Scott Leckman, MD ’83
Alumni impacting the world
Illuminations
The Magazine for the University of Utah School of Medicine Alumni and Friends

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Letters to the editor: These will be posted on the SOM Alumni Web site. Submit letters at somalumni@hsc.utah.edu
Dean's Message

Drawing on our rich legacy of scientific and medical breakthroughs, University of Utah Health Sciences is uniquely positioned to be a world leader in precision medicine.

Our impressive history of medical firsts—many of which some of you were a part of—includes identifying genes and risk factors for over 35 conditions, including breast and ovarian cancer (BRCA1), colon cancer (APC), heart arrhythmia (HERG) and more.

Today, we remain at the forefront of genomic science and have vast potential to reach new heights. The Utah Genome Project (UGP), launched in 2012, is our unique opportunity to advance this legacy and lead a genomic revolution to bring better health and health care value to patients.

This can truly be Utah's gift to the world.

For the past 65 years, Utah has been at the forefront of genetic science and discovery. Many of you had the pleasure of studying or even practicing at the U when we started to establish ourselves in this field. Some of you had the opportunity to work alongside the brilliant geneticists making historical advances in medicine—including Ray White, Ray Gesteland, Mark Skolnick, Lynn Jorde, Mark Yandell and resident Nobel Laureate Mario Capecchi.

The Utah Genome Project is the perfect microcosm of our collaborative spirit, uniting the best minds in medicine, genetics, ethics, biology, clinical diagnostics and bioinformatics. Together we are harnessing the power of the 100+ million-member Utah Population Database (UPDB), the world’s largest and most comprehensive repository of genealogies, public health and medical records. The UPDB acts as a genetic “magnifying glass,” enabling us to identify the causes of disease with a precision and efficiency never before achievable.

Once discovered, new laboratory diagnostic tests can be created to help test people who may be at risk for the disease, to enable them to undergo earlier screening or treatment, and to help scientists discover new drugs to treat and cure these diseases.

As we enter into the age of “affordable” whole genome sequencing, we have the potential to unlock even greater genetic knowledge from Utah families. In Phase 1 of the Utah Genome Project (2012-2017), we are seeing an initial $2M investment, which included gifts from community leaders and support from the University, translated into over $40M in grants, contracts and new gifts, and over 50 potentially transformative research projects. We have promising new research discoveries in areas ranging from prostate cancer to ALS (Lou Gehrig’s disease) to Crohn’s disease, and we are even searching for the genes responsible for thinness and longevity in families! As we prepare to launch Phase II of the Utah Genome Project, we hope to engage you and your support as we unleash the potential of Utah’s gift to the world.

Thanks to your generosity, the School of Medicine was pleased to award 293 scholarships and a total of $874,879 for the 2016-17 academic year. Also thanks to your support, we now have 149 endowed chairs across the health sciences (130 reside in the School of Medicine). That represents a 17 percent increase over the last five years!

We continue to make progress on our new campus. At the heart of our health sciences campus will be the Medical Education and Discovery (MED) Building, a hub for education, investigation and expertise in personalized and genomic medicine, health services, global health, and medical innovation, among others. The groundbreaking research and educational programs that will be housed in the MED represent a bold paradigm shift in health care.

With you at our side, our potential as a transformative health care system knows no bounds.

Thank you for all you do—and have done—for us, our students and our greater community.

Sincerely,

Vivian S. Lee, MD, PhD, MBA
He introduced himself as Hilmon Castle, a retired cardiologist and former chair of the Department of Family and Preventive Medicine. Soon he was collaborating on my cardiology physical diagnosis lectures and participating in teaching in the small group sections. Then he asked what would prove to be a significant question in my life. “Would you consider being on the School of Medicine Alumni Association Board?”

He didn’t know how much I labored over that question, given my busy professional and personal life. A few months later I was welcomed on the SOM Alumni Association Board at their annual fall dinner. Imagine my surprise at seeing the legends of my training years sitting before me, talking to me, shaking my hand! Somehow, it seemed, I had joined the Gods on Mt. Olympus!

An initial three-year commitment led to another. I watched Board members come and go, leadership evolve, some of my most admired “giants” of the School of Medicine, like Hilmon, pass away. I observed the Board’s ongoing struggles to meet ever-loftier goals for the benefit of the School of Medicine, their alumni, current students, residents, and other trainees. I certainly didn’t consider myself the most committed board member, and I will freely confess that my board duties were not prioritized over many of my other commitments at work and home. But I went to almost all of the meetings, and I contributed in my small way.

A few months ago, as Dale Hull’s tenure as president of the Alumni Board was ending, we spent several minutes as a Board finding his replacement. To my surprise, I was nominated. Now this really stretched my comfort zone! I decided to grit my teeth, and let the nomination go forward, thinking my chances of being chosen were small. The nomination resulted in my appointment this fall as the president of the SOM Alumni Association Board.

I have spent some time since that night reviewing the events that brought me here. Honestly, it boils down to the fact that I attended medical school at the University of Utah School of Medicine. I have no other claims to fame or particular skills or connections that you might expect for someone in this position. I, not long ago, was you; another graduate/faculty member/resident/student/etc. I remember reading Illuminations magazine in past years with interest, wishing it said more about my great graduating class of 1986, proud of the heritage of my education, unsure what, if any, responsibility I had to grow the legacy and add to the promises of the future for health care. After all, it wasn’t always with fondness that I remembered those years of education, but a little more contemplation always left the balance sheet in favor of the SOM – my experience here was truly invaluable!

The great legacy of the institution that gave us our education and the history and future of the professions we are a part of permeate our days like a quiet, forgotten, but substantial current in the river of our lives. And the responsibilities to those bright young people who will replace us, and actually care for us one day confirm my commitment to the SOM. Just look at the content of this Illuminations Magazine! What amazing contributions we make, perhaps many times on our own and apart from the University, but our experiences and training at the University remains the glue that holds us together. We all share in the responsibility of past and future, to the generational march forward of medical care and the hallowed memories of those who smoothed and shored up that pathway for us. I look forward to hearing from you and working with you during my tenure as president, to meet our shared goals and wishes for the future on this, our common ground, and I hope you can forgive me for my stumbles and lack of polish as “just another alum”. I will do my best.

Bryan L. Stone, MD ‘86

SOM Alumni President’s Message:

Standing in front of the freshman medical school class getting my slides ready for a lecture on physical diagnosis, I noticed an elderly gentleman sitting about half-way up the center section, isle seat, literally 10 steps from me. He quietly observed my lecture and the class. I forgot he was there as the lecture started and I immersed myself in teaching – one of the primary reasons I left 10 years of rural private practice to return to academic medicine. Over the next few weeks, he attended consistently. One day, he stayed a bit after class and caught my attention.
The Arc of the Moral Universe Bends Towards Justice:

the dedication of
Scott Leckman, MD '83

By Kristin Wann Anderson

Time passed and Dr. Leckman received his undergraduate and master’s degrees from Stanford and then his medical degree from the University of Utah, starting his surgery residency at the U in 1983. One night, in the midst of his residency training, he was invited to attend a meeting of an organization called RESULTS (Results.org), an advocacy organization dedicated to creating the political will to end poverty in the U.S. and abroad. He contemplated going home and getting some much needed sleep, but went to the meeting. That meeting changed his life and opened his eyes and heart. He heard that 40,000 children around the world died every day from preventable causes. That night he wrote his first letter to his congressman. Thus began his volunteer advocacy work with RESULTS. He realized he didn’t have to go to Africa full-time to save lives, he could stay in Utah; treat his patients here, while doing work to change policy that made global impacts on what originally seemed like intractable problems.

In the 30-years since his first letter he has successfully advocated for increasing U.S. commitment to maternal and child health, fighting HIV, TB and malaria around the world, providing low-cost health care to low-income Utahans, and supporting the spread of microfinance throughout the world. Now due to policy changes and global participation in solutions, 16,000 children around the world die every day instead of 40,000, with a goal of bringing that number down to zero by 2035.

In 1985 Rotary International became the first organization to make the commitment to eradicate polio around the world. In 1991, the Salt Lake Rotary asked Dr. Leckman to speak at their monthly meeting about his advocacy efforts to fight preventable child deaths in the world. He sees this as another turning point in his career. He looked around the room and saw leaders in the community passionately committed to something he also believed. Shortly after, he was asked to join the Salt Lake Rotary and since that time has regularly organized trips for Utah Rotarians to India to immunize children with polio vaccines, which he says has been some of his most rewarding work. After 30 years of fighting the disease, polio has been eliminated in all countries except for three: Pakistan, Afghanistan, and Nigeria, with the hope of seeing total eradication of the disease by 2018. In 2015 he was awarded The Rotary Foundation Certificate of Excellence in recognition of his valuable service to the cause of polio eradication.

When Scott Leckman was eleven years old he opened a LIFE magazine that had a picture of Albert Schweitzer on the cover. Upon reading the article he vowed to become a physician, and like Dr. Schweitzer, go to Africa and work to save the sick and invalid.
The memory of Albert Schweitzer has inspired him to take his skills as a surgeon and share them with the world. In 2005 he became a civilian volunteer surgeon with Project Hope, working with the U.S. Navy in Indonesia after the tsunami. Since that time he has also served with Project Hope in Mississippi after Katrina, in Papua New Guinea and the Solomon Islands and in Latin America. He has worked with Hernia International teaching local surgeons in Nigeria, Peru, Cambodia, Ecuador, Thailand and Kenya how to repair hernias using mosquito net for mesh. In addition he has taught laparoscopic surgery to surgeons in Mongolia. Using these experiences, he now works with the Center for Global Surgery at the University of Utah and the American College of Surgeons to help change policies and underlying conditions which result in having five billion of our fellow human beings without access to timely surgery and anesthesia.

Along the way he has made friends with people such as 2006 Nobel Peace Prize awardee Muhammad Yunus who founded the Grameen Bank and pioneered the concepts of microcredit and microfinance in Bangladesh and around the world. He has also served for eight years as the chairman of the board of RESULTS and is still a board member. He has met with congressmen, senators, presidents, corporate leaders and others to share his message of what needs to be done to eliminate poverty and its impact around the world.

He is happy with what he calls his “starfish” efforts (saving the one starfish) of operating and helping individual people around the world, but finds most satisfaction in seeing the impacts that advocacy and education have on policy decisions that impact the underlying systems that promote poverty and injustice. He just wishes he could inspire more people to take action. Knowing it can be a long hard slog before change is seen, and people can get discouraged, he quotes Mahatma Gandhi, “It’s the action, not the fruit of the action, that’s important. You have to do the right thing. It may not be in your power, may not be in your time, that there’ll be any fruit. But that doesn’t mean you stop doing the right thing. You may never know what results come from your action. But if you do nothing, there will be no result.”

He encourages today’s medical students and residents to not wait. If you want to see sustainable change in issues that impact local and global health you need to get involved, not only with the hands on care, but in the process and the politics. Change can be slow, but he agrees with Martin Luther King that “The arc of the moral universe is long, but it bends towards justice.”

“This was the way of all the great movements of the past—the end of slavery, women’s suffrage, the civil rights movement. There was a no, no, no and then a yes—and the world was different.” Scott Leckman
In 1998, Dr. Paul Doxey, MD '80, an otolaryngologist, was serving as President of the Washington County, Utah Medical Association. Faced with the facts that 20% of the population in and around St. George were lower income and uninsured, he worked with other members of the Medical Association to organize several local community agencies to give back to assure that uninsured Washington County residents could find affordable healthcare.

The local homeless shelter, Dixie Care and Share, offered the use of its kitchen and one bedroom, which was turned into an exam room. The doors of the clinic opened in February 1999 and treated 20 patients in two hours. With a donation from the Washington County Medical Alliance and the help of two retired volunteer physicians, the clinic saw more than 3,000 patient visits that first year. It soon became apparent that there was a great need for affordable healthcare for those without insurance. Equally obvious was the need for a larger space in which to provide care. The Boots-Cox family generously donated land, and the Southern Utah Home Builders Association (SUHBA) offered to build a facility with donated labor. Local building suppliers helped immensely and provided a majority of the materials free of charge.

