Precision Medicine and the Utah Genome Project
ILLUMINATIONS
The Magazine for the University of Utah School of Medicine Alumni and Friends

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LETTERS TO THE EDITOR:
These will be posted on the SOM Alumni Web site. Submit letters at somalumni@hsc.utah.edu

VISIT OUR WEB SITE:
www.medicine.utah.edu/alumni
Update your information at:
https://app.medicine.utah.edu/SOMAlumni/index.htm or email jacqueline.voland@hsc.utah.edu

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University of Utah School of Medicine Alumni Association
Dear Medical Alumni and friends,

My wife, Danette, and I are so very excited to be joining you. Since accepting the invitation from President Watkins to join the University of Utah team in June, we have spent many bittersweet moments packing up our lives in Florida. It takes a lot to leave a home of 34 years. Our five children were born and raised there. I trained, worked, and invented there. And we formed so many meaningful personal and professional relationships there. Yet, when we were offered the opportunity to come to University of Utah Health—to be a part of an energized community on an impressive trajectory to improve health and quality of life in the state, nation, and world—there was no question in our minds that it was time to head West.

University of Utah Health is uniquely poised to change health care, science, and education in profound and meaningful ways.

We all share a common and deep belief in our core missions of patient care, research, education, and service to our communities, and that our position as one university—a university-integrated, academic health sciences center—is the preferred means to achieve excellence and national stature in those missions. The University of Utah is one of the strongest and most collegial academic health science centers in the nation. I look forward to adding my energy as we work together to achieve the high expectations that the people of Utah have for their flagship university, which as President Watkins says, truly is “the University for Utah.” Simultaneously, we will continue to advance the national visibility and stature of the U as we provide leadership to the nation for the challenging health and higher education issues affecting all Americans.

While much attention seems to focus on recruitment of new leaders, I see this time as an opportunity to return focus to the university’s existing faculty and professional staff. They are the teams and individuals who give U of U Health boundless potential. And in that way, I view my role at the point of an inverted triangle. My job is to make sure our deans, department chairs, and hospital and practice leaders are extremely successful in their endeavors. And our faculty and staff are privileged to ensure patients and learners succeed in conquering health challenges and mastering their educational programs—including advancing research and discoveries—that lead to improvements in both.

I believe that when we each work to help others achieve their successes, a unique and powerful energy is unleashed that will drive us forward in amazing ways.

I look forward to meeting many of you in the coming year, and I am eager to work with and, especially, to learn from you.

A great future awaits!

Michael Good, MD  
CEO, University of Utah Health  
Dean, University of Utah School of Medicine  
SVP, University of Utah Health Sciences

Dr. Michael Good joined the University of Florida faculty in 1988, and served as dean of the school’s College of Medicine since 2008. Prior to that appointment, he held leadership positions at the school as senior associate dean for clinical affairs and chief of staff at UF Health Shands Hospital. His leadership experience also extended to the Malcom Randall VA Medical Center and the North Florida/South Georgia Veterans Health System, where he served as chief of staff and system medical director, respectively.

Good earned both his bachelor’s degree in computer and communication sciences and his medical degree from the University of Michigan. He completed his residency training in anesthesiology as well as a research fellowship at the University of Florida.

He is known in the anesthesiology community for his innovative, interdisciplinary work with University of Florida physicians and engineers to develop the Human Patient Simulator. The sophisticated teaching technology is now used in health care education programs throughout the world.
Greetings!

Twelve years ago when I started in my position at the University of Utah School of Medicine Alumni Relations office, my predecessor told me, “You are going to love this job, I hope you stay in it until you retire.” At that point I wasn’t planning to stay forever, but now, twelve years into the job, I am always proud to say I am the Executive Director of the University of Utah’s School of Medicine Alumni Relations office. Years have multiplied my skills and friendships. I have watched numerous programs the School of Medicine Board members and our office team have designed come into fruition. Programs like Transitioning into Practice for our residents, Dinner with a Doc, the HOST (Help Our Students Travel) program for our 4th year students, the All-Class/Alumni picnic, the stethoscope gift program, the thank-a-thon, the UTEMED/TED talk program, the Community Clinical Faculty Award and Luncheon, and now the new Evolution of Medicine program during Alumni Weekend.

Not only has our programming grown, but so too has support of the School of Medicine through the Alumni Association. Scholarship giving continues to rise, almost doubling in the past three years, to nearly $1.3M this year. We would love to see it triple over the next five years as the impact these scholarships make on our students, not just with helping lower their loan debt, but in the boost to their self-confidence, is significant. Our Five for Five scholarship program, started in 2010 by alumnus, Kent Jex, MD ‘82, and myself, now has 25 alums, former housestaff and friends making the pledge for $5,000, or in some cases, $10,000 a year, for five years, to support a medical student while they go through medical school. The Student Emergency Fund, started in 2013 has helped a total of 14 students over the years by giving grants of up to $2,000 to help them through difficult times of crisis.

We have worked closely with the Dean’s office over the years to best serve our students. Our goal is to connect as many alumni with our current students as possible. The students are eager to talk to and learn from their predecessors, and our alums are always curious and interested in what medical training is like today.

I can assure you that today’s medical students and other School of Medicine trainees continue the tradition of excellence that has always characterized the School of Medicine. The Alumni Association is working closely with the Dean’s office to develop a core group of educators with skills, support and scholarship to keep this rising generation of physicians at the very forefront of learning and scholarship. Our expanded class size requires clinical training experiences that exceed the capacity of University Hospital, we need assistance from the medical community.

The School of Medicine also feels a responsibility to parts of our state that are medically underserved; the Alumni Relations, office is working closely with staff of the SOM’s new Rural and Underserved Utah Training Experience (RUUTE) program, which is developing sites for clinical experience in rural and underserved parts of our state. While the RUUTE program is developing pipelines to facilitate applications from prospective medical students from rural and underserved areas of our state, the Alumni Relations office is working to connect them to alumns who practice in those areas. These students will have the opportunity to gain additional experience and develop special qualifications in the delivery of healthcare in communities where the need is greatest.

With the experience and knowledge they assimilate through experience in these communities, they will be well qualified to return to those same areas to practice.

So, you see why it is a rewarding job, mainly because of all the wonderful people I interact with, both alumni and students, and the great strides we’ve made as an Alumni Association, to serve both groups.

I am excited to welcome Dr. Michael Good as our new dean, and look forward to working closely with him.

If you have questions or suggestions, feel free to email me at Kristin.anderson@hsc.utah.edu or give me a call at 801-585-3818.

Kristin Wann Anderson
Imagine a day when every cancer patient has their tumor sample sequenced to identify their precise cancer-causing mutations. The patient’s care team reviews the test results and begins the patient’s treatment based on the specific genetic mutations identified by the diagnostic test. If no current treatments are available, then the patient is matched to a clinical trial for a drug that is specific to the patient’s gene mutation. The tumor’s genetic mutations are then monitored over the course of treatment and therapies adjusted based on the evolution of the tumor’s genetic profile. This is genomic medicine.

The answers to treating and curing countless diseases exist within our genetic codes. With the Utah Genome Project (UGP), University of Utah scientists are accelerating the decryption of these codes with unprecedented precision to open up bold new medical pathways. Launched at the University in 2012, UGP harnesses the power of Utah families and their histories to uncover the genetic factors that drive disease. Our scientists and clinicians use this growing arsenal of information to develop genetic diagnostics and precision therapies that can transform health care.

Under the leadership of Lynn Jorde, PhD, the UGP unites some of the world’s most renowned minds in genetics with leaders in medicine, ethics, biology, clinical diagnostics, bioinformatics, and engineering. Together, they advance genetic science and mentor the future generations of researchers who will push the field even further.

A Visionary Leader

Lynn Jorde took his first human genetics course in 1973, picking up Kurt Stern’s Principles of Human Genetics—a book he still has in his office today. Each night, he’d study and find he couldn’t put down that book. He was fascinated. Though the field of human genetics was early in its development, Jorde was hooked.

“I thought that this is an area that has potential to blossom—really take off,” said Jorde. “And wouldn’t it be fun to be in on the ground floor of that? And that’s something that attracted me to Utah.”

In 1979, Jorde came to the University of Utah for his first faculty job. At the time, there were only a handful of people doing genetics work at the U, and the Utah population database was only about three years old. The field was just starting to really take off.
Flash forward nearly 40 years, and now Jorde is a professor of human genetics in the Department of Human Genetics at the University of Utah’s School of Medicine, chair of the Department of Human Genetics, and executive director of UGP. His research focuses on gene mapping and evolutionary genetics, and his laboratory engages in studies of human genetic variation, mobile DNA element evolution and the genetics of diseases such as schizophrenia, hypertension, juvenile idiopathic arthritis, and inflammatory bowel disease. He has published more than 220 peer-reviewed scientific articles on human genetic variation, high-altitude adaptation, the genetic basis of human limb malformations and the genetics of common diseases.

Jorde’s leadership in the field has been affirmed many times throughout his career. He was president of the American Society of Human Genetics (ASHG) in 2011–2012 and has served two terms on its board of directors. In 2008, he was a recipient of ASHG’s Award for Excellence in Human Genetics Education. He has served on several advisory panels for the National Science Foundation and the National Institutes of Health (NIH), and was also a member of the Center for Inherited Disease Research Access Committee. His early passion for genetics has taken him far.

Looking Back: Genetics at the U

While a relatively young enterprise, UGP builds on a tradition of genomic innovation that began at the University of Utah in the 1950s. For nearly 70 years, our state’s families have served as a wellspring for genetic discovery, fueling new diagnostics and treatments developed at the University of Utah.

In the mid-1970s, the university began building the Utah Population Database (UPDB), which features an extensive set of Utah family histories—some of which date back more than 200 years—including demographic information and diagnostic records about cancer, causes of death, and medical details related to births.

The idea for UPDB came from Mark Skolnick, an investigator who had been working in Italy linking parish registers and families using computers. Upon arriving at the U, he had the idea to link large families using the records available through DNA sequencing has an interesting history. The first complete human DNA sequence was completed in 2003 at a cost of about $3 billion. Today, researchers can sequence a human genome for about $1,000.

“At the time, people had paper records, or in some cases microfilm records, so they would set up their microfilm reader, and then type all of the information into a computer terminal,” Jorde said. “The computers at that time were primitive compared to even an iPhone now, but they were sufficient to at least get the project going and to get the initial NIH funding that allowed it to proceed and eventually succeed.”

The database was growing, but it would be years before DNA would fully enter the picture.

“In just over a decade, the cost of sequencing a genome has undergone a more than million fold decrease in cost,” Jorde said. “I like to say that there is no technology ever in the history of humankind that has seen a million fold decrease in cost in just a decade.”

UGP Today

Today, the UPDB is the world’s largest repository of family histories, with close to 10 million individuals who are linked to more than 22 million public health and clinical records—and the database is only growing. Soon that number will increase to 100
million people, as anyone with a relative in the current database is added. It’s already the largest database of its kind in the world. It’s about to become 10 times larger—and 200 times larger than the world’s second biggest genetic database, located in Iceland.

The UPDB’s collection of Utah’s large and well-documented families serves as a singular resource for genetic discovery. Capitalizing on this unique resource and a rich history of genetic discovery, the UGP unites the best minds in medicine, genetics, ethics, biology, clinical diagnostics, bioinformatics and engineering toward understanding genetic contributions to disease. Together, they are uniquely positioned to advance a genetic methodology that can impact health as we know it.

With a large repository of data and inexpensive access to sequencing, UGP is flourishing.

To date, UGP has sequenced more than 7,000 individuals in search of causative or predictive genes for 50+ diseases, including breast and colon cancer, autism, Crohn’s disease, cardiac arrhythmia, and numerous rare conditions. In the past year, Jorde and his team discovered new disease-causing genes for multiple diseases, including Lou Gehrig’s disease (ALS), familial osteoarthritis, and psoriasis.

Working with a variety of different kinds of scientists—from faculty in the Department of Human Genetics and Department of Biochemistry to clinician-scientists and physicians who see patients in virtually every department in the School of Medicine—Jorde and his team are providing the tools for precision, personalized medicine. With many diseases, genetic testing allows physicians to tailor treatments to the genetic constitution of patients so that they get the right treatment right away.

Now, they are looking toward the future, building on these discovery successes to support therapeutic development and clinical genomic medicine.

**Moving Forward: The next steps for UGP**

With UGP’s growing treasure trove of information, the multidisciplinary expertise of faculty, and forward-looking dedication to educating new generations of genetic pioneers, the University of Utah is unlocking new doorways of discovery. UGP has already enabled the creation of new drug therapies, identification of at-risk families, and development of the foremost genomic analysis platforms in the field to accelerate further advances.

Yet this is just the beginning of realizing UGP’s potential as a fount of medical advances. In many ways, Jorde and his team have just begun to scratch the surface of how genetic variation affects disease and other traits—and how to use their findings in translational science.

“Of the 20,000 human genes that we now know exist, we know the function of only about 4,000 of them,” Jorde said. “For most of our genes, we still really don’t know what they actually do. How do they contribute to disease? How do they contribute to just the normal variation that we see in people? We have a lot of work left to do, especially in the area of complex disease and common diseases like type two diabetes, high blood pressure, coronary artery disease. We still understand only a fraction of the genetic causes of those conditions.”

