Josh Schiffman
Why Elephants Rarely Get Cancer
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
Dean’s Message

The great orator Robert Ingersoll once said, “We rise by lifting others.” As I look back over the long and impactful history of the University of Utah Health Sciences, I realize this idea could not hold more true. For more than a century, our remarkable institution has improved countless lives in our community, region and world.

The most exciting part for me personally is the fundamental characteristics that have gotten us here—hard work, ingenuity, collaboration and teamwork, resourcefulness, perseverance—are perfect for tackling the challenges we have yet to face. As a result, the best is yet to come.

In the summer of 1965, the original university hospital and school of medicine building welcomed their first patients, and this year the University of Utah celebrated the fiftieth anniversary of that momentous event.

In that time, the university has trained more than 35,000 doctors, nurses, pharmacists, mid-level specialists, scientists and educators. The number of lives that each of those health care providers have touched is immeasurable. And the nearly 70% of providers—who remain in the state to practice their craft and care for our community—have helped to make our institution, and our state, even more remarkable.

Today University of Utah Health Care, the clinical training grounds for the medical school, is nationally recognized as among the very best university hospitals in quality year after year. The university provides an exceptional experience to its patients, with over half of the physicians ranked in the top 10% in the nation in patient satisfaction. And the university’s health system is responsibly bending the cost curve of health care at a critical time in the history of health care reform.

When I look at the amazing work that is going on here from helping manage the Ebola epidemic in Liberia, to mentoring the next generation of health care workers, I know our future looks bright. I see the work of brilliant clinician scientists like Josh Schiffman, M.D., who not only ask unique questions like, “Why don’t elephants get cancer,” but then work daily to find answers that apply to the human condition. This kind of work is made possible in many ways by building on the generations who came before. Students and I had the opportunity to visit this year with some of the “stars” of our How the West Won Medicine book—celebrating the School of Medicine building’s 50th anniversary—stars like Dr. Don Shields, Dr. Chuck Rich and Dr. Russell M. Nelson. These heroes have enabled our future discoveries.

Work like this continues to help us attract remarkable talent from around the country. This year we were joined by Jon-Kar Zubieta, MD, PhD as Chair of Psychiatry, Will Dere, MD, as Executive Director of the Program in Personalized Health, Chad Westover, MPA as CEO of our health plan and David Perry as our Chief Marketing Officer, among others. Next year we will be joined by Katherine Cooney, MD who will serve as the Chair of the Department of Internal Medicine, and Angela Fagerlin, PhD who will join us as Chair of the Department of Population Health Sciences.

Collectively, this talent will take us and our students into the future—training providers who are committed to the local and global community. This year alone we welcomed more than 1.4 million patient visits, delivered more than $100 million in charity care, dedicated more than 20,000 hours of community service, and provided health services in over 63 countries.

Our vision is to advance health globally, and our intention is to build the space and recruit the talent to facilitate it. We are well on our way to planning for this vision, imagining a space to better serve our patients and better train our students from advanced care to rehabilitation. At the center of this space is a multifaceted, multidisciplinary home for our students—one that will train them interprofessionally to innovate, collaborate and be leaders in developing and delivering some of the most cutting-edge care. We are pooling our resources and integrating our missions to realize this vision, but we also need the support of our community. We hope you will join us in our continued investment in the future health of the state, the region and the world.

This year we accomplished much as we celebrated the past. Tomorrow, we will focus on expanding our team and transforming our campus on which we can all build the future together. It is our generation’s turn to pay it forward.

We hope you are inspired to join us.

Sincerely,

Vivian S. Lee, MD, PhD, MBA
A Letter, a Future

On a snowy day in January of 1981 I breathlessly opened an envelope with a return address of 50 N. Medical Drive. Inside was a letter of acceptance from the University of Utah School of Medicine. My personal journey to that point had been difficult and I was more than thrilled at my opportunity to become a physician. Little did I know, nor could I have imagined, the impact of a single sheet of paper offering me a world-class education.

I enthusiastically jumped into medical school and was taught, mentored, molded, and sometimes intimidated by people who I didn't know but later would come to appreciate, admire, and respect for their knowledge, ability and stature. People like Hip Kuida, Suzanne Stensaas, Frank Tyler, Frank Moody, Neal Kochenour, Kirtly Jones, Theo Tsagaris, Phil Bossart, and yes, even James Kushner, to name a few of the many.

Toward the end of medical school, my wife and I traveled all over the US looking for an obstetrics/gynecology residency program. It didn't take us very long to realize the Utah Department of OB/GYN, under the direction of Jim Scott, was an outstanding program and we were happy and eager to continue our training at the University of Utah when match day arrived.

Ten years after I completed my training, I returned to the University Hospital via an AirMed helicopter, this time as a patient after a severe spinal cord injury rendered me paralyzed from the neck down. I spent 3 ½ months under the care of the neurosurgeons and the late Dr. James Swenson.

So you see, in a slightly different way, I can lay claim to being an alumnus of the University of Utah School of Medicine times three; although I wouldn't recommend my last method of enrollment. All of these experiences had an enormously positive impact on my life.

Although I had been appreciative of the role of the School of Medicine in my career and as a patient, my involvement with the Alumni Association over the past three years has created an increased awareness of the people and the place. I am repeatedly impressed by the accomplishments of our alums, our faculty, and our students. I am even more grateful and proud of my academic heritage.

All of you received that singular letter of acceptance. The invitation to be challenged like never before, to become something much more than you might have expected or envisioned. I hope you consider its influence on your life and the lives of those with whom you have worked.

In this edition of Illuminations, you will read about more superb examples of our alumni and their accomplishments. We have also included a section containing an excerpt from How the West Won Medicine, a brief history of the Utah School of Medicine. This excellent publication was created to commemorate the 50th anniversary of the current School of Medicine building. More reasons to put our educational opportunity in perspective.

This past fall, 122 individuals received their envelope containing an invitation for medical training. This is the largest physician-to-be class in the history of the School of Medicine. As I personally greeted each student during the annual white coat ceremony, I recognized the nervous enthusiasm I once felt. Each one grateful for that personal letter of acceptance.

They will be our physicians and our children's physicians, the innovators, the discoverers, continuing the work and adding to the legacy of the University of Utah School of Medicine. Their letters are our future.

It is both an honor and a wonder for me to represent the Alumni Association of this great institution. It most certainly was not part of the future I anticipated on that cold January letter-opening day.

Best Regards,

Dale B. Hull MD, MPA, '85
Why Elephants Rarely Get Cancer

Why elephants rarely get cancer is a mystery that has stumped scientists for decades. A study led by researchers at Huntsman Cancer Institute (HCI) at the University of Utah, Arizona State University, and the Ringling Brothers Center for Elephant Conservation, may have found the answer.

According to the results published this past November in the Journal of the American Medical Association (JAMA), elephants have 38 additional modified copies (alleles) of a gene that encodes p53, a tumor suppressor, as compared to humans, who only have two. This study is the result of a unique collaboration between HCI, Primary Children’s Hospital, Utah’s Hogle Zoo, and the Ringling Brothers Center for Elephant Conservation. Further, elephants may have a more robust mechanism for killing damaged cells that are at risk for becoming cancerous. In isolated elephant cells, this activity is doubled compared to healthy human cells, and five times that of cells from patients with Li-Fraumeni Syndrome, who have only one working copy of p53 and more than a 90 percent lifetime cancer risk. The results suggest extra p53 could explain elephants’ enhanced resistance to cancer.

“Nature has already figured out how to prevent cancer. It’s up to us to learn how different animals tackle the problem so we can adapt those strategies to prevent cancer in people,” says co-senior author Joshua Schiffman, M.D., pediatric oncologist at Huntsman Cancer Institute, University of Utah School of Medicine, and Primary Children’s Hospital. Dr. Schiffman is in the Department of Pediatrics and holds the Edward B. Clark, MD Chair in Pediatric Research.

According to Schiffman, elephants have long been considered a walking conundrum. Because they have 100 times as many cells as people, they should be 100 times more likely to have a cell slip into a cancerous state and trigger the disease over their long lifespan of 50 to 70 years. And yet it is believed that elephants get cancer less often, a theory confirmed in this study. Analysis of a large database of elephant deaths estimates a cancer mortality rate of less than 5 percent compared to 11 to 25 percent in people. “By all logical reasoning, elephants should be developing a tremendous amount of cancer, and in fact, should be extinct by now due to such a high risk for cancer,” says Schiffman.

“We think that making more p53 is nature’s way of keeping this species alive.” Additional studies will be needed to determine whether p53 directly protects elephants from cancer.

In search of an explanation, the scientists combed through the African elephant genome and found at least 40 copies of genes that code for p53, a protein well known for its cancer-inhibiting properties. DNA analysis provides clues as to why elephants have so many copies, a substantial increase over the two found in humans. A substantial majority, 38 of them, are so-called retrogenes, modified duplicates that have been churned out over evolutionary time.

Schiffman’s team extracted white blood cells from blood drawn from Utah’s Hogle Zoo and Ringling Brothers Center elephants during routine wellness checks. They subjected the cells to treatments that damage DNA, a cancer trigger. In response, the cells reacted to damage with a characteristic p53-mediated response: they committed suicide.
“It’s as if the elephants said, ‘It’s so important that we don’t get cancer, we’re going to kill this cell and start over fresh,’” says Schiffman. “If you kill the damaged cell, it’s gone, and it can’t turn into cancer. This may be a more effective approach to cancer prevention than trying to stop a mutated cell from dividing and not being able to completely repair itself. Cell death through elephant p53 may be the ultimate way to prevent cancer.”

Patients with inherited Li-Fraumeni Syndrome are nearly the opposite of elephants when it comes to cancer. These patients have just one active copy of p53 and more than a 90 percent lifetime risk for cancer. Having less p53 decreases the DNA damage response in patients with Li-Fraumeni Syndrome. Schiffman’s team wondered if more p53 could protect against cancer in elephants by heightening the response to damage. To test this, the researchers did a side-by-side comparison with cells isolated from elephants, healthy humans, and from patients with Li-Fraumeni Syndrome. They found that elephant cells exposed to radiation self-destruct at twice the rate of healthy human cells and more than five times the rate of Li-Fraumeni cells (14.6%, 7.2%, and 2.7%, respectively). These findings support the idea that more p53 offers additional protection against cancer.

“Twenty years ago, we founded the Ringling Brothers Center for Elephant Conservation to preserve the endangered Asian elephant for future generations. Little did we know then that they may hold the key to cancer treatment,” said Kenneth Feld, Chairman and CEO of Feld Entertainment.

“The incredible bond our staff has with these majestic animals, and the hands-on care provided at the Center for Elephant Conservation, allows us to easily provide the blood samples Dr. Schiffman needs to further his research,” said Alana Feld, executive vice president of Feld Entertainment and producer of Ringling Brothers and Barnum & Bailey. “We look forward to the day when there is a world with more elephants and less cancer.”

The elephant story represents one way that evolution may have overcome cancer. Other evidence suggests that naked mole rats and bowhead whales have evolved different approaches to the problem. Schiffman plans to use what he’s learned in elephants as a strategy for developing novel cancer-fighting therapies. This is especially important because more than half of all human tumors have lost the p53 gene, even in people without Li-Fraumeni Syndrome. Schiffman’s laboratory at the University of Utah is now working to insert elephant p53 into human cells and translate these laboratory findings into clinical medicine. With enough support, Dr. Schiffman and colleagues believe that the first clinical trials could begin within the next 3 to 5 years.

Schiffman’s work on elephants and cancer has been featured in over 1,000 different news articles, radio programs, and television broadcasts around the world. The JAMA article has been ranked by Altmetric as one of the top 100 science articles in 2015, ranking #51 less than 2 months since being published. Schiffman and co-authors, Lisa Abegglen, Ashley Chan, Kristy Lee, Rosann Robinson, Michael Campbell, and Srividya Bhaskara are from Huntsman Cancer Institute and the University of Utah, Aleah Caulin and Shane Jensen are from the University of Pennsylvania, Wendy Kiso and Dennis Schmitt are from the Ringling Brothers Center for Elephant Conservation, Peter Waddell is from the Ronin Institute in West Lafayette, Indiana, and Carlo Maley, senior co-author, is from Arizona State University. Also contributing to the research was Eric Peterson, elephant manager at Utah’s Hogle Zoo.

