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2012 Alumni and Community Weekend September 13-15
Illuminations
The Magazine for the University of Utah School of Medicine Alumni and Friends

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Collectively, the class of 2012 earned 50 Ph.D.s, 100 M.D.s, 121 master’s degrees, and 26 bachelor’s degrees. Among our physician graduates, 97 students (35 women and 62 men) matched with 60 training programs representing 19 different specialties (37 students matched in primary care) in 28 states.

I’m pleased to report that 30 graduates will be staying in Utah for part or all of their residency training. I may be a little biased, but I can’t think of a group of graduates that has more potential to do so much good. I believe this generation of students will put the United States back on the top of the chart – not for health care spending but rather for unparalleled quality of care and unrivaled quality of science and discovery. They are innovative and creative and can help transform the future of health care in this country.

Why am I so confident? Because I’ve already seen these students in action – presenting real-world, cost-effective solutions to common everyday clinical problems as part of the medical school’s annual Bench2Bedside competition. This year’s event (conceived of and run by students) featured 14 teams comprised of over 80 medical, engineering, and business students. The teams were given $500 to work together off-hours to identify a clinical problem and develop a solution. After only six months, the results were innovative, practical, and in many cases I expect will find their way to the marketplace soon. It was an important reminder that when we give our students the opportunity to run with new ideas the results can be inspiring.

While the quality of our graduates will always be our best measure of our success, it’s always nice when someone else validates our hard work as well. Every spring U.S. News & World Report ranks what they consider to be the “best” graduate schools in the country and this year the medical school made some important gains. Most notably, our Physician Assistant Program (run through the Department of Family and Preventive Medicine) ranked No. 2 in the country, and the medical school climbed a few spots to be ranked No. 21 in the nation for primary care, and No. 48 for research. Our colleagues in the College of Pharmacy set the bar high this year with a No. 10 ranking for their training programs, a goal I think is within reach for the medical school in the coming years.

In future issues of Illuminations, I’ll share with you a more detailed update of our efforts to restore, and expand, our medical school class size. In the meantime, I can report that this year’s legislative session gave me the opportunity to meet with, and hear from, many of our lawmakers. I left those meetings confident they recognize the important role we have as the foundation for medical education in Utah, and I’m optimistic that our efforts in the coming years to restore and expand the class size will be successful.

I’m also pleased to report that plans for the University’s new dental school are on track and we expect to enroll our first class of 20 students in the fall of 2013. This summer we will finalize the design and location of the school’s new home.

As always, I love hearing from alumni and encourage you to contact me through the alumni office if you have a specific question, thought, or memory you’d like to share. I also hope you’ll take a minute to visit our redesigned School of Medicine Web site at http://medicine.utah.edu, where you’ll find a link to our alumni page and a chance to learn what’s going on across the health sciences.

Best wishes,

Vivian S. Lee, M.D., Ph.D., M.B.A.
Alumni President’s Message

“See one, do one, teach one.”

I was reminded of this old adage recently as I read that this principle, integral to the medical teaching model, is now being applied in law schools. Seeing (or hearing) and doing are crucial to the learning process. But teaching the concept or technique in question forces understanding of the material, moving it from short-term to long-term memory.

Our current issue of Illuminations is full of articles on new ways of seeing, doing, and teaching: interesting models of learning and practicing; and training programs that span the range from undergraduate to highly subspecialized. In research, for example, the Academic Associate Program, developed by the Dept of Pediatrics, is an undergraduate program that allows pre-professional students to not only receive didactic instruction and mentoring from clinical researchers, but to actually assist with patient enrollment, consent, and data collection. On the other end of the spectrum, the elite NeuroNEXT program, for which our Department of Neurology recently received funding, is a 25-member consortium to translate neuroscience research into clinical practice. In this issue Assistant Dean of Admissions, Dr. Ben Chan, discusses the process of medical school admissions and explains the “formula” that mandates the number of students admitted from various categories and geographic locations; also included are reports and photographs of events at the far end of the medical school admission process: Match Day and graduation.

In the realm of clinical practice, University of Utah alumni have established two very different clinics designed to provide primary care. Dr. Catherine Wheeler's Women's Midlife Assessment Clinic provides a range of services for women entering menopause. This “one-stop shopping” model allows women around the time of menopause to address multiple health concerns in a single day spent with several specialists. Kristin Wann Gorang's interview with Dr. Mansoor Emam provides a look at two free clinics he helped open to assist those who struggle to afford medical care in our community. Volunteer efforts of SOM students and alumni are crucial to the ongoing success of these clinics, as are generous financial and in-kind donations from many in our community.

Learning and practicing medicine in all its diversity has been forever changed and enhanced by information technology, which is evident by the recent approval of a medical subspecialty in Clinical Informatics. The University of Utah's noted Department of Biomedical Informatics, as described in this issue, has helped develop certification exams in this area. However, long before there were computers in the classroom, clinic and hospital wards, there were impressive clinician scholars and researchers who equally changed our practice of medicine. These experienced clinicians provided the gift of allowing medical students and trainees to watch them at work. I recently compared notes with some of my oldest colleagues about the ways our mentors have influenced us—even some of the words we still say to patients decades later came straight from their mouths. Some of those mentors are celebrated in articles on the latest Dean's Roundtable with Dr. Cecil Samuelson, the Distinguished Alumni Awards, and in other articles in the News Notebook and Alumni News.

On this 107th anniversary of the founding of the University of Utah's first 2-year medical program, and 68 years after the founding of the 4-year medical school, the Alumni Association acknowledges the many pioneers who have left as their legacy new ways of seeing, and doing, and teaching medicine at the University of Utah.
Offering Hope

Mansoor Emam, M.D., ’90 and the Hope and Maliheh Clinics

By Kristin Wann Gorang, Director, School of Medicine Alumni Relations

As I walked through the parking lot to the front door of the Hope Clinic in Midvale, Utah I couldn’t help but notice the large crowd of people sitting outside by the entrance. Walking past them I opened the door and found myself in a full waiting room, every seat occupied and people standing along the sides. I introduced myself at the front desk saying I was there to interview Mansoor Emam, M.D., one of the founders of the clinic and an internal medicine/ emergency room doctor. Jane Powers, the volunteer RN clinical director, gave me a hug, informed me they don’t shake hands at the clinic, they dispense hugs, and led me back through numerous volunteer staff and patients to a small, also crowded office space. My goal was to find out, “What is the Hope Clinic, and who do they serve?”

The Hope Clinic, which opened June 2010, is the second privately funded free clinic in the Salt Lake Valley. The first clinic, Maliheh Free Clinic, sponsored by Khosrow Bayegan Semnani, a Utah businessman and founder of Envirocure (now Energy Solutions) and founded by Dr. Emam was opened in 2005. The Hope Clinic’s new building was generously donated by Holmes-Roberts Construction firm in honor of the late John Edward Holmes. He was Mansoor Emam’s previous patient and a treasured friend. The clinic’s mission is to serve uninsured individuals not being poor or old enough to qualify for Medicaid or Medicare, but still unable to afford insurance premiums or to pay for expensive prescription medications. This causes many to delay preventive care or to use the emergency room for an expensive visit when a preemptive clinic visit might have sufficed.

The anxiety of not having medical insurance and being unable to pay for medical care puts a huge strain on these families, an under-appreciated side effect that is often not addressed by our current healthcare system.

So how did Mansoor Emam, an immigrant from the small village of Dezful, Iran, get into the business of opening free, primarily volunteer-staffed clinics in Utah to serve this clientele? First I think it is important to realize that Dr. Emam views basic and preventive medical care as a right for all individuals, not a privilege for the wealthy. He feels that a 12-year old immigrant he saw with a mouth deformation that could have led to suffocation is an excellent example. “How,” he asks, “can she earn the privilege to receive care? She can’t; it has to be a right.” Second, one must know of his childhood to understand how he came to this philosophy.

Dr. Emam views basic and preventive medical care as a right for all individuals, not a privilege for the wealthy.

Mansoor, the son of a philosopher father and a homemaker mother, grew up in Dezful in the 1960’s and 70’s. At that time, medical care was virtually non-existent for the villagers. Seeing individuals suffer from lack of medical attention was the seed that began his
life-long dream of becoming a doctor; to aid impoverished individuals who couldn’t afford fundamental medical care.

At age 18 he immigrated to the United States to learn English and attend college at the University of Utah and Weber State, graduating from Weber in 1978. After working in the University of Utah labs of Ernest Eichwald, M.D.,’53 and Gerald Krueger, M.D., he started medical school. After graduating in 1990 he served an internship at the Yale/Norwalk internal medicine program and then returned to LDS Hospital to complete his internal medicine training from 1991-1993.

In 1994 he began to work with Utah Emergency Physicians and Intermountain Health Care (IHC), both of which he continues to work for today.

While in medical school, he met Khoesrow Semnani, a successful businessman who generously offered to pay for one term of his medical school when he couldn’t afford the tuition. As Emam’s ER career developed he felt a growing frustration for the patients who sometimes presented with catastrophic illness that could have been managed with a little primary care. He also witnessed those who were suffering the consequences of not filling prescriptions due to cost. Mr. Semnani and Dr. Emam shared many conversations about what they could do to help. How could they meet the needs of those who fell between the cracks by being ineligible for Medicaid but unable to afford medical insurance? In late 2004 the Semnani Foundation purchased the building for a clinic and set aside start-up funding for its operation. Other organizations such as Geneva Rock, Holmes-Roberts Construction, IHC, the Rafati Foundation, and the University of Utah also contributed supplies and services to get the clinic up and running. In May of 2005 the Maliheh Clinic opened its doors in South Salt Lake dedicated to Maliheh, Semnani’s grandmother, a seamstress who was always willing to assist others in need. In Farsi, Maliheh means comfort and beauty, which they felt was very appropriate for the clinic’s mission.

Shortly after opening Maliheh Clinic, they were seeing 60 to 80 patients a day, (currently the clinic sees close to 100 a day) and the waiting list grew to six months. There were a few core paid staff, but the majority of workers were volunteers including physicians, nurses, physician assistants, mental health specialists, translators, front office staff and pharmacists. The University of Utah became involved with many of its medical, pharmacy and nursing students rotating through and donating volunteer hours.

Currently there are between 300,000 and 400,000 medically uninsured individuals in Utah. As the waiting list swelled at Maliheh, with many patients still not served, Emam knew that free clinics could not solve the issue of the uninsured in Utah. However, he believed that sitting back and deciding it was beyond fixing was not the right choice, especially since he saw the difference the clinic made in the lives of the patients they were able to assist. So once again he began talking to his network of medical providers and business people and in 2010 Holmes-Roberts Construction donated the building for the Hope Clinic in memory and honor of its founder, John Edward Holmes. IHC stepped up by once again providing equipment for the clinic and committing free lab work, as well as availability of imaging resources and specialists for its patients.

In January of this year The Hope Clinic received a generous, $1,000,000 donation from Dr. Emam’s patient, Fred Farago to endow a fund for the clinic. The expendable earnings from this endowment will help pay for some of the clinic’s expenses in the future.

The Hope Clinic is a unique and different model than Maliheh, in that it is run 100 percent by volunteers. There is no paid staff. It is currently open two days a week for primary care as opposed to Maliheh’s five-day schedule. The cost to run Hope in 2011 was $68,000 as opposed to Maliheh’s $600,000, mainly due to the generous volunteer dedication and support eliminating the need for salaries.
The crowded waiting room and controlled chaos I experienced when visiting the clinic is how it is every day. Since 2005 there have been 120,000 patient visits between the two clinics. The caller ID frequently records over 500 calls a day and approximately 200 patients walk through the doors of the clinics daily. Eight to twelve volunteers donate their time daily; adding up to over 700 volunteer hours donated each week. Recently the Maliheh Clinic expanded its five exam rooms to eight and added a larger triage area and waiting room. This enabled them to be open five days a week instead of their original four-day a week schedule and they are now looking to expand their psychiatric services.

