The Paramount Importance of Public Health
ILLUMINATIONS
The Magazine for the University of Utah School of Medicine Alumni and Friends

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University of Utah School of Medicine Alumni Association

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Dean’s Message

And yet, having accomplished so much, we still have a great task before us. The nation’s health care crisis challenges us to continually improve how we deliver care. Our customers are demanding a new kind of health care, one that is more accessible, reasonably priced and organized around them. As a leading university health system—and as the only university health system serving a large part of the Mountain West region—we have an opportunity to remodel health care for our patients and for the nation.

Fortunately, your alma mater is ahead of the curve. Utah is ranked as having the healthiest population at the lowest per capita cost in the nation—more than $4,000 per year less than the most expensive state, Massachusetts. From this position we have the capacity to improve health care and to define a new model of delivery, training and innovation.

We do not take this capacity to improve for granted. Eight years ago, my predecessor, Lorris Betz, MD, PhD, had a stack of complaints from patients. Today I have a stack of appreciation letters. Thanks to the hard work of our entire system, about half of our clinical faculty are ranked in the top 10 percent in the nation for patient satisfaction and a quarter are ranked in the top 1 percent. When it comes to quality, we are literally unmatched. U.S. News and World Report ranks us the #1 hospital in the state, and University HealthSystem Consortium ranks us as one of the top 10 university health systems in the nation, for the last five years in a row. Only one other health system in the nation can claim the same term—perhaps you’ve heard of Mayo Clinic?

So, from this position, how do we take advantage of this capacity to improve? How do we continue to advance the transformation of health care and health sciences? By imagining a new future of health care.

We imagine a new model of health care defined by quality, affordability and service. This model of care will be delivered with new telehealth accessibilities, new approaches to population and public health, and new medical devices and “apps” that will prevent and treat conditions. It will be informed by lessons in global health, health systems innovation research and big data informatics that draw on a diversity of sources to map the best way forward. And as care delivery changes, how we teach, train and innovate will change—demanding interprofessional, multidisciplinary and cross-collaborative curricula. Above all, we need to train our students (all 122 coming this year!) to balance the new with a strong foundation of compassion and humanity.

Such a model of care, education and research requires a new space—a space where ideas and knowledge flow freely. A space designed for the future of health care delivery, training and innovation—a space that builds on all of your amazing work. Just as our predecessors created a space for you to innovate, it is our turn to create a space for the next generation to exceed even our greatest expectations. After more than three years of planning, research space and other academic offices have already begun to relocate. We’re making great progress on the road to developing a new Health Sciences campus that will inspire us all. We are excited to unveil some ideas of what our new campus will look like this October during Alumni Weekend and I hope to see you all there.

Sincerely,

Vivian S. Lee, MD, PhD, MBA
Greetings medical alumni and friends! I am very grateful to all of our alumni who have made my nine years as director such an enjoyable and fulfilling experience. I am the fortunate recipient of stories from both older and younger graduates in my side role as editor of Illuminations magazine. With the upcoming celebration of 50 years of education, research and clinical work in the current School of Medicine Building (building 521) our office has geared up to share more of that history with the entire state. The SOM Alumni Association is collaborating with the Eccles Health Sciences Library to record oral histories from many of our older alumni and develop a historical traveling display of the school. At the same time, we’ve been working with Health Sciences Public Affairs and the Senior VP of Health Sciences to develop a video and a desktop book highlighting the last 50 years of discovery and change in medicine at the University of Utah. It is amazing all the stellar people, discoveries and compassionate care that emanated from the School of Medicine. It is equally amazing how much has changed and improved!

It is this capacity to improve that allows us to do so much more. Take, for example, the Public Health Program at the School of Medicine (page 3) which monitors threats to our health in all kinds of environmental conditions. Look at the rise of our telemedicine home monitoring and the telestroke program (page 8) that is managing chronic diseases and saving lives hundreds of miles away. Note our reach into global health (page 5), which sends providers across the planet to deliver care and learn how to do more with less. I look at the talent we have produced and faculty we recruit. For example, look at this year’s distinguished awardees, Val Hemming, MD, ’66, James Scott, MD, and Catherine deVries, MD (page 14), among so many others. There is an amazing legacy here at Utah. I hope you will join us in October to celebrate it!

See you then!

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

A Digital Legacy
On July 10, 1965, a punctuation mark of change occurred in the story of Utah medicine as the first patient entered the new University Hospital and School of Medicine. A 6 year old boy with house fire burns was transferred from the Salt Lake County Hospital on State Street to the facility in the foothills that would come to be known as building 521. This modern, state-of-the-art center provided an enhanced environment for healing. However, the real transformative effect of this project was bringing patient care, medical education, and research into one synergistic process. Students, residents, and staff were together, interacting, seeing and discussing, teaching and learning. Clinical observations spawned research projects and scientists became integral partners.

As predicted by Drs. Price, Wintrobe, and Goodman when they lobbied the Board of Regents in 1956 for the necessary funding, the University of Utah Medical Center would attract patients from throughout the Intermountain West as well as talented physicians and scientists who would elevate the reputation and quality of the clinical work. From 1966 through 2015, approximately 4,450 individuals obtained their medical degree through the University of Utah School of Medicine. Many more completed residency, fellowship, and research degrees in building 521 and its associated programs. This cadre of professionals have gone on to care for people at home and abroad, make discoveries, invent and innovate, educate and share. Their work and accomplishments continue to put Utah on the map of outstanding medical centers.

The School of Medicine Alumni Association, in collaboration with University of Utah Health Sciences, will make a special effort to recognize the 50-year history of building 521 during the annual October Alumni Weekend. All of us have been significantly and substantially affected by a place affectionately known by three digits. If you can’t join us, I hope you will take a moment to contemplate the influence it had on your life.

Best Regards,

Dale Hull, MD, MPA, ’85
School of Medicine
Alumni Association President

Letter from the Director
The Paramount Importance of Public Health  
David N. Sundwall M.D. Professor of Public Health (clinical)  
University of Utah School of Medicine

It has been said that “public health” – the collective efforts of our public health programs and policies at all levels (local, state and national) – does more to improve the quality of our lives and our longevity than all the doctors and hospitals put together.

Seems like a bold statement, but it is true. The work done by public health programs to monitor threats to our health by infectious diseases, assure the cleanliness of the water we drink, the safety of the drugs we take, the purity of the air we breathe, the quality of the food we eat, and the prevention of disease by immunizations, does far more to protect our personal health, and that of our communities, than does medical care. Of course we all want and need access to the best, scientifically sound medical care when we need it – to treat disease and injury and to relieve suffering. However, techniques to prevent disease are often overlooked and the importance of our public health efforts are frequently taken for granted, and not valued to the extent they should be. It is well known that the U. S. spends an extraordinary amount of money on health-related care and services – approximately $3 trillion a year – yet, it is estimated that only 3 percent of this is spent on our public health enterprise (local health departments, and state and federal agencies). So, although our investment in “health” could and should be better balanced, we get a lot of benefit from what we do invest in public health programs.

I served as the executive director of the Utah Department of Health [UDOH] for six years, from 2005 through 2010, and had the tough job of helping develop our agency’s annual budget, get the governor’s approval, and present it to the Legislature for its authorization and appropriation of funds. This was always a daunting and difficult task, inasmuch as this one agency’s budget approximates $2 billion (the lion’s share of that being to fund the state’s share of our Medicaid program, which pays for health care services for the poor, disabled, and long-term care for the poor elderly). Since each state agency competes for a share of the state budget, I needed to make the case for such a large amount of taxpayer dollars going to the UDOH compelling and comprehensible. To explain the value of public health I simplified my message, telling our policy makers that public health does the following “5 P’s”:

- **PROTECTS** the public by conducting careful disease and environmental surveillance
- **PREVENTS** disease and injury with immunizations, and making the public aware of threats
- **PROMOTES** healthy behavior and awareness of risks through public education programs
- **PROVIDES** care to those most in need by enrolling those entitled in Medicaid, and by providing primary and preventive care through state-funded clinics
- **PREPARES** for emergency responses to disasters, be they natural or man-made calamities

This oversimplified view does not begin to describe the range of activities that comprise our public health enterprise, but it seemed to help those responsible for supporting public health in our state to appreciate that these efforts are essential to the well-being of all of us. While most of the funding for specific public health programs comes from the federal government, our state and local governments are responsible for sustaining the infrastructure of the UDOH and our 12 local health departments.

To do all of these things we need a well-qualified public health workforce, with a broad range of skills. The University Of Utah Division Of Public Health, under the capable leadership of Steve Alder, Ph.D., trains many of those who constitute this valuable group of public health professionals. The Division is within the Department of Family and Preventive Medicine in the School of Medicine, and its educational programs are fully accredited by the Council on Education for Public Health (CEPH). They provide the following graduate degrees: Master of Public Health (MPH), Master of Science in Public Health (MSPH), Doctor of Philosophy in Public Health (PhD), and a Master of Statistics in Biostatistics (MSTAT-Biostatistics). The Division also collaborates with other academic units within the University to provide joint degrees with medicine, health care administration, public policy, public administration and social work. To date, the Public Health Program has a total of 1,150 graduates employed in a variety of public health agencies, in health care, research and related settings. There are currently 164 active graduate students working toward MPH, MSPH, MSTAT; Biostatistics Track, and PhD degrees. These graduates provide the foundation of public health in our state, and in my opinion are the unsung and undervalued heroes of our collective efforts to achieve a healthier society.
Graduates of the program now serve in a variety of positions, as executive director at the National Environmental Health Association, as a research manager at the Thrasher Research Fund, as a community development director at the Salt Lake County Health Department (SLCHD), as director of Family Health Services at SLCHD, as an epidemiologist for the Davis County Health Department and on faculty at various universities teaching public health and disease prevention.

The Division of Public Health is also leading our efforts to become a globally engaged university. It currently hosts the only graduate program at the University of Utah Asia Campus in Incheon, Korea and has been instrumental in the launch of the Ensign College of Public Health in Kpong, Ghana. With a long-standing history of global education and scholarship, the Division of Public Health is a national leader in establishing that academic public health needs to include global health. We recently celebrated this connection as Dr. Vivian Lee, our senior vice president for health sciences, and other Ghanaian and Utah leaders addressed the importance of this association at the inauguration of the Ensign College of Public Health.