“Participating in the research is not only amazing but a win-win for humans and elephants and humans living longer, better lives.”
On Being a Mentor  

By Robert Hoffman, MD, '81

I came back to Salt Lake City to practice pediatric ophthalmology in 1986 and have been at the University since 1990. I have been involved in training ophthalmologists in developing countries and have participated in training scores of ophthalmology and pediatrics residents as well as a steady stream of medical students and students headed for other health related careers.

With a small number of these individuals, I have had the opportunity to have a different relationship than simply teaching them what they need to know. I’ve had a chance to serve as a mentor on an ongoing basis. For undergraduate and medical students, I have been involved in the process of helping shape their career decisions.

Individuals I have worked with have not all gone into medicine. One undergraduate student who travelled with me to Ghana is now an equine veterinarian. Another is now one of our medical students at the University of Utah who is currently doing an extended research project in Nepal. Her interest in international medicine was in part stimulated by her travels to Ghana and to the Navajo Nation with me.

I have had the pleasure of guiding several ophthalmology residents into careers in my field, pediatric ophthalmology. It has been fun watching them go through the process. One of the students began hanging out in my operating room when he was done with his other duties as a third year medical student. I got to work with him through his residency as well.

Two other residents have come back to join our pediatric ophthalmology division and another will hopefully join us in a couple of years.

I also got to help guide a resident in craniofacial surgery through a career switch. She showed up in my OR one day asking if she could try ophthalmology. She is now in practice having finished her ophthalmology residency!

The other mentoring role I have played is with junior faculty. The complexities of patient problems, particularly complicated eye misalignment issues and re-operations seen in a tertiary care referral practice, can be daunting when starting out. I have spent considerable time helping sort out what to do with patients as my more junior colleagues have acquired practice experience. It has been rewarding to participate in that process as well.

The international fellows that I have worked with in Ghana, Nepal, India, Indonesia, Trinidad, and Bhutan have
Naches: On Being Mentored

By Saundra Buys, MD, HS ’84

Jack Athens and I looked at the lab results of a young woman being transferred from an outside emergency room with mucosal bleeding and fevers. She was profoundly anemic. Her platelet count was similarly low. The white count was elevated with a predominance of “atypical mononuclear cells, many with nucleoli.” The differential diagnosis was pretty much limited to one disease: acute leukemia.

We walked into the patient’s room and found the patient, pale and holding a tissue to her bleeding nose, sitting in bed. Her worried parents stood by. Dr. Athens introduced himself and me, the Hematology/Oncology fellow. He examined the patient and asked what she and the family had been told. Nothing. They had been sent here so we could tell them what was wrong. Dr. Athens described the results of the blood counts received from the outside hospital. “There are several possibilities,” he said. Severe bacterial infections, some viral infections such as mononucleosis, and “sometimes leukemia” could cause such a picture. We would go look at the blood smear and be back in 15 minutes to tell her what we saw.

As we walked to the lab where her blood smear was waiting, I thought about what had just happened. Dr. Athens, being virtually positive of the diagnosis, had fired a shot across the bow. In the time it took us to walk to the lab, look at the smear, develop a plan, and go back to the patient’s room, she and her family would have a chance to get over the initial shock of this dreaded word. They would be more able to hear what we had to tell them.

I hear myself channeling Dr. Athens whenever I tell someone, “This could be some inflammation of the stomach. But the new pain, and the changes in your blood tests, make me worry that the cancer could have spread to the liver.” I repeat Dr. Jim Kushner’s words when I place my hand on a patient’s right upper quadrant and say, “Relax, and take a giant breath in.” And it was our social worker, Lisa Gauchay, who modeled asking questions I would not have previously been bold enough to ask. “Do you have food in the house?”

There is an old story about a woman who always cut her pot roast in half before putting it in the pan. When her daughter asked why, she said she did it because her mother always cut the pot roast in half before putting it in the pan. And her mother did it because her own mother had done the same thing. When the daughter got to the source of this practice, of course, it turned out the grandmother cut the pot roast in half because she didn’t have a big enough pan. Early medical training in this country was, as with other trades, primarily an apprenticeship. Learning from a mentor was how one became a physician. The practice of passing down knowledge from a senior physician through multiple generations of junior apprentices undoubtedly resulted at times in the medical equivalent of cutting the pot roast in half—or worse. Medical education now provides a broad and deep foundation in sciences and technology. But the mentor—a senior physician, colleague, peer, student, or random associate—still plays a crucial role in reinforcing the science, while also transmitting the art, humanity, ethics and joy of medicine.

But the mentor—a senior physician, colleague, peer, student, or random associate—still plays a crucial role in reinforcing the science, while also transmitting the art, humanity, ethics and joy of medicine.

Saundra Buys and resident Mei Wei looking over Wintrobe’s Clinical Hematology

My mentoring experiences have been a rewarding part of my career. I look forward to more in the future.

But the mentor—a senior physician, colleague, peer, student, or random associate—still plays a crucial role in reinforcing the science, while also transmitting the art, humanity, ethics and joy of medicine.

I find myself now with my hand on the medical student’s as together we push upward and tell the patient, “Relax, and take a giant breath in.” I feel the puppy-like shiver of excitement as the student, for the first time, feels liver edge bumping against fingertips. Dr. Jerry Kaplan taught me the word that best describes this feeling. Naches: a Yiddish word that means pride or gratification, especially at the achievements of one’s children.
The Mentor

By Tim Michaelis, MSIV; Published in the 2015 edition of Rubor: Reflections on Medicine from the Wasatch Front

Can my med student follow? Can my med student follow? Can my med student follow? Can my med student follow? Can my med student follow?
You have active TB You have active TB You have active TB You have active TB You have active TB
Please put on display Your pathology Your pathology Your pathology Your pathology Your pathology
Your heart murmur sound Is unlike another We have heard on the rounds Your lung cells have spread Even as you may wonder
If this will be your last bed For soon I will cede This mantle, and white coat To the students we need
In any result Can he follow me? This classroom is more telling Than any book he may see
Complete editions of Rubor can be found at http://rubor.med.utah.edu/

Annual Scholarship Giving-The Five For Five Pledge

This fall we welcomed the largest medical school class (122 students) in the history. Quite a significant growth from the first four year class in 1944 with 33 graduates. But with this growth comes challenges. The average debt of a Class of 2014 graduate was $166,250. In real dollars, that loan at 6.8% (current Federal Stafford unsubsidized loan rate) over a 15-year payoff period is actually $265,639!

The following individuals have made a significant commitment towards annual giving to medical student scholarship, the majority as Five for Five donors ($5,000 a year for five years).

These donors’ commitments of $25,000 (or in some cases $50,000) over five years equals almost $40,000 in loan repayment a young physician will save. That is substantial! In addition, our student recipients have shared that having an older, established physician, a person they generally don’t even know before the scholarship is received, show faith in them and support them inspires them to work harder and strive to be the best doctor they can be.

If you are interested in learning more about the Five for Five Scholarship pledge or other giving to support students in the School of Medicine please contact Kristin Wann Anderson, Executive Director of the School of Medicine Alumni Relations, kristin.anderson@hsc.utah.edu, 801-858-3818. The next edition of Illuminations will feature endowed scholarship donors to the School of Medicine.
Imagine horse-drawn carriages and newfangled motorcars sputtering up a hard-packed dirt road to President’s Circle at the University of Utah.

Men in bowler caps and three-piece suits filter in and out of our utilitarian brick buildings, which stand alone in the high-desert landscape. Behind these modest structures, wide-open space stretches out to the foothills of the Wasatch Range.

The year was 1905, and the University of Utah had just introduced its two-year medical program. Fourteen students registered for classes and showed up on the second floor of the LeRoy Cowles Building to start their medical education. Under the leadership of Ralph Chamberlain, Ph.D., a prolific taxonomist trained at Stanford and Cornell universities, the program opened its doors with six visionary professors and a $10,000 annual budget.

With little more than a few classrooms and Chamberlain’s vision for what the medical school could become, the medical program attracted top students from the beginning. Within just a few years, it was thriving. In 1910, the school received a major reputation boost when the Flexner Report, published by Carnegie Foundation, gave the school an excellent assessment in its book-length study of American medical education.

In 1942, spurred by a nationwide movement calling for the abolition of two-year medical programs, the medical school became a four-year program. Even as the program grew, the school faced a host of new challenges brought on by World War II. Amid air raid precautions and an influx of men in uniform on campus, the School of Medicine lost students and some faculty to the armed services.

As the war wreaked its havoc, noteworthy faculty members were added to the medical school, somehow recruited away from such prominent institutions as Stanford, Harvard, Yale and Johns Hopkins. One of these

The School of Medicine was built on moonbeams and barbed wire.”

–John Dixon, M.D., School of Medicine Dean and Vice President for Health Sciences, 1972–78

Imagine horse-drawn carriages and newfangled motorcars sputtering up a hard-packed dirt road to President’s Circle at the University of Utah.
Booklet of Courses: Early 1900s entrance requirements included prerequisites like chemistry and anatomy, along with “a reading knowledge of French or German” and “one year of college work.”

Dissection: Students gather around what may have been the first cadaver they had ever seen, thanks to a law passed in 1907 to provide the medical school with the unclaimed bodies of dead convicts.

Students in Classrooms: Students and teachers came dressed to the nines with hope and determination for a future of medical practice.

Ed Hashimoto, the Ambidextrous Irishman: After the bombing of Pearl Harbor in 1941, Hashimoto, the school’s only Japanese-American professor, known for drawing anatomy pictures with both hands, entered his gross anatomy class for the first time to profound silence. He announced, “What are you fellows staring at? I’m Irish. I was home in Dublin at the time!” From then on, he was dubbed the “Ambidextrous Irishman.”

Goodman, MD: Due to his work with nitrogen mustard as an early cure for cancer, Dr. Goodman claimed his place in history as the father of modern chemotherapy.

Newsweek: A June 9, 1952 article in Newsweek magazine praised the University of Utah medical school as “the Johns Hopkins of the West.”

hires was Phillip B. Price, M.D., who left Johns Hopkins in 1943 to join the faculty as head of surgery and later became dean of the medical school. Another key recruit in the same year was renowned Johns Hopkins hematologist Maxwell Wintrobe, M.D., Ph.D. Author of the seminal *Clinical Hematology* textbook still used today, Dr. Wintrobe faced fierce anti-Semitism during his academic medical career in the East, but was welcomed with wide-open arms when he moved west to Utah.

Using his academic pedigree and expertise, Dr. Wintrobe helped the school establish new courses and pursue research opportunities. Just two years after his arrival, the National Institutes of Health (NIH) awarded its first-ever research grant to Dr. Wintrobe—a $100,000 grant for the study of muscular dystrophy and other hereditary and metabolic disorders. The grant was renewed annually for 23 years.

In 1944, Louis Goodman, Ph.D., was yet another famed East Coast scientist who made the bold decision to go west. Already renowned as the co-author of Goodman and Gilman’s *The Pharmacological Basis of Therapeutics*—the textbook many still refer to as “the Bible of pharmacology.”

A small number of intrepid women joined the ranks of the men in School of Medicine lecture halls and labs. Some of the first on the University of Utah campus were Ruth Merrill, M.D., and Shirley Labrum, M.D. Both were required to get their medical licenses in the names of their husbands.

By 1956, Drs. Price, Wintrobe, Goodman and their team of medical school leaders, reverently nicknamed “The Quorum,” had persuaded the U’s Board of Regents to approve a $10 million medical center with a companion hospital. This would allow the school to move out of Salt Lake County General Hospital, situated approximately five miles from campus, and into a unified, modern building physically connected to the medical school.

