The faces of medicine... Celebrating our accomplishments
Dean's Message

The unique role of academic medical centers in the landscape of health delivery systems is our role as scientists and as educators. One of the things that we all have to keep in mind as we confront the daily challenges of preparing for health care reform is how important it is to train the next generations of providers. It is this challenge that also serves as one of our greatest assets: the pipeline for the future.

When I look at the history of our amazing institution, I hold so much hope for our future. Take the remarkable life of alumni, Tom Rees, MD, class of 1948, whose story illuminates that life can be well lived, dedicated to helping the human condition. Though Tom sadly passed away last winter, his inspiration will carry on in all of us. Dr. Rees was simultaneously the best plastic surgeon to the stars of his day, and one of the founders of the Flying Doctors of East Africa—one of the largest not for profit organizations responsible for bringing health care and better lives to Africa. He, and his wife Nan, also gave so much to our institution, including endowed chairs in Global Medicine and in the Division of Infectious Diseases for the Investigation of Vector Borne Diseases. Tom’s generosity permeated every aspect of his life, an attribute we will work to carry forward. Dr. Rees was trained in medicine at the University of Utah before we had our current medical school building, affectionately known as “521.” Next year we will celebrate the 50th anniversary of this historic building and we are looking forward to hosting a major event. When 521 was built in 1965, then dean of the medical school, Phillip B. Price, M.D. had a vision for a hospital “…which would facilitate carrying on the highest grade of scientific work, which by the quality and reputation of its clinical work would attract patients from the whole mountain region irrespective of their economic status and which would have such a standing in the community that the best physicians and surgeons of the city would aspire to its visiting staff”.

Today, we see more than 1 million patients every year, from a referral area that covers 10% of the continental U.S., all while maintaining a national top 10 ranking in quality and safety for the last five years running. This year, University of Utah Health Care was ranked as the No. 1 healthcare system in Utah according to U.S. News & World Report’s 2014-2015 Best Hospitals rankings. As we celebrate the successful realization of this 50-year-old vision, we will be drawing to a close the era of the “521” building. As we begin to plan for the new Medical Education and Discovery (MED) building which will take its place, we collectively take on the challenge of providing a vision for the future. An opportunity like this comes along once in a generation and we are proud to share our plans with you for the construction of a new MED building.

Our vision for the MED Building is that it will serve for the next 50 or maybe 100 years, as a hub of innovation, training and research. Students, researchers and clinicians will work in this collaborative space to advance health as one integrated system, leading the transformation of academic medicine and serving as the new model for university health systems, nationwide. Besides the departmental offices, the MED will serve as the home for our innovation center, for new simulation training centers, for the new Department of Population Health Science and for new health systems innovation research.

And speaking of serving as a model for others, I hope that you happened to notice the accolades offered to our University Health Sciences Center in a recent Harvard Business Review article. Co-authors Tom Lee and Toby Cosgrove wrote in their article, “Engaging Doctors in the Health Care Revolution”, June 2014, that engaging providers will be key for achieving health care reform. They went on to recognize initiatives at Mayo Clinic, Geisinger Health, Cleveland Clinic and University of Utah Health Care as organizations who have successfully engaged our doctors in a new model of care—in our case, highlighting our Exceptional Patient Experience. If you haven’t seen the article yet see page 25 for a recap.

We have come a long way, but we still have a long way to go. Together we will continue to achieve greatness for our institution and our communities.

On behalf of all of us at the School of Medicine, please keep in touch and be well.

Sincerely,

Vivian S. Lee, MD, PhD, MBA
Letter from the Director

Kristin Wann Gorang, MS

Greetings medical alumni, former house staff, faculty and friends!

It’s hard to believe another summer is here and we are looking forward to a new medical class coming through our doors in a month. The SOM Alumni Association always participates in all the activities, orientation, White Coat Ceremony, kick-off picnic, etc. with the incoming class. In four short years they will become our alumni... and we want them to know that alumni of the U of U School of Medicine are their friends!

Speaking of alumni, we have a wonderful Alumni Weekend planned for all of you on October 9-11, whether it is your reunion year or not. We always kick off the weekend by our traditional CME symposium on Saturday morning. We hope those of you who aren’t already planning a reunion this year, but who live “in the neighborhood” will come out and join us and learn more about happenings at the medical school since you earned your degree.

Speaking of getting your degree, this edition of Illuminations features the Class of 2014 Month Day information and commencement celebration. We find many of our alumni enjoy looking to see if anyone in the graduating class is going to places where they did their training. This year we had 78 individuals match across 24 states. It was quite a day of excitement, stress, anxiety, both exhilarating and exhausting, as I’m sure you remember.

We in the Alumni Relations office are always looking at new ways we can connect with you and serve you. As part of our 2013-2018 strategic planning process the strategic planning committee, made up of current and former board members, a representative from the Dean’s office and a facilitator, recognized that we provide many services for our students, and quite a few activities for older alumni, but there seems to be a gap in communication and programming for younger alumni (other than our Transitioning into Practice program for residents completing their residency programs at the U). So this fall we’re hosting two free dinner forum groups for alumni graduating between 1999 and 2011 to brainstorm and discuss if there are any services or programs we could provide for younger practitioners dealing with new practices, young families, a medical marriage and the many changes that accompany finishing ones residency and starting into full-time practice. We assist our medical students to find mentors among our alumni; perhaps we should be offering the same assistance for your younger physicians! An email will be going out about this shortly, but if this is something you are interested in participating in please call me at 801-585-3818 and I’ll put you on the list.

Finally, I would like to thank many of you who are assisting our current stu- dents financially, either through scholarship giving, the stethoscope gift program, volunteering in our Transitioning into Practice program, hosting first and second year medical students in our Dinner with a Doc program, supporting education through financing lectureships or departmental named chairs, or housing our fourth year students as part of our HOST (Help our Students Travel) program. You are what makes working in the SOM Alumni Relations Office a wonderful and exciting experience. Thank you for all you do and see you this fall during Alumni Weekend!

Best wishes,

Kristin Wann Gorang, MS
Executive Director, SOM Alumni Relations Office

From the ER to the Senate
By Senator Brian Shiozawa, MD, HS ‘84

Healthcare is a major topic nationally and locally given the Affordable Care Act and the Medicaid expansion. This is the biggest change in healthcare in forty years, since Medicare. These new changes will affect many citizens personally and our society as a whole. Being a physician gives me a unique perspective in the legislature. I believe physicians do see things differently. We have insight into government regulations, dealing with insurance companies, medical liability, health-care costs and most importantly, dealing with sick and injured patients. We know the unique language of medicine and recent patient care issues like obesity and the aging of the Boomer generation. While all legislators are expected to consider the myriad of issues that come up every session, most legislators draw on their personal experience and profession to create and evaluate policy. For example, lawyers in the Senate and House have been very involved in the Attorney General controversy. Teachers have been working on education and retors have worked on bills about property taxes. In following my knowledge base, I have been involved with many of the healthcare related issues: Medical school class size expansion, Naloxone prescriptions for third parties, clean air, insurance mandates on autism and the Medicaid expansion. I have even had the opportunity to take care of sick and injured fellow legislators while in session!

I am grateful I chose medicine as a career many years ago. Despite ever increasing and frustrating rules from the government, hospitals and licensing boards, malpractice issues and the stress of the work itself, I am even more grateful that I chose medi- cine today. I cherish taking care of patients and advocating for public health and health care reform.