In an effort to better determine how genetic alterations actually cause disease, he and his team are focusing on functional analysis of disease-causing genes using animal model systems. They’re looking to understand how these variants they discover actually work, with the ultimate goal to translate these discoveries into better treatments—perhaps even cures—for some diseases.

Connecting each of these research fronts, Jorde and his team are also working on developing a Utah Genome Center, which will unite UGP’s family-based genetic discovery, informatics, the Utah Population Database, the development of diagnostics and therapeutics, and the delivery of patient care to form a cohesive approach to advancing genomic medicine.

UGP is poised to activate a new paradigm in genetic exploration that translates into treatments and even cures for seemingly intractable diseases.

“I think it’s important to realize that the discoveries we make here in Utah will help people not just in Utah but literally all over the world,” Jorde said. “We view the Utah Genome Project as a gift not just to the people of Utah but a gift to the entire world.”
It’s 2008 and you’ve just had your first child. Life is good, you are excited to watch your baby grow and thrive. Then, as he begins to grow you notice some issues. He seems to be having serious trouble walking, and then he stops altogether. His words become fewer and fewer, until he cannot communicate except with a smile or a tantrum. You take him to one doctor, then another, and another. You are in and out of the hospital with him and bounce from one specialist to another. The costs are getting prohibitive, and now, seven years later there is still no clear diagnosis. Seven year of sleepless nights, tears and worry go by, wondering what the future holds for your little one, you feel hopeless and abandoned by a medical community that cannot help you. Then, in 2015, you hear about a new program, The Penelope Program, started by Dr. Ed Clark, chair of the Department of Pediatrics. The Penelope Program was named by director, Lorenzo Botto, MD, after the long suffering, but steadfast, smart, and hopeful mother and wife, Penelope, of Ulysses’ Odyssey. It is composed of a team of physicians and scientists who come along side your family to help research and hopefully find a diagnosis and establish a treatment plan for your child, a child whom nobody else has been able to help – not because of lack of trying but because these are the most difficult of the difficult to diagnose.

Suddenly, you feel hope rekindle. You have a team beside you, working with you and your family to discover why these developmental delays are happening, and hopefully, strategize a care plan to assist your child. You suddenly don’t feel so alone in this battle to help your child. You have an entire team of very smart people working with you to find solutions.

The Penelope Program is a new way to perform clinical medicine. It is reliant on a team of specialists from several medical specialties, molecular geneticists, and care coordinators, all coming together to figure out the puzzle of rare and undiagnosed diseases in children. The team, made up of specialists in medical genetics, inborn errors of metabolism, pediatric neurology, gastroenterology, cardiology, immunology (to name a few), and comprehensive care, along with molecular geneticists from ARUP, and the clinic coordinators meet twice a month to review the assessment of patients in the program or applying to the program. They review all available results and medical...
records, photos, and diagnostic images to assess what needs to be done to arrive at a diagnosis and a plan of care. A partnership with the Utah Genome Project is also part of the process. If a diagnosis does not emerge from the clinical assessment and genetic testing through the Penelope program (typically whole exome sequencing) the genetic data are re-analyzed through the research tools of the Utah Genome Project. The result of this team approach has been a much faster and higher diagnostic yield, with approximately 50% of all cases being given a firm diagnosis, and all cases being comprehensively evaluated and counseled. There are other undiagnosed disease programs around the country which tend to be research-based and research-funded. The Penelope program also is into the discovery of new knowledge – new conditions, new mechanisms, new treatments — but it is explicitly built with a strong clinical care component (through the partnership with the U’s Comprehensive Care Program) and a commitment to stick with the family for the long run. At the end of the assessment each family is given a Penelope binder, which provides a summary of what the child has (or doesn’t have) and what has been done so far testing and treatment-wise. This is good information for the parents to share with family and other providers who may not have the time or expertise to sift through the often hundreds of pages of complicated visit notes and tests to figure out the key issues that are important for care. This is particularly important if the family must take the child to the emergency room or for an unplanned hospitalization.

Not every patient seen receives a diagnosis. But Dr. Botto believes all families gain substantial assistance and help from the Penelope process. If there is a diagnosis, an even more specific treatment plan is mapped out. If there is no diagnosis, the team develops a plan of care based on the clinical needs that emerge from the assessment, and a plan for follow-up, giving patients hope after being told so many times there’s nothing that could have changed that. The Penelope program remains connected to the families and updates treatments as new genetic information becomes available.

Currently the program has about 50 patients from Utah and parts of the Intermountain West. There are many more families that would benefit from the program, but funding has limited their scope. The cost for such comprehensive testing and the hours spent by master physicians discussing and reviewing the cases are typically not covered by insurance, and clinical fees only generate a fraction toward covering these costs. The program started and is operating through support from the Chair of the Department of Pediatrics. Genetic testing was also supported at the beginning by generous grants and gifts from the Sorenson Family Foundation (the first ten families) and the Utah Genome Project (next ten families). Recently the Bingham family, whose son Tosh went through the program (and was diagnosed) have set up a fun run in Salt Lake (Tunes for Tosh) to raise money for the program. Several of the clinicians also donate their time to the program. Notably, of the first twenty families in the program, 19 of the 20 were denied insurance coverage for the genomic testing, but 60% of those first twenty received a diagnosis within 10-12 weeks, after having been on a medical odyssey for many years.

Dr. Botto stresses the crucial role of teamwork; this is what makes the program special and as successful as it’s been. The focus is the child and family first. It is not this doctor’s patient, or that doctor’s patient, but everyone on the team’s patient.”

“The crucial role of teamwork; this is what makes the program special and as successful as it’s been. The focus is the child and family first. It is not this doctor’s patient, or that doctor’s patient, but everyone on the team’s patient.”

If you wish to support the Penelope project financially, or learn more about it, contact Lorenzo Botto at Lorenzo.botto@hsc.utah.edu or donate online at https://bit.ly/2zMu916
The World Comes to Salt Lake City

The 21st Century was predicted to begin with Y2K, an epic technology crash when computers would go haywire, elevators would come to screeching halts midfloor, nuclear reactors would melt down, planes would fall from the sky and the economy would spiral. But the Millennium Bug failed to produce the chaos everyone waited for, so the world carried on without skipping a beat.

In Salt Lake City and its surrounding mountains, all energy and attention was focused on the world coming to town for the 2002 Olympic Winter Games. Construction cranes dotted the Salt Lake City skyline in anticipation. The University of Utah horizon also changed, with seven new buildings added to the campus during this decade.

TRANSFORMING HEALTH SCIENCES

The buzz on campus radiated progress. A. Lorris Betz, M.D., Ph.D., who had been named dean of the School of Medicine, CEO of University of Utah Health Care and senior vice president for health sciences in 1999, got to work quickly, redefining the culture by putting out a list of wants. “I want growth in the quantity and quality of research and education,” the list read. “I want us to be leaders in developing unique and novel treatments. I want to raise the visibility and impact of this health sciences center nationally and internationally. The people of Utah are proud of the center now; I want that pride to be more than justified.” Little did he know just how many of those wants would come to fruition—and in how many surprising ways.

2000...

In-state tuition was $5,269/semester. A day lift ticket at Alta was $33. The dot-com bubble burst and thousands of dot coms went bust.
WHAT’S IN A NAME?

What began with a library in 1965 transformed into an Eccles legacy that has been etched in stone and on buildings across the U’s campus. Representing the family’s mission “to help improve the quality of life for all the people of Utah,” the many foundations and individuals that represent the Eccles family have bestowed tens of millions of dollars on the University of Utah over the last 50 years. As chairman and CEO of the largest Eccles fund, the George S. and Dolores Doré Eccles Foundation, Spencer F. Eccles saw that when his own foundation made its commitment public first, others would follow suit. “We would take the lead and basically that gave the project a ‘Good Housekeeping Seal of Approval,’” he said. “The idea was that our giving would inspire others, and most of the time, the plan worked.” With that approach, the University of Utah has been a great beneficiary.

OLYMPIC FEVER

Doctors and staff from the hospital got a front-row seat to the action during the 2002 Winter Olympic Games in Salt Lake City. Charles Rich, M.D., class of ’65, served as chief medical officer for the Games, managing everything from medical services planning to athlete drug testing. The hospital constructed the facilities and provided medical services at the Olympic Village Polyclinic, located in the University Guest House. The Polyclinic served as a multipurpose acute and emergency care facility and was the first in Olympic history to be operated by an academic medical center. Stocked with a top-line digital radiology center, full pharmacy, laboratory and $1 million in donated medical supplies and equipment, the clinic was well prepared.

Athletes were not the only ones pushing the limits that winter. The Games presented the University’s bioinformatics team with an Olympic-sized public health challenge. In the wake of the 9/11 terrorist attacks and the anthrax letters scare a month later, the need for bioterrorism surveillance during the Games was critical. With just seven weeks to prepare, Reed Gardner, Ph.D., and his team of informaticists and public health specialists worked with a team assembled by the University of Pittsburgh to implement the Real-time Outbreak and Disease Surveillance system. This electronic bio surveillance system used existing Health Level 7 message routers in health care systems to obtain data in real-time.

DALE HULL, M.D., CLASS OF ’85

After suffering a severe spinal cord injury in a trampoline accident, University of Utah alum Dr. Dale Hull had to relearn everything, including how to walk. After two-and-a-half years of intensive physical therapy, he had recovered to the point where he was using arm crutches. And that’s when he decided to take on a new goal: becoming an Olympic torchbearer in the Salt Lake City Winter Games. In 2002, he realized that dream, carrying the torch without any assistance and handing it off to one of the most famous basketball players in history: Utah’s own Karl Malone.

OLYMPIC MASCOTS VISIT UNIVERSITY HOSPITAL

THE 2002 OLYMPIC STADIUM

Rice-Eccles Stadium on the University of Utah campus
Building an Exceptional Patient Experience

By 2008, in the midst of a decade of progress, Dr. Betz noticed that patient satisfaction had actually taken a few steps backward. “I learned from the letters unhappy patients wrote and the patient satisfaction scores we received that we were far from ideal,” he said. “It became personal for me when I saw firsthand the less-than-perfect experiences my wife Ann had in our own health system.” It was a perfect storm of embarrassment and frustration that created the urgency to change. The result was the launch of the U’s Exceptional Patient Experience initiative. Its goal was ambitious: enable caregivers to provide an exceptional experience every time patients used the University of Utah Health Care system. To reach this goal, physicians had their patient satisfaction scores benchmarked against a national data set. They then received a scorecard that outlined their performance and showed how they compared with department peers. By the end of the decade, departments began sharing this data with their faculty and eventually with the entire health care system. This transparency was a true catalyst for change, moving University of Utah Health Care up from 34 percent patient satisfaction in 2008 to 72 percent in 2010. Patients were happier, clinics ran more smoothly and physicians began learning from one another so they could provide the exception.

“Regardless of what we think, patient care isn’t excellent unless the patient thinks it is.”

—A. Lorris Betz, M.D., Ph.D., Senior Vice President Emeritus for University of Utah Health Sciences
A NOBEL DISTINCTION

Twenty-five years after international media descended on the School of Medicine to tell the story of the first permanent artificial heart transplant, the School of Medicine was again in the world spotlight when renowned geneticist Mario Capecchi, Ph.D., distinguished professor of human genetics and biology, was awarded the 2007 Nobel Prize in Physiology or Medicine for pioneering gene targeting in mice. Dr. Capecchi’s groundbreaking technology made it possible to create mice with mutations in any desired gene, giving scientists the power to choose which gene to mutate and how to mutate it. This led to a revolution in biomedical science by linking genes to processes of disease and development that are, much more often than not, similar in both mice and humans. Able to test how genetic mutations morph into disease, scientists could take the first steps in uncovering new treatments for everything from diabetes to cancer. Hailed by his contemporaries at the U long before he was given the distinction of Nobel laureate, Dr. Capecchi’s work impacts everything from learning why heart disease is the leading cause of death in diabetics, to the genetics behind epileptic seizures, to therapies for childhood cancers. Guy A. Zimmerman, M.D., witnessed this firsthand as director of the Program in Human Molecular Biology and Genetics at the University of Utah. “Talented scientists have combined their intellectual strategies and clinical resources with Mario’s technology and are altering the fabric of clinical investigation worldwide,” he said.

APPLIED KNOWLEDGE

In 2008, University of Utah Health Sciences was awarded a $22.5 million Clinical and Translational Science Award from the NIH to speed the time it takes for research to be put into clinical use. The Center for Clinical and Translational Science (CCTS) put the funding to work immediately. Focusing on translating promising bench science into practices that improve human health, the CCTS helped discover drugs to treat Ewing’s sarcoma, improve care of febrile infants and more.