The majority of visits are for managing chronic diseases that are often untreated or undertreated in this population due to the costs of care and medication. Data collected at the clinic documents that over half of the patients suffer from diabetes, high blood pressure, hyperlipidemia and metabolic syndrome or a combination of the above. Untreated, these illnesses lead to complications such as blindness, kidney failure, neuropathy, lost limbs and stroke. Because of this the medical services most needed are those provided by family medicine doctors, internists and pediatricians, though the clinics have many other specialists who assist both at the clinic and for referral care. They also provide physical therapy assistance, mental health care and even some legal aid counseling when needed. Evening programs are available for learning how to live with diabetes. Some of the patients smoke, leading to a variety of cancers, heart disease and chronic obstructive pulmonary disease. Clinic volunteers work to educate patients on the scientific facts of the health harms of smoking and refer them to free programs such as the State of Utah’s free Smoking Quit Line, from which Maliheh Clinic won an award for being the clinic state-wide with the most referrals.

The clinic gets assistance from many pharmaceutical companies through the patient assistance programs as well as benefits from the retail chains that have programs whereby patients can get hundreds of generic medications for chronic conditions for four dollars a month, which most of the patients can afford. Emam believes that along with primary medical check-ups, lab work and diagnosing disease, a large part of the clinic’s mission is educating patients as to what assistance programs are available such as Medicare, Medicaid, Utah Department of Health’s Primary Care Network (PCN) or Children’s Health Insurance Program (CHIP) and to help them complete the paperwork necessary if they are eligible.

The clinics are where basic health needs can be evaluated and prioritized, necessary lab tests can be done and medications, follow-up and sub-specialty care can be arranged. For about 70 percent of the patients the clinics are a stop-gap place to go for medical care until they are able to get a job and afford their share of a healthcare premium or find other community resources. For about 30 percent of the patients the Maliheh and Hope Clinics are the only care providers.

Clinic patients come from various backgrounds and situations. Seventy-nine percent are U.S. citizens or U.S. residents, 60 percent have full-time or part-time employment, while 40 percent are either unemployed or only seasonally employed. Forty-five percent are Latinos, 11 percent are Polynesian, 34 percent are Caucasian, and the rest come from a variety of ethnic and racial backgrounds.

Emam is proud that 96 cents of every dollar spent goes to patient care. He attributes this to the great volunteers who staff the clinics and the immense support they receive from the greater community. The programs would not work without the many dedicated volunteers who donate their time and the many businesses who give money and in-kind supplies. He knows this is not the answer to the healthcare problem; but, he believes, the clinics provide a safety net for many individuals in Salt Lake City and are a resource and a bridge for patients needing ongoing care. Because three days in the ICU at a hospital equals one month of running Hope Clinic, he believes the savings in dollars along with lessening the human suffering is well worth the effort.

Mansoor Emam, M.D. and volunteer nurse Dannette Lyman, R.N.

If you are interested in learning more about the Hope or Maliheh Free clinics, volunteering at, or donating to the clinics, visit their websites for contact information:
This patient is typical of those seen at the Women’s Midlife Gynecology Clinic at the University of Utah. Women who present to this clinic tend to have either medical comorbidities that affect treatment choices, have had difficulty identifying a treatment regimen that improves their symptoms to a tolerable level, or have significant side effects from their treatment regimen.

In the decade since the Women’s Health Initiative (WHI) data was initially presented, the clinical management of menopause and use of hormone treatment has dramatically changed. Women and healthcare providers are becoming much more loath to use estrogen alone (ET) or with progestins (EPT) and the use of bio-identical hormones and alternative/complementary treatment has dramatically increased. Currently, it is generally recommended that estrogen treatment be individualized based on severity and tolerability of menopausal symptoms balanced against the risk of the treatment, using the lowest dose and safest route that improves the symptoms to a tolerable level, for the shortest amount of time needed. Progestin is added to protect the uterus, when present, from endometrial hyperplasia and endometrial cancer.

The FDA currently approves estrogen with or without progestin for treatment of moderate to severe vasomotor and vaginal symptoms of menopause and for prevention of osteoporosis in women at high risk. Estrogen is not recommended for prevention of coronary heart disease or for treatment of osteoporosis. As is true of all medication, the benefits and risks of ET and EPT should be considered, as well as co-morbidities, before initiating treatment. In the WHI, risks and benefits were related to age and time since menopause at initiation of ET and EPT. Observational studies have indicated that using a transdermal route for estrogen delivery, and lower doses of estrogen, decrease the incidence of venous thrombotic events (VTE) and stroke. North American Menopause Society published a position paper in 2012 which provides an excellent summary of current literature and recommendations, available on the website www.menopause.org. The chart to the left, may be helpful in counseling patients.

Discussion of “Concerned Patient”

According to current STRAW +10 staging criteria (Harlow et al, Executive Summary of the Stages of Reproductive Aging Workshop + 10, Menopause 2012; 19:4: 1-9), our patient is in late menopause transition. Several factors need to be considered in her management.

Do her symptoms require treatment, and what is the best way for her to manage them? First, do they negatively affect her quality of life enough to consider treatment? ET or EPT continues to be the most effective treatment for vasomotor (VMS) and vaginal symptoms of menopause. However, lifestyle changes, such as stopping smoking, limiting alcohol, dressing in layers, using a fan in the bedroom, getting adequate
sleep, losing weight, regular aerobic exercise, relaxation techniques, and yoga have all been demonstrated to decrease bothersome VMS. Some women have improvement of more severe symptoms with high quality soy products and black cohosh. Quality and dose reliability vary significantly between products. Progestin may decrease VMS, especially at night, as progesterone may cause drowsiness. Non-hormonal management might include certain antidepressants, such as venlafaxine (a SNRI which does not interfere with tamoxifen) or a selective serotonin reuptake inhibitor (SSRI); or gabapentin. The most effective management, however, is estrogen.

What is the balance between risk and benefit for this patient with EPT? Her significant risk factors include:

a. Sister with early onset breast cancer at 43 years. Based on her early onset of breast cancer, her sister is a candidate for BRCA mutation testing. If her sister is a carrier, the patient has a 50% risk for carrying the mutation also, and should be offered testing. If she is a carrier, we would not recommend EPT for management of her symptoms. If she is not a carrier, her family history is not an absolute contraindication to EPT, but she does carry a higher that average risk of breast cancer. EPT in the general population carries the increased risk of breast cancer if use is longer than 3 to 5 years (additional 8 per 10,000 patients per year); this risk is not seen with ET used for up to 7 years.

b. Family history of osteoporosis in two sisters. Prevention of osteoporosis is an approved indication for EPT. Given her additional risk factors for estrogen use, it would benefit this patient to assess her bone density and offer treatment with a bisphosphonate if she has an elevated risk by FRAX score or a diagnosis of osteoporosis based on her bone densitometry. Certainly educating and counseling on healthy lifestyle measures for prevention of osteoporosis and falls is indicated for this patient and all midlife and menopausal women.

c. Family history of VTE and Factor V Leiden (2 siblings and parent). The patient should be screened for Factor V Leiden. If she carries the mutation, she is at increased risk of VTE and Cerebrovascular Accident (CVA) if she is placed on EPT and other treatment options should be explored, as above. Even if the patient does not carry the mutation, she may remain at a poorly delineated increased risk of VTE due to the family history and should factor this into her decision. The risk of VTE in observational studies decreased with lower dose and with transdermal route. Systemic progestin potentiates the risk of VTE. While the FDA does not approve the Mirena, an IUD that releases progestin, for endometrial protection post menopause, it has been demonstrated to be as efficacious as progestin in continuous EPT regimens and might be offered in combination with ET as an alternative to EPT to decrease VTE risk should she choose to begin estrogen treatment.

What about her doctor’s claim that estrogen will protect her heart? The WHI was a randomized control trial, which enrolled generally healthy postmenopausal women 50 to 79 years of age, as a prevention trial, not for treatment of symptoms. There was one route of delivery of hormones (oral), one form of estrogen (conjugated estrogen), and one form of progestin (medroxyprogesterone acetate). The mean age at initiation of treatment with WHI was 63 years, as compared to 52 years in observational studies. Mean time since menopause in WHI was > 12 years, and in observational studies was 1 to 3 years. In the WHI, timing of initiation of treatment is the critical factor in CHD risk. For women 50 to 59 years at initiation, and < 10 years since menopause, there is non-significant protection against heart disease (RR=0.89). There is an increased risk of CHD in women > 10 years since menopause at initiation of treatment. Most observational studies initiating treatment < 55 years old and within 2 to 3 years of menopause show a protective effect of ET and EPT against CHD. At this time, ET and EPT are not approved for prevention of heart disease.

In summary, the information she presents does not include any absolute contraindications to initiation of EPT to manage her symptoms. As she is in late menopause transition, a low dose combined hormonal contraception could also be offered, although it carries similar VTE risk; it would carry the benefit of cycle control, and may decrease VMS until she is menopausal. She has factors that increase her risk of breast cancer and VTE and carries additional osteoporosis risk that EPT would benefit. These risks and benefits, in addition to the risk/benefit of EPT, should be discussed and balanced in counseling. Alternative managements should also be explored and encouraged. Should she choose to initiate an EPT regimen, she should be encouraged to use the lowest dose of transdermal estrogen she can tolerate for 3 to 5 years, and consider using Mirena for endometrial protection. If she chooses a very low dose estrogen regimen, she might consider topical vaginal estrogen in addition, as low dose estrogen might not control vaginal symptoms.
The selection process for admitting pre-medical applicants to the University of Utah School of Medicine is comprised of many key factors. As a state-assisted institution, 75% of the available positions are offered to Utah residents (61 out of 82). In addition, the School of Medicine has contracted with the state of Idaho to accept eight Idaho resident applicants each year. Remaining positions (13 out of 82) are then offered to non-residents who meet one of the three following eligibility requirements: 1) Have significant ties to Utah; for example, having previously lived in Utah, own property in or have family members who live in Utah, an out-of-state resident who attends a private university or college within Utah, etc., 2) apply to the M.D. / Ph.D. program, or 3) be specifically recognized as a member of a population group underrepresented in the physician workforce (Africans and African Americans, American Indians, Alaska Natives, Chamorros, Polynesians including Native Hawaiians, Tongans, Samoans, Filipinos, Tahitians, Maoris, Fijians, Niueans, Palauans; Chicanos/as and Latinos/as including Puerto Ricans, Mexican Americans, Central Americans and South Americans).

With approximately 1500 applications received per year for a class size of 82, the competition for admittance into the University of Utah School of Medicine continues to grow stronger every year. Approximately 115 students are admitted each year, making the acceptance rate 7.5%. It is the goal of the School of Medicine to select a diverse student body who possess not only the learning skills required to succeed in medical school, but understand the core values of commitment to community service, ethical behavior, compassion, leadership and communication skills.

The School of Medicine has established eight specific areas that every applicant must meet before s/he can be considered for an interview. In order to proceed through the admissions process, applicants must achieve at least a minimum level of performance in all eight of the areas and rank average or above in 5 out of the 8. Successful applicants stand out in one or more of these 8 areas: grade point average (GPA), MCAT (Medical College Admission Test) scores, extracurricular activities, community/volunteer service, leadership, research, physician shadowing and patient exposure. Completion of the required criteria then moves the applicant forward into the interviewing process. Applicants are given two interviews with members of the Interview Committee to evaluate the applicant’s strengths and weaknesses and to help determine the applicant’s preparation for medical school. Interviews also determine what lessons were learned by each applicant in all of the aforementioned areas (for example, how did volunteering at a local hospital influence an applicant to become a physician?) Each interviewer then ranks the applicant on a number scale and provides a written evaluation. If there is a wide disparity with the interview score, a third interview will be granted to the applicant. The interview scores and evaluations are then summarized; those with superior ranking and evaluations will progress to the Selection Committee.
The Selection Committee is comprised of faculty, current and retired, as well as current fourth year medical students from the University of Utah School of Medicine. Committee members are randomly assigned files to review and present where the following factors are further evaluated: Diversity of experience, humanitarianism, overall excellence, extracurricular activities, personal comments/statement, letters of recommendation and interviewer evaluations. After significant discussion of each applicant, the committee members grade the applicant in each area. Finally, committee member grades are then combined with the GPA and MCAT scores of each applicant for a final ranking. This final ranking determines which applicants are accepted, placed on the alternate list, or not accepted.

The School of Medicine strives to select a medical school class that will ultimately produce excellent physicians who will contribute to the welfare of the profession and serve the health care needs of the community.

