Illuminations

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

Volume 7 Number 1

Connecting with University of Utah School of Medicine
2011 Medical Alumni & Community Weekend Oct 6-8
Alumni President’s Message

I had the pleasure recently of attending medical school graduation. Sitting on the stage as a representative of the Alumni Association, I watched soon-to-be graduates from Medical Laboratory Science, Public Health, Physician Assistant and several Master’s and Doctoral programs fill Kingsbury Hall, row by row.

The medical students filed past deans and other medical school administrative faculty and staff, exchanging warm greetings, handshakes, and comments ranging from “congratulations,” “thanks,” and “great job” to “I never thought I’d get here/I never thought you’d get here.” The awarding of diplomas and the hooding ceremony provided another opportunity for students and faculty (including esteemed mentors or even, in one case, a faculty-member mother, who, along with the doctoral hood, administered a kiss) to have a brief but personal interaction. At the conclusion of the ceremony all stood and recited the Hippocratic Oath, including these words: “I will maintain the honor and the noble traditions of the medical profession. I will give respect and gratitude to my deserving teachers. My colleagues will be as my family.” Ten days after graduation the conversation at our Alumni Association Executive meeting turned to the commencement exercises. One of the board members, reflecting the sentiment from the Hippocratic Oath, commented how appreciative he is, and how thankful we should all be, for our training and for the faculty and fellow students who contributed to our success.

We have an extraordinary Health Sciences Center. Our faculty excels not only in clinical care, administration and research, but in teaching and mentoring. Our dean’s office staff, with years of experience, is expert at shepherding students all the way from applying to medical school to ordering regalia for graduation. The affection of students for teachers and staff, and vice versa, was evident at graduation and the celebrations leading up to it. I am proud to be part of this culture of respect. I encourage all of us to maintain this sense of camaraderie, staying involved with our alma mater by supporting and participating in many of the worthwhile activities of the School of Medicine Alumni Association.

Saundra Buys, M.D.
Greetings from the School of Medicine Alumni Relations office. Another academic year has ended and we have welcomed 101 M.D. alumni, 233 residents and fellows, 40 physician assistants and 170 Ph.D. and Master degree graduates into our ranks. On pages 14-18 you will see pictures of the celebration and learn in what fields our newly minted doctors are training, and what programs they are heading to across the country.

Reunions
Graduates from the medical school classes of 1961, ’66, ’71, ’76, ’81, ’86, ’91, ’96, 2001, and ’06 have already received Save-the-Date cards for their reunion celebrations, held in conjunction with the three-day Alumni and Medical Community Weekend October 6-8. Class representatives are calling and we encourage all members of these classes to reunite with classmates to relive memories, share happenings in one another’s lives, and make some new memories.

There are many other activities during the weekend for all of our School of Medicine alumni. The annual Awards Banquet celebrating the class of 1961 and inducting them into the Half Century Club, along with recognizing the Distinguished Alumni and Distinguished Service recipients for 2011 kicks-off the weekend Thursday night. Friday morning offers free educational programs sponsored by various departments and a chance to meet with Dr. Vivian S. Lee the new Senior Vice President of Health Sciences. The Alumni Association board sponsors a CME symposium on Saturday morning, Updates in Science, Practice and Policy, and we have a limited number of excellent 40-yard line seats available for the Utah/Arizona State football game that afternoon along with a School of Medicine only tailgating party before the game. For more information please visit us on-line at www.medicine.utah.edu/alumni.

Illuminations
In this edition of Illuminations several of our alumni wrote articles sharing life experiences with us. On pages three through five Dale Hull, M.D. ’85 describes how a life-changing accident in the prime of his life showed him a different side of medicine and led him to his new life work helping individuals with paralysis from spinal cord injuries, traumatic brain injuries, and stroke gain as much functioning as possible. On pages six and seven Thomas Coppin, M.D. ’67 proves you are never too old to take on new challenges with his engaging story of setting up a pathology lab in Ghana the year after he retired.

Finally, change is afoot at the School of Medicine. Pages 28 and 29 highlight our new Senior Vice President of Health Sciences, Dean of the School of Medicine and CEO of University Health Care, Dr. Vivian Lee, while at the same time recognizing the accomplishments of Dr. Lorris Betz over the past 12 years, as he steps down as Sr. Vice President of Health Sciences and becomes Interim President of the University, his second tenure in the position.

As always, please feel free to contact me with any issues, ideas, concerns or news at Kristin.gorang@hsc.utah.edu or call me at 801-585-3818. I look forward to seeing many of you this fall at the Alumni and Community Medical Weekend.

Kristin Wann Gorang
Two Tenths

Dale Hull, M.D., 1985

I glanced over at the display panel, it read twenty-six. Twenty-six . . . miles. I couldn’t believe it. I had run twenty-six miles. But that wasn’t the part I couldn’t believe. It was the fact that I had run twenty-six miles of a marathon and I wasn’t sure I was going to make the last two tenths of a mile. I’m sure many a mortal pursuing the holy grail of amateur running has experienced this same disbelief.

However, this experience was altogether different and uniquely mine. I was running a marathon, all right, but I was running it essentially underwater, submerged to my upper chest in a specialized therapy pool with an integrated treadmill in the floor. That makes it different. What makes it uniquely mine is that ten years prior I lay in a rehab hospital at the University of Utah completely paralyzed from the neck down following a backyard trampoline accident. I had come so far in those ten years. I couldn’t believe I wasn’t going to make my goal of 26.2 miles.

It was July 1999. I was practicing general obstetrics and gynecology in the southwest Salt Lake Valley. After completing my University of Utah OB/Gyn residency in 1989, I had joined with Arlen Jarrett and Mitch Barney to form South Valley Women’s Healthcare. The practice had grown to six physicians, three nurse practitioners, a full component of office staff and in-office ultrasound and mammography. Professionally, things were in shape.

At home, my wife and four sons were doing well despite my busyness and long hours. Life was good. Lesson number one. Be very careful when things seem to be going well.

I had come home fashionably late and family dinner was done. I ate a quick bite and headed outside to jump on the trampoline, something I had done since my childhood. It was a beautiful brilliant summer evening, not too hot, not too cool. I completed a few flips. As I hit the take-off on the next back flip and elevated I realized things were wrong. At the peak of the jump I didn’t have enough rotational speed to complete the flip. Stalled at the high point, my back parallel to the ground, I realized I was in serious trouble. I quickly considered my alternatives. Christopher Reeve’s accident passed through my mind in an instant. I tried to twist to change my position. No time. I landed on the tramp, chin on chest, and my body perpendicular to the mat. I heard and felt a pop in my neck and then suddenly, and totally, my body was numb. I came to rest face down, the effect of my attempted twist. I knew it immediately. I had sustained a cervical spinal cord injury. I was paralyzed. I was a quadriplegic destined for a sip-and-puff tube existence. No more husband or dad as I knew it; no more doctor. Done.
My mind raced ahead. I knew that Jim Swenson would be my rehabilitation physician. I even accurately predicted I would be the show-and-tell patient for his second year med student lecture. What I couldn’t envision was how I would ever deal with the ramifications this would have on those around me. In an instant I changed from a malignantly independent physician to a totally dependent nobody.

An evaluation at Jordan Valley Hospital documented I had dislocated my fifth cervical vertebrae over the back of the fourth with two non-displaced laminar fractures. The vertebrae remained interlocked forcing my now-pinched spinal cord to make two ninety-degree turns through the canal.

I was actually one of the fortunate ones. I began having some return of function in the first few weeks of making it to rehab. First was the ability to sense light touch all over my body. A thrilling advance since it meant that some signals were getting through. Next was movement in my lower extremities, which is unusual given the level of my injury, but it put me in the category of a central cord syndrome. It was a bittersweet time since it suggested that I might be able to walk someday but never have any use of my arms or hands.

I was participating in physical and occupational therapy. It was physically draining, but that wasn’t the hardest part. The emotional, mental, spiritual, and psychological challenges were enormous. Depression was a good day.

I will be forever grateful for my incredibly supportive wife, Renee. Her personal fortitude and persistent faith became an anchor in the sea of uncertainty. My boys and family never wavered in their love and support. Friends and community generously filled in the blanks of our devastating circumstance.

I have subsequently watched many individuals go through this arduous and difficult process. Although spinal cord injuries are relatively low in number (about 250-300 per year in the Intermountain area) the ripple effect on the families and communities of those affected looms large. There is really no way to prepare to be thrust into the middle of an extraordinarily difficult medical problem, even with some prior knowledge. It is tough to imagine having to negotiate the gauntlet otherwise.

Twenty-six point one. My once totally paralyzed legs, now only partially paralyzed, were sending muted sensations of overwhelming fatigue. For once I was glad to only have partial sensory function. Now it was all mental. I focused on each stride, willing each leg forward. Just maybe I could make it another one-tenth.

By the time I was discharged to home I had lost forty pounds, could shuffle-walk 40 or 50 feet with a walker, but was otherwise wheelchair-bound; had very limited use of my hands and fingers; did not have bowel or bladder function; and experienced 24/7 noxious pins-and-needles/burning sensations from my mid chest down. Yet I realized I was fortunate to have any movement and sensation at all.

Therapy continued at home with regular visits from physical and occupational therapists. Although those who came were capable, there still seemed to be something missing. One of the traps I had fallen into was directing my own care, in Type-A physician manner, to the extent that the therapists were somewhat handicapped to provide what I really needed. What I needed was for someone capable to take charge.

Enter physical therapist Jan Black. She tolerated my dictatorship for one day then showed up to put me in my place, as the patient. It was a Godsend.

I was flown to the University of Utah Hospital via AirMed, the first of many surreal experiences. I was now entering the medical system, in which I had trained years before, as a patient. As I was being loaded into the chopper, I reflected on the number of times as a young resident I had flown on AirMed going to pick up obstetrical patients. Who would have thought?

My four-month University Hospital stay was a roller coaster ride of miracles and very difficult medical problems. Amidst all the usual minor challenges, I underwent three surgeries on my neck, one to drain a post-surgical abscess, and a pseudomonas urinary tract infection with sepsis.