The clinic operated out of the 3,000 square foot building until 2010 when the nation’s economic crisis created a burgeoning population of patients, as many lost their jobs and health insurance. Due to the increased demand, clinic providers were treating patients in the hallways and storage closets. Although it was in desperate need of more space, the clinic wasn’t in a position to fund the cost of expansion.

Thanks to a generous donation of $50,000 from the George S. and Dolores Doré Eccles Foundation and donations by the construction industry of labor and supplies, the clinic expanded its footprint in 2011. This expansion added 2,200 square feet to the building, including four additional exam rooms, a new mental health wing, and a dental suite.

The clinic has operated solely on private grants and donations, without any federal government funding. The clinic is open Monday through Friday and saw almost 12,000 patient visits in 2016. Payment is by donation. In 2013 the clinic received approximately $50,000 in donations from grateful patients.

Thanks to over 50 volunteers, including 20 physicians, 10 dentists, 1 psychiatrist, 5 counselors, and a small number of paid staff, the cost per patient visit this year was less than $23, the lowest of any safety net clinic in Utah.

To view a video about the clinic go to: http://www.doctorsvolunteerclinic.org/clinic-video/
Preterm birth is the leading cause of illness and death in newborns and is associated with significantly increased risk of major long-term medical complications, including learning disabilities, cerebral palsy, chronic respiratory illness, intellectual disability, seizures, and vision and hearing loss. The costs of treating complications of premature birth in the U.S. were greater than $26 billion in 2005, according to the March of Dimes, with current costs estimated to be much higher.

Until recently, physicians have had few options to identify women who are at increased risk of premature birth, as evidenced by the fact that approximately 50 percent of premature deliveries occur in women with no known risk factors.

Seeing pre-term birth as a significant medical, economic and emotional issue, University of Utah School of Medicine graduates Greg Critchfield, MD ’80, pathology, and M. Sean Esplin, MD ’93, OB/GYN, began working with their biotech company, Sera Prognostics, to improve those odds. Sera Prognostics has developed an innovative new blood test, PreTRM® that provides an early and individual risk prediction for spontaneous preterm birth in asymptomatic, single pregnancies. Using proteomic technology, the PreTRM® test measures and analyzes proteins in the blood that are predictive of preterm birth. Better understanding of the proteins expressed in pregnancy may lead to understanding the causes of preterm birth and making further advancements in prolonging gestational age and improving newborn outcomes.

The burden of prematurity is even more severe in low income countries. Since 2015, Sera has been working with the Bill & Melinda Gates Foundation to develop technologies that can benefit the health of women and their infants in underserved regions of the world.

As recent as January, LabCorp (Laboratory Corporation of America) came onboard to lead a large Series C investment along with Sera’s current investors. Sera is using this funding to conduct important prospective clinical outcome studies, designed to demonstrate the value of proactive PreTRM® testing and intervention in improving neonatal health and the economics of healthcare delivery. The two companies are also collaborating to expand physician and patient education in the US.

The company was selected as the 2016 Utah Innovation Award winner in the Life Science – BioTech category for this novel test. For more information about Sera Prognostics and the PreTRM® test, visit www.seraprognostics.com presented by Stoel Rives, LLP and the Utah Technology Council in May 2016. Sera Prognostics is currently an Edison Awards Nominee for its innovative PreTRM® test. The annual Edison Awards honor excellence in new product and service development, marketing, human-centered design and innovation. ©

“How our Alumni make a Difference for Patients and Newborns

Solving the Problem of Preterm Birth

Premature birth, defined as birth before 37 weeks, occurs globally in 15 million pregnancies each year, with one million deaths occurring from complications. According to the Centers for Disease Control and Prevention and the March of Dimes, each year in the United States, approximately one in ten babies are born too early.

For more information about Sera Prognostics and the PreTRM® test, visit www.seraprognostics.com

“Sera Prognostics is a great example of the scientific innovation happening in Salt Lake City and other parts of Utah. With its advanced research techniques and robust strategy, Sera developed the PreTRM® test to address the severe consequences of prematurity and is now poised to help physicians reduce the impact of preterm birth for mothers and their babies.” R. Whitney Johnson, Partner at Stoel Rives.
From bell bottoms and platforms to Donny & Marie and disco, the ’70s pushed the boundaries of fashion, culture and taste. Trend-laden and fad-happy people adorned their homes with macramé, took up racquetball, and bought pet rocks. Famously dubbed the “Me Decade” by novelist Tom Wolfe, individualism and consumerism took a stronger hold. People felt more liberated than ever to dress and act however they liked. As emphasis on individual achievement rapidly grew, so did the pace of innovation. But in Building 521, it wasn’t all about “me”. Doctors and scientists dreamed big and built their dreams together—reimagining a new landscape for health care that merged bodies and minds with machines and computers. As they triumphed, so did patients. New vaccines and medical achievements allowed people in Utah and across America to live longer, healthier lives, with life expectancy in the United States increasing from 47 years in 1900 to 70 years by 1970.

To find funding when money was scarce, Library Director Priscilla M. Mayden worked with Dean Castleton to secure private and federal funding to start the project. Following up on a golf course conversation that Dean Castleton had with his friend and prominent Ogden citizen Spencer S. Eccles, he and Utah businessman Reed Brinton made a house call to Eccles. As a result, Eccles and his family carried the library to the finish line with $250,000 in funding. Finally, on Oct. 4, 1971, the Spencer S. Eccles Health Sciences Library was dedicated.
INTO THE BLACK

Job one in the early ’70s was ensuring that the brilliant people who had converged in Building 521 would be able to continue their work at a financially solvent academic medical center. The challenge of resuscitating the faltering institution was bestowed upon an outsider named John Reinertsen. Recruited from Evanston Hospital in Illinois, Reinertsen accepted the challenge of becoming CEO of University Medical Center in 1970 and inherited an operating deficit of $650,000. Reinertsen began revamping billings to provide operating income for the hospital and negotiating with the state to obtain working capital. By the end of 1972, the financial picture had already changed. Accounts receivable deficits had decreased dramatically, and reimbursements for Medicare and Medicaid services, some of which had been in arrears for four years, were finally up-to-date. Within just two years, Reinertsen and his team had put the hospital’s capital reserve fund on the plus side. It has remained there ever since.

It was during this time that Hilmon Castle, MD, established the Department of Community and Family Medicine, including one of the nation’s first physician assistant (PA) programs. The program had been mandated by the state as a way to train and deploy former military corpsmen to deliver medical care in rural communities throughout Utah and surrounding states, but money to develop the PA program and recruit faculty was scarce. After securing federal funding through a Health Manpower grant, along with funding from University of Washington for program development, Dr. Castle began planning and developing curriculum for the School of Medicine’s first Physician Assistant Program. In 1971, the program accepted 12 highly qualified applicants. By 1975, the fledgling program became the standard model used by federally funded PA programs nationwide. To this day, it remains one of the top programs in the nation.

EXPANDING CARDIOVASCULAR RESEARCH

Furthering his contributions to the School of Medicine, Dr. Maxwell Wintrobe, first chair of the Department of Internal Medicine, initiated and developed the concept of a cardiovascular research institute. Founded on the traditional strength of basic cardiac electrophysiology and ion transport, the Institute later expanded its program far beyond Dr. Wintrobe’s vision into new areas with a more immediate translational focus, including research and treatments for heart failure and cardiac arrest.

Nancy Eccles Hayward; Hope Fox Eccles; Spencer F. Eccles; James C. Fletcher; Lucy Beth Rampton and Kenneth B. Castleton, MD

Maxwell Wintrobe, MD, PhD
Dr. Wintrobe helped establish the Cardiovascular Research and Training Institute

In-state tuition was $750 a quarter
Led Zeppelin performed at the Salt Palace
The average price for a new car was $3,900
ENGINEERING THE FIRST ARTIFICIAL HEARTBEATS

The dream of melding mechanical devices with the human body became full-fledged reality in the ’70s. Willem Kolff, MD, PhD, who had already developed the first successful artificial kidney in the Netherlands, accelerated the pace of his innovation in Building 521, creating the Institute of Biomedical Engineering. Dr. Kolff’s team kept looking for ways to give hemodialysis patients more freedom. In 1979, they unveiled the Wearable Artificial Kidney, which could literally be worn around the waist.

Dr. Kolff’s lab expanded its research beyond kidneys to work on other organs, including artificial eyes, ears, arms and—most famously—artificial hearts. Dr. Kolff assigned a medical student named Robert Jarvik to lead the design and project management of a self-contained, integrated pneumatic heart based on the lab’s previous research experiments and designs.

In keeping with Kolff’s tradition of naming projects after their managers, the new and improved artificial hearts bore his student’s name. Throughout the ’70s, Kolff, Jarvik and a team of hundreds of biomedical engineers modified the artificial heart to create an ovoid shape that would fit inside a human chest. The result was the Jarvik-7, which would be implanted by William DeVries, MD, class of ’70, into Barney Clark, DDS, in 1982.

THE BIG GENETICS BREAKTHROUGH: LOCATION, LOCATION, LOCATION

Even in a decade of increasing national wanderlust, the vast majority of Utahns stayed put. While most people saw this as merely a fact of life in Utah, a handful of Building 521 geneticists saw something more. They looked at Utah’s big, pioneer-stock families and saw an unparalleled opportunity for research. With a small founding population of multigeneration Mormons who had remained in Utah for over a century, an intriguing genetic trail had organically formed. Once investigators at the U picked it up, they knew they had to follow it.

In 1977, several researchers in different disciplines—including cancer geneticist Mark Skolnick, PhD, and cardiovascular researcher Roger Williams, MD—began discussions with the Genealogical Society of Utah to access its treasure-trove of family history records. Pulling from stacks and stacks of family history information, they culled records on people who met very specific criteria: they had to have been born, deceased or married in Utah or on the Mormon Pioneer Trail. These records were added to the newly created Utah Population Database, developed in collaboration with the Department of Medical Biophysics & Computing, so researchers could track the way illnesses moved through generations of a family.

“We had to work very closely with LDS Church leadership, and I was able to help with that,” said Cecil O. Samuelson, MD, class of ’70, former dean of the School of Medicine, vice president for health sciences and president of Brigham Young University from 2003 to 2014. “The church was interested in making sure we had the best medical center we could have, and they saw this as a way to help us excel.”

Randy Burt, MD and Mark Skolnick, PhD mapping out genetic patterns the old-fashioned way
CLINICAL DECISION SUPPORT—
WITHOUT EPIC, APPLE, OR GOOGLE

In 1972, when a single computer filled the space of an entire room and stored a fraction of what today’s iPhone can hold, a team of intrepid doctors, researchers, and engineers introduced a wild invention to the medical community—a computer that could be used to improve patient care. “People thought we were crazy, and it’s true that we could’ve been dead wrong,” said Reed Gardner, PhD, class of ’68, biomedical informatics Professor Emeritus. “But we weren’t. People who are trying to put clinical decision-making tools into practice today still refer back to the work we did in the 70s.”

The HELP system, short for Health Evaluation through Logical Processing, had been quietly developing for over a decade at LDS Hospital in the medical biophysics and computing department, led by Homer Warner, MD, PhD, class of ’49. But once improvements spearheaded by Dr. Gardner brought an integrated database and alerts to the system, the broader medical community could actually see the world’s first clinical decision support system in action. The HELP system generated alerts, reminders and messages in accordance with best care standards, delivered differential diagnoses and provided critiques or suggestions for interventions. As it became more refined, the system was populated with information from the pharmacy; clinical laboratory; infectious disease, cardiology and pulmonary function testing; and diagnostic data.