FIRST INTEGRATED ELECTROPHYSIOLOGY MRI LAB

As University of Utah Health Care opened the first integrated electrophysiology (EP) MRI laboratory in North America in 2009, a revolutionary new level of treatment opened up for people living with heart rhythm disorders, the most widespread being atrial fibrillation (AF). While catheter ablation has revolutionized the treatment of patients with cardiac arrhythmias, one glaring hurdle to progress was the inability of physicians to immediately assess the therapeutic burns they were creating. Using the MRI’s capability of imaging changes to cardiac tissue, researchers at the CARMA Center hope to solve this problem by moving the ablation procedure into the MRI.
## 2018 Alumni and Community Weekend

*Celebrating Our Legacy and Future*

### FRIDAY 9.28

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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:30 a.m.</td>
<td><strong>BREAKFAST WITH THE DEAN – COLLEGE OF NURSING AUDITORIUM</strong></td>
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<td>Join the Dean of the Medical School as he provides a broad perspective on current activities and future plans for the University of Utah Medical School. Breakfast is followed directly by Medical School – The Evolution of Teaching. RSVP required for catering purposes.</td>
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<tr>
<td>9:15 a.m.</td>
<td><strong>MEDICAL SCHOOL – THE EVOLUTION OF TEACHING</strong></td>
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<td>Medical School is not what it used to be. What does it take to be accepted to medical school today, how has learning changed? Hear from our deans and students, through first person experience and hands on activities, about the medical school experience in 2018.</td>
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<td>12:00-2:00 p.m.</td>
<td><strong>ECCLES HEALTH SCIENCES LIBRARY EXHIBITS</strong></td>
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<td>Animating HIV, an exhibit by Janet Iwasa, PhD, TED Senior Fellow, 2017 and 100 Most Creative People, 2012, presents The Science of HIV project using animated visualizations and illustrations to captivate, inform, and educate diverse audiences.</td>
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<td>The “Utah Women in Medicine” Exhibit presents many of the female clinicians and researchers who have contributed to the legacy of excellence at the University of Utah Health Sciences.</td>
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<td>Anatomage Instruction: View and learn more about anatomy on the Anatomage—the world’s first virtual dissection table</td>
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<td>The Student Poster Competition Walk: Gain new knowledge as medical students and master’s and PhD candidates present their research. Appetizers and drinks served.</td>
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<tr>
<td>1:00-5:00 p.m.</td>
<td><strong>AFTERNOON TO EXPLORE CAMPUS</strong></td>
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<td>Visit Red Butte Garden, the Utah Museum of Fine Arts, and the Utah Natural History Museum. Stroll through the Health Sciences campus and see the changes.</td>
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DISTINGUISHED AWARDS BANQUET AND HALF CENTURY SOCIETY INDUCTION
LITTLE AMERICA HOTEL

6:00-9:00 p.m

DISTINGUISHED HUMANITARIAN

G. Paul Doxey, MD ’80
For his commitment to affordable access to health care. Working in collaboration with the Washington County Medical Society, Dr. Doxey founded the Doctors’ Volunteer Clinic of St. George and has served as the president and chairman of the board since its inception nearly 20 years ago. To date, the clinic has provided more than 30,000 patients with affordable medical, dental and mental health care, assisting individuals lacking insurance.

DISTINGUISHED ALUMNI

George W. Woods, Jr., MD ’77
For his significant contributions to the field of mental health. An internationally known mental health expert, Dr. Woods has published extensively on topics including neurobehavioral assessment in forensic mental health and cultural factors in assessing those with mental disorders. He has consulted with international forensic systems and collaborated with companies, including Microsoft, to develop neuro-educational systems and neuropsychiatric strategies.

DISTINGUISHED SERVICE

Donald M. Pedersen, PA-C ’78, PhD ’88
For his service to the physician assistant community. Dr. Pedersen has been involved with the University of Utah Physician Assistant Program for nearly 40 years, working to train PAs locally and around the world through grant programs—awarding 50 grants in more than 15 countries on five continents—and clinical and humanitarian outreach. For the past seven years, he has volunteered as a physician assistant at the Hope Clinic in Salt Lake City.

UNIVERSITY OF UTAH GOLDEN ANNIVERSARY PRIZE FOR DISTINGUISHED CLINICAL INVESTIGATION

Barbara E. Jones, MD, MSCI, House Staff ’06, ’14
For her exceptional talent as a clinical investigator. Dr. Jones has been widely recognized for her research on understanding and improving clinical decision-making in pneumonia—a common but challenging syndrome. She has devised novel approaches to understanding the patterns and consequences of antibiotic use in the care of patients with pneumonia, significantly impacting the care of individual patients and the effectiveness of care nationally.
<table>
<thead>
<tr>
<th>SATURDAY 9.29</th>
<th>LITTLE AMERICA HOTEL 500 MAIN STREET</th>
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<tr>
<td><strong>7:30 a.m.</strong></td>
<td>CONTINUING MEDICAL EDUCATION BREAKFAST AND SYMPOSIUM</td>
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<tr>
<td><strong>12:30 p.m.</strong></td>
<td>In partnership with the Department of Internal Medicine the University of Utah School of Medicine Alumni Association offers a morning of CME. Credit available.</td>
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<tr>
<td><strong>Keynote Address:</strong></td>
<td>Platelets in Sepsis: genetic and functional alterations impact host responses</td>
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<td>Matthew Rondina, MD, Associate Professor of Internal Medicine, Investigator, George E. Wahlen VAMC Geriatric Research, Education, and Clinical Care Center</td>
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<td>Director, Utah CCTS Precision Medicine Foundation</td>
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<td></td>
<td>Director, University of Utah Molecular Medicine Program</td>
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<td>The Society Supporting Leadership in Internal Medicine’s (SSLIM) mission invests in tomorrow’s leaders by supporting recruitment, offering faculty assistance and scholarship.</td>
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<td>Odell Award Recipient Aylin Rodan, MD, PhD, Assistant Professor of Internal Medicine The Awesome Power of Genetics: what flies can teach us about human physiology</td>
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<td>Caring and Curing: Patient/Physician Relationships Linda Leckman, MD, HS, ’82, Former vice president of Intermountain Healthcare and CEO of Intermountain Medical Group</td>
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<tr>
<td></td>
<td>Quality Drives Costs: Why Pay for Value is in Your Future</td>
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<tr>
<td></td>
<td>Brent James, MD, MStat, ’78, ’84 Clinical Professor, Department of Medicine, Stanford University School of Medicine</td>
</tr>
<tr>
<td></td>
<td>DISCLOSURE: Neither the speaker(s), planner(s), nor anyone in control of content for this educational activity have any financial relationship with commercial products or services discussed today. AMA Credit: The University of Utah School of Medicine designates this live activity for a maximum of 1 AMA-PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. ACCREDITATION: The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. NONDISCRIMINATION AND DISABILITY ACCOMMODATION STATEMENT: The University of Utah does not exclude, deny benefits to or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, age, veteran’s status, religion, gender identity/expression, genetic information, or sexual orientation in admission to or participation in its programs and activities. Reasonable accommodations will be provided to qualified individuals with disabilities upon request, with reasonable notice. Requests for accommodations or inquiries or complaints about University nondiscrimination and disability/ access policies may be directed to the Director, OEO/AA, Title IX/Section 504/ADA Coordinator, 201 S President’s Circle, RM 135, Salt Lake City, UT 84112, 801-581-836S(Voice/TTY), 801-585-5746(Fax).</td>
</tr>
<tr>
<td><strong>12:30 p.m.</strong></td>
<td>COMPHEALTH CLINICAL COMMUNITY FACULTY AWARD</td>
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<td>Created to recognize community faculty members who demonstrate an exceptional commitment to University of Utah learners, the CompHealth Clinical Community Faculty Award honors outstanding adjunct faculty members, who volunteer their time to teach medical students, residents, and fellows in their clinical rotations.</td>
</tr>
<tr>
<td><strong>6:00 p.m.</strong></td>
<td>REUNION DINNERS</td>
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<tr>
<td></td>
<td>It’s your time to celebrate! Gather with classmates to relive medical school memories and catch up on what everyone’s been up to the last few, or many, years.</td>
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### COMPHEALTH CLINICAL COMMUNITY FACULTY AWARD HONOREES

**JACQUELINE ROHRER, MD, HS ‘13**

Dr. Rohrer practices as a family physician at Foothill Family Clinic, where she provides broad spectrum care that includes a focus in maternal-newborn health and surgical obstetrics. She often teaches third and fourth year medical students in her clinic. In 2017, she began proctoring a small group of first-year medical students for a longitudinal course that teaches the ethical, humanistic, and artistic side of medicine.

**EDWARD A. STENEHJEM, MD, MSC**

Dr. Stenehjem is Intermountain Healthcare’s antimicrobial stewardship medical director, overseeing programs across 22 hospitals and 185 outpatient clinics. He is also an associate professor of medicine in the Division of Infectious Diseases at Intermountain Medical Center and clinical assistant professor at Stanford University.

**J. TIM DUFFY, MD, HS, ‘00**

Dr. Duffy has worked with Intermountain Healthcare for nearly 20 years and served on the Primary Children’s Hospital Board of Trustees for more than 10 years. He takes pride in mentoring his residents and spending time teaching. He has been awarded the U of U Department of Pediatrics Excellence in Teaching Award three times.

### THE SCHOOL OF MEDICINE ALUMNI ASSOCIATION PROUDLY THANKS OUR SPONSORS

<table>
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<tr>
<th>GOLD</th>
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<td><img src="image" alt="UHealth-Hospitals and Clinics" /></td>
<td><img src="image" alt="CompHealth" /></td>
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<td>UHealth-Medical Group</td>
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<td><img src="image" alt="Sponsor for Student Poster Competition" /></td>
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<tr>
<td><img src="image" alt="Sponsor for Medical School—The Evolution of Teaching ARUP" /></td>
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Sponsor for Student Poster Competition
Walk: Mountain Medical

ARUP Laboratories
The following individuals are assisting the SOM Alumni Relations office with planning your reunions. If you are willing to help, contact the SOM Alumni Relations office at (801) 581-8591 or send an email to somalumni@hsc.utah.edu. We will connect you to the current chairs and share the contact information for your classmates so you can make sure that one someone you really want to reconnect with attends! Register for the weekend and other Alumni and Community Medical Weekend events at www.medicine.utah.edu/reunion. The sign-up page for each event will show who has registered so far.

Class of 1973
Douglas Rollins, Randall Olsen and Alan Crandall

Class of 1978
Brent James
(who could use some help!)

Class of 1983
Scott Leckman, Richard Graham, John Hayes and Jan Bernhisel-Broadbent

Class of 1988
Peter Novak, Teresa Ota and J. Eric Vanderhooft

Class of 1993
Shale Wong, Catherine “Rin” Harris, Elizabeth “Pen” Mitchell and Mona McArdle

Class of 1998
Jennifer Geary Brinton
(who could use some help!)

Class of 2003
Elizabeth Thacker
(who could use some help!)

Class of 2008
Missing: some chairs!!

Class of 2013
Sally Tran, Tony Trinh and Adrienne Carey
Two days before starting my first year of residency, just after completing my intern year, I received a call that my best friend, Brian, had been in a mountain biking accident. He was paralyzed, ventilator dependent, and designated as an AIS A C2 complete tetraplegic. The devastation I felt for him cannot be expressed by words. My best friend was someone who spent every spare moment outdoors skiing, climbing, hiking, sailing, mountain biking or anything else he could do in the great Wasatch Mountains. I expected that his injury would deprive him of his livelihood and his passion for living. This proved not to be the case thanks to the excellent medical care and the creative innovations of his rehabilitation team. This powerful experience reinforced my passion for medicine and inspired me to pursue a career in spinal cord injury (SCI).

My interest in SCI medicine also developed as I had the opportunity to witness the role that a truly exceptional physician can play in a patient’s life during their recovery. I feel fortunate to have had the opportunity to work with Dr. Rosenbluth because from the second I expressed interest in spinal cord medicine and adaptive sports, he helped to involve me and support me in exploring this interest. The most valuable lesson he taught me was the importance of collaboration in implementing meaningful changes. The University of Utah is designed for and encourages collaboration between fields, and no one takes better advantage of that than Dr Rosenbluth and his TRAILS team (which includes physicians, therapists, psychologists, engineers, software developers, nursing, social workers, students and more). This team developed a novel sip and puff controller that interfaces with both a custom adaptive ski and sailboat, thus allowing patients with no arm or hand function, such as Brian, to still get outside and do the things they love like skiing and sailing. I’ve gotten to ski and sail with Brian countless times, and see how happy it makes him to be the one actually making the turns. Additionally, I had the opportunity to conduct research, write papers, do a presentation at the ASCIP national conference, and help write a book chapter on recreational therapy. It’s been so much fun that I didn’t even know where it was taking me, but ultimately led me to pursue a career in spinal cord injury medicine.

I’ve matched to the University of Washington fellowship program for the upcoming year. After fellowship I hope to continue to work in an acute rehabilitation center at an academic center that fosters collaboration and recreational therapy. I plan to continue to change what is possible for patients with high level cervical injuries. And because of my experience in residency with my mentor Dr Rosenbluth, I know that, with the help of others, I can!

Brian McKenna passed away in mid-2018 due to secondary complications related to his spinal cord injury, but not after having enjoyed some wonderful time on the mountains skiing with Carolyn.
Mama is the smartest person I know. In Egypt, where my family is from, all high school seniors are required to take a standardized exam, the scores from which determine the careers young people can pursue. Of the quarter million students who took the exam in 1983, Mama finished in the top hundred. Her score of 96.5% surpassed the national minimum score of 89% required to enter medical school. She enrolled in College of Medicine-Tanta University, a respected medical school nestled in the Gharbiya Governorate of the Nile Delta Valley.