As a doctor I have a unique perspective of both treating patients and being involved in the healthcare system. I am a career Utah Medical Association member. I discovered during my time as the UMA President and also as a delegate to the American Medical Association, that effec- tive advocacy requires face-to-face contact with government officials and with legisla- tors in particular. Two years ago, when I was at the Capitol advocating for confidentiality of peer review and other bills, I realized that it is far more effective to be inside the Chamber than outside. It was then, with lots of support from many others, that I made a bold and life altering decision, to run for the Utah State Senate. After a long, complex, stressful and rewarding campaign, I was elected as the newest senator from District 8 in 2012. I would like to update you on some of the legislation I have been involved with during my first two years in the Utah Senate and what the outcomes have been. During my first session in 2013, I was made chairman of the Business, Economic Development and Labor Appropriations committee. I was also appointed to the Social Services Appropriations commit- tee and served on the Health and Human Services and Political Subdivisions com- mittee. I assisted in the passage of the bill to expand the medical school class size from 82 to 102 new students in 2013 and to 122 students in 2015. I was very proud that we were able to accomplish this goal and help, in a small way, the issue of physician shortages in Utah. In 2013 I also started the arduous fight to get insur- ance coverage for children with autism and helped pass a bill which rescinded the death penalty for minors. This year, 2014, healthcare is one of the biggest topics in Utah and that includes up on Capitol Hill. I worked to ensure that SB57, a bill that required insurance companies to provide coverage for children with autism spectrum disorder, was passed. Although strongly opposed by insurers, this bill mandates that thousands of Utah children can now get hundreds of hours of therapy each year which studies have shown make life-changing improvements in their lives and their families. It was hotly contested legislation but well worth the fight. When the Governor signed the bill the Gold Room at the Capitol was packed with...
initiative, while enhancing efficiency is to preserve the potential of the USTAR contracting changes. The intent of the bill establishes performance metrics and in the governance, reporting, audits and program. The new law requires changes deficiencies in the multimillion-dollar involvemedically related research and gram. At the University of Utah site it Utah Science Technology and Research which reforms the USTAR program. were greatly rewarded.

Looking out at them I felt my efforts to serve. I was fortunate to choose a medical career so affect so many Utah lives. It is a great opportunity I am grateful to be serving in the legislature and working to make these significant policy changes that I am grateful to be serving in the legislature and working to make these significant policy changes that affect so many Utah lives. It is a great opportunity to serve. I was fortunate to choose a medical career so many years ago. I am even more grateful now.
The Amazing Benning Chairs: Two new chairs named in the School of Medicine

The H. A. and Edna Benning Presidential Endowed Chair was established through a generous gift of $22.5 million to the University of Utah School of Medicine through the estate of Arthur E. Benning. The gift is in honor of Mr. Benning's parents, H. A. and Edna Benning. The endowed chair allows the University's medical school to recruit and retain top researchers and clinicians in a variety of fields.

Mr. Benning's decision to leave his estate to the University of Utah came, in part, after he remembered the care a colleague's daughter had received at the University of Utah Hospital. In 1965 Allan Lipman, a co-worker and friend of the Benning's, thought his three-year-old daughter, Tracy, was going to die. Doctors at the University of Utah discovered she was suffering from a rare and often fatal disorder called dermatomyositis. Benning, who had no children, told Lipman to take all the time off work that he needed to care for his ailing daughter.

Ten years later, Mr. Benning was in the process of re-evaluating the selection of organizations and causes that could benefit from his estate. Mr. Lipman shared that the University of Utah had a great medical school. "Art remembered my family's great experience when the hospital saved our little three-year-old daughter during my first year of employment with Amalgamated," said Mr. Lipman. "I know that Art would be very proud to know that the fruits of his labor will support the important work of talented physicians and scientists here in Utah both now and into the future."

Annual proceeds from the gift help fund the work of 12 faculty members, each of whom occupies an H. A. and Edna Benning Presidential Endowed Chair. An appointment as an H. A. and Edna Benning Presidential Endowed Chair is made in recognition of the dedication and achievement of the university's top medical researchers and for their contributions to his or her respective field. Chair holders are named by the president of the university.

Endowed chairs are vital to the University of Utah. Having the ability to provide the University's top researchers with this type of funding ensures that the University can retain and recruit the brightest and most talented minds in the country, guaranteeing the education of future generations.

I was remarkably fortunate to be selected as the 2013-14 Australian American Health Policy Fellow by the Commonwealth Fund, which is funded by the Australian government. Having never been on a sabbatical before, I had no real concept of what an incredible professional and personal opportunity it would turn out to be.
Dr. Matthew Samore received his medical degree from the University of Wisconsin School of Medicine and Public Health and did his residency training in internal medicine at Washington University and his fellowship in infectious diseases at Beth Israel Deaconess Medical Center in Boston. He is the Chief of the Division of Epidemiology within the Department of Internal Medicine and the Director of the Informatics, Decision Enhancement, and Analytic Sciences Center at the Salt Lake City VA. He has adjunct appointments in the Department of Biomedical Informatics and the Department of Family and Preventive Medicine. Dr. Samore has dedicated himself to advancing the University of Utah’s stature in epidemiology, health services research, biostatistics, and informatics. From its inception in 2001, the Division of Epidemiology has grown from its original size of one member to 24 faculty members. The Division of Epidemiology consistently ranks among the top divisions within the Department of Internal Medicine for research funding.

Dr. Samore works across disciplines in ways that foster innovation. His research is highly collaborative, as reflected in his success in procuring center and program project grants, such as the CDC-funded Center of Excellence in Public Health Informatics and the VA Consortium for Healthcare Informatics grants. He is the Principal Investigator of a new program project fund, funded under the VA’s Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) initiative. The IDEAS (Informatics, Decision-Enhancement, and Surveillance) Center engages multiple departments and institutes at the University of Utah, including Biomedical Informatics, Surgery, Radiology, Internal Medicine, Orthopedics, Psychology, Biology, Human Genetics, College of Nursing, College of Pharmacy, Scientific Computing and Imaging Institute, and the Huntsman Cancer Institute.

Dr. Samore’s research focuses on the interface between epidemiology and informatics. He develops and tests novel approaches to support decision-making, leading to new frontiers in visual analytics, population surveillance, and simulation models. Dr. Samore pushes the envelope on the application of state-of-the-art epidemiological methods to develop evidence about interventions to control health-care-associated infection and antibiotic resistance. He has championed the use of Big Data to transform approaches to monitoring and improving the health of populations.

Moving Forward: Following up a Successful Collaboration between a Sub-Specialty and Primary Care

Karly Pippitt, MD, FAAFP, ’06, House Staff ’09, Clinical Instructor, Division of Family Medicine
Adjunct Clinical Instructor, Department of Neurology

As a busy practicing family medicine physician, I’ve been fortunate to change up my clinical practice through an exceptional opportunity. This began with my involvement in a LEAN project. The University of Utah Health Sciences leadership encourages the LEAN approach developed by Toyota, which embraces improving patient processes to ensure continued best quality care and patient satisfaction. Our LEAN project was a collaborative effort between the Department of Neurology, Headache Division, and the Department of Family and Preventive Medicine, Division of Family Medicine. The project’s goal was to improve diagnosis of migraine in primary care and thereby improve use of migraine specific medications. We worked with two family medicine residency clinics and found that by utilizing a validated three-item questionnaire, we increased the frequency of diagnosis of “migraine”, as opposed to just “headache” and thereby decreased the number of opiate prescriptions.

This successful pilot project led me to become an adjunct faculty member in the Department of Neurology. With this additional faculty appointment, I am expanding my clinical experience, seeing “headache” referrals from the University of Utah Health Care Community Clinics, and working alongside the specialists in the Headache Clinic.

This innovative collaboration seeks to provide recommendations to primary care providers, reduce wait time for patients to be seen in the clinic, and for me to serve as a resource to my primary care colleagues. We are studying how patients perceive a primary care provider in a specialty clinic as opposed to a primary care provider. We are also studying wait time in clinic and ease of referral.

Now a few months into this experience of seeing patients, I can reflect on my role as an embedded primary care provider in a sub-specialty clinic in an academic center. I will confess that I had trepidations about the reception from patients after their wait to see a specialist. I was nervous about how my skill set in primary care would translate. Although I often feel like an intern again, asking frequent questions of the specialty clinic staff and patients, I am proud to have developed a niche in this area.

Not only does the specialty clinic allow me more time for patient interaction, I also have immediate access to specialty colleagues in neurology, headache specialists, and neuroradiology. This has allowed me to maximize my time spent in developing a differential diagnosis, question the patient in sufficient detail, and receive immediate feedback from experts about my thought process and physical examination skills.