**Why is this important?**

By 2020, there is expected to be a shortage of at least 91,500 physicians (with half in primary care) in the United States (according to the Lewin Group Research, August 2011). Utah’s physician shortage is even more severe than other states in the country. Only 3 states have fewer physicians per capita than Utah (according to the Association of American Medical Colleges).

Two-thirds of all Utah Physicians received either their medical school or residency training at the University of Utah. On average, it takes 7-10 years to fully train a new physician: 4 years in medical school, 3-5 years in a residency, and 1-2 years in a fellowship for subspecialty training.

The School of Medicine receives $26.5 million (only 4 percent of its budget) from the state of Utah. Nationally, the median state support for public medical schools is 14 percent. With state support in the bottom 10 percent in the nation, the school could not absorb a $10 million reduction in Federal supplemental support funding that occurred in 2008. The School of Medicine made the difficult decision to reduce the class size from 102 to 82 at that time.

Having fewer medical students here at the University of Utah not only negatively impacts our own physician supply, it also forces highly qualified Utah applicants to attend medical school out-of-state.

The School of Medicine would like to restore the class size to 102, and then expand to 122. The cost of expanding the class size cannot be funded through tuition increases. Medical education is expensive and tuition is already high. The tuition for in-state students is $29,652 (above the national average of $28,685). The out-of-state tuition is $55,318 (above the national average of $46,899 for private schools).

Recently, the School of Medicine proposed a cost-sharing plan to the Utah legislature for this restoration and expansion. The different departments within the School of Medicine were willing to contribute significant financial support if the school received additional state funding; unfortunately, the 2012 Utah legislature did not approve the restoration or expansion at this time.

The School of Medicine remains undeterred; the restoration and expansion of the medical school class remains one of the primary goals for 2012-2013. The country’s, and Utah’s, growing shortage of physicians is a looming public health crisis. Expanding the class size is an important step in limiting the shortage gap and providing access to excellent health care for Utah citizens.

**With approximately 1500 applications received per year for a class size of 82, the competition for admittance into the University of Utah School of Medicine continues to grow stronger every year.**

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**About Benjamin Chan, M.D.** Benjamin Chan was appointed Assistant Dean of Admissions in April 2012. As Assistant Dean Dr. Chan works with the various committees that admit qualified pre-medical students to our School of Medicine. He also works with pre-medical students and their undergraduate advisors at various colleges and universities throughout Utah and Idaho.

Dr. Chan is an instructor and respected clinician in the Department of Psychiatry. He received an undergraduate degree from Stanford University and attended medical school at the University of Utah. He completed his residency at George Washington University along with a fellowship at the University of Maryland, where he also served as chief resident.

Dr. Chan joined the University of Utah in 2010 as a child and adolescent psychiatrist. He currently works as a hospitalist at the Neuropsychiatric Institute. He treats children and youth with a wide variety of psychiatric problems including depression, anxiety, substance abuse, autism and eating disorders. He will continue his clinical work on a limited basis while carrying out his responsibilities as assistant dean. Dr. Chan has had previous experience serving in the Office of Admissions; he has had three years of interviewing pre-medical applicants, both when he was a fourth year medical student and as a faculty member.

**What Can I do to Help?** Please contact your local Utah State Legislator at le.utah.gov and communicate to them your desire to see a restoration and expansion of the University of Utah School of Medicine class size.
What is the Sleeping Brain Up To?

By Chris Jones, M.D., Ph.D. and Laura Czajkowski, Ph.D.

The Neuro-Biology of Insomnia
Many people, including physicians, still believe three long-held myths about insomnia: 1) patients are exaggerating when they claim to have been ruminating over unfinished obligations or aware of sounds through most of the night despite bed partner observations of apparent sleep, 2) insomnia poses no immediate risk to life or employment status, and 3) insomnia can only be treated with sleeping pills. Fortunately, the last 15 years has seen a quiet revolution in our understanding of how the brain functions during both wakefulness and sleep in people with insomnia. Though these new understandings have not yet directly resulted in fundamentally new treatments they do demand a new appreciation for a) the reality of the patient’s experience of insomnia, b) the psychological, social, and medical consequences of insomnia, and c) the importance of improving and promoting more patient-centered, cost-effective, and long-term treatments. Simultaneously, a new paradigm in neuro-biology that is expected to synergize with insomnia research and treatment has emerged: the notion of brain plasticity and new brain cell production even in adulthood. In other words, despite the apparent rigidity that accompanies aging, even adults can learn new ways of thinking, and of feeling, and thus of sleeping.

Myth #1:
In the morning, most insomniacs can often recall which unresolved problem they fretted over and how frequently household appliances turned on, neighbors’ dogs barked, or motor vehicles went by during their “sleep time.” In some cases, the spouse’s impression of behavioral sleep was “confirmed” by medical sleep laboratory recordings showing sleep brain waves that appeared normal to the human eye. This conclusion changed dramatically when computerized techniques of quantitative brain-wave analysis showed too much high frequency brain wave activity (typical of wakefulness) hidden among the normal sleep brain waves of insomniacs. Subsequent brain imaging studies of sleeping insomniacs revealed the predicted physiological correlate of increased awareness during sleep: abnormally high metabolic activity in the brain’s deep “activating system” but also in the higher “prefrontal area” where complex problem-solving is organized. Though phenomena such as sleep-walking had raised the possibility that the brain was capable of being simultaneously partly awake and partly asleep it was the study of insomnia that dramatized this aspect of brain sleep/wake state control. Subsequent work showed that even rats, presumably “worried” about the scent of a competitor’s urine in their cage, also showed the simultaneous occurrence of wake and sleep brain waves during their usual sleep time. Sleep Medicine specialists now integrate patient descriptions of awareness and memory from sleep into their diagnostic assessment of insomnia.

Myth #2:
Historically, the insomnia complaint has been viewed as an unpleasant symptom of excess worry but of no real medical significance. Furthermore, the vast majority of people with insomnia do not have major depression and probably never will. However, recent epidemiological studies show that worsening insomnia often precedes the onset of major depression and that depressed people are at higher risk of suicide if they also have insomnia. It is thus important for primary care physicians to routinely inquire about insomnia, its severity, and its course. Even in the absence of major depression, insomnia is associated with decreased job performance and/or increased work absenteeism not to mention the sense of physical and emotional fatigue. We now suspect that the latter symptoms are a reflection of a sleep-deprived and fatigued brain, especially in the prefrontal area mentioned above.

Myth #3:
So-called “sleeping pills” have improved in safety and effectiveness over the past two decades but remain problematic for at least three reasons: a) cost, b) side effects (especially in the elderly), and c) a desire of many patients to treat their insomnia (which is usually life-long) themselves. Cognitive Behavioral Therapy for Insomnia (CBTI) is often as effective as, or more effective than, medications especially over long periods of time. In some studies CBTI is more cost-effective than life-long medication use. CBTI is predicated on an old observation: some (NOT all) human behaviors, such as excessive worry and ruminating at night, can be un-learned and replaced with more adaptive thought patterns and feelings. This capacity for brain cells to lose old connections and form new ones is called neural plasticity and persists well into our “senior years.”

The Diagnosis and Non-Drug Treatment of Chronic Insomnia
Insomnia is the most common of all sleep disorders in the general population. Epidemiological investigations suggest that 30% of the adult population report occasional symptoms of insomnia. Chronic or persistent insomnia impacts 10% of the adult population. Insomnia often remains untreated despite its high prevalence and negative impact.

Insomnia refers to a complaint of difficulty falling asleep, frequent and/or prolonged awakenings after sleep
onset, early morning awakenings and non-restorative or poor quality sleep. The sleep disturbance occurs despite adequate opportunity for sleep and is distinguished from self-imposed sleep deprivation. Insomnia is a “24 hour disorder” associated with significant distress or impairment with daytime function. The sleep disruption often coincides with complaints of fatigue, tiredness, diminished energy, low motivation/initiative, decreased attention/concentration, memory impairment and decline with cognitive efficiency and mood disturbance. Actual daytime sleepiness is less common among individuals with insomnia. The majority of insomniacs are unable to nap and remain physiologically activated during the day.

Insomnia contributes to an exacerbation of other health conditions, such as pain complaints, seizure disorder, mood disorders, cognitive disorders and lower self-rated health status. Insomnia can increase vulnerability to errors, accidents at work or driving. It is likely that insomnia impacts marital relationships, family interactions, participation in social activities, performance and productivity at work, emotional regulation and life aspirations. Chronic insomnia is a significant burden for the individual and society as evidenced by reduced quality of life, increased absenteeism, reduced productivity and higher health care costs.

A detailed clinical history is central for a diagnosis of insomnia. Information on premorbid sleep characteristics, specific sleep complaints, chronology of the problem, alleviating and exacerbating factors and response to prior treatment is gathered. It is viewed from a 24 hour perspective and includes the sleep and wake periods, the regularity of the sleep periods from night to night, the sleep environment, behaviors and cognitions that may impact sleep. A thorough medical and psychiatric history is critical given the frequent occurrence of co-morbid conditions. A diagnosis of insomnia requires that the complaint has been present for at least one month and that it is associated with significant waking distress or impairment of daytime function. Sleep diaries, actigraphy (a tool which helps determine sleep patterns and circadian rhythms) and self-report questionnaires are often used to supplement the clinical interview. Polysomnography (overnight sleep study) is not indicated for the initial diagnosis of insomnia.

Cognitive Behavioral Therapy for Insomnia (CBTI) is a successful, empirically validated treatment approach for insomnia. Decades of evidence demonstrate that CBTI is effective, as efficacious as sedative hypnotics, and produces durable outcomes. It is recognized as a first line treatment by the National Institutes of Health Consensus Statement. Emerging data indicates that CBTI is also an effective treatment for chronic insomnia comorbid with depression and contributes to significant improvement with depression. CBTI includes a behavioral component (stimulus control instructions, sleep restriction therapy, relaxation/stress management practices), a cognitive component (restructuring rigidly held cognitions that interfere with sleep, reframing beliefs that impact adherence to treatment and addressing unrealistic expectations about sleep as well as misconceptions regarding the cause of insomnia, the consequences of insomnia and the ability to manage sleep) and recommendations that integrate both behavioral and cognitive components (sleep education and sleep hygiene). It is a multicomponent approach that is individualized to each patient. The interventions are designed to eliminate those factors that maintain or exacerbate the sleep complaint, increase sleep promoting practices and decrease physiological/psychological activation. In practice, CBTI interventions are typically provided in a series of individualized treatment sessions by a trained sleep specialist. The Sleep-Wake Center at the University of Utah is located at 375 Chipeta Way, A 200, in Research Park, (801) 581-2016. The multi-disciplinary center is an accredited member of the American Academy of Sleep Medicine (AASM). In FY 2011 the center served 226 new patients and 334 returning patients, of which 91% were between the ages of 21 and 70. Most insurance plans cover evaluation and treatment of sleep disorders.
University of Utah School of Medicine
2012 Alumni and Medical Community Weekend, September, 13-15, 2012

The SOM Alumni and Medical Community Weekend offers medical alumni and community members 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.edu.utah/alumni.

Thursday Evening, September 13  Medical Alumni Awards Banquet
Grand America Hotel 6:30 p.m. Social, 7:00 p.m. Dinner and Distinguished Awards Program

Presentation of Distinguished Awards

Randall W. Burt, M.D., ‘74
Distinguished Alumni Award
After attending the University of Utah Medical School Dr. Burt completed three years of residency in internal medicine at Barnes Hospital in St. Louis and a two-year fellowship in gastroenterology at the U of U under Dr. James Freston. His work with Eldon Gardner, Ph.D., who described “Gardner syndrome” and with Mark Skolnick, Ph.D., who assembled the Utah Population Data Base, enabled him to make original observations concerning the upper gastrointestinal track of Gardner syndrome and to determine that colonic adenomatous polyps segregated with colon cancer in families with an inherited predisposition to colon cancer. This work indicated that perhaps up to one-third of all colon cancer cases had inherited predisposition as part of their etiology. His work with Ray White, Ph.D. involved the discovery of the APC gene, which is responsible for Gardner syndrome and its parent condition, familial adenomatous polyposis (FAP). This gene was later found to be the first gene mutated in over 80% of all colon cancers. Descendants with this mutation could possibly account for up to 1% of all colon cancers in the U.S. Dr. Burt continues to work in gene discovery and clinical characteristics of common and rare inherited colon cancer, as well as in the chemoprevention of colon polyps and cancer in the inherited setting. He has held the following administrative appointments: Chief of Medicine at the Salt Lake VA Hospital, GI Division Chief at the University of Utah, Senior Director of Prevention and Outreach at Huntsman Cancer Institute (HCI), Interim Director at HCI, and he is now the Interim Director of Clinical Affairs at HCI.