As a medical student, her work ethic was unmatched. She was a “gunner” long before I knew the term. She quickly soared to the top of her medical school class, granting her the freedom to pursue any specialty when the time came to choose. Her male classmates would whisper snide remarks to scare her away from competitive specialties they also wanted. “Don’t you think Ophthalmology would be hard for you, especially as a woman who wants a family?” they’d ask. My mother saw through their games, working hard to edge them out when it came time to begin residency.

She went on to correct countless cataracts and corneal abrasions as an ophthalmologist. She managed many difficult cases, the most memorable being a young boy from the countryside whose eye had been impaled by the horn of a water buffalo. Her attention to detail and compassion towards patients catapulted her to the top of the Egyptian medical community. In 1996 she landed an opportunity to pursue a PhD in the United States. As is the case today, an American education was one of the greatest honors an Egyptian professional could receive. The decision to leave was easy.

It took years for my parents to adjust to American culture, but they learned to navigate its currents in snowy Syracuse, New York. The PhD program kept my mother busy, testing her ability to be a mother and professional at the same time. I remember afternoons with my younger brother, Omar, spent spinning on laboratory chairs, trying to mimic the centrifuge reactions she was performing. Mama, hunched over a microscope, would periodically glance over at us, flash a smile, then resume her work.

After earning her PhD, Mama took a part time job at the Syracuse Eye Center while studying for the dreaded USMLE exams. She knew her stuff—she had been a practicing physician in Egypt, after all—but the adjustment to practicing medicine in English coupled with the speed of the exams made them more challenging. It took her three tries to pass Step 1, and she made easy work of Step 2, passing both the Clinical Skills and Clinical Knowledge portions on her first attempt. Step 3, however, proved a different monster. By 2013 she had failed the exam two times, and was slowly building herself back up emotionally to take it a third time.

As each exam required months of preparation, Mama grew nervous that her age (mid-forties at the time) would make her an undesirable candidate for residency. Having

“So what’d you learn today?” Mama asked in Arabic.
“Ehhh, we just did some lower limb stuff. Nothing exciting. You want a quiz question?”
“Sure! But nothing too hard. It’s been a while since I’ve learned this stuff.” I gave a halfhearted laugh. “Tell me, what is the name of the structure that the head of the femur inserts into?” I said, speaking clearly to ensure she understood the question.
“Hmm, I know this one.” A long pause. “Don’t tell me...actually, give me a hint. What’s the first letter?”
“A,” I said. “You got this! I know you know this!”
“Hmm, okay, give me the second letter.”
“C.”
“ACETABULUM!” she shouted.

The joy in her voice made my day.
been removed from clinical settings for over a decade, she pursued an internship in Chicago to make herself competitive. She shadowed family medicine and internal medicine doctors, splitting her time between the small suburb of La Grange and the city’s south side.

Around the same time, my father suffered a serious cerebellar stroke. He spent months in the hospital with Mama glued by his side, meticulously double checking all the medicine that went into his care. His rehabilitation plan was no small undertaking, requiring a strong support system to see it through. With my brother and I in college, the burden of his care mostly fell on her. I pleaded with Mama to allow me to take time off from school to help her care for him, but she insisted I stay. Nothing more important than education, she reminded me.

As the years passed and my father’s condition gradually improving, Mama, then approaching 50, found herself in a difficult spot. Her heart longed to practice medicine again, but she knew my father’s dependence on her wouldn’t allow for it. She came to terms with her situation, spent every night in prayer, and eventually made peace with the fact that she would never practice medicine in America. Yet there was still one thing left to do: pass Step 3. She might not be able to practice, but she had every intention of proving to herself that she could pass that exam.

Mama studied hard during any free time she had. I’d often catch her buried in her heavily annotated copy of First Aid, eyes closed and whispering back the material to herself with a cup of tea in hand. She took the exam during the summer of 2014, a couple months after my college graduation. When the scores were finally posted, Omar and I were out watching Guardians of the Galaxy. When we returned, an echo of sobs resonated through the house. We found Mama curled on a couch in the family room, eyes swollen. She had failed the exam—by one point. One point. I’ll never forget the image of Omar holding Mama on the couch, trying to console her, as she hysterically proclaimed herself a failure. My heart hurt for the patients that would never experience her care. I grew bitter towards the medical system that made it so difficult for immigrants to succeed. And I was sad for Mama, the most selfless, loving, caring human being I’ve ever known. If anyone deserves to have happiness in this life, it’s her.

Life went on for Mama, but the memory of that exam still haunts her. Some times while on Facebook scrolling through her newsfeed, a post from one of her former medical school classmates will pop up. Many are respected doctors, some associate professors at large universities. Upon seeing their titles, my mom can’t help but wonder how successful she would have been had she never left Egypt.

In search of new opportunity, my parents relocated to Northern Virginia in the summer of 2016. While packing their belongings, Mama came across a crumpled edition of Egypt’s Al-Ahram national newspaper in the bottom of a coat closet. On the front page was an old photo of Mama dutifully half smiling. Her flowing black hair is pulled back tight. Her picture was the first of three rows of black-and-white photos of young people, each being recognized for a different academic achievement. The caption to Mama’s portrait read, in Arabic, “Heba Abdelmaksoud, top 1989 medical graduate of Egypt.” I asked Mama about the picture.

“Sometimes, whenever I am down, I like to look at this picture to remind myself of where I used to be,” she told me.

I wish my mother could see that she is anything but a failure. Failures don’t raise children who go on to become journalists or medical students. Even today, when I catch myself complaining about an upcoming exam, I think of Mama’s arduous journey. I understand that where I am today is a direct result of her foundation and example. Sometimes, when I smile at patients, and they smile back, I like to think it’s her essence they are smiling at.

Following most days at school, I make the short walk to my bus stop, directly across the street from the Moran Eye Center. On one particular day last semester, the wait for the bus was taking longer than usual. As I rummaged through my book bag for my headphones, I realized I had forgotten my daily call to Mama.

She picked up after the second ring. “One day, habibi, when you finish with school, I will be your first patient,” she said.

“1 got you!” I replied. “You ready for today’s question? Which cranial nerve innervates the trapezius?”

“Spinal Accessory Nerve!” she exclaimed, without asking for a letter.

Ali’s mother, Heba Abdelmaksoud, passed her Step 3 exams this summer.
MEDICAL SCHOOL CLASS OF 2018

MATCH DAY 2018

ANESTHESIOLOGY

Brown, Holden
University of Florida College of Medicine- Shands Hospital, Anesthesiology, Florida

Curtis, Bradley
Vanderbilt University Medical Center, Anesthesiology, Tennessee

Langell, Ashley
University of Utah Affiliated Hospitals, Anesthesiology, Utah

Rea, Natalie
Mayo Clinic School of Graduate Medical Education, Anesthesiology, Minnesota

Shotorbani, Kianna
University of Utah Affiliated Hospitals, Anesthesiology, Utah

DERMATOLOGY

Brummer, Grace
University of Utah Affiliated Hospitals, Dermatology, Utah

EMERGENCY MEDICINE

Barlow, Jessica
San Antonio Military Medical Center, Emergency Medicine, Texas

Bridge, Sarah
University of Virginia, Emergency Medicine, Virginia

Smith, Elynn
Family Medicine Residency of Idaho, Family Medicine, Idaho

Steele, Katelyn
Hilo Medical Center, Family Medicine, Hawaii

Sundwall, Peter
Kootenai Health, Family Medicine, Idaho

Wu, Sijia
University of California Riverside School of Medicine, Family Medicine, California

INTERNAL MEDICINE

Anderson, Thomas
University of Utah Affiliated Hospitals, Internal Medicine, Utah

Bhatnagar, Anish
Beth Israel Deaconess Medical Center, Internal Medicine, Massachusetts

Bodes, Sarah
University of Utah Affiliated Hospitals, Internal Medicine, Utah

Borrero, Maria
Gwinnett Medical Center, Internal Medicine, Georgia

Frost, Samuel
University of Utah Affiliated Hospitals, Internal Medicine, Utah

Horne, Logan
University of Utah Affiliated Hospitals, Internal Medicine, Utah

Isaac, Farid
Broward Health Medical Center, Internal Medicine, Florida

Jaziri, Miriam
Henry Ford Hospital, Internal Medicine, Michigan

Jensen, David
Tulane University School of Medicine, Internal Medicine, Louisiana

Lei, KaChon
University of Nevada, Las Vegas School of Medicine, Internal Medicine, Nevada

Nelson, Darien
St. Joseph’s Hospital, Internal Medicine, Arizona

Petersen, Matthew
George Washington University, Internal Medicine, Washington, DC

Radhakrishnan, Parvathi
Rhode Island Hospital/Brown University, Internal Medicine, Rhode Island

Richards, Kate
Abbott Northwestern Hospital, Internal Medicine, Minnesota

Whipple, Melissa
University of Utah Affiliated Hospitals, Internal Medicine, Utah

INTERNAL MEDICINE - PRELIM

Archibald-Seiffer, Noah
New York University School of Medicine, Internal Medicine – Prelim, New York

New York University School of Medicine, Anesthesiology, New York

Bigelow, Beau
Base VA Medical Center, Internal Medicine – Prelim, Idaho

Marianjoy Rehab Hospital, Physical Medicine and Rehabilitation, Illinois

Hilton, Kellen
Base VA Medical Center, Internal Medicine – Prelim, Idaho

University of Wisconsin Hospital and Clinics, Physical Medicine and Rehabilitation, Wisconsin

Hopkins, Zachary
University of Utah Affiliated Hospitals, Internal Medicine – Prelim, Utah

Broward Health Medical Center, Dermatology, Florida

Kirk, Brian
University of Utah Affiliated Hospitals, Internal Medicine – Prelim, Utah

University of Missouri – Columbia, Ophthalmology, Missouri

Morris, Rebecca
University of Colorado School of Medicine-Denver, Internal Medicine – Prelim, Colorado

Stanford University Programs, Anesthesiology, California

Pham, Theresa
Base VA Medical Center, Internal Medicine – Prelim, Idaho

University of Utah Affiliated Hospitals, Radiology-Diagnostic, Utah

Shi, Dallas
University of Utah Affiliated Hospitals, Internal Medicine – Prelim, Utah
Shin, Clifford
Yale-New Haven Hospital, Internal Medicine – Prelim
Connecticut
Yale-New Haven Hospital, Radiology-Diagnostic
Connecticut
Tiem, Michelle
University of California, Irvine Medical Center,
Internal Medicine – Prelim
California
University of California San Diego Medical Center,
Neurology
California
VanDerlice, Isabel
Rush University Medical Center,
Internal Medicine – Prelim
Illinois
Rush University Medical Center,
Neurology
Illinois

Wright, Alex
University of Utah Affiliated Hospitals,
Internal Medicine – Prelim
Utah
University of Texas – Houston,
Ophthalmology
Texas

INTERNAL MEDICINE/PEDIATRICS

Anderson, Daniela
University of Chicago Medical Center,
Internal Medicine/Pediatrics
Illinois

Kraft, Ira
University of Chicago Medical Center,
Internal Medicine/Pediatrics
Illinois

Parkinson, Melissa
University of Tennessee College of Medicine,
Internal Medicine/Pediatrics
Tennessee

NEUROLOGICAL SURGERY

Gamboa, Nicholas
University of Utah Affiliated Hospitals,
Neurological Surgery
Utah

OBSTETRICS AND GYNECOLOGY

Brink, Vera
Advocate Health Care,
Obstetrics and Gynecology
Illinois

Hu, Sylvia
University of New Mexico School of Medicine,
Obstetrics and Gynecology
New Mexico

Kithas, Antigone
University of Chicago Medical Center,
Pediatrics
Illinois

Nhan, Jennifer
St. Christopher’s Hospital,
Pediatrics
Pennsylvania

Sun, Josephine
University of Nevada, Las Vegas
School of Medicine,
Pediatrics
Nevada

Uchida, Kimberly
University of Colorado School of Medicine-Denver,
Pediatrics
Colorado

PEDIATRICS Education in Pediatrics
across the Continuum (EPAC)

Cornwall, Kylie
University of Utah Affiliated Hospitals,
Pediatrics (EPAC)
Utah

Dennis, Ashley
University of Utah Affiliated Hospitals,
Pediatrics (EPAC)
Utah

Merrick, Spencer
University of Utah Affiliated Hospitals,
Pediatrics (EPAC)
Utah

Miers, Cindy
University of Utah Affiliated Hospitals,
Pediatrics (EPAC)
Utah

Powell, Rebecca
University of Utah Affiliated Hospitals,
Pediatries/Psych/Child Psychiatry
Utah

de Gennaro, Claire
University of Nevada Affiliated Hospitals,
Physical Medicine and Rehabilitation
Utah

PSYCHIATRY

Chan, Douglas
University of New Mexico School of Medicine,
Psychiatry
New Mexico

Ford, Candus
Tripler Army Medical Center,
Psychiatry
Hawaii

Gill, Jasdeep
University of Washington Affiliated Hospitals,
Psychiatry
Washington