There is a perception that because there is a significant wait time to get into the specialty clinic, patients are often reflexively referred, (i.e. to get them in as soon as possible) prior to exhausting all options in the primary care toolkit. This has lengthened the wait time for treatment even further. Moving forward, the goal is to triage referrals to the headache specialty clinic. By reviewing referrals and charts, I can provide recommendations to my primary care colleagues so they can handle the treatment at a primary care level and their patients are not waiting longer for treatment.

There are many medications which have an indication for migraine treatment, especially prophylaxis, that might help treat comorbid medical conditions. For example, a patient with diabetes mellitus and hypertension is often treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB)– both losartan and candesartan are indicated for migraine prophylaxis. Being thoughtful about medication options and thinking outside of the usually considered options can improve patient care. Additionally, in working in the headache clinic, I have learned that before I give up on a medication, thinking it did not work, sometimes adding another preventive agent can make the difference.

Though initially anxious about my status as “just a family doc,” I have felt nothing but a warm collegial welcome in the Headache Clinic from the providers, staff and patients. I am a family physician, and proud of it, but I am also very proud to have developed a niche in this academic specialty clinic where I am a valued team member.

*LEAN is a production practice that considers the expenditure of resources for any goal other than the creation of value for the end customer to be wasteful, and thus a target for elimination. LEAN is centered on preserving value with less work. LEAN manufacturing is a management philosophy derived mostly from the Toyota Production System.*
Alumni Weekend
University of Utah School of Medicine
2014 Alumni and Medical Community Weekend October 9-11
Welcome back all School of Medicine alumni and former residents and fellows for a weekend of education, fun and reminiscing. Registration material will arrive by mail in August or go online to register for events at http://medicine.edu.utah/alumni.

Presentation of Distinguished Awards
Thursday Evening, October 9
Medical Alumni Awards Banquet
Grand America Hotel 6:30 p.m. Social, 7:00 p.m. Dinner

Distinguished Alumni Award
Anthony R. Temple, MD, ’68
Anthony R. Temple, MD was educated in medicine at the University of Utah School of Medicine (1968). He trained in pediatrics at the Children’s Service of the Massachusetts General Hospital and the University of Utah Medical Center and Affiliated Hospitals. In 1971, he joined the faculty of the School of Medicine, combining his interests and skills in general pediatrics with his specialty training in medical toxicology. There he taught general pediatrics and became the director of the Intermountain Regional Poison Control Center (now the Utah PCC). In 1999, he joined the Medical Department at McNeil Consumer Products, where, in the early 1980s he was instrumental in changing the approach to pediatric dosing of OTC acetaminophen, using a standardized approach he developed, later applying it also to pediatric dosing of OTC ibuprofen. When he retired in 2005, he was Vice President of Medical Affairs. He is widely published and recently published a major analysis of pediatric antipyretic use of acetaminophen.

He was President of the American Association of Poison Control Centers, and on the Boards of the American Academy of Clinical Toxicology and the American College of Medical Toxicology. He received the Distinguished Service Award of the AAPCC (1979), the Distinguished Career Achievement Award of the AACT (2003), and the ACMT Award for Excellence in Medical Toxicology (2003). He has served on the Utah Poison Control Center Advisory Board since 1998. He is now an Adjunct Associate Professor in the University of Utah Department of Pediatrics, and a resident of St. George, Utah.

Distinguished Service Award
Thomas H. Caine, MD, ’63
Thomas H. Caine, MD is a native of Idaho who received his B.S. and MD degrees from the University of Utah, followed by a residency in internal medicine and a fellowship in clinical outpatient cardiology at the University of Wisconsin (Madison). He joined the University of Utah faculty in 1968. During his time at the University of Utah School of Medicine, he served as Assistant Dean of Student Affairs and was the first chief of the Division of General Internal Medicine. While under his leadership the division grew from three to 17 faculty members. Because of his interest in providing comprehensive medical care for his patients, he was the Medical Director of the General Internal Medicine Outpatient Clinics for many years. He is a Fellow in the American College of Physicians and has received the Utah Chapter’s Laurel award. He also was awarded an outstanding service award by the Utah Medical Association and served as their honorary president from 2002-2003. His activities have stretched across the community in the areas of patient care, administration, teaching and community service. His professional activities have included president of the University of Utah Medical staff, president of the Medical School Alumni Association, and a member of the U of U Hospital Foundation Board.

Distinguished Humanitarian Awards
Christina L. Gallop, MD, MPH
Dr. Christina Gallop has served as Fourth Street Clinic’s Medical Director since 2006 after finishing her residency in internal medicine at the University of Utah and receiving her M.D. from the Temple School of Medicine. Prior, Christina worked as the Hepatitis Program Manager and eventually became the Chief of Programs at Los Angeles County Department of Health Services’ Immunization Program.

Allan D. Ainsworth, PhD
Dr. Ainsworth is a medical anthropologist who worked the majority of his career to provide health care services for disenfranchised populations. In 1988 he created Fourth Street Clinic in Salt Lake City with $345,000 of initial federal dollars. When he retired 23 years later the clinic had a diversified funding base of $7 million and served more than 5,000 unique individuals a year, transforming the way homeless individuals receive health care in Utah. The clinic is a major hands-on teaching facility for students from the various disciplines of medicine, social work and pharmacology. Many U of U medical students do clinical training there and pharmacy students work in the integrated pharmacy division. Dr. Ainsworth created, which provides more than 6,000 unique individuals a year, transforming the way homeless individuals receive health care in Utah. The clinic is a major hands-on teaching facility for students from the various disciplines of medicine, social work and pharmacology. Many U of U medical students do clinical training there and pharmacy students work in the integrated pharmacy division.

Recognizing Fourth Street Clinic
Through his tireless advocacy Dr. Ainsworth worked collaboratively with other Salt Lake County service providers to build a nationally recognized tuberculosis surveillance and treatment program, which had the additional result of creating more than 660 permanent supportive housing units for homeless individuals and families. Under his guidance, the clinic integrated behavioral health services with primary health care and developed respite care services for homeless people.

For his leadership in the community he received the Pate Suazo Social Justice Award in Community Leadership, the National Association of Community Health Centers’ Elizabeth K. Cooke Advocacy MVP Award, and Utah Business Magazine’s Health Care Hero Administrative Award. He was president of the National Health Care for the Homeless Council and served on the Martin Luther King, Jr. Human Rights Commission. He is currently an Associate Professor at the University of Utah where he teaches in the Department of Anthropology and the Department of Family and Preventive Medicine.

The Awards Banquet also celebrates the induction of the Class of 1964 into the Half-Century Society.

Distinguished Awards

The Awards Banquet also celebrates the induction of the Class of 1964 into the Half-Century Society.
In the mid 1980's Salt Lake City's downtown began a revitalization process that included the demolition and redevelopment of many substandard housing units otherwise known as Single-Room Occupancy (SROs). The SROs were homes to Salt Lake's lowest-income residents who often worked odd jobs within walking distance as janitors or watchmen. When the roughly 800 housing units were torn down, 1,000 residents were cut off from their homes and jobs. Prior to the mid-1980's, homelessness in Utah was an isolated and temporary phenomenon, since then it has become more predictable, intergenerational and permanent.

Allan Ainsworth, PhD, a medical anthropologist, realized that the issues of health and housing were interdependent. It is impossible to be successful in one without the other. People cannot pay for housing without the presence of good health, and good health is unobtainable without a safe, permanent home. Homeless people are three to six times as likely to experience illnesses than those who are housed, with their average age of death in the United States being 48—on par with the life expectancy of Afghanistan and Nigeria, the lowest in the world. Homelessness in the United States is frequently caused by bankruptcies, and half of all personal bankruptcies in the United States are due to health problems.