Richard G. Middleton, M.D.
Distinguished Service Award
Dr. Middleton grew up in Salt Lake City, Utah, doing his pre-medical studies at the University of Utah. He attended Cornell University Medical College, graduating in 1958 and completed a three year general surgical residency at New York Hospital, Cornell’s teaching hospital. After serving in the Navy as a general surgeon he returned to New York and completed a four year urologic residency. In 1967 he moved to Salt Lake City and joined the Urology Division and the newly formed residency program in Urology at the University of Utah. He was the third urologist on the faculty. After one year, the other two faculty members left and Dr. Middleton became responsible for urologic activity in three hospitals and the teaching of the residents and medical students. Upon finishing his residency he was appointed chairman of the division. His chairmanship lasted for thirty-six years. During that time many new faculty were added and approximately 80 urologic residents were trained. Many current urologists in the community credit their expertise to Dr. Middleton’s training. Dr. Middleton is the author of two books on urology and has contributed to 130 scientific articles and numerous book chapters. He stepped down as chairman in 2004 and continued full-time on faculty until 2008 when he retired.

Mansoor S. Emam, M.D. ‘90
Distinguished Humanitarian Award
Dr. Mansoor Emam graduated from the University of Utah School of Medicine in 1990. He completed an internship in Internal Medicine at Yale University’s Norwalk Hospital. He then returned to Utah and completed a residency in internal medicine at the LDS Hospital. Mansoor joined the Utah Emergency Physicians in 1994 and has worked as an Emergency Department physician at the Intermountain Healthcare Urban Central Region hospitals. He is a diplomat of the American College of Physicians & Fellows, American College of Emergency Physicians.

In 2005, Dr. Emam was named the Emergency Room Physician of the Year by the Utah Department of Health. He served as Chairman of Cottonwood Hospital from 2000 to
2005, when he stepped down to join his longtime friend and Utah philanthropist, Khosrow Semnani and his colleague, Jane Powers, R.N., to co-found the Maliheh Free Clinic. He was the clinic’s medical director until 2008. In 2010 he founded The Hope Clinic in memory of his patient and dear friend, John Edward Holmes. Both clinics serve the underserved and uninsured patients in the Salt Lake Valley. Dr. Emam was named Hero of Emergency Medicine by the American College of Medicine, Compassionate Hero by the American Red Cross, given the Hero of Medicine Award by the Utah Medical Association and received the Community Service Award from the American College of Physicians. He continues to work part time as an emergency department attending physician at Intermountain Medical Center, volunteers as the medical director of the Hope Clinic and as the Assistant Medical Director and Physician Advisor for Intermountain Healthcare’s Urban Central Region.

Thomas D. Rees, M.D., ’48
Distinguished Humanitarian Award
Dr. Rees is Clinical Professor of Plastic Surgery at New York University School of Medicine, Chairman Emeritus of the Department of Plastic Surgery at Manhattan, Eye, Ear, and Throat Hospital, and served for many years as surgeon to the Institute of Reconstructive Plastic Surgery at New York University Medical Center. He is a past president of the American Society for Aesthetic Plastic Surgery, and a former director and vice-chairman of the American Board of Plastic Surgery.

He has lectured at medical institutions, symposia, and forums all over the world and is the author of more than one hundred and forty medical articles and six medical texts including the two-volume “Aesthetic Plastic Surgery”, (W.B. Saunders Co.), a classic for surgeons in training. For twenty-five years he has helped organize and chair the Symposium on Aesthetic Plastic Surgery in New York City. These symposia have featured faculty composed of surgeons of different disciplines and are attended by surgeons from all over the world. He is also the author of two popular books, including Daktari, his memoirs as a founder and surgeon to the world renowned Flying Doctors of East Africa, and its umbrella organization, The African Medical and Research Foundation. This organization is known for its innovative programs in preventative medicine, community health care, and health education as well as sponsoring a continuous program of plastic surgery for over 52 years in eight countries in Africa. It is the largest non-governmental health development organization in Sub-Saharan Africa.

50 Year Celebration and Induction into the Half-Century Society
Presentation of Medallions to the Class of 1962

Friday Morning, September 14
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 events 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 Lee M.D., Ph.D., M.B.A.- Advancing Personalized Health through Innovation - 11:00 a.m.

Natural History Museum of Utah Luncheon and Tour - 1:00 p.m.
Visit the amazing new Rio Tinto Center and join us for lunch and a tour. Explore nature and science in ten themed galleries, then study Rio Tinto Center’s unique LEED (Leadership in Energy and Environmental Design) certified plan, materials, green features and public art in a guided tour.

Reunion Evening
6:00 p.m. Reception, 7:00 p.m. Dinner
Little America Hotel, downtown Salt Lake City

General reception first then individual groups will dine together in private rooms.
Class of 2007 – Picnic at Sugarhouse Park
Saturday, September 15  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

Health Care Transformation
Paul Grundy, M.D., M.P.H., FACOEM, FACPM, IBM Corporation Global Director

Treatment Resistant Depression: Neurostimulation and Future Treatment Strategies
Howard Weeks, M.D., Assistant Professor, Assistant Medical Director of ECT Services at University Neuropsychiatric Institute (UNI), Medical Director of the Comprehensive Assessment and Treatment Program at UNI

Aging Eyes
Margaret DeAngelis, Ph.D., Associate Professor of Ophthalmology & Visual Sciences, University of Utah School of Medicine

Personalized Medicine
Dean Y. Li, M.D., Ph.D., Distinguished Professor of Medicine and of Oncological Sciences and of Human Genetics, Vice Dean for Research, University of Utah School of Medicine, Chief Scientific Officer, University Health Care

The Political and Financial Imperative for Health Care Reform
Greg Poulsen, Sr. Vice President, Intermountain Healthcare, Commissioner for the Commonwealth Fund, Washington DC

The Children We Wanted: Family Planning from Contraception to Advanced Reproductive Technology
Kirtly Parker Jones, M.D., Professor, Obstetrics and Gynecology, University of Utah School of Medicine

Accreditation: The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit: The University of Utah School of Medicine designates this live activity for a maximum of 4.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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We would also like to thank the following corporations for their support:
Dean’s Roundtable:
Vivian Lee Hosts Cecil Samuelson M.D., ’70

On February 3, 2012, Vivian Lee, M.D., Ph.D., hosted her third Dean’s Roundtable, a series of informal talks designed to connect distinguished alumni and current medical students. As Lee introduced her guest—U medical school alumnus and BYU President Cecil Samuelson, M.D.—she assured the medical students that despite the color of his blue tie, his blood really runs red.

Samuelson earned all three of his degrees—a bachelor’s, a master’s degree in educational psychology, and his M.D.—at the University of Utah, before heading off to Duke to do his residency in internal medicine and then a post-doctoral fellowship in rheumatic and genetic diseases. He returned to the U to practice and ended up taking on a variety of roles in the School of Medicine—eventually becoming Dean and Senior Vice President for Health Sciences.

Samuelson was candid about his unplanned, and sometimes unwanted, rise through the ranks of the U’s School of Medicine, his foray into private practice at Intermountain Healthcare, and the unconventional way he was tapped to be President of BYU.

He peppered the conversation with familial bantering with his brother Wayne Samuelson, M.D., who is now the School of Medicine’s Vice Dean of Education and Associate Dean of Admissions.

Below are a few excerpts from the entertaining conversation. To watch the interview or read the full transcript, visit our Web site: http://medicine.utah.edu/alumni/deansroundtables/samuelson.htm

On how he chose rheumatology: I was fascinated by the diseases and still am. But the most important influences were key faculty members, who I admired not only for their medical expertise, clinical skills and research abilities, but also for the kind of people they were.

On why he was asked to take on so many positions in the Dean’s Office: I think they preferred the devil they knew to the devil they didn’t know. I also think they were thinking, “We’ve already ruined one guy’s career why would we mess up somebody else’s?”

On his move to Intermountain Healthcare: While bringing Primary Children’s Hospital to the University campus, I got to know the Intermountain leadership pretty well. Intermountain was very strong in hospitals and insurance, but they hadn’t found a way to integrate physicians into the organization. Realizing that I probably couldn’t keep my mouth shut if I stayed on the faculty at the University after leaving the administration, I became the Physician Chief Executive at Intermountain.

On becoming the president of BYU: The late [LDS Church] President, and Utah alum, Gordon B. Hinckley, used to say, “I don’t know why it always takes the U a year to choose a new President. We get it done in about 15 minutes.” In my case, I was invited to President Gordon B. Hinckley’s office, where he said, “We’d like you to be President of BYU. I’ve got to go to a meeting. We’ll talk more next week.”

Stories about his brother Wayne: Ask Wayne about a very distinguished American by the name of Thaddeus Brewster. Wayne can fill in all the details, but just remember that if it is at all positive in his favor, he’s shading the facts.

Advice to med students considering an administrative career: It’s a great thing but just realize that it’s perilous duty and it’s particularly tough here because many of the departments have their own money. It’s much easier to be president of an institution where you control the purse strings.

On working hard: I’ve never been particularly threatened by thinking that I wasn’t the sharpest knife in the drawer. When I matched for a straight medicine internship at Duke and got the list of the people that were there most of them were from Harvard, Yale, Duke. I went to my father, thinking I could get some solace, and said, “You know all of these people are smarter than I am.” And he said, “You are probably right. But one of the things that I’ll bet they can’t do is work harder than you can.” And I think that is probably true. I learned that even if you’re a plodder like me, you can get some things done.
## Anesthesiology
- **Allred, Nathon**
  University of Texas HSC – San Antonio, Anesthesiology, Texas
- **Arrant, Colton**
  University of Florida College of Medicine- Shands Hospital, Anesthesiology, Florida
- **Audd, Lee**
  University of Florida College of Medicine - Shands Hospital, Anesthesiology, Florida
- **Illum, Benjamin**
  University of California San Diego Medical Center, Anesthesiology, California
- **Jessop, Vainuupo**
  University of Massachusetts Medical School, Anesthesiology, Massachusetts
- **Jewell, Jennifer**
  University of Kentucky Medical Center, Anesthesiology, Kentucky
- **Kennington, Konrad**
  University of Utah Affiliated Hospitals, Anesthesiology, Utah
- **Lee, James**
  St. Joseph’s Hospital, Anesthesiology, Arizona
- **Mehta, Neal**
  Loyola University Medical Center, Anesthesiology, Illinois
- **Naylor, Kenneth**
  University of Chicago Medical Center, Anesthesiology, Illinois
- **Ravichandran, Sandhya**
  University of Washington Affiliated Hospitals, Anesthesiology, Washington
- **Thacker, Christopher**
  Mayo School of Graduate Medical Education, Anesthesiology, Minnesota

## Emergency Medicine
- **Bhatnagar, Akash**
  Einstein/Beth Israel Medical Center, Emergency Medicine, New York
- **Brass, Ryan**
  University of Connecticut Health Center, Emergency Medicine, Connecticut

## Family Medicine
- **Butler, Kimberly**
  Contra Costa Regional Medical Center, Family Medicine, California
- **Flores, Marie**
  Einstein/Montefiore Medical Center, Family Medicine, New York
- **Hansen, Trenton**
  Ehring Berquist Hospital, Family Medicine, Nebraska

## General Surgery
- **Jennings, Cameron**
  University of Nevada Affiliated Hospitals – Las Vegas, General Surgery, Nevada
- **Poruk, Katherine**
  John Hopkins Hospital, General Surgery, Maryland