Kasera, Surabhi
University of North Carolina Hospitals,
Psychiatry
North Carolina

Rayner, Thomas
University of Nevada, Reno School of Medicine,
Psychiatry
Nevada

Weber, Lana
Oregon Health & Science University,
Psychiatry
Oregon

SURGERY-GENERAL

Olson, Kristofer
University of Texas at Austin Dell Medical School,
Surgery-General
Texas

Schoenhals, Sarah
University of Utah Affiliated Hospitals,
Surgery-General
Utah

Watkins, Ryan
Mayo Clinic School of Graduate Medical Education,
Surgery-General
Minnesota

Evans, Patrick
University of Arizona College of Medicine at Tucson,
Surgery-General – Prelim
Arizona

Arizona Health Sciences,
Urology
Arizona

Foss, Wylie
University of Texas at Austin Dell Medical School,
Surgery-General – Prelim
Texas

University of Texas Medical School – Houston,
Interventional Radiology (Integrated)
Texas

TRANSITIONAL YEAR

Besch, Brian
West Virginia University School of Medicine,
Transitional Year
West Virginia

University of Louisville,
Ophthalmology
Kentucky

Forbes, Brayden
Santa Clara Valley Medical Center,
Transitional Year
California

University of Arizona College of Medicine at Tucson,
Dermatology
Arizona

Kuhn, James
Aventura Hospital,
Transitional Year
Florida

Aventura Hospital,
Radiology-Diagnostic
Florida

Ghaffarian, Amir
University of Washington Affiliated Hospitals,
Vascular Surgery
Washington
It all began four years before with the letter of acceptance to the University of Utah’s School of Medicine. Such an exciting time! It was followed by study and more study. Anatomy, physiology, genetics, pharmacology, data analysis, metabolism and nutrition, then molecular and cell biology, hematology, cancer biology and basic oncology, metabolism, reproduction, circulation and on and on. It could make your head spin, not to mention the sleepless nights studying. Then there were the clinical rotations: family medicine, internal medicine, neurology, ob/gyn, pediatrics, psychiatry, surgery, exciting, but also, at times, terrifying. Studying for the STEPI exams, and, finally, three-quarters of the way through the fourth year, the MATCH. Another exhilarating but scary time, finding out where you’re going to be the next three or more years. It’s a daunting journey, but along the way you became close friends with many of your classmates and teachers, and it was all worth it when on May 18, you walked across the stage in front of your classmates and family and were hooded with your green hood, indicating you are now an MD. Here’s to more thrilling times in the future as you complete your residency and begin your medical career in earnest. Congratulations Class of 2018!
FROM ACCEPTANCE TO GRADUATION

Medical Technology graduates celebrate Rajinder Mann, Cindy Miers, Spencer Merrick, Dane Barton and Elizabeth Nelson.

Class picture 2018
When the Office of Inclusion and Outreach (OIO) was established at the University of Utah School of Medicine, five overarching goals were delineated:

- Create sustainable educational and health partnerships for the purpose of medical student volunteer efforts to the entire Utah community.
- Support partnerships within the School of Medicine and the entire Utah community.
- Maintain an educational continuum through medical school.
- Embrace all medical students’ volunteer efforts to serve the Utah community.
- Lead efforts for cultural awareness and embrace and welcome cultural differences in the School of Medicine and the Utah community.

There are numerous distinct programs the Office of Inclusion and Outreach partner with that reach out to students from elementary school through high school. These include:

**Science Sprouts**: this program targets students grades 1 – 3 and introduces this young population to the wonderful world of science. Science Power (for girls) and Science Navigators (for boys): programs work with students grades 4 – 6 who are interested in science. Students from the Wasatch Front attend five sessions throughout the school year and participate in hands-on, interactive science activities organized and led by medical students from the University of Utah’s School of Medicine.

**Science Masters** is a program created for all students grades 7 – 9 interested in education and careers in science, and offers hands-on, interactive activities led by medical students from the University of Utah’s School of Medicine. Advancing Youth in Medical Education (AYiME) is a summer learning experience designed by medical students to help high school students get a glimpse of what medical school is like. The program runs for five Saturdays each summer.

**Future Doctors** is for high school students and is offered every fourth Tuesday afternoon during the school year. The program hosts guest speakers from a variety of medical specialties, and includes hands-on activities tied directly to the speakers’ specialty.

**Health Sciences LEAP** (Leadership, Education, Achievement, Personal Growth) works with college students their freshman year who are interested in the Health Sciences. Eighty percent of the students that begin in LEAP as freshman go on to pursue graduate level degrees in the health sciences.

**The MCAT Prep** program started in 2001 working with students focused on advanced professional degrees or graduate degrees in the health sciences. Ninety-two percent of those that have completed this program have continued on to medical school, P.A. school, dental school, or Ph.D. programs.

Here is what two of our students have to say about these programs:

“The Science Power program I attended during elementary school was my first real exposure to the medical field. Both of my parents are computer scientists, and we have a lot of engineers in our extended family. Like many pre-teens I had no idea what I wanted to be when I grew up, but I knew that I really looked forward to Science Power on Saturday mornings; that was the first time I had thought ‘Wow, maybe I could be a doctor!’

In high school, I participated in Future Doctors, a program designed to give high school students a bird’s eye view of the medical profession. The summer after my junior year...
in high school, I did research in a lab in the Department of Biology at the University of Utah. My interests in biological sciences further developed, and I entered Washington University in St. Louis as a biology major. In an effort to try to determine whether or not to follow a pre-health track, I chose to do health-related extracurricular activities. One of these was serving as a Peer Health Educator, helping my peers with their own health concerns. Through this, I realized the prevalence of mental health issues on college campuses, as well as how passionate I am about these issues.

I sought out more experiences during undergraduate school in which I could continue to have meaningful conversations with others, for example, by volunteering for a hospice center. I knew I loved biology and wanted to incorporate it into my career, while also maintaining meaningful patient interactions. I came to medical school excited about psychiatry. In med school, I had the opportunity to do psychiatry research, be involved with leadership, and develop a mental wellness smartphone app. My psychiatry rotations during third and fourth year were some of the most exciting and rewarding experiences of my life, solidifying my decision to go into psychiatry. I am SO excited to have matched!”

Surabhi Kasera, MD ’18

The LEAP program was a four year college program that really helped prepare me for medical school. The first thing that the LEAP program helped me with was deciding whether or not I should even be premed. Through the program I gained the confidence to declare as a premed and made the connections necessary to prepare a successful medical school application. Each year, the LEAP program gives you the tools necessary to move toward your goals.

I also participated in the summer MCAT program. Taking the MCAT can be quite daunting. Without the summer MCAT prep, I don’t know if I would have done as well on the MCATs, or even applied to medical school. However, I must admit, my favorite part of the program was how much they fed us!

The Office of Inclusion and Outreach has had a major impact on my journey to medical school. At various stages, they have played important roles in convincing me that this is the right path for me and then reaffirming my decision. As I embark on a new journey attending medical school starting this fall at Case Western, I recognize that I owe the Office of Inclusion and Outreach a great debt of gratitude.”

Peter Ahorukomeye

To learn more about the School of Medicine’s programs in the sciences for elementary through college age students go to the Office of Inclusion and Outreach website: https://medicine.utah.edu/outreach/

Surabhi Kasera at age twelve in the Science Power program

There is so much that goes into applying to medical school. At the beginning of the journey, one really doesn’t know much about medicine. The Office of Inclusion and Outreach played a crucial role for me when I applied to medical school. At the very start of the journey, I participated in the Day of the Dead, a premedical enrichment conference the School of Medicine offers each fall. This event was important because it planted the seed and gave me a dream to chase. After that day, I felt it was not impossible for me to get into medical school.

Surabhi Kasera at residency Match Day 2018 when she matched in psychiatry at University of North Carolina, Chapel Hill.
Dr. Scott Leckman is a distinguished member of the School of Medicine's Class of 1983 and has been recognized by the University of Utah School of Medicine Alumni Association, Rotary International, and St. Mark’s Hospital for his humanitarian work. He has been president of the Salt Lake Surgical Society and the Utah Medical Association; has received the Utah Medical Association’s Distinguished Community Service Award and the Utah Doctor of the Year Award; was recognized by the Utah National Guard with the Minuteman Award; the Girl Scouts with its Courage, Character, and Confidence Award; and was named a Healthcare Hero by Utah Business Magazine. Here’s what he shared in a recent Dean’s Roundtable.

**How did you get involved with polio eradication?**

I’m a Rotarian, and since 1985 the big project of the Rotary has been the eradication of polio. You may not realize it, but Rotary was the very first organization to make polio eradication its goal—even before the World Health Organization, which came on board in 1988.

At that time, there were thousands of kids becoming paralyzed every day in the world—125 countries. That wasn’t that long ago. It’s a worldwide effort now. All governments in the world are engaged. In 2017, there were 22 cases worldwide. It’s the greatest public health initiative in the history of humankind. It’s a tough job, but it’s also an amazing job. We’re getting very close, and we’re hoping that we’ll see the last case soon. But it will take three years after the last case to be confident that it truly was the last case.

Now, I take groups of Rotarians and their friends and families to India, and we get to participate in this great project.

**Tell us about your work with RESULTS.**

I was a surgery resident here at the U, and I had a couple of friends who invited me to a meeting, and I thought, “Gee, do I go to a meeting, or do I go home and get some sleep?” For whatever reason, I went to this meeting, and my life has not been the same since. I learned there were 40,000 children dying every day worldwide of preventable causes—preventable. They were dying for lack of an immunization. They were dying for lack of two cents worth of vitamin A to be given in a year. They were dying because their mothers didn’t know the value of breastfeeding. They were dying for lack of a 10-cent packet of oral rehydration salts. That night was an epiphany for me.

As a doctor in private practice, my greatest frustration is having a patient come to my office with a problem, and not being able to take care of that problem because they lack insurance or don’t have the cash to pay for it. I am willing to provide my services free of charge, but I can’t get a hospital or surgical center to offer theirs. Since day one, this had been an issue for me.

One day, in 2001, a woman who worked for the community health center appeared in my office. She told me about a program in Asheville, North Carolina, that was started by doctors. The County Medical Society in Buncombe County, North Carolina, had started a program that took care of low-income uninsured people, free of charge. She wanted to know if I was interested in visiting this program, with the idea of maybe starting something similar in Salt Lake County.

Now, Salt Lake County is far more complicated than Buncombe County was. We’ve got nine or ten hospitals and four big players. My job was to get doctors on board, while other people in the community worked on the hospitals. I went to every medical staff meeting in the county, gave a spiel, had little cards made up, and asked doctors to sign up, saying that they’d be willing to see patients for free. I suggested they sign up for one a month, which didn’t seem too scary. Very shortly, there were more than 300 doctors in the county who were willing to see patients for free. Now, it’s more than 600 doctors and nearly all the hospitals participate. Since we saw our first patient in 2002, we’ve provided more than $22 million worth of free care.

Since the University of Utah School of Medicine started educating doctors in 1905, thousands of exceptionally talented physicians have gone on to pursue fascinating careers, making important contributions to their respective fields. As a way to connect some of the school’s contemporary alumni back to their alma mater and medical students, the UUSOM Alumni Association, in partnership with Student Affairs, and the Dean’s Office, created a roundtable program where medical students learn about the unique careers of distinguished alumni during an informal Q & A session.“
I was embarrassed by my own way of thinking. Before the meeting, it went something like, “Gee, if there was a big problem that had solutions, somebody would take care of it.” Of course, that’s not the way things work. Things work because people get organized, and they make good policy for things to happen. Then I learned that there were things I could do to help end the tragedy. I could work to understand the issues. I could write letters to my representatives or the editor of my local paper. I could meet with them. These were all things that I could do—that actually seemed like fun. I decided, at that point, that I couldn’t depend on others. I could no longer sit on the sideline; that it was up to me.

At the end of that evening, there was a new RESULTS group in Salt Lake City, and I was the group leader. Our very first project was to increase the amount of foreign aid money we put into an account called the Child Survival Fund. It had been created just the year before, and it was at $25 million. We wanted to increase that amount to $75 million a year.

We met with our members of Congress. We met with the editorial writers at the Deseret News and the Salt Lake Tribune. RESULTS volunteers in other parts of the country worked on their congressional delegation. I remember the aide to Senator Hatch said to us, “Forget it. It’s never going to happen. There’s no money.” That year, we saw the Child Survival Fund increase from $25 million to $75 million. Since that time, we’ve lobbied Congress each year to increase that amount.

Other countries followed the lead of the United States. Now, that account is called the Maternal and Child Health Account. In 2017, it was funded at over $800 million a year. What’s happened with preventable child deaths? Well, in 1985, there were 40,000 a year; today, it’s dropped to 16,000 a year. Public health experts are telling us that we can make it virtually zero by 2035. You know, it’s amazing.

A thing I want to emphasize is that you have a voice and people trust you; as a doctor, they trust you. You have a responsibility to speak out about things that are important. A lot of doctors just don’t think that way. They think it’s somebody else’s job.

If you were in the shoes of current medical students, what global or domestic health issue would you want to tackle?