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Enter physical therapist Jan Black. She tolerated my dictatorship for one day then showed up to put me in my place, as the patient. It was a Godsend. I was seven months out from my accident. I wanted desperately to work hard and have the opportunity to gain as much as possible. I had been schooled in the dogma that whatever amount of function I would have at one year was
all I would ever gain. I was anxious to maximize those potentials.

Eventually the regimen was five to six hours of therapy per day, five days a week. As my rate of progress picked up, new goals were set and accomplished. My gains continued past the magic one-year mark. I was thrilled but apprehensive the momentum might cease. I was pleased but not satisfied.

By early 2001, twenty months post injury; I was walking with a single arm crutch and had markedly improved hand and arm function. I needed a new goal. It was then I learned of the 2002 Winter Olympics Organizing Committee’s plan to let ordinary citizens participate in the Olympic Torchbearing Relay. There it was. Not only did I want the opportunity to be part of the relay, I wanted to do it without any assistive device. No wheelchair, no cane, no crutch. Even more daunting was the idea of carrying a three and half-pound torch in my sensory deprived, partially paralyzed hands, with gloves on, in the cold.

I successfully navigated the nomination process and found out in July of 2001 I would have my chance to carry the torch in February of 2002. The following six months of therapy, hard work, and practice culminated on February 18, 2002, the last day of the Olympic Relay, as the Torch was headed toward the stadium, when I took my turn as an Olympic Torchbearer, completing my two-tenths of a mile walk, on my own, surrounded by hundreds of people who showed up in support of my opportunity. Another surreal moment.

Two-tenths of a mile. I made the two-tenths. I ecstatically yet feebly attempted to break through the “finish” line paper banner stretched across the pool. I fell into the water and eventually needed help to surface, exhausted. I had made it; a full underwater marathon, of sorts, in 5 hours and 56 minutes. Who would have thought?

In the months that followed my Olympic moment I was asked to visit with others who had experienced a spinal cord injury and paralysis; sometimes in the hospital, sometimes in their homes. Two things became apparent to me. First, I had been incredibly fortunate and blessed in my recovery. Secondly, most of those affected wanted more. They wanted more recovery, they wanted their life back, they wanted to be independent, and at the very least they simply wanted an opportunity to improve.

Jan was working with others with injuries, typically in their homes. It seemed there was need. Someone needed to create a facility to provide specialized, focused rehabilitation for these injuries that was medically sound and evidence-based yet unencumbered by the traditional time-restrictions dictated by reimbursement schemes.

“You must be the change you want to see in the world”. I read the quote by Gandhi again, then again. I understood the message but resisted its meaning to me. Really?

That was seven years ago. This summer, Neuroworx, the non-profit clinic that Jan and I co-founded will be seven years old. What began as an idea encased in a one thousand square foot empty room with minimal equipment has expanded to four times that size with eight employees and state-of-the-art equipment while applying the latest principles of activity-based therapy.

Currently, Neuroworx is the only community-based, outpatient facility in the Intermountain West focusing on physical therapy and rehabilitation services for individuals with paralysis from spinal cord injuries, traumatic brain injuries, and stroke. In 2010, it was designated as a Community Fitness and Wellness Facility under the Christopher and Dana Reeve Foundation’s Neuro-Recovey Network; one of only five in the U.S.

Now I watch as others attempt to piece their lives back together; going from paralyzed nobodies to productive somebodies. The philosophy and mission of Neuroworx is to provide the opportunity to work toward as much functional recovery as possible. Unfortunately, at least right now, it’s not possible to make everyone walk again. But if their spirits walk again, it’s a wonderful thing. It’s all about helping others make their “two-tenths”.

Completing the marathon.
Eleven months later in May of 2007 I received a call asking if I would consider being a surgical pathologist as a humanitarian services missionary in Ghana. The caller had no other details. I needed more information and a couple of contacts later I e-mailed Devon who identified the need at the Komfo Anokye Teaching Hospital in Kumasi. He said the administration always asked if he could find a pathologist because they were desperate. I didn’t want to walk blindly into something and within two days I called Devon and said that I had decided that I would visit Ghana and evaluate the situation as a pathologist. He said he was going there in three weeks and invited me to go with him and I agreed.

Just before leaving I contacted Pathologists Overseas,¹ a foundation with a president and secretary treasurer and a few board members. They had past pathology projects in Kenya, Nepal and Madagascar. I asked what I should look for. They sent me two handbooks written for their projects. The president, Heinz Hoenecke, MD, called and we discussed what they had done and he gave me some pointers.

While in Ghana I stuck to Devon like glue, and was introduced to the hospital administration and then to pathology. I found three autopsy prosectors, all young physicians and they expressed a desire to learn pathology. There was, fortunately, a laboratory with very up-to-date equipment and a dual-headed microscope, donations from Spain and Norway. No tissue was being processed at that time. But the tools and equipment were there and there were able histology technicians.

The administration begged me to stay. In my mind I said, “Aw, s***, if I don’t help then who will?” From what I saw, the best solution for the teaching hospital to have pathology would be to use the model of Pathologists Overseas which in other projects recruited volunteer pathologists to go at their own expense for up to four weeks and have overlapping pathologists. Six months working as a medical missionary was not going to fix this problem. I envisioned that the volunteers could do the cases while teaching young local doctors pathology. I told the administration that I would go home and work on the situation.

Arriving home at midnight on a Friday, I wrote a summary of what I had found on Saturday and sent that to Dr. Hoenecke. On Sunday he called and after a little talking said that if I would be the project director, he would start recruiting volunteers for the project. He turned out to be a tireless recruiter making contacts with past volunteers and speaking at national meetings to drum up interest.

By October we had enough volunteers lined up to carry us for about six months. I went as the first volunteer in January 2008 and was there four weeks. The hospital furnished a two-bedroom home for our project and had done significant improvements from July to January in anticipation of the project. I also negotiated local transportation mainly to pick us up at the

On June 3, 2006, three days after I retired, I was attending lectures and a lunch for University of Utah School of Medicine alumni. The noon speaker was Devon Hale, MD, who spoke on projects conducted by the U’s school of medicine in Ghana. At one point he flashed up a slide of a 1,000-bed hospital and said something to the effect, “and can you believe they have no pathologist?” A classmate of mine, Elizabeth Hammond, MD, yelled, “Tom, you are just the man for this.” I cringed. After the lunch she dragged me over to meet Devon and others involved in medical missionary efforts.

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¹Pathologists Overseas
The first need was to get tissues cut and slides made for pathologist interpretation. Although the equipment was good, the building was terrible and cramped. There was no dictation. But after two-plus weeks the first decent H&E slides came out. A second volunteer, Dr. Clark Daines, a graduate of the University of Utah pathology residency program, arrived to overlap me. The two of us caught up a backlog of about 800 cases and the laboratory became current on processing cases.

I returned home and as project director spent at least five hours a day recruiting, answering inquiries and sending volunteers the information they needed to prepare and travel to Ghana. I made sure all volunteers would be met by a driver, that the house was ready for them, and that they would have the cooperation of the laboratory staff. This continued until late 2009. By this time the hospital had recruited a recently graduated resident from Accra, another Ghanaian showed up to help after 25 years in the UK, and three Ghanaian pathologists who were finishing training in Norway and Germany were scheduled to return in 2010. I stopped recruiting and had volunteers scheduled until April 2010 when the local pathologists would take over the surgical pathology service. I terminated the Pathologist Overseas participation in April 2010. The department now stands on its own and a report from a visiting UK pathologist said things are going well.

The project had some painful times. I wanted this to work and pushed hard for the locals to get organized, adopt procedures common to well-functioning departments, to improve the physical situation, and to train young doctors.

What did I learn through the experience? I learned that it is difficult to motivate someone to want to learn, that if you push too hard your efforts draw resentment and there is a lot of three steps forward and two steps backwards. It is difficult to work where there is no infrastructure or high speed internet, reliable supplies, and where there are cultural differences in learning. Locals would not show up for a daily review of slides and pathology discussions. They had an eye-popping new pathology building but I could not get them to move into it or use it for anything outside the original purpose of doing autopsies. This was very frustrating and the harder I pushed, the more I got a deaf ear. I got volunteers to donate significant pathology textbooks and a dictation system. Midway through the project, the government changed and the hospital administration also changed. Those who invited us had been our advocates and suddenly we lost that support.

We did restore surgical pathology but were unable to train anyone already there to be a pathologist. In the end we had over 40 volunteers and eight residents. There were about an equal number of academic and community pathologists and about an equal number of male and female volunteers. Most came from the U.S. but there were participants from Canada, the Czech Republic, Slovenia, and from Sri Lanka and Singapore via the U.K. No one wore blinders and all put up with the water supply problems, and a host of other problems. In addition to Dr. Daines, Dr. James Avent of Intermountain Medical Center and Dr. David Bolick of Sandy were participants from Utah.

The case load included many far-advanced tumors and many tumors unusual in the U.S. It was rewarding. The surgeons were highly skilled doing sections of advanced tumors. Also, since they had had no pathologist, they were very skilled in clinical observation and were very accurate in determining what the tumor origin might be. But now they have reliable pathology and can treat patients knowing the tissue diagnosis.

Anyone who volunteers for an overseas project in a third world country should know that living conditions can be difficult, resentment can be created if the hosts are pushed too hard (it is much better for the improvements to be their ideas), and that not all goals can be accomplished. Dr. Hoenecke said that if there was a 10% improvement in a third world country, a project would still be a success.

But volunteers will find wonderful hosts and there is a lot to learn. Most of our volunteers would do it again. It was great to be able to contribute and make a positive difference utilizing one’s own specialty.

At a recent Physicians Literature and Medicine Discussion Group, one participant explained why this was his favorite book of all time—“Because as we were talking the book just disappeared!” Often, it is the ideas generated in these discussions that are remembered more than the actual book itself. A sense of camaraderie resounds in the meetings. The discussion group is a place where personal and professional concerns can be understood, shared, and enhanced through discussion of literature with peers. It is not uncommon to see people staying after a session despite the hour—engrossed in aspects of discussions for which the readings were jumping-off points. Aden Ross, PhD, who has been a facilitator in this program for over 20 years, recalls poignant and remarkable insights, for example, about malpractice suits and addiction issues elicited by readings.