## Internal Medicine
- **Ahlawalia, Ravinder**
  University of Utah Affiliated Hospitals, Internal Medicine, Utah
- **Carpenter, Andrew**
  University of Utah Affiliated Hospitals, Internal Medicine, Utah
- **Lam, Uyen**
  University of Utah Affiliated Hospitals, Internal Medicine, Utah
- **Lueras, Paula**
  Cambridge Health Alliance, Internal Medicine, Massachusetts
- **Meier, Alexandra**
  Legacy Emanuel/Good Samaritan, Internal Medicine, Oregon
- **Powell, Jesse**
  Providence Portland Medical Center, Internal Medicine, Oregon
- **Wilson, Sara**
  University of Utah Affiliated Hospitals, Internal Medicine, Utah

## Dermatology
- **Curtis, Julia**
  University of Utah Affiliated Hospitals, Dermatology, Utah
- **Dahle, Kevin**
  University of Northern Carolina Hospital, Dermatology, North Carolina
- **Winchester, Daniel**
  Mayo School of Graduate Medical Education, Dermatology, Minnesota

## Match Day 2012 - A Family Affair

David Larson DeMill, wife and daughters celebrate his match

*Jeffery Caldwell announces his match in ER medicine at University of Arizona.*
Student Highlights

**Medicine – Pediatrics**
- **Ellsworth, Grant**  
  University of Utah Affiliated Hospitals, Medicine – Pediatrics, Utah
- **Isaelsen, Ryan**  
  UPMC Medical Education, Medicine – Pediatrics, Pennsylvania

**Neurology**
- **Bushman, Elisa**  
  University of Alabama Medical Center – Birmingham, Neurology, Alabama
- **Chandler, Justin**  
  University of Rochester/Strong Memorial, Neurology, New York
- **Kogelschatz, Cory**  
  Mayo School of Graduate Medical Education Neurology, Minnesota
- **Ludwig, Ayumi**  
  University of Oklahoma COM – Oklahoma City, Neurology, Oklahoma
- **Steenerson, Kristen**  
  Mayo School of Graduate Medical Education, Neurology, Arizona

**Obstetrics - Gynecology**
- **Pak, Janie**  
  University of San Diego Medical Center, Obstetrics – Gynecology, California
- **Stephenson, Chelsea**  
  Ohio State University Medical Center, Obstetrics – Gynecology, Ohio
- **Thomson, Jongjin**  
  Southern Illinois University School of Medicine & Affiliate Hospitals, Obstetrics – Gynecology, Illinois
- **Titen, Sienna**  
  University of California Davis Medical Center, Obstetrics – Gynecology, California

**Ophthalmology**
- **DeMill, David**  
  Intermountain Medical Center, Ophthalmology, Utah
- **Jorgensen, Adam**  
  University of Utah Affiliated Hospitals, Ophthalmology, Utah
- **Stagg, Brian**  
  University of Utah Affiliated Hospitals, Ophthalmology, Utah
- **Stringham, Jack**  
  University of Miami-Bascom Palmer Eye Institute, Ophthalmology, Florida

**Orthopaedic Surgery**
- **Martin, Cody**  
  University of Florida COM – Jacksonville, Orthopaedic Surgery, Florida
- **Taylor, John**  
  University of California Davis Medical Center, Orthopaedic Surgery, California

**Pediatrics-Medical Genetics**
- **Walton, Nephi**  
  St. Louis Children’s Hospital, Pediatrics – Medical Genetics, Missouri

**Physical Medicine and Rehabilitation**
- **Hatch, Brydon**  
  Mayo School of Graduate Medical Education Physical Medicine and Rehabilitation, Minnesota

**Plastic Surgery (Integrated)**
- **Mecham, Elise**  
  University of Texas Medical Branch – Galveston, Plastic Surgery (Integrated), Texas

**Psychiatry**
- **Iles-Shih, Matthew**  
  University of Utah Affiliated Hospitals, Psychiatry, Utah
- **Petersen, Anthony**  
  University of Utah Affiliated Hospitals, Psychiatry, Utah
- **Rivera, Tenley**  
  University of Washington Affiliated Hospitals, Psychiatry, Washington

**Radiation Oncology**
- **Frandsen, Jonathan**  
  University of Utah Affiliated Hospitals, Radiation Oncology, Utah
- **Hymas, Richard**  
  Beaumont Health System, Radiation Oncology, Michigan

**Radiology-Diagnostic**
- **Christensen, Kaerli**  
  University of Utah Affiliated Hospitals, Radiology – Diagnostic, Utah
- **Endlow, Michael**  
  Duke University Medical Center, Radiology-Diagnostic, North Carolina
- **Minshaw, Lindsey**  
  Mayo School of Graduate Education, Radiology – Diagnostic, Florida
- **Moellmer, Edward**  
  University of Missouri – Kansas City, Radiology-Diagnostic, Kansas
- **Smith, Joshua**  
  University of Colorado Denver, Radiology-Diagnostic, Colorado

**Surgery - Preliminary**
- **Beck, Robert**  
  University of Kentucky Medical Center, Surgery – Preliminary, Kentucky
- **Casamalhuapa, Carlos**  
  University of Utah Affiliated Hospitals, Surgery – Preliminary, Utah
- **Kiser, Casey**  
  Hershey Medical Center/Penn State, Surgery – Preliminary, Pennsylvania
- **Shiozaki, Teisha**  
  Virginia Mason Medical Center, Surgery – Preliminary, Washington

Dean Todd pulls his match in Pediatrics at UC Irvine out of the hat.
Commencement 2012

Spouses Jude and Namea Sells celebrate becoming physicians together

The Class of 2012 prepares to recite the Hippocratic Oath

Marie Flores, M.D. and Elise Mecham, M.D., two family physicians in the making!
The newly graduated Class of 2012 celebrate with one another, family and friends on the steps of Kingsbury Hall.

Vai Jessop, M.D.

Joel Welch, M.D. with Vivian Lee, M.D. and Wayne Samuelson, M.D.

Commencement speaker Chris Murray, M.D.
Student Highlights

Board President Dr. Saundra Buys Receives the AAMC Humanism in Medicine Award for Utah

Dr. Saundra Buys, current Alumni Board President, was selected by the medical student body as the recipient of the AAMC Humanism in Medicine Award for Utah. Dr. Buys is the co-director of the Family Cancer Assessment Clinic; medical director of Huntsman Cancer Institute’s High Risk Breast Cancer Clinic and a professor in the Department of Medicine. She is also the principal investigator on two large studies funded by the National Cancer Institute. The first, the Prostate, Lung, Colorectal, Ovarian (PLCO) Cancer Screening Trial, is a nationwide study to determine the effectiveness of screening for these types of cancer. The other study, The Breast Cancer Family Registry, based in six international sites including Utah, is studying some of the genetic causes of breast cancer.

Dr. Buys grew up in Cedar City and received her M.D. from Tufts University in Boston, Massachusetts. She completed an internship and residency in internal medicine at the University of Utah School of Medicine. Prior to joining the faculty of the University of Utah in 1984, she completed a clinical fellowship and research fellowship in hematology and oncology.

Dr. Buys was selected by the students based on her positive mentoring skills, compassion, collaboration, tolerance, sensitivity, community service, and observance of professional standards. A current patient stated, “Dr. Buys is awesome. She takes the time to review my chart before seeing me. She remembers my name and pertinent trivia about me. She spends a lot of time discussing lab results, treatment options, and prognosis. Dr. Buys is brilliant, caring, and professional.”

Sara Wilson Selected to Receive the Alumni Association’s 4th Year Student Award

The Student Programs Committee of the Alumni Board selected Sara Wilson as this year’s recipient of the 4th Year Student Award. Sara was nominated by her fellow students and received the award and a $1,000 check from the Alumni Association at the Dean’s Reception. The main judging criteria for the award includes showing exceptional concern and compassion for peers, community involvement, leadership and exemplifying the ethical, moral and academic skills deemed necessary to make an outstanding physician.

Sara’s nominators described her in the following ways:

Sara is a silent leader; she was a co-president of the Family Medicine Interest Group as well as organizer for many events for the Geriatrics Health Fairs. She led by example, never questioning or asking for others to do a job she did not have time for.

Sara has excelled academically and always has service to others on her mind. She strove for perfection and spent countless hours beyond the average medical student making sure she learned the skills that she would need. Beyond her work ethic Sara truly cares about her patients. On multiple occasions I observed her consoling family members that had just learned of a difficult diagnosis, or explaining a difficult medical condition.

Sara always had a heart for community medicine and primary care. She devoted time to homeless clinics in Twin Falls, ID and also volunteered at the 4th Street and Mahileh Clinics in Salt Lake City. She continually was of service to her colleagues. She tutored underclassmen beginning her 3rd year; prior to that she was always willing to help a struggling classmate with difficult material.

Sara embodies the essence of the Alumni Association Medical Student Award. She will truly become a phenomenal physician.

Sara Wilson Selected to Receive the Alumni Association’s 4th Year Student Award

Kristin Steenerson, MSIV and Dr. Vivian Lee present Dr. Saundra Buys with her award.

Dr. Vivian Lee and Dr. Saundra Buys present Sara Wilson with the Alumni Association’s 4th Year Student Award
University of Utah’s Highest Honor is Shared by Physician Spouses

Two professors in the School of Medicine, Kathleen B. Digre, professor of neurology and ophthalmology, and Michael W. Varner, professor of obstetrics and gynecology—were honored at commencement with the Rosenblatt Prize for Excellence, the U’s most prestigious award. The $40,000 gift—which is presented annually to a faculty member who displays excellence in teaching, research and administrative efforts—will be shared for the first time by two individuals. Digre and Varner are also married to one another.

The Rosenblatt Prize Committee, a group of distinguished faculty members, recommends selected candidates for the award. University of Utah President David W. Pershing made the final selection and said that “this year we found it impossible to choose one over the other. Kathleen and Michael are both extraordinarily gifted teachers, dedicated and proficient administrators, and are internationally regarded as two of the foremost researchers and leaders in their fields. The University community is enhanced by their work, and it a distinct pleasure to bestow this honor on them.”

Digre is a world-renowned ophthalmologist and neurologist. Through her efforts, the U is one of a few institutions in the world with certified fellowship-training programs in neuro-ophthalmology, a medical sub-specialty focusing on brain problems that affect vision.

She was the first woman president of the North American Neuro-Ophthalmology Society, past counselor for the American Neurological Association and currently sits on the board of directors for the American Headache Society. She is the recipient of the Utah Library Association Special Service to Libraries Award, Gender Equity Award, Linda Amos Award, the Martha Hughes Cannon Award and the NANOS Distinguished Service Award. Dr. Digre was a fellow at ELAM (Hedwig van Ameringen Executive Leadership in Academic Medicine).

Digre received an M.D. from the University of Iowa and has been a member of the University of Utah faculty since 1987 with primary appointments in both neurology and ophthalmology, and adjunct appointments in obstetrics and gynecology as well as anesthesia. She is the author of over 100 peer-reviewed articles, two books and numerous invited lectures. She is also director of neuro-ophthalmology fellowship, the division of headache and neuro-ophthalmology and the Center of Excellence in Women’s Health at the U.

Varner is an internationally recognized expert in maternal fetal medicine clinical research. Regionally, his efforts have facilitated NIH-funded clinical research through major hospitals and local practices along the Wasatch front for the past two decades. Globally, he established a service mission to Tibet, bringing education and improved healthcare to that region.

Also a prolific writer, he has 255 peer-reviewed manuscripts, 31 book chapters, one book, 25 short articles and letters and more than 211 abstracts and 347 invited presentations to his credit. “His work and efforts will impact the health and well-being of women and children over the next century throughout the world,” notes Patrick Duff, professor of obstetrics and gynecology at the University of Florida College of Medicine.

Varner received an M.D. from the University of Minnesota Medical School and joined the department of obstetrics and gynecology at the University of Utah in 1987, where he is currently that department’s vice-chair for research. Also at the University of Utah, he holds an H. A. and Edna Benning Endowed Presidential Chair and also serves the Health Sciences Center as the interim director of the Program in Personalized Healthcare, the associate director for women’s health for the Center for Clinical and Translational Science and the co-director of the Institute for Women’s and Children’s Health Research. He serves as well as the co-director of the Clinical Genetics Institute for Intermountain Healthcare.

“We have a wonderful synergistic relationship—neither of us could have accomplished as much as we have without supporting each other,” the couple noted in responding to the honor.