Well, one of the things that I’m working to change is the lack of access to surgery and anesthesia in many parts of the world. We have more than seven billion people worldwide and five billion of those people don’t have access to timely surgery and anesthesia. Are you kidding me? It’s 2018, and that’s the state of the world? Can you imagine having a child die from appendicitis? Or a woman die in childbirth because there’s no chance of getting a C-section? What an indictment of humanity.

Until very recently, it used to be the expert opinion that surgery was too expensive for poor people, and they should just die. Now, we know that surgery is incredibly cost-effective. Or at least as cost-effective as many things that we agree should be provided—much more cost-effective than antiretrovirals or oral rehydration salts.

Could you speculate on why CHIP and Medicare always seem to be the first on the chopping block, and what medical students can do to help to advocate for these programs?

Members of Congress are elected for reasons other than their knowledge about poverty. Not too many people are elected because they’re experts on poverty; they’re typically elected because they’re successful business people—generally. They’re professionals, you know. They really don’t hang out in many impoverished communities. Now, you’ll see low-income families all the time in your practices. You’ll see how they live, how tough things are.

Privilege is invisible to those who have it. We don’t realize the privilege we have personally. We think we got there on our own, okay? We have this idea. People, who maybe aren’t doing as well, they can see our privilege, but it’s hard for us to see our own. People in Congress, generally, live in a different world.

The only way they’re going to learn about the reality of many, is if you tell them. We need more people reaching out, being active because politicians, they’re responsive, but you have to care enough to make a phone call, write a letter, show up in their office, and tell them how important it is. Most people in low-income communities are really busy just trying to make ends meet. It’s up to those of us who are privileged to pick up a phone, figure out how to call, and muster up the courage to do it. We need to step up.

What are the arguments that you use to convince people at a federal level that they should invest in international aid?

First, you have to come from a place where you’re more interested in getting things done than being right. When you’re talking with somebody, they may not agree with you on anything; you want to look for shared values.

When it comes to investing in foreign aid, people in government often don’t respond to things that people might not see eye to eye on. They do respond to national security. Infectious diseases know no borders. Multidrug-resistant TB gets in the US—New York City spent a billion dollars in the ‘90s treating drug-resistant TB, and the costs are even more outrageous now.

This reminds me of a quotation from Mark Hatfield. He was a Republican Senator from Oregon back in the ‘80s. He said, “We stand by as children starve by the millions because we lack the will to end it; yet we’ve developed the will to develop missiles capable of flying over the polar ice cap and landing within a few hundred feet of their target. This is not innovation. This is a profound distortion of humanity’s purpose on earth.”

—Mark Hatfield

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Back in 1985, when I went to that first RESULTS meeting, I thought that the world naturally evolved to a better state. No, there’s nothing natural about it. It’s because people organize and work hard to make it happen. There are a lot of people out there doing lots of great things, and I know you all will do the same.
On June 24 the University of Utah and the Huntsman Family Foundation announced the creation of twelve presidential faculty chairs at an inaugural luncheon at the U’s Alumni House. The Jon M. Huntsman Presidential Chairs in the health sciences provide sweeping support to academic researchers, educators, and clinicians spanning a wide array of fields. The chairs were funded by a $22.5 million gift from the Huntsman family, and are named for the late businessman, philanthropist, and founder of the Huntsman Cancer Institute. A chair appointment is the highest honor bestowed upon a faculty member. Six chairs were announced in June, the remaining six will be appointed next summer. The appointments are for five years and can be renewed once up to five years.

U. President Ruth V. Watkins said the Huntsman family’s commitment to the U. “is profound and these chairs are yet another testament to their dedication to advancing health research, education and compassionate care.”

The faculty members selected have demonstrated excellence in research, clinical care, and career progression in health sciences and reflect diverse academic disciplines, with appointments in Dentistry, Psychiatry, Population Health Sciences, Biomedical Informatics, Pulmonary Medicine, and Obstetrics Gynecology. “These individuals are recognized leaders in their respective fields,” said A. Lorris Betz, M.D., Ph.D., interim executive dean of the U’s School of Medicine, senior vice president for health sciences and CEO of University of Utah Health. “Their exemplary research and clinical work has already evidenced considerable impact, and with this additional support, they will continue to advance our collective knowledge and improve care in their respective fields.”

The first recipients of the Jon M. Huntsman Presidential Chairs are:

Nathan G. Adams, DMD, MD
Assistant Professor, School of Dentistry
Adjunct Professor, Otolaryngology

Nathan Adams is a board certified oral & maxillofacial surgeon whose research and clinical practice focuses on surgical correction around the face, mouth, and neck. In particular, Adams specializes in addressing jaw deformities that can be particularly painful in order to restore function and aesthetic appearance. At the School of Dentistry, Adams is leading the use of virtual and augmented reality to enhance surgical techniques and instruction. Adams is an active member of the American Association of Oral and Maxillofacial Surgeons, the Utah Society of Oral and Maxillofacial Surgeons, and the American College of Surgeons.

Lowry A. Bushnell, MD, ’81
Assistant Professor, Psychiatry

Lowry Bushnell is a recognized leader in the field of psychiatry, specializing in psychopharmacology, postpartum psychiatric illnesses, depressive and bipolar disorders. He is the president of the medical staff of the University Neuropsychiatric Institute (UNI), and was clinical director of adult patient services from 1986–2012. He has provided electroconvulsive therapy services for persons with severe depression and bipolar disorder for 32 years, and is the clinical director of Treatment Resistant Mood Disorders Clinic (electroconvulsive therapy, neurostimulation and advanced psychopharmacology) at UNI. Bushnell served the State of Utah as chairman of the Drug Utilization Review Board and was the psychiatric representative on the Pharmacy and Therapeutics Committee, as well as the Utah Public Employees Health Plan (PEHP).
Howard T. Sharp, MD
Professor, Division Chief and Vice Chair for Clinical Affairs, General Obstetrics and Gynecology

Howard Sharp is a nationally recognized expert on pelvic pain and surgical complications. As new gynecological surgical technologies emerge and move into practice nationally, Sharp and colleagues analyze data to look for unexpected complications or side effects. In so doing, he aims to raise the safety, reliability, and efficacy for these types of surgeries, thereby improving health on a global scale. Sharp has served as the president of the International Pelvic Pain Society, and the committee chair for Practice Bulletins and Clinical Document Review for the American College of Obstetricians and Gynecologists. Sharp is also the head of the Pelvic Pain Clinic located in the Women’s Pelvic Care Center at University of Utah Health.
University of Utah Health has announced the creation of a new endowed chair, The Dr. Russell M. Nelson and Dantzel W. Nelson Presidential Chair in Cardiothoracic Surgery, to honor the legacy of a medical pioneer and global leader. Now the president of the Church of Jesus Christ of Latter-day Saints, Nelson is a recognized pioneer in heart surgery who led the University’s cardiothoracic program more than 60 years ago. Craig H. Selzman, MD, the division’s current leader, is the inaugural chair holder.

Funding for the chair was made possible through the collective support of numerous donors in partnership with the University of Utah Hospital Foundation and University of Utah Health.

Nelson graduated from the University of Utah in 1945, where he also earned his medical degree in 1947. He did post-doctoral study at the University of Minnesota, where he and fellow researchers developed a heart-lung machine that in 1951 supported the first-ever human open-heart surgery.

“That technological innovation was seminal, and really opened the door to modern heart surgery,” said A. Lorris Betz, MD, PhD, emeritus executive dean of the university’s School of Medicine, senior vice president for health sciences and CEO of University of Utah Health. “When President Nelson returned to our state, he continued to develop innovative new techniques and therapies, and established our university as a leader in this field.”

Nelson became the first surgeon to perform open-heart surgery in Utah using this innovative technology. Driven by a desire to pioneer health, he worked as a surgeon at LDS Hospital and served as a faculty member in surgery and director of the thoracic surgery residency program at the University of Utah School of Medicine for almost two decades, advancing the frontiers of cardiovascular surgery, training generations of cardiac surgeons, and saving countless lives.

The author of numerous chapters in medical textbooks and other publications, Nelson lectured around the world. He has earned multiple awards, including the Heart of Gold Award from the American Heart Association, a citation for International Service from the American Heart Association, the Golden Plate Award from the American Academy of Achievement, and Distinguished Alumni Awards from the University of Utah and the School of Medicine Alumni Association.

Nelson was well known for considering his medical practice a service to others and an expression of his faith. In 1979, answering a call from the Church to build relationships in China, he traveled to Shandong, where he performed the first open-heart surgery in that nation and trained 23 surgeons in the procedure. Today, it is estimated that more than 2,000 surgeries per year are performed at Shandong University’s affiliated hospitals by the surgeons Nelson trained, who are in turn educating a new generation of professionals throughout Asia.

In 1984, Nelson was called to serve the LDS Church and departed his medical career. The division continues to bear his imprint to this day.

Selzman joined University of Utah Health in 2008. He is a highly accomplished and recognized surgeon specializing in complex structural heart disease as well as minimally invasive heart surgery. He has chaired the Cardiothoracic Division since 2015 and is the surgical director of the Cardiac Mechanical Support and Heart Transplant program.

“It is hard to overstate President Nelson’s contributions to his field, and deeply humbling to hold a chair named in his honor,” said Dr. Selzman. “While technology and techniques have advanced, the mission and practice of our cardiothoracic program remains as he established it. We continue to build on the foundation he laid.”

“New Presidential Chair Named for University of Utah Medical Alumnus, Faith Leader, and Renowned Cardio-Thoracic Surgeon, President Russell M. Nelson”
THE CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE (CCTS)
GRANT RENEWAL CONTINUES TRANSLATION OF RESEARCH FROM BENCH TO BEDSIDE

University of Utah Health has received a $22 million, five year renewal of the Clinical and Translational Science Award to help amplify translational research to ensure discoveries reach patients faster and improve health care.

CCTS serves as the central locus of translational research in the Intermountain West and has become the center for combining the efforts of the University of Utah and its partners into a vibrant research enterprise that advances both clinical projects and the science of translational research.

Co-directors Rachel Hess, MD and Willard Dere, MD believe the strength and longevity of partnerships are integral to the organization’s success. To date, CCTS has partnered with Intermountain Healthcare, Utah Department of Health, Community Faces of Utah, and Veterans Affairs Salt Lake City Health Care System at the local level and with the Western Consortium nationally. Through these collaborations, the Utah CCTS have helped tackle projects focused on opioids, dementia, maternal-fetal health, cardiology, thrombosis, and pulmonary research. The renewal funding establishes new partnerships with Utah Health Regional Affiliates and Health Insight, which will strengthen translation of health care from bench to bedside to population.

“Our new collaborations will help us take clinical and translational research out of the ivory tower,” Hess said. “We want to safely and effectively conduct clinical studies in partnership with rural, frontier, and regional hospital systems and believe this approach will increase translation of findings to under-represented groups, including rural and frontier populations, minorities and women.”

Hess also credits the Utah CCTS partnership with the Community Faces of Utah for success in the renewal. Community Faces has been nationally recognized for its work bringing community voices into research. The Utah CCTS plans to establish Community Engagement pilot awards, which will offer a new approach to health care. Rather than researchers going into the community with research ideas, the community will come to researchers with a research question. The Utah CCTS will help these communities partner with the appropriate research team, which hopefully leads to an observational study or clinical trial.

“I believe Utah’s past is the key to our future,” said Dere. “Our record of gene discovery is our calling card.” U of U Health has been at the forefront of genetic science and discovery, identifying genes and risk factors for breast and ovarian cancers (BRCA 1,2), colon cancer (APC), heart arrhythmia (HERG) and 30 more conditions. Experts in gene discovery benefit from the Utah Population Database (UPDB) that matches genealogical, public health, and medical records of more than eight million people, helping uncover inherited genetic mutations that cause disease.

Under the leadership of the National Institute of Health, National Center for Advancing Translational Sciences, the CTSA program supports a national network of 57 actively funded CTSA institutions that work together to improve the translational research to ensure treatments reach patients more quickly.

CCTS co-directors Rachel Hess, MD and Willard Dere, MD, FACP
In March 2018, U of U Health opened Salt Lake City’s first free HIV PrEP Community Clinic offering free HIV prevention to at-risk individuals who are uninsured or underinsured. This is only the second clinic of its kind in the nation.

The HIV PrEP clinic provides Truvada, a new medication for HIV Pre-Exposure Prophylaxis (PrEP) that marks a new step forward in managing HIV. Truvada is taken once a day with minimal side effects and has proven to be more than 90 percent effective at preventing HIV when taken as directed.

Among the biggest barriers to increasing PrEP uptake across the country is lack of health insurance. At a cost of more than $15,000 a year, Truvada is expensive. Most health insurance plans cover the PrEP drug, but the people most at risk for acquiring HIV—young men ages 18-25—are also the least likely to have health insurance.

University of Utah Health is working to address the resulting gap, and its model is one that could be copied nationwide. Along with PrEP, the University of Utah Health clinic offers HIV testing, prevention, treatment, and counseling for sexually transmitted diseases. Patients can meet with a case manager, a pharmacist, and a medical provider during their visits. Clinic physicians work on a volunteer basis to provide care at no cost to the patient—no bill for the visit, labs, prescriptions, or treatments.