Original HELP Systems manual
Courtesy of Special Collections, Marriott Library, University of Utah

All photos courtesy of the Spencer S. Eccles Health Sciences Library, University of Utah
PUSHING THE BOUNDARIES OF SURGICAL POSSIBILITY

In 1979, a highly synchronized surgical team, led by plastic surgeon Clifford Snyder, MD, and neurosurgeon Theodore Roberts, M.D., successfully separated brain-conjoined twins Elisa and Lisa Hansen. Because the twins shared major blood vessels joining their heads, the likelihood of success for this never-attempted procedure was extremely improbable. But the surgeons kept coming up with new ideas. One of their critical innovations was to gradually tie off the twins’ shared blood vessels, so that each girl could develop her own circulation. Incredibly, the plan worked and both girls survived.

“After the separation, I told Dr. Roberts that I’d had dreams about the surgery, about the girls kind of magically springing apart. He told me he’d had dreams, too, but that they were always nightmares. That’s when I realized that he had been worried sick about the operation. He and Dr. Snyder had been clear that their intention was to give us two separate little girls. But once they went in and really saw what was going on, they said that the separation was going to be rough, and that they might have to make a sacrifice.

- Patricia Hansen (mother of twins, Elisa and Lisa)

TAKING FLIGHT AND SAVING LIVES

By the end of the decade, it was quite obvious that the University Medical Center was not done growing. Air medical services had begun, enabling rapid response and hospital-to-hospital transport of critical patients across the region. This brought more patients streaming into Building 521 from remote locations in Utah and from neighboring states including Idaho, Wyoming and Nevada. In just 15 years, Utah had put itself on the map as having one of the largest and most sophisticated medical centers in the West.

The need for a larger, more modern clinical facility to support health science education was clear. Design and funding plans were drafted and approved, and a $63 million construction project was soon underway. The new hospital was designed to have 500,000 square feet of space and house the most technically advanced equipment in the West.
For years Ron Fessenden clicked open the in-box for his email account and looked for the daily air quality indicator messages distributed by the Utah Division of Air Quality. Depending on the reading—red, yellow, or green—the retired local television sales executive and onetime University of Utah sports information director decided how he’d spend his day. “When the air quality starts to get bad, I just don’t go outside,” the Midvale, Utah resident said.

Fessenden suffered from idiopathic pulmonary fibrosis (IPF), a little-known, progressive disease that slowly scarred and hardened his lungs. His disease progressed more rapidly in 2014 and he passed away in August of 2015. IPF kills roughly 40,000 people annually in the United States. Diagnosed eight years before his death, Fessenden used supplemental oxygen round the clock and had to give up many of the things he loved. His difficulty breathing really limited the things he was able to do and significantly decreased his quality of life.

Fessenden was a willing participant in five different University of Utah-based drug trials that sought to cure his disease. None provided any relief, but Fessenden was encouraged by news that U researchers across a wide range of fields—from biology and bioinformatics to engineering, epidemiology, medicine, meteorology, and more—were working together on projects aimed at understanding the connections between pollution and health. The research is part of the University’s Program for Air Quality, Health, and Society, a five-year-old initiative designed to foster cross-disciplinary, collaborative study of all facets of air quality in hopes of identifying pathways for reducing pollution and improving quality of life for those in Utah and beyond. University leaders hope the program will establish the U as the national leader in research and information on air pollution and health, as well as innovative ways to help solve the problems.

“As a major research institution, we at the University of Utah are uniquely positioned to bring together the expertise from health and epidemiology to engineering, atmospheric science, urban planning, and more to tackle the challenge of improving our air quality,” says Vivian S. Lee, senior vice president of University of Utah Health Sciences, dean of the U Medical School, and chief executive officer of U Health Care. “We view this as both an opportunity and an obligation.”

Utah has attracted national attention in recent years for its air quality problems. Utahns are all too familiar with winter inversions, where warm air traps cold air and pollutants in the Cache valley and Wasatch Front, and summer-time ozone levels that leave a haze over much of northern Utah. Ozone levels can also be elevated in the Uintah Basin in winter months. At times, pollution levels have been so high during a single 24-hour period that the U.S. Environmental Protection Agency has placed some Utah communities at the top of its list for cities with the nation’s worst air. The EPA has classified the Salt Lake valley and Utah valley as “serious” nonattainment areas, requiring enhanced procedures to improve air quality.

The problem raises the ire of Utahns worried about the impact of breathing bad air, which has been linked to a range of health problems, including increased incidence of asthma, cardiovascular disease, and dementia, as well as adverse outcomes for babies in utero, including low birth weight and high infant mortality. Utahns have rallied numerous times at the Utah Capitol, demanding more aggressive state action on the issue.

“Beyond its impact on health, pollution has economic costs, including lost work days due to illness and increased health care costs. The air pollution also has an...”

Clearing the Air
A U interdisciplinary program aims to become a national resource on improving air quality

Edited from Jennifer Dobner’s article in Continuum, Winter 2014, with updates from Robert Paine, MD and Kerry Kelly, PhD
impact on employee recruiting for Utah businesses and can present costly regulatory challenges for industries large and small. It’s a problem Lee knows about firsthand. When she was hired at the University of Utah in 2011, she had planned to bring three New York University faculty members with her as members of her research team. To her dismay, however, one declined, citing significant concerns about air quality. “I know I’m not alone, many other Utah business leaders frequently report about the challenges they face in convincing companies to relocate to our wonderful state,” Lee says. “As a health care institution, we are particularly concerned about the impact of air pollution on the health of our patients and on the broader community, including our employees.”

The U’s Program for Air Quality, Health, and Society is the brainchild of Dr. Robert Paine, chief of pulmonary medicine at University Hospital, and Dr. Kerry Kelly, assistant professor of chemical engineering. The pair met by chance in 2009, when both were appointed to the state’s Air Quality Board. The appointments launched a friendship and a conversation about the need for University collaboration between academic disciplines, many of which were already, albeit separately, engaged in cutting-edge air quality science. “We needed an umbrella, and we needed a catalyst to greatly enhance what we do,” says Paine. “One of the key things about air pollution is that it’s easy to do pieces of research. It’s much harder to come up with opportunities where we bring all these pieces together and say, ‘How do we go from what’s emitted to what the health consequences are?’ ”

The pair believed that the U’s academic experts and researchers were well suited to the challenge. In 2011 Paine and Kelly crafted a proposal for the Program for Air Quality, Health, and Society and began a conversation with University leaders. “The idea was that we’re much stronger together,” says Kelly. “It’s not just a health problem but also an engineering and atmospheric-science problem. We’re going to come up with better solutions if we all get together and take advantage of everyone’s expertise.”

University leaders agreed. By 2012, Paine and Kelly had secured enthusiastic support, as well as some funding, from Lee, academic affairs, the office of the vice president for research, and the College of Engineering. Paine serves as the program director, and Kelly is the associate director. The program’s steering committee includes representatives from atmospheric sciences, biology, chemical engineering, internal medicine, law, and pediatrics.

Research began in earnest in January 2014, when the program distributed $165,000 in grants from the University’s Funding Incentive Seed Grant Program, which is administered by the office of the vice president for research. Kelly says the six projects were selected based on their potential to advance science and draw additional large grants from organizations such as the National Institutes of Health or the EPA.

One study, led by Russ Richardson PhD’92, a U professor with joint appointments in internal medicine and exercise and sport science, examines the effects of particulate air pollution on vascular function in chronic pulmonary disease. Hanseup Kim, PhD, a USTAR professor of electrical and computer engineering, is using his grant to develop a wireless system for detecting volatile organic compounds that are part of air pollution. Amanda Bakian, PhD, a U research assistant professor of psychiatry, has used her grant to study links between air pollution and suicide. The project, believed to be the first study of its kind nationwide, combines the expertise of a diverse group of psychiatrists, suicidologists, environmental and genetic epidemiologists, psychologists, and biostatisticians. Dr. Cheryl Pirozzi, a U pulmonologist, is another grantee also involved in cross-disciplinary work. Pirozzi is studying the effects of air pollution on individuals with idiopathic pulmonary fibrosis, the disease from which Fessenden suffered. In 2014 the pilot study placed 20 air quality sensors in patient homes across the Salt Lake Valley gathering data about indoor air pollution exposure, daily respiratory symptoms, and lung function during an eight-week period.

The U program’s grant funding has also furthered study of correlations between air quality data and the number of patients suffering from diseases with known connections to pollution exposure, such as some cancers and respiratory illnesses. Led by U bioinformatics professors Ramkiran Gouripeddi and Julio Facelli,
a team that includes experts in atmospheric science, engineering, medicine, and informatics are working with combined data sets to analyze any possible links between disease occurrence and air pollution concentrations. This effort resulted in a successful collaboration between faculty in the College of Nursing, bioinformatics, engineering and pediatrics. Kathy Sward, a professor in the College of Nursing, and Facelli were recently awarded a prestigious $4.5 million grant (called PRISM) from the National Institutes of Health to develop a bioinformatics platform linking pollution exposure and clinical information concerning pediatric asthma.

More recently, Dr. Kelly and Dr. Butterfield (Chemical Engineering) have received support from the National Science Foundation to place low-cost air quality sensors in schools, increasing the number of locations where air quality measurements are gathered for the state’s monitoring. About 30 teachers have already expressed interest in using the sensors as curriculum tools in a wide range of subjects, from mathematics to biology, facilitating student understanding of air pollution’s impact on the local environment.

In a more comprehensive National Science Foundation Project, a team led by Drs. Meyer (School of Computing), Giallardon (Electrical Engineering), Kelly (Engineering), and Whitaker (School of Computing) are developing the next-generation of low-cost, air quality sensors as well as developing strategies for systematically deploying them and integrating this data with existing air-quality data in a robust, reliable, and systematic way. Other projects include Munk Baasandorj (Atmospheric Science) working with the National Oceanic and Atmospheric Administration (NOAA) on aircraft and ground-based measurements to better understand the reactions that lead to particulate matter formation in the winter and Scott Collingwood’s (Pediatrics) project using low-cost sensing to estimate occupational exposure to pollutants for the army.

Ruth Watkins, Sr. Vice President for Academic Affairs says the University has begun a hiring initiative to recruit faculty members for the colleges of Social and Behavioral Science, Mines and Earth Science, and Engineering to enhance the work of the U’s air quality program while also advancing scholarship and understanding of broader environmental issues. “That will accelerate our potential to address challenging problems, including water and air quality, and relationships with climate and weather,” she says.

The increased environmental focus the faculty members will bring, along with the work of the air quality program, will enhance the academic experiences and opportunities for students who work with those professors, says Robert Adler, dean of the U’s S.J. Quinney College of Law and a member of the Program for Air Quality, Health, and Society’s steering committee. “The program reflects the best of what universities can be,” he says. “Rather than working in isolated disciplinary silos, the effort reflects shared commitment to advancing knowledge and helping the community through collaboration within the U and beyond.” Adler and Watkins also say the scientific advances expected from the U air quality research may ultimately help lead to innovations in industry practices and environmental regulation and law, as well as better public policy.

For now, Paine and Kelly hope the program’s initial research projects will result in promising findings to draw in additional large grants from national institutions and organizations. The Program for Air Quality, Health, and Society currently has no ongoing funding and needs grants and private funding to further its goals. Fessenden said he’d be happy if researchers are finally able to answer the question that so many Utahns find themselves asking each time they wake up to another day of gray, mucky winter air or summer haze: What is breathing this stuff doing to my body?