I continue to enjoy being engaged in public health as I share my experience and passion for this field as a professor at the University of Utah. At one point in my career I had the privilege of serving in the Commissioned Corps of the U.S. Public Health Service, a little known “uniformed service” of some 6000 public health professionals who wear the Navy uniform, but with a different emblem – the “Anchor and Caduceus”. Between 1986-88 I was the administrator of the federal Health Resources and Services Administration [HRSA] and in that capacity I was also an assistant to the renowned Dr. C. Everett Koop, the 13th Surgeon General of the United States under President Ronald Reagan from 1982 to 1989. He was a remarkable leader and for a time he succeeded in putting public health at the forefront of our national health concerns; due in part to our need to cope with what seemed at the time a new plague, the emergence of an HIV epidemic. I think this simple quote from Dr. Koop helps us all appreciate just how important public health is, “Health matters to all of us some of the time, public health matters to all of us all of the time.”

I encourage everyone to be more aware of the critical role of public health principles and practices in our lives, not just when a threat to our health needs to be addressed, but always.

We can be proud of our robust public health education and research programs here at the University of Utah School of Medicine, and we can continue to improve the institutional support needed for their ongoing success.

“Health matters to all of us some of the time, public health matters to all of us all of the time.”
- Dr. C. Everett Koop, 13th Surgeon General, United States
Educating Global Citizens:  
A Recent Student Elective in Nepal

Over 6,600 feet high in Nepal’s Annapurna region of the Himalayas, physician assistant student Lee Rogers sat on the ground in front of the fire looking up at the stars with the prayer flags billowing in the wind behind him.

“I don’t think I’m done working in Nepal,” Rogers said. “Nepal has taken part of me that I can’t take home with me—I don’t know what it is but I want to come back.” In April 2015, University of Utah’s physician assistant students spent one month on a pilot rotation in Nepal, where they were immersed in the culture and the multiple facets of the health care system, including a busy city hospital and a small rural clinic.

Their first two weeks were spent in Kathmandu, where they gained clinical exposure in emergency medicine, surgery, dermatology and maternal-child health at the Manmohan Memorial Teaching Hospital (MMTH), along with participating at an MMTH-sponsored rural health camp in Dapcha, Nepal. “They learn about the culture of the particular country, which often impacts illness and might have a bearing on successful treatments,” said Dr. Don Pedersen, professor emeritus, who accompanied the students to Nepal.

On unpaved dirt roads, the dust and exhaust from cars is so palpable, almost everyone wears a facemask. The students and faculty remarked on the prevalence of chronic obstructive pulmonary diseases, one of the nation’s most common causes of death, most likely due to the pollution, tobacco use and unventilated open-fire cooking.

Despite urbanization over the past three decades, the vast majority of Nepalese live in rural areas and access to health care is a major hurdle for the developing country. The Ministry of Health and Population recognizes the shortage of adequately trained health care professionals in Nepal and nowhere is that shortage felt more than the remote, rural areas.

The Nepalese living in these regions rely on health clinics and posts that are few and far between. In Ghandruk, people must travel miles on foot to receive treatment from the health assistants (HAs) who are the sole health care providers. There are no doctors and no specialists outside major cities. Traveling to receive specialized care creates a heavy burden on the poor rural villagers.

Similar to physician assistants, health assistants are advanced practice clinicians whose profession was established to provide health care to underserved populations. Their scope of practice includes primary care, emergency treatment, maternity care, public health, immunizations, and communicable disease treatment.

At a Tibetan refugee camp. 
The 7-hour trek to Ghandruk was long and arduous, climbing over 3,100 feet in more than 8 miles. From Nayapul to Ghandruk, students had a firsthand experience with the rigors involved in obtaining health care in the remote and scenic landscape. It was only a taste of the trials and trails that lay ahead.

School of Medicine Global Partners faculty Kathy Pedersen, MPAS, PA-C, adjunct faculty Scott Brown, PA-C, Ram Prasad Shrestha, MD, medical director at MMTH, and dermatologist Arunima Shrestha MD accompanied the six students.

They brought medical supplies and a tablet PC they purchased with money from a fundraiser they organized last year. They presented the donations to HA Chudamani Pant, who heads the six-person staff at the Ghandruk village health clinic.

At the clinic, students met the staff and were able to observe HAs treating patients in the small, rustic building. An Australian team of volunteer dentists and dental hygienists were also at the clinic and occupied the top floor where they performed extractions and fillings as the PA students observed.

To familiarize themselves with the role of HAs in rural Nepal, the students accompanied Pant and his team to health camps in neighboring villages. The clinics allow HAs to treat patients who are not able to make the journey to seek treatment at the health clinic.

“The students learned that resourcefulness and flexibility are needed when providing health care in rural settings.”

Carrying backpacks filled with medicine and supplies, the students left early the next day to head back down the trail to a small village they passed on the way to Ghandruk just a few days before. In vacant, open-air huts balancing on the mountainside, the students wrapped their stethoscopes around their necks and waited for the patients to arrive.

As the day progressed, the small trickle of patients turned into a stream of people from surrounding villages. Quickly, the students improvised a plan of action. As Brown distributed the medicine, students took turns taking the patients’ vitals and collaborated with the HAs and faculty to examine and diagnose the patients. The students needed to trek further into the Annapurna region to assist another health camp in an even more remote village. The trek to Ghandruk was at least partially paved with rudimentary stone steps, but the trek to Chhomrong is formidable. The trail scrambles down steeply through an almost tropical forest and crosses a suspension bridge that hangs precariously over the river. After a short break at a teahouse, the students climbed up another mountain and over a landslide, an exhausting and harrowing feat, especially with backpacks weighing them down in the hot afternoon sun.

After a celebratory dinner, a local women's group began to gather outside the guesthouse where the students were to spend the night. Shortly after 10pm, students gave informative lectures on handwashing methods, the necessity of water sanitation, and demonstrated proper dental hygiene with models lent to them by the Australian dental team. With Pant interpreting, they answered questions from women as bats swooped in the night sky above them.

Back in Ghandruk, it was time to say goodbye to the rural rotation. The HAs gave everyone hand-picked flowers and tied a khatas around each student’s neck, a silk scarf ceremonially given to departing guests. And with that, the students made their descent down the mountain path draped by hundreds of prayer flags.
“Thank you for visit” was painted on an arch on the way out of town. Upon their return to Kathmandu, faculty and students attended the First International Seminar on Health Assistant and Physician Assistant Collaboration in Nepal, along with members of the Ministry of Health and Population, various regulatory agencies and members of the medical community.

They presented their Masters’ Projects using evidence-based medicine and epidemiology principles. They also gave presentations explaining the role of PAs in the United States and their experiences at the hospital in Kathmandu and working with the HAs in rural clinics. University of Utah Global Partners faculty presented a comparison of the Nepali Health Assistant and the US PA curriculum.

The PA students successfully demonstrated how additional education and experience can benefit rural communities and serve as models for future advanced practitioners in Nepal, a concept that the University’s Global Partners faculty has been working with their Nepali collaborators to achieve.

“Ultimately it comes down to providing the best health care and giving the most access to the people who need it,” Rogers said as he explained that in his experience, it was rural areas like those he visited that stand to gain the most from a more advanced practitioner. “Having more highly trained practitioners along with more resources would be extraordinary for their health care system.”

On April 25, as the students prepared to board their plane, a massive 7.8 magnitude earthquake hit Nepal—the epicenter was directly between the two areas the students had visited, making the huge impact of the earthquake even more dramatic and personal to them.

All students and faculty were safe and unharmed in the event and were able to leave the country with only a short delay. In response to the earthquake, Dr. Pedersen returned to Kathmandu to work alongside Dr. Ram Shrestha at Manmohan Hospital, volunteering with Project HOPE, an international health care organization based in the U.S.
"We need to do telemedicine," or words to that effect, said Dr. Lucy Osborne, then assistant vice president for health sciences, in 1994. We were meeting to discuss her vision for making University Health Care’s expertise available throughout Utah, including its most remote regions. With that vision and the support of Dr. John Madsen, Executive Vice President for Health Sciences, the Utah Telehealth Network was born.

This was not the first telemedicine project in Utah. In 1988, University of Utah physicians, led by the late Dr. Bruce Houckens, participated in satellite-mediated telemedicine clinical care conferences to assist disaster relief efforts in Armenia following an earthquake. Similar telemedicine conferences aided in the care of patients following a gas explosion in Ufa, Russia, in 1989.

As defined by the American Telemedicine Association, telemedicine/telehealth is the use of medical information exchanged via electronic communications to improve a patient’s clinical health status. Today, telemedicine includes applications and services using two-way interactive video and other forms of telecommunications technology, and is becoming integrated into the day-to-day operations of hospitals, home health agencies, physician practices as well as consumer’s homes and workplaces.

Under Dr. Osborne’s direction, and working with my long-term colleague, Deb LaMarche, we explored options for starting telemedicine at the University. Fortuitously, University of Utah Health Care was starting a remote clinic located in West Wendover, Nevada. University nurse practitioners and emergency room physicians would provide both acute and chronic care at this small clinic located just over the Utah border. This provided an ideal test bed to explore the use of telemedicine. Weekly video consultations for patients in Nevada began in January 1996.

With state and University support, and funding from federal and foundation grants, the Utah Telehealth Network (UTN) expanded throughout Utah between 1996 to the present. A $9 million award for a Federal Communication Commission Pilot Program in 2009 expanded broadband capacity to health care facilities in Utah. Today, UTN serves over 100 sites and connects 58 facilities (hospitals, clinics and health departments) with a secure broadband network dedicated to health care. Next year, in collaboration with Utah Medicaid, UTN will implement a statewide mobile telehealth platform.

In 2014, House Bill 92, sponsored by Representative Ronda Menlove, and signed into law by Governor Gary Herbert, merged UTN with the Utah Education Network – the statewide network that provides broadband network services to public education and higher education facilities throughout the state. Together we are called the Utah Education and Telehealth Network (UETN) and significant synergies are being realized.

Realizing the potential of telemedicine for patients and health care systems, University of Utah Health Hospital created a Department of Telemedicine in 2012 to promote and grow telemedicine throughout the system and with its regional partners. UTN was involved in the planning stages of the new department and supports University of Utah Health Care’s Department of Telemedicine, headed by Nathan Gladwell, RN, MHA, in delivery of clinical activities at our member sites if needed.

UTN continues to provide technical support for University of Utah emergency services (telestroke, headed by Dr. Jennifer Majersik), and for case management conferences for cancer patients by Huntsman Cancer Institute and for chronic conditions such as those offered by Project ECHO (Expanded Community Health Outcomes). Project ECHO, founded and directed by Terry Box, MD, is a partnership between community providers and a University of Utah interdisciplinary team of professionals developed to treat chronic and complex disease in rural and underserved areas. Starting with hepatitis C, Project ECHO now conducts clinical case videoconferences to community physicians in seven specialties. UTN helps community providers participate by facilitating videoconference connections from their offices or clinics to the University.