Tireless fundraising ensued, with millions of dollars being raised from both the public and private sectors. The efforts of civic leaders, medical school faculty and local philanthropists included everything from garnering $15.3 million in funding from the state of Utah, leveraging a $500,000 grant from the NIH and putting on a grassroots benefit concert to fund TV sets in patient rooms.

A campaign to raise $4 million from the public sector—considered overly optimistic by many—became the first successful private fund drive for a public medical center. Led by local businessman Leland Flint and a prominent team of community leaders—including Joseph Rosenblatt, George Eccles, James Hogle, Clarence Bamberger, John Wallace and LaMar Webb—the group traveled the state evangelizing for the new medical center and attracting substantial support from prominent families and large organizations. By 1962, with campus buildings overflowing with 126 full-time and 325 part-time faculty, the project was fully funded and construction of the new medical center, Building 521, was underway.

“The essence of the pioneer spirit, as I see it, is the courage to tackle an unideal situation, trying hard with faith and intelligence to build something ideal out of it.”

- Philip B. Price, Dean, School of Medicine 1955-62
The Circle: University of Utah main circle when the medical school was established there in 1905.

Fundraisers for U hospital and School of Medicine: Leland B. Flint, Chair of the Fund Campaign; Utah Governor George D. Clyde; Royden Derrick, University Board of Regents; University of Utah President A. Ray Olpin.

Groundbreaking: Photo includes (But not limited to) Sherman Preece; William J. O'Connor; A. Ray Olpin, M.D.; Royden G. Derreck; George M. Fister, M.D.; Leland B. Flint; George W. Haycock; Elroy Nelson; Glen R. Swenson; Philip B. Price, M.D.; B.E. Brazier

Philip B. Price: Dr. Price, MD lays the cornerstone for the new hospital.
2015 ALUMNI WEEKEND

1965

Back row
Phillip Gerstner, MD; Richard Lohner, MD; Lane Farr Smith, MD; William Keane, MD; J. Charles Rich, MD; J. Darrell Thueson, MD

Front Row
Louis A. Roser, MD; K. Gary Shields, MD; Ronald Saunders, MD; James Steel, MD; John Lattin, III, MD

1970

Richard Ferre, MD; Leland Krantz, MD; Louis Moench, MD

1975

William Anderson, MD; Allen Johnson, MD; Don Schmids, MD; James Boice, MD; Gordon Park, MD; James T. Malouf, MD; James Seaman, MD; Nancy Aiston, MD; Graydon Harker, MD; Cordell Bott, MD; Dan Cummings, MD; Glenn Mortensen, MD; Scott Williams, MD; Kevin Charlton, MD; Scott Browning, MD

1995

Ben Godfrey, MD; Virginia Vierra, MD; Caroline Buckway, MD; Celia Blackburn, MD; Douglas Denys, MD
Use your Facebook, LinkedIn and Doximity connections to communicate with classmates, to encourage attendance, and post messages to your classmates on the School of Medicine Alumni Association Facebook page.
In early 2015 the School of Medicine Alumni Relations office, Health Sciences Public Affairs, and staff members from the Eccles Health Sciences Library began work to create a book chronicling the last fifty years of medicine at the University of Utah. The goal became loftier when a traveling historical display with videos and an oral history project of Half Century Society graduates of the school was included. The year’s work culminated at the Celebrate the Past, Envision the Future Awards Banquet held at the Little America Hotel on October 8.

A full house of 420 alumni, faculty, staff and community members came together to recognize the extraordinary work of the school that was “built on moonbeams and barbed wire” as John Dixon, MD, School of Medicine Dean and Vice President for Health Sciences (1972-1978) so aptly stated. From its start as a two-year school 110 years ago, to its place as one of the nation’s top academic medical centers, the displays and videos shared during the evening depicted the amazing and challenging journey.

At the same time the school recognized its 2015 Distinguished Awardees: Val G. Hemming, MD ’66, Distinguished Alumni; James R. Scott, MD, Distinguished Service; and Catherine R. DeVries, MD, Distinguished Humanitarian; along with the Class of 1966 as they received their 50-year medallions and were inducted into the Half Century Society. To cap off the evening, attendees got a glimpse of the exciting planned transformation of the health sciences campus, and received a copy of the first printing of the book How the West Won Medicine (excerpted on pages 8-11). A memorable time was had by all.
DISTINGUISHED AWARDS

Dean Vivian Lee welcomes attendees to the celebration of the School of Medicine's last fifty years of achievement.

Faculty member Harry Hill with 2015 Distinguished Alumni recipient Val Hemming, ’66.

Former Service awardee Richard Middleton with Dominic Albo, Emeritus faculty, HS, ’68.

Dean Vivian Lee with 1965 class chair, and former Alumni awardee, Chuck Rich, ’65 and physician sons, Christopher, Charles and Michael.

James Scott receiving the Distinguished Service Award from Dean Vivian Lee and School of Medicine Alumni Association President Dale Hull, ’85.

Distinguished Humanitarian recipient Catherine deVries thanking the School of Medicine for her award.

Dale Hull, ’85 President of the School of Medicine Alumni Association welcomes attendees to the awards celebration.
Unintended Consequences and Their Impact on the University of Utah School of Medicine

In 2014 Dr. W. Don Shields called the School of Medicine Alumni Association to discuss the possibilities of making a significant donation of $1.5 million dollars to establish a Presidential Endowed Chair in the Department of Pediatric Neurology.

Dr. Shields wanted to name the endowed chair for his pediatric neurology mentor at the University of Utah, Patrick F. Bray, MD, Emeritus Chair of the Division of Pediatric Neurology. The endowed chair has now been established and will be awarded to Joshua L. Bonkowski, MD, PhD, associate professor of Pediatric Neurology.

This generous gift was given by Dr. Shields via The Pediatric Epilepsy Research Foundation (PERF) founded by Dr. Shields and his colleague, Roy D. Elterman, MD in the early 2000’s. The story behind this foundation is both interesting and illuminates the benefits of unintended consequences.

In the days before widespread internet use, iPhones, and iPads, the American Board of Psychiatry and Neurology part II oral board examination provided a unique opportunity for examiners to meet, mingle, and network. In 1994, while sharing a break during the American Board of Psychiatry and Neurology part II oral board exams Drs. Shields and Elterman found themselves discussing infantile spasms and the reports out of Europe that the medicine vigabatrin was showing efficacy in treating these spasms. They started speculating how they could get access to vigabatrin for their patients. Hoechst Marion Roussel (HMR) had submitted a new drug application for vigabatrin for adult patients with complex partial seizures and expected approval in the United States within 3-4 years. They thought how great it might be for their infantile spasm patients if they could get access to it while awaiting Food and Drug Administration (FDA) approval. From this unexpected meeting the journey that eventually led to the formation of the Pediatric Epilepsy Research Foundation (PERF) was born.

In the summer of 1994, Shields and Elterman developed a compassionate use protocol for treating infantile spasms with vigabatrin. This was presented to a preliminary group of investigators at the 1994 San Francisco Child Neurology Society meeting. Over the next six months the details were hammered out and the Vigabatrin Infantile Spasms Study Group was formalized.

HMR agreed to provide an unrestricted grant and three large barrels (55-gallon drums with 165,000 pills) of 500-mg vigabatrin tablets to support the effort. The protocol was submitted to the FDA and HMR sent a check which was promptly deposited into the study’s bank account. However, twenty-nine days after submitting the protocol, the FDA put a hold on the study, indicating that they did not want to allow a compassionate use protocol. Shields contacted Dr. Russell Katz of the FDA who advised him they should do an efficacy study because someday someone might want the data to get vigabatrin approved for infantile spasms.

Because HMR had submitted a new drug application for vigabatrin for adult patients with complex partial seizures, they wanted no part of the Shields/Elterman study. They did not want it to affect their new drug application, so Shields and Elterman were not allowed to work under their investigational new drug application. HMR thought the project was a way to deal with the FDA's desire for them to have a compassionate release study for vigabatrin, but were not interested in supporting an efficacy trial. The saving grace was that Shields and Elterman already had Hoechst Marion Roussel money in the study bank account and had no intention of returning it. They did not have the funds to do a placebo controlled trial as Dr. Katz had requested, but after meeting with the FDA it was decided that a randomized high-dose/low-dose study was acceptable to all. In the spring of 1996, the study began.

By 2001, they had enrolled more than 250 patients, 221 of which were qualified. Unfortunately, at the same time the owner of vigabatrin (now Aventis Pharma) decided to withdraw their new drug application. With no promise that vigabatrin would be marketed in the United States, the FDA asked Shields and Elterman to close the study. Without adequate funding to complete the full data analysis, they packed up the data (which they owned), thinking it would never see the light of day again.

Then, in 2002, Mike Burke, formerly of Abbott Laboratories, but now a founder of Ovation Pharmaceuticals, contacted Shields and Elterman and indicated that Ovation had an interest in purchasing vigabatrin from Aventis. They wanted to market it for infantile spasms and refractory complex partial seizures in adults in...
the United States. Ovation did not want to make the purchase unless they had access to the Shields/Elterman data. An offer was made by Ovation: in return for the data, Ovation would provide a royalty to support a not-for-profit foundation that would fund research in pediatric neurology if vigabatrin was approved by the FDA. Ovation also would provide seed money to start the foundation.

The Pediatric Epilepsy Research Foundation (PERF) was formed as a Texas Corporation in 2004 to: “enhance the quality of life of children with epilepsy and/or other neurologic disorders. To accomplish this mission, the Foundation, in particular, seeks to support efforts to improve treatment options for infants, children and adolescents with epilepsy and meritorious clinical and basic science research related to epileptic conditions in children.” Later the following statement was added: “to encourage the recruitment and education of young physicians in the field of child neurology.”

In August 2009, the FDA approved vigabatrin for use in infantile spasms and in refractory complex partial seizures in adults. PERF received its first royalty payment in April 2010. Later that year, PERF made its first research grant.

As of December 31, 2014, PERF has funded 21 projects for more than $6 million, including the $1.5 million to fund the Patrick F. Bray Presidential Endowed Chair at the School of Medicine in Pediatric Neurology. PERF continues to thrive and hopes to provide funding for pediatric neurology for years to come. More information about PERF (including how to apply for grants) can be found at: www.pediatricepilepsyresearchfoundation.org.

More about Patrick F. Bray, MD:

Dr. Bray interned in pediatrics at the University of Utah and returned to Utah in 1960 after completing his pediatric and neurology training at Stanford and Columbia. He worked in the neurology and pediatric departments until 1997. He loved helping patients, enjoyed educating neurology residents and received enormous satisfaction from clinical dilemmas that led to discoveries in his research lab. He spent 10 years as a consultant to the National Institutes of Health and later served a four-year term on the National Institute of Health’s Neurology Advisory Council. After eight years on the Board of Directors certifying special competence in Neurology and Psychiatry (ABPN), he served as President in 1984. Authoring over 150 publications, he published a textbook, Neurology in Pediatrics in 1969 - the first ever textbook on this discipline. Dr. Bray passed away in October of 2013 and is fondly remembered by the many residents he inspired and trained.

More about the recipient of the Patrick F. Bray Presidential Endowed Chair in Pediatric Neurology:

Dr. Joshua Bonkowsky is engaged in both clinical and basic science studies. His clinical studies are focused on understanding the clinical features of leukodystrophies, and on the genetics of complex human neurobehavioral traits, especially language impairments. Dr. Bonkowsky’s clinical research group is investigating the genetics of leukodystrophies, using both local (Utah Population Database) and national databases, to understand the genetic and medical impacts of these disorders. His lab investigates human neurogenetic diseases, specifically diseases of basal ganglia function and white matter diseases and is generating disease models for high-throughput drug discovery.
An Emeritus Professor of Neurology and Pediatrics at UCLA’s David Geffen School of Medicine, Dr. Shields spent more than two decades as chief of the Division of Pediatric Neurology. Under Dr. Shields, the division developed a national and international reputation for epilepsy research and patient care, most notably in the surgical approach to medically intractable epilepsy in very young children and the development of anticonvulsant medications.