Fessenden thought about moving, but his life, his family, and his doctors were in Salt Lake City. When the pollution got bad his breathing was more labored, and if he went outside, he found himself constantly coughing. In life, you “play the cards you are dealt,” he said, but he would have welcomed advances in science and medicine that would have helped cure or ease the struggles of patients like him.
Many childhood health problems are on the increase, including preterm birth, obesity, diabetes, neurodevelopment disorders, asthma, autism and cancer. Why? Much of the answer may lie in environmental exposures that occur from the time of conception, pregnancy, and early childhood, when children are more vulnerable to environmental insults. A growing body of evidence points to long-term influences of early environmental exposures. Effects extend beyond birth and childhood into adolescence (including puberty) and adulthood. Some effects may even impact subsequent generations through epigenetic imprinting.

In 2000, the U.S. Congress passed the Children’s Health Act, directing the National Institute of Child Health and Human Development (NICHD) to conduct a national longitudinal study of environmental influences (physical, chemical, biological and psychosocial) on children’s health and development. The initial effort to meet this mandate was the National Children’s Study (NCS), which enrolled pregnant women and the resulting children from 2009-2012. During this time the University of Utah (Principal Investigator: Edward Clark, Pediatrics) enrolled 248 mothers and newborns in Salt Lake County, and 525 mothers and newborns in Cache County, partnering with Utah State University. The Utah sites for the National Children’s Study were top performers for enrollment and follow-up across more than 40 NCS locations nationally; nearly 20% of all babies nationally were enrolled through Utah.

However, in December 2014 the NCS was ultimately discontinued by Dr. Francis Collins, Director of the National Institutes of Health, based on a series of challenges with the national management structure and costs. A special review committee concluded that “while the overall goals and intent are meritorious and should be a priority for future scientific support, the NCS, as currently outlined is not feasible.”

After the NCS was discontinued, Utah maintained its strong commitment to studying children’s health and the personal investment made by the Utah families who had enrolled in the NCS, by initiating our own follow-up study, the Utah Children’s Project (UCP; PI: Joe Stanford). Many of the families were re-enrolled into the Utah Children’s Project. Children and parents who had been participants in another NIH-funded cohort study for the impact of peri-conceptional environmental exposures, the study of Home Observation of Peri-conceptional Exposures (HOPE; PI: Christy Porucznik, Division of Public Health) were also enrolled.

Families now participating in the UCP include a child who had previously been a participant in NCS or HOPE, at least one biological parent, and optionally, one sibling of the child. Currently, we have enrolled over 200 families in the UCP, most of them with both parents and two children. Enrollment includes a comprehensive medical and family history, phenotyping medical exams for each participant, and the banking of biospecimens, including DNA and serum. Prior data and biospecimens from the NCS and HOPE study are accessible to link with the longitudinal follow-up of the UCP. Our goal with the UCP is to maintain a robust resource to answer current and future research questions about the interactions of all types of environmental exposures and genomics with results in health outcomes in childhood and adulthood. The 200 family enrollees include over 350 children, totaling over 700 family members from...
infants to adults. The goal in the next year and a half is to enroll 500 families and 950 children and eventually pregnant family members and grandparents.

Meanwhile, in December 2015, the National Institutes of Health announced a new initiative, Environmental influences and Child Health Outcomes (ECHO) to leverage and build upon existing cohort infrastructure to prospectively investigate the role of early life exposures and underlying biological mechanisms in childhood health and disease. This renewed effort has some key differences from the former NCS. The focus is on existing cohorts, and the governance of the ECHO project is a cooperative agreement in partnership with the grantee institutions. This means solicitation of the input and expertise of the participating pediatric cohorts.

With the ongoing Utah Children’s Project, Utah is positioned to contribute to the ECHO consortium. In September 2016, the UCP received just over $1 million for year one and $1.2 million for year two in direct funding to include the Utah Children’s Project as a member of the national ECHO consortium. Utah is one of 35 academic and research centers awarded to participate in ECHO. “Every baby should have the best opportunity to remain healthy and thrive throughout childhood,” said NIH Director Francis S. Collins, M.D., Ph.D. “ECHO will help us better understand the factors that contribute to optimal health in children.”

“I’m very excited to work with many of our nation’s best scientists to tackle vital unanswered questions about child health and development,” said ECHO Program Director Matthew W. Gillman, M.D. “I believe we have the right formula of cohorts, clinical trials and supporting resources, including a range of new tools and measures, to help figure out which factors may allow children to achieve the best health outcomes over their lifetimes.”

The principal investigators of ECHO in Utah are veterans of our prior efforts for NCS and HOPE: Joe Stanford, MD, MSPH, Christy Porucznik, PhD, MSPH, and Ed Clark, MD. Stanford and Porucznik are in the Division of Public Health, Department of Family and Preventive Medicine. Dr. Clark is chairman of the Department of Pediatrics, and Stanford also holds an adjunct appointment in Pediatrics. Additional faculty involved in the ECHO effort are from Pediatrics, Family and Preventive Medicine, Internal Medicine, Pathology, the School of Dentistry, Intermountain Health Care, and Utah State University.

“We have never wavered from our commitment to the health of the children in our community,” says Dr. Clark. “This award is a recognition of the great science that goes on here and the commitment of the people in Utah to improve the health of our children and our nation.”

Nationally, ECHO will enroll more than 50,000 children from diverse backgrounds across the U.S. Researchers will analyze existing data and follow participants to collect new outcome data to address early environmental origins of health conditions such as diabetes, obesity, autism, asthma, and premature birth. This research will help define factors that contribute to health and disease, identify markers for early detection, ultimately leading to new insights and approaches for treatment and prevention.

Among the ECHO awardees, Utah has a number of unique strengths to contribute. These include many children with robust exposure data from their mothers and fathers near the moment of conception, cutting-edge approaches for studying the influence of maternal and child microbiome on children’s health, innovative environmental exposure technology currently in development at the University of Utah to monitor air quality, cutting-edge hypotheses about the relationship of dental health biomarkers to intrauterine exposure to endocrine disrupting chemicals, and a robust and evolving bioinformatics infrastructure to manage big data on environmental exposure and health outcomes. Add to this the existing resources of the Utah Population Database and of clinical data from both the University of Utah and Intermountain Healthcare, and the value of the Utah Children’s Project only increases. “Together, we have a perfect partnership of expertise, innovation, and collaboration to contribute essential knowledge for the health of children and the nation,” says Dr. Stanford. “We are excited to develop the next generation of research for environmental influences and child health.”
In light of the current opioid epidemic and increasing heroin and synthetic opioid problem plaguing our youth, many are asking, “What can we do about this growing problem?” One potential answer is the Screening, Brief Intervention and Referral to Treatment (SBIRT), a comprehensive evidence-based public health approach to early intervention and treatment for people at risk of developing or currently experiencing a substance abuse disorder. SBIRT allows for substance abuse screening in any healthcare setting using free validated questionnaires. The vast majority of patients will not have an issue with alcohol, illicit drug use, or prescription medication misuse. However, when a problem is detected we can provide the appropriate intervention.

Patients that are at moderate or high risk for abusing substances can be given brief interventions such as motivational interviewing (MI), which can raise awareness about the patient’s substance use and its consequences in order to motivate a positive behavior change. For many providers, a quick 5-10-minute conversation using MI can be a very important one. Also, when an existing substance use disorder is detected we can make appropriate referrals to treatment.

In Utah, only 6% of substance use disorder providers, whereas 56% originate from the criminal justice system. If we can turn those numbers around, we can make significant impacts on reducing crime and societal costs. SBIRT has been proven to be effective in reducing substance use, such as alcohol, heroin, cocaine and opioids; reduction in risky behaviors, such as intravenous drug use and unprotected sex; improvement in quality-of-life measures, such as decreased criminal justice rates and improved employment status; and is also cost-effective. Further, SBIRT is reimbursable by many insurance companies, including Medicare.

The Rocky Mountain Center for Occupational and Environmental Health at the University of Utah was awarded a 3-year grant to teach health professional students about SBIRT and increase community utilization of SBIRT. If you are interested in learning more about SBIRT, email Melissa Cheng at Melissa.cheng@hsc.utah.edu or view at http://medicine.utah.edu/rmcoeh/sbirt/
The Fall 2016 Alumni and Medical Community Weekend kicked off Thursday evening, October 13, with the First Annual Russell M. Nelson Visiting Professorship lecture. Dr. Alden H. Harken, MD Professor and Chair of University of California, at San Francisco East Bay Department of Surgery, spoke on *The Past, Present and Future of Cardiac Surgery*. This, and the Friday morning, October 14 Society Supporting Leadership in Internal Medicine (SSLIM) continuing medical education symposium and luncheon are two ways the School of Medicine Alumni Association has partnered with medical departments to share new information with our alumni. The SSLIM presentations were followed by School of Medicine Dean, Dr. Vivian Lee, sharing her update on the school, with information about the physical changes that will occur on the Health Sciences campus over the next five years (see article on pages 22-23).

Following the Dean’s address a light luncheon was served at the Spencer F. Eccles Health Sciences Library celebrating 40 years of the library and the efforts of former Dean Kenneth B. Castleton, MD to construct the library (see details on page 6). Then the first UTEMED program was launched in the L.S. Skaggs Pharmacy Institute auditorium. The program featured eight speakers sharing inspiring stories and innovative ideas around issues confronting medicine and health care. The program was streamed live and is still available for viewing through the Utah Education and Telehealth Network or on our School of Medicine Alumni Association website at http://medicine.utah.edu/alumni/utemed.php. Speakers included Vivian Lee, MD, PhD, MBA, Dale Hull, MD, MPA ’86, Kevin Jones, MD, Terry Box, MD, HS ’83, Josh Schiffman, MD, Carrie Byington, MD, John Langell, MD, PhD, MPH, and W. Donald Shields, MD ’73. The program was very well received and will be offered again in 2017. If you have not had a chance to view any of these short (15-17 minute talks), we encourage you to do so.

That evening the SOM Alumni Association rolled out the red carpet to welcome alumni, faculty, former distinguished awardees and supporters of the School of Medicine to the 25th annual Awards Banquet. Three individuals were recognized with Distinguished Awards, David R. Nielsen, MD, FACS ’76, received the Distinguished Alumni Award, Carl R. Kjeldsberg, MD, the Distinguished Service Award and Scott A. Leckman, MD, ’83, the Distinguished Humanitarian Award (see pages 3-4 for further information on Dr. Leckman’s work).
Benjamin Brooke, MD, PhD, ’03 received the Golden Anniversary Prize for Distinguished Clinical Investigation, an endowed prize established by the Class of 1945 on their 50 year reunion in 1995. Dr. Brooke received a crystal award and a $4,000 stipend for his work improving care coordination and patient safety during transitions in surgical care.

As always, it was a wonderful gathering, with some of the most memorable moments occurring when the class of 1966 was honored and inducted into the Half Century Society and given their Half Century Society medallion and the book, How the West Won Medicine. Hearing about their combined service and contributions to medicine, the communities they lived in, and their patients’ was touching, and many laughs were shared over memories of their medical school experiences.

Saturday morning alums attended presentations at the LDS Family History Museum and Discovery Center to learn how to search their families’ genealogy. All who attended found the ability to search out their ancestors a fascinating and informative exercise. The weekend ended with a talk to all reunion classes by Lynn Jorde, PhD, Professor and Chair of the Department of Human Genetics on the importance of the Utah Genome Project to Utah and the world. ☝
ALUMNI WEEKEND

Incoming SOM Alumni Board President Bryan Stone, MD '86 and board member Karly Pippitt, MD '06 with spouses Cheryl Stone and Richard Patten, MD '06

Class of 2001-Left to Right: John Hemmersmeier, MD; Mary Tipton, MD; Michael Foutz, MD

Left: Dr. Michael Brown, '66 and classmates Mike Edson and Harmon Eyre.