In 2012 UTN was awarded a federal grant supporting the use of home telemonitoring for diabetes. This two year pilot project, headed by Dr. Laura Shane-McWorter, demonstrated significant improvement in diabetic control.
UTN services are valued by health facilities throughout rural Utah. Chris White, deputy health officer at the Southwest Utah Public Health Department says, “Our health department serves a population of 203,000 residents dispersed throughout five counties in a 17,000-square-mile region. The Utah Telehealth Network (UTN) has been of great benefit to our department by overcoming distance issues and providing excellent service.”

Other services provided by UTN include support for distance education and training of health professionals through interactive videoconferencing and live streaming. Continuing medical education programming is available in such specialties as emergency services, surgery and pulmonary medicine. Weekly during the academic year, UTN connects participants in a five-state region to the Department of Pediatrics’ URLEND Program. The Utah Region Leadership Education in Neurodevelopment and related Disabilities, led by Sarah Winter, MD, trains an interdisciplinary cohort to coordinate and optimize services to children with special health care needs.

Medical students serving preceptorships throughout the state meet three times per week via UTN. New this year, UTN supports the University’s Interprofessional Education (IPE) courses that train students to use telemedicine. Since its inception 40 years ago, reimbursement and licensure have been major barriers to widespread adoption of telemedicine, but the barriers are falling. Since 1997, Medicare has granted limited reimbursement for telemedicine services to those delivered to patients residing in rural areas, which represents less than 15 percent of all Medicare patients. Several years ago, Blue Cross Blue Shield of Utah adopted a policy for payment for interactive telemedicine services to a patient if the physician is located in another state. This has created significant barriers, especially for provision of emergency services to patients within University of Utah Health Care’s catchment area (including Wyoming, Idaho, and Nevada) since all University physicians providing such services must be fully licensed in each state. In 2014, the Federation of State Medical Boards, a national nonprofit representing the 70 medical and osteopathic boards of the U.S., proposed a draft interstate compact for physician licensure, which would offer a streamlined alternative pathway for state-based licensure for practitioners practicing in multiple states. At its most recent session, the Utah Legislature, passed HB121, allowing for an interstate compact for medical licensure, among the first such legislation in the country. This opens the door for dialogues with the medical boards of our surrounding states regarding interstate compact arrangements that will benefit provision of telemedicine services.

Today, the practice of telemedicine and telehealth are growing exponentially as the technology now reaches into patients’ homes and broadband connectivity is more universal. The Utah Telehealth Network will continue to work closely with University of Utah Health Care and all its partners to assure a secure and reliable network and facilitate innovative approaches to health care delivery.

“Our health department serves a population of 203,000 residents dispersed throughout five counties in a 17,000-square mile region. The Utah Telehealth Network (UTN) has been of great benefit to our department by overcoming distance issues and providing excellent service.”

Chris White, deputy director, Southwest Utah Public Health Department.

Innovative Telestroke Program Focuses on Quality Care

By Jennifer Majersik, MD, MS, associate professor, neurology director, Stroke Center and Telestroke Program, University of Utah

The University of Utah Telestroke Program, one of the first in the U.S., was conceived and initiated in 2003 by Dr. Elaine Skalabrin. It was envisioned as an innovative way to deliver specialty stroke care to the far reaches of the state. The equipment for the first several sites was funded by generous donors who wished to see stroke care improve statewide, not just along the Wasatch Front. This allowed hospitals such as Central Valley Medical Center (Nephi), Mountain West Hospital (Tooele), and Beaver Valley Hospital (Beaver) to provide their communities with state-of-the-art acute stroke care.

Stroke, either a clot (ischemic stroke) or bleeding (hemorrhagic stroke) in the brain, is a unique disease; though it is the #1 cause of adult disability in the US, it is difficult for many emergency physicians to diagnose accurately. Although alteplase, (tPA) treatment for ischemic stroke patients was approved by the FDA in 1996, most emergency physicians prefer to have assistance from a stroke-trained neurologist prior to administering the drug due to the hemorrhagic risk associated with its use. Realistically, a state such as Utah will never have enough on-site stroke neurologists available 24/7 to serve patients wherever and whenever they have a stroke—thus the concept of Telestroke is perfect for our region.
When an individual has a stroke in a town such as Vernal, UT, the symptoms of stroke must first be recognized by the patient or caregivers [see sidebar – F.A.S.T.]

Contacting EMS by calling 911 will bring the patient to the local hospital where the stroke protocol, including clinical evaluation and non-contrast head CT, is activated. The ED physician then contacts the University of Utah stroke physicians who connect within 10 minutes by live audio-video to interview and examine the patient remotely as well as to view the patient’s brain imaging. The stroke physician can confirm whether the patient is having a stroke and if so, whether he or she is eligible for tPA. In almost all cases of ischemic stroke, tPA is administered as soon as possible (1.9 million brain cells die every minute during a stroke!) at the local facility, and the patient is then transferred to the University of Utah for higher-level care. If the event is determined to be a migraine, or Bell’s palsy, or another non-critical ailment, tPA is withheld and the patient can be safely cared for locally.

Under the joint leadership of Program Director Dr. Jennifer Majersik and Program Manager Jill Austin, BSN, and as a result of the ongoing need for this kind of care, the Telestroke Program has grown immensely since its initiation and is now self-funded. The University Telestroke Program has nine stroke physicians providing 24/7 telestroke consults to 23 sites in five states (see map) with continued demand for further growth. In 2014, consult volumes exceeded 120 and about one-third of telestroke patients received tPA for ischemic stroke, reflecting eligibility requirements (diagnosis of ischemic stroke, treatment within 4.5 hours of onset, not on anticoagulation, no recent surgery or trauma, etc.).

Now that the network has matured, program goals are focused on ensuring provision of consistent, quality consults including not only glitch-free technical support, but also providing accurate diagnoses and speeding tPA delivery time throughout the network. A recent published abstract by Dr. Aleks Tkach, one of the telestroke neurologists, showed that when comparing discharge diagnoses to the initial camera-based diagnoses, University consultants provide accurate diagnoses by camera 92 percent of the time, a remarkable level of accuracy for a short consult during an acute setting. Most important to both patients and community hospitals, 78 percent of the patients with non-stroke diagnoses, such as migraine, a common stroke mimic, are able to stay in their local hospital, avoiding a costly transport to the University Hospital. This is an incredible improvement of care for rural hospitals and patients. Prior to having telestroke consultation available, most of these hospitals, without an on-site neurologist, would have transferred these stroke-like patients to Salt Lake City.

Dr. Majersik has become one of the nation’s leaders in telestroke care and policy, and is currently vice chair of the American Stroke Association Telestroke Committee. In recognition of her early pioneering work within our state, Dr. Skalabrin received the “Heart of Gold” award from the Utah Chapter of the American Heart/Stroke Association in June 2015.

**Future efforts are focused on:**

1. Replicating our excellent in-house stroke care processes throughout our telestroke network
2. Expanding our stroke services to include outpatient stroke follow-up
3. Providing education to our sites through our network

For more information about the Telestroke Program, please contact Jill Austin or Dr. Majersik, both at 801-587-9935.
Although numerous strategies are used to provide medical care for patients with chronic diseases, home telemonitoring is a rapidly evolving modality. It has been highly researched to manage chronic diseases such as diabetes, hypertension, and hyperlipidemia. An interdisciplinary team approach is often used to provide care and the key member of the team is the patient. Patients must be willing to engage in a variety of self-management strategies — one way to empower patients to better manage their chronic disease is via home telemonitoring. In 2001 the Institute of Medicine report, *Crossing the Quality Chasm*, highlighted health information technology as a way to improve quality of care. The Health Information Technology for Economic and Clinical Health Act promoted use of different technologies to solve extant problems, and home telemonitoring is an example of one of the strategies that resulted.

Recently a home telemonitoring project was tested through a collaborative effort between the Utah Telehealth Network and the Association for Utah Community Health for patients in both urban and rural settings. Patients with diabetes and/or hypertension were monitored for an average period of six months to determine whether clinical parameters such as hemoglobin A1C, blood pressure, and lipids improved from baseline. Two different delivery methods were used — one used an FDA 510 (k) cleared remote monitoring device (RMD) and the other an Interactive Voice Response (IVR) system using the patient’s own telephone. The RMD’s touch screen was used during a telemonitoring session where the built-in BP monitor measured systolic and diastolic BP and patients entered BG readings using their own glucometers, when prompted. For the IVR device, patients used their own BP and BG meters and then either received a call or called in to a central number to report their clinical parameters. Patients using both technologies received a series of educational messages to help them manage their disease state.

A plethora of telemonitoring reports have been published in the last few years and most utilize nurses as care coordinators. An increasing number of projects include pharmacists as care coordinators, as in the Utah project. The Utah project is notable for improvement of clinical outcomes - hemoglobin A1C, BP, and lipids. Validated questionnaires found that patient knowledge of their disease states improved and notably there was a significant decrease in emergency room visits. Most patients felt home telemonitoring was useful to monitor their disease state, and providers were appreciative of tracking clinical patient information frequently, rather than waiting for regularly-scheduled visits. The results of this successful project demonstrated that home telemonitoring may provide a model to provide care for patients with chronic disease states.
How many beds did the University of Utah Medical Center have when it opened in 1965?

What year was the first artificial heart implant performed, and who performed it?

Who was called the Father of Informatics?

What year did the first four-year class graduate from the medical school?

How many students were in the original 1905 two-year class of the University of Utah medical school?

How many beds does the University of Utah Medical Center currently have?

How much was a year’s in-state tuition and fees in 1965? How much is it in 2015?

What year did Huntsman Cancer Institute open?

In what year was patient record number 1,000,000 issued at the University Hospital?

How many beds does the University of Utah Medical Center currently have?

Who won the Nobel Prize in Physiology or Medicine in 2007?

In what year did the University Hospital begin Air Medical Transport Services?
Join us in celebrating 50 years of history (1965-2015) of the School of Medicine Building, the induction of the Class of 1965 into the Half Century Society, and the recognition of the 2015 recipients of the Distinguished Alumni, Service and Humanitarian Awards from the School of Medicine.

THURSDAY EVENING, October 8
60th Anniversary of Cardiac Surgery in Utah
6:00 p.m. – 8:00 p.m.
Rice-Eccles Stadium Tower
Dinner and Keynote by Dr. Russell M. Nelson, MD ’47

FRIDAY MORNING, October 9
School of Medicine Department Events
7:45 a.m. – 10:45 a.m.
We welcome current or former faculty, house staff, and reunion class members to attend the Department of Internal Medicine's CME Grand Rounds.
Continental Breakfast served and CME credit given.