In response to these issues and the growing need, Dr. Ainsworth founded Fourth Street Clinic in 1988 as a triage clinic staffed by himself and one part-time nurse who relied heavily on hospitals and medical volunteers in the community for patient treatments. Today, the clinic employs a staff of 50 and has a broad volunteer network of more than 150 physicians, PAs, nurses, dentists and others. The clinic is an AAAHC Patient-Centered Medical Home serving 4,100 homeless men, women and children with 25,000 medical, mental health, substance abuse, dental, and case management visits a year. In addition the ALSAM Foundation Pharmacy at Fourth Street Clinic dispenses 54,000 medications annually. Regular health care visits, along with the network to other community supportive services provided by Fourth Street are often an individual's first steps to move from homelessness to secure housing.

Tooth decay and chronic pain are major issues in the homeless population, both as a health issue, and a cosmetic problem for individuals searching for employment and housing. In 2012 the clinic received a $2.9 million federal grant from the U.S. Department of Health and Human Services to build its own four-chair dental lab at its campus in downtown Salt Lake City. It also added substance abuse clinics and did a mechanical and seismic upgrade on the existing building. With further financial help from Alcoso, an international linen and uniform rental company headquartered in Salt Lake City, the dental clinic opened in January 2014 and is now staffed with a dentist, a hygienist and an assistant.

Many University of Utah medical students, physician assistant students and residents receive some of their clinical, patient experience at Fourth Street Clinic. This has provided an invaluable resource for learning to the students and a mutually beneficial relationship between Fourth Street and the School of Medicine.

By increasing homeless Utahns access to primary care, Fourth Street Clinic is a major partner in ending homelessness, promoting community health, and achieving across-the-board health care savings.

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. Nondiscrimination and Disability Accommodation Statement: The University of Utah does not exclude, deny benefits to or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, age, veteran’s status, religion, gender identity/expression, genetic information, or sexual orientation in admissions to or participation in its programs and activities. Reasonable accommodations will be provided to qualified individuals with disabilities upon request, with reasonable notice. Requests for accommodations or inquiries or complaints about University nondiscrimination and disability issues should be directed to the Director, OEO/AA, Title IX/Section 504/ADA Coordinator, 201 S Peabody Crdrs, Rm 115, Salt Lake City, UT 84112, 801-585-8565 (voice/TTY), 801-585-5706 (Fax).

11:00 a.m. - 1:30 p.m.

Simulation Laboratory Tour with Medical Students and Lunch

with the presentation, “A Short Walk Through Planned Giving” by Jay Vogelsong, Associate Vice President of Health Sciences Development.

Dean Vivian Lee M.D., Ph.D., M.B.A. - State of the School Address

Tour and Lunch

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.


12:00-1:30 p.m.

Reunion Evening

Little America Hotel, downtown Salt Lake City
Twice monthly, an inter-disciplinary group of students performs first-time visits for uninsured patients at the Maliheh Free Clinic. This completely student-driven endeavor combines first and second year Physician Assistant (PA) students, PharmD candidates and Family Medicine resident physicians. The students are supervised by faculty from the Department of Family and Preventive Medicine as well as the School of Pharmacy.

Volunteer providers in primary care and other specialties staff the clinic during regular clinic hours. However, the demand for care far outweighs the available supply. New patients have occasionally waited greater than six months with the greatest limitation being the time it takes to complete an intake history and physical.

Our students identified this access issue as an area where they could make a difference. Working together with the Maliheh staff, the students organized a nighttime clinic focused on providing the initial visit for new patients. The student leaders created a vision and mission statement for the student-run clinic. They organize all student volunteers and are responsible for operations of the evening clinics.

In addition to providing a service to members of our community while gaining valuable patient care experience, the students are receiving many lessons that come from outside the classroom. They are learning about providing culturally competent care, how socioeconomic factors affect health-care delivery and are developing a greater understanding of the effect of health care disparities on individuals and populations. Most importantly, they are also learning how to deliver care in student cross-disciplinary teams, which will help them to become better providers in the future; delivering quality, compassionate care as part of a high functioning multi-disciplinary team.

The Maliheh Free Clinic, founded by U of U School of Medicine alumnus, Mansoor Eman, MD, ‘90, serves uninsured and low-income families in the Salt Lake Valley. It is funded by private donations and The Semnani Foundation.
"I was asked if I ever intended to get married or have kids, but I didn't answer the question directly. I would simply say, 'Dr. Bliss, I intend to practice medicine my entire life,'" Hammond said at a Dean's Roundtable event at the School of Medicine in November 2013. "And I wish he were still around so I could say, 'Dr. Bliss, I practiced medicine my entire life.'" And she also managed to be happily married and raise three children.

At the start of the Roundtable Hammond stressed the fact that if she wouldn't have had a wonderful partnership in her marriage she couldn't have done all the things she did, both professionally and in her personal life. Finding the right partner she believes is essential to success in all aspects of your life.

Hammond, who obtained undergraduate and medical degrees from the University of Utah, is a professor of pathology at the U of U and director of Cardiac Transplant Pathology for the Utah Cardiac Transplant program. She recently retired as a pathologist at LDS Hospital, an Intermountain Healthcare facility. In 2013 she was the first person to be recognized by the College of American Pathologists with the Pathology Achievement Award and in 2007 she received the Distinguished Alumni Award from the University of Utah School of Medicine for her contributions to the field of medicine.

After graduating from medical school, Dr. Hammond completed a one-year internship as an aide from the National Institute of Health in Stockholm, Sweden. She finished her residency and fellowship at Massachusetts General Hospital. Her work as a pathologist includes standardization, collaboration and publication of a lifesaving technique for pathologists and oncologists. In the early 1980s, a cell-surface protein called HER2 was discovered in approximately 20 percent of women with breast cancer. Women with this particular protein had a much higher mortality rate than those without. Extensive research was conducted and by the late 1990s, a drug called Herceptin was developed to target this particular protein.

"That made a complete switch in interest of the pathologists about what to do. They started doing the right things. It's not perfect, but it's a lot better," Hammond said.

Despite the improvements, about 1,100 labs nationwide performing the test, about 900 are fully accredited and go through a rigorous review regularly to ensure correct results, she said. Hammond's work with HER2 testing and other projects exemplifies a lifetime dedicated to research and medical practice. She confesses she's loved research since she was an undergraduate student and that she's always had a burning curiosity to take her knowledge beyond the textbook.

John T. Hopkin, MD '68

With just a single year of medical school under his belt, John T. Hopkin, M.D., found himself a little over his head, but intellectually intrigued, while performing mental status exams during a summer job at a Wyoming mental health hospital.

"Wyoming State Mental Hospital was no better or worse than any other mental hospital at the time. It was kind of discouraging and horrifying. They practiced early psychopharmacology with first-generation anti-psychotics," Hopkin told a room of University of Utah medical students as part of the Dean’s Roundtable series in March. "But I found the work fascinating — asking a series of questions that was supposed to lead to a diagnosis. That's where I got a feeling that the mind was extraordinary. I was taken with it very much, even though this was the worst kind of setting you could possibly see it in.”
That early exposure, and his own battle with depression, influenced his decision to join the profession. He also recognized that the field would be exploding and there would be radical breakthroughs in the science, he said.

Hopkin, who had also earned his undergraduate degree at the University of Utah, completed medical school at the U of U before going to the University of California, Davis, to finish his residency. He later moved to the Bay Area and held various top positions at San Francisco General Hospital and at the Langley Porter Psychiatric Institute at the University of California, San Francisco (UCSF). He published several articles with his colleagues during that time, and continued to teach and hold leadership positions in the UCSF department of psychiatry.

While working, teaching and publishing in various areas of his field, his work with those who were affected by HIV and AIDS in the first stages of the epidemic was especially influential on his career and life, Hopkin said. When he arrived in San Francisco in 1980, the first patients with AIDS came into the hospital. The condition was unknown and undefined. Symptoms began as pneumonia and then a strange visible malignancy appeared. Recently diagnosed patients were given six weeks to live. There was a real view that the patients were stricken with a leprosy-like condition and at first it was unclear how it spread, all that was known about transmission was it mainly affected men who had sex with men.