Ron Larkin, '75 with high school friend Eric Johnson, '76

Bottom left: Brian Johnson, MSIV, medical student ambassador, greets James Atcheson, MD '66

Past distinguished alumni award recipients James Parkin, '66, and Chuck Rich, '65 celebrating at the School of Medicine Awards Banquet with Alumni Relations Executive Director Kristin Wann Anderson

Class of 1991-Front Row: Left to Right: Liz Jensen, MD; Scott Unice, MD; Terry Finlayson, MD; Denise Devouau, MD Back Row: Left to Right: Randy Jensen, MD; Glen Morrell, MD; Mark Bair, MD

Dr. Carl Kjeldsberg, 2016 Distinguished Service Awardee talking with Dean Vivian Lee before the Dean's State of the School address

Incoming SOM Alumni Board President Bryan Stone, MD '86 and board member Karly Pippitt, MD '06 with spouses Cheryl Stone and Richard Patten, MD '06
SAVE THE DATES

Half Century Luncheon and Program | May 31, 2017 | Fort Douglas Officers’ Club
Alumni and Medical Community Weekend October 12-14, 2017

- School of Medicine Awards Banquet and Induction of the Class of 1967 into the Half Century Society
- School of Medicine Department Continuing Medical Education Events
- UTEMED-Inspirational stories fostering the spread of great ideas in science and medicine
  See last year’s presenters online at http://medicine.utah.edu/alumni/utemed.php
- Utah versus USC Big Screen Game Party
- Dinners out with your classmates

We can help you connect with your classmates. Contact our office at 801-581-8591 to get contact information for your classmates! Use your Facebook, LinkedIn and Doximity connections to communicate with classmates, to encourage attendance and post messages to classmates on the School of Medicine Alumni Association Facebook page.
Since the seismic issue with the School of Medicine building was mentioned in 1976 two more seismic studies have been conducted on the building. All have concluded the same thing—in a modest earthquake, the School of Medicine Building could collapse. Most of our physicians’ offices and research labs are in the building, as are five clinics, and the in-patient psychiatric and the rehabilitation units. Serious consideration was given to building a steel girdle around the building to reinforce it and make it compliant with seismic standards. The cost was extraordinary and at the end of the day there would still be an old building with low ceilings loaded with asbestos, leaking pipes and antiquated features. The ceilings were not built to carry the fiber optic and internet cabling that is currently a mandatory part of buildings, so it often hangs through the ceiling. Replacing the School of Medicine is now a top priority.

In order to accomplish the enormous task of replacing 640,000 square feet of building, the first step will be to build a new home for the clinics and the in-patient units. The groundbreaking for a new Ambulatory Care Center (ACC) is scheduled for February 2017. The ACC will be the new home to the five clinics. It will also house two in-patient floors adding approximately 76 new patient beds. Six new surgical suites plus a post-anesthesia care unit will occupy the third floor of the ACC. Doctors’ cubicles and shared office space, consult rooms, conference rooms, the morgue, and the loading dock will be housed in the building as well. The ACC will connect by bridge to Primary Children’s Hospital on the A Level and by bridges to the hospital on the 1st and 6th levels. The ACC will be located west of University Hospital, south of the hospital’s parking terrace and east of the Moran Eye Center and west parking terrace, and will be a wonderful addition to the hospital.

A second new building, the Rehabilitation Hospital, will begin construction later in 2017. The Rehab Hospital will be built to the east of University Hospital where the Dumke Dialysis Building was formerly located. This will be a gorgeous, state-of-the-art rehabilitation hospital with the best therapy equipment and expert staff to help people regain their lives after catastrophic accidents or illnesses. This building will be connected to University Hospital by a bridge, with the main entrance on the east—the side facing the Huntsman Cancer Institute. This building will also have physician offices.

Once these two buildings are completed and the School of Medicine Building is vacated, it will be demolished. This will occur in early 2019. Once the School of Medicine building is gone, the Medical Education and Discovery Complex will be built. It will be located adjacent to the University Hospital, directly to the south. It will house lecture halls, physician offices, the Global Health Center, Personalized/Genomic Medicine, and Interprofessional Education. Health Care Transformation which includes cancer population sciences; health system innovation and research; health policy and economics; and study design and biostatistics along with Biomedical Informatics and the Big Data analysis will also be located in the MED Building. Adjacent and attached to
the MED Building will be the Discovery Center which will be built subterranean with window walls to the west. This structure, built into the slope of the hillside will have grass and trees planted on top of it, providing open space areas for students, staff and patients to roam and retreat.

The Discovery Center will be home to the Center for Medical Innovation which helps students and faculty develop and market innovative medical equipment, treatments and medicines that can be used to tackle some of the most challenging medical issues through programs like the very popular Bench to Bedside program. New companies may blossom from the work that will be accomplished in the Discovery Center.

The proposed timeline will schedule the opening of the new MED Building in early 2021. This is an ambitious schedule, but with everyone’s participation, we feel it is possible. We must have our patients, medical care providers and students in safe, quality structures.

This project is an enormous undertaking and the U’s Health Sciences will need everyone’s help to realize this dream. Our hope is that alumni, current faculty, friends, current donors, and political leaders will join forces in raising the funding necessary—$180 million. Following is the breakdown of the costs:

<table>
<thead>
<tr>
<th>Project</th>
<th>Project Costs</th>
<th>U of U Operating Revenues</th>
<th>State $</th>
<th>Private $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care Center</td>
<td>$ 131.5M</td>
<td>$ 131.5 M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Hospital</td>
<td>$ 95M</td>
<td>$ 45M</td>
<td></td>
<td>$ 50M</td>
</tr>
<tr>
<td>Demolition</td>
<td>$ 12M</td>
<td>$ 12M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MED</td>
<td>$ 185M</td>
<td></td>
<td>$ 50M</td>
<td>$135M</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$423.5M</strong></td>
<td><strong>$188.5</strong></td>
<td><strong>$50M</strong></td>
<td><strong>$185 M</strong></td>
</tr>
</tbody>
</table>

Donors have committed $69.75 M of the $185M needed for the Medical and Education Discovery Building. The Utah legislature will decide on the $50M appropriation during the spring 2017 session. We encourage all alumni to share their support for the funding of the project with their legislators.
Scholarship Dinner Celebration

On September 22, 2016 donors and recipients of scholarships throughout the University of Utah Health Sciences met at Grand America for a love fest celebrating generosity, educational achievement, and giving back to the next generation of health care providers. Alumni and friends who support students across the five health sciences colleges joined with their scholarship recipients to hear from Art Ulene, MD, guest emcee, and student scholarship recipients from each school. Donors honored included donors of endowed scholarships, Five for Five scholarships and other named scholarships in the school of medicine.

New scholarships in 2016 through the School of Medicine Alumni Association

**Five for Five Scholarships:**
The Thomas C. Thomas III and Nina C. Thomas Scholarship Fund in the School of Medicine
The Christopher Peter Carlisle Medical Student Scholarship Fund in the School of Medicine
The William and Linda Chamberlain Medical Student Scholarship in the School of Medicine
The CompHealth® Medical Student Scholarship Fund in the School of Medicine

**Endowed Scholarships:**
The Harry N. Iticovici and Grace Renee Ferguson Endowed Scholarship in the School of Medicine
The Dr. Ernst R. and Dr. Marianne Friedrich Endowed Scholarship in the School of Medicine and Department of Bioengineering

**Other Named Scholarships:**
The Joyce D. Johnson M.D. and Owen W. Johnson Ph.D. Medical Student Scholarship in the School of Medicine (One year full-ride scholarship for a student pursuing a residency in Internal Medicine)

Student recipients celebrate receiving their scholarships

Jessica Hansen, Tyler Jackson and Rob Fox
Mary Jayne Stevens with scholar Jessica Barlow
Mary Jayne Stevens, Nate Alder, Patrick Assay, Marian Ingham, Alice Telford and Tim Duncan
Kathy Murray, MD and Ron Appelbaum, MD with scholarship recipient Greg Winger

Below: Jordan Broadway, Anna Cassell, Lillian Boettcher and Dani Golomb
Two hearts cast in aluminum as a symbol for the delicate balance a physician walks in medicine. The anatomical heart serves to exemplify the core objectivity essential in the practice of medicine. The heart symbol represents the humanistic approach and is the framework in which objectivity can properly function. Each heart is incomplete without the other in the practice of the art of medicine.

Published in Rubor: Reflections on Medicine from the Wasatch Front, Volume 4, 2016

First Code

She was a new mother.
She gave birth this day.
Post-partum hemorrhage.
Ten units given.
Bleeding controlled.
Transfer to ICU.

I go to meet my patient.
She is intubated to help her breath.
Her pulses are thready, almost imperceptible.
A pool of blood escapes her legs.
She is bleeding again.
We call for OB.
We start fluids.
More blood.
A central line.
Check for pulses.
They are gone.

First Code.
Resident starts chest compressions.
Attending leads.
I check pulses.
2 minutes.
My turn.

I stand on a stepping stool.
Put my hands on her chest.
Up.
Down.
Up.
Down.
Compressions.
2” deep.
The rubber of her chest contracts beneath me.
Up.
Down.
Are her ribs broken?
Up.
Down.
1 1/2 minutes pass.
Up.
Down.
100 times a minute.
I’m getting tired.
Up.
Down.
2 minutes are up.
I switch positions.
Code continues.
I watch the up and down.
We are her beating heart.
Can we save a life tonight?
Up.
Down.
Pulses restored.
Pressors are running.
More blood.
Transfusion stat.
Fluid bolus.
Emergent hysterectomy.
Rush to OR.
New admit.
I leave to meet my next patient.
I finish my admission.
Tidy up my notes.
No update yet from OR.
It's late.
Time for home.
I leave the ICU.

I recognize him.
I saw him say goodbye to his wife, my patient.
I saw him say goodbye as we left for the OR.
I walk past him.
He is in that space between patient and stranger.
We have not met.

I have not had an update.
I double back.
Eye contact.
Mr. Morrison?
Yes.
I was following your wife in the ICU.
Do you have an update?
How is she?
She's dead.
It hits like ice to my chest.

I gasp.
My hands rush to cover my mouth.
His hands rush to cover his own.
Somewhere between patient and stranger.
For that minute we stand.
Somewhere between doctor and stranger.
We look into each other's eyes.

Somewhere in between new life struck death.
Now simultaneously we embrace.
We hold on.
The minutes pass.
Somewhere between patient and stranger.
Somewhere between doctor and stranger.
Somewhere new father now widower.
I don't know why these things happen I tell him.

I don't know he says.
And we let go.
My tears are pouring.
Do you need someone?
My friends are here.
Thank you.

And we walk away.
New city.
New hospital.
New halls.
The tears don't stop.
New life.
Fresh death.

Her pulses were thready, almost imperceptible.
Was I wrong?
Compressions.
2” deep.
The rubber of her chest.
I was her beating heart.
I could not make it beat.

First Code.

Heather Curtis, MD ‘14
Susan Saffel-Shrier MS, RDN, Certified Gerontologist, is a professor in the Department of Family and Preventive Medicine (DFPM). Over her 25 years with the University of Utah she has exemplified the health sciences center mission of serving the people of Utah and beyond by continually improving individual and community health and quality of life.

Her focus has been on the geriatric continuum of care from independent living through end of life, including nutrition issues. As the Director of Family Medicine Geriatrics Education, Ms. Saffel leads innovative community-based clinical experiences bringing family medicine residents, physician assistant students, pharmacy residents and nutrition students together to provide longitudinal care at the Sarah Daft Home assisted living facility. Susan also sees patients at the Sugar House Clinic and in their homes. She has co-authored three peer reviewed guidelines for the Agency for Healthcare Research and Quality and numerous publications and grants. Her teaching has spanned the Family Medicine Residency Program, the Physician Assistant Program, Public Health, College of Health, as well as College of Pharmacy. She is internationally, nationally and regionally recognized for her presentations on geriatrics and nutrition.