Dr. Shields and colleague Dr. Roy Elterman, founded the Pediatric Epilepsy Research Foundation in 2004. They have funded more than $6,000,000 in grants focused on the treatment of pediatric epilepsy and related disorders.

Speaking to University of Utah medical students in September, Dr. Shields emphasized the importance of maintaining a patient-centered mindset when practicing medicine.

On choosing medicine…
Dr. Shields started out as an undergraduate chemistry major with plans to continue on to graduate school. But working in a chemistry lab made him realize he needed to be working with people so he decided to apply to medical school instead.

“I’m so happy to have been able to do it,” said Shields of his medical school experience. “Medicine is not a job, it’s a calling. It has to be something you really want to do. If it’s something that is really important to you, it’s worth all you have to go through to get there. If you’re in it for the money, do something else.”

On pediatrics…
Dr. Shields was a preemie in 1941, a time when most premature babies did not survive. But his mother found out about a new kind of doctor called a pediatrician. “Dr Snow saved my life and gave me a chance,” said Shields of his doctor. “I’ve wanted to have the same opportunity to do that for other kids. That’s why I picked pediatrics.”

Dr. Shields described children as “learning machines.” Watching a child develop is amazing. “For example, a child between two and a half and six learns the meaning of 60,000 new words. That is one word every waking hour. They learn in a different way and it’s really fun to watch that development happen over time with a child.”

Why epilepsy?
Dr. Shields saw many children come into clinics with complicated forms of epilepsy and decided he could do something about it. Most of the research in epilepsy was in adult patients. There was a real need for studies focused on children. “I made the goal of my career to improve the lives of the unfortunate children afflicted with catastrophic epilepsy. There are a whole lot more of them than you realize.”

On his surgical approach to medically intractable epilepsy…
UCLA had a long-standing and well-recognized adult surgery program that had improved gradually from the time it started in the 60’s. But children had never been considered for a surgical approach until Dr. Shields suggested it in the early 80’s.

“We had a child who had infantile spasms…spasms don’t look very serious, but they are a million times worse than a grand mal seizure. Most of these kids are going to have serious developmental problems, but if the spasms are controlled, they have a chance for a more normal life,” Shields explained. “One of our first patients was a child with infantile spasms who had a structural lesion. When we took it out and the spasms stopped we knew that there was something different happening. That was a very instructive patient.”

Dr. Shields presented the first several patients at an epilepsy research meeting in 1983 and received mostly skepticism and negative feedback. There were heated questions from the top pediatric neurologists and even nasty letters to the editor after the cases were published. At the time, infantile spasms were considered to be a generalized seizure disorder and thus not
amenable to cortical resection therapy. “My nurse was getting distraught over all the negative stuff that was going on,” said Shields. “And I told her, ‘Sue, it’s alright to be controversial as long as you’re right.’ I knew we were right. We could see it, it was very clear to us. We were right and surgery for this type of epilepsy is now used worldwide.”

When Dr. Shields became division chief in 1980, he decided to focus the development of the program on epilepsy care and research. He was able to bring in a pediatric electroencephalographer and a child neurologist with a special interest in PET scans. When UCLA hired a pediatric neurosurgeon, the epilepsy surgery program was started.

On research…
In 1995, Dr. Shields and Dr. Elterman began an investigator initiated study of Vigabatrin, an anticonvulsant medication that had not yet been approved by the FDA. “There were reports from France that Vigabatrin was effective in infantile spasms so we decided that we would like to provide it for our patients.” After year of requesting the medication, the pharmaceutical company finally granted Dr. Shields permission to use the drug. The drug company sent them 65,000 pills and $150,000. They set up 13 different hospital sites around the country for patient enrollment. Infantile spasms are very rare, with only about 2,000 cases in the U.S. every year at most so it is difficult to perform a study at a single site. Once the FDA gave permission, a high dose/low dose study was approved. The study ran from 1995 to 2000 and enrolled 225 patients, making it the largest study of its kind to date.

A year after the study concluded, Dr. Shields and Dr. Elterman worked with Michael Burke, then chief commercial officer at Ovation Pharmaceuticals, who bought the rights to the medication for North America with plans to get it approved by the FDA. The study they had performed proved to be a pivotal study that was necessary for FDA approval. Because of this, Dr. Shields and Dr. Elterman were given a percentage of Vigabatrin sales on the condition that they would use the money for pediatric neurology and pediatric epilepsy research. As a result The Pediatric Epilepsy Research Foundation (PERF), a not-for-profit foundation supporting pediatric neurologic research, was established. “PERF is what I call a very positive unintended consequence of just trying to help our patients.” The foundation awarded its first grant in 2010, and has awarded 20 more grants since that time, ranging from $10,000 to $1.5 million. Vigabatrin is now FDA approved and is the first line drug for infantile spasms, and the last line drug for adults with complex partial epilepsy.

On working closely with parents of the patient…
“You have two ears and one mouth, so you listen more than you speak,” said Shields. “I think it’s really important to spend enough time to listen to what’s going on.” Dr. Shields works closely with the parents of his patients and helps them see how vital it is to communicate and work together. He stresses the importance of open communication and what the disease means for every family member involved. He also tries to help parents realize that the chronic illness is not their child’s identity.

“You have this disease, the disease is not you. That’s a problem you have, but it’s not who you are and you can’t let it become who you are. It’s tough when it’s your kid. We’re pretty invested in kids.”

On continuing education and staying motivated for the right reasons…
Dr. Shields encouraged current University of Utah medical school students to keep up on research, read medical journals, and attend conferences regularly.

“A lot of the things that you leave here with as your base of knowledge are just not going to turn out to be correct,” said Shields. “There were people in my community that were downright dangerous in my eyes. I never saw them at meetings, I don’t know if they read journals. They were doing things like the way they were when they graduated from medical school.”

Dr. Shields called today’s medicine a different world than the one he knew after finishing his training in 1976.

“If you’re not keeping up, you’re toast… and your patients are going to suffer for it…,” he said. “It’s not just that you’re required to take 25 hours of continuing education a year or whatever the requirements are, you’re doing it for your patients. That was my driving force in everything I did. I wanted the drug because I wanted it for my patients. I had no idea that this was going to lead to anything else; it was strictly for the patients. The surgery was strictly for the patients – how can we help these kids? If you’re of that mindset then things will happen.”
A Utah native, Charles (Chuck) Rich, M.D., graduated from East High School and earned his undergraduate and medical degrees from the University of Utah graduating in 1965 with his MD. He completed his residency in general surgery at Johns Hopkins Hospital, and a residency in neurological surgery at Massachusetts General Hospital.

Rich served as the head of the Division of Neurological Surgery at LDS Hospital between 1995 and 2002. In 1997, he became a member of the International Olympic Committee Medical Commission and supervised drug testing of athletes at the 1998 Winter Olympic Games in Nagano and the 2000 Summer Games in Sydney. He served as Chief Medical Officer for the 2002 Salt Lake Winter Olympic Games.

Rich is also a past president of both the American Association of Neurological Surgeons and the American Academy of Neurological Surgeons.

On being a student at the University of Utah School of Medicine in the early 1960s...
Rich was a member of the last class to attend courses on the U’s main campus before the School of Medicine was moved to its current location adjacent to the University Hospital. That was the most visible difference between his experience and that of a current medical student.

“We were a small medical school, but there was nothing small about the people teaching us.”

On choosing to become a neurosurgeon...
Rich spoke to the direct intervention that surgery allows.

“I just couldn’t take the idea of having an entire career of seeing a patient, diagnosing them, knowing what surgery they needed, and then not being able to perform the surgery myself,” he said.

As for why he chose neurosurgery specifically, he pointed to the importance of mentors.

“If there are people you admire and whose work you respect and you want to learn from them, go and ask them. They’ll probably appreciate your interest and take an interest in you,” he said.

On the advancement of technology in neurosurgery...
Revolutionary surgical microscopes were first used during Rich’s neurosurgical residency. In addition to the added precision this allowed, first in pituitary surgeries and then in spinal surgeries, Rich remarked on the value this added from an educational standpoint.

“You can’t believe the difference it made for a student to be able to watch a procedure on a screen instead of trying to watch over someone’s shoulder,” he said.

Rich also commented on the more recent medical advances in imaging technologies that allow surgeons to scan a patient while still in the operating room and determine whether all of a tumor has been removed, avoiding the risks associated with additional surgeries down the road.

For Rich, following his interests naturally charted the course of his career.
On keeping up with changes in your field…
Rich is a strong proponent of active involvement with one’s professional organizations. As a past president of the American Association of Neurological Surgeons, he applauded that organization and others like it for their mission of continuing education for physicians. “You can’t feel when you finish your residency that you’re a finished product,” Rich said. “If you don’t stay involved, you can’t keep up with what your field is doing.”

On reliance on technology for medical professionals…
Despite Rich’s lauding the technological advances in his field during his career, he noted that technology is not a replacement for a good bedside manner. “If you develop a reputation as a great physician, it will be because patients trust you…trust you to understand who they are and how they’re vulnerable and trust you to explain to them very clearly the limitations of the technology,” Rich said. “All this technology doesn’t substitute for the ability to sit down across from someone and gain their confidence.”

Videos of the Shields and Rich Roundtables can be watched in their entirety on the School of Medicine Alumni Association’s web site: www.medicine.utah.edu/alumni.

NOMINATIONS OPEN
School of Medicine Distinguished Alumni, Service and Humanitarian Awards 2016

Submission Criteria
The following categories are used to describe the nominee's qualifications for receiving the award. The nominator will be requested to describe how their nominee contributes to any or all of the categories listed, plus any other pertinent information he or she feels is valuable to the nomination:

- Distinguished Alumni Award
  - Excelled in Clinical Practice
  - Extensive Academic Activities
  - Research Accomplishments

- Distinguished Service Award
  - Service to the School of Medicine
  - Contribution to the Field of Medicine
  - Demonstrated Commitment to Enhancing Medical Education

- Distinguished Humanitarian Award
  - Outstanding Commitment to the Health of the Community
  - Service to Underserved Populations or in Challenging Situations
  - Community Service

Curriculum Vitae: A CV should be included with the submission for the Distinguished Alumni Award. A CV is recommended, but not required for the Distinguished Service and the Distinguished Humanitarian nominations.

Letters of Support: A minimum of two letters of recommendation are required for each nominee; one of which can be the nomination letter.

Deadline: February 28, 2016
Send completed nominations attention Kristin Wann Anderson
540 Arapeen Drive, Ste. 120, Salt Lake City, Utah 84108. Fax to (801)585-2613, or email to kristin.anderson@hsc.utah.edu.

To view previous recipients, please view our website: http://medicine.utah.edu/alumni/awards/nominations.php

Announcement of Awards: Awards will be announced in May 2016 and printed in the June edition of Illuminations magazine. Recipients will be recognized and receive their awards at the October 14, 2016 Alumni Association School of Medicine Awards Banquet.
The White Coat Ceremony originated in the University of Chicago’s Pritzker School of Medicine in 1989, but the first full-fledged ceremony was created by Dr. Arnold P. Gold, a teacher and pediatric neurologist, in 1993 at the Columbia University College of Physicians and Surgeons. Since its conception at Columbia, the WCC has spread rapidly to schools of medicine, dentistry, osteopathic medicine, and nursing worldwide. The University of Utah School of Medicine introduced the White Coat Ceremony in the early 2000’s. In 2007 the School of Medicine’s Alumni Association began offering alumni opportunities to purchase individual stethoscopes for incoming freshman, a very popular donation and one that is very well-received among incoming students. The current School of Medicine Alumni president gifts each new physician-in-training with a stethoscope and a note from the gifting physician during the ceremony.