The condition had a particularly strong impact in large cities where gay men seeking respite gathered from all around the country. Los Angeles, New York and San Francisco were hit especially hard.

"Many of the people who contracted the disease were seeking love and community for the first time," Hopkin said. "For the first time in their lives, many had the freedom to engage in social and sexual interaction and they embraced that freedom. But to learn that the freedom wasn't free – that was very difficult."

Local governments were concerned with tourism dropping and Hopkin was contracted by both the city and county government to create a program of outreach and group sessions for those diagnosed with HIV and AIDS. After diagnosis, many patients lost support from their friends and family and consequently suffered from other psychological conditions, on top of physical ailments. The programs were also designed to help at-risk people understand how to deal with their own fear factors. Compounding the risk of contracting the disease, gay men and women at the time did not have the opportunity to go through the typical development – date, fall in love, be heartbroken and learn that life goes on. Instead, they often demonstrated psychiatric symptoms, such as depression and anxiety. Quite often, they needed support, not pharmaceuticals, and the gay men who were allowed to undergo normal development were psychologically identical to their straight peers, Hopkin said. The group sessions helped meet that developmental goal.

"It was a very rewarding and moving experience, even though it was quite horrible," Hopkin said.

Medical treatments began to progress and antivirals were developed. Eventually, HIV and AIDS became a chronic disease. New ways to treat it are being developed and the gay community is normalizing, Hopkin said. But the support groups established in the early years developed a framework to help and provide community to many men and some women in dire circumstances.

After many years of working with HIV and AIDS patients, Hopkin retired to a farm in rural Utah. But his work helping others hasn't ended. He has joined in sponsoring a program for refugees to the United States, training them to serve as translators and case managers for their own populations. Finding trusted individuals from the communities who can empathize with those who need help is vital, he added. Currently, the program is aiding a group of Russian refugees who are dealing with post-traumatic stress disorder, depression and many other hardships.

In 2013, Hopkin established a Presidential Endowed Chair in Autism Research in the University of Utah's Department of Psychiatry. It was the University’s first endowed chair in the department. The goal of the Transitioning Into Practice program, designed for residents and fellows in the last two years of training, is to provide the physician with information and tools that facilitate a successful transition from training as a resident or fellow into a successful practice in medicine.

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• Physician Employment Contracts
• A Financial Planning Conversation for Residents Preparing for Practice
• Panel Discussion—What I Know Now that I Wish I’d Known Then
• Public Service Loan Forgiveness Program

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First University of Utah Fall Urologic Summit Conference

The University of Utah Division of Urology is pleased to announce the Division’s first annual Fall Urologic Summit meeting held September 26-28 at Stein Erickson Lodge in Park City, Utah. The meeting’s focus is prostate cancer. Confirmed speakers include Dr. Joseph Smith from Vanderbilt University, Dr. Peter Carroll from UCSF, Dr. Anthony Zeitman from Harvard Medical School, Dr. Fergus Coakley from Oregon Health Sciences, Dr. Sean Elliot from the University of Minnesota, and Dr. Anthony Bella from the University of Ottawa.

For more information see http://www.utahurologysummit.com

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Match Day 2014

Match Day
May 24 was a day of celebration and downpour, as 78 medical students, 42 physician assistant, and 144 bachelor, master and PhD graduates of the University of Utah School of Medicine poured out of the rain into Kingsbury Hall to celebrate their graduation.

Nobel Prize laureate Mario Capecchi spoke to the graduates, faculty members and families about the changes that had occurred in his field of genetics in the past fifty years, stating that the future of medicine, their future, would experience even more rapid transformation. He shared that he changed his field of research approximately every seven years. From studying bacteriophages (bacterial viruses), to mammalian genetics, then to developing the “knock out” mice—for which he shares the 2007 Nobel Prize in Physiology and Medicine—and, more recently, developmental genetics of the nervous system and behavior. Today he is consumed with comparative genomics across multiple species. He encouraged all graduates to embrace change, saying the status quo is your enemy. He challenged them to never stop being a student, reading, discussing, reevaluating, being curious. It takes the same amount of effort to work on the big questions as the little questions, so whatever your field in medicine, he said, choose the big questions.

I solemnly pledge to consecrate my life to the service of humanity. I will practice medicine with conscience and dignity. The health and life of my patient will be my first consideration. - From The Oath of Hippocrates
The School of Medicine Alumni Association Fourth Year Award was established in 1990 by the board of the Alumni Association. The criteria for this student-nominated award is a demonstrated concern for their peers and a life that exemplifies the ethical, moral and academic skills deemed necessary to make an exemplary physician.

When fourth year student Andy Jones wrote his nomination for Brandon Wilkerson he cited Brandon's leadership during his time in medical school, which was underscored by his humility and quiet confidence. Brandon served as 3rd year class co-president, UMA delegate, National AMA delegate to two national meetings, as the U of U AMA Co-President, UMA Co-President and as a member of the UMA Board of Trustees and the SLC Medical Society Executive Committee.

Andy commented that Brandon's greatest wish is for everyone around him to succeed. He reached out repeatedly to help and motivate struggling students and to lift up his peers. He regularly tutored, mentored and otherwise assisted students from all classes, covering extra call shifts, staying late, and taking on extra work to lighten the load of those around him.

He was particularly interested in children with paralysis or otherwise physically handicapped. During medical school he worked with the “Now I Can Foundation” and was the event coordinator for the annual “Run to Walk” event, raising funds for children with Cerebral Palsy. He also committed to promoting cancer awareness and served as the Event Chair and Entertainment Chair for the local American Cancer Society Relay for Life, which raised over $60,000 towards cancer research. While in medical school he dedicated time to cancer research—participating in seven different projects including NIH funded research in pancreatic cancer and orthopedic research in soft tissue sarcoma.

An excellent student, Brandon worked part-time his first two-years of medical school but still scored among the top in the nation on both the USMLE Step 1 and Step 2 exams and was invited to teach the SOM's Step 1 board prep class. He continued to shine in his 3rd and 4th year clerkships often cited as one of the top students with an “excellent work ethic, dedication to the team, and to his patients.”

The Alumni Association is proud to give this well-deserved award and gift of $1000 to Brandon and look forward to watching him progress as a doctor as he moves forward with his surgery specialty at Vanderbilt.

### Harvard Business Review Recognizes Physician Engagement Efforts by University of Utah Health Care

University of Utah Health Care was recognized in the June edition of Harvard Business Review as a health care system embracing new transparency efforts involving physicians in the challenging process of overhaulng health care to better meet patient needs.

U of U Health Care is one of several prestigious health care systems, which include Cleveland Clinic, Mayo Clinic, and Brigham and Women’s Hospital, featured in the article titled “Engaging Doctors in the Health Care Revolution.”

The article focuses on how physicians can help propel health care transformation as the U.S. moves from a fee-based system to an accountable care system. The survey results of U of U Health Care patients and physicians in the SOM were featured in the article.

The Harvard Business Review article states, “One key to Utah’s success with the program, we believe, was its gradual introduction, which allowed physicians to acclimate at each step.”

Web traffic to the U’s online physician profiles skyrocketed after implementing online reviews. The most recent numbers, from March 2014, show page views to U of U Health Care physician profiles totaled 122,072—a dramatic increase from the 32,144 page views tallied before online physician reviews and comments had been fully adopted. The surge in web traffic is a strong indicator that patients and consumers appreciate the transparency and additional information made possible by online reviews.

University of Utah Health Care uses data from more than 40,000 patient surveys to rate its physicians on nine measures including patient satisfaction and engagement. Patients are e-mailed an electronic survey within a few days of their medical appointment and are asked to complete questions about the care they received and to provide specific comments. Feedback is then posted to the web site and is also used to improve all areas of patients’ clinical experiences. Other health care systems across the country have consulted with University of Utah Health Care about lessons learned while adapting their own respective models of online physician reviews.

### Saving Money and Improving Outcomes at Primary Children’s Hospital

In 2012 appendicitis treatment at Primary Children’s Hospital changed. The new approach focuses on tailoring the type and duration of care on the patient’s response. It is designed to decrease the length of hospitalization and cost of care as well as improve outcomes.