The Physicians Literature and Medicine Group helps people to reflect and to see their lives and medicine in different ways. The group structure is non-hierarchical. One of Aden Ross’ favorite group characteristics is a willingness to discuss a favorite (or a least favorite) book and to have the opposite view expressed by others. Although not didactic, this group is a teaching opportunity for medical ethics—books might directly reflect issues that doctors deal with or issues might be presented by analogy. Jay Jacobson, MD, who founded the program, recalls, for example, a rich discussion about The Things They Carried by Tim O’Brien, a book that blends fiction, memoir, and short stories about the Vietnam War, which provided an analogy to explore the importance of having a safe place to talk about difficult experiences.

When Dr. Jay Jacobson founded the Division of Medical Ethics and Humanities in 1989, the Physicians Literature and Medicine Discussion Group was one of its first programs. The basic concept remains the same today: to provide a forum where community and academics can talk with and learn from one another, where different specializations are included. Originally, the group was a place where physician spouses, who often brought a non-medical perspective, could come together and read the same book. Although partners are still welcome, today’s group make-up reflects the increasingly diverse yet interdependent nature of healthcare teams, providing even more varied perspectives. Originally, this group was not for medical students or residents, as humanities seemed to be appreciated more later in life, after more time had passed to reflect on the complexities and human experiences involved in medicine. Today, this has changed. Residents and medical students are welcome, as are all healthcare professionals. Possible offshoots of this group are being considered that may discuss shorter literary works during the day.

One of the strengths of today’s Physicians Literature and Medicine Group lies in including books that put non-medical voices on the table. Facilitators deserve much credit for this. Early on, broad leeway was given to nonmedical facilitators to explore medically relevant book selections and to
Reading selections for 2011 include:

- January 5
  *The Immortal Life of Henrietta Lacks*, Rebecca Skloot

- February 2
  *Planet of the Blind*, Stephen Kuusisto

- March 2
  *Truth and Beauty*, Ann Patchett

- April 6
  *Genius on the Edge*, Gerald Imber

- May 4
  *The Sea*, John Banville

- June 1
  *A Troubled Guest: Life and Death Stories*, Nancy Mairs

- July 6
  *Red Hook Road*, Ayelet Waldman

- August 3
  *Year of Wonders*, Geraldine Brooks

- September 7
  *Something Happened*, Joseph Heller

- October 5
  *In the Next Room*, Sarah Ruhl

- November 2
  *A Happy Marriage*, Raphael Iglesias

- December 7
  *The Waterworks*, E.L. Doctorow

Past selections are posted on the Division of Medical Ethics and Humanities website at http://medicine.utah.edu/internalmedicine/medicalethics/activities/literature/index.htm

collaborate on themes to explore. In the 1990’s, the Utah Humanities Council helped bring Abraham Verghese, Kenneth Brewer, and Terry Tempest Williams as visiting facilitators. Recently, writings by physicians and books about disability and issues other than illness have been added to the traditional canons of literature and medicine.

In addition to reading a good book and discussing it from a unique healthcare perspective, several additional reasons for attending a Physician Literature and Medicine discussion have been put forth. Some suggest that this combination encourages people to see and to develop empathy. History buffs note how interesting it is to read about how people and situations have—or have not—changed over time; others value this group as a way of addressing the “I’m not alone” phenomenon. Lastly, reading and reflective discussion with this group can help us to understand and to handle reasonable expectations of others as we strive to negotiate our lives.

The Physicians Literature and Medicine Discussion Group meets the first Wednesday of each month from 6-8:30pm, over dinner, in the LDS Hospital Amicus Boardroom.

Opposite page left: Leslie Butler, APRN, Miriam McFadden, Ann Wennhold, MD, Lauren Florence, MD, Ann Lange, PhD.

Opposite page right: S. Keith Petersen, MD, Barbara Petersen, MA, David Sundwall, MD.

Left: (front) Jay Jacobson, MD, Lance Hewitt MD, PhD, MPH, Martin Gregory, MD, S. Keith Petersen, MD, Barbara Petersen, MA.
The SOM Alumni and Medical Community Weekend offers medical alumni and other community medical care providers a variety of School of Medicine and main campus activities in which to participate during the weekend. Registration material will arrive by mail in July, or go online to register for events at http://medicine.utah.edu/alumni.

Thursday Evening, October 6
Medical Alumni Awards Banquet, Little America Hotel, 6:30 p.m. Social, 7:00 p.m. Dinner
50 Year Celebration and Induction into the Half Century Club
Presentation of Medallions to the Class of 1961

W. Donald Shields, M.D. 1971 Distinguished Alumni Award
Dr. Don Shields graduated from University of Utah College of Medicine in 1971. Following a residency in Pediatrics at the LAC-USC Medical Center, he returned to the “U” for residency in Neurology and Fellowship in Pediatrics Neurology under the tutelage of Dr. Patrick Bray. In 1976 Don was recruited to UCLA and became chief of Pediatric Neurology in 1980. During his 25 year tenure as division chief, his research and patient care focused on “Improving the lives of the unfortunate children afflicted with catastrophic childhood epilepsy.” Don and the division developed a national and international reputation for epilepsy research and patient care, notably in the surgical approach to medically intractable epilepsy in very young children and development of anticonvulsant medications. He has trained more than 40 child neurologist residents and pediatric epilepsy fellows, several of whom are now national and international leaders in child neurology and pediatric epilepsy. He has received numerous teaching awards including two Pediatric and two Neurology teaching awards from the residents. At the 2010 commencement, he received the UCLA School of Medicine Sherman Mellinkoff Faculty Award given for “Dedication to the art of medicine and to the finest in doctor-patient relationships.”

David N. Sundwall, M.D. 1969 Distinguished Service Award
Dr. David Sundwall graduated from the University of Utah College of Medicine in 1969 and completed residencies in Internal Medicine and Family Medicine at Harvard University. He has had a distinguished career as a physician, and in health policy and administration in federal and state government, working tirelessly to improve public health. He has held academic appointments at the University of Utah School of Medicine, Georgetown University School of Medicine, and the Uniformed Services University of Health Sciences, and is currently a Professor of Public Health (clinical) in the U. of U. School of Medicine, Department of Family and Preventive Medicine. He has served in numerous federal positions including as Health Staff Director of the U.S. Senate Labor and Human Resources Committee, on the National Commission to prevent Infant Mortality, as an Assistant Surgeon General of the U.S. Public Health Service, and as Administrator of the Health Resources and Services Administration [HRSA]. From 2005 to 2011 he served as the Executive Director of the Utah Department of Health. During his tenure he led several important initiatives including building a new state laboratory, supporting the implementation of e-health initiatives in Utah, starting the Safety Net Clinics Collaborative, and establishing the “Utah Health Workforce Workgroup” to identify and propose solutions to the impending health professional shortages facing Utah. In 2011 he received a Superior Civilian Service Award from the U.S. Army for his work with the Utah National Guard in Morocco.

Srinivasan Beddu, M.D. The Golden Anniversary Prize for Distinguished Clinical Investigation
Dr. Beddu is an Associate Professor of Medicine at the University of Utah School of Medicine. He obtained his medical degree at Stanley Medical College, Chennai, India. He completed residency at St. Mary’s Hospital, Rochester, NY and nephrology fellowship at the University of Pittsburgh, Pittsburgh, PA. He joined the faculty at the University of Utah School of Medicine in 1999. His major area of research is malnutrition and obesity in chronic kidney disease and dialysis patients. He leads a productive research team in conducting epidemiological studies, prospective observational studies and interventional clinical trials. He has more than 50 publications. He is currently the principal investigator on two NIH RO1 grants and a third RO1 award is pending. He serves as the co-PI of the Utah Clinical Center Network and PI of the Utah site in Systolic Pressure Intervention Trial (SPRINT), a large, NHLBI funded trial. He has served on several national panels and NIH study sections. He mentors nephrology fellows and junior faculty and his mentees have successfully competed for national research awards.
Friday Morning, October 7
School of Medicine Department Events
7:30 a.m. - 10:45 a.m.

We welcome current or former faculty, house staff, and reunion class members to attend one of these departments for a morning of information, instructional lectures and gathering of colleagues. Continental breakfast served. Site and speakers detailed in your registration packet coming in July.

Department of Psychiatry
Department of Internal Medicine
Department of Surgery

Dean Vivian S. Lee, M.D., Ph.D., M.B.A.
State of the School Address 11:00 a.m.

Friday, Reunion Evening
6:00 p.m. Reception, 7:00 p.m. Dinner
Little America Hotel, 500 S. Main, Salt Lake City

General reception first then individual groups will dine together in private rooms.


The Class of 2006 will be hosting a family picnic at Sugarhouse Park Saturday afternoon.

Saturday, October 8
Continuing Medical Education 7:30 a.m. – 12:15 p.m.
Updates in Science, Practice and Policy
Receive 4 CME credit hours AMA Category 1

Norman Thurston, Ph.D.
Health Care Reform...Are We There Yet?
Health Policy & Reform Initiatives
Coordinator for the State of Utah

Leslie Lenert, M.D.
Health Information Technology,
Tales from the Tipping Point
Professor, Biomedical Informatics, University of Utah School of Medicine, past Director of National Center for Public Health Informatics at Center for Disease Control and Prevention

Lynn Jorde, Ph.D.
Genetics and Personalized Medicine
H.A. and Edna Benning Presidential Endowed Chair in Human Genetics, Chair of the Department of Human Genetics, University of Utah School of Medicine

Perry Renshaw, M.D., Ph.D., M.B.A.
Life in the Mountains: Insights from Neuroimaging
Professor of Psychiatry, University of Utah School of Medicine and USTAR Investigator

Chris Jones, M.D. Ph.D.
Associate Professor, Neurology, Director, Sleep-Wake Center, University of Utah
Laura Czajkowski, Ph.D.
Associate Professor, Psychiatry, University of Utah

What the Sleeping Brain is Up To

Elizabeth Joy, M.D., M.P.H.
Exercise is Medicine
Medical Director, Outcomes Research, Intermountain Healthcare; Associate Professor, Department of Family and Preventive Medicine; Vice President of the American College of Sports Medicine
University of Utah School of Medicine 2011 Alumni and Medical Community Weekend

Saturday, October 8
Football! Football! Football!