The Rosenblatt endowment, from which the prize money is drawn, was established in 1983 by the Joseph and Evelyn Rosenblatt family to honor the civic leadership and generosity of Joseph’s parents, Nathan and Tillie Rosenblatt, who immigrated to Utah from Russia in the late 19th century.
Bryan William Jones, Ph.D. Wins Award in Science and Engineering Visualization Challenge

The National Science Foundation (NSF) and the journal Science awarded top honors to Bryan William Jones, Ph.D. of the John Moran Eye Center in the 2012 International Science & Engineering Visualization Challenge. Jones received first place in the photography category for his image of a metabolic snapshot of a mammalian retina which was featured in Science and Science Online in February 2012.

The International Science & Engineering Visualization Challenge was created to celebrate illustrations that provide the most immediate and influential connection between scientists and other citizens, with the hope for nurturing popular interest. They are a necessity for public understanding of research developments. The spirit of the competition is for communicating science, engineering and technology for education and journalistic purposes.

Jones’ image was made possible because of a technique called computational molecular phenotyping or (CMP) that was originally developed by Dr. Robert E. Marc, the director of research at the Moran Eye Center. CMP reveals complex metabolic signals in all cells of tissues while preserving the anatomical context and providing insight into the metabolic diversity of eyes, which are composed of over 70 types of cells.

Using a special kind of precision knife called an ultra-microtome, Drs. Jones and Marc machined then serially sectioned a mouse eye at the nanometer scale to probe it with antibodies against specific small molecules of interest. In this case, three separate 200nm thick sections were probed with taurine, glutamine and glutamate and the resulting data was assigned to red, green and blue color channels respectively. Some of the muscles that move the eye can be seen on the outer, leftmost portion of the image as a golden color while the sclera which is normally the white part of your eye is shown in green (see image). Other classes of cells that make up the eye including epithelia, neurons and glia are represented in different combinations of reds, blues, pinks, yellows and orange.

“Scientifically, this image not only shows the diversity of cell types in complex tissues like the retina, but also demonstrates that cells within a class type possess identical metabolic ‘fingerprints’ that can be used to track cell identity and potentially serve as a new tool to identify and track disease processes in everything from retinal degeneration to diabetes and cancer,” says Jones.

Randall J Olson, CEO of John A. Moran Eye Center Receives Binkhorst Medal of Honor

On Saturday, April 21, 2012 Randall J Olson, M.D., CEO of the John A. Moran Eye Center, received the Binkhorst Medal of Honor presented by the American Society of Cataract and Refractive Surgery (ASCRS) and delivered the Binkhorst lecture at their annual conference. His lecture examined those aspects of visual quality that most affect patient satisfaction after cataract surgery, what the current state of the art is and what looks promising for the future.

The Binkhorst Lecture and Medal is given to an individual whose career has made significant contributions to the science and practice of ophthalmology and establishes that person among the world’s most prominent ophthalmologists.

ASCRS established the Binkhorst Lecture and Medal to honor Cornelius D. Binkhorst for his pioneering work with intraocular lenses (IOLs). Honorees, who present the Binkhorst lecture during the annual ASCRS Symposium on Cataract, IOL and Refractive Surgery, include some of the world’s most prominent pioneering surgeons.

About Randall J Olson, M.D.

Randall J Olson, M.D. is the CEO of the John A. Moran Eye Center. A specialist in the research of intra-ocular lens complications, teleophthalmology, and corneal transplantation techniques, he is the author of more than 300 professional publications and is a worldwide lecturer. He was selected as one of the 15 best cataract surgeons in the United States in a peer survey conducted by Ophthalmology Times. Cataract and Refractive Surgery Today also named Dr. Olson one of 50 international opinion leaders. He has appeared in the last three editions of Best Doctors in America.
Joyce Mitchell, Ph.D., chair of the Department of Biomedical Informatics, has been appointed to a select council that advises the National Institutes of Health regarding the agency’s strategic initiatives and research direction.

Mitchell is among seven experts named to the 27-member Council of Councils, which helps guide NIH’s Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI). The members will serve until October 2014. “The breadth of expertise brought by these individuals will enhance the council’s ability to achieve its mission by offering a diversity of perspectives and talents,” said a news release quoting DPCPSI director James M. Anderson. “Collectively, the council will inform our approach to selected trans-NIH research initiatives.”

The DPCPSI identifies emerging scientific opportunities, rising public-health challenges and scientific gaps that merit further research. The division also coordinates research related to AIDS, behavioral and social sciences, women’s health, disease prevention, rare diseases and dietary supplements.

Mitchell, who also serves as the Associate Vice President for Health Sciences Information Technology, is a member of the National Library of Medicine board, whose interests she will represent on the NIH council. “The NLM is the world’s largest biomedical library as well as the curator of genomic databases and health resources,” she said. “The NLM acts on behalf of the entire scientific community and the public and is the most important biomedical research organization in the world. I consider it a great honor to have been selected to represent the NLM on the Council of Councils, and to be advising the NIH Director on new directions for research.”

Joyce A. Mitchell obtained her Ph.D. in population genetics from the University of Wisconsin with postdoctoral training in clinical genetics. She is certified as a Medical Geneticist by the American Board of Medical Genetics and the American College of Medical Genetics. Dr. Mitchell’s postdoctoral training was in Medical Informatics Sciences and she was elected to be a Fellow in the American College of Medical Informatics. Dr. Mitchell spent 25 years on the faculty of the University of Missouri School of Medicine in two departments: Child Health (Section on Medical Genetics) and Health Management and Informatics (Division Leader of Health Informatics). Administratively, she has served as the Director of the Medical Informatics Group, the Associate Dean for Information Technology for the School of Medicine, and the Chief Information Officer for University of Missouri Health Care. She spent a sabbatical year at the National Library of Medicine in 2001-02 and developed the Genetics Home Reference to bridge the genomics research results with consumer health interests in genetic diseases.

In 2005, Dr. Mitchell was recruited by the University of Utah to serve as Department Chair for Biomedical Informatics. In 2007 she was appointed as Associate Vice President for Health Sciences IT, where she coordinates and directs the information technology resources for the academic mission. She is also the director of the Biomedical Informatics Core for the Center for Clinical and Translational Sciences (CCTS).

Dr. Mitchell was elected to serve as President of the American College of Medical Informatics from 2008-2010, and will serve as immediate past-president until 2012. She is currently serving a four year term on the Board of Regents of the National Library of Medicine (NLM), and will serve on the Council of Councils for the National Institute of Health (NIH) from 2012-2016. Dr. Mitchell serves as co-director of the NLM-sponsored course in Biomedical Informatics held annually at the Marine Biological Laboratory in Woods Hole, Massachusetts.
Gregory Hageman, Ph.D., Receives Prestigious Lighthouse International Pisart Vision Award

Gregory Hageman, Ph.D., professor of Ophthalmology and Visual Sciences at the University of Utah and director of the John A. Moran Center for Translational Medicine was selected for the 2011 Lighthouse International Pisart Vision Award. Presented annually, this prestigious award honors an individual who has “distinguished himself or herself by invention or otherwise in the prevention, cure, treatment or care of blindness.” The $30,000 award was presented to Dr. Hageman in New York City on January 19, 2012.

For the past two decades, Dr. Hageman has focused his research on Age-Related Macular Degeneration (AMD), the leading cause of irreversible blindness in the elderly. He has garnered prodigious funding from the National Eye Institute/National Institutes of Health over the past 23 years and has made significant advances in AMD research.

The Pisart Vision Award is given annually by Lighthouse International to an individual who has made a noteworthy contribution to preventing and treating vision impairment. Lighthouse International is a leading nonprofit organization fighting vision loss through prevention, treatment and empowerment.

When Dr. Hageman arrived at the John A. Moran Eye Center in 2009, he brought the largest human donor eye tissue repository in the world. With over 4,500 pairs of human eyes, the repository plays a critical role in breakthrough discoveries related to AMD and other ocular and systemic diseases. Through these donated eyes, Dr. Hageman and his colleagues have made hallmark contributions to the understanding of AMD genetics.

Dr. Hageman’s discoveries have further enhanced the understanding of the disease, substantially accelerated the pace of AMD-related research, led to the rapid identification of yet additional AMD associated genes and created a realistic potential that new diagnostics and treatments will be developed.

Qing Zeng, Ph.D., Receives National Library of Medicine Grant

Qing Zeng, PhD, in the Department of Biomedical Informatics received a notice of award for a three year RO1 grant from the NIH National Library of Medicine in the amount of $973,313 starting April 1, 2012 for her project titled “Assist Patients with Medication Decisions.”

Self-medication decisions related to over-the-counter (OTC) and dietary supplements are among the most common and complex decisions being made by patients. Although patients do seek information from a variety of sources, they are not always able to select the safe or effective OTC and supplements for themselves.

The proposed study will address this issue through automated warning and advice.

Zeng earned her PhD in Biomedical Informatics from Columbia University. She is an Associate Professor in the University of Utah’s Department of Biomedical Informatics and a Principal Investigator at the Salt Lake City VA. Her expertise is in consumer health informatics, natural language processing, and semantic integration of clinical data.

Dr. Zeng has co-authored more than 70 peer-reviewed publications and she has led research projects funded by NIH, DOD, and the VA. She is a fellow of the American College of Medical Informatics.
Dr. Lorris Betz Receives Distinguished Service Award from AAMC

The Association of American Medical Colleges (AAMC) has honored former University of Utah Senior Vice President for Health Sciences Lorris Betz, M.D., Ph.D., with a distinguished service award. The group’s Administrative Board of the Council of Deans presented Betz with the award at a ceremony in Miami on March 26.

The AAMC’s Council of Deans is an association of deans of the nation’s medical schools. Its purpose is to help to improve medical schools by identifying issues affecting academic medicine and developing strategies to achieve the various missions of medical schools.

Betz served as senior vice president of U of U Health Sciences, Executive Dean of the School of Medicine, and CEO of University of Utah Health Care from 1999-2010. He also served as interim president of the University of Utah twice – once in 2003-04 and most recently in 2010-11.

Nels C. Elde, Ph.D. named a 2012 Pew Scholar

Nels C. Elde, Ph.D., an Assistant Professor in the Department of Human Genetics, was named a 2012 Pew Scholar in Biomedical Sciences in June, 2012. The Pew Scholars Program in Biomedical Science provides funding to young investigators of outstanding promise in science relevant to the advancement of human health. The program makes grants to selected academic institutions to support the independent research of individuals who are in their first few years of their appointment at the assistant professor level. Participating institutions are selected on the basis of the scope of their work in biomedical research and recommended to The Pew Charitable Trusts by the National Advisory Committee of the program. Pew Scholars receive a $60,000 a year grant for a four-year term totaling $240,000 to support their research. Each year approximately 22 scholars are named nationwide.

Dr. Elde’s research uses host-pathogen interactions as a model for studying mechanisms of evolution. Where pathogen’s interface with hosts are similar to battlefronts, influencing host functions. Each interaction can bear heavily on the fitness of both hosts and pathogens, with the interactions driving some of the most rapid evolution found in nature, thus providing basic insights into the evolutionary process. Pathogen-driven evolution can impact host immunity factors. Protein surfaces at these interfaces often evolve in a manner resembling molecular arms races, causing fast and furious change. Dr. Elde studies how pathogens use molecular mimicry to gain advantages against hosts and tests experimental evolution to determine the evolutionary potential of viruses and understand the rules by which they adapt.

Understanding how these invasive organisms have affected human evolution could impact future treatment of malaria, HIV/AIDS and other infectious diseases.

U.S. News Ranks U Programs Among the Best in Physician Assistant, Pharmacy, Nursing, Primary Care and Physical Therapy

University of Utah Health Sciences colleges and programs remain among the best in the nation for training health care providers in physician assistant, nurse midwifery, pharmacy, primary care, and other areas, according to the 2013 edition of U.S. News and World Report’s Best Grad Schools.

In the magazine’s latest rankings, the University of Utah School of Medicine was No. 2 in physician assistant education, No. 21 in the nation for primary care training, and No. 48 in research.

The University of Utah Colleges of Pharmacy and Nursing remain highly ranked, with pharmacy at No. 10 in the country and the College of Nursing’s master’s degree program placing 36th overall. The College of Nursing’s master’s/doctorate program in midwifery remains the eighth best in the nation.