The ceremony creates an important focus for students entering medical school. In the presence of family, friends, and faculty members, student-physicians are welcomed into the medical community and are “cloaked” with their first white coat. Class members and attending physicians stand to recite the Hippocratic Oath, which is also recited during the traditional doctoral hooding ceremony at graduation.

This year the University of Utah’s guest speaker was President Dieter Uchtdorf, a General Authority in the First Presidency of the Church of Jesus Christ of Latter-day Saints. President Uchtdorf stressed the primacy of the doctor-patient relationship. He encouraged the students to accept the obligations inherent in the practice of medicine; to be excellent in science, compassionate, and lead lives of uprightness and honor. He stressed the importance of not only taking care of patients but also caring for patients. Two of Dr. Uchtdorf’s grandsons are currently students at the School of Medicine.

Through their involvement in this meaningful ritual at the beginning of medical school, student-physicians become more aware of their professional responsibilities.
A child was fighting for his life when Mike Dela Cruz walked into a hospital room late at night and took a seat near the little one’s bed. Dela Cruz, an undergrad at the time, had a job to do. “Those first times, it was so overwhelming and so scary,” he said. “But after those initial enrollments, I thought ‘I can do this. There are people supporting me. There’s nothing to fear.’”

Dela Cruz has since landed a job as a research coordinator in the University of Utah School of Medicine’s Department of Pediatrics, but he got his start in clinical research in the U’s Academic Associate program, which transforms plucky undergrads into pediatric research assistants on the front lines of important clinical studies.

“Undergraduates rarely are exposed to clinical research, and that’s threatening our pipeline for clinical investigators,” said pediatrician Carrie Byington, MD, co-principal investigator of the Utah Center for Clinical and Translational Science and associate vice president for Faculty and Academic Affairs at the School of Medicine. “We thought the Academic Associates program would be a way for them to learn career skills and be exposed to research at an early stage. Many students are now telling us that this program opened their eyes to a world they didn’t know existed.”

The idea for Academic Associates was conceived during the recession in 2008. It was too expensive to keep the hospital staffed with research assistants on the weekends and overnight, so launching the program was a win-win solution to support clinical research. It began in 2009 with a single class, and the minor was first offered in 2013. Since then, 24 students have graduated with the minor and 55 were enrolled in 2015.

Students taking an Academic Associate course — such as 5900: Clinical Research Methods and Practice I — record vital signs, facilitate patient surveys and make sure specimens find their way to the correct fridges. Among their most important roles is helping to screen thousands of patients to identify individuals who are eligible for research studies.

Stationed seven days a week from 6 a.m. to midnight in Primary Children’s Hospital, in labor and delivery at University Hospital, and at outpatient clinics, they are poised to ensure that prospective research participants are tabbed for applicable studies. “Since this program started, we’ve been able to increase our enrollment dramatically,” Byington said. “We are leading enrollers in many national studies because we’re not missing any patients.”

Dela Cruz, who has his sights set on medical school, earned a minor in clinical research through the program. “I had always wanted to be a doctor, but I’d never really been in a situation where I could see firsthand what it would be like,” he said. Once he started, the bustle and social aspects of interacting with patients excited him, and he knew he was on the right track.

His new zeal for research got a boost when the prestigious New England Journal of Medicine published a University of Utah-led study called “Therapeutic Hypothermia After Pediatric Cardiac Arrest” — or THAPCA. Dela Cruz helped with the project as an Academic Associate and became more involved as a study coordinator. When the multi-center study was published in the prestigious publication in April, 2015, he was stunned to see his name among the contributors.

The THAPCA study found that lowering a child’s body temperature following cardiac arrest did not improve their outcomes. The findings were a surprise; the cooling technique is used all around the world. As soon as the results were published, they stopped cooling patients at Primary Children’s Hospital. “It was an overwhelming sense of accomplishment, and it actually inspired me to keep doing research. It’s so satisfying to see your hard work influencing the course of medicine,” said Dela Cruz.

Beyond learning the ins and outs of how research studies are designed and implemented, students in the program are pushed out of their comfort zones. “We take them when they’re fresh with no research experience and shape them and provide the support and resources to succeed,” said Maija Holsti, MD, MPH, director of the program. Byington notes, “these students are the future of the research enterprise of our nation.”
In high school in her small hometown in Wisconsin, and throughout her undergraduate career at the University of Wisconsin, Hannah Kirking was figuring out how she could combine her love of clinical medicine, where she could enjoy close, personal contact with her patients, and her interest in making a significant global impact on peoples’ health and welfare around the world. Her biomedical engineering degree had not permitted a great deal of latitude to take liberal arts classes in her first three years of college, but her senior year she had space for some additional classes. She signed up for a History of Medicine class and an International Health class. Those classes spurred her interest in international work and public health. Starting medical school, she kept the global/public health interest in the forefront and added on an extra year to complete a one-year mini-fellowship at the Center for Disease Control (CDC) in Global Hydration and Quarantine (similar to getting an applied degree in Public Health).

When considering her specialty she chose internal medicine/pediatrics because she wanted to be confident treating both kids and adults if she worked internationally. The University of Utah School of Medicine met both of her requirements by offering a med/peds residency and having an active global health program. During her four years of residency at the U she furthered her education in global health by completing a certificate program offered in the department of pediatrics in international health. She also spent a month in Kenya on an internal medicine clinical rotation and a month in a rural hospital in India on a pediatric rotation teaching local clinicians advanced neonatal resuscitation to reduce the rate of neonatal deaths. Along with these international experiences, rotating through the U’s Redwood Clinic, which treats a large refugee and immigrant population, kept her thinking globally.

Upon completing her training she was interested in finding a program or job where she could combine her love of clinical practice with her interest in global health. She was accepted to the CDC’s Epidemiology Intelligence Service (EIS), which is a two year training program to get global epidemiology experience.
fellowship in applied epidemiology. Her start of the program and work as an EIS officer coincided with the Ebola outbreak in Liberia. Though she says the epidemic was awful, it provided her a huge learning opportunity during her epidemiology training. In October of 2014, three months after starting her fellowship, and at the peak of the epidemic, she and a colleague headed to Liberia for a two-month tour in Grand Cape Mount County, the worst county in Liberia for Ebola. There she was embedded with her Liberian colleagues in the county health department working with the World Health Organization, USAID, the US military and local NGO’s to determine an accurate count of infected individuals in the county. She traveled to small communities to see if there were more cases than were being reported, and if so, what could be done to help reduce the risk to non-infected individuals in the area.

Perhaps half of the county receiving cell coverage, making the logistics of treating the epidemic extremely challenging. Because the US military did not get the ECU unit up and operating until January of 2015, part of Hannah’s challenge was convincing patients to take a five to six hour ambulance ride to Monrovia for treatment. Early on, the communities were very resistant to their outreach due to poor literacy in general and health literacy in particular, coupled with the poor communication infrastructure, language barriers and very isolated communities. The Liberian healthcare system was quickly overwhelmed at the start of the epidemic, which along with all the other issues led to a perfect storm for the disease to grow and spread. One of the early cultural and language barriers revolved around the Liberian Muslim community and cremation. In Monrovia they had to quickly cremate bodies to prevent the spread of the disease but cremation is not an acceptable practice in the Islamic religion. Part of Hannah’s job involved community outreach, going out to mosques and speaking with imams to help educate the greater population.

Hannah was serving as an epidemiologist and not in direct patient care, so her protocol for protection against Ebola was not as strict as clinicians having direct patient contact. Still her protocol involved keeping a six foot distance from everyone and not touching anyone the entire time of her service in Liberia, and not entering anyone’s house.

One day she was in a local hot spot area where local individuals were helping keep people from being contaminated. She saw some individuals who she suspected were not as well as they said they were. This was confirmed when several of them were dead in 24-36 hours, confirming the severity and quick spread of the disease. She said you don’t forget something like that.

A large challenge in Liberia is the lack of basic infrastructure, due in part to the on-going civil war. There are only two or three paved highways in the entire country and phone coverage at best is spotty, with

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\text{The closed land border crossing from Grand Cape Mount County, Liberia to Sierra Leone}
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\text{Hannah and her CDC colleagues with the local county health team.}
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\text{Her start of the program and work as an EIS officer coincided with the Ebola outbreak in Liberia. Though she says the epidemic was awful, it provided her a huge learning opportunity during her epidemiology training.}
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In addition to her work with Ebola, Hannah is currently working in Botswana, India, Thailand and Ethiopia on TB surveillance and infection control in healthcare facilities. After finishing her residency at Utah she did one year of teaching for the med/peds program which made her realize how much she also enjoys teaching, so has done some teaching for the CDC in Japan and with African and Asian program coordinators on operational research methods.

Her EIS program will be completed this summer and she is looking for her next move where she can incorporate her love of seeing patients in a clinical setting with her interest in global health, public health, teaching and epidemiology, whether in an academic setting or with the CDC.

She is thankful for the wonderful training she received in med/peds at the U of U and how it has helped her move forward in her career following her passions in the areas of global and public health.

The local Rapid Isolation and Treatment Center for Ebola that was built in the local community to help isolate people and avoid transmission before the larger Ebola Treatment Unit was completed in a nearby city.
In October 2015 the National Academy of Medicine (NAM) announced that Nobel laureate Mario R. Capecchi, PhD and Senior Vice President for Health Sciences Vivian S. Lee, MD, PhD, MBA, had been elected to the National Academy of Medicine (NAM). They were among 70 new U.S. members and 10 international members elected in the Class of 2015.

Election to NAM, established in 1970 as the Institute of Medicine, is one of the highest honors in medicine. Active NAM members elect new ones from among candidates nominated for their outstanding professional achievements and contributions to service.

Born in Verona, Italy, Capecchi overcame being separated from his mother by the Nazis, and then forced into a hardscrabble life on the streets of Italy during World War II, to become one of the world’s leading human geneticists. Emigrating to America after being reunited with his mother, he graduated in chemistry and physics from Antioch College and then earned a PhD in biophysics from Harvard. At Harvard, he studied in the lab of one of the co-discoverers of the structure of DNA, James Watson, who later shared the Nobel Prize for his work. After several years on the Harvard medical school faculty, Capecchi joined the University of Utah as a professor of biology in 1973.

When Capecchi, now a distinguished professor of human genetics and biology, sought money from the National Institutes of Health in the early 1980s, his idea for a process called homologous recombination was rejected as impractical. Undeterred, he kept at it, and several years later published a study showing that his innovation, which is a way to silence or knock out genes to study their functions in mice, worked. Since then, knockout-mouse technology has become a method for studying disease worldwide and has resulted in unprecedented gains in understanding illnesses ranging from human cancer to diabetes to heart disease. In 2007, Capecchi and two others who worked independently on different aspects of knockout technology, Oliver Smithies and Martin Evans, received the Nobel Prize in physiology or medicine for their accomplishments.

Lee joined the University of Utah as Senior Vice President for Health Sciences, Dean of the medical school, and CEO of the University of Utah Health Care system in 2011. Under her leadership, University of Utah Health Care has gained national recognition for transparency and for being the first major health care system to identify its true costs for providing services. The system’s Value-Driven Outcomes (VDO) tool is helping University of Utah Health Care lead the nation in providing the highest quality care at the lowest possible cost. During her tenure, the U of U health system also has become the first in the nation to post unedited, online patient reviews of physicians. For six years in a row the University of Utah Health Care has been recognized as among the top in quality by University HealthSystem Consortium.

Before joining the University of Utah, Lee served as a radiology faculty member and Senior Vice President at the NYU Langone Medical Center. She has published more than 160 peer-reviewed studies and continues her research as a principal investigator funded by the National Institutes of Health (NIH). She authored a popular textbook, *Cardiovascular MRI: Physical Principles to Practical Protocols*, and has been honored with several awards for her teaching. She served as president of the International Society for Magnetic Resonance in Medicine and chaired the Medical Imaging NIH study section. Lee graduated with honors from Harvard Medical School, holds a PhD in medical engineering from Oxford University where she was a Rhodes scholar, and has an MBA degree from NYU.