Program:
Cornelia M. Weyand, MD, PhD
Professor of Medicine and Chief, Division of Immunology and Rheumatology in the Department of Medicine, Stanford University School of Medicine

Andrew Gawron, MD, PhD, MS
Assistant Professor
Division of Gastroenterology, Hepatology, & Nutrition

11:00 a.m.
Dean Vivian Lee, MD, PhD, MBA
Dean, School of Medicine
State of the School Address

12:00 noon-School Tour –TBD

FRIDAY EVENING, October 9
Medical Alumni Awards Banquet, 50-year Celebration and Historical Display
Little America Hotel,
6:00 p.m. Social, 7:00 p.m., Dinner & Program

Accreditation: The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) 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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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 admission 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/access policies may be directed to the Director, OEO/AA, Title IX/Section 504/ADA Coordinator, 201 S President’s Circle, RM 135, Salt Lake City, UT 84112, 801-581-8365 (Voice/TTY), 801-585-5746 (Fax).

To register for weekend events or update information go to http://medicine.utah.edu/alumni
DISTINGUISHED ALUMNI AWARD
Val G. Hemming, MD ‘66

Val Hemming earned his BA from the University of Utah in 1962 and matriculated with the medical school Class of 1966. As a senior, he joined the U.S. Air Force (AF) and served for 30 years. Following a 1966-1967 internship at the U of U, he spent a year as a flight surgeon. He then completed pediatric training at Wilford Hall USAF Medical Center in San Antonio, Texas and served four years at the AF hospital in Wiesbaden, Germany. He returned to the U of U for fellowship training in infectious diseases. Soon after fellowship he was appointed as the pediatric residency director at David Grant AF Medical Center. In 1980 he was transferred to the Uniformed Services University of the Health Sciences in Bethesda, Maryland where he served eight years as professor and chairman of the Department of Pediatrics. In 1995 he was appointed as interim dean of the school of medicine and then as dean from 1996 through 2002. He retired as Dean Emeritus and was honored for his research, for leading innovations in medical school curriculum and for pioneering work in medical simulation. For over 40 years he conducted and published basic science and clinical research studies examining pathogenesis of bacterial and viral pulmonary infections in infants and young children. His collaborative research with respiratory syncytial virus (RSV) resulted in two FDA licensed biologicals for prevention of serious RSV infections in high-risk children.

DISTINGUISHED SERVICE AWARD
James R. Scott, MD

Dr. James R. Scott completed his medical degree and residency in obstetrics and gynecology at the University of Iowa. Following a fellowship in reproductive immunology at the University of Texas/Dallas, he returned to the University of Iowa as a Department of Obstetrics and Gynecology faculty member. At age 39, he became professor and chairman of the Department of Obstetrics and Gynecology at the University of Utah School of Medicine.

Dr. Scott has received numerous clinical, teaching, and research awards, and is an internationally recognized authority on clinical obstetrics and gynecology, immunologic problems of pregnancy, recurrent miscarriage, and evidence-based medicine. He has published eight books and over 200 scientific papers. He was president of the University Chairs of Obstetrics and Gynecology, the American Society of Reproductive Immunology, and the American Gynecologic and Obstetrical Society. Active in ACOG, Dr. Scott is past chair of the Practice Patterns Committee and a former member of the District VIII Advisory Council. In 2000, he received the Distinguished Scientist Award from the Society of Gynecologic Investigation, and in 2008 he received the Distinguished Alumni Award from the University of Iowa School of Medicine and was elected as a fellow ad eundem to the Royal College of Obstetricians and Gynaecologists of Great Britain. The American College of Obstetricians and Gynecologists granted him the Lifetime Achievement Award in 2014.

Dr. Scott was the first holder of the H.A. and Edna Benning Presidential Endowed Chair in Obstetrics and Gynecology at the University of Utah. After 18 years devoted to developing one of the premier academic Departments of Obstetrics and Gynecology, he relinquished the chairmanship, but remained on the faculty. From 2001 to 2013, he was editor-in-chief of the journal, Obstetrics & Gynecology.

DISTINGUISHED HUMANITARIAN AWARD
Catherine R. deVries, M.D., FACS, FAAP

Dr. Catherine deVries is professor of surgery (Urology) and associate professor of family medicine (Public Health) at the University of Utah School of Medicine. A graduate of Harvard University, she holds a Masters in Pathology from Duke University and an M.D. from Stanford University. She trained in urology at Stanford and pediatric urology at UC San Diego.

She has been very active in the development of sustainable global surgery since 1992. In 1994, she founded International Volunteers in Urology (now IVUmed) and continues as its president. IVUmed supports on-site urological education in over 20 countries across the globe. Dr. deVries is the founding director of the University of Utah Center for Global Surgery. She teaches courses in surgery and public health and in bioengineering and anthropology at University of Utah and at Stanford University. As co-author of the new “Global Surgery” chapter in Schwartz’s Principles of Surgery (2014) and co-author of a new chapter in Disease Control Priorities (DCP3) (2014) and Global Surgery and Public Health: A New Paradigm, she continues to make impactful contributions to the educational literature on global health. Dr. deVries’ awards include the Castle Connolly National Physician of the Year, 2014, ACS Surgical Humanitarian, 2012, American Red Cross International Award, 2011, American Urological Association’s Distinguished Contribution, 2009, and AMA’s Dr. Nathan Davis International Award in Medicine, 2006.
SATURDAY, October 10,
Updates in Science and Practice Symposium
7:30 a.m.-12:15 p.m.
4 CME credits hours, AMA Category 1

7:30 a.m.-8:00 a.m.
Registration and Continental Breakfast

Welcome
8:00 a.m.-8:10 a.m.
Susan Wiet, MD
Chair, Education Relations Committee,
School of Medicine Alumni Association

8:10 a.m.- 9:00 a.m.
We Count Our Successes in Lives: The Best Clinical Result for the Lowest Necessary Cost
Brent James, MD
Chief Quality Officer and Executive Director,
Institute for Health Care Delivery Research
at Intermountain Healthcare

9:00 a.m.-9:45 a.m.
Uterine Transplantation and the Utah Connection
James R. Scott, MD
Professor and Chair Emeritus,
Department of Obstetrics and Gynecology,
University of Utah

9:45 a.m.-10:35 a.m.
Your Gut’s Microbiome and Your Health
June Round, PhD
Assistant Professor of Pathology,
University of Utah

10:35 a.m.-10:45 a.m. 
Break

10:45 a.m.-11:30 a.m.
Transcatheter Aortic Valve Replacement (TAVR)
at the University of Utah
Jack Morshedzadeh, MD
Assistant Professor of Medicine, Director, Cardiovascular Medicine Unit and Cardiovascular Intensive Care Unit

Anwar Tandar, MD
Assistant Professor of Medicine, Director,
Structural Cardiac Intervention Program,
Division of Cardiovascular Medicine

11:30 a.m.-12:15 p.m.
Adverse Childhood Experiences, Toxic and Traumatic Stress: Relationships to Long-Term Health and Well-Being
Dave Corwin, MD
Professor of Pediatrics, Director of Forensic Services, University of Utah

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


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Lowe realized pathology was a good fit for him while he was still in medical school. “When I was coming to the U for medical school I was 22 going on 12, so the concept of actually interacting with a patient was kind of novel,” recalled Lowe at a Dean’s Roundtable event at the School of Medicine in February 2015. “I probably did mature during the first two or three years of medical school but that was still part of my core characteristics. I was very reserved. I found pathology, the rotation I took - I think it was my third year and maybe my fourth year - to be extremely stimulating and also compatible with my personality.”

He enjoyed thinking about disease in its entirety, the signs and symptoms and seeing the consequences of the disease at the cellular level. His career would eventually lead him to hold the Warner Lambert/Parke-Davis professorship in the University of Michigan Department of Medicine and work as an investigator for the Howard Hughes Medical Institute. In 2005, he moved to Case Western where he chaired the pathology department.

At the roundtable, he spoke to students about how pathology has evolved during his career. Technology is now capable of imaging a slide and displaying it on a screen at the level of resolution and “almost” with the speed with which you could look at it under a microscope, he said. But Lowe believes many pathologists are unwilling to let go of their basic tools—despite his own predictions to the contrary 10 years ago. “The field of pathology has a core that hasn’t changed much at all since I was in medical school: the aspect of harvesting tissue from humans, processing it and examining it under a microscope,” he said.

“Faculty are, in many ways, running their own small business. They’re out there acquiring revenue to support the activities they themselves have chosen to research,” he said. “Whatever you want to work on, so long as you continue to get funding and publish - so long as that’s going well - you really don’t have to worry too much about the superstructure. [It’s] academic freedom.”

At Genentech, the focus is on enabling drug discovery exclusively, he said, which can include allowing others to do basic research and the translation to clinical research. There is no grant acquisition, teaching or clinical care component. The role of a small business person does not exist—and not everyone fits in that kind of culture. The company recruits and nurtures individuals who enjoy working as a team, Lowe said.

Many of the more senior scientists there have had a fairly long academic career. Until he arrived at Genentech, Lowe had no idea what went on behind industry doors. He would recommend students spend a few weeks as an intern at a drug company. What he’s discovered [within himself and industry] is a “sincere drive” to help other human beings—something he began thinking about while still in academia. “When I was in Michigan,”

“John B. Lowe, MD ’80

John Lowe’s career has spanned two very different worlds. First, he thrived as an academic in pathology, primarily at the University of Michigan and Case Western Reserve University. Now he serves as senior director of pathology at the biotech giant, Genentech. Always passionate about drug discovery, the 1980 University of Utah Medical School graduate, who also launched two biotech companies, found intellectual stimulation in both stages of his career—and encourages students to keep an open mind.

“The field of pathology has a core that hasn’t changed much at all since I was in medical school: the aspect of harvesting tissue from humans, processing it and examining it under a microscope. What’s changed is the ability to do molecular analysis that allows pathologists and other health care professionals to take a much more careful, close and stratified look at molecular processes of tissues that look the same under the microscope,” said Lowe, an expert in protein modification pathways.

Reflecting on the two stages of his career, Lowe sees academic pathology as having more distinct missions than exist for pathologists in private industry. Those include providing clinical care, acquiring grants, teaching medical students as well as basic research.

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the pathologist said. “I was plying my trade in my fairly large research laboratory. I said, ‘This is really fun but I’m not sure this is helping anybody.’”