In the College of Health, the physical therapy program was ranked 14th.
University of Utah Joins NeuroNEXT Clinical Research Network

Network designed to speed advances in the care of neurological disease

The University of Utah Department of Neurology has been selected to join an elite national “network of excellence” to speed the translation of advances in neuroscience research into clinical practice.

The network of 25 academic medical centers will be able to enroll more patients in larger clinical trials and complete them more rapidly than each center could by itself, explained A. Gordon Smith, M.D., Professor of Neurology.

The University of Utah Department of Neurology has been selected to join an elite national “network of excellence” to speed the translation of advances in neuroscience research into clinical practice.

The program, established by the National Institute of Neurological Diseases and Stroke (NINDS), aims to improve treatment of a host of disorders in children and adults, including stroke, epilepsy, Parkinson’s disease, multiple sclerosis, autism and rarer autonomic disorders.

The network of 25 academic medical centers will be able to enroll more patients in larger clinical trials and complete them more rapidly than each center could by itself, explained A. Gordon Smith, M.D., Professor of Neurology.

Smith is principal investigator of a seven-year, $2.1 million grant the University’s Department of Neurology received last month from NINDS to participate in the Network of Excellence in Neuroscience Clinical Trials or “NeuroNEXT.” Smith is also Chief of the Division of Neuromuscular Disease and Director of the University of Utah Peripheral Neuropathy Clinic and Cutaneous Innervation Laboratory.

“NINDS recognizes that there are challenges to confronting neurological diseases,” Smith explained. “While there are promising potential drug targets for numerous neurological diseases, there is a disconnect between the basic bench science where potential treatments are first identified and the bedside where they are carried out. The pharmaceutical industry is wary of high-risk therapeutics – those drugs with great potential but which also carry high costs to development, including the inefficiencies of multi-center clinical trials and the difficulty of enrolling study subjects. NeuroNEXT will streamline that process by creating a network of centers like ours here at Utah that are experts in neurological clinical trials. The program will create a way for us to work together on these complex multi-center investigations and trials, increasing efficiency and quality of the trials while decreasing the time between discovery and application.”

The grant will enable the U to draw on the expertise of clinicians and scientists from a wide range of disciplines, while educating “the next generation of investigators in transformative neurological clinical trial design,” Smith said.

“The NeuroNEXT grant is a terrific opportunity for both the University and the community,” said Stefan-M. Pulst, M.D., Dr. med., Chair of Neurology. “It positions our investigators to be leaders in translational research in the clinical neurosciences and increases the opportunity for individuals in the area to participate in clinical trials.”

Kathryn Swoboda, M.D. is principal investigator on the NeuroNEXT grant at Utah. She is Director of the University of Utah Pediatric Motor Disorders Research Program and an expert in neuro-genetics who has pioneered research into the rare genetic condition Spinal Muscular Atrophy.

“NeuroNEXT is a huge advancement for neurological disease”, added Swoboda. “It’s inefficient to have a clinical trial network for every individual disease and cost-prohibitive for every department of neurology in the country to manage their own independent network. In addition, for rare conditions, you need a larger population base from which to draw potential study participants. NeuroNEXT will improve collaboration, increase efficiency, and be especially important to investigator-driven trials which do not yet have industry support or for trials for rare diseases.”

“Utah’s participation in NeuroNEXT reflects the strength of our research enterprise,” Pulst continued. “We have an outstanding reputation and great resources in genetics and other basic sciences, and the level of scientific and clinical collaboration here is extraordinary. NINDs recognized that this places us as one of the top centers for this kind of research. We are thrilled to be included.”
Sean Mulvihill, M.D. Named New Associate Vice President for Clinical Affairs, Chief Executive Officer for the University of Utah Medical Group

In April, 2012 Sean J. Mulvihill, M.D., Professor and Chair of Surgery at the School of Medicine and Senior Director of Clinical Affairs at the U of U’s Huntsman Cancer Institute, accepted the position of Health Sciences Associate Vice President for Clinical Affairs and Chief Executive Officer for the University of Utah Medical Group. Mulvihill’s new responsibilities will include overseeing the clinical enterprise and operations at the School of Medicine, collaborating with Dr. Vivian Lee, Sr. Vice President of Health Sciences and Dean of the School of Medicine, and David Entwistle, CEO, University of Utah Hospitals and Clinics, to develop and implement a strategic plan for the health care organization; and leading development of innovations for health care delivery.

Dr. Mulvihill accepted the Department of Surgery Chair position in 2000. He came to Salt Lake from the University of California, San Francisco. In his twelve years as chairman of the surgery department he has provided faculty with strong mentorship, actively engaged in the advancement of research and education by encouraging collaborative faculty and business relationships and supporting the establishment of new programs within the department such as Global Health in Surgery and Bio Innovation. An exemplary clinician, he held University of Utah surgeons to the highest bar by supporting institutional enrollment in the national surgical quality improvement program, which compares local data against national benchmarks to ensure physicians are achieving or exceeding the highest standards of clinical excellence.

Mulvihill will continue his surgical practice in the gastrointestinal cancers program and his research to understand the biology of cancer of the pancreas.

“Dr. Mulvihill’s outstanding leadership and collaborative, patient-centered focus will be extremely important in his new position,” said Lee. “I am confident of his ability to bring our clinical enterprise to new heights.”

Annual American College of Surgeons Clinical Congress Alumni Gathering

Former University of Utah Department of Surgery Chairs Dr. Frank Moody (1971-82) and Dr. Sean Mulvihill (2000-2012) enjoy their yearly get together at the Utah Alumni reception held during the Annual American College of Surgeons Clinical Congress. Former trainees, current housestaff and colleagues network, share memories, and collaborate on potential research projects and faculty recruitment.

Former general surgery trainees Marcus Torgenson, M.D., H.S. ’09 and Heidi Jackson, M.D. ’03, H.S. ‘10 enjoy a chat with current trainee Erik Pearson, M.D., who is completing a two year research fellowship at Children’s Hospital of Philadelphia.
Recognizing veterans and their families’ sacrifice and commitment, the University of Utah School of Medicine has pledged to mobilize its uniquely integrated missions in education, research, and clinical care to train the nation’s physicians to meet the health care needs of veterans and their families, including post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).

“We are proud to participate in the White House Joining Forces initiative to address the health care needs of military service members and veterans and their families,” says Wayne M. Samuelson, M.D., vice dean for education at the U medical school. “We are absolutely committed to providing appropriate care to our veterans. We want to show these heroes that their country is there for them, no matter what they’re going through.”

Mrs. Obama and Jill Biden, Ph.D., wife of Vice President Joe Biden, created Joining Forces to bring Americans together to recognize, honor, and take action to support veterans and military families as they serve our country and throughout their lives. The initiative, which now includes 105 medical schools, aims to educate, challenge, and spark action from all sectors of society to ensure veterans and military families have the support they have earned. The initiative focuses on key priority areas — employment, education, and wellness — while raising awareness about the service, sacrifice, and needs of America’s veterans and military families.

“I’m inspired to see our nation’s medical schools step up to address this pressing need for our veterans and military families,” Obama says. “By directing some of our brightest minds, our most cutting-edge research, and our finest teaching institutions toward our military families, they’re ensuring that those who have served our country receive the first-rate care that they have earned.”

Together, the University of Utah, the AAMC, and AACOM are committing to enriching medical education along its continuum to ensure that physicians are aware of the unique clinical challenges and best practices associated with caring for this group; develop new research and clinical trials on PTSD and TBI so that we can better understand and treat these conditions; share their information and best practices with each other through a collaborative Web forum created by the AAMC; and expand the body of knowledge leading to improvements in health care and wellness for our military service members, veterans, and their families.

As part of first lady Michelle Obama’s Joining Forces initiative, the University of Utah School of Medicine has partnered with the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) in a commitment to create a new generation of doctors, medical schools, and research facilities that will make sure wounded U.S. combat forces receive the care worthy of their service.
Million Veteran Program: A Partnership with Veterans
Vickie Venne, M.S. And Laurence Meyer, M.D., Ph.D.

Seven years ago, the Department of Veterans Affairs launched the VA Genomic Medicine initiative to advance knowledge of how genes affect health and to promote personalized medicine for veterans. There were two pillars to the effort, one focusing on research and the other focusing on clinical service.

The Million Veteran Program (MVP) is a research resource that combines information from the VA electronic medical record with DNA collected from consenting veterans. When completed, MVP will be the largest biobank in the world, unique because it combines genetic information with data from the complete electronic record. Currently 40 sites are recruiting, including the VA in Salt Lake City. Overall, about 50,000 veterans have signed up so far. The VA national clinical Genomic Medicine Service is based in Salt Lake City and will strive to rapidly incorporate genetic advances into the clinical care of veterans.

The project goal is to consent and enroll one million or more veterans in the next six years and make the resource available to researchers at VAs and their academic affiliates. There are a variety of research approaches to identification of medically important genes, and Utah has always been in the forefront of this type of research. The cost of an entire genomic sequence is now lower than some individual genetic tests due to rapid advances in technology. Sequencing the entire genome provides a massive amount of new genetic information. By combining the VA’s electronic record system, the DNA of the veterans who volunteer for MVP, as well as questionnaire and follow up data, MVP will accelerate the pace of discovery of new genes and gene-environment interactions. This will be directly relevant to veterans’ health as well as valuable for the population as a whole. When linked with the rich VA medical record, research will include assessments about the interaction of genes with environmental exposures unique to military service, which are difficult or impossible to answer in other environments.

The Department of Pediatrics Offers Academic Associate Program

In 2009 the Department of Pediatrics developed an innovative approach to teaching undergraduate pre-professional students about clinical research: the Clinical Research and Practice (Pediatrics 5900) course. University of Utah students receive training at the University Hospital and Primary Children’s Medical Center. Directed by Dr. Maija Holsti, MD, MPH, an Associate Professor of Pediatrics and emergency medicine specialist, the one-semester course offers students the opportunity to work with some of the University's most renowned leaders in clinical research. Students, also called Academic Associates, are trained in clinical research while working as research assistants on several studies in the hospital setting. Students receive didactic and mentoring sessions by University leaders including the Director of the Institutional Review Board, the Associate Vice President for Research, the Chairman of the Department of Pediatrics, the Director of the Pediatric Clinical Trials Office, and many principal investigators and research coordinators.

Students have assisted in 21 clinical studies located in many of the hospitals' inpatient and outpatient settings. Students identify and screen patients for study eligibility, assist in obtaining consent for research participation, and obtain clinical data. Some research studies would not be feasible without the involvement of the Academic Associates. One researcher stated, “The involvement of the Academic Associates has been essential to the viability and success of our study. They have been invaluable to us because of their presence in the Emergency Department (ED), as well as their investment and interest in the various studies ongoing within the ED. The success of our Division’s research enterprise has been due in no small part to the contributions of the Academic Associates.” Many of the clinician scientists participating in the program have met their enrollment goals and several have been top-enrollers in U.S. multi-center clinical trials as a result of student support.

To date, 128 students have completed the course. Many of these students have gone on to realize their professional goals. Thirteen have been admitted into graduate programs in the biomedical sciences and 35 now work in clinical research positions.

Student Comment:
The Academic Associate Program was the cornerstone of my pre-medical education at the University of Utah. In addition to a comprehensive clinical research understanding, I gained a deeper interest in evidence-based medicine, more confidence in the clinical setting, and respect for the challenges our healthcare system faces. The opportunity to work directly with clinicians and patients, above all, clarified my passion for medicine and has been the foundation of my path to medical school.
The John A. Moran Eye Center Raises over $100,000 at the 4th Annual “Night for Sight”

The John A. Moran Eye Center presented “A Night for Sight” Saturday, March 24, 2012 at Snowbird Ski and Summer Resort to raise awareness and funds in support of the Division of International Ophthalmology. Proceeds from the dinner and auction will support international eye surgeries and the training of medical staff in developing countries. Sanduk Ruit, M.D., a leading Nepalese eye surgeon known for pioneering cataract surgery in the underserved world delivered the keynote address.

The event raised over $100,000 through both the silent and live auctions. The most popular auction item was a trek in Nepal that included helping the Moran medical team at an eye camp. Other sought-after items included a trip to Koloa Landing in Hawaii, a private concert with Kurt Bestor and a painting by renowned western artist Ted Waddell. Many guests made generous donations for general support of the Division of International Ophthalmology at the Moran Eye Center.