Lee and Capecchi’s election to NAM brings the number of University of Utah-associated members in the academy to 23. The election of this year’s class brings the total number of NAM members to 1,826 from the United States and 137 others from around the world.
New Department Chairs Named

Satoshi Minoshima, MD, PhD, Department of Radiology

Dr. Satoshi Minoshima, an internationally renowned clinician and scientist in the field of dementia and molecular imaging was named chair of the Department of Radiology in November, 2014. He most recently held the position of Wil B. Nelp Endowed Professor in Radiology at University of Washington in Seattle. He also served as vice chair of research and as a professor at the school’s Department of Radiology. In addition, he directed UW’s Neuroimaging and Biotechnology Laboratory.

He is internationally recognized for his research, including the discovery of the posterior cingulate abnormality in Alzheimer’s disease and invention and dissemination of diagnostic statistical mapping technology for brain PET and SPECT scan interpretation — breakthroughs that helped to uncover pathophysiology of the early signs of Alzheimer’s in the human brain and help clinicians to diagnose such changes. He is the chair of the Scientific Program Committee and Board of Directors for the Society of Nuclear Medicine and Molecular Imaging (SNMMI) and the Chair of the Molecular Imaging Committee and 2014 Vice President of the Radiological Society of North America (RSNA).

A graduate of the Chiba University School of Medicine in Chiba, Japan, Minoshima also practiced medicine at the University of Michigan before moving to the University of Washington in 2000. Minoshima said the University of Utah’s reputation as a forward thinking organization with strong academic visions drew him to Salt Lake City. He is also happy to work closely with the department’s internationally acclaimed research division, Utah Center for Advanced Imaging Research (UCAIR). UCAIR supports all types of imaging research throughout the campus. UCAIR’s goal is to develop novel imaging solutions to important medical problems—an area to which Dr. Minoshima is particularly suited.

His background and leadership will be critical to University of Utah Health Care’s integrated neurosciences initiative – which integrates clinical and translational science research with imaging analysis, genetics, neural connectivity, and neural engineering and intervention efforts.

Dr. Minoshima took over the chairmanship from Edward (Steve) Stevens who served as chair for 13 years.

In July of 2015, Dr. Zubieta joined the Department of Psychiatry as the new department chair, psychiatrist-in-chief at the University Neuropsychiatric Institute and chair holder of the William H. and Edna Stimson Presidential Endowed Chair in Psychiatry.

Dr. Zubieta comes from the University of Michigan, School of Medicine. A member of the Michigan faculty since 1995, he served in numerous roles there, including professor in the Departments of Psychiatry, Radiology, and the Neurosciences Program as well as associate chair for research in psychiatry. He also held the position of research professor in the University of Michigan’s Molecular and Behavioral Neurosciences Institute.

His clinical work focuses primarily on mood disorders. His research utilizes functional and nuclear molecular imaging in combination with genetic and psychological information to understand inter-individual differences in neurobiological mechanisms underlying emotion and stress regulation in humans. This work has led to over 200 original publications and book chapters covering multiple areas of overlapping inquiry. These include studies on the pathophysiology of major depression, bipolar disorder and other emotion dysregulation disorders, and their relationship with clinical presentations and outcomes, developmental and adult neurobiological mechanisms associated with substance use disorders, as well as the study of comorbid conditions, such as persistent pain syndromes. Recent work has also examined the neurobiological mechanisms underlying placebo effects as a model to study human resiliency mechanisms.

With his strong background and training in the neurosciences, psychiatry and nuclear medicine, Dr. Zubieta is dedicated to promoting innovation at the interconnection of patient care and scientific discovery. His vibrant personality and love of the outdoors is making the transition from the Midwest to the Rockies an exciting and enjoyable experience.

Dr. Zubieta replaces William McMahon, MD, who served as chair since 2007.
Talmage D. Egan, MD, ‘86, Department of Anesthesiology

A 22-year member of the anesthesiology department faculty and vice chair of research, Dr. Egan was named chair of the department of anesthesiology in June of 2015. He also holds adjunct professor positions in the departments of pharmaceutics, bioengineering and neurosurgery.

After graduating from BYU in the humanities, Dr. Egan attended medical school at the University of Utah and completed his postgraduate training in anesthesiology and critical care and his fellowship training in clinical pharmacology at Stanford. He was a visiting scholar at the Imperial College in London and recently completed intensive physician executive training at the School of Public Health at Harvard.

Dr. Egan’s clinical practice has focused on neurosurgical and obstetric anesthesia, having served as the director of neuroanesthesia for over a decade. His research interests include the development of novel intravenous anesthetics and alternative propofol formulations, the development of optimal drug administration regimens based on pharmacokinetic-pharmacodynamic concepts, and computer controlled drug delivery technology. These interests have resulted in successful entrepreneurial ventures, patents and trademarks.

Dr. Egan is internationally regarded as a pioneer in the development of total intravenous anesthesia techniques, particularly the clinical application of the short acting opioid remifentanil, and the characterization of the interaction between propofol and opioids. His publications have been accompanied by numerous editorials and have been featured as cover stories in leading, peer-reviewed anesthesiology journals. Dr. Egan has lectured extensively in the United States and internationally, including numerous honorary and keynote lectures at major universities and international anesthesiology societies.

A Utah native, he has been married to his wife, Julie, for 32 years and has five children. He enjoys coaching basketball, body boarding, bass guitar, English literature and Japanese conversation.

Dr. Egan takes the helm from Dr. Michael Cahalan who did an exemplary job leading anesthesiology the past 14 years.

Juan Carlos Negrette, MBA, Hired as Global Health Director

In January of 2015 the University of Utah Health Sciences (UUHS) took an important step forward in the University’s ongoing quest to become an international leader in the global health arena by hiring Juan Carlos Negrette, MBA, as the inaugural administrative director of Global Health. Negrette — who most recently served as managing director of Johns Hopkins Medicine International — is in the process of launching an exciting new era as he works to shape and lead the U’s Global Health Initiative.

“I’m thrilled that a passionate leader and gifted collaborator will be heading our ambitious global health efforts,” said Senior Vice President Vivian Lee, “As we share our knowledge and resources on a global scale, we learn so much from those we share with. Juan Carlos will help us build those connections.”

In his new role at the UUHS, Negrette will seek to establish international partnerships and alliances, designate global health priorities, and secure funding to support those priorities. “There’s a lot of room for growth so this is a wonderful opportunity,” said Negrette who touts more than 23 years of extensive international experience in health programs design, implementation and management.

For Lee, the addition of talent the caliber of Negrette is another feather in the U’s recruitment cap. “It says a lot about who we are as a University and where we’re heading that a respected player in global health like Juan Carlos has agreed to join us,” Lee said.

Negrette said he fell in love with the U and Salt Lake City during his visit, noting that the professionalism and lack of pretense he encountered were refreshing. He looks forward to collaborating with the University of Utah Office for Global Engagement and coordinating the many global health resources and initiatives that exist in our organization.
Jeremy Meyers, MD Wins Record-Setting Award

One of three Patient-Centered Outcomes Research Institute (PCORI) grants recently awarded to University of Utah researchers has set a University record.

The $2.7 million awarded to Dr. Jeremy Myers represents the largest grant amount presented the University of Utah to date in the area of patient-centered outcomes.

Myers and his team in the Urology Division of the Department of Surgery earned the funding for a longitudinal study over three years that will assess strategies for managing urinary issues in spinal cord injury patients.

Dr. Myers attributes the win to teamwork. “The PCORI grant was a truly collaborative effort and without [the team’s] contributions, we would not have had a chance.”

Nearly 80% of spinal cord injury patients suffer from urinary issues which ultimately impact not only their physical but their mental and social health. The study will follow patients using three different catheter strategies for bladder management.

C. Hilmon Castle, MD Named to Ole Miss Medical Hall of Fame

On August 15 C. Hilmon Castle, Emeritus faculty member at the University of Utah School of Medicine (SOM) was awarded a Hall of Fame Award by the University of Mississippi Medical Alumni Chapter. The purpose of the Hall of Fame is to honor those medical alumni who have made an outstanding contribution to their country, state, or the University of Mississippi Medical Center through their good deeds, services, or contributions.

Dr. Castle received his Bachelor of Science degree and completed his first two years of medical school at the University of Mississippi (Ole Miss). In 1949, he transferred to Duke University in North Carolina, and completed his medical degree in 1951, staying there to complete the first year of his residency in internal medicine. An important mentor to him at Duke encouraged him to transfer to the University of Utah, which was a relatively new medical school with an accomplished and dynamic young faculty including individuals who became luminaries in medicine, such as Max Wintrobe. The opportunities to work with and learn from this stellar faculty, and his rapport with a remarkable group of fellow residents in the only medical school in the Intermountain West, compelled Dr. Castle to settle in Utah instead of returning to Duke. Within nine years he became a tenured professor at the University of Utah School of Medicine.

Dr. Castle had a passion for improving access to high quality medical care and devoted much of his career to working with the medical school departments assisting clinicians in continuing their medical education through a Division of Postgraduate Education. In 1966, he was appointed Coordinator of the Intermountain Regional Medical Program (IRMP) for Heart Disease, Cancer, Stroke and related disorders. This successful program ran for seven years and succeeded in improving the health of individuals and communities in the Intermountain West, while also bringing in over $17 million of federal funds to the region.

In 1970, the State Legislature passed a law requiring the University of Utah SOM to establish a Department of Family and Community Medicine to address the urgent need for primary care physicians in Utah and surrounding states. Dr. Castle was selected to be the founding chair of this new department and, thanks to his dedicated leadership, he helped integrate primary care training in the academic medical center. He was also actively involved in starting the Physician Assistant (PA-C) certificate program (now a Master in Physician Assistant Studies) at the U. The program is now recognized as one of the top five PA programs in the country.

For more than twenty years he was active in the Utah Heart Association (UHA) and served as president from 1978-79, and during this time he also chaired the American Heart Association Teaching Fellowship Program. Among the many honors he has received two stand out: The Utah Medical Association recognized him as “Utah Doctor of the Year” in 1985, and the University of Utah SOM Alumni Association chose him to receive the Distinguished Service Award in 2009.
Excerpts from a History of HIV/AIDS in Utah

The story of Ries and her partner, Maggie Snyder, is an important part of Utah history. In the 1980s when HIV first came on the scene, patients who contracted the virus had a life expectancy of one year. The couple often spent their weekends holding the hands of patients who died. They were the only option of help for hundreds of patients, whose stories Ries and Snyder have kept to this day in notebooks and scrapbooks.

The work of Ries and Snyder, who started as Ries’ physician assistant and later became her wife, is now the subject of a new project at the University of Utah that seeks to both preserve their pioneering medical work in oral histories and to honor them for their heroic contributions to the state.

During the first phase of the project, a professional historian is conducting a series of interviews with Ries and Snyder to create an extended oral history of their work and lives. In addition, their extensive collection of documents will be digitized by archivists from the Marriott Library Department of Special Collections. In the second phase of the project, historians will expand the scope of the oral histories and archives to include others involved in the struggle against HIV/AIDS in Utah, including medical professionals, patients and organizations such as the Utah AIDS Foundation. A professional historian will write a book on this chapter of Utah history. The project hopes to culminate with the establishment of a permanent collection at the Marriott Library named in honor of Ries and Snyder.

Honoring Ries and Snyder through this ambitious and important project comes at a time when equality for the LGBT community has made historic strides. But continued attention to HIV and AIDS is also important from a public health perspective. According to data from the Utah Department of Health, the number of people newly diagnosed with HIV in Utah has declined since the height of new infections in the 1980s. However, starting in 2011 HIV infections began to increase. In 2013, the most recent data available, 105 people were newly diagnosed with HIV in Utah.