**Tailgating Party** *Alumni House, Time: TBD*
Join medical school alumni at a special tailgating party at the Alumni House. Barbequed ribs, chicken and ice cream mud pie is on the menu, parking is free and it's a quick jaunt with your classmates over to Rice Eccles Stadium to watch the game! Time, cost and everything else you need to know will be in your registration packet or check on-line at http://medicine.utah.edu/alumni.

**Utah versus Arizona State** *Rice Eccles Stadium, Time: TBD*
Join your colleagues and cheer Utah on to victory at the game! The School of Medicine Alumni Association was able to secure a limited number of excellent seats on the 40-yard line for this PAC 12 football game. Seating is limited to the School of Medicine alumni member and one guest (two ticket limit) and is on a first-come, first-serve basis. Call Alumni Relations at (801) 581-8591 to reserve and pay for your ticket.

Watch the mail in July for your registration packet! A registration form is also available on-line at http://medicine.utah.edu/alumni where locations, fees and more details are available. Questions? Call (801) 581-8591.

Weekend Sponsors

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In an effort to take their programs and messages “on the road” to School of Medicine alumni living outside of the Wasatch Front, the School of Medicine Alumni Association is expanding their reach by providing programs and outreach to alums in other parts of the state and around the United States. In April board members Don Pedersen, Ph.D., P.A., ’78 and David N. Sundwall, M.D., ’69 participated in the Utah Academy of Physician Assistants Conference in Mesquite, Nevada. Don Pedersen manned the Alumni Association display booth, while David Sundwall gave the keynote address titled *Health Reform in the U.S. - Are We There Yet?*

The Alumni Association provided a gift basket with a Cardio Littman III stethoscope and other University of Utah School of Medicine items for the silent auction which raised money for the PA Academy. Dr. Sundwall highlighted the work the Alumni Association does to support the medical school and provide scholarships for our students and also promoted the October 8 SOM Alumni Association CME conference, *Updates in Science, Policy and Practice.* The School of Medicine Alumni Association was also present at the National PA Conference in June in Las Vegas, and is sponsoring a program for southern California medical school alums on September 8, in conjunction with the Utah/USC football game (see below).

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**Save the Date**

**Bringing the U to You!**

- **When:** Thursday, September 8, 2011
- **Time:** 6:00 p.m. reception, 6:30 p.m. program starts
- **Where:** Onotria Restaurant, 2831 Bristol Street, Costa Mesa, CA
- **Program:** U of U Global Health Initiative  
  *A Different Approach to Making a Difference!*  
  With Devon Hale, MD and Steve Alder, PhD

Join with other U of U medical alumni in the southern California area for a reception to introduce new Senior Vice President for Health Sciences, Dean of the School of Medicine, and CEO of U of U Health Care, Vivian S. Lee, MD, PhD, MBA. Also learn about the University of Utah's Global Health Initiative which builds sustainable health improvements by creating local partnerships throughout the world.
### Match Day 2011 - A Family Affair

#### Anesthesiology
- **Bell, Christopher**  
  University of Virginia, Anesthesiology, Virginia
- **Brown, Ryan**  
  University of Florida COM-Shands Hospital, Anesthesiology, Florida
- **Clark, Gunnar**  
  University of Texas HSC-San Antonio, Anesthesiology, Texas
- **Dhoon, Taizoon**  
  Cedars-Sinai Medical Center, Anesthesiology, California
- **Dunn, Richard**  
  SUNY – Syracuse, Anesthesiology, New York
- **Engar, Thomas**  
  Virginia Mason Medical Center, Anesthesiology, Washington
- **Horn, Jeffre**  
  University of Utah Affiliated Hospitals, Anesthesiology, Utah
- **Mackintosh, Natalie**  
  University of Utah Affiliated Hospitals, Anesthesiology, Utah
- ** Phelps, Reid**  
  Vanderbilt University Medical Center, Anesthesiology, Tennessee
- **Porter, Monica**  
  University of Michigan Hospitals-Ann Arbor, Anesthesiology, Michigan
- **Record, Benjamin**  
  University of Arizona Affiliated Hospitals, Anesthesiology, Arizona
- **Tsai, Veda**  
  University of Washington, Anesthesiology/Clinical Base Year, Washington

*Jennifer Travarelli will be at the U of U completing an obstetrics and gynecology residency*

#### Dermatology
- **Alfred, James**  
  University of Texas Southwestern Medical School-Dallas
- **Hawkes, Jason**  
  University of Utah Affiliated Hospitals, Dermatology, Utah

#### Emergency Medicine
- **Ennenga, Kate**  
  University of Texas Southwestern Medical School-Dallas, Emergency Medicine, Texas
- **Goodman, Jessica**  
  Albany Medical Center, Emergency Medicine, New York
- **Groke, Steven**  
  University of Arizona Affiliated Hospitals, Emergency Medicine, Arizona
- **Kroll, Nicholas**  
  UC San Francisco-Fresno, Emergency Medicine, California
- **Lieu, Charmian**  
  Rhode Island Hospital/Brown University, Emergency Medicine, Rhode Island
- **Mooy, Graham**  
  Loma Linda University, Emergency Medicine, California
- **Reina, Michelle**  
  University of Utah Affiliated Hospitals, Emergency Medicine, Utah
- **Rogers, Ronald**  
  Yale-New Haven Hospitals, Emergency Medicine, Connecticut
- **Royall, Michael**  
  Staten Island University Hospital, Emergency Medicine, New York

#### General Surgery
- **Barakat, Michel**  
  University of New Mexico School of Medicine, Internal Medicine, New Mexico
- **Bennett, Daniel**  
  University of Michigan Hospitals-Ann Arbor, Internal Medicine, Michigan
- **Brimhall, Bryan**  
  University of Colorado School of Medicine-Denver, Internal Medicine, Colorado
- **Cannon, Kendall**  
  University of Utah Affiliated Hospitals, Internal Medicine, Utah

#### Internal Medicine
- **Barakat, Michel**  
  University of New Mexico School of Medicine, Internal Medicine, New Mexico
- **Bennett, Daniel**  
  University of Michigan Hospitals-Ann Arbor, Internal Medicine, Michigan
- **Brimhall, Bryan**  
  University of Colorado School of Medicine-Denver, Internal Medicine, Colorado
- **Cannon, Kendall**  
  University of Utah Affiliated Hospitals, Internal Medicine, Utah

#### Sutherland, David
- University of New Mexico School of Medicine, Emergency Medicine, New Mexico

#### Family Medicine
- **Anderson, Melody**  
  Ball Memorial Hospital, Family Medicine, Indiana
- **Baird, Greg**  
  Family Medicine Residency Candidate
- **Blanchard, Jordan**  
  Utah Valley Regional Medical Center, Family Medicine, Utah
- **Brennan, Benjamin**  
  McKay-Dee Hospital Center, Family Medicine, Utah
- **Howard, Adam**  
  Ball Memorial Hospital, Family Medicine, Indiana
- **Kendall, Patrick**  
  Family Medicine Residency of Idaho, Family Medicine, Idaho
- **Knapp, Stuart**  
  Ball Memorial Hospital, Family Medicine, Indiana
- **Linn, Erik**  
  Wake Forest Baptist Medical Center, Family Medicine, North Carolina
- **Preece, Landon**  
  Utah Valley Regional Medical Center, Family Medicine, Utah
- **Rasch, Patrick**  
  North Colorado Medical Center, Family Medicine, Colorado
- **Sanders, Andrew**  
  Utah Valley Regional Medical Center, Family Medicine, Utah
- **Sullivan, Mary-Marie**  
  Utah Valley Regional Medical Center, Family Medicine, Utah
- **Whitmer, Cassie**  
  McKay-Dee Hospital Center, Family Medicine, Utah
- **Wilson, Benjamin**  
  Utah Healthcare Institute, Family Medicine, Utah

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*Lara Senekjian is thrilled to be going into general surgery at the University of Utah*
Daniel Olsen celebrates with wife
In 1990 the School of Medicine Alumni Association Board funded the first 4th Year Student Award with a plaque and a gift of $250 to a medical student nominated by the fourth year class. Since that time the award has grown to a gift of $1000 given to a student who has demonstrated concern for his or her peers, the community, and who exemplifies the ethical, moral, and academic skills deemed necessary to make an outstanding physician.

The plaque and gift check are presented every year at the dean’s banquet by the president of the School of Medicine Alumni Association. This year the awardee was Melody Anderson. Nominations from fellow students described Melody as smart, humble, amazing, caring, and attentive. All highlighted the fact that she wants to make a difference in people’s lives and due to her sharp intelligence and work ethic could go into any field of medicine, but chose Family Medicine because it is where she felt she could aid the greatest number of people.

During her tenure in medical school Melody served as a class president, was AOA co-president, a leader in the Family Medicine Interest Group, the student manager of the 4th Street Clinic along with being the 4th Street Clinic triathlon coordinator and working as a medical volunteer in Ghana.

Many of the nominations commented not only on her flawless academic record, but also on Melody’s quiet strength and determination coupled with kindness to all her medical school peers. The Alumni Association congratulates Melody on receiving this award and are sure she will contribute volumes to her future communities and patients.

Melody Anderson and Alumni Association President Dr. Saundra Buys.
Commencement 2011

Student Highlights

Class co-president Danny Bennett, M.D. presents the class

Kendall Cannon

Mary-Marie Sullivan

Brock Royall, Andrew Sanders and Asha Sarma walk into commencement

Dr.'s Saundra Buys, Sara Lamb, Janet Lindsley and Barbara Cahill prepare for processional

Lindsay Burt is ready for her M.D. degree
The Dinner with a Doc program, organized by the UUSOM Alumni Association, connects alumni in the Salt Lake City area with first- and second-year medical students for dinner in an informal setting either at the home of the physician or at a restaurant. The goal of the program is to provide students (and their significant other) with an opportunity to hear from a practicing physician about why he or she decided upon a particular specialty and with her too and learn more about the pancreas, (which he is studying for his PhD in Human Genetics).

This year, nearly seventy students participated in the program and twenty-two alumni volunteered to host a dinner. The Dinner with a Doc program is a great opportunity for students to learn about the practice of medicine and to ask questions about life as a physician. Student Nate Eshenroder commented, “My concern with the specialty [Orthopedics] is that I will be working too much and not have enough family time. Dr. Schmidt loves his job, but he also doesn’t overwork himself. He answered our questions regarding Orthopedic Surgery and was warm and friendly.”