The Moran Eye Center has a proud tradition of providing eye care and critical training to areas of the world where specialized care is inadequate or non-existent. The Center’s history of outreach began 15 years ago and has grown to dozens of physicians, residents and fellows who provide care to an ever-increasing number of the world’s population in desperate need of sight-saving treatment. The Division of International Ophthalmology has provided thousands of sight-saving surgeries and hundreds of thousands of vision screenings to impoverished areas in the developing world.

While the Division of International Ophthalmology is committed to continuing international sight-restoring surgeries, it is similarly dedicated to creating sustainable eye care techniques and training programs throughout the developing world. The International Observers Program sponsors medical students from around the world to gain skills and techniques they wouldn’t otherwise learn in their home countries. In addition, Moran physicians provide onsite, in-field training during their trips abroad.
Project ECHO Allows Rural Physicians to Become a Source of Tertiary Referral Center Expertise for their Patients and Communities

Project ECHO™ (Extension for Community Healthcare Outcomes) is an innovative healthcare program that was launched at the University of Utah by Dr. Terry Box in October 2011. ECHO was developed to mentor community providers in the treatment of chronic and complex diseases through the use of telehealth technology.

Project ECHO™ is a telehealth clinical mentoring program that enables a patient’s primary providers to deliver top-quality care for complex conditions in a local setting. Project ECHO™ uses tele-technology to train primary care doctors in rural and underserved areas to treat complex chronic illnesses.

Project ECHO™, through the use of this technology, is creating a Community of Practice throughout the Intermountain West by bringing together rural, urban, and academic providers to educate one another, share cases, ask and answer questions, provide best practices, and develop treatment strategies to enhance patient outcomes, and to leverage specialist time and expertise in order to expand provider care.

This collaboration between specialists and community providers enables patients to receive state-of-the-art health care from the providers they know and trust in their own communities.

For providers, co-management of the often lengthy and involved treatments offers added depth and technical competencies and reduces professional isolation. With continued involvement, providers become highly skilled in the treatment of these chronic and complex diseases, thus creating centers of excellence in their communities.

Project ECHO at the University of Utah is now partnering with community providers across the Intermountain West to manage Hepatitis C, Chronic Pain, and Child/Adolescent Psychiatry. For more information about Project ECHO contact Terry D. Box, M.D., Director-Project ECHO, terry.box@hsc.utah.edu, 801-581-7804.

The mission of Project ECHO™ is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and urban underserved areas.

The National Research Council of the National Academies advises government and the public on matters of science, technology and health. Their work would not be possible without the many individuals who volunteer their time as members on their numerous committees. In recognition of his many hours of pro bono public service on committees of the National Research Council and the Institute of Medicine and his service as a reviewer of National Research Council reports, David N. Sundwall, M.D. was designated a National Associate of the National Research Council in December 2011. This is a lifetime title given to individuals whose dedication to the National Research Council’s work is truly extraordinary.
Alumni News

Class of 1962

Robert H. Crist, M.D.
Robert H. Crist, MD is a psychiatrist who still consults at numerous facilities around Utah. He is married to Carol Johnson and has six children and 21 grandchildren. During his career, Dr. Crist started several facilities for disturbed youth. He is an active member of the LDS church and sang in the Tabernacle Choir. Dr. Crist notes that although he is older than most of his classmates due to serving an LDS mission and being in the military before starting medical school, his good health has allowed him to continue working.

Joseph Richard Rees, M.D.
Dr. Rees is a retired thoracic and cardiovascular surgeon living in Ogden, Utah and currently working at the Medical Weight Loss Clinic and the Metamorphosis Opiate Dependence Clinic in Ogden as a medical advisor. He worked for over twenty years as an attending surgeon at Columbia Regional Medical Center in Ogden (former St. Benedict’s Hospital) and also as an Assistant Clinical Professor of Surgery at the University of Utah School of Medicine.

Class of 1967

E. Kent Rasmussen, M.D.
Dr. Rasmussen is retired but working PRN in the office for OB/GYN specialists at the Intermountain Medical Center in Murray, Utah. He worked at the Salt Lake Clinic until he retired in 2006. Dr. Rasmussen was an adjunct clinical professor at the University of Utah Medical School – Go Utes! He has six children and 22 grandchildren. He has been married since 1963 and is an active member of the Church of Jesus Christ of Latter-day Saints.

Richard G. Bromley, M.D.
Dr. Bromley is a retired orthopedic surgeon and resides in American Fork, Utah. He has practiced at American Fork Hospital, Utah Valley Regional Medical Center, Timpanogos Regional Medical Center and Mountain View Hospital. Some of his significant achievements include President of American Fork Hospital Medical Staff, President of the Utah County Medical Society, Presidents of Utah Orthopedic Society, Western Orthopedic Association and consultant for the Utah Development Center in American Fork and the Utah State Hospital in Provo, Utah.

Class of 1975

Greggory DeVore, M.D.
Dr. DeVore is an expert in fetal ultrasound in Pasadena, California. He has pioneered work in the identification of congenital heart defects using 2D, 3D, 4D and color Doppler ultrasound and has authored over 100 peer-reviewed papers, contributed to over 30 textbooks of medicine, and speaks at national and international medical meetings on the use of fetal echocardiography to detect fetuses with Downs Syndrome and other chromosomal defects. After his training he joined the faculty at the University of Southern California School of Medicine as an Associate Professor. He left academe to work full-time as a consultant to community-based obstetricians with difficult fetal problems. During his many years of practice Dr. DeVore has personally performed over 100,000 fetal ultrasound examinations.

Class of 1977

Klea Bertakis, M.D., M.P.H.
Dr. Bertakis completed her family and preventive medicine residency at the University of Utah. She is currently professor and chair of the Department of Family and Community Medicine at University of California at Davis. She was founding director of the Center for Healthcare Policy and Research and Chair of UC Davis’s Health System Practice Management Board.

Class of 1987

Ron Anderson, M.D.
Dr. Anderson resides in Palos Verdes, California with his wife of 24 years, Kim. They have a daughter at BYU and another starting there this fall. Ron is an orthopedic surgeon practicing joint replacement surgery at Kaiser Permanente South Bay Medical Center. He is an elected member of the Board of Directors at the Southern California Permanente Medical Group – a 6,000 physician group providing medical care to 3.5 million people in Southern California. Dr. Anderson has made several humbling trips to Port-au-Prince, Haiti as a volunteer orthopedic surgeon in the wake of the devastating earthquake.

Jeffrey Baker, M.D.
Dr. Baker returned to his home town of Idaho Falls after completing his residency training in obstetrics and gynecology. He has a total of six fellow practicing partners and six mid-level providers in a large group practice. He has done a lot of clinical research and has been the director of this practice for fourteen years. Recently he completed a fellowship at the University of Arizona School of Medicine in integrative holistic medicine and became board certified.
Class of 1997

Elizabeth Dayton, M.D.
Dr. Dayton is a family medicine doctor (including obstetrics) at Mountain View Hospital in Payson, Utah where she has been chief of staff since 2010. She is still happily married to Bradley and they have four wonderful children.

John Jackson, M.D.
Dr. Jackson is a neuroradiologist practicing in at St. Alphonsus Regional Medical Center in Boise, Idaho. He completed his internal medicine internship at the U of U, his diagnostic radiology residency at Duke University, and his Neuroradiology Fellowship at Barrow Neurological Institute in Phoenix. With his neuroradiology and neurology partners he helped start the only JCAHO approved primary stroke treatment center in Idaho. He has been married for twenty years and has four children; the oldest will be heading to BYU this fall. In his spare time he enjoys running, training his pointer dog and skiing.

David Peterson, M.D.
Dr. Peterson is a neurology and sleep medicine doctor and practices at St. Mark’s Hospital Wasatch Sleep Health Center in Salt Lake City, UT. He completed his fellowship training in sleep medicine and has been Medical Director of Wasatch Sleep Health Center for 10 years.

Class of 2002

Lisa Lloyd Giles, M.D.
Since her graduation from medical school Dr. Giles has completed a Triple Board Residency in Cincinnati, which involved qualifying for three boards while at the same time having three children. She and husband JP subsequently found their way back to the mountains of Utah where she joined the faculty in the Department of Pediatrics. She runs the psychiatric consultation-liaison service at Primary Children’s Medical Center and provides psychiatric care to children with chronic medical illness. Meanwhile, at home she keeps running, chasing after her 7-year old son and 5-year old twin girls.

Elizabeth Mabey Huff, M.D.
Dr. Huff lives in Provo, Utah with her husband Steven and her three children, Henry, George and Anna. She practices internal medicine at Utah Valley Regional Medicine.

Angelica Putnam, M.D.
Dr. Putnam is an assistant professor, clinical tract, in the Division of Pediatric Pathology at Primary Children’s Medical Center in Salt Lake City. She is board certified in anatomic, clinical and pediatric pathology. Along with her AP/CP residency and pediatric pathology fellowship completed at the University of Utah, she completed a general surgical pathology fellowship at the University of Colorado at Denver. She devotes most of her time to surgical pathology and teaching medical students, residents and fellows. Special interests include pediatric vascular lesions, soft tissue tumors and sarcomas. She supports Primary Children’s Hospital specialty tumor boards and is currently the pathologist for the Solid Tumor and Vascular Groups.

Class of 2003

Douglas Larsen, M.D., M.Ed.
Dr. Larsen is an assistant professor of neurology and pediatrics at Washington University in St. Louis. He joined the faculty in 2008 and earned a Master’s degree in Medical Education in 2010. In 2011, he received the Medical School’s 2nd Year Lecturer of the Year Award, the Arthur L. Prensky Award for Outstanding Resident Teaching by a Pediatric Neurology Attending, and the Samuel R. Goldstein Leadership Award in Medical Student Education, Washington University’s highest teaching award.

Class of 2007

Devon Burton, M.D.
Dr. Burton is completing his residency this summer in Diagnostic Radiology at Integris Baptist Medical Center in Oklahoma City, OK.

Everett Petersen, M.D.
Dr. Petersen is enjoying the mountains and life with his wife and three children in Salt Lake City, Utah. He is a practicing anesthesiologist at Alta View Hospital in Sandy, Utah.

R. Dennis Ashton, M.D.
William O. Edward, M.D.
Benjamin Katzin, M.D.
E. Jay Lambert, M.D.
Orville Felt Nielsen, M.D.
Charles L. Pennington, Jr., M.D.
Orson D. Perkes, M.D.
P. Brent Petersen, M.D.
Kent L. Pomeroy, M.D.
Albert Hamer Reiser, Jr., M.D.
Ann Kennedy Wadstrom, M.D.
*HS designates House Staff alum

MD 1974
HS 1957 *
HS 1944 *
MD 1954
MD 1944
MD 1952
MD 1955
MD 1972
MD 1963
MD 1945
HS 1962 *

April 2012
01 Jan 2012
13 Feb 2012
06 Feb 2012
09 Apr 2012
03 Mar 2012
30 Mar 2012
30 Apr 2012
16 Mar 2012
12 Apr 2012
15 Apr 2012

Bryant Whiting, M.D.
Dr. Whiting just completed his residency in urology at the University of Florida and will be starting work at Dixie Regional Medical Center in Washington, Utah.

Nicole Winkler, M.D.
Dr. Winkler is completing her residency in diagnostic radiology at the University of Utah this year and will be doing an abdominal imaging fellowship in Utah and a breast imaging fellowship in Boston.

House Staff

Peter J. Adasek, M.D., HS, ’66
Dr. Adasek and his fiancée, Sun live happily together in Colorado Springs, CO. They enjoy dancing, attending balls, concerts and the theater. Dr. Adasek continues to lecture on child abuse when the opportunity arises and he particularly enjoys volunteering as a docent for the Colorado Springs Fine Art Museum.

Jim Holliman, M.D., HS, ’83
Dr. Holliman was awarded the inaugural Global Emergency Medicine Academy (GEMA) “Lifetime Achievement Award” for his career work in Global Health at the Society for Academic Emergency Medicine Annual Meeting in Chicago, IL, May 12, 2012. Jim was also awarded the GEMA “Special Recognition Award” for his work in helping develop GEMA.
Transitioning Into Practice

**Wednesday, October 24, 2012 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.