In 1994, Ries closed her private practice and joined University of Utah Health Care as a professor and director of the health system’s infectious diseases/HIV clinics. She has since retired, but remains on the faculty of the University of Utah School of Medicine and is active in national discussions related to HIV and AIDS. In 2003 the University of Utah School of Medicine Alumni Association awarded her its Distinguished Service Award for her commitment to HIV/AIDS patients in Utah.

“When we came to the University of Utah in 1994, AIDS was an epidemic and people were truly afraid. There was so much discrimination against AIDS patients, and their need for treatment was so great, because we were the only ones in Utah treating them.”

Maggie Snyder, PA-C and Kristen Ries, MD
Moran’s Global Outreach Division Serves Clients Locally and Internationally

In August 2015 one of the largest Moran Eye Center Navajo outreach camps to date occurred at the Utah Navajo Health System Montezuma Creek Clinic. Drs. Robert Hoffman, Hareem Patel, and volunteers completed 117 screenings (including 45 children) and ordered 87 pairs of glasses in one day. In September 2015, Drs. Alan Crandall, Robert Hoffman, Leah Owen, David Crandall, and Susan McDonald completed four cataract surgeries, four pterygium surgeries, 127 adult screenings, 70 pediatric screenings, and provided 140 prescription glasses (70 adults/70 pediatrics).

In August, the Moran Outreach Team traveled to Cap-Haitian in northern Haiti. Dr. Alan Crandall, Dr. Craig Chaya, Senator Rand Paul, Dr. David Chang (ASCRS International Committee Chair), and Dr. Susan McDonald (Lahey Clinic in Massachusetts) conducted almost 200 cataract surgeries. They also trained local physicians at Vision Plus Clinique.

Moran will continue their partnership with Vision Plus Clinique next year and are supporting a post-graduate fellowship program for a graduate of Haiti’s ophthalmology residency program.

The Moran Outreach team conducted its second Outreach Medical mission to Pohnpei, Micronesia, in July 2015. Dr. Craig Chaya led the team as they performed 145 surgeries and more than 500 screenings at the Pohnpei State Hospital. The team continued its work with Dr. Padwick Gallin, who will complete his residency in Fiji in December and become the first ever Micronesian ophthalmologist.

For the first time in July 2015 oculoplastics specialists Drs. Alison Crum and international fellow Anya Guschin traveled to Papua New Guinea, where there is an unusually high incidence of droopy eyelids, to perform much needed surgery and procedures for 110 patients, including creating and fitting “ptosis crutches,” glasses for droopy eyelids.

The Moran Resident Training Program was ranked #10 in the nation as voted by Doximity/U.S. News & World Report. This is an outstanding accomplishment and highlights Moran’s exceptional faculty, residents, and staff. The ranking is especially relevant as it is determined solely by votes from peers, reflecting how Moran is viewed by the national ophthalmic community.

**Governor Herbert appoints Joseph Miner, MD, ’83 to lead Health Department**

Governor Gary R. Herbert has appointed Joseph Kay Miner, MD, ’74, MSPH, ’83 to lead the Utah Department of Health.

Most recently Dr. Miner served as the executive director of the Utah County Health Department (1983-2015). In this role, he was a tireless advocate for improving the health of residents. In addition to his responsibilities as executive director, Dr. Miner was also a medical consultant for the Office of Education and Vocational Rehabilitation (1988-2015) and the Utah Division of Juvenile Justice Services (1987-2015). He was a clinical consultant for the Wasatch Mental Health Center and Utah Valley Regional Medical Center inpatient Psychiatry Medical Support Services in Provo and Utah State Hospital (1997-2015). Additionally, he has served on numerous boards and committees all focused on the improved health of our state's population.

Dr. Miner earned a Bachelor of Science from Brigham Young University in 1971, a Doctor of Medicine from the University of Utah School of Medicine in 1974 and a Master of Science in Public Health from the University of Utah School of Medicine in 1983.
School of Medicine Wins Spot on American Medical Association National Consortium

The University of Utah School of Medicine efforts to lower the costs and increase the quality of undergraduate medical education has earned it a spot on a national consortium working to transform the way future physicians are taught.

The American Medical Association announced in November, 2015 that the University of Utah School of Medicine was one of 20 schools that will receive $75,000 over the next three years to implement a variety of projects as new members of the Accelerating Change in Medical Education Consortium. The consortium launched in 2013 with 11 founding member medical schools that developed and shared curricular innovations.

Proposed by University of Utah School of Medicine co-principal investigators Sara Lamb, MD, Associate Dean for Education, and Janet Lindsley, PhD, Assistant Dean for Foundational Science Curriculum, the U’s project, Bending the Cost Curve: Developing a Metric to

“There are great initiatives being launched that are changing the landscape of medical education, but there is not a lot of discussion about what implementing them will mean for your academic medical center or private health system’s ability to carry out its organizational mission,” says Lamb. “Each hour faculty and researchers spend with students has an associated cost for the institution that we must identify to allow us to make informed decisions about the best use of their time and students’ time.”

One cost-saving approach could be creating a single set of interactive, online education programs for the ever-expanding quantity of core science content undergraduate medical students must master. “We’re asking, can we do this as a collaborative and agree that this core curricula is a shared resource among schools that gets edited by national experts?” said Lamb. “We feel there is a lot students can learn on their own time, and they should be given the opportunity to do so and be tested as they are ready as opposed to traditional medical school methods where a faculty member lectures, they memorize it, and we test it.”

Finding more efficient ways to educate students on the basics makes more room to add curriculum that will prepare them for a rapidly changing health care landscape. To succeed tomorrow, today’s students will need inter-professional practice and health care quality improvement skills. The U will collaborate with the other consortium schools to define what types of curriculum produce the best educational outcomes and highest quality experiences. The now 31-school consortium will support training for an estimated 18,000 medical students who will one day care for 31 million patients each year.

Optimize the Value of Undergraduate Medical Education, will determine the actual costs of each component of undergraduate medical education and compare them with educational outcomes to define value. University of Utah Health Care’s nationally recognized Value Driven Outcomes tool, which aggregates data to define clinical costs down to a patient-visit level, will be used to determine direct professional and faculty costs for different types of medical education. The information stands to help schools across the nation fill a distinct informational void.
Jennifer Coombs, PA-C, PhD, ‘98, ‘11

Dr. Coombs arrived at the University of Utah Physician Assistant Program (UPAP) from her native state of Wisconsin after obtaining her undergraduate degree in psychology from Colorado College, and her midwife certificate in Taos, New Mexico. After graduation from UPAP as a PA she practiced at the Steven D. Ratcliffe Community Health Clinic from 1998-2007. She is a serial U of U School of Medicine alum, obtaining her Master of PA studies in 2002 and her PhD in Public Health in 2011.

Currently, Dr. Coombs is a clinical associate professor of medicine at the University of Utah PA program in the Department of Family and Preventive Medicine. She joined the faculty in 1993 becoming full time in 2002. Her teaching includes a doctoral level Public Health Policy and Leadership course co-taught with David Sund-...wall, MD. She is course master for Endocrinology, Infectious Disease, Dermatology, and Male and Female Exams. She has a sustaining interest in rural health care, and does frequent site visits to rural locations throughout the state. She is on the board of the Journal of the American Academy of Physician Assistants (JAAPA) and a reviewer for the Journal of Physician Assistant Education (JPAE). She sits on the Institutional Review Board (IRB) of the University of Utah.

She travels frequently to Guatemala with her father, who is a physician and professor emeritus at the University of Wisconsin School of Medicine and Public Health, and her teenage sons. She has also traveled to India and Papua New Guinea for medically related teaching. She is married to Randy Coombs, an 8th grade history teacher, with whom she shares a love of the Utah outdoors including backpacking and skiing.

Dr. Jex grew up in Orem, Utah and graduated from Orem High School in 1972. He graduated from the University of Utah in 1977 with a degree in chemistry and did a year of graduate work in chemistry before attending U of U Medical School. Following graduation with the Class of 1982, he went on to complete a general surgery residency followed by thoracic surgery fellowship at the Mayo Clinic in Rochester, MN, finishing in 1990.

Since then he has practiced in Lincoln, Nebraska working for Nebraska Heart Institute. This practice covers a large portion of eastern and central Nebraska. During his time in Lincoln, his group built one of the finest physician owned heart hospitals. Currently, he continues to practice adult cardiac and thoracic surgery and serving as Medical Director of CHI Health Nebraska Heart Hospital. He has been married to his sweetheart, Terri for 43 years and has five children and 12 grandchildren (soon to be 13).

He is grateful for his excellent education at the University of Utah Medical School and is excited for the opportunity to serve as a member of the Alumni Board.

Angelica R. Putnam, MD ‘02

Dr. Putnam is an associate professor in the Division of Pediatric Pathology, located at Primary Children’s Hospital and is board certified in anatomic, clinical and pediatric pathology. A Utah native, Dr. Putnam attended Weber State University for her undergraduate studies in zoology. She received her medical training at the University of Utah School of Medicine and completed an anatomic and clinical pathology residency and a pediatric pathology fellowship at the University of Utah. She also completed a general surgical pathology fellowship at the University of Colorado Health Sciences Center.

Dr. Putnam devotes most of her time to surgical pathology and teaching medical students, residents and fellows. She enjoys participating in the Dinner with a Doc program and mentoring medical students. Special interests include pediatric vascular lesions, soft tissue tumors and sarcomas. She currently collaborates on several translational research projects with colleagues at the University Hospital and Huntsman Cancer Institute. Dr. Putnam also supports Primary Children’s Hospital specialty tumor boards. These specialty conferences involve a multidisciplinary team approach which includes surgeons, oncologists, radiologists, radiation oncologists and pathologists. Dr. Putnam is honored and enthusiastic to serve on the School of Medicine Alumni Board.
A native of Salt Lake City, Dr. Vanderhooft completed his undergraduate education at Stanford and returned to Utah to obtain his medical degree at the University of Utah School of Medicine. The next six years were spent in Seattle continuing his medical education with an orthopedic surgery residency and a fellowship in hand & microsurgery at the University of Washington/Harborview Medical. He has published a number of scientific papers and book chapters. Since returning to Utah 22 years ago, his practice has been at St. Mark’s Hospital. He was also adjunct faculty at the University of Utah, Department of Orthopedics, for 10 years as well as being the director for the HCA Family Practice Residency orthopedic rotation. He continues to serve on committees for the American Society for Surgery of the Hand and for the Utah Labor Commission, and recently completed 12 years on the medical executive committee at St. Mark’s Hospital where he served as medical staff president for two years.

Additionally, he has worked with the State’s largest non-profit serving adults with disabilities, TURN Community Services, as a board member for 22 years and served as the chairman for four years.

Dr. Ward is a native of Utah and graduated from the University of Utah School of Medicine. He completed a residency in otolaryngology—head and neck surgery at the University of Michigan followed by a fellowship in facial plastic & reconstructive surgery also at the University of Michigan. He stayed on as a clinical lecturer at Michigan and completed a fellowship in facial plastic and reconstructive surgery, learning advanced techniques in facial cosmetic surgery, facial reconstruction following skin cancer removal and trauma, and craniofacial surgery.

Upon completion of his training, he joined the faculty at the University of Utah. He specializes in rhinoplasty, facial rejuvenation, and facial reconstruction. His reconstructive interests include reconstruction of defects of the face following skin cancer treatment, treatment of facial fractures, congenital deformities, and vascular anomalies. He has a special interest in patients with facial paralysis and serves as director of the University of Utah Facial Nerve Disorders Center, which focuses on the treatment of patients with facial paralysis. As a part of this team, Dr. Ward has been instrumental in improving the care of patients with facial paralysis by performing multiple procedures that had not been performed in the Intermountain West prior to his arrival.

In his free time, Dr. Ward enjoys spending time with his wife and four children exploring the outdoors, watching or playing sports, and listening to music. He is honored to serve as a member of the Alumni Board at the School of Medicine.