Since implementation of the new protocol the length of hospitalization has decreased by two days for children with ruptured appendicitis and decreased by one day for children with non-ruptured appendicitis. Cost of care has decreased from $13,610/patient to $9,870/patient for ruptured appendicitis and $5,783/patient to $4,499/patient for non-ruptured appendicitis. This has led to a total cost savings of approximately $1,200,000 a year at Primary Children’s Hospital.

Additionally, outcomes have improved. Fewer patients are getting readmitted (8.4% prior versus 5.9% now) and fewer patients are developing intra-abdominal abscesses (5.2% prior versus 1.3% now).

How were these changes achieved? First, the web site and is also used to improve all areas of patients’ clinical experiences. Other health care systems across the country have consulted with University of Utah Health Care about lessons learned while adapting their own respective models of online physician reviews.

These changes can be attributed to the following factors:

1. **Appendicitis Protocol Changes**

   The appendicitis protocol at Primary Children’s Hospital was changed to focus on outcomes and costs. The old protocol involved hospitalization for all patients with appendicitis, regardless of severity. The new protocol allows for outpatient treatment for patients with non-ruptured appendicitis and for some cases of ruptured appendicitis.

2. **Patient Engagement**

   The hospital engaged patients in the decision-making process. Patients were educated about their condition and were given options for treatment. This increased patient satisfaction and reduced hospitalization times.

3. **Data Analysis**

   The hospital analyzed data on patient outcomes and costs. This allowed them to identify areas for improvement and to make evidence-based changes.

4. **Quality Improvement**

   The hospital implemented a quality improvement program to ensure that the new protocol was followed. This helped to reduce readmissions and improve outcomes.

5. **Financial Incentives**

   The hospital offered financial incentives to physicians who followed the new protocol. This helped to ensure that the protocol was followed consistently.

The results of these changes have been significant. The length of hospitalization has decreased, readmissions have decreased, and patient satisfaction has increased. This has led to cost savings and improved outcomes for patients at Primary Children’s Hospital.
Animating Biology

Janet Iwasa, Ph.D., a research assistant professor in the Department of Biochemistry at the University of Utah, sometimes receives Looks of surprise when she describes her research. “I’m a molecular animator,” she says. “I use 3D animation software from the entertainment industry to create scientifically accurate depictions of molecular hypotheses.”

Iwasa created her first scientific animation while she was a graduate student studying cell biology at the University of California, San Francisco, and went on to pursue animation full time as a postdoctoral fellow at Massachusetts General Hospital and Harvard Medical School.

Her experience working with numerous researchers has shown her that animations can play diverse and important roles in education, research, teaching and outreach. “Animations are an amazing way to communicate our ideas—to others in the research community, to our students, as well as to the public at large,” Iwasa says. “They’re also a powerful tool for exploring molecular hypotheses by allowing researchers to visualize what might be happening in three dimensions and over time.”

Since her arrival to the University of Utah in 2013, Iwasa has started a number of new collaborations with U faculty, including Wes Sundquist (Department of Biochemistry) and Brad Cairns (HCI). A major focus for the next several years will be a detailed molecular animation of the full viral life cycle of HIV. This project will be carried out through close collaboration with the Center for the Structural Biology of Cellular Host Elements in Egress, Trafficking, and Assembly of HIV (CHEETAH), a NIH-funded consortium led by Wes Sundquist. Iwasa is creating a website, called “The Science of HIV” which will feature these animations, as well as other resources, such as interviews with researchers and lesson plans for biology educators.

University of Utah Study Review helps Establish Newest National Guidelines on Opioid Use

Kurt Hegmann, MD, MPH, Chief, Division of Occupational and Environmental Health and Director of Rocky Mountain Center for Occupational and Environmental Health

Opioids are the most potent pain relievers for acute pain. They are also prom-\ importantly used for peri-operative pain. Their use may cause chronic pain is controversial. As we know from warning labels on prescription medication vials, opioids can cause potential impairments. While providing potent pain relief for acute pain, these medications act on the central nervous system, causing sedation and otherwise impairing higher cognitive functions. They are also quite addictive.

Recently, The Rocky Mountain Center for Occupational and Environmental Health (RMCOEH), a National Institute for Occupational Safety and Health-sponsored education and research center serving HHS Region 8 (Utah, Montana, North Dakota, South Dakota, Wyoming, and Colorado) completed an 18-month research review of opioid use and came up with the national recommendations to aid physicians and other health care personnel when prescribing opioids.

The RMCOEH is housed in the Division of Occupational and Environmental Health within the Department of Family and Preventive Medicine. Kurt Hegmann, the Director of RMCOEH, is the editor of the American College of Occupational and Environmental Medicine’s Evidence-based Practice Guidelines. These guidelines set up standards for a variety of different health issues, including low back pain, neck injuries, opioid use, respiratory concerns, etc. The Opioid Guidelines panel was likely the most diverse, multidisciplinary panel yet formed to review opioid use, made up of specialists in addiction medicine and counseling, anesthesiology, emergency medicine, family medicine, infectious disease, internal medicine, neuroscience, neurosurgery, occupational medicine, orthopedic surgery, pain medicine, pharmacology, physical medicine and rehabilitation, sports medicine and toxicology.

The guidelines also include a comprehensive opioid treatment consent form, developed based on existing research on the importance of obtaining informed consent to facilitate management of patients, as well as other tools to help health care workers.

With this convincing epidemiological evidence, the ACOEM Opioids panel recommended the avoidance of safety-sensitive job functions while under treatment with opioids. They also noted that there are no validated tools to determine if someone is safe to operate a vehicle on opioids. Among those treated with opioids, sufficient time after the last dose is recommended to eliminate approximately 90% of the drug and active metabolites from their system. The guideline also recommends monitoring for the emergence of other depressant medications such as benzodiazepines and sedating antihistamines (e.g., diphenhydramine including Benadryl).

U Researchers Seek Patient Input to Improve Surgical Care

Benjamin Brooke, M.D., Ph.D., assistant professor of surgery, the researchers are forming a network of up to 250 patients from rural and urban areas in Utah and surrounding states that have experienced surgical care at hospitals such as University of Utah Hospital. The study is funded by The Patient-Centered Outcomes Research Institute (PCORI), a Washington, D.C., group that advocates for improved communication between patients and providers resulting in better-informed health care decisions.

Patients are frequently perplexed by the steps involved in obtaining surgical care, spanning inpatient as well as preoperative and postoperative care in the community. When care is poorly coordinated, patients are unduly tasked with providing the only consistent linkage longitudinally across the episode, navigating from step to step with little guidance. Bridging the siloes between community and inpatient care across providers has typically relied on the vigilance of individual providers with limited roles and perspectives, rather than relying on a team-based approach with the patient at the center. This project seeks to bring together a network of patients and surgical care stakeholders to study the experience of patients undergoing surgery, identify common deficiencies in care coordination, and investigate interventions to improve outcomes of surgical care episodes.

The experiences of the network of patients and providers will determine where major problems in care coordination exist. Along with patients the network will include primary care physicians, surgical specialists and other follow-up care providers involved in surgical care. By assembling and engaging patients and major stakeholders in the community-surgical interface, the U hopes to create a research platform allowing a broad range of investigations designed to improve the experience and outcomes of surgical care episodes.

The panel work included searching databases going back to 1966. This included 24,617 articles being screened with a total of 117 high and moderate quality studies identified addressing pain treatment. Nine sizable epidemiological studies were identified and included in the analyses. Some of the most significant findings of the study are as follows:

1. As the first guideline to systematically address literature on opioid use and motor vehicle crashes, 12 studies reviewing motor vehicle crashes with or without opioids supported an elevated risk of crash and thus recommended people in safety sensitive jobs not to take opioids.