David Bowman, a second-year medical student commented about his Dinner with a Doc experience, “We talked for almost 2 hours!”

It was nice to speak with a physician outside of the hospital. Dr. Putnam is such a wonderful person and mentor, and it was nice to hear her tales from med school.

We are currently recruiting more volunteers to be a part of the Dinner with a Doc program and to participate with us next year. If you are a physician in the Salt Lake City area and you want to participate please call (801) 581-8591 or send an email to somalumni@hsc.utah.edu. Read more about the Dinner with a Doc and all other student programs at www.medicine.utah.edu/alumni/programs.
Does the Risk for Suicide Rise Along with Altitude?

“High altitude living might be a contributing factor in some suicides,” explains Dr. Perry Renshaw, lead author on a recently published study - *Altitude, Gun Ownership, Rural Areas and Suicide*. Dr. Renshaw is an investigator at the Brain Institute of the University of Utah and the Mental Illness Research, Education, and Clinical Center at Salt Lake City Veterans Affairs Health Care System. He believes that this correlation between altitude and suicide might be due to “the effects of metabolic stress associated with mild hypoxia in at-risk individuals with existing psychiatric disorders and /or substance abuse”.

Dr. Renshaw’s study also replicated the known association between levels of gun ownership and suicide. Statistical analysis showed that elevation had a more significant correlation with age-adjusted suicide rates than did gun ownership.

Moreover, regression analysis assessing suicide and altitude in the context of a number of potential confounding variables—available medical and mental health care in the area (including number of psychiatrists), poverty, unemployment, lack of education, population density, male and female population ratios, and divorce—revealed that altitude continued to be significantly and independently associated with suicide. “It raises the $64-million-dollar question: why is this happening?” said Dr. Renshaw. “There are groups of people who are at increased risk of suicide, and something about living at higher altitude seems to be tremendously increasing that risk.”

Remarkably, a secondary analysis to determine the possible effect of cultural factors by examining the same correlations in South Korea produced similar findings—altitude appears to be independently associated with suicide. (South Korea was selected because it is culturally quite different from the United States, has a variable geography with many mountainous areas and a relatively high suicide rate.)

Dr. Renshaw cautioned against simplistic interpretations: suicide is a rare event, and surveys have consistently shown that satisfaction with quality of life in the Rocky Mountains is high. Anecdotally he notes that “individuals who visit Rocky Mountain areas sometimes report transient symptoms of depression. And those with bipolar disorder have been known to experience a recurrence of symptoms after moving to mountainous regions”.

Prior to Renshaw’s coming to the University of Utah, much of his research, while director of the McLean Hospital Brain Imaging Center in Belmont, Mass., focused on in vivo neurochemical changes associated with mood and drug abuse disorders.

The findings on altitude and suicide point the way to future research looking at such changes in at-risk individuals living in high-altitude areas. “We will have a lot more information over the coming years, and we hope we can identify chemical changes that occur at increased altitude,” he said. “This will create the opportunity for novel therapies for individuals already struggling with psychiatric disorders and substance abuse.”

The complete article *Altitude, Gun Ownership, Rural Areas, and Suicide* is posted at http://ajp.psychiatryonline.org/cgi/reprint/appi.ajp.2010.10020289v1.©
The original three-bed unit opened in March of 1974, with the six-bed Intermountain Burn Center opening two years later. With the medical center expansion in the early 1980s, the Burn Center moved to the present location with a twelve-bed capacity. Current plans are for expansion to a fifteen-bed Burn Trauma ICU facility, with construction beginning in early 2012 and completion in early 2013. According to Center Director Saffle, “The Burn Center is a high-profile Center of Excellence at University Hospital and within the Health Science Center.” During the nearly 40 years of care at the Burn Center, extensive improvements have been made in all facets of burn care, ranging from initial resuscitation to ICU care and on through rehabilitation. More patients are surviving major burn injury than ever before and with that has come increasing specialization in the care of burn patients.

The Burn Center fulfills key institutional commitments to clinical care, education, and research. In fiscal year 2010, the Burn Center treated 364 inpatients, had 4529 outpatient clinic visits, and completed 72 telemedicine visits for patients as near as Moab, UT and as distant as Poplar, Montana. Over half of the patients admitted to the Burn Center are transported by air, with 80% of these patients traveling over 150 air miles to receive specialized care. Nearly two-thirds of burn patients admitted to the Burn Center sustained flame burns, with 23% sustaining scald burns and the remainder distributed between electrical, chemical, and contact injuries. Also in 2010, 593 operations were performed at the Burn Center. It is the only patient care unit at University Hospital that cares for children as inpatients; 59 of the 364 inpatient admissions last year were children under age 14. In addition to serving as a regional resource for burn care, the Burn Center is a referral center for complex skin and soft-tissue diseases, including frostbite, toxic epidermal necrolysis, major degloving injuries, and necrotizing soft tissue infections; these non-burn diseases constituted 25% of last year’s admissions.

The patient-focused model of care at the Burn Center is highlighted by daily inpatient interdisciplinary team rounds with participation by bedside nursing and nursing management, attending physicians and housestaff, pharmacy, burn therapy, nutrition, respiratory therapy, social work, and case management. Care in the outpatient clinic is provided by two nurse practitioners, Lee Moss and Carla Coats-Weaver, under the direction of the attending surgeons. This highly collaborative approach to care has generated both institutional and national recognition for excellence in care. Patients who received care in the Burn Center have been featured in two Exceptional Patient Experience stories developed by University of Utah Health Care. During 2010 the Burn Center ranked in the top 2-6% nationally for patient satisfaction.
no small feat in an environment where little elective care occurs and patients usually have painful and unexpected injuries and illnesses.

The Burn Center also provides a key educational function for the Health Science Center, serving as a clinical training site for medical students, residents, nursing students, and pharmacy residents. The cultural emphasis on teaching and learning is highlighted by Dr. Saffle’s receipt of a University of Utah Distinguished Teaching Award and Dr. Cochran’s receipt of a University of Utah Early Career Teaching Award and her recognition as an outstanding surgical teacher by the Association for Surgical Education. In addition to the in-house education that occurs, outreach education to the entire region is a priority. The outreach education team is led by Annette Matherly, RN, CCRN, and had 7409 individual education contacts during 2010, including learners from Utah, Idaho, Montana, Nevada, and Wyoming. With Ms. Matherly’s leadership the Burn Center recently initiated a statewide collaborative Juvenile Fire-Setter program with the Utah Fire Marshal’s office, Unified Fire Authority, Lisa Sugerman, PhD, and the University of Utah Neuropsychiatric Institute. For her extensive energy and efforts in outreach education, Ms. Matherly was recognized in 2009 with the American Burn Association’s Burn Prevention Award.

Research represents an additional area of focus for the Burn Center, with more than 50 publications since 2005. The American Burn Association’s Multicenter Trials Group (MCTG) was initiated by Dr. Saffle, and the Burn Center is actively involved in two federally funded MCTG research projects. The Center is a recognized leader in the use of telemedicine for burn care and completed a federally funded project about application of telemedicine to burn care systems in 2008. Recent and current funding from the International Association of Fire Fighters Burn Foundation has supported two investigations into the psychosocial aspects of burn care and recovery, and private funding from the Margolis Foundation is supporting the development of open-source decision support software for burn shock resuscitation. Research projects supported by the Burn Center have been recognized with the American Burn Association’s Moyer Award for outstanding paper by a physician-in-training, the American Burn Association’s Clinical Research Award for outstanding paper by a non-physician researcher, and by both the American Burn Association (Psychosocial) and Society for Critical Care Medicine (Burns/Trauma) for best research in a content area at an annual meeting. The Burn Center’s highly successful research program is widely recognized as a model for interdisciplinary clinical research.

As part of the focus on care of the whole patient, the Burn Center is also the home for Burn Camp programs that serve burn survivors who are preschoolers through adults. The burn camp programs were established in 1993 to support burn patients with the personal challenges associated with surviving a burn accident. The first burn camp had 11 campers; in 2010, there were 7 preschool campers for the inaugural year of preschool camp, 40 children at Camp Nah Nah Mah (elementary age), and 17 teens on the river trip through Desolation and Gray Canyons. Adult camp has been offered alternate years since 2001 with attendance of between 15 and 20 burn survivors. Each of the camp programs provides a fun environment that promotes self-esteem and encourages peer to peer support, as well as providing important after-care for survivors of burn injury at all ages.

While burn injury is a devastating, life-altering event, the Burn Center maintains a firm commitment to providing compassionate care in a collegial environment that furthers burn care through education and research.
Researchers Discover Novel Association Between Parkinson's Disease and Prostate Cancer

University of Utah researchers have found compelling evidence that Parkinson’s disease (PD) is associated with an increased risk of prostate cancer and melanoma, and that this increased cancer risk also extends to close and distant relatives of individuals with PD. Although a link between PD and melanoma has been suspected before, this is the first time that an increased risk of prostate cancer has been reported in PD. Most studies demonstrate that individuals with PD have an overall decreased rate of cancer, with the notable exception of melanoma, the most serious form of skin cancer. Previous research has suggested a possible genetic link between PD and melanoma, but these studies have been limited to first-degree relatives who often share a similar environment, making it difficult to distinguish between genetic and environmental risk factors.

“Neurodegenerative disorders such as Parkinson’s disease may share common disease-causing mechanisms with some cancers,” says Stefan-M. Pulst, MD, professor and chair of the department of neurology and co-author on this study. “Using the Utah Population Database, we were able to explore the association of PD with different types of cancer by studying cancer risk in individuals with PD, as well as their close and distant relatives.”

The Utah Population Database (UPDB) includes birth, death, and family relationship data for over 2.2 million individuals. Some of the records in this computerized database extend back over 15 generations, making the UPDB a useful resource for studying genetic risk. The UPDB is also linked with the Utah Cancer Registry and Utah death certificates dating back to 1904.

Increased risk of prostate cancer in individuals with Parkinson's disease and their relatives suggests a genetic link.

“In Utah, we have the unique opportunity to evaluate the relationship between PD and certain cancers using a population-based approach that eliminates many of the typical types of bias associated with epidemiological studies,” says Lisa Cannon-Albright, PhD, professor of internal medicine and division chief of genetic epidemiology, and co-author of this study. “Rather than relying on patient interviews for family medical history, we were able to use the UPDB, along with statewide registries of cancer and death, to look for links between PD and cancer.”