Dr. Wood grew up in Ogden, Utah receiving his BA from Weber State University. He then attended the University of Utah School of Medicine graduating in 1977, going on to a UCLA affiliated residency in family medicine at San Bernardino County Hospital in San Bernardino, California. He entered private practice in 1980 at Herefordshire Family Physicians in Roy, Utah where he continued for the next twenty-five years.

In 1998 he attended a comprehensive course in acupuncture at UCLA and incorporated this into his family practice for a number of years. Since the early 1990s he has been the medical director at the Weber County Jail and now owns a business caring for over 1800 inmates at both the Weber and Davis County jails. In 2001 he started working part time for Intermountain Homecare and Hospice in the capacity of medical director throughout northern Utah. He eventually gave up his private practice to exclusively focus on hospice full time. He has spoken at national meetings and is board certified by the American Board of Family Medicine, American Academy of Medical Acupuncture, and by the American Board of Hospice and Palliative Care. He currently serves as chief medical officer for Intermountain Homecare and Hospice.

He is now semi-retired and looks forward to working with the Alumni Board. He and his wife Bonnie, a retired nurse, live in the beautiful Ogden Valley, and enjoy snow skiing, water sports, and golf. Their two children, Sunee and Bridger, are both students at the University of Utah.
David Keahey, an associate professor (clinical) at the University of Utah Physician Assistant Program (UPAP), was selected from a highly competitive field of applicants to participate in the Robert Wood Johnson Foundation Health Policy Fellowship program.

The fully funded residential program brings up to seven fellows to Washington, D.C., for a year giving them an inside look at the health policy political process and exclusive hands-on experience working with the most influential congressional and executive offices in the nation’s capital. Launched in 1973 and funded by the Robert Wood Johnson Foundation, the program is conducted by the National Academy of Medicine.

Mr. Keahey has worked at the U’s PA program since 1983 and has served as the associate program director. He is co-director of the Evidenced-Based Medicine curriculum and master’s capstone experience. Mr. Keahey has been a Principal Investigator (PI) for Health Resources and Services Administration (HRSA) training grants and is currently the PI for the HRSA Expansion of Physician Assistant Training (EPAT) grant.

For ten years Mr. Keahey was chair of the Utah Academy of Physician Assistants’ Legislative Committee and led efforts to write and pass two bills that improved PAs’ scope of practice. He was chair of the Physician Assistant Education Association (PAEA) Government Relations and External Affairs Council and was the PA liaison to Society for Teachers of Family Medicine (STFM). He led the workgroup that published joint STFM/PAEA position statement, Educating Primary Care Teams for the Future: Family Medicine and Physician Assistant Inter-professional Education. He was appointed in 2012 by Health and Human Services Secretary Kathleen Sebelius to the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) where he now serves as vice-chair and co-wrote the committee’s 10th, 11th, and 12th Reports to Congress.

David grew up in rural Idaho and graduated from UPAP in 1983 after serving three years as a decorated US Army DUSTOFF flight medic. He went on to graduate from the University of Utah with a Bachelor of University Studies in Primary Care Medicine and a Master of Science in Public Health. David practiced family medicine for 24 years at Salt Lake Community Health Centers where he also served as medical director and also volunteered at the Maliheh Free Clinic, one of Salt Lake City’s safety net clinics.

In Memoriam 2015

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<td>J. Ralph McDonald, MD</td>
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<td>John D. Millar, MD</td>
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<td>Bruce T. Neville, MD</td>
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<td>Steven Richard Pack, MD</td>
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<td>Donald L. Rasmussen, MD</td>
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<td>Lawrence T. Rollins, MD</td>
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<td>Lyman F. Shurtliff, MD</td>
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<td>Sherman C. Smith, MD</td>
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<td>Herbert B. Spencer, MD</td>
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<td>Paul R. Spilsbury, MD</td>
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<td>Peter V. Sundwall, MD</td>
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<td>LeRoy C. Taylor, MD</td>
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<td>Ann R. Wennhold, MD</td>
<td>RES 1960</td>
<td>7/10/2015</td>
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Alumni Notebook

Alumni News

Class of 1965

Lynn S. Farnsworth, MD
Dr. Farnsworth specialized in obstetrics and gynecology in Utah Valley for many years, delivering many thousands of babies. He retired in 2004 and enjoys a variety of hobbies including golf, water skiing, stamp collecting, playing the piano, landscaping his yard, researching family history, church involvement and spending time with his grandchildren.

Penelope Ann Pemberton, MD
Dr. Pemberton loved her practice of pediatrics and all her patients and their families. She was instrumental in establishing and staffing the first regional infant intensive care nursery in No. Nevada at Washoe Medical Center in Reno, NV (now Renown Medical Center). Since retiring she developed her second love, being a watercolor artist and has sold numerous paintings. She is also an avid bird and animal surgery lover. She is blessed to have spent more than 30 years sharing her life with her partner, Carol.

J. Charles Rich, MD
Dr. Rich completed his neurosurgery residency at Harvard and has been very involved in his specialty and in medicine for many years, serving on the AMA House of Delegates, as president of the American Association and the American Academy of Neurosurgeons and as vice chairman of the American Board of Neurosurgery. He has served the U of U in numerous leadership capacities and enjoyed working with the International Olympic Committee, culminating with being chief medical officer of the 2002 Salt Lake City Winter Games.

Louis Alan Roser, MD
Dr. Roser completed his orthopaedic residency at the University of Washington, served for three years with the U.S. Army Medical Corps and then started Olympia Orthopaedic Associates and practiced there from 1974 until 2004. He has given on numerous medical missions to Mexico and Central America with the Christian Medical/Dental Association and was a board member and medical director of AGROs International. He enjoys spending time with his grandchildren, fly-fishing, snow skiing and gardening.

Ronald J. Saunders, M.D.
Dr. Saunders practiced urology in Utah County until he retired in 2010. He says his greatest accomplishments, other than convincing Sally to marry him, was receiving the Physician of Excellence Award from IHC in 2008 and receiving a Bronze Star for his medical corps service in Vietnam. Since retiring he has focused more on his golf, fishing and spending time with his grandchildren.

Lynn Smith, MD
Dr. Smith practiced orthopedic medicine at Cottonwood Hospital, where he was chairman of the medical staff for numerous years until his retirement in 2012. He is a past president of the Utah Orthopedic Association and the Western Muscular-Skeletal Associates. In his spare time he enjoys skiing and bicycling, traveling, gardening, flying remote controlled planes and spending time with his 11 children and 30 grandchildren.

Class of 1966

William M. Keane, MD
Dr. Keane did his advanced work in oncology and hematology at Barnes Hospital at Washington University and then at the University of Utah. He is a fellow in the American College of Physicians and enjoyed a very rewarding practice for 30 years in Woodland and Sacramento, CA, retiring in 2003. Since retiring he’s become an even more serious golfer, playing approximately 150 rounds of golf a year.

John E. Lattin MD
Dr. Lattin specialized in pediatrics. After completing his residency at the Mayo Clinic and serving for two years in the Army, he moved his family to Fresno where he practices pediatric medicine, first with the Pediatric Medical Group and then since 1996 with the Northwest Medical group. He and Linda have been married for forty-three years and have four children and twenty-two grandchildren. They enjoy skiing as a family and he also enjoys golf and fly-fishing.

Richard W. Lohner, MD
Dr. Lohner practiced obstetrics and gynecology in Utah Valley for many years, delivering thousands of babies. He retired in 2004 and enjoys a variety of hobbies including golf, water skiing, stamp collecting, playing the piano, landscaping his yard, researching family history, church involvement and spending time with his grandchildren.

Lane Farr Smith, MD
Dr. Smith is still practicing psychiatry on a part-time basis. He is past president of the Utah Psychiatric Association and a Distinguished Life Fellow of the American Psychiatric Association. He is married to Val and they have ten children, one of whom is the executive director of the Utah Medical Association. He enjoys hiking and backpacking and just finished a book for people with emotional problems called Four Essential Truths.

Class of 1967

Phillip L. Gerstner, MD
Dr. Gerstner completed his medical residency in general surgery at the Mayo Graduate School of Medicine and practiced in Oregon until his retirement in 1998. He and his wife, Gini, still live in Fox, Oregon where he enjoys farming and ranching, flying, art and woodworking and his involvement in a variety of business adventures, including real estate investing.

Louis Smith, MD
Dr. Smith practiced orthopedic medicine in Logan, UT and Orem, UT until he retired in 1993. He volunteered for extended times of six months each as a doctor and surgeon in Tonga, Eastern Europe and Illinois. He also enjoyed the business side of medicine, building and setting up two medical offices during his career and helping quite a few friends set up their practices. He enjoys gardening and traveling in his spare time.

J. Darrell Thueson, MD
Dr. Theuson spent the first half of his career as a family physician in Idaho, and the last eighteen years working at the Salt Lake Clinic until he retired in 2001. He has been married to his wife Noni for 52 years, has five children and sixteen grandchildren. After he retired from his clinical practice he enjoyed working as a visiting professor in family medicine at Tribhuvan Medical School in Kathmandu Nepal and as a consultant at the San-Tec Medical Center in Shanghai, China.

Class of 1975

Patricia Sparks, MD
Dr. Sparks specialized in internal medicine and occupational and environmental medicine completing her residency trainings at Harvard, Tufts and Boston University. She has been living in Canada for the past decade teaching at the University of British Columbia, Island Medical Program in Victoria, BC. She is considering returning to Washington with her spouse, Linda, as they are now able to live in the US as a married couple.

Class of 1976

M. Craig Blanding, MD
Dr. Blanding is the owner and CEO of the Utah Orthopaedic Centers and serves as president of AMOS Orthopaedics. He enjoys skiing, golfing and spending time with his family.

Lucinda Reas, MD
Dr. Reas practiced internal medicine and pulmonary medicine in Northern Utah and retired in 2006. She was a faculty at the University of Utah and the VA and is now a full-time grandmother.

Philip G. Reynolds, MD
Dr. Reynolds is an interventional radiologist practicing in Utah. He enjoys spending time with his family and playing tennis.

Jerritt M. Purdy, MD
Dr. Purdy is a pediatric orthopedic surgeon practicing in Boise, Idaho. He enjoys skiing, fishing, hiking and spending time with his family.

Class of 2003

Douglas Larsen, MD, MEd
Dr. Larsen, was promoted to associate professor of neurology & pediatrics at Washington University School of Medicine in St. Louis, where he has been on faculty since 2008. In 2014, Doug received a Macy Foundation Faculty Scholar Award which is given annually to five educational innovators in medicine and nursing.

Class of 2005

Shad Ous ten, MD
Dr. Ousten completed a pediatric critical care fellowship at Nationwide Children’s Hospital and has moved back to Utah where he is the director of pediatric intermediate care at Utah Valley Regional Medical Center.

Ryan Thompson, MD
Dr. Thompson practices internal medicine at Mass General, seeing both inpatients and outpatients and is a physician on the inpatient Complex Care Service and director of quality for the Department of Medicine where he is responsible for quality improvement measures, strategies and training as well as population health management efforts, and for efforts to improve care transitions and reduce readmissions to the hospital. He enjoys teaching trainees about the US health care system and health policy. He says Boston is a great place to live and work. Five of his six kids were born in Boston, but he is still a loyal Ute fan, occasionally bringing a child to a Utah football game and never missing a game on TV!

House Staff Alumni

Christopher Vara, MD, HS 2007
Dr. Vara completed a pediatric orthopaedics residency at the University of Utah in 2007 and currently works for Shrine’s Hospital for Children in Minneapolis, MN.

Mo Zakhireh, MD, HS 2000
Dr. Zakhireh is board-certified in plastic surgery and works in Palm Springs, Palm Desert and the surrounding areas. He joined the team at the Cosmetic Surgery Institute of Palm Desert in 2005 to offer both non-surgical and surgical treatments and procedures to his patients.
Class of 2019 celebrating at White Coat Ceremony, with stethoscopes given to them by alumni.