Even though Utah has a lower HIV incidence rate than most of the country, it has the lowest rate of HIV testing in the United States. The free PrEP Community Clinic expects to uncover new cases of HIV among people who have never been tested before. The clinic links patients to HIV care and appropriate medical therapy and also hopes to decrease the likelihood the disease will be spread to others.

The free PrEP Clinic launch coincided with Quiet Heroes, a documentary film that debuted at the 2018 Sundance Film Festival. This inspiring story reflected on the early impact of the HIV/AIDS epidemic in Utah and the nation. Infectious disease and HIV specialist, Kristen Ries, MD, and her physician assistant Maggie Snyder, PA-C, were on the frontlines of HIV treatment during the height of Utah’s AIDS epidemic in the 1980s and 1990s. They treated the majority—more than 90 percent—of people with HIV in Utah.

After establishing a comprehensive HIV program with Holy Cross Hospital, Ries and Snyder opened the AIDS/HIV clinic at the University of Utah in 1994. They brought 500 patients from Holy Cross with them, quadrupling the patient volume at the U’s Infectious Disease Clinic. Under their tireless supervision, the clinic was recognized as one of the nation’s top university HIV programs, as well as one with the lowest hospitalization rate.

For decades, Ries and Snyder blended medical treatment with unfailing love and respect for all who came into their care. Today the clinic is staffed with six physicians and three physician assistants, and delivers care to approximately 1,800 patients living in Utah with HIV, regardless of insurance status.

A positive HIV diagnosis remains devastating in spite of modern treatment methods because of the considerable stigma associated with the disease. The hope is that the free PrEP clinic will help assuage the stigma and prevent new incidence of the disease. If that proves successful—over a period of 18-24 months—the expectation is it can serve as a model for community-based HIV prevention elsewhere in the country.
University of Utah Health cardiologist Stavros Drakos, MD, PhD, FACC is one of 27 cardiologists across the country being recognized by Forbes as an exemplary physician in the field of cardiology. Many individuals on the list have served in the top spots of multiple hospitals, contributing a wealth of clinical research to advance the practice of cardiology, in addition to serving on community boards and national organizations.

Dr. Drakos is a tenured clinical faculty and a Nora Eccles Treadwell Investigator at University of Utah Health and School of Medicine. He serves as Medical Director of the Cardiac Mechanical Support Program, Co-Chief of the Heart Failure & Transplant Section and Director of Cardiovascular Research for the Division of Cardiovascular Medicine.

He trained in prestigious North American and European academic medical centers and is licensed to practice medicine both in the U.S. and the European Union. He currently receives patient referrals and consultations from a twelve-state region in the Mountain West and beyond. He has published original scientific work, generated both in the clinical arena and in his lab, which led to the establishment of the award-winning Utah Cardiac Recovery Program. Dr. Drakos is also co-chair of the NIH/NHLBI Working Group on Cardiac Recovery and the Annual International Utah Cardiac Recovery Symposium. He has published numerous medical scientific manuscripts and book chapters and he and his mentees have received extensive medical research funding and several national and international competitive scientific medical awards.

The Forbes list of top cardiologist was generated in partnership with Grand Rounds. The list was developed using an algorithm that assessed physician quality data, among other factors. Grand Rounds’ algorithm includes physician quality data on 96% of practicing physicians in the U.S.

UHealth Otolaryngology Professors Receive National Recognition

Richard Orlandi, MD, received a Vice Presidential Citation from the American Laryngological, Rhinological and Otological Society, a.k.a. The Triological Society, in recognition of his contributions to the field of Rhinology and to the University of Utah Otolaryngology Program.

Clough Shelton, MD, received the Award of Merit from the American Otological Society at the 150 Year Anniversary Meeting. Established in 1949, this annual award is presented to a single individual in recognition of their contributions to the specialty. The Award of Merit is considered one of the highest honors in the field of Otology and Neurotology.
Robert M. Silver, MD, appointed to Lead Department of Obstetrics & Gynecology

In April 2018 Robert M. Silver, MD was appointed Chair of the Department of Obstetrics & Gynecology. Silver has been serving as the interim chair since the departure of C. Matthew Peterson, MD in 2016.

Silver joined the University of Utah Maternal-Fetal Medicine Division as a fellow in 1991. He conducts active and productive ongoing translational research programs with a focus on stillbirth and pregnancy loss, complications of cesarean delivery, and medical complications in pregnancy. His work has resulted in numerous grants from NICHD and NHLBI and more than 200 peer-reviewed publications in numerous journals, including the New England Journal of Medicine and the Journal of the American Medical Association.

Silver is also a strong contributor to the educational arm of University of Utah Health. He has mentored more than 20 fellows in maternal-fetal medicine, with 100% of mentees obtaining academic positions and nine obtaining at least one externally funded grant. He has also received numerous teaching awards during his time at the University of Utah and the University of Colorado, for his work with both fellows and residents.

During his time as interim chief, the department has experienced tremendous growth: including several key hires across divisions; the formation of a new division of family planning; and the initiation of one of the first integrated practice units at U of U Health — the fertility center in collaboration with the Department of Surgery.

Giardino, who was a Professor of Pediatrics and Section Chief of Academic General Pediatrics at Baylor College of Medicine, recently served as the Senior Vice President and Chief Quality Officer at Texas Children’s Hospital. He received both his medical degree and doctorate in education from the University of Pennsylvania, completing his residency and fellowship training at The Children’s Hospital of Philadelphia. Additionally, he trained in public health and theology, earning an MPH from the University of Massachusetts and an MA from the Catholic Distance University in Charles Town, West Virginia.

Giardino has focused much of his career specializing in treating and preventing suffering in children who may have experienced abuse or neglect. He trains health care professionals to recognize the signs of abuse and accurately respond to these patients. Additionally, he educates audiences nationally about how to stop abuse before it occurs. He has used this knowledge for even broader impact, serving on the National Board of Directors for Prevent Child Abuse America, the National Review Board for the Protection of Children, and the U.S. Center for SafeSport.

From a system level and as an administrator, Giardino brings a deep understanding of quality improvement processes and procedures— informs by his robust expertise in clinical care and education. He also brings broad based experience in operationalizing quality improvements through the practices of listening, learning and valuing the perspectives of health care professionals who are on the front lines of care.

“We are extremely fortunate to have a clinician, educator and administrator of Dr Giardino’s caliber at the helm of our department,” said Ed Clark, MD former chair of the department. “Dr. Giardino’s unique background and qualifications make him the ideal choice to continue to drive our commitment — caring for children and caring for their future.”
In the spring of 2018 the University of Utah’s Center for Clinical and Translational Science collaborated with the National Research Mentoring Network to hold a one-day Research Mentor Training course. The more than two dozen participants included employees from the University of Utah’s Department of Family and Preventive Medicine, Department of Pediatrics, Internal Medicine, and more. Attendees ranged from veteran mentors to those just starting mentoring programs and trainings. Dr. Christine Sorkness, RPh, PharmD, from the University of Wisconsin-Madison, along with Dr. Mitchell Feldman, MD, MPhil, FACP, from the University of California, San Francisco, facilitated the training to help attendees develop and improve their mentorship skills.

“Mentoring is important to faculty success,” said Maureen Murtaugh, PhD, RDN, a professor in the Department of Internal Medicine at the University of Utah. “I view it as something I can always do better, so I try to take advantage of opportunities that focus on mentoring.”

Topics and discussions included how to maintain effective communication, align expectations, foster independence, promote professional development, and address equity, inclusion, and diversity as pertaining to mentoring.

The training also included case studies, discussions, worksheets, and activities to allow and help attendees develop mentoring skills that can be applied in a variety of situations.

“It was my first time participating in a training for mentoring and it was a great experience,” said Mia Hashibe, PhD, an Associate Professor in the Department of Family and Preventive Medicine. “Mentoring students and junior faculty is something that faculty do every day, but we usually don’t stop to think about whether we are mentoring in the best way possible. The training course was a great time to reflect on improving mentoring.”

“The skills that I learned, and the practices that I refined, will be shared at the University of Utah with the research administration and research development professionals that I mentor.” said Jan Abramson, a member of the Board of Directors at the National Organization of Research Development Professionals.

For more information regarding mentoring training and development, visit https://nrmnet.net/
University of Utah Physician Assistant program alumnus Kyle Wilkens, MPAS, ’07 led an 11-member medical contingent (ten physicians and Kyle) caring for the American men’s and women’s skiers and snowboarders at the South Korean Olympics last February. Wilkens serves as director of medical services for U.S. Ski & Snowboard, the federation governing America’s national teams in those sports and works four days a month in a sports medicine and orthopedic surgery practice. This was Wilkens’s third Olympics, following Salt Lake City in 2002 (when he was a certified athletic trainer) and Sochi, Russia, in 2014.

The medical staff had scouted PyeongChang to prepare for any emergencies. Wilkens took 10-day trips there in 2016 and 2017, when World Cup ski competitions were held, that tested the sites’ readiness for the Olympics. Each time, Wilkens visited hospitals in PyeongChang, spoke with South Korean medical officials, learned about the resorts’ ski patrols and worked on detailed medical plans for various levels of injuries. The October before the games he shipped three palettes of equipment to South Korea: treatment tables, ice and compression units, first-aid kits, trainers’ kits and the like.

Andrew Cooper, MD was one of Wilkens’s collaborating physicians. The two have worked together for more than a decade, ever since Cooper hired Wilkens to work in the ski clinic he ran. Wilkens presents unique skills, being both a certified athletic trainer and a PA – “the perfect combination,” Cooper says, of “the treatment side and the first-responder side.” “It’s a very challenging job – not one I’d want,” he continues, speaking of Wilkens’s work at the Olympics.

Before the competition began three of Wilkens’s athletes, two alpine skiers and a bordercross skier – were flown back to America for surgery on their ankles and knees. Two had been injured in practice runs, the other hooked a ski tip on a slalom gate during a race, twisting her knee. But, for the most part Wilkens reported this Olympics “was pretty good from an athlete-illness-injury standpoint.”

Like previous Olympics he’s worked, “the medical care for athletes was very good,” Wilkens notes. “There weren’t any major changes [in PyeongChang], just different systems in how it’s delivered. There’s not a lot of worry about the care they’re going to get; you’re just dealing with a very different culture and the language barriers, though they were very good at having interpreters at PyeongChang”.

Besides working at assigned events, Wilkens enjoyed being a spectator for some skiing and snowboarding action. On the sports side, “It’s always satisfying to see the athletes you work with accomplish their goals. As a sports fan, it’s great, because you’re on the highest stage and get to see it in person.”

From left: PA Kyle Wilkens with Dr. Shen and Jason Switzer
Generosity in their Genes—James and Bonnie Parkin

It is a sense of appreciation and a natural progression of caring about the University of Utah and its students, which led Jim and Bonnie Parkin to establish a planned gift in the form of a medical student scholarship at the School of Medicine. The Parkins have been involved with the U for many years, contributing to many different areas. However, they have a soft spot for medical students, and are concerned with the debt many of them are facing upon graduation, so first stepped up as Five for Five scholarship donors, then recently established a planned gift to continue that scholarship into perpetuity.

For the Parkins, philanthropy, the wish to give back and lift someone else up, is innate. They are long time Ute supporters. Jim is an all-around Ute, having attended both undergraduate and medical school at Utah and spent his entire career as a faculty member at the medical school. Bonnie graduated from Utah State with a degree in education and the Parkins have a scholarship in Bonnie’s name at Utah State.

After completing his otolaryngology and fellowship with an MS degree in Physiology and Biophysics, at the University of Washington, Jim was recruited back to the U’s Department of Surgery, Division of Otolaryngology in 1972. After serving for nearly twenty years as division chief, and twice as acting chair of the Department of Surgery, he was named the chair of the department in 1994, then Associate VP of Health Sciences from 1996-1997, he retired with Emeritus status for health reasons in 1997. During that time his research and work creating one of the first cochlear implants for the hearing impaired put him, and the University of Utah’s Division of Otolaryngology, on the map. Meanwhile, Bonnie was helping raise their four sons and was active in church work. She served in many leadership capacities, culminating in 2002-2007 as the general president of the Relief Society of The Church of Jesus Christ of Latter-day Saints.

They both felt it was crucial to instill the importance of giving back in their children, and their son, David Parkin, recently made a significant gift to the School of Medicine to establish their endowment now instead of waiting until they pass away.

The James L. Parkin and Bonnie D. Parkin Endowed Scholarship in the School of Medicine will support medical students forever, serving as a reminder of their interest in assisting medical education and their gratitude and commitment to the school.
Dr. John and Betty Ute are proud Utah alumni. John received his medical degree from the School of Medicine which led to his successful career as a physician. Betty also received her degree in nursing from the U. John and Betty would like to contribute to the School as part of the university’s upcoming campaign, but do not have much cash to give away. They do, however, own various stocks purchased many years ago, some of which are highly appreciated, but paying low dividends.

After contacting the Office of Advancement, the Ute’s learned how they could use appreciated stock to fund a charitable gift annuity (CGA), allowing them to make a significant gift in exchange for a lifetime stream of income. The Ute’s decide to fund a CGA with $100,000 in ABC Corp. stock purchased 30 years ago for $10,000. The ABC stock only pays a 1.5% dividend.

