocrinology. After 5 years in the army, he and
his wife, Doris, moved to Phoenix, where he became chief of the
Nuclear Medicine Department at Good Samaritan Medical Center. In the 1990s he started a
PET Center there and became its medical director. Since retiring in 2015 he has enjoys playing tennis and pickle ball, mountain biking
and hiking. He and Doris have 3 children and 3 grandchildren.

Yvonne Lonni, MD
Dr. Lonni practiced anatomic and clinical pathology for many years
in California, serving as the chief of pathology at Kaiser Hospital in Bellflower, CA. She has retired to
Utah and lives in South Jordan and enjoys her church work and the
beautiful view from her home of the Wasatch Mountains.

J. Lynn Lyon, MD, MPH
Dr. Lyon spent the first half of his career working as part of
“The Great Society” helping create the first pre-paid health
care clinics in Utah. From 1974–2013 he was a member of the Department of Epidemiology
at the U of U. In 1979, he did his first study of the association
between exposure to fallout from the atomic bomb testing at the
Nevada Test Site and subsequent acute leukemia in children living in
SW Utah. He and June have been married for 53 years and have 6
children and 20 grandchildren.

Lee J. Malan, MD
Dr. Malan did his general surgery internship and residency at Cleveland
Clinic, then served as a US Air Force Surgeon for 2 years before
completing his plastic surgery residency. He worked as a plastic
surgeon in Ogden, UT from 1974 until his retirement in 2014. He and Becky have
13 children, 43 grandchildren and 9 great grandchildren.

Karl D. Nielsen, MD
After completing a surgery residency at Mayo, Dr. Nielsen served
in the navy as a general surgeon and then completed
a neurosurgical residency. After working in both Virginia and
California as a neurosurgeon, he started a new practice in Provo,
UT. Due to a retinal detachment, he was forced into retirement and has spent his time travelling,
writing and working as a surgical liaison for Deseret International
Foundation, a medical humanitarian organization. He and
Vera have 3 surviving children and 11 grandchildren.

E. Kent Rasmussen, MD
Dr. Rasmussen completed his internship and residency in OB/Gyn
at UCLA-Harbor General Hospital. He served as an
epidemiology intelligence officer at the CDC for two years and then
practiced OB/Gyn at the Salt Lake Clinic until 2006 at which time he
switched to the OB clinic at the U of U Dept. of OB/Gyn, and eventually retired from Intermountain Medical Center in 2015. During his career he
delivered over 15,000 babies.

Keith L. Ritchie, MD
Dr. Ritchie completed his internal medicine residency at the
University of Utah. He practiced cardiology in the south Salt Lake Valley and
pioneered echocardiography and interventional cardiology at St.
Mark’s Hospital. From 1996 to 1999 he served as mission president
for the LDS church in the Swedish Mission. He enjoys spending time
with his wife of 53 years, Vera,
their six children, 30 grandchildren
and two great grandchildren. He also enjoys traveling, gardening,
photography, and studying family history.

Dennis D. Russell, MD
Dr. Russell spent his career in dermatology at the Salt Lake Clinic
and also was a member of the US Air Force. He reports
his wife, Mary, organizes him, and he is proud of their 3 children who
work as a physician, a professor at Weber State and for the State
Department in Azerbaijan. He and
Mary have 9 grandchildren. In his
spare time he enjoys golf, reading, and travel.

Klint H. Stander, MD
Dr. Stander did a general surgery residency at North Shore Hospital in
NY and a thoracic surgery residency at Letterman Hospital
in San Francisco, completing his fellowship in cardiac surgery
with Dr. Cooley at Houston. He started the open heart surgery
program at the Utah Valley Regional Medical Center in 1982.
He retired after 22 years, but not liking retirement, worked in the ER in
Emmett, Idaho, then at Idaho State Penitentiary in Boise, and
is currently working at the US Penitentiary at Terre Haute, IN.

P. Lyn Thompson, MD
Dr. Thompson completed his
internship and orthopedic residency at LDS Hospital, the U of U
and with the US Army. He practiced general orthopedics,
sports medicine/arthroscopic surgery and surgery of the
knee until an injury to his right hand made him retire in 1994.
Since that time he has been
involved with church service and humanitarian work in Finland
and Israel. His hobbies include
key collecting, oil painting and studying family history.

G. Michael Vincent, MD
Dr. Vincent did his advanced
training in internal medicine
and cardiology at Johns Hopkins University and spent his cardiology
career at LDS Hospital in Salt Lake City, where
he was chair of the department of
internal medicine and was recognized
with the Outstanding Teacher Award and the Researcher of the Year award. His research interests
were in genetically mediated primary electrical system
diseases and prolonged QT interval
syndromes. He is married to Delores and lives in Salt Lake City.