For the past six years Ms. Saffel has travelled to Moscow to help support the training of family physicians at the Moscow Regional Research and Clinical Institute (MONIKI) through Agape Unlimited. Agape’s focus is to promote family medicine in the former Soviet Union, teaching a ‘new paradigm’ in medical education that is evidence-based, practical, relevant and patient centered, through an international consortium of like-minded institutions. In 2016 Dr. Saffel presented at both the Moscow Oblast Regional Training Hospital System and the Northwestern Medical University in Saint Petersburg on malnutrition, nutritional deficiencies associated with neurological diseases, and led a faculty development workshop.

In Russia, family medicine is an underdeveloped specialty and all curriculum needs to be approved by the Russian Health Ministry through a legislative process. Ms. Saffel’s talks to Russian physicians were welcome due to the physicians’ strong interest in nutrition and the interactive nature of her presentations.

This past fall, for her commitment and impact on education in Russia, Ms. Saffel was awarded an honorary membership in the Association of General Practitioners of Moscow Region, recognized by the Russian Health Ministry.

The University of Utah School of Medicine’s reach is truly global. Faculty like Ms. Saffel not only meet the University of Utah’s Health Science Center mission of “providing compassionate care without compromise, educating health care professionals for the future and engaging in research to advance knowledge and well-being” but shine as our ambassadors to the world.*

* University of Utah Health Sciences Center Mission: http://healthcare.utah.edu/about/mission.htm
Harry R. Hill, MD, Professor of Pediatrics, Pathology and Internal Medicine at the University of Utah School of Medicine, has been named recipient of the Lifetime Achievement Award given by the Utah Chapter of the American Academy of Pediatrics. This prestigious award recognizes Dr. Hill’s distinguished career in caring for immune deficient patients for over 40 years and his service as the Head of Clinical Immunology/Immunodeficiencies. His contributions have benefitted children and adults in our state and beyond.

Dr. Hill has been a long-time faculty member at the University of Utah Department of Pediatrics and Pathology. He established a Clinical Immunology Clinic and grew the division into an Allergy, Immunology and Rheumatology program that has continued and recently expanded into two divisions in Pediatrics. The Clinical Immunology Clinic at the University Hospital has been active for the past 42 years and draws patients from throughout Utah and the surrounding states of Idaho, Wyoming, Montana, Colorado, and Nevada.

In 1975, he established a laboratory to evaluate the immunologic function of these patients, which is now a major component of ARUP Laboratories, the national esoteric reference laboratory owned by the University of Utah.

While his research interests have included host resistance of the neonate to bacterial infection, he also became interested in the functional activity against bacteria of intravenous immunoglobulin, as well as the role of inflammatory mediators and cytokines in the host response to bacteria. Dr. Hill has continued to publish on patients with primary immunodeficiency disorders. Most recently, he has begun to explore molecular aspects of primary immune deficiency diseases.

Dr. Hill’s contributions have left a lasting legacy of care for children and adults, as well as medical education. Colleagues have stated, “Dr. Hill has always been a tremendous resource for helping detect, evaluate and manage both children and adults with immunodeficiencies in the practice setting. He has always made himself available and engaged in diagnostic evaluation of these complicated cases. His expert advice remains scientific and practical.”

Donald M. Pedersen, PA, PhD recognized with the Lifetime Achievement Award from the Physician Assistant Education Association

In October 2016, Don Pedersen, PA, PhD, professor emeritus, was recognized by the Physician Assistant Education Association with its Lifetime Achievement Award, the second Lifetime Achievement award in its history. Dr. Pedersen began his career as a physician assistant in 1978 and since that time has made countless contributions to the profession.

At the University of Utah, he took a struggling PA program from the brink of extinction to one consistently recognized as one of the top five programs in the country. He was founder and editor-in-chief of what is now the Journal of Physician Assistant Education and has written dozens of book chapters and articles — including a paper that remains a model PA forecasting study.

Dr. Pedersen also volunteers his time for domestic and international relief work, having visited Thailand and Nepal after natural disasters to provide aid, and volunteers weekly at the Hope Family Medical Center in Salt Lake City, serving low-income uninsured or under insured individuals. As Alfred M. Sadler, Jr., immediate past president of the PA History Society, said, “He is a generous exemplar of leadership with humility — a quality far too rare in our world today.”

Harry R. Hill, MD receives the Lifetime Achievement Award from the Utah Chapter of the American Academy of Pediatrics
Renowned Pediatrics Professor, John M. Opitz, MD receives the Republic of Germany’s Highest Award

In December 2016 John M. Opitz, renowned professor of pediatrics, received an award from his birth country of Germany, the Bundesverdienstkreuz (BVK) or Federal Cross of Merit – the only national decoration awarded by the German government. The award recognizes those who have had a profound impact on building the relationships between Germany and other nations. Opitz has taught and conducted scholarly work in Germany and other European countries for decades and was nominated by two of his German physician colleagues.

Immigrating to America from Germany with his mother after WWII, he studied zoology at the University of Iowa under Emil Witschi, a renowned zoologist and expert in genetics, developmental biology, and evolution, and began medical school at the University of Iowa in 1955. After graduating in 1959, he began his residency and then fellowship in pediatrics at the University of Wisconsin, where he studied under Klaus Patau, PhD, a plant cytogeneticist, and David W. Smith, MD, a pediatric endocrinologist considered the father of dysmorphology – the study of structural defects, particularly congenital malformations, in people. Smith introduced Opitz to a facility in Wisconsin where severely mentally disabled children and adults lived, and shortly after that he began his life’s work of learning to recognize physical and biological signs and symptoms of disorders. When patients died, he took part in the autopsies to learn the biological basis of their disorders.

Along with the landmark work he began in the ’60s, Opitz founded the American Journal of Medical Genetics in 1976, becoming its first editor-in-chief and remaining in that position until 2001.

Although retired from seeing patients, Opitz maintains an office at the U Department of Pediatrics while pursuing research in the subject that piqued his interest before he studied medicine: developmental biology. He still publishes and collaborates with other physicians and scientists – he has published more than 500 peer-reviewed studies, books, chapters and other works.

Dr. Opitz’ students have been medical vice-presidents, deans, chairpersons and faculty members in pediatric genetics at several universities here and abroad. He is a member of the German Academy of Science (Leopoldina) and a foreign corresponding member of the Brazilian Academy of Sciences. He has received honorary doctorates from Kiel, Copenhagen, Bologna, and in the U.S. from MSU (Bozeman) and OSU (Columbus). In 2011, the American Society of Human Genetics recognized Opitz’s seminal contributions to medical genetics when it awarded him the organization’s highest honor – the William Allan Award, given annually to a scientist who has made far-reaching contributions to human genetics for a sustained period.

Not one to draw attention to himself, Opitz, in his own way, takes pride in receiving the BVK. “There have been some very good people who have received the award,” he quietly says.

“My goal simply was to care for the patients and their families.”
– John Opitz, MD
Virgil Parker MD ’57
His Art and Poetry

Oh Query Fever
by Virgil Parker, MD ’57

Oh Query Fever, you base deceiver
You’re oft times mistook for the flu.
Interstitial pneumonia with cough and dysphonia
Soon leads us to know that it’s you.

Oh Coxiella burnetti, you cause no vendetti
amongst the cows, goats and sheep
And with bandicoots you’re in cahoots
through ticks that crawl and creep.

In stockyard work you wield your dirk,
inflicting man and beast
Amongst wool-dressers and pelt processors
you particularly have a feast.

But, it’s via the ticks you deliver your licks
though the contact’s through milk and dust
For there is a ban on man-to-man
transmission of your filthy crusts.

Your incubation and your duration
are measured in terms of a fortnight,
But recrudescence and convalescence
May well put two months to flight.

There’s hepatitis and endocarditis,
complications one sometimes sees
And fixed complement to some extent
is found in the hired waddies.

You lack OX 19, rickettsemia is seen
during the periods of fever
Prognosis is good if you behave as you should
but sometimes death is the receiver.

Two drugs do the trick, if the doctors will stick
to the regimen as it’s recommended.
Tetracycline and chloro, do the job up quite thorough
and now, your short story is ended.

Along with sharing his skill as a physician by starting
the Central Utah Medical Clinic, which today employs
150 physicians throughout Utah, Virgil Parker, MD
’57, is a talented artist, musician and poet. During the
month of October he hosted an art exhibition of his
work at the Eccles Health Sciences Library. He donated
all proceeds from the sale of his art to the School of
Medicine Scholarship Fund; $17,200 was raised for
scholarship during the weekend. If you are interested
in viewing or purchasing his art you can contact
Dr. Parker at parkervj2004@yahoo.com.
REMEMBERING
Dr. Charles Hilmon Castle
and His Contributions to Utah
and the School of Medicine

In December 2016 the University of Utah Health Sciences lost a dedicated and respected member of its community, Charles Hilmon Castle, M.D. Castle was renowned for his contributions to medical education through the Intermountain Regional Medical Program (IRMP) and his efforts to build a physician assistant program (PA) at the University of Utah. He recognized the need for better access to primary care in the rural West and managed to help fill that gap with the PA program.

After graduating from Duke Medical School in 1951 Castle completed training in Internal Medicine and a two-year fellowship in cardiology at the University of Utah and joined the full-time faculty of the University of Utah School of Medicine in 1959. He was asked to run the IRMP in 1966, which offered continuing medical education in heart disease, cancer, and stroke for practitioners in the region.

Throughout his 46 year career, he was also responsible for initiating the Division of Postgraduate Medical Education, served as Associate Dean for the School of Medicine, was Coordinator of the Regional Medical Program for heart disease, cancer and stroke (1966-71), chaired University hospital medical staff and served as director of the acute coronary care unit.

The push toward specialization in medicine was resulting in a dearth of primary care physicians, especially in the rural areas of the Intermountain region. In 1969 a recommendation from a governor’s Blue Ribbon Committee recommended the U develop a new department to study family and primary care, public health, environmental and occupational health. Thus began the Department of Family and Community Medicine (now the Department of Family and Preventive Medicine-DFPM). Despite specializing in cardiology, Castle was recognized for his leadership and was appointed chair of the new primary care-focused department. Castle responded to the growing gap in health care service by developing one of the country’s first PA programs.

Castle stepped down as chair of the DFPM in 1984 after fourteen years to return to cardiology, but he continued to teach for the PA program. His legacy remains strong and respected within the department, especially within the PA program, which has been ranked #2 in the country by U.S. News and World Report and has been in the top five PA programs for the last ten years. But the major successes were in the service to his community. “Hilmon loved that we were a mission-based program for primary care for the underserved,” said Pederson. Castle undoubtedly had an understanding of the hardships in healthcare, and he had the visions to improve them.

Castle’s work in cardiology did not just benefit the University of Utah but also had state and national influence. Castle served as Principal Investigator in Utah for four large national clinical trials in hypertension and coronary artery disease and was widely published. He sat for seventeen years on the Utah Heart Association Board and served as its president from 1978 to 1979. At the national level, he was chair of the American Heart Association scholarship committee for five years, helping fund and develop academic cardiologists. In 1985, Castle was named “Physician of the Year” by the Utah Medical Association. In 2009 he received the Distinguished Service Award from the School of Medicine Alumni Association for his service to the school.

“He was really into the cutting-edge technology at the time, utilizing video and bringing in all the different modalities,” said Don Pedersen, Ph.D., P.A. “He was an excellent teacher.” Pedersen trained to be a PA in Castle’s program.

“Pedersen trained to be a PA in Castle’s program.”
John C. Edwards, MD ‘87

Dr. John C. Edwards grew up in Provo, Utah, and has been in practice as an Orthopedic Surgeon in Bountiful, Utah since 1993. He attended Brigham Young University, graduating Magna Cum Laude with an Economics major. His training includes the University of Utah medical school where he was in the Alpha Omega Alpha Honor Society, an internship at Virginia Mason Hospital in Seattle, a residency at the Hospital for Special Surgery in New York City, a sports medicine fellowship at the American Sports Medicine Institute in Birmingham, Alabama, and the Alpha Omega Foundation International trauma and shoulder fellowship in Switzerland.