2. Out of 28 trials, no quality trials were identified showing superiority of opioids, including when compared with non-steroidal anti-inflammatory drugs and other medications for pain treatment. The Opioid Guidelines panel was likely the most diverse, multidisciplinary panel yet formed to review opioid use, made up of specialists in addiction medicine and counseling, anesthesiology, emergency medicine, family medicine, infectious disease, internal medicine, neuroscience, neurosurgery, occupational medicine, orthopedic surgery, pain medicine, pharmacology, physical medicine and rehabilitation, sports medicine and toxicology.

3. Lower doses of post-operative opioids were associated with better long-term functional outcomes.

4. The strongest risk factors for overdose and deaths included concomitant use of benzodiazepines, illicit substances, unemployment, psychiatric disorders and substance abuse history.

5. Selective use of opioids was recommended for patients with acute and post-operative pain, extended opioid use should only be used with documented functional gains.

6. A strong and reproducible dose-response relationship identified a recommended morphine equivalent dose limit of 100 mg per day as the accepted threshold: based most on expert opinion, which recommended a 110-120 mg maximum dose, which likely allowed too many fatalities to occur.

7. The longest placebo controlled trial lasted only four months. This confirmed this finding of others that there is no evidence of long-term efficacy from treatment with opioids, yet there is evidence of hazards.

8. Many patients do not tolerate opioids, feeling not or drowsiness in various phases of the trails.
Awards

2014 Rosenblatt Prize for Excellence
Awarded to Randall J Olson, MD, ’73

Randall J Olson, MD, Professor and Chair of Ophthalmology and Visual Sciences, CEO, John A. Moran Eye Center, University of Utah School of Medicine, was named the 2014 recipient of the Rosenblatt Prize for Excellence, the U’s most prestigious award. The $40,000 gift is presented annually to a faculty member who displays excellence in teaching, research, and administrative efforts. 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 “Dr. Olson has a long, rich history with the University and is an inspired choice for this honor. His forward-thinking leadership has effectively put the Moran Eye Center on the national map, bringing life-changing research and outreach, renowned patient care, and academic excellence together in one outstanding institution.”

Dr. Vivian Lee named one of the 40 Smartest People in Healthcare

In the Spring of 2014 Vivian Lee, MD, PhD, was named as one of the 40 smartest people in healthcare by Becker’s Healthcare, the leading source of business and legal information for healthcare industry leaders. Since July 2011, Dr. Lee has served as senior vice president for health sciences at the University of Utah, dean of U of U’s School of Medicine and CEO of University of Utah Health Care. While at the U, Dr. Lee has championed transparency and value-driven care in academic medical centers. “I’m a big believer in data and in measuring things,” she told Becker’s Hospital Review. That belief spurred the development of UHC’s Value-Driven Outcomes Tool, an algorithm meant to measure the true cost — not sticker price — of a patient’s episode of care. Dr. Lee, a radiologist, was awarded a Rhodes Scholarship to study at Oxford University in England, where she earned a doctorate in molecular engineering. She earned her medical degree with honors from Harvard University in Boston and completed her MBA at NYU’s Stern School of Business.

Clough Shelton, MD Recognized by American Otological Society

Clough Shelton, MD, Chief of the Division of Otolaryngology, was recently awarded a Presidential Citation by the American Otological Society. This citation recognizes his leadership and outstanding contributions to education and research in Otolaryngology, Otology, and Neurotology. He is also a Past President of this organization.

Otolaryngologist Dr. Richard Orlandi receives National Award for Collaboration

Dr. Richard Orlandi received an award from the American Academy of Otolaryngologic Allergy (AAOA) recognizing his success in forming collaborations between their society and the American Rhinologic Society (ARS). These two societies represent the largest block of subspecialists within the field of otolaryngology. The award acknowledged Dr. Orlandi’s efforts to establish a research grant jointly offered by the two societies, making it one of the largest nongovernmental research grants offered in otolaryngology. Collaboration between the two societies had been lagging for years and this joint research program has become a platform for shared goals and alignment. Dr. Todd Kingdom, outgoing president of the ARS, and Dr. Tim Smith, incoming president of the ARS, also received an award for their leadership in supporting Dr. Orlandi’s project.

Prestigious Sloan Research Fellowship Awarded to U of U Researcher Adam Douglass, PhD

A Utah neuroscientist who specializes in dopamine has received a 2014 Sloan Research Fellowship. Adam Douglass, Ph.D., assistant professor of neurobiology and anatomy, is among the 126 American and Canadian researchers who will receive $50,000 to further their research. These prestigious awards identify scientists and scholars early in their careers with the potential to become future leaders in their field. Dozens have gone on to win a Nobel Prize and other awards. "These researchers are pushing the boundaries of scientific knowledge in unprecedented ways,” said Dr. Paul L. Joskow, president of the Alfred P. Sloan Foundation.

Douglas studies how dopamine influences behavior using a genetically-encoded, fluorescent voltage indicator on larval zebra fish. The simple fish are in their first week of life. Their transparency works well with optical research techniques. “One of the areas where we’re really lacking is describing what dopamine does to the entire brain,” Douglass said. “The technique we’re developing will let us do that while maintaining cellular resolution. That allows us to investigate the contribution of individual neurons.” Dopamine is critical to certain behaviors. The disruption of dopaminergic neurotransmission is intrinsically connected to diseases such as Parkinson’s and schizophrenia. The voltage indicator allows the lab to record neuron activity without using electrodes. Researchers have built a microscope that can image this indicator in thousands of neurons in one experiment. The Sloan dollars will assist the lab in paying for staffing support.

Siam Oottamasathien, MD, FACS, FAAP, a member of the University of Utah Division of Urology, was awarded a NIH R01 grant from the National Institute of Diabetes and Digestive and Kidney Diseases to further investigate urologic chronic pelvic pain and explore glycosaminoglycan derivatives as novel treatment options. The Oottamasathien Laboratory has pioneered a new rodent model of bladder inflammation and pain, while characterizing the role of mast cells in diseases affecting the urinary bladder. In collaboration with Presidential Professor of Medicinal Chemistry, Glenn Prestwich, PhD, the Center for Therapeutic Biomaterials, and GlycoMira Therapeutics, they have developed a new family of anti-inflammatory therapeutics. With this strong collaborative team, they are hopeful that this new family of drug will someday effectively treat those afflicted with painful bladder syndrome.
Junior Faculty Members Tracy Manuck, MD and Erin Clark, MD Win Awards at Society for Maternal Fetal Medicine

Nearly half a million babies are born too soon each year in the United States. Preterm birth (birth before 37 weeks of pregnancy) is the leading cause of newborn death, and babies who survive an early birth face an increased risk of a lifetime of health challenges, such as breathing problems, cerebral palsy, intellectual disabilities and others. New research findings may soon help doctors personalize preterm birth prevention treatments by identifying which women at higher risk for preterm birth will be helped by progesterone injections. Injections of one type of progesterone, a synthetic form of a hormone naturally produced during pregnancy, have been shown to reduce the risk of recurrent preterm births by about a third.

Dr. Manuck was presented with the March of Dimes award for Best Abstract in Perinatology at the SMFM's Annual Meeting. 2014 marks the 11th year the UTMC has hosted the March of Dimes award for Best Abstract in Perinatology at the SMFM's Annual Meeting. The Pregnancy Meeting®

Dr. Manuck and her colleagues evaluated 50 women followed in a prematurity prevention clinic that received progesterone treatment and separated them by whether they responded to the treatment. The team then sequenced all of the areas of the women's genomes that code for proteins and looked for genetic differences between the two groups. The team identified several genes and general biologic pathways that were more likely to be expressed in women who did not respond to progesterone.

Dr. Clark’s study results add to the evidence that genes may play a role in risk of brain injury and death in preterm babies. The study, titled "Genetic Predisposition to Adverse Neurodevelopmental Outcome After Early Preterm Birth: A Validation Analysis," was a collaborative effort between the Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Units and Neonatal Research Networks. Researchers evaluated two different populations of very early preterm births (earlier than 32 weeks) with the goal of confirming the same genetic risk factors in both groups. The first population of preterm births was enrolled in a large Neonatal Research Network study, and the other group was of births that were enrolled in a Maternal Fetal Medicine Units Network study of magnesium sulfate before preterm birth for prevention of cerebral palsy. Results revealed a variant in the gene SERPINE1, a gene involved in inflammation and blood clotting, which was associated with cerebral palsy and death in very preterm babies.