Robert B. Wray, MD
Dr. Wray spent most of his career in academic cardiology, the last 14 as the associate chief of cardiology
and director of the Cardiac Catheterization labs at the
U of U School of Medicine. He received a couple Outstanding Teaching Awards from the U’s
Department of Internal Medicine.
He has been married to Diana for
54 years. They have 3 wonderful
children and 4 grandchildren. In
his spare time he enjoys reading,
writing, fly fishing, collegiate sports,
and watching NBA basketball.

CLASS OF 1972
Don Granger, MD
Dr. Granger currently works for the Salt Lake Veterans Medical Center
as an internist/infectious disease doctor. He and his wife Polly live in
Holladay, UT.

Steven T. Jackson, MD
Dr. Jackson is a retired
ophthalmologist. He served with his
wife as the Area Medical Advisor
for the LDS church in California
from 2011–2012. Presently he serves
as a mission doctor for Utah, Salt Lake East Mission and also teaches
religion classes at the SL County Metro Jail. He is finally finding some
time for tennis, golf and skiing.

Richard Lambert, MD
Dr. Lambert formed Nephrology Associates in Salt Lake City and
was involved with the kidney transplant program at Intermountain
Medical Center. He also was a physician
for missionaries
at the Joseph Smith Building for 3 years. He and Valerie have 3 children and one grandchild. He enjoys painting and sketching in his spare time.

Dennis R. Peterson, MD
Dr. Peterson enjoyed a long career in family medicine in Bountiful, Utah, saying it is still the best job out there. He delivered 1200+ babies during his career and enjoyed a four month trip to Yugoslavia on a State Dept. sponsored fellowship in public health. He is currently catching up on all the books pushed aside by journal articles and enjoys learning to paint with Bob Ross.

CLASS OF 1976
C. Kent Hebdon, MD
Dr. Hebdon works in addiction medicine, clinical pathology, and transfusion medicine at Center for Performance in Holladay, UT.

CLASS OF 1977
Chris Cowley, MD
Upon completing his anesthesiology residency, Dr. Cowley served in the USAF for four years. He then began practice at LDS Hospital in Salt Lake City caring for cardiac surgical patients. He was heavily involved in the left ventricular assist trials at LDS Hospital and has been the director of cardiothoracic anesthesia at LDS Hospital and now at Intermountain Medical Center. Most recently he has been involved in initiating an electronic anesthesia record at IMC.

Alex Kistoff, MD
Dr. Kistoff lives in Auburn, CA. He was a family medicine doctor until retiring in 2013. He continued to work as a ski patrol doctor at Alpine Meadows in Tahoe until 2016. He was an IPA medical director from 1980–2002 and chief physician and medical director to Placer County from 2002–2013. He enjoys skiing, golf, hiking, biking, running, and being a grandfather.

Katherine (Kate) Kohler, MD
Dr. Kohler is a retired OB/Gyn doctor living with her husband of 49 years, Eric, in Green Valley, AZ. They have no children, but have raised 6 bassett hounds since 1974. In her spare time she enjoys swimming and doing puzzles. She started knitting hats for newborns in 1994 while waiting for deliveries, and has now completed and given away more than 2200!

Ron W. Waeckerlin, MD
Dr. Waeckerlin practiced anatomic and clinical pathology in Casper and Cheyenne, WY from 1981–2014. He was the founder of AnaPath Diagnostics, Inc., the largest pathology practice in the state and medical director of United Blood Services (1981–2007). He is currently chairman of the board of Blood Systems, Inc., the second largest transfusion medicine organization in the US. In his free time he enjoys travel, fly fishing, skiing, and music.

George Woods, MD
Dr. Woods met his wife Deborah 47 years ago skiing at Snowbird. They currently live in the Bay Area. His clinical practice focuses on neurodevelopmental disorders and consultation-liaison psychiatry. He is the immediate past president of the International Academy of Law and Mental Health. He currently teaches a law and mental health class at Boalt Law School (UC Berkeley) and has taught this topic at numerous other schools around the country. He has worked in Kenya, Malawi, Pakistan, Australia, Tanzania, Zanzibar, Italy, the Czech Republic, Japan, and many other fun places.

CLASS OF 1982
Ruenell Adams Jacobs, MD
Dr. Jacobs practices family medicine in Elk Grove, CA where she works with patients on preventive care and behavior change for a healthier lifestyle. She is currently president of the local medical society and a delegate to the California Medical Association. She is happily married to Joseph and has two wonderful stepdaughters and two great sons. She enjoys traveling, hiking, cycling, reading, and spending time with family.