Lowe has noticed that people with a Ph.D. or a strong research background often choose to go into pathology. His research specialty has been the molecular control of glycosylation events in inflammation and disease. Despite his career switch, he acknowledged the appeal of academic life. “The opportunity to do a lot of research but still have your foot in clinical medicine is probably greatest in the field of pathology,” he said. “If you think about an academic career there are still lots of opportunities, faculty positions where you would be afforded the time to spend maybe 80 percent of your effort on science and 20 percent or less on clinical activities. I think that’s probably not the case in other specialties.”

If Lowe has advice for today’s medical students, it’s to keep an open mind throughout their time at school. “I should have sampled more opportunities during medical school. My fourth year I really focused in on pathology. That’s OK, but I think I could have benefited from having rotations in lots of different sub-specialties. It would have given me more perspective.”

Joyce D. Johnson, MD ‘57

Dr. Joyce D. Johnson can easily claim her place in the history of Utah medicine. She was the only female in the University of Utah School of Medicine Class of 1957. She set up the first emergency room at LDS Hospital in 1960, and directed the Outpatient and Emergency Department. She might also be called Utah’s “Johnny Appleseed” of CPR, training medical professionals in the technique before it became widespread. When Dr. Johnson began directing a regional CPR education program in the early 1970s, only seven of 126 regional hospitals knew the technique, now considered a staple of emergency medicine. When she finished her work, the number had increased to 84.

On deciding to become a doctor…

“I was working in a laboratory at Utah Valley Hospital in Provo, Utah. After working in that lab for about nine months, I realized I didn’t want to be in a lab all my life. I was really interested in medicine by then because the doctors were always coming into the lab and sharing their diagnostic problems with us. I wanted to be on the other end of it and be the one who tries to make the diagnosis.”

There were no doctors in her family, or any female doctors that she knew of, but that wasn’t a deterrent for Dr. Johnson.

“I love to help people, and I wanted to be stimulated and challenged all my life.”

Dr. Johnson credited her parents and her religion for teaching her to get as much education as possible and to “just go and do it” when you find something that interests you.
On the first year of medical school and being the only female student…

“I can truthfully say that the first year of medical school was the worst year of my entire life. It wasn’t because I was the only woman in the class. Those men were funny and kind to me; they were protective. What was difficult was knowing that I was being observed all the time. I had to get over that in my mind.”

Dr. Johnson sat in the back row of her classes, preferring to be an observer instead of the observed. She decided she would let her work speak for itself.

“The woman’s place was in the home at that time and I was invading their [men’s] domain. I thought I should just keep my mouth shut and go ahead and do my work and that it would speak for itself.”

On receiving a “liberal education” from her classmates…

“There was one thing they did that was really cruel… it was during my first year, we were in the dissection lab. The group next to us had removed the scalp of a man who had a bald head and a ring of hair around it. And so they conspired and my two partners held my arms and then the team sat that thing on my head. That was early on in my first year. I didn’t know how to take that. I think I just laughed and said I was going to go fix my hair. In the second year they were dropping little white mice in my lab coat pocket. I went home with a human ear in my pocket once. They gave me a very liberal education, and I actually needed it. I had been sheltered all my life. I just didn’t know anything about anything, so that was OK because then I was prepared to be a doctor.”

On Internal Medicine…

“I decided to go into internal medicine. I did a residency at LDS hospital. I was there for three years. I had a rotating internship. I think everyone should have a rotating internship…it’s a wonderful way to kind of crystalize what you want to do.

As you get older, internal medicine is just such hard work… but the rewards are certainly there because you have a real opportunity to change the lives of the people who have chronic illnesses like diabetes and things that you know are going to give them bad complications. If you take good care of them, you can avoid those complications. And that’s what I liked the best about internal medicine… paying close enough attention, getting to know patients well enough that you could actually change the quality of their lives. It’s not glamorous but it’s very rewarding.”

On Setting up the first ER at LDS Hospital…

“At the time the ER consisted of maybe an oxygen tank, a gurney, and a few medications in a tackle box. Over the next 10 years, we got the defibrillator, we had more medications, we had fulltime coverage of house staff in the ER, and we started an ambulance service. Just before I left we got helicopter service up to Primary Children’s Hospital.”

On her work training medical professionals in CPR…

Dr. Johnson describes her “aha” moment as coming in July of 1960, when she read an article about CPR in the Journal of the American Medical Association (JAMA).

“I’d just taken charge over the Emergency Room and I’d seen many people die. We were really worried about myocardial infarction because 50 percent of them were dying either before or when they came to the hospital.”

Dr. Johnson knew she had an opportunity to save lives, and started CPR use and training in the hospital.

“We had to take in oxygen on a roller, a big awkward EKG on another roller, and two nurses and a defibrillator to get to the arrested patient and start CPR. I didn’t start doing it until we really had it organized. I knew that if we started and we were disorganized they’d say ‘Oh, we don’t want to do this.’ ”

On how to maintain a work-life balance…

Dr. Johnson’s three tips:

**Exercise.** “You have to stimulate your endorphins and your adrenalin and get away from medicine. You have to do some kind of exercise that is really quite vigorous. That’s the most wonderful thing in the world.”

**Nature.** “You need to commune with nature, you really do. That helps a lot.”

**Spirituality.** “If you belong to a church go to church. One of my problems when I was going through this was the fact that I couldn’t go to church because I worked every Sunday. I wasn’t reading the scriptures very often and I wish I would have read the scriptures more often for the first 20 years of my life.”
On the characteristics all good doctors should have…

“Honesty, humility and compassion. If you don’t have any of these in your system, then don’t go into family or internal medicine, don’t go where you really need to know your patients and deal with patients a lot. It really does take that. You have to have the knowledge, but if you don’t have the art of medicine and the feel for your patients, or you don’t spend the time to take a good history… that’s the key to the whole thing. And nowadays everything is conspiring to keep you away from that. If you’re really taking care of the patients then you need to get to know them and you need to sit down and look at them and talk to them.”

On making a difference in health care…

Dr. Johnson said opportunities have a way of coming to those who look for them. “CPR just came to me, it was a wonderful experience. The whole of the 1960s I was involved in about five different medical issues from reading JAMA articles and looking for new treatments and procedures. You’ve just got to keep up on updates in medicine your entire career.”

“My parents thought I was crazy for wanting to be doctor. I was very good at shorthand and typing, and they thought I could have a good career teaching secretarial skills. It was the last thing in the world I wanted to do! I liked medicine, so people suggested I become a nurse, but that seemed to me like being in a convent; I didn’t want to wear a starched uniform and white cap, so I applied to the University of Utah School of Medicine - but never thought I’d actually get accepted.”
**ANESTHESIOLOGY**

De Amorim, Marina  
Jackson Memorial Hospital  
Anesthesiology, Florida

Hendrix, Wayne  
Med Coll Wisconsin Affil Hosp  
Anesthesiology, Wisconsin

Hill, Bryce  
U Washington Affil Hospitals  
Anesthesiology, Washington

Kratochvil, Hanna  
U Utah Affil Hospitals  
Medicine-Preliminary, Utah  
Emory Univ SOM  
Anesthesiology, Georgia

Stewart, Charles  
U Washington Affil Hospitals  
Anesthesiology, Washington

**DERMATOLOGY**

Abiodun, Annalise  
Greater Baltimore Med Center  
Medicine-Preliminary, Maryland  
Oregon Health & Science Univ  
Dermatology, Oregon

Elsensohn, Ashley  
Lankenau Medical Center  
Medicine-Preliminary, Pennsylvania  
UC Irvine Medical Center  
Dermatology, California

Jones, Benjamin  
Legacy Emanuel  
Good Samaritan Medical Center  
Medicine-Preliminary, Oregon  
U Utah Affil Hospitals  
Dermatology, Utah

(Left to right) Annalise Abiodun, Heather Curtis, and Ashley Elsensohn share their Match Day results.

Blickenstaff, Nicholas  
Providence Sacred Heart Med Center, Transitional, Washington  
Rush University Med Center  
Dermatology, Illinois

**EMERGENCY MEDICINE**

Bossart, Christopher  
U New Mexico SOM  
Emergency Medicine, New Mexico

Evans, Kristina  
Stanford Univ Programs  
Emergency Medicine, California

Glenn, Jared  
Texas A&M-Scott & White  
Emergency Medicine, Texas

Jeppsen, Samantha  
UC Davis Medical Center  
Emergency Medicine, California

Taylor, Alison  
U Nevada SOM-Reno  
Family Medicine, Nevada

Walsh, Diane  
Maine Medical Center  
Emergency Medicine, Maine

**FAMILY MEDICINE**

Berbert, Amanda  
Valley Medical Center  
Family Medicine, Washington

Cipriani, Mark  
Mayo School of Graduate Med Education, Family Medicine, Minnesota

Hanson, Joey  
McKay-Dee Hospital  
Family Medicine, Utah

Hawthorne, Shane  
U Nevada SOM-Reno  
Family Medicine, Nevada

Johnson, Jerica  
U New Mexico SOM  
Family Medicine, New Mexico

Neilen, Jason  
Utah Valley Reg Medical Center  
Family Medicine, Utah

Olson, Dallin  
Indiana University Health  
Ball Memorial Hospital  
Family Medicine, Indiana

Patton, Kyle  
John Peter Smith Hospital  
Family Medicine, Texas

**GENERAL SURGERY**

Greer, Douglas  
Huntington Memorial Hospital  
General Surgery, California

**INTERNAL MEDICINE**

Coil, Ryan  
U Utah Affil Hospitals  
Internal Medicine, Utah

Crispin, Hilda  
North Shore-LIJ Health Systems  
Internal Medicine, New York

Hamilton, David  
Loma Linda University  
Internal Medicine, California

Hawkins, Morgan  
Loma Linda University  
Internal Medicine, California

Kemp, Jonathan  
University Hospitals-Columbia  
Internal Medicine, Missouri

Nolte, David  
U New Mexico SOM  
Internal Medicine, New Mexico

Rao, Swati  
Thomas Jefferson University  
Internal Medicine, Pennsylvania

Kimbal, Kyle  
Texas A&M-Scott & White  
General Surgery, Texas

Liebel, Patrick  
U Kentucky Medical Center  
General Surgery, Kentucky

Sampson, Christopher  
U Tennessee COM-Chattanooga  
General Surgery, Tennessee

Torres Hernandez, Madeline  
Hershey Med Ctr/Penn State  
General Surgery, Pennsylvania

Swati Rao celebrates going to Philadelphia with her family.
NEUROLOGY
Smith, Tammy
Rush University Medical Center
Medicine-Preliminary, Illinois
Rush University Medical Center
Neurology, Illinois