The study team screened the UPDB to identify nearly 3000 individuals with at least three generations of genealogical data who had PD listed as their cause of death. The researchers discovered that the risk of prostate cancer and melanoma within this PD population was significantly higher than expected. They also observed an increased risk for prostate cancer and melanoma among first-, second-, and third-generation relatives of these individuals with PD.

“In our study, we not only identified an increased risk for prostate cancer and melanoma among individuals with PD and their relatives, but also established a reciprocal risk for PD among individuals with these two cancers and their relatives,” says Pulst. “Collectively, these data strongly support a genetic association between PD and both prostate cancer and melanoma.”

Check Your Skin: Skin Cancer Screenings at Huntsman Cancer Hospital and the 4th Street Clinic

The Department of Dermatology at the University of Utah School of Medicine prides itself on academic excellence, research, and commitment to volunteerism. Over the last 11 years, Karen Newman, service director, Dr. Sancy Leachman, director of the Melanoma Center and Dr. Glen Bowen of the Huntsman Cancer Hospital have been organizing the annual Huntsman skin cancer screening for the community. This event was initially modeled after a similar skin cancer screening at the University of Michigan where Dr. Bowen trained, and over the years has developed into its own unique event. The inaugural screening took place when the Huntsman Cancer Hospital first opened in 2000.
The event was advertised on television, radio and word of mouth. Dr. Bowen and Dr. Zone saw over 500 patients during the first skin cancer screening! Since that time, over 5,000 people have been screened, and many were referred for possible melanoma, squamous cell carcinoma, or basal cell carcinoma. The last screening was held on April 9th, 2011 and 347 patients were seen throughout the day by twenty-three providers.

The screenings could not take place without Karen’s wonderful attention to detail and excellent organizational skills or without physician volunteers from the University faculty, community dermatologists, and residents. In recent years, medical student volunteers have been involved helping to check patients into rooms and complete paperwork and have helped the event run even more smoothly.

The dermatology residents at the University of Utah regularly participate in the annual skin cancer screening at Huntsman and have recently organized their own skin cancer screening. The residents volunteer at the 4th Street Clinic, a health clinic for the homeless and underinsured in downtown Salt Lake City, on a monthly basis. Seeing a need and wishing to serve the community, dermatology resident Dr. Bethany Lewis decided to organize a skin cancer screening specifically for this population in addition to the regularly scheduled clinics. The 4th Street Clinic made clinic space available and scheduled over 40 patients to be seen. Many others made generous donations, including Drs. Len Swinyer and Doug Woseth, who provided much needed sunblock for the patients, the University of Utah Department of Dermatology which donated biopsy supplies, University dermatopathologists Drs. Anneli Bowen, Scott Florell, and Keith Duffy who volunteered to read biopsy specimens, and Dr. Christopher Hull who supervised the residents. It was a very successful event and the residents plan on making this an annual event increasing the number of patients they serve.

In the past few decades there has been a slow but significant change in the way mental illnesses are perceived and treated. Although we have come a long way, it is clear that we as a society are still not masters of the human mind. What we do know is that with proper diagnosis and treatment people can improve their mental health and experience better, more productive lives.

It is estimated that over 230,000 Utahns suffer with a mental illness, yet only 18% receive appropriate psychiatric care each year. This is due in a large part to a shortage of psychiatrists and lack of in-patient beds. This August, the University Neuropsychiatric Institute will nearly double its in-patient treatment capacity with the opening of an 80 private-bed expansion in addition to intensive outpatient and aftercare services. In addition, the University’s Department of Psychiatry will move into the first floor of the facility. This collaboration will foster the Department’s growth of its child and adolescent, addiction, adult, and triple-board training programs, providing a more integrated experience between education, patient care and research. Capabilities will also be expanded for brain imaging studies including a new 3T MRI machine within the Department, and lab space to continue exploration of the genetics of mental illness including autism and depression.

For more information about this project please contact Anne Asman at 801-581-8019 or email Anne at anne.asman@hsc.utah.edu.
A total of $4.5 million in grants and contracts has been awarded to the University of Utah to advance health care delivery system redesign. Michael K. Magill, MD, Professor and Chairman of the Department of Family and Preventive Medicine (DFPM), University of Utah School of Medicine and Executive Medical Director of the University of Utah Hospitals and Clinics' Community Clinics, is principal investigator on the project. The work is being conducted by a multidisciplinary team of faculty and staff from University of Utah colleges and departments that include DFPM, The David Eccles School of Business, the School of Medicine and Executive Medical Director of the University of Utah to advance health care delivery system redesign. Michael K. Magill, MD, Professor and Chairman of the Department of Family and Preventive Medicine (DFPM), University of Utah School of Medicine and Executive Medical Director of the University of Utah Hospitals and Clinics’ Community Clinics, is principal investigator on the project. The work is being conducted by a multidisciplinary team of faculty and staff from University of Utah colleges and departments that include DFPM, The David Eccles School of Business, and Department of Medicine’s Division of Geriatrics.

In a time of national focus on the rising cost of health care, Dr. Magill says that this work rests on a simple premise: “Good health care costs less than poor healthcare.”

Community Clinics, the Department of Economics, College of Pharmacy, and Department of Medicine’s Division of Geriatrics.

In a time of national focus on the rising cost of health care, Dr. Magill says that this work rests on a simple premise: “Good health care costs less than poor healthcare.” In order to deliver good health care, the patient’s “whole person care” must be coordinated between the various health care professionals directly involved in the patient’s care, with emphasis on access to comprehensive, continuous, accessible primary care.

The University’s Community Clinics began implementing such care in 2003, by developing a model they call Care by Design™ (CBD), which integrates acute, chronic, and preventive care into a unified, patient-centered system of care.

Care by Design™ incorporates enhanced access to care, team care, and planned, coordinated care. Access to care means patients can obtain an appointment with a health care professional when they want, often the same day they call. “Patients find same-day appointments convenient and especially reassuring in an urgent situation,” explains Dr. Magill. CBD further enhances appropriate access to care by offering “group visits” where patients with similar ailments receive information and education both from medical professionals and peers to enhance self care for chronic conditions such as diabetes. Patients can also access a personalized web portal that allows them to view their lab results as soon as the results are released, review a record of their healthcare visits and medications, request appointments with their physician, or directly consult with their healthcare team via secure email.

The second focus of Care by Design™ model is team care. The Community Clinics have implemented enhanced roles for medical assistants, clinical pharmacists, physician assistants, nurse educators and others. Working closely with the physician to provide coordinated care, each team member plays an important role to serve patients. This also frees physicians to focus on patient needs rather than administrative or paperwork tasks. Communication among all team members plays a vital role in prevention and coordinates the decision-making to implement effective overall patient care for acute and long-term conditions.

The third emphasis in Care by Design™ is “planned care,” which prospectively implements enhanced care of chronic conditions and helps patients receive evidence-based tests and treatments to keep them well, preventing complications, detecting illness early, and, when possible, preventing it entirely. This increased preventive care means patients and their health care team work proactively, preventing illness rather than just reacting after it arises. This is accomplished through electronic “prompts” that are activated during a patient’s appointment that may remind the health care team that the patient is due for a colonoscopy, mammogram, blood pressure check, or any other numerous conditions personalized to the patient.

Patients with chronic conditions such as diabetes, coronary artery disease and heart failure receive extra attention under planned care. The research team is implementing a new role for “care managers,” team members who work closely with physicians to ensure patients receive all needed tests and medications. “Patient engagement” in caring for themselves is also an important part of care for chronic conditions, so the team is implementing further support for patients to engage in their own care. The research is also testing ways to help patients make smooth transitions from hospital to outpatient care, as these can be hazardous times where it is easy for misunderstanding or errors in use of medications that may lead to relapse and readmission to the hospital, thus increasing cost and morbidity.

The new funding enables Dr. Magill and his team to study successes of CBD to date, further enhance them, and identify effects on total cost of care for patients seen in the Community Clinics. The team has been awarded two grants from the Agency for Healthcare Research Quality (AHRQ). ARHQ is an agency within the Department of Health and Human Services whose mission is to assist the public in making educated decisions.
Researchers have found that a synthetic version of hypericin, a compound naturally found in St. John’s wort, may be a promising treatment for patients with recurrent malignant brain tumors. Their findings were published online on March 31, 2011 in the journal Cancer.

Malignant gliomas, tumors that arise in the brain or spine, are largely incurable cancers with a poor prognosis. An estimated 10,000 Americans are diagnosed each year with malignant gliomas. Laboratory studies have shown that synthetic hypericin strongly inhibits the growth of gliomas, due in part to its inhibitory effect on protein kinase C, a family of enzymes that promotes tumor proliferation.

“Because hypericin has shown dramatic results in stopping tumor growth in gliomas in the laboratory, we wanted to examine the safety and potential antitumor activity of synthetic hypericin in patients with recurrent malignant gliomas,” says William T. Couldwell, MD, PhD, professor and chairman of neurosurgery, and lead author.

In this study, Couldwell and a team of scientists from across the US and Canada administered oral synthetic hypericin to patients with two types of gliomas, anaplastic astrocytoma and glioblastoma, whose tumors had recurred or progressed despite standard treatment. Forty percent of the study participants were able to complete a three-month treatment regimen, demonstrating that hypericin is well-tolerated as an oral medication in this patient group.

Couldwell and his colleagues also examined response to treatment among this group of glioma patients. They found that 22 percent of all study participants achieved either stable disease or a partial response during treatment with hypericin. Of the 18 patients who completed at least 60 days of hypericin treatment, 50 percent achieved either stable disease or a partial response.

“The patients enrolled in our study were all individuals whose tumors had recurred or progressed after extensive prior therapy,” says Couldwell. “Finding evidence of potential antitumor activity among this very ill population of patients who had failed conventional treatment is a promising sign that hypericin could be useful as an adjunct to the current standard of care.”

Investigators suggest that the future of hypericin in the treatment of malignant gliomas will most likely focus on the use of the synthetic compound either in conjunction with radiation therapy or other chemotherapeutic agents or in patients with resistant tumors.