John and Betty, ages 76 and 75 respectively, are eligible for a 5.1% annuity rate based on their ages. By funding a CGA, the Utes will receive $5,100 in guaranteed, tax-favored income per year for life. In addition, the Ute’s will be entitled to an immediate federal income tax deduction in the amount of $42,454 which may be spread out over five years. Also, the Ute’s will owe no tax on capital gain at the time of their gift, rather only a portion of capital gain tax will be due and spread out over the life of the annuity. Conversely, if the Ute’s sold the stock and reinvested it, they would owe tax on $90,000 of long term capital gain in the year of the sale. Finally, the Ute’s will enjoy the satisfaction of knowing they have made a meaningful gift to future medical students by designating the remainder value of the CGA for scholarship support in the School of Medicine.

**Contact us for more information on charitable gift annuities and to take advantage of the new rates:**

Gunnar M. Crowell, JD  Director of Planned Giving  •  801-587-1183  •  gunnar.crowell@hsc.utah.edu
Newly Established Five for Five Expendable Scholarships ($5,000 a year for a five year pledge)
Glenn Tonnesen, MD ’73 and Meredith Tonnesen
Moreno Robins, MD, ’59 and Lavinia Robins

New Endowed Scholarships ($25,000+)
Class of 1966 Endowed Scholarship
Class of 1967 Endowed Scholarship
Joseph M. Heath, MD, ’58 and Coleen Heath
Endowed Scholarship
David S. Parkin establishing the James L. Parkin, MD, ’66 and Bonnie D. Parkin
Endowed Scholarship
Prabhjot (Nina) Grewal, MD, ’03 establishing
The Grewal Family Scholarship
George Gee Jackson, MD, ’45 establishing
the Kristin Wann Anderson and George Gee
Jackson Scholarship
Nabendu S. Pandey, MD, HS, ’71 and Gouri
Pandey Endowed Scholarship

New Planned Gifts
John Meyers, MD ’58* and Susan Meyers
Thomas C. Thomas, III, MD, ’84 and Nina
Thomas
J. Charles Rich, MD ’65 and Jasmine Rich*

New Scholarship Gifts $1,000–$4,999
Gordon Affleck, MD, ’66 and Carolyn Affleck
Raymond L. Alberts, MD ’76 and Linda Alberts
American Endowment Foundation
Kerry Richards Armstrong
Edwin Biddulph, MD, ’66 and Jeanne Biddulph
Richard Bromley, MD, ’67 and Rebecca Bromley
Glen Buchanan, MD, MD, ’98 and Renee’
Buchanan
Thomas H. Caine, MD ’63 and Mary Ellen Caine
Mahlon Christensen, MD, ’67 and Melinda
Christensen
Thomas Crippen, MD ’67 and Joanne Crippen
David Cragun, MD, ’00 and Jennifer Cragun
David W. Dain, MD, ’HS ’63 and Judith Dain
John Dauterman, MD, HS ’01 and Bonnie
Dauterman
Wayne Davis, MD, ’85
David Dong, MD, ’86 and Anna Siu Dong
Michael T. Jones, MD, ’02
David Feil, MD, ’67 and Margrit Feil
Roger Hall, MD, MD, ’67 and Rozanne Hall
Elizabeth Hammond, MD, ’67 and John
Hammond
Suzanne Harrison, MD, ’01 and John Harrison
James Hsu, MD, ’91 and Wendy Hsu
Brandon Hull, MD, ’01 and Rebecca Hull
Craig Johns, MD, ’74 and Rebecca Johns
Gary F. Larsen, MD, ’66 and Suzanne Larsen
Michael Lawson, MD, ’67 and Doris Lawson
Claudia Lindsay and Richard Lindsay
Tze Shien Lo, MD, HS, ’00
Vicky Merchant
F. Neal Mortenson, MD ’60 and Ann Mortenson
Noel Nellis, MD, ’60 and Helen Nellis
Timothy Pingree, MD, ’87 and Lou Ann Pingee
Raymond James Charitable Endowment Fund
Kim Rigby, MD, ’82 and Dwight Rigby, MD, ’79
Shelley Roalstad, MS, ’07
Ronald Ruff, MD ’81 and Jennifer Ruff
Fritz Schmutz, MD, ’91 and Anne Schmutz
Charles Schwab Fund
James P. Seaman, MD, ’75 and Maday Seaman
Howard Sharp, MD, ’47 and Marjorie Sharp
Michael Stevens, MD, ’66 and Ruth Stevens
Kevin Tracy, MD, ’84
Richard Turner, MD, ’80 and Kathleen Turner
Daniel Varga, MD and Beverly Varga
Robert Wong, MD, HS, ’04 and Bona Christison
Robert Wray, MD, ’67 and Diana Wray

New Scholarship Gifts $5,000–$9,999
Matthew Hansen, MD and Lisa Marie Hansen
Brent Horsley, MD, ’67 and DeAnn Horsley
Kumiko Iwamoto, MD, ’67
J. Charles (Chuck) Rich, Jr., MD ’65
William R. Seitter, MD, HS ’94

New Scholarship Gifts of $10,000–$24,999
Child Family Foundation
Val Hemming, MD ’66 and Alice Hemming
Richard Keller, MD, HS ’63 and Sallee Keller

New Scholarship Gifts of $25,000 to $49,999
Russell Clark Realty Company
Stephen D. Quinn and Cyd Quinn

New Scholarship Gifts of $50,000–$99,999
Marriner S. Eccles Foundation
Larry R. Stevens and Sheila Farley Stevens

New Scholarship Gifts of $100,000+
Anonymous, RAGADS Scholarship

Gifts of $1,000+ to the School of Medicine Gift Fund
Grant Belnai, MD ’89
CHG Healthcare
Charles Beyer-Machule, MD ’56 and Janice
Beyer-Machule
Ericksen Family Trust
Pelly Fan, MD, ’95
Fidelity Charitable Fund
Robert Greensides, MD, ’76 and Jill Greensides
Clair S. Hixson, MD ’79 and Constance T.
Hixson, MD ’79
Intermountain Healthcare
Kumiko Iwamoto, MD, ’67
Merit Medical Corp.
Mutual Insurance of Arizona
Myriad Genetics
Teresa Ota, MD, ’88 and Peter Novak, MD ’88
Ross Family Trust
Howard Sharp, MD, ’47 and Marjorie Sharp
Henry Theurer, Jr., MD, ’45 and Ruth Theurer
J. Eric Vanderhooft, MD, ’88
Daphne Wong, MD, ’94
Robert Wong, MD, HS, ’04 and Bona Christison

Current Five for Five Scholarships
Ron Apfelbaum, MD and Kathy Murray, MD
Saundra Buys, MD, HS, ’82 and Joseph Buys
Christopher Carlisle, MD, ’93
Stephanie Carney, MD, ’01 and Kenneth Carney
William Chamberlain, MD and Linda Chamberlain
Albert Chen, MD ’84 and Vivdie Chen
Dennis Coleman, PhD ’80 and Polly Coleman
CHG (CompHealth)
James Freston, MD, ’61 and Margie Freston
Val Hemming, MD, ’66 and Alice Hemming
Robert Hoffman, MD, ’81 and Carolyn Hoffman
Charles Lui, MD and Ming Li Lui
James O. Mason, MD, ’56 and Marie Mason
Michael Metcalf, MD, ’95 and Jane Metcalf
James Parkin, MD, ’66 and Bonnie Parkin
Marvin Rallison, MD, ’57 and Elizabeth Rallison
J. Ronald Rich, MD ’64 and Linda Rich
Donald Shields, MD, ’76 and Virginia Shields
Thomas C. Thomas, III, MD, ’84 and Nina
Thomas

Current Ten for Five Scholarships ($10,000 a
year for a five year pledge)
Kent Jex, MD, ’82 and Terri Jex
Susan Meyers and John Meyers, MD ’58*
Andrew Grose, MD

Dr. Grose served in the US Air Force after his internship and then went into Emergency Medicine. He was involved in the development of EM as a recognized specialty, working at state and national levels with the American College of Emergency Medicine to establish standards and develop a certification board, which he passed in 1980. He and JoAnn got married a week after medical school and their son, Jonathan Avery Grose is an attorney and business man. He enjoys creative writing, skiing, tennis and golf, now that he is retired.

Sharadan Lisk, MD

Dr. Lisk reports that his 45 years of practicing family medicine was a phenomenal career dream come true. He enjoys making woodcut prints. He is a member of the Rocky Mountain Printmaker Alliance and has served as an adjunct faculty member in printmaking, art and design at Northwest Nazarene University in Nampa, ID.

Jon Lloyd, MD

Dr. Lloyd spent most of his career as a general and vascular surgeon in Pittsburgh. He was chairman of the department of surgery at University of Pittsburgh Medical Center-Shadyside, co-founder and medical director of the Pittsburgh Regional Healthcare Initiative, and received the Association for Professionals in Infection Control National Leadership Award in 2007. He has served on numerous humanitarian medical missions and was the recipient of the SAMS Pittsburgh Chapter Humanitarian Award in 2017. He skis at Alta every February.

Glenn Warden, MD

Dr. Warden spent his career in general and critical care surgery as a burn surgeon, first at the University of Utah, from 1977-1985, then as director of the Burn Division of the Department of Surgery at the University of Cincinnati and the chief of staff and director of research at the Shriners Hospital for Children -- Cincinnati Burns Hospital from 1985-2004. Following that he was Professor and Vice Chairman of Surgery in the Section of Trauma and Intensive Care, University of West Virginia, and from 2014 until present, Professor of Surgery, Section of Trauma and Intensive Care at the Charleston Campus of the University of West Virginia. He has been married to Norie for 47 years and they have four children and 10 grandchildren.

CLASS OF 1980

John Lowe, MD

Dr. Lowe is retiring in September 2018, after serving for the last 10 years as the head of the Research Pathology Department, at Genentech, Inc. in South San Francisco, CA. He has enjoyed his career as a scientist, pathologist and administrator but states he has been an underachiever, relative to his two medical school cadaver dissecting partners - David Bjorkman, former Dean of the U of SOM, and Wayne Samuelson, recent Interim Dean. In retirement, he hopes to catch up on life – spending time with his daughters, son-in-laws and grandchildren, traveling with wife Kimberly, and enjoying the many outdoor activities in Santa Fe, New Mexico where they recently moved.

CLASS OF 1993

Kurt Dickson, MD

Dr. Dickson reports he is not dead yet, which he feels is quite an achievement. He lives and practices emergency medicine in Glendale, AZ. He is a 69-time US Master’s Swimming National Champion, ranked number one in the world for the over 50 year age group in the 1500 meter swim. He swam the 28.5 mile 20 Bridges Swim around Manhattan, NY and received the Eurotunnel Award for the fastest 2017 English Channel swim from the Channel Swim and Piloting Federation. His favorite memory from medical school was getting away from it to golf with Mike Biddulph.

Mona McArdle, MD

Dr. McArdle has worked for fifteen years for a small independent urgent care center in Southern Oregon. She has dual roles as a medical director/administrator and a patient care provider. She’s hoping to get more involved with some medical overseas trips in the future. She has two amazing, healthy, challenging teenage children and a wonderful partner of over four years who is also in medicine and has gotten her back into outdoor activities such as white water rafting.

CLASS OF 2003

Bonnie Randolph, MD

Dr. Randolph works in family medicine in Torrington, WY where she does clinic full-time; covers the ER, does operative OB, and provides hospitalist services for the Critical Access hospital. She’s enjoyed serving as a Goshen County EMS Director, being a clinical instructor for MS III students for WAMI, and also teaching in University of Wyoming’s nurse practitioner and residency programs, and in Heritage University’s physician assistant program. She keeps busy with caring for a one acre garden and doing wood working.

CLASS OF 1998

Thomas Clark, MD

Dr. Clark spent eight years in the US Navy traveling the world. The past 12 years he’s worked in Logan with Intermountain Healthcare as a family doctor, doing a full-spectrum practice. His practice included obstetrics until this year. He practices as a diabetic specialist and has published and lectured around the country speaking on diabetes.

Anne Perry, MD

Dr. Perry has spent the last five years going from being a general hospitalist to a cardiac hospitalist, to a primary care provider and back to a general hospitalist. She has endured a period of burn out, paid off student loans, learned electronic medical records, learned how to re-word all her notes to track acuity and lengths of stay and bill properly, learned to manage mid-levels, medical students, and endure administration. She took up bike racing a few years ago and is a three time national champion in her age group for women’s road racing. Last year she took 3rd place in the pro women at the Leadville mountain bike race so figures she can still try to hang with the young ladies.

For expanded updates visit www. medicine.utah.edu/alumni/ community/class-updates

To update your information or share your activities in News Notebook go to www.medicine.utah.edu/alumni and click on the Update Us link.

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If you believe you know the identity of the person in the photograph, send your guess to somalumni@hsc.utah.edu by November 1, 2018. We’ll draw one of the correct responses and announce the winner in the winter edition of Illuminations. The winner will receive a $25.00 Amazon gift card from the School of Medicine Alumni Relations office.