Cline, Michael
U Utah Affil Hospitals
Medicine-Preliminary, Utah
UCLA Medical Center
Neurology, California

Ahmad, Sarah
Intermountain Medical Center
Transitional, Utah
Stanford Univ Programs
Neurology, California

OPHTHALMOLOGY
Bowen, Randy
U Utah Affil Hospitals
Medicine-Preliminary, Utah
U Wisconsin Ophthalmology,
Wisconsin

Garff, Kevin
U Maryland Medical Center
Midtown Campus, Transitional, Maryland
Nassau University
Ophthalmology, New York

Gupta, Isha
U Texas at Austin Dell
Medical School, Transitional,Texas
Baylor College of Medicine
Ophthalmology, Texas

Henriksen, Bradley
Intermountain Medical Center
Transitional, Utah
Oregon Health & Science Univ
Ophthalmology, Oregon

Passi, Samuel
Spartanburg Reg Healthcare
Transitional, South Carolina
Duke University
Ophthalmology, North Carolina

Ronquillo, Cecilio
U Utah Affil Hospitals
Medicine-Preliminary, Utah
U Utah Affil Hospitals
Ophthalmology, Utah

Taggart, Michael
Carolinas Medical Center
Medicine-Preliminary, North Carolina
U North Carolina,
Ophthalmology, North Carolina

MEDICINE-PEDIATRICS
Bracken, Adam
U Rochester/Strong Memorial
Medicine-Pediatrics, New York

Mayer, Jessica
U Utah Affil Hospitals
Medicine-Pediatrics, Utah

Prevedel, Jamie
Baystate Medical Center
Medicine-Pediatrics, Massachusetts

Slick, Angela
Baystate Medical Center
Medicine-Pediatrics, Massachusetts

NEUROLOGICAL SURGERY
Brimley, Cameron
Geisinger Health System
Neurological Surgery, Pennsylvania

OBSTETRICS – GYNECOLOGY
Lilja, Kristen
U Washington Affil Hospitals
Obstetrics-Gynecology, Washington

ORTHOPAEDIC SURGERY
Denney, Brandon
Stony Brook Teaching Hospitals
Orthopaedic Surgery, New York

OTOLARYNGOLOGY
Orb, Quinn
U Utah Affil Hospitals
Otalaryngology, Utah

PATHOLOGY
Yowell, Jennifer
U Iowa Hospitals and Clinics
Pathology, Iowa

PEDIATRICS
Bosshardt, Gary
Hershey Med Center/Penn State
Pediatrics, Pennsylvania

Carter, Bryce
Cincinnati Children’s Hospital
Pediatrics, Ohio

Lee, Stephen
Nationwide Children’s Hospital
Pediatrics, Ohio

Maddox, Jessica
UC San Francisco
Pediatrics, California

Malhotra, Reetu
U Utah Affil Hospitals
Pediatrics, Utah

Nash, Dustin
UC San Francisco
Pediatrics, California

PHYS MEDICINE & REHAB
Nuntapreda, Melissa
U Utah Affil Hospitals
Physical Medicine & Rehab, Utah

PSYCHIATRY
Bettwieser, Stephen
Dartmouth-Hitchcock
Medical Center
Psychiatry, New Hampshire

RADIOLOGY
Lewis, Creighton
VA Medical Center-Boise
Medicine-Preliminary, Idaho
U Colorado SOM-Denver
Radiology-Diagnostic, Colorado

Brad, Samuel
Providence Sacred Heart
Med Center, Transitional,
Washington
U Utah Affil Hospitals
Radiology-Diagnostic, Utah

Michael Cline and his newborn son are heading to UCLA!
On May 23, 291 graduates of the University of Utah School of Medicine walked across the stage to receive their hard-earned diplomas. A breakdown of the class of 2015 is as follows:

- **78** Doctor of Medicine degrees
- **43** Doctor of Philosophy degrees
  (most common: human genetics, neuroscience, public health and oncological sciences)
- **143** Master of Science degrees
  (most common: physician assistant studies, public health, and clinical investigation)
- **27** Bachelor of Science degrees

Dean of the School of Medicine, Dr. Vivian Lee’s, comments highlighted the importance of being bold enough to set huge goals and take risks, but to not forget that to be a successful physician you must marry science with compassion. The patients may not remember all the procedures, but they will remember your compassion toward them.

Keynote speaker, philanthropist, industrialist and author, Jon Huntsman, Sr. reinforced Dr. Lee’s comments by saying his primary job with the Huntsman Cancer Institute and Hospital is the same as the graduates, “to be in the business of delivering hope.” He stressed it was important to pursue one’s dreams, in whatever aspect of medicine followed, clinical, researcher or educator, but to never forget that one’s greatest pursuit is the pursuit to help others.

“Youngest obligation is to provide hope, humility, warmth, sympathy, love and understanding,” he said, and to never let that be superseded by lectures in the lab or the latest in medical technology when you are dealing with individual patients. He closed by reminding the graduates that there is “no exercise better for the human heart than reaching down and lifting another up.”
Kindness is a language which the deaf can hear and the blind can see – Mark Twain
Every year the dean of the School of Medicine gathers graduating seniors and their families the week before commencement to celebrate their accomplishments at the Dean’s Reception, held in the Rice-Eccles Stadium Tower. Other than graduation, it is one of the last times the entire class will be together before they head their separate ways to their residency programs. Outstanding students, staff, and faculty are recognized and acknowledged, along with donors who support specific awards for medical students. This year the annual Jan Terpstra Memorial Award was established by the Class of 2015 in recognition of their mentor and friend, Jan Terpstra, MD, former assistant professor of psychiatry at the School of Medicine, and initiator of the Student Wellness Program.

Sarah Ahmad Recipient of Fourth Year Student Award

The School of Medicine Alumni Association granted its prestigious Fourth Year Award to Sarah Ahmad. The award, with nominations from peers and faculty members, recognizes a student who demonstrates a combination of academic skills, ethical and moral character and a concern for their fellow students.

Sarah was highly involved with class activities, taking on leadership roles her four years of medical school, as co-president of AOA, the Internal Medicine Interest Group and the American Medical Women’s Association.

She served as a tutor starting her first year assisting in pharmacology and physiology. She subsequently served as a teaching assistant for the Brain & Behavior course and was also an instructor for the USMLE Step 1 review course for second-year students.

While it is difficult for many medical students to find time for research and publications during medical school, Sarah sought them out. She was first author on two manuscripts, one a case report on the use of duodenal stents pre-operatively in pancreatic cancer, and the other a review article on ampullary cancer. Her research mentor, Dr. Douglas Adler at Huntsman Cancer Institute, noted that “Sarah is extremely hardworking, focused and motivated. She tackled a very big topic and worked very hard to master a lot of source material and synthesize the data concisely.”

A few years before beginning medical school Sarah co-founded a non-profit community organization dedicated to service to refugees in the Salt Lake Valley. She organized food and clothing drives, dinners, fundraising walks and health education projects. She established a youth mentoring program for at-risk refugee youth to pair successful, educated young adults with children and teens suffering from the effects of poverty, PTSD, assimilation difficulties, and social/cultural barriers. Throughout her four years of medical school she completed more than 150 hours of community service including both volunteer clinical and community hours. All of her nominators commented that Sarah was an extremely compassionate physician, treating all patients with respect, patience and understanding.

Due to her ability to successfully balance her high academic standards with service, research and teaching, the School of Medicine Alumni was proud to recognize her with its 2015 Fourth Year Student Award.
Katie Russell is on a roll. Just completing her surgery residency at the University of Utah, she is heading to Children’s Hospital in Philadelphia to start her fellowship in pediatric surgery. While in Utah she has won about every resident and surgery award possible, including Top Resident Educator, the Dr. Dale G. Johnson Award for Excellence in Pediatric Surgery, and Resident of the Year in both the Surgical Intensive Care Unit and the Burn Center. Recently she was the recipient of the prestigious Jameson L. Chassin, MD, FACS, Award for Professionalism in General Surgery from the American College of Surgeons. The award recognizes a chief resident in general surgery who exemplifies the values of compassion, technical skill, and devotion to science and learning. The award commemorates the late Jameson L. Chassin, a skilled surgeon, teacher, and scholar in New York City.

Medicine was always in the forefront of Katie’s career choices. Both parents were physicians, her father (recently deceased), a colorectal surgeon and former executive director of the American College of Surgeons, her mother, a pathologist. Being a bit rebellious she originally didn’t want to follow in either of her parents’ specialty footsteps, but realized she kept coming back to surgery during her medical school training. “I guess it was just in my blood!” she says. She loves taking care of people and being able to take a person into the operating room and hopefully do something that makes them markedly better. She decided on pediatric surgery because her mentor, Dr. Eric Scaife, sat her down in the cafeteria one day and told her she should be a pediatric surgeon. She respected his opinion and knowledge so much her immediate response was, “OK.”

While at Utah Katie has flourished and worked to experience and learn as much as possible. She’s published 12 peer-reviewed articles and two case reports, nearly all reflecting work during her general surgery residency. One of her most significant accomplishments was a randomized trial she designed and conducted to evaluate the impact of informing patients about the cost difference between laparoscopic and open appendectomies. The paper, “Charge Awareness Affects Patient Choice: A Randomized Trial in Pediatric Appendectomy,” showed that patients who were educated on the costs differences and outcomes of the two types of surgery would choose the less expensive procedure the majority of the time. The New York Times ran an article highlighting the study, which suggests that
involving patients in the decision-making process can potentially lower surgical costs. The article was also accepted for publication in the Annals of Surgery.

Katie has especially enjoyed the teaching aspect of being a chief resident this past year. Along with teaching junior residents and medical students on rotation, she has taught Advanced Trauma Life Support, Advanced Cardiac Life Support, and Advanced Wilderness Life Support classes. She has always been interested in overseas work; while in medical school she spent time doing volunteer medical assignments in Pignon, Haiti and Zanzibar, Tanzania. As a resident she spent a week as a medical volunteer at the Northwest Haiti Christian Mission in St. Louis de Nord, Haiti.

One of her more interesting experiences while in residency was working as medical support for a month with the National Park Service on Denali. Most of what was treated was frostbite and the effects of high altitude. One young man suffered from severe pulmonary edema due to high altitude, but the weather was too sketchy for a helicopter to come pick him up to take him to a hospital. For four days Katie and her partner physician rotated staying up 24/7 caring for him and keeping the decompression bag they had placed him in pumped up.