“Despite advances in care, the prognosis for patients with malignant glioma remains poor. The next step is to examine the effect of hypericin if given earlier in the course of therapy,” says Couldwell. “Since different chemotherapy agents have different mechanisms of action, it would be interesting to see if adding hypericin to existing treatment regimens for malignant glioma would have an additive or synergistic effect.”

William T. Couldwell, M.D.
Fighting HIV: Help From a Parallel Universe

Twenty-five years of dramatic progress in HIV/AIDS research has transformed HIV from a death sentence to a manageable chronic disease in the U.S. However, HIV remains a wily foe with over 2.5 million new people infected each year and over 30 million patients infected worldwide. Modern HIV therapy combines several viral inhibitors into a “cocktail” that dramatically reduces viral replication, but serious drawbacks include toxicity, rapid emergence of drug resistance, and high cost. In the developing world, where the need is greatest, most patients do not have access to HIV drugs. The ultimate solution is a safe and effective vaccine, but despite a robust research effort, this goal remains elusive and is likely decades away.

Michael S. Kay, M.D., Ph.D., Associate Professor of Biochemistry at the University of Utah School of Medicine, has been focusing on developing novel HIV treatment and preventative strategies to overcome the limitations of current HIV drugs. The Kay lab specializes in designing a non-natural type of peptide from a mirror-image world called D-peptides. Natural peptide drugs (L-peptides) have great therapeutic potential, but are often hampered by their rapid degradation in the body. D-peptides are mirror-image versions of natural peptides that cannot be broken down, allowing an extended half-life in the body and dramatically lower and less frequent dosing. Despite these advantages, no D-peptides have yet been approved.

The Kay lab has developed a potent D-peptide inhibitor of HIV entry called PIE12-trimer. This drug targets a highly conserved “pocket” region in HIV that plays a critical role in viral entry. PIE12-trimer inhibits all major HIV strains and has been shown to protect a humanized mouse model from infection. PIE12-trimer is particularly well suited as a microbicide, a topical drug for the prevention of HIV sexual transmission. A microbicide would be particularly useful in the developing world to prevent new infections until a vaccine becomes available. No such microbicide yet exists, but PIE12-trimer’s high potency, low cost of production (expected to be <$1/month), and longevity in the body make it an ideal candidate. The possibility of drug delivery via a monthly vaginal ring is being developed with Dr. Patrick Kiser’s group in Bioengineering. PIE12-trimer was also designed with a special barrier to the emergence of resistance mutations, the major problem facing current HIV drugs. This property may also make it an ideal therapy for existing HIV patients.

To help advance PIE12-trimer through the long and expensive transition from lab to clinic, the Kay lab is now collaborating with a local biotechnology company, Navigen Pharmaceuticals, to raise funds and pursue advanced preclinical and ultimately clinical testing of the PIE12-trimer. If successful, this first D-peptide drug could herald the emergence of D-peptides as a broad new drug class.

Important U. contributors to this work include Dr. Debra M. Eckert, current and former graduate students Dr. Brett Welch, J. Nicholas Francis, Joseph Redman, and Matthew Weinstock, and collaborators Drs. Chris Hill and Frank Whitby in Biochemistry.
The John A. Moran Eye Center (JMEC) announces the establishment of a Vision Institute which bridges research efforts across University of Utah colleges and departments to enhance and broaden the area of translational medicine. This team approach into the study of diseases will help turn research discoveries into drugs and medical devices that benefit patients.

“The scope of research and technical expertise in the JMEC now far transcends the study of vision and extends into systemic disease biology, cancer research, brain plasticity, gene therapies, new imaging technologies and new molecular tools. The collaborative relationships of our faculty range from physics and computer sciences to bioengineering and infectious diseases. It is fitting to encompass this ever-broadening scientific horizon in The Vision Institute, with its far larger scientific and translational missions,” said Robert Marc, Ph.D., Director of Research at JMEC.

Palliative Care Services Dedicates Three Hospital Suites for Care of Terminally Ill

Palliative Care Services at University Hospital, a service managed by the University’s Department of Internal Medicine, dedicated three new hospital suites to the care of terminally ill patients and their families at a ribbon cutting ceremony on April 7.

With the generous support of a $55,000 grant from the Hearst Foundations, the hospital suites were renovated to provide a comfortable and peaceful environment for patients on their way out of this life, as well as their family members. The rooms have a fold-out couch bed, multiple chairs, a mini-fridge, and medical equipment carefully tucked behind cabinet doors. In addition to the renovated rooms, the grant also funded palliative care education for the nurses and family members of these patients.

“In the dictionary, palli means to cover, encompass or mitigate. But to me it means being able to sit down with patients and families and be able to talk about what their choices are,” said Ginger Marshall, advanced care nurse practitioner and program director of Palliative Care Services. “It is our job to give them information so they can make an informed decision.”

Any patient who is suffering from a chronic or terminal illness has the choice to receive palliative care. “We have a multi-disciplinary, interactive program comprised of physicians, nurses, social workers and clergy who come together as a team to try to improve the quality of life for these very deserving patients,” said John R. Hoidal, M.D., chair of the Department of Internal Medicine.

Palliative Care Services was established in 2006 to address the physical, spiritual, and emotional needs of patients with life-threatening and chronic illness. Since its beginnings, the program has cared for more than 1,000 patients, providing 24/7 service, family support, education, and continuity through transitions in care.

The John A. Moran Eye Center Approved for New Vision Institute

Multidisciplinary collaborations will accelerate conversion of basic research into new patient treatments.

The John A. Moran Eye Center (JMEC) announces the establishment of a Vision Institute which bridges research efforts across University of Utah colleges and departments to enhance and broaden the area of translational medicine. This team approach into the study of diseases will help turn research discoveries into drugs and medical devices that benefit patients. The Vision Institute includes the establishment of the Moran Center for Translational Medicine. “Our goal is the acceleration of the translation of basic scientific discoveries to clinically effective diagnostics and therapies for the treatment of devastating eye disorders such as age-related macular degeneration and glaucoma, as well as other diseases with shared etiologies,” said Randall J Olson, M.D., professor and chair of the Department of Ophthalmology and Visual Sciences at the U of U and CEO of JMEC.

Gregory Hageman, Ph.D., professor of Ophthalmology and Visual Sciences leads the Moran Center for Translational Medicine. “Research activities must reach the ‘marketplace’ to have an impact on patient care. Developing partnerships through The Vision Institute is key to making this happen and will help us to develop coordinated strategies and provide a thorough understanding of disease biology,” says Hageman.

Worldwide research, along with findings from JMEC indicates many of the most serious blinding diseases are often accompanied by the presence of a distinct set of coexisting or additional diseases, called comorbidities. Genetic study of the various diseases and their respective comorbidities shows diseases of the eye often affect multiple organ systems, rather than being limited to ocular tissues. To understand these diseases JMEC works with a variety of other research disciplines and clinical specialties.

“The scope of research and technical expertise in the JMEC now far transcends the study of vision and extends into systemic disease biology, cancer research, brain plasticity, gene therapies, new imaging technologies and new molecular tools. The collaborative relationships of our faculty range from physics and computer sciences to bioengineering and infectious diseases. It is fitting to encompass this ever-broadening scientific horizon in The Vision Institute, with its far larger scientific and translational missions,” said Robert Marc, Ph.D., Director of Research at JMEC.

Randall Olsen, M.D. and Gregory Hageman, Ph.D.
Dr. Betz, who is the Senior Vice President for Health Sciences, Executive Dean of the School of Medicine, and CEO of the University of Utah Health Care will lead the University until a new President is appointed within the next year. Dr. Betz also served as Interim President in 2003-2004. “We know from his tremendous service over the past 12 years that Dr. Betz is perfectly suited to fill this role and ensure that the University of Utah will continue to move forward while we search for a new President,” said State Board of Regents Chair David Jordan. Since his arrival in Utah, Dr. Betz has provided exemplary leadership and planning for the medical campus, hospitals, clinics and institutes.

Dr. Betz delayed his previously announced retirement this summer, and functioned in both roles for two months until Dr. Vivian Lee replaced him in the Senior Vice President of Health Sciences position on July 1, 2011.

In 1999, Dr. Betz was appointed as Senior Vice President for Health Sciences, Dean of the School of Medicine and CEO of the University of Utah Health System. Previously he had served as the Interim Dean at the School of Medicine at the University of Michigan. He holds faculty appointments in the Department of Pediatrics, the Department of Neurobiology and Anatomy, and the Department of Physiology. He served a residency and research fellowship at the University of California, San Francisco after receiving his M.D. and Ph.D. in Biochemistry and Physiology from the University of Wisconsin in 1975. He also has a B.S. in Chemistry from the University of Wisconsin.

Regent Nolan Karras, a former two-term State Board of Regents Chairman and former Speaker of the House of Representatives, will lead the search committee for a new President. Karras was appointed to the Board of Regents in 2001 and served as Chair from May 2001 through June 2006. Other search committee members, who will include other Regents and representatives of the University of Utah Board of Trustees, faculty, students, alumni and community members, will be announced soon.

Lorris Betz, M.D., Ph.D. Appointed Interim President of University of Utah

For the second time in his 12-year tenure at the University of Utah, the State Board of Regents, in consultation with the University of Utah Board of Trustees, appointed Dr. Lorris Betz as Interim President of the University, effective Monday, May 16. This appointment comes after the announcement that President Michael Young was selected as the new President of the University of Washington.
Most recently Vice Dean for Science, Chief Scientific Officer, and Senior Vice President at the New York University (NYU) Langone Medical Center, Lee was selected after a nearly yearlong search to succeed Lorris Betz, M.D., Ph.D., who has led the U’s health sciences since June 1999. In addition to the senior vice president post, Lee also will serve as dean of the University of Utah School of Medicine and as CEO of University of Utah Health Care. Search committee chairman, John J. Zone, M.D., professor and chair of dermatology, said Lee’s record of accomplishments made her the outstanding candidate for the Senior Vice President position. “Beyond that, it was her vision for leading the University’s health sciences programs into an exciting and challenging future that, ultimately, made her the consensus choice among an exceptional pool of national applicants.”