In September 2013, the University of Utah was chosen to be one of 25 regional coordinating centers in the National Institutes of Health (NIH)-funded stroke trials network - NIH StrokeNet. The network was created to reduce the burden of stroke by maximizing efficiencies to develop, promote, and conduct high-quality, multi-site clinical trials focused on key interventions in stroke prevention, treatment and recovery.

The network provides some unique features such as a central Institutional Review Board that will reduce the length and cost of clinical trials as well as a comprehensive data sharing system. Another critical and unique element to NIH StrokeNet is the provision of funding for training of fellows and junior faculty in conduction of translational stroke research.

Catherine R. DeVries Honored at Annual National Physician of the Year Awards

University of Utah surgeon Catherine R. DeVries, MD, MS, professor of pediatric urology and director of the University of Utah Center for Global Surgery was honored with the Clinical Excellence Award at the Ninth Annual Castle Connolly Medical Ltd. 2014 National Physician of the Year Awards. Dr. DeVries was one of just three physicians from across the nation to win the Clinical Excellence Physician of the Year award in 2014.

In the past two decades DeVries has made dozens of trips to Africa, Latin America, and Asia where hundreds of millions of people have extremely limited access or no access at all to surgery. While performing countless operations for people with urologic needs, her primary goal is to establish a sustainable approach by teaching surgical procedures to local physicians and nurses so they can meet the needs of the populations they serve. Dr. DeVries became interested in providing urologic care to underdeveloped nations when she visited Honduras shortly after completing her surgical residency at Stanford University. Seeing children who needed urologic care but had no access to it, she developed a surgical care and education model built around the conditions and limited resources available in underdeveloped countries. In 1994, she founded International Volunteers in Urology, which focuses on teaching surgeons how to use resources in resource-poor areas. The not-for-profit organization, now called IVUmed, has set up educational partnerships to teach all aspects of urology to doctors and nurses in 30 nations.

Recognizing that people in underdeveloped nations need access to all types of surgery, she recently established the Center for Global Surgery at the University of Utah. The Center brings together people with backgrounds in surgery and anesthesia, biostatistics, global health sciences, and engineering to combine their experience and talents to find innovative ways for resource-poor areas to develop the infrastructure to provide surgery. In March 2013, the center held its first annual conference, which was attended by people from across the United States and throughout the world. DeVries serves on two World Health Organization projects, including the committee for Global Initiatives for Emergency and Essential Surgery.

About the National Physician of the Year Awards

Castle Connolly Medical Ltd., created the National Physician of the Year Awards nearly a decade ago to acknowledge the clinical excellence that typifies American medicine. Building upon its already broad and deep process for the identification of Castle Connolly Top Doctors®, it annually solicits special nominations from thousands of physicians across the country and the leadership of more than 1,000 hospitals to identify the physicians who have made significant and cutting-edge contributions to their areas of medicine.
Filling the Gap’ and is focused on men–
10% of all professors in the School. The
Zurich School of Medicine currently
invited to be the inaugural guest professor.

The Hedi Fritz-Niggli Visiting Professor–
including one on negotiations. This
workshop was led by University of Utah
Professor Kirtly Jones, herself a certified
negotiation and full professor in the De-
partment of Obstetrics and Gynecology.

Dr. Digre saw patients, discussed cases, and attended daily
morning report.

While in Switzerland Dr. Digre saw pa-
tients, discussed cases, and attended daily
morning report.

Paul Genec, MD
Dr. Genec and his
wife Kathryn live in
London, UK. He feels
fortunate to have practiced
the entire gambit of obstetri-
cology from head and neck surgery to
some fetal plastic and reconstructive
surgery during his career. He has held
innumerable of the seniority positions with
Dr. Hnatiow and he lab partners,
Keri Mironson, Michael Demartino
and Kaos Abate. He enjoys 
formulating and gardening and raising
Cook Terriers. He states that he is
now relying to his patients when they say,
"You can’t relax, you’re the only doctor I’ve ever known,” as his physi-
cians are waving!

Class of 1969

cake Edmon Jone, MD
Dr. Jone specialized in radiation medicine working with
radiated physicians and other professionals 
while an internist. After he retired he became
a golfer, tennis player, and enjoys his retirement.

H. James Williams, MD
Dr. Williams is a retired internal
Professor of Medicine at the University of Utah
and a Fellow of the American College of
Physicians. In 1996 after retirement he served as a
mission president in Denmark, Iceland, and Greenland. He is currently
the temple president of the Copenhagen, Denmark
Mission and the Church of Jesus Christ of Latter Day Saints.

Robert Maki, MD
Dr. Keller says that having six kids and
nine grandchildren impacts no retire-
ment. After 24 years working in the ER, he
started doing otolaryngic medicine.

He went totally “Hollywood” produc-
ing 3D TV spots and specials. Then he
did a real show with Dr. Eason.
He learned how much he missed medicine. So, he is now
working on diet and Lifetime
shows. He is the current
series success program with tlc
studies and Ado.
He is now
by the AHA and
week. The
rehabilitation.

Robert A. Fleser, MD
Dr. Joseph has done significant work
helping patients with chronic pain
and addiction to opioids and other
drugs. She currently lives in Chicago
and addiction to opioids and other
Dr. Berger is married, has four chil-
dren. She
career as an obstetrics
and is an advocate for patience in
labors. He is now retired, but enjoyed
a wonderful career as on obstetrics and
laryngologist.

Patricia McIlvaine, MD
Dr. McIlvaine plans to retire from her
position as Professor of Otology and Laryngology
at the University of Utah with a
nightshift diagnostic radiologist. As a nightshift diagnostic radiologist. As
April 2014, Dr. Robinson completed
his masters in Biomedical Informatics
at the University of Utah with a
sub-specialty in Imaging Informatics. He
married his wife, Sarah, in June 2010,
and they have their son Tray in November 2009.

Class of 2004

Troy James Robinson, MD
Since finishing his body imaging
fellowship at UTHSC in April 2014, Dr. Robinson has been working in Imaging Imaging, Seat-
tle Radiology/Western division, as a nightshift diagnostic radiologist. As a nightshift diagnostic radiologist. As
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his masters in Biomedical Informatics
at the University of Utah with a
sub-specialty in Imaging Informatics. He
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and they have their son Tray in November 2009.

Class of 2009

Benjamin Frederick Johnson, MD
Dr. Johnson works as an anesthesiolo-
gist for Intermountain Medical Center at the MC in Murray, Utah. She
and his wife, Danielle, Elly
Boyer, who finished her ER residency
at the IMC Hospital in Murray, Utah.

Nurse Notebook

News Notebook

While in Switzerland Dr. Digre saw pa-
tients, discussed cases, and attended daily
morning report.

During the first three months of her
professorship, She gave several lectures at
conferences and seminars and assumed
responsibility for the residents’ weekly
journal club conference. Working with
women faculty was inspiring since many of
the women have excellent research
backgrounds. Several workshops were held
including one on negotiations. This
workshop was led by University of Utah
Professor Kirtly Jones, herself a certified
negotiation and full professor in the De-
partment of Obstetrics and Gynecology.

Dr. Digre also participated in programs
that were working to expand leadership
in the various schools of the University,
increase the number of women on strategic
committees, and increase the number of
women in neuroscience leadership.

One of the key events of the academic
life in Zürich is the Dies Academicus,
while the University grants honorary
degrees and where the newly appointed
Rektor (president) Michael Hengartner of
the University to spend 6 months (one
academic year) as the Dies Academicus.

The Dies Academicus is a key event in the
academic year and is an important
event for students and faculty to
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Reunion year celebration? Watch the mail in August for your registration packet!
A registration form is also available on-line at http://medicine.utah.edu/alumni, where locations, fees and more details are available. Questions? (801) 581-8591