Katie feels her residency experience at the U has been excellent, and is unmatched nationally with regard to how much residents are allowed to do during their general surgery training. She’s been involved with many fascinating cases while at Utah. Two that stand out were removing a 65-lb. tumor from a patient, and performing heart surgery on a patient who had a nail, shot from a nail gun, in his heart. Because of her breadth of experience during her residency at the U of U she feels very well prepared for her pediatric surgery fellowship. The feeling is mutual, as expressed by some comments from her attending physicians in her Chassin nomination packet:

"Katie is a gifted surgeon and shows outstanding clinical acumen. She appears to have boundless energy and enthusiasm for surgery, for learning, and for life. And the best news is that her enthusiasm and energy are contagious for the whole team!" — Leigh A. Neumayer, MD, MS

"Dr. Russell is beloved by everyone whose path she crosses, bringing grace and compassion to even those patients who many of us find challenging." — Amalia Chochran, MD, FACS, FCCM

"Dr. Katie Russell is a reason why I want to go into surgery! She is a great motivator. She motivates me to want to be a surgeon and a great physician. She is a phenomenal teacher by both word and deed." — medical student.

"We love Katie Russell. She is a fabulous doctor. If we were to describe her, we would say that she is knowledgeable, enthusiastic, positive, thorough, kind and caring." — a patient.

Katie Russell’s Statement on Professionalism for the Chassin nomination which she attributes to the consummate professional, her father:

"Professionalism is holding everyone around you in the highest regard. Professionalism is expecting of yourself what you ask for in others. Professionalism is stopping to say hello to the janitor who is an equal member of our team. Professionalism is using the stairs so as to never forget our own physical health. And professionalism is making sure that it is always about the patient."
News Notebook

Utah’s Center for Alzheimer’s Care, Imaging & Research (CACIR)
Working to Improve Diagnosis and Treatment of Alzheimer Patients

What’s in a name? Sometimes a name is simply a description. Other times a name is a guiding principle. Such is the case with the University of Utah’s Center for Alzheimer’s Care, Imaging & Research (CACIR). Care is promoted through using the latest in brain imaging technology and analysis methods. Research is needed to advance care and imaging in dementing diseases like Alzheimer’s.

Since its founding 10 years ago, CACIR has been at the leading edge of innovation. It has used its position as the only academic, multidisciplinary cognitive disorders program in the Mountain West to pioneer a new system of care for patients with progressive dementia. Proactive Care incorporates a health educator and family support advisor to sculpt an individualized care plan based upon precision diagnosis and an understanding of individual circumstances. It has a philosophy of prevention, helping patients and their families plan and prepare for changes that typically occur as symptoms progress. With the goal of high quality of life for patients and their families, family members become a knowledgeable care team prepared to eliminate disease-related crises, costly emergency room visits and unplanned institutionalization. The Daniels Fund, a philanthropic foundation headquartered in Denver and devoted to improving the lives of the elderly, recently recognized the Center’s innovative program with a generous three-year grant to expand Proactive Care to more patients and their families. The Daniels Fund also provided a one-time gift that upgrades the Brain Health Learning Center adjacent to the Cognitive Disorders Clinic in Research Park, a vital resource for anyone seeking information about Alzheimer’s disease and related dementias.

The Center is also leading innovations in advanced brain imaging. It is one of three core facilities analyzing PET scans in the NIH funded Alzheimer’s disease Neuroimaging Initiative. For many years, the only way to identify Alzheimer’s disease pathology was examining the brain under a microscope after death. Now CACIR is evaluating how PET scans imaging Alzheimer pathology can improve diagnostic accuracy and care. With the help of U’s Department of Radiology and the Molecular Imaging Program at Huntsman Cancer Institute, the necessary radiopharmaceutical will be produced in Salt Lake City – an essential requirement for predictable access since it has a half-life of only 110 minutes. This work, requiring multidisciplinary expertise of many individuals, is being supported with a generous donation from Rodney and Carolyn Brady. Alzheimer’s disease affects us all, whether a family member, a friend or a neighbor. It is good to know progress in improving care is being made with community support and the effort of the dedicated faculty and staff at CACIR.

Master of Science in Clinical Investigation at the U of U Expands Clinical Research Opportunities

A career in research was nowhere on her radar when Raquel Vargas-Whale, MD set out to become a pediatrician. But when the University of Utah fellow was presented with the opportunity to earn a Master of Science in Clinical Investigation while completing her fellowship, she jumped at the opportunity to learn about the research side of medicine.

“Being given the opportunity to do the M.S. in Clinical Investigation really opened my eyes to the possibilities,” said Vargas-Whale, who worked for Indian Health Services before becoming a fellow specializing in child abuse pediatrics. “I have an interest in research I’d never fostered before.”

While earning her M.S. in Clinical Investigation, Vargas-Whale conducted a research project that examined the behavioral and health care needs of children whose mothers sought services for intimate-partner violence. Vargas-Whale now plans to pursue a clinical career with a healthy dose of research thrown in.

“In this day and age, a physician may have a great idea but may not have the research training and skills to just sit down and write a grant that’s going to be competitive for external funding,” said Carol Sweeney, Ph.D., an associate professor in the Division of Epidemiology and a curriculum director in the Master of Science in Clinical Investigation program. “We feel like the program is an important step physicians can take to give them credibility and the actual skills.”

While most of the M.S. in Clinical Investigation students are physicians —
usually fellows and junior faculty — the program is also comprised of Ph.D. students and others with clinical degrees.

“It opens doors for them to advance their careers in clinical and translational research,” Sweeney said. “Clinicians have an eye on the current clinical problems and challenges. A clinician may not have the depth of research training of a Ph.D., but a clinician can really bring a unique perspective and a unique understanding to a disease.”

M.S. in Clinical Investigation students — about 20 begin the program each year — receive training in epidemiology, data management, bioethics, biostatistics, genetics, and a variety of electives. They learn to write grant proposals and to plan and implement clinical trials. With support from faculty members who serve as mentors, students design their own research projects.

“Not only did I learn how to do grants, but I actually received a grant, which was very exciting,” said Vargas-Whale, who moved to her new post at Driscoll Children’s Hospital in Corpus Christi, Texas when her fellowship wrapped up in June.

“[University of Utah faculty] really make an effort to support you with your individual project, and I think that is a huge benefit to prospective students and to incoming fellows,” Vargas-Whale said.

She recommends the program to motivated health professionals who have a strong interest in learning about clinical research — even if they never plan to work in a lab. One major takeaway for Vargas-Whale is her newfound ability to digest scholarly papers.

“[The MSCI program] has really made me a much more astute physician in reading the current literature about child abuse from my particular field and being able to dissect it, understand it and critically review it,” Vargas-Whale said.

The program, which works closely with the University of Utah School of Medicine’s Center for Clinical and Translational Science, graduated its first students in 2009.

Hope for Patients with Facial Paralysis

The loss of the ability to smile, as can occur in cases of cancer, trauma, and even some infections, can be a devastating problem. The face represents a large component of human identity and, as a result of facial paralysis, patients lose part of that identity. In addition to the loss of personal identity, patients with facial paralysis lose the ability to display facial emotion. These factors, in combination with the loss of the ability to speak and eat, often lead to social isolation, discouragement, and depression. There are several surgical treatments that can be utilized to improve facial symmetry and function; however, these methods are limited by the need to transplant tissue from other anatomic sites and the inability to fully restore the smile to its pre-paralysis state.

The approach taken by Daniel Ward, MD, a facial plastic surgeon at the University of Utah, and Danny McDonnall, PhD, a bioengineer with Ripple, LLC, is to attempt to use an implantable device that can lead to restoration of smiles in patients with facial paralysis. The aim of the project is to use a sensor that can detect muscular action on the non-paralyzed side of the face, transmit that information to a processor, which then stimulates the muscles on the paralyzed side of the face to restore a functional smile. The basic approach is shown in the image. An electromyographic sensor is implanted in the non paralyzed side of the face on the facial musculature. This electrode senses the degree of contraction of the non-paralyzed facial muscles. The signal from this electrode is sent to an implantable processor, like a cochlear implant or an implantable cardiac defibrillator, and then a stimulating signal is sent to the stimulating electrode. This electrode is implanted on the paralyzed facial musculature and the stimulating signal then stimulates the paralyzed facial muscles to smile. By using the non-paralyzed side as a reference, the smile on the two sides of the face is symmetric.

The project is not ready for human trials yet. Preliminary research is underway to establish the proper design and use of the electrodes, but the hope is for progress in restoring that very important smile.

Dr. Ward received the Leslie Bernstein Young Investigator Grant from the American Academy of Facial Plastic and Reconstructive Surgery.
Brenda L. Bass, PhD, Esteemed Utah Biochemist, Elected to the National Academy of Sciences

Brenda L. Bass, a distinguished professor of biochemistry at the University of Utah, was elected to the National Academy of Sciences this spring. Bass, who holds the H.A. and Edna Benning Endowed Chair in Biochemistry at the U’s School of Medicine, has devoted her career to understanding mysterious double-stranded RNA (dsRNA) molecules, whose roles are not well understood.

The human body makes dsRNAs that serve a number of functions, but viruses also make the molecules, which can cause problems if the body gets confused about when to mount an immune response to fight infections. Bass believes that sometimes dsRNA, encoded within human and animal genomes, binds with particular proteins to signal environmental and metabolic stress even without a virus being present. If her hypothesis proves true, it opens the door for potential new drugs to treat the inflammatory component of many diseases.

Bass is among 84 U.S. scientist-scholars and 21 foreign associates from 15 countries elected this year by the academy, headquartered in Washington, D.C. Her election brings to at least 40 the number of current and former U researchers who have been elected to one of the three National Academies, which also includes the National Academy of Engineering and Institute of Medicine.

Bass is a member of the American Academy of Arts and Sciences and a Fellow of the American Association for the Advancement of Science, and in 2010 she received the U’s Distinguished Scholarly and Creative Research Award.

Mario R. Capecchi, PhD, receives American Association for Cancer Research’s Lifetime Achievement Award

Mario R. Capecchi, Distinguished Professor of biology and human genetics at the University of Utah’s School of Medicine, was honored in April with the American Association for Cancer Research’s Award for Lifetime Achievement. The award honors an individual who has made significant contributions to cancer research and has demonstrated a lifetime commitment to progress against cancer.

Capecchi received the award for his tremendous scientific contributions that have had a profound impact on the understanding of cancer, including his groundbreaking work in the development of gene targeting technology in mice.