Dr. Edwards specializes in arthroscopic surgery and total joint replacement of the knee and shoulder. He also specializes in sports related injuries and fracture care. He enjoys his time as a team physician for the Ogden Raptors professional baseball team, the REAL Salt Lake major league soccer team, the United States Men’s Alpine World Cup team, and was also a physician with the Salt Lake Olympics. Dr. Edwards enjoys running, skiing, biking, golf, traveling, and playing with his five grandchildren, four children, and his wife, Becky, a Utah State legislator.

Marcia Feldkamp, PA ‘80, MSPH ‘86, PhD ‘08

Born and raised in Michigan, Dr. Feldkamp developed a deep appreciation for the outdoors and moved to the upper peninsula of Michigan to attend Northern Michigan University. She then moved west to Boulder, Colorado and worked at Denver General Hospital to support her skiing habit. In 1978, she moved to Salt Lake City to attend the Physician Assistant Program (PA) at the University of Utah. Working as a PA she developed an interest in reproductive health and left clinical medicine to pursue a career in epidemiology, with a particular focus on congenital malformations. Receiving an MSPH (1986) and PhD (2008), she continued to develop her research, investigating both the environmental and genetic factors that increase risk for congenital malformations. Her primary interest is the etiology and pathogenesis of gastroschisis, a severe congenital malformation of the abdominal wall.

Dr. Feldkamp is a Research Associate Professor in the Division of Medical Genetics, Department of Pediatrics. She serves as course master for the Clinical Epidemiology class required for the master’s level genetic counseling program in the Department of Human Genetics. She leads the Parent Advisory Group for the National Birth Defects Prevention Network and works with Avery’s Angels, a gastroschisis parent organization.

Since moving to Salt Lake City, Dr. Feldkamp has enjoyed many outdoor activities available in Utah throughout the year. She is married to Chuck Norlin, a pediatrician at the University of Utah, and they have two adult children who live in Salt Lake City. She enjoys hiking, biking, snowshoeing, and canyoneering. She also enjoys traveling the globe and tending to her vegetable garden. Dr. Feldkamp is honored to serve as a member of the Alumni Board at the School of Medicine.
Brent C. James, MD, ’78, MStat, ’84

Dr. Brent James is the Executive Director of the Institute for Health Care Delivery Research and Vice President – Medical Research and Continuing Medical Education at Intermountain Health Care. For more than 20 years, he has championed the standardization of clinical care through data collection and analysis on a wide variety of treatment protocols and complex care processes.

In addition to his duties at Intermountain Healthcare, Dr. James is adjunct professor at the University of Utah School of Medicine, Department of Family and Preventive Medicine. He also holds a Visiting Lectureship in the Department of Health Policy and Management at the Harvard School of Public Health and is a member of a number of national task forces and committees that examine health care quality and cost control, including the Agency for Healthcare Research and Quality and his most recent appointment by the Federal Comptroller to an advisory group on making American health care more accessible and affordable. He is a member of the National Academy of Science’s Institute of Medicine and a Fellow of the American College of Physician Executives.

Through the Intermountain Advanced Training Program in Clinical Practice Improvement Dr. James has trained more than 5,000 senior physician, nursing, and administrative executives, drawn from around the world, in clinical management methods, with proven improvement results.

Karen L. Miller, MD, HS ‘90

Dr. Miller came from Oklahoma to Utah in 1982 for an internship in general surgery at the University. She then served as a General Medical Officer in the Indian Health Service on the Uintah and Ouray Reservation, practiced industrial medicine in San Diego, and returned to the University in 1986 for obstetrics and gynecology residency. From 1990 to 2008 Dr. Miller was on faculty in the Department of Obstetrics and Gynecology, with an adjunct appointment in the Department of Internal Medicine.

Dr. Miller developed unique expertise in the gynecologic care of women over age 65. During a sabbatical she pursued additional clinical and research training in geriatric incontinence at Harvard Medical School. Working with the American College of Obstetrics and Gynecology and the American Geriatrics Society, she co-authored geriatrics educational guidelines, developed surgical best practices, and established research agendas in geriatric gynecology. She lectured internationally and helped write the definitive text, Incontinence, for two of the World Health Organization’s International Consultations on Incontinence.

Since 2008 Dr. Miller has been an active volunteer at the Maliheh Free Clinic and serves on its Board of Directors. She has assisted Juneau Biosciences’s research into the genetics of endometriosis and traveled to Nepal with One Heart World-Wide, a nonprofit founded at the University of Utah in 1997. Dog training, Mandarin Chinese, German, piano, and skiing fill other hours. Having great respect for the quality and integrity of the University of Utah School of Medicine alumni, she is honored and pleased to serve on the Alumni Board.
New Board Members

Kathy J. Pedersen, PA-C, MPAS ‘02

An alumnus of the University of Utah (U of U), Kathy Pedersen has worked at the U of U Physician Assistant (PA) Program, teaching first year PA students clinical problem solving, evidence-based medicine, history taking, and physical exam skills, and developing other courses.

Through her 30-year career in family medicine at the Utah Community Health Centers (CHCs) serving the underserved and underinsured, Ms. Pedersen advocated quality, cost effective patient care, and networked extensively to provide needed patient resources. She volunteers at the Salt Lake City Maliheh Free Clinic.

Currently, Ms. Pedersen, an Associate Professor in the U of U Department of Family and Preventive Medicine, is the manager for Global Partners, a program that brokers Uof U resources to meet needs of humanitarian and corporate social responsibility partners around the world. Some examples are physicians who come short term to the U.S. to learn best practices in primary care, public health, and occupational medicine; a Moroccan Emergency Medicine training project; a workforce consultation in Nepal and development of the Nepal International Elective.

Ms. Pedersen served on the board of the Consortium of Universities for Global Health for six years. She is feature editor of “Global Perspectives” for the national Journal of Physician Assistant Educators. She authored the sentinel White Paper on international activities of PA programs, facilitated a PA core curriculum in global health, and researched core competencies for graduate PAs wanting to work in low resource countries. She advocates measures to reduce inequity and improve access to care.

J. Charles Rich, MD ‘65

A neurosurgeon by training Dr. J. Charles (Chuck) Rich is a 1965 graduate of the School of Medicine. Dr. Rich completed his residency in general surgery at Johns Hopkins and then continued on to a neurological surgery internship at Massachusetts General. Among his community engagement accomplishments, he has been the President of the School of Medicine Alumni Association, Treasurer of the SL County Medical Society, and Speaker of the House of Delegates for the Utah Medical Association and American Medical Association. He was head of the Division of Neurological Surgery at LDS Hospital from 1995—2002 and Chief Medical Officer for the 2002 Salt Lake Winter Olympics. During college he was the cartoonist for the Utah Daily Chronicle, his illustrations can also be found gracing the pages of his class yearbook.

During his time at medical school he had the pleasure of working with Drs. Homer Warner and Russell Nelson, two of the ‘giants' in the School of Medicine, during summer lab work. Dr. Rich retired in 2002 after serving as a member of the International Olympic Committee. Medical Commission from 1997—2002. He looks forward to serving as chair of the Half Century Society and a member of the SOM Alumni Board, his second time serving on the Board. He and his wife, Jasmine, (deceased) have four grown sons.
Adam T. Stevenson, MD ‘01

After completing a year as Pediatric Chief Resident at the University of Utah (U of U) in 2004, Dr. Stevenson joined the U of U Division Of Inpatient Medicine as a pediatric hospitalist. He became the Pediatric Clerkship Director in 2005. In addition to mentoring third year medical students on the pediatric clerkship, he taught and mentored students in the pre-med, preclinical and fourth years of medical school. He was appointed as the Pediatric Residency Associate Program Director for Students in 2010 and holds oversight of the Student Education Enterprise. In 2011, he became the Assistant Dean for Clinical Curriculum at the U of U Of Medicine and in 2013 he became Associate Dean of Student Affairs.

Dr. Stevenson has been honored with multiple teaching and mentoring awards including the James L. Parkin Outstanding Clinical Teaching Award, the Leonard Tow Humanism in Medicine Award, the Leonard W. Jarcho Distinguished Teaching Award and the Student Choice Awards for Clinical Teaching and Mentoring.

Dr. Stevenson’s research interests include evaluating effectiveness in medical student curricula, therapeutic and diagnostic interventions in pediatric urinary tract infections and medical errors involving communication. He and his wife, Chelsea, have two daughters and three sons. He looks forward to serving on the SOM Alumni Board, connecting current medical students with alumni graduates of the school.

Thomas B. Skidmore, MD ‘07

Dr. Skidmore is a Utah native, born and raised in Salt Lake City. He completed his undergraduate studies at Westminster College in 2002 and played Varsity Soccer while there. He then attended the University of Utah (U of U) School of Medicine, graduating in 2007. While at the U of U he developed a special interest in Oncology due to personal and clinical experiences, and because of a small research grant he was awarded.

Following medical school, he completed a one-year internship at Evanston Northwestern Healthcare on the north shore of Chicago, IL. He went on to complete his residency in radiation oncology at the Barrett Cancer Center at the University of Cincinnati. In Ohio he gained valuable experience in a wide range of cutting edge radiation therapy technologies and was awarded a HDR brachytherapy fellowship through the American Brachytherapy Society.

Dr. Skidmore works for GammaWest Brachytherapy, LLC in Salt Lake City. He and his wife Emily have 7 children.
James Atcheson, MD
Dr. Atcheson specializes in endocrinology and is still in active practice in Reno, NV. He has been recognized for his service by the Washoe County Medical Society with the Humanitarian Award, the Nevada State Medical Association and the Arthur J. Lurie MD Award in 2011, which recognizes a distinguished community physician.

Michael C. Brown, MD
Dr. Brown earned his bachelor's degree and family medicine, geriatric medicine and pain medicine fellowship training at a medical center in Phoenix, AZ. He has practiced medicine for the past 39 years, first in So. California and then, since 1991, in the Seattle, WA area. He is married to Kaye and is still working full time. He is happy to have many of his eight children living nearby.

Scott L. Brown, MD
Dr. Brown interned at the Sacramento, CA Medical Center and then served a back pack time with the Navy at the Long Beach Naval Base Hospital. He completed his residency in family medicine in Phoenix, CA and practiced for 30 years with his brother David in Cedar City. He and his wife, Penla, have six children, 16 grandchildren and two great-grandchildren. He has a commercial pilot's license and enjoyed flying his plane for many years.

Harold S. (Teddi) Cypert, MD
Dr. Cypert is working full time as an anesthesiologist. He has spent the majority of his career at the Moon Valley Anesthesiology in Phoenix, AZ. Two highlights of his time in medical school were the birth of his two sons. He also fondly remembers graduation and the joy in knowing he had made it through. Dr. Cypert moved to Ellie and in his spare time he enjoys golfing and fishing.

D. Michael Edson, MD
Dr. Edson completed an internship at Banner Good Samaritan Hospital in Phoenix and then returned to the U of U for his residency in radiology. His practice was at Pioneer Valley Hospital in West Valley. While in active practice he served as president for the Utah State Radiological Society. He retired in 2008. He is married to Karen and enjoys fishing, bird hunting, traveling and the art of the west.

Norm Fawson, MD
For most of his career, Dr. Fawson practiced Family Medicine in St George Utah. Later he returned to Salt Lake City and completed training in Anesthesiology which he practiced until retirement.

Larry (Skip) G. Freeman, MD
Dr. Freeman served as a flight surgeon with the U.S. Army during the Vietnam War, then as a diagnostic radiologist for twenty more years, the majority of the time in Franklin, Louisiana. He and his wife, Virginia served three times as couple missionaries for the LDS church.