Hortencia, Luna, MD
Dr. Luna is a pediatric emergency medicine doctor in Houston, Texas. She is married to classmate Carlos Gonzales, an ophthalmologist.

CLASS OF 1984
Robert Foote, MD
Dr. Foote is currently a professor of radiation oncology at Mayo Clinic School of Medicine and chair of the Department of Radiation Oncology at Mayo Clinic in Rochester. Recently, he received the Mayo Clinic Distinguished Clinician Award.

CLASS OF 1987
Jeffrey B. Baker, MD
Dr. Baker did a 2-year fellowship in integrative medicine from U of Arizona Medical School in 2011 and became board certified in integrative medicine and functional medicine in 2015. He practiced OB/Gyn from 1994 to 2017 in Idaho Falls, and then left it to start The Healing Sanctuary, an integrative/functional/OB/Gyn medical practice. He has also done clinical research trials for 17 years, being PI on close to 150 trials. He and his wife, Marcell, have 5 children and 12 grandchildren.

Rodney J. Barker, MD
Dr. Barker did his residency in general surgery at Case Western Reserve University Hospitals and then practiced for 12 years in Ohio, then 12 years in Santa Fe and Los Alamos. He currently works at the SL VA hospital and the U of U Farmington Health Center. He’s been married to Dawn for 35 years and has 5 children and 2 grandchildren. In his spare time he enjoys skiing, hiking, and travel.

Lamar J. Bushnell, MD
Dr. Bushnell is a cardiothoracic surgeon in Ventura, CA where he is chief of staff at his hospital. His “too few engaged-in-hobbies due to “confused priorities” are surfing, skiing, and guitar. He remembers looking at his classmates the first day of class and thinking of all the “Gunners” he’d have to spend four years with. The last day of class he looked around and saw some of his best and closest friends.

Stewart W. Marsden, MD
Dr. Marsden has worked with Pacific Anesthesia in Tacoma and Federal Way, WA since 1991. His wife is a graduate of the class of 1988 and practices internal medicine. They have four children and two grandchildren. They love to travel and have gone to Russia, the Baltics, Israel, Jordan and Egypt recently. They love skiing, both snow and water, and cycling.

Jacqueline Nelson, MD
Dr. Nelson has been working for the Indian Health Service for the past 26 years. She is currently site director for WWAMI at Ft. Washakie/Lander and Clinical Asst. professor/PEDS for University of Washington School of Medicine. She is on the executive committee for AAP Council on Community of Pediatrics and is also chief of staff at Sagawest-Lander and Riverton.

Timothy F. Pingree, MD
Dr. Pingree lives in Lone Tree, CO where he enjoys his ENT practice. He is married to Lou Ann and enjoys his roles as husband, father and grandfather. In his spare time he enjoys cycling, traveling and music.

CLASS OF 1992
Angela P. Lambert, MD
Dr. Lambert is a family medicine doctor, who also completed an obstetrics fellowship. She practices in Highland Ranch, CO. She married Kevin Lambert in 2003 and they have four children. She enjoys reading, travel and swimming.

Class of 2002
Chame' Curtis Blackburn, MD
Dr. Blackburn worked for 11 years in academic medicine at Albany Medical College specializing in clinical forensics and international emergency medicine. She has volunteered with Partners in Health and Physicians for Human Rights. She moved back to Utah in 2016 and is working as a locums physician. She is married to Jonathan and is the mother of six.

Daniel Jones, MD
Dr. Jones lives and practices family medicine in Elk River, MN. He is
ALUMNI NEWS

married to Jackie and has four children. He was a former asst. professor of clinical medicine at Idaho State University and University of Washington as part of the WWAMI network where he enjoyed working with medical students and residents. He is currently serving as an LDS bishop.

CLASS OF 2007
Brooks A. Bahr, MD
After completing his residency in dermatology, Dr. Bahr worked as an asst. professor at Stanford for three and a half years. He is now working for the University of Utah and also started Bahr Dermatology in Bountiful in September 2015. He married Andrea in October 2016 and she is pregnant with their first child. He enjoys playing racquetball, reading, and all types of outdoor activities.

Devon Burton, MD
Dr. Burton practices diagnostic radiology at Richfield Radiology in Oklahoma City, OK. He is married to Kat.

D. A. Millar, MD
Dr. Millar practices at the University of Cincinnati where he is the director of trauma at West Chester Hospital. He is married to Camilla.

He treasures the friendship he formed with classmate Brandon Park, built on all the hours they spent in Eccles Library studying beside one another.