An investigator with the Huntsman Cancer Institute and the Howard Hughes Medical Institute, Capecchi also is a fellow of the American Association for Cancer Research Academy. His work developing gene targeting technology in mice has led to a revolution in the ability to study the function of cancer genes, as well as the mechanisms of cancer development. By manipulating specific genes within mouse-derived embryonic stem cells, he discovered how to genetically engineer a mouse devoid of a specific gene. This technology has made it possible for researchers to analyze the specific function of a particular gene by investigating the biological repercussions of its absence. The research also has proven to be a vital asset in the analysis of genetic mutations common in cancer patients. His work in this area was recognized in 2007 with the Nobel Prize in physiology or medicine.

Capecchi also has been involved in pioneering studies involving the Hox gene family, which have offered insights into the genetics of development within various organ systems, primarily the brain.

Collectively, Capecchi’s findings have contributed immeasurably to the evolution of both molecular biology and genetics-based cancer research and have laid the groundwork for subsequent breakthroughs in cancer detection and treatment.

A native of Verona, Italy, Capecchi graduated from Antioch College in Yellow Springs, Ohio, and received his doctorate from Harvard University. He has been at the University of Utah since 1973, when he began his tenure as a professor of biology.
Frank Q. Nuttall, MD ’55 Receives National Award from American Diabetes Association

Frank Q. Nuttall, M.D., Ph.D. University of Utah School of Medicine Class of 1955, was awarded the 2014 Outstanding Physician-Clinician Award in Diabetes by the American Diabetes Association. The American Diabetes Association has 16,000 professional members and is the leading diabetes organization worldwide. This award is the Association’s highest scientific award for an individual actively involved in the clinical care of patients with diabetes. It honors Dr. Nuttall’s meritorious achievements and career history as both a mentor and a health care provider. The senior faculty of the Endocrinology Department at the Mayo Clinic, Rochester, MN submitted the nomination for this highly competitive award. Their nominating letter highlights Dr. Nuttall’s long and distinguished record of outstanding teaching and his focus on a scientific approach to the dietary treatment of diabetes.

This award builds on Dr. Nuttall’s distinguished career having received both the Annual American College of Nutrition Award in 2006 in recognition of his outstanding achievements as a Research Scientist-Teacher-Scholar in clinical nutrition, and the David M. Worthen Award in 1999 for Academic Excellence from the Department of Veterans Affairs.

Currently Dr. Nuttall is chief of the Endocrinology, Metabolism & Nutrition Section at the Minneapolis VA Health Care System, and professor of medicine at the University of Minnesota.

Lobbying Effort Successes for Rural Health:
Loan repayment programs available for health professionals in underserved areas

School of Medicine Alumni Association and Half Century Society Board members’ lobbying efforts to assist young health care providers with loan repayments paid off in a big way in 2015.

This year there were two proposals before the Utah State Legislature. One was a new program, the Rural Physician Loan Repayment Program, sponsored by the Utah Hospital Association; the other was a request to refinance the Health Care Workforce Financial Assistance Program, which lost funding in 2009. Both initiatives passed and received one-time funding, with the possibility for renewed funding in the future.

Details for each program:
The Rural Physician Loan Repayment Program is a new statute. The State Department of Health setup an advisory committee and had their first meeting recently to draft rules for the program. They hope to publish those in July so that they can begin to implement the program this fall. The current proposal, limited to physicians who commit to work in a Utah county with a population less than 50,000, would offer state funds, up to $15,000 a year, which would be matched by a rural hospital. A physician could receive up to $30,000 a year in loan repayment funds, which is more than the National Health Service Corps (NHSC) offers. This program is open to all physicians, regardless of specialty. The program received an authorization for $300,000 in “one-time” state dollars which needs to be matched with local hospital funds. The operational costs for this program are estimated to be $30,000, making $270,000 available to award this coming year. There is a two-year minimum commitment for loan repayment programs, so each year’s award will equal $30,000, or $60,000 in loan repayment dollars for a two-year commitment. A total of nine awards can be given through this program and the State Department of Health is hoping to fill all nine awards, showing the legislature that the program was successful and deserves renewed funding.
The Health Care Workforce Financial Assistance Program is in the process of determining the loan repayment amounts to provide based upon professional type (MD/DO, DDS/DMD, PA, NP, RN, etc.). In 2009, when the original program lost its funding, the maximum loan repayment amount was $15,000 a year, but the Department of Health is hoping to increase that to at least $20,000 a year, the maximum amount to be awarded to physicians and dentists. This program received $600,000 in one-time state dollars with authorization to use an additional $100,000 of potential federal matching funds from the NHSC’s state loan repayment program. Since the administrative/operational costs run at about 10 percent of the funding for this program, the State Department of Health should have $540,000 (plus the possible matching funds) to award. All awards are for a minimum of two years and total number of loan repayments awarded this coming year will be determined by type of health care professional requesting funding.

For physicians and other health professionals who just completed their advanced training, or will complete their training in June of 2016 and are willing to commit to a position in one of these programs, there could be 20 opportunities for loan repayment funds from these two state programs. The State Department of Health also has some positions that are covered with NHSC loan repayment funds which are primarily openings in their community health centers.

For further information on either of these programs please contact the Office of Primary Care and Rural Health at 801-273-6618, or email to opcrh@utah.gov.

Ware Branch Receives Gold Caduceus Award

Each year Intermountain Research and Medical Foundation presents The Gold Caduceus Award at their AMICUS banquet to two distinguished individuals in recognition of their community service and medical excellence. The award recognizes the recipients’ dedicated humanitarian service on behalf of Intermountain Healthcare. This year the medical recipient of the award was D.Ware Branch, MD, professor of obstetrics and gynecology at the University of Utah and the current medical director of the Women and Newborn Clinical Program for Intermountain Healthcare’s Central Region.

Dr. Branch is board certified by the American Board of Obstetrics and Gynecology and the subspecialty of Maternal Fetal Medicine. A leader in the standard of care for pregnant women, Dr. Branch has played a role in developing the protocol now used by all Intermountain Healthcare hospitals, which discourages physicians from inducing women prior to 39 weeks of pregnancy. Additionally he has developed treatment protocols for antiphospholipid syndrome (APS), an autoimmune disorder, associated with pregnancy complications such as stillbirths and miscarriages. He has also authored many studies furthering the understanding of the labor process and looking at recurrent miscarriages.

Internationally, Dr. Branch is part of a consortium of experts in APS research and has been on the editorial board for three top medical journals in the field of obstetrics and gynecology.

Dr. Branch and colleagues have led groundbreaking advances including treatment of women at risk for pre-term birth. They have found genetic mutations in women with frequent miscarriages who didn’t respond to the usual treatment of progesterone to prevent pre-term birth. Knowing this genetic information in advance will help clinicians deliver the best treatment suited to each individual woman to help them give birth to a healthy full-term child.
The email survey, which 15 percent of contacted young alumni completed, confirmed that younger alums are familiar with *Illuminations* magazine, class reunions and the Dinner with a Doc Program (probably having been a recipient of it while they were in medical school), but not nearly as familiar with the Awards Banquet and other programming such as the Distinguished Awards, the HOST program, the Transitioning into Practice program and the annual stethoscope gift.

The survey confirmed that young alums would be interested in TED talks, on both medical and personal topics, but split over the suggestion of an all-alumni yearly event versus doing individual medical class reunions. Many were interested in an online directory so they could access information on classmates, but only if there was no cost associated with it. They were all quite tied to social media with Facebook being used by 70 percent of them, followed closely by Doximity, 61 percent and LinkedIn 58 percent.

The School of Medicine’s Alumni Program Committee will be studying these results this coming year to determine programming changes in the future. We will keep you apprised of the decisions made moving forward.

If you are a younger alumnus/ae and would like to share your opinion feel free to contact us at somalumni@hsc.utah.edu

Young Alumni Weigh In

During the second SOM Alumni Association five-year SOM Strategic Planning retreat in late 2013, one thing became clear. Although the Alumni Association was very good assisting and connecting with our current students and with our “older” alums, there seemed to be a gap in our programming for graduates from the years 2000 forward, who we count as our “young alumni.” In response to that awareness the SOM Alumni Board followed up this spring with a Young Alumni Focus Group hosted at the Alumni Relations office, and a survey sent to the group in April 2015.

Nine younger alums attended the informal discussion/focus group. Some of the suggestions put forth at that meeting included:

- Establish class directories to share with classmates and assign class representatives to work with the alumni association.
- Create giving societies based on frequency of giving and total amount given.
- Space out the class reunions more in the early years, maybe every 10 years instead of every 5 years.
- Focus more on multi-year medical alumni events open to alums, former house staff and maybe even students
- Include short TED-like talks as part of a weekend activity. These could be medical or nonmedical talks.
- Find different/better ways to communicate about the relevance of the Alumni Awards Banquet.
- Build pride among alums and house staff of the school.
- Improve relations between the University of Utah School of Medicine and Intermountain Healthcare, as many SOM alums practice there.
- It is important to connect with and solicit younger alums, but many are unable to make any significant financial contribution until 10-years post-graduation.

Class of 2002 graduates.
WHAT IT’S LIKE TO BE GREEN
Heather Curtis, MD ‘14

Up real early, pre-rounds, rounds, pimp my face off. Admit, admit. Osteomyelitis, hold the antibiotics, oh shh… Rinse, lather, repeat. I’m beat. This girl’s got to get some sleep.

Coffee black. I’ll take it drip. Follow up, ruptured appi. Try to get a grip. Present next patient, this time don’t look like a complete idiot. Stress, I’m a mess. Is this stable angina? Esophageal spasm, pleural pain, or maybe cardio trauma? I need my mama!

Another drip coffee, take a sip and a breath. Let it rest. Ease this pain in my chest. Now it’s six p.m. on a Friday and I’m lying in my bed.

Textbook excerpts, study questions are running through my head. My body feels like lead. Social life. What’s that? Maybe the gym or just a snack. Another nap? Yeah, I got it like that.

My EKG skills are slack. When you know it shout it out, if not smile and nod.

Write it down, look later. Play the game you little fraud. Wait, wait, hold up. It’s not all bad. The people, the patients, the crying and the sick. Compassion and learning, bring it back into perspective.


Up real early, pre-rounds, rounds, pimp my face off. Admit, admit. Get it, get it. Rinse latter repeat. I’m beat. This girl’s going to get some sleep. Wake up. Do it again. Little girl dreams, full circle. MS3 mid-year debacle. Work it, work it. Make a decision. Clock is ticking. Career picking. One more year till no revision.

For now I sleep. I’m beat. Rest, so you can repeat. Rinse latter, don’t shatter. In the end, remember what matters. This is MD. Year three.
CLASS OF 2015

Welcome to University of Utah School of Medicine Alumni Association

L to R Front row: Angie Van Atta and Diane Walsh, L to R back row: Tammy Smith, Jenna Rosenberg, Madeline Hernandez and Ali Taylor

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