Raised in Norman, Okla., Lee graduated magna cum laude from Harvard-Radcliffe Colleges with a bachelor of arts in biochemical sciences, and then earned a doctorate in medical engineering as a Rhodes Scholar at Oxford University. She returned to Harvard for medical school, followed by a residency in diagnostic radiology at Duke University and a fellowship in MRI at NYU. She joined the NYU medical faculty in 1998, and received a master’s in business administration from NYU’s Stern School of Business in 2006. In 2007, Lee was appointed NYU Langone Medical Center’s inaugural vice dean for science, and she has since overseen the development and implementation of an ambitious research strategic plan, launched six new centers of excellence in translational and interdisciplinary research, strengthened administrative infrastructure and core research facilities, and created extensive faculty development and training programs. During her tenure, NYU Langone has experienced a significant increase in National Institutes of Health (NIH) research funding, with one of the top growth rates in the nation, and has recruited more than 65 new research faculty. Responsible for technology transfer, she has overseen the development of a new venture capital fund for research at NYU, which has led the nation in licensing income for most of the past decade.

A distinguished researcher, Lee has authored more than 130 peer-reviewed studies and written a textbook on cardiovascular MRI. Her laboratory brings in more than $2 million annually in NIH research funding. Lee’s work focuses on developing new quantitative methods for studying kidney and vascular function using MRI and applying these to improve patient diagnoses. She is a recognized leader internationally, having served as president of the International Society for Magnetic Resonance in Medicine, the pre-eminent 6,000-member organization in that field, and in 2009 she received the Chang-Lin Tien Education Leadership Award. The recipient of several teaching awards, Lee has mentored dozens of clinical fellows, residents, graduate students, and postdoctoral fellows.

Lee sees great potential at the U based on the impressive trajectory of the past decade and believes innovation will be the key to addressing the challenges facing health care.

“The University of Utah is a remarkable place that is held nationally in the highest esteem—for the quality of its clinical care, for outstanding research in a broad range of areas from basic sciences to clinical research to community health, and for training top-notch scientists and health care professionals,” Lee said. “Utahns aren’t afraid to roll up their sleeves, tackle difficult problems that others find daunting, and come up with strong, creative solutions. I am excited and honored to be joining this extraordinary institution.”

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Vivian S. Lee, M.D., Ph.D., M.B.A., Joins University As Senior Vice President For Health Sciences

Vivian S. Lee, M.D., Ph.D., M.B.A., an accomplished MRI radiologist and scientist, brings her considerable abilities as a physician-scientist and administrator to the University of Utah as the new senior vice president for health sciences.
James O. Mason, M.D. ’58 Joins Alumni Association Board

Dr. Mason was born in Salt Lake City, attended West High School and received B.A. and M.D. degrees from the University of Utah in 1954 and 1958. He served an internship in medicine (Osler Service) at the Johns Hopkins Hospital in Baltimore and was a resident in Internal Medicine at Peter Bent Brigham Hospital, Boston. He received the Dr.P.H. degree from Harvard University in 1967.

He directed the multiple hospital corporation owned by the Church of Jesus Christ of Latter-day Saints from 1970 until 1975. He was associate professor and chair of the Division of Community Health at the University of Utah College of Medicine from 1978 until 1979. He served as the executive director of the Utah Department of Health from 1979 until 1983 and from 1983 until 1989 as director of the Centers for Disease Control and Prevention (CDC).

From 1989 until 1993 he was Assistant Secretary for Health in the Department of Health and Human Services and in 1990 through 1992 was the United States delegate to the World Health Organization (WHO). From 1994 until 1999 he oversaw the religious activities of the Church of Jesus Christ of Latter-day Saints throughout sub-Saharan Africa. He retired as President and CEO of Avalon Health Care, Inc. in September 2007.

He is married to the former Marie Smith and they are the parents of seven children, twenty-seven grandchildren and twenty-three great-grandchildren.

Dr. Mason appreciates the excellent education he received at the University of Utah School of Medicine and is honored by this opportunity to serve on the Alumni Board.

Half Century Club Gathering

In early June, Half Century Club members gathered together at the University Guest House for their annual luncheon. Approximately 100 individuals attended the luncheon, making it the most successful of Half Century programs. Dr. James Mason greeted all returning alums from the class of 1960 and earlier and introduced Lorris Betz, M.D., Ph.D., Sr. Vice President of Health Sciences and Interim President of the University of Utah. Dr. Betz shared with Half Century members the background of Vivian S. Lee, M.D., Ph.D., M.B.A., who will be assuming the Sr. Vice President of Health Sciences, Dean of the Medical School and CEO of the University Health Care System position at the University of Utah on July 1. Dean David J. Bjorkman, M.D. also mingled with the alumni and joined them for lunch and to hear the presentation by Dr. Geoff Tabin.

Dr. Tabin’s presentation Impossible Dreams: The East Face of Mt. Everest and Eradicating Blindness reviewed his intriguing career in ophthalmology, his experience climbing the highest mountain peaks on the planet, (he is the seventh person in history to climb the Seven Summits) and his desire to help eradicate blindness throughout the world.

Dr. Tabin is a professor in the Department of Ophthalmology and Visual Sciences at the University of Utah and serves as Director of International Ophthalmology at the Moran Eye Center. In 1995 he co-founded the Himalayan Cataract Project (HCP) with Dr. Sanduk Ruit. This past year, Dr. Tabin and doctors and technicians who received training at the Moran Eye Center,
Half Century Club Committee Goals:

• Advising and assisting in obtaining greater involvement of Half Century Club members in the annual luncheon and other alumni functions.

• Encourage participation in both social and educational activities; seeking to influence and engage the school, while helping with programs and projects that aid in development and assure academic excellence.

• Help create a partnership between the Half Century Club, Medical Alumni Association and the School of Medicine to address the medical education needs of the State of Utah.
Class of 1961

George Jutila, M.D.
George Jutila, MD is still practicing medicine in Fortuna, California with no plans to retire. He and his wife, Sylvia, have lived in Fortuna since 1964 after he completed a year’s internship in Duluth, Minnesota and two years in the Air Force. In 2009 Dr. Jutila received the Plewnier Award for outstanding country physician in California. Twenty-five of Dr. Jutila’s family, including children, spouses, grandchildren, and one great grandchild attended.

Class of 1976

David Clayton, M.D.
Dr. Clayton and his brother John practiced plastic surgery together with their father, Dr. John L. Clayton, until his father retired in 1997. The brothers then continued their practice together as Clayton Plastic Surgery until July of 2010, when they left private practice and joined Scott Lindley to practice with Intermountain Health Care (IHC). They are now located in Sandy in the new IHC office building by Alta View Hospital. Dr. Clayton is still happily married to Allison and they have five grown children and seven grandchildren.

Class of 1987

Roberto Nang, M.D.
Dr. Nang lives in Mechanicsburg, PA. He works at the U.S. Army War College in Carlisle, PA as the Senior Advisor, Medical Services and Public Health for the Peacekeeping & Stability Operations Institute.

Class of 1991

Scott Unice, M.D.
Dr. Unice is living the Dream! He resides in Lindon, Utah with his great wife and three boys. He likes to have fun every chance he gets! Time has gone by too fast!!

Class of 1993

Martha Morgan, M.D.
Dr. Morgan ended her work at Dartmouth Hitchcock Clinic in Concord, New Hampshire in April 2011 and is doing locums works in Maine while considering returning to Indian Health Services or a rural practice in the West so she can spend more time with her first grandchild, Amelia, and Amelia’s parents in Seattle, Washington. She also has a daughter, Erin, who works for amazon.com in the textbook division. Dr. Morgan is proud to announce that her student loans are finally paid off!

Class of 2001

Michael Foutz, M.D.
Michael Foutz, MD resides in Idaho and he and his wife are expecting their sixth child this summer. He is looking forward to alumni weekend. He now has two physician partners and just hired a PA. He is also medical director of Family Home Hospice, Associate Professor of Family Medicine at the University of Washington, and Physician Supervisor of a counseling agency, Access Living. Dr. Foutz continues to interpret Vietnamese at the hospital and assisted on a medical mission to Hai Phong, Vietnam for two weeks in April.

Class of 2007

Luke Linscott M.D.
Dr. Linscott has been living in St. Louis, Missouri for the last three years with his wife Carrie and their three children where he is training in Radiology at the Mallinckrodt Institute of Radiology. In 2012 Dr. Linscott will be moving to Cincinnati, Ohio for a pediatric radiology fellowship.

House Staff News

Cecil Holliman, M.D., Housestaff ’83
Dr. Cecil Holliman currently lives in Hershey, Pennsylvania with his wife Karen. Dr. Holliman was awarded the “Humanitarian Award” from the International Federation for Emergency Medicine in Singapore in June 2010 and also received the “Individual Achievement in International Emergency Medicine Development Award” from the American College of Emergency Medicine in October 2010 for his work in developing emergency medicine in other countries.

In Memoriam

Richard H. Anderson, M.D.     MD 1945  20 Nov  2010
L. Whitney Clayton, M.D.      MD 1947  28 Mar 2011
Gordon Petty George, M.D.     MD 1978  04 Dec  2010
Samuel N. Grossman, M.D.      MD 1946  24 Nov  2010
David G. Limburg, M.D.        MD 1972  04 Apr  2011
Robert D. Matheson, M.D.      MD 1951  27 Dec 2010
Wayne A. Mineer, M.D.         MD 1958  26 Apr  2011
Blaine H. Passey, M.D.        MD 1950  05 Feb  2011
Le Grande J. Phelps, M.D.     MD 1963  25 Dec  2010
David Seligson, M.D.          MD 1946  03 Mar 2010
D. Lowry Smith, M.D.          MD 1950  15 May 2011
Transitioning Into Practice

Wednesday, October 26, 2011
5:00 p.m. - 9:00 p.m.
Alumni Hall at the Spencer F. and Cleone P. Eccles Health Sciences Education Building (HSEB)

The curriculum will include the following:

• Financial Stewardship
• Employment Contracts
• Strategies for Success in Practice and in Life
• The Search and The Interview
• Panel Presentation:
  “What I Know Now That I Wish I'd Known Then”

Presented by: The University of Utah School of Medicine Alumni Association in collaboration with the University of Utah School of Medicine Graduate Medical Education office.

Questions? Call Kristin Wann Gorang at 801-585-3818 or email kristin.gorang@hsc.utah.edu.

Do you have an idea for an article in Illuminations?

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

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

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

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