David Y. Patten, MD
Dr. Patten completed his residency at Tulane in pulmonary medicine and currently practices at Thibodaux Regional Medical Center in Thibodaux, LA.

CLASS OF 2012
Divya Jayaraman, MD
Dr. Jayaraman works at the University of Utah as an allergist/immunologist.

Katharine A. Osborn, MD
Dr. Osborn works serving children at UCSF Benioff Children’s Hospitals in Oakland and San Francisco as a pediatric emergency medicine physician. In her spare time she enjoys painting, hiking, and travel.

CLASS OF 2016
Thomas Oswald, MD
Dr. Oswald is currently completing a residency in emergency medicine at the University of Tennessee.

NEW BOARD MEMBER GLEN BOWEN

Glen M. Bowen, MD was born and raised in Provo, UT. He attended Provo High School and then earned a BA from Utah State University with an English major and a minor in chemistry. After graduating from the University of Utah Medical School in 1990, he did his internship at Framingham Union Hospital in Framingham, MA, and then completed a residency in dermatology at the University of Michigan in Ann Arbor. Glen did two fellowships while in Ann Arbor: immunodermatology and melanoma. He was on the faculty at the University of Michigan for five years and then moved to Salt Lake City in 1999 and did a third fellowship in Mohs micrographic surgery at the University of Utah. With the help of his Chairman, John Zone, MD, Glen created the Multidisciplinary Cutaneous Oncology Program at the Huntsman Cancer Institute and runs the weekly Treatment Planning Conference for skin cancer patients. Glen’s wife, Anneli Ririe Bowen, MD is a dermatopathologist in the Department of Dermatology at the University of Utah School of Medicine. They have three children and as a family enjoy exploring the varieties of the geologic features unique to Utah.
SEPTEMBER 28-29
ALUMNI & MEDICAL COMMUNITY WEEKEND

APRIL 4
TAX REFORM AND ESTATE PLANNING WORKSHOP

with
JAY CURTIS, JD ’71
GUNNER CROWELL, JD

JUNE 6
HALF CENTURY SOCIETY LUNCHEON

Keynote Speaker
DAVID PETRON, MD
Chief Medical Officer, Utah Jazz; Team Physician, University of Utah Football and U.S. Ski Team; Medical Director Park City Ski Injury Clinic

MARK YOUR CALENDARS NOW

School of Medicine Distinguished Alumni, Service and Humanitarian Awards 2018

Submission Criteria

Nominees should excel in all or most of the requirements listed for their distinguished award category. Letters of nomination should describe the nominee’s contributions in their chosen award area, specific to the criteria listed, plus share any other pertinent information.

Distinguished Alumni Award—Excelled in Clinical Practice, Extensive Academic Activities, Research Accomplishments

Distinguished Service Award—Service to the School of Medicine, Contribution to the Field of Medicine, Demonstrated Commitment to Enhancing Medical Education

Distinguished Humanitarian Award—Outstanding Commitment to the Health of the Community, Service to Underserved Populations or in Challenging Situations, Community Service

Letters of Support: A letter of nomination and at least one other letter of recommendation is required for each nomination.

Further details and an application form, along with a list of all past awardees can be found at: http://medicine.utah.edu/alumni/awards/nominations.php

Submission Deadline: March 5, 2018
Send completed nominations attn. Kristin Wann Anderson 515 E. 100 South, Ste. 300, Salt Lake City, UT 84102 Faxed to (801) 585-2613, or email to kristin.anderson@hsc.utah.edu

Announcement of Awards: Awards will be announced in the summer edition of Illuminations magazine. Recipients will receive their awards at the September 28, 2018 Alumni Association School of Medicine Awards Banquet.
About the Last Edition’s Photo:
Second-year medical student Samha Leen’s name was drawn from 46 individuals who correctly guessed the individual featured on the back cover was Rick Ash, PhD (John F. Ash). She received a copy of *How the West Won Medicine: From small medical school to global academic force* as her prize.

Dr. Ash is professor emeritus in the Department of Neurobiology and Anatomy. He joined the department in 1980 and focused on investigating the multiple roles that membrane transport plays in the biology of cells. In 2008 he stopped bench research and joined a group of faculty responsible for the design and implementation of a new medical curriculum, which was launched in 2009. He continued to work on instructional design through 2011 and co-directed three of the first-year units between 2009 and 2016. He was responsible for much of the large classroom microanatomy instruction and taught the histology laboratory. Dr. Ash mentored many students and was the 2015 recipient of the prestigious Calvin S. and JeNeal N. Hatch Prize in Teaching Award, which recognizes an outstanding teacher at the University of Utah.