James L. Parkin, MD
Upon graduation from medical school Dr. Parkin left for the University of Washington where he attended graduate medical school and completed his residency, fellowship in otolaryngology and a Master Degree in physiology and biophysics. He then returned to the U of U where he became chair of the Division of Otolaryngology, Head and Neck Surgery, then chair of the Department of Surgery and eventually Associate Vice President of Health Sciences. He received the Presidential Citation from the American Otological Society in recognition of his work in the development of cochlear implants and the Distinguished Alumni Award from the School of Medicine Alumni Association.

Joseph A. Roberts, Jr., MD
Dr. Roberts practiced pediatrics at Intermountain Health Care's Cottonwood Hospital for many years, retiring in the mid-2000's.

Hamiton Sah, MD
Dr. Sah is a pediatric cardiologist and is still working full time in the Los Angeles area.

Michael H. Stevens, MD
After completing his otolaryngology residency at the U of U he served as a professor of surgery and Assistant Dean. He also was chief of Otolaryngology Head and Neck Surgery at the Veteran's Hospital in Salt Lake. His other great love is music; he plays a variety of instruments, composes music, has conducted groups and sang with the Mormon Tabernacle Choir. He has a master's degree in music and taught music at Southern Utah University. He and Ruth have six children, 21 grandchildren and two great-grandchildren.

Charles T. Swallow, MD
Dr. Swallow trained in urology and practiced in Logan, Utah.

Frederick C. Swensen, MD
Dr. Swensen trained as a plastic surgeon at the University of Utah and spent his professional career in Spartanburg, South Carolina, where he still lives since he retired.

Jim N. Tarro, MD
Dr. Tarro worked as an internist/cardiologist in Lake Oswego, Oregon. He was very involved in numerous Phase I through Phase IV studies, having completed multiple clinical trials. He worked as a principal investigator in numerous clinical research settings and founded and managed Menendez Research Group and co-founded Columbia Research Group. He also worked many years as an FAA Senior Medical Examiner. He retired from active practice in 2002 and reports he’s "playing golf daily.”

Robert M. Zimmerman, MD
Dr. Zimmerman completed his residency in psychiatry at the University of Utah and spent his professional career at Salt Lake City's Mayo Clinic. He then retired in 2016 and worked in a variety of capacities related to compliance and risk management in the FDA. Dr. Gardner and his wife, Kathleen, have six children and nine grandchildren.

Randy L. Lippincott, PA-C
Mr. Lippincott is a 1976 graduate of the Physician Assistant program and retired from the Orthopedic Surgery department at Scottsdale’s Mayo Clinic in 2009. In 1983, he moved to Alaska to work in orthopedic surgery. Due to the difficult terrain, Lippincott used aircraft as his primary transportation method. He flew 5,000 hours over a four-year period as a bush pilot. In May 2016, he was presented his Wright Brothers Memorial Award, the most prestigious award issued by the Federal Aviation Administration. The award recognizes pilots who have exhibited professionalism, skill and aviation expertise for at least 50 years while piloting aircraft.

Dennis W. Nelson, MD
Dr. Nelson is a pediatric pulmonologist who spent 30 years teaching medical students at the University of California San Francisco, where he served as division chief from 2001-2015. He still works part time at UCSF and as the director of the UCSF Cystic Fibrosis Center and as a professor of pediatrics. He is looking forward to spending more time in Utah with family and friends.

Randall H. Paulsen, MD
Dr. Paulsen completed his residency in psychiatry at UCLA and was chief resident at the VA and professor at Harvard Medical School for many years. He currently works part time at the Other Clinical Center at Brigham and Women's Hospital in Boston.

J. Joseph Perry, MD
Dr. Perry lives in the Millcreek area of Salt Lake City. Over the past 15 years he has worked out of state roughly every other week in smaller towns and hospitals as a locum tenens interventional and general cardiologist. He comments this schedule gives him 26 weeks a year off. The peripatetic nature of his professional life gives a lot of variety and the combination enables him to find time to write while practicing medicine without burning out. Fiction is his preferred genre as he says his artistry is often over-rated. He plans to publish a second novel, Reapers soon.

Patricia J. (P) Peterson, MD
Dr. Peterson worked as an internist for PeaceHealth Medical Group in Longview, WA, retiring from full time practice in April 2016. She is currently on the Board of Directors for the Lower Columbia College Foundation and the St. John Medical Center Foundation. She recently took up golf as a retirement hobby. Her son Zander works as a consulting aeronautical engineer who is completing his master’s in Aerospace Engineering.
Alumni News

Adrain W. Yee, MD
Dr. Yee is an anesthesiologist at the Utah Surgical Center in West Valley City, Utah. In 2014 he cut back his practice to part time.

Class of 1977
George Flores, MD MPH
Dr. Flores is senior program manager for The California Endowment’s Healthy California Prevention team. He manages grants and oversees programs that strengthen primary prevention and the practice of health equity. He worked as a public health officer in CA, was a clinical assistant professor for the UCSF Family Practice Residency Program, was a director for Project HOPE in Guatemala, and was the Deputy Health Officer for Santa Barbara County. In 2011 he was recognized by the National Hispanic Medical Association as Physician of the Year and in 2016 was awarded the American Public Health Association’s Helen Rodriguez-Trías Social Justice Award.

Class of 1981
Nancy N. Futrell, MD
Dr. Futrell lives in Cottonwood Heights, UT and currently works as an expert witness. She was chair of neurology and the director of the neurology residency program at the Medical College of Ohio from 1995-97. She received the Sandi-Institut Pasteur International Prize for research in cerebral embolism.

Geraldine M. Jacobson, MD, MPH, MBA
Dr. Jacobson is a radiation oncologist and founding chair of the West Virginia University Medical School Department of Radiation Oncology, established in 2012. She is the treasurer and member of the board of Directors of the American Society of Radiation Oncology.

Class of 1982
Greg A. Talavera, MD, MPH
Dr. Talavera is a professor in the Graduate School of Public Health at San Diego State University and founder and director of the South Bay Latino Research Center. He has dedicated his clinical practice, research and advocacy work to reducing disparities in the Latino community both in San Diego and nationally. Since 2006 he has been the principal investigator for the landmark Hispanic Community Health Study/Study of Latinos, a longitudinal study of Latino health in four US cities. In December 2016 he was awarded the California Leadership Award by the National Hispanic Health Foundation.

Class of 1986
Scott T. McFarland, MD
Dr. McFarland and his wife, Stacey, live in Granite Bay, CA and he works as an ophthalmologist at Kaiser Permanente in Roseville, CA.

Dean E. Gushue, MD
Dr. Gushue lives in Shelton, Washington and is the chief medical officer for Mason General Hospital and Family of Clinics. He was formerly the Emergency Department director. He also works with National Geographic (NG) as an expedition physician. As an avid photographer, he has had images published in NG magazine, Smithsonian’s website and scientific publications. In 2013 he was inducted into the NG Explorers’ Club and serves on their Medical Advisory Committee counseling exploring field teams around the world.

Talma D. Egan, MD
Dr. Egan is currently enjoying his time leading the terror docs and scientists at the University of Utah School of Medicine Department of Anesthesiology where he serves as chairman.

Class of 1991
Mark N. Bair, MD
Dr. Bair completed his training in Emergency Medicine at the University of Illinois at Chicago. He works as an ER physician in Utah County.

Dr. John R. Mathis, MD
Dr. Mathis has worked as an internist at Fidalgo Medical Associates in Anacortes, WA for 22 years.

Randy L. Jensen, MD, PhD
Dr. Jensen is a professor of neurosurgery at the University of Utah. He also serves as the Radiation Oncology and Oncological Sciences Resident Program Director and as Vice Chair of Research in the Department of Neurosurgery.

Class of 2001
Jackson D. Easton, MD
After completing his family medicine residency in Spokane, WA, Dr. Easton spent five and a half years practicing medicine in rural southern Utah. In 2010 he joined Granger Medical Clinic in Salt Lake City. He works full time in Granger’s urgent care clinic and is the EMR medical director for Granger.

Michael W. Fouts, MD
Dr. Fouts has been in practice at Advanced Family Medicine in Kuna Idaho for 12 years. He has been assisting in a plastic surgery medical mission with International Children’s Surgical Foundation in Vietnam for two weeks each year. He and his wife, Katy, have seven children and they feel greatly blessed by a loving God to whom they are grateful daily.

Class of 2001
Mary D. Tipton, MD
Dr. Tipton is an owner and physician at Coppercreek Medical Center in South Jordan. Coppercreek is the largest MEDPEDS practice in the state of Utah. She sees about half adults and half pediatrics and covers for three hospitals. Her husband, David, is an Air Force reservist and stay at home Dad to their four children. She also runs research studies, mostly vaccine studies from her office. She hopes to do more travelling in 2017 after she finishes the dreaded double board recertification process.

Class of 2006
Elizabeth (Libby) A. Kelly, MD
Dr. Kelly works at the Intermountain Healthcare’s Holiday Clinic as an Allergist/Asthma specialist.

Class of 2011
Dr. Richard S. Dunn, MD
Dr. Dunn works for Millicreek Anesthesia providing anesthesia service for St. Marks Hospital, Salt Lake City and Lone Peak Hospital in Draper, UT.

Erik S. Linn, MD
After completing his family medicine residency at Wake Forest Baptist Medical Center in NC, Dr. Linn moved to Meridian, ID. He works for St. Alphonsus Medical Group in Nampa, ID.

House Staff
James A Engelbrecht, MD, FACSPH ’98
Dr. James Engelbrecht was honored with the designation of Master by the American College of Rheumatology (ACR) during the 2016 ACR/ARHP Annual Meeting in Washington, D.C. Recognition as a Master is one of the highest honors that the ACR bestows on its members. Dr. Engelbrecht completed his Rheumatology residency at the University of Utah in 1980. He was the first Rheumatologist in private practice in South Dakota. He has served numerous leadership roles in the Dakota State Medical Association and the American Medical Association. Dr. Engelbrecht still works part time as associate medical director of Dakotacare, a physician initiated and directed insurance company in Rapid City, SD.

IN MEMORIAM 2017

1946 Leland K. Dayton, MD  Alum 8/9/2016
1946 Duane L. Merrill, MD  Alum 08/2016
1947 W. Dean Belnap, MD  Alum/HS 1/27/2017
1949 Joseph W. Stobbe, MD  Alum 11/1/2016
1952 Paul F. Naisbitt, MD  Alum 12/1/2016
1952 Robert M. Stovall, Jr., MD  Alum 12/12/2016
1954 C. Hilmon Castle, MD  Housestaff 12/26/2016
1956 Raymond T. Doyle, MD  Housestaff 10/4/2016
1956 N. Blaine Belnap, MD  Alum 11/17/2016
1956 Albert G. Noorda, MD  Alum 12/14/2016
1957 Newel G. Daines Jr., MD  Housestaff 9/30/2016
1957 Kelly Nicholes, MD  Alum 9/23/2016
1958 Richard B. Peterson, MD  Alum 7/29/2016
1958 Ronald F. Read, MD  Alum 10/17/2016
1958 E. Ute Knowlton, MD  Alum 12/1/2016
1959 Earl A. Wight, MD  Alum 12/1/2016
1960 Walter W. Hillier Jr., MD  Alum 10/29/2016
1961 Earl Dagg, MD  Housestaff 9/8/2016
1961 Ted M. Nicklaus, MD  Housestaff 9/14/2016
1962 Robert M. Satovick, MD  Alum 1/13/2017
1965 Maurice R. Hanson, MD  Alum 10/31/2016
1965 Kenneth Gary Shields, MD  Alum 10/3/2016
1967 R. Chad Halversen, MD  Alum 8/4/2016
1970 E. Lee Blackwood, PhD, MD  Alum 12/12/2016
1972 Gill O. Sanders, MD  Alum 8/25/2016
1973 Roger S. Perry, PhD, MD  Alum 11/13/2016
1976 James F. Morell, MD  Housestaff 1/1/2017
1989 G. Kevin Johnson, MD  Alum 9/17/2016

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Class of 1966 – GO UTES!