

Graduation by the numbers



College of Nursing On May 7, at Kingsbury Hall, 258 students graduated from The University of Utah College of Nursing, receiving 175 bachelor's, 59 master's, 20 doctorates of nursing practice (the first group of graduates to receive this new degree), and four Ph.D.s. Two BSN recipients **Don Sorensen** and **Susan McChesney** (pictured above), received the Dean's Award for Outstanding Baccalaureate Student, from Dean **Maureen Keefe, R.N., Ph.D.** (center).



College of Health The University of Utah College of Health convocation speaker Earth Reiser advised graduates "to look straight ahead into the eyes of each and every person you meet because these are the people that you will not only be helping but inspiring for the rest of your life." On May 7, at the Jon M. Huntsman Center, The College of Health awarded 728 degrees, including 508 bachelor's, 141 master's, 35 doctorates of physical therapy, 9 audiology doctorates, and 35 Ph.D.s.



College of Pharmacy **Jessica Hunt** was awarded her Pharm.D. by Dean **John W. Mauger, Ph.D.** (left) and Associate Dean for Academic Affairs **Mark Munger, Pharm.D.** Hunt was one of 82 students who graduated from The University of Utah College of Pharmacy on May 8 in the Olpin Union Ballroom. Graduates included 49 Pharm.D.s, 3 master's, and 30 Ph.D.s. **Shawn C. Owen, Ph.D.** received the 2009 Wolf Prize Award and **Barbara Roper, Pharm.D.** received the 2009 Elizabeth Furhman Gardner Prize.



Back to the future of stem cells

Linda L. Kelley, Ph.D., director of the University's Cell Therapy Facility, opens one of the liquid nitrogen vats where stem cells are processed and stored at the coldest temperature possible and then made available for clinical studies and basic research.

With President Barack Obama's recent easing of funding restrictions on embryonic stem cell research, and the support of key longtime supporters of stem cell research, such as Utah's senior U.S. senator, Orrin G. Hatch, the University of Utah is poised to make its mark in cell therapy and regenerative medicine.

Several large vats of liquid nitrogen at the University's Cell Therapy Facility keep stem cells frozen at 190 degrees Celsius. "It shuts down the cells' metabolism so they don't age," says **Linda L. Kelley, Ph.D.**, director of the University's Cell Therapy Facility. "At that temperature, stem cells could last 40 or 50 years."

The Cell Therapy Facility is the hub for much of the University's stem cell research, processing and purifying the cells for transplanting in leukemia and lymphoma patients and for clinical trials to treat diseases of the heart, kidneys, and peripheral arteries. Kelley, professor of internal medicine, who has researched stem cells from the beginning of her career in the early 1990s, says clinical research is just catching up with the breakthroughs in basic science research over the past couple of decades.

But she expects President Barack Obama's economic stimulus package, which funnels more money into clinical research and trials, to accelerate translational research using stem cells. The U School of Medicine's Program in Cell Therapy and Regenerative Medicine is poised to build on this momentum. **Lorris Betz, M.D., Ph.D.**, senior vice president for health sciences, executive dean of the medical school, and University of Utah Health Care CEO, says stem cell research and therapy "represents a totally new approach to treating many chronic and debilitating diseases. It could transform the way we treat disease."

Mario R. Capecchi, Ph.D., 2007 Nobel Laureate in Physiology and Medicine agrees. "The therapeutic potential for embryonic stem cells and induced pluripotent stem cells (adult stem cells that can be induced to return to their embryonic state) for many major human diseases is enormous. Now the hard work needs to be done so that this potential may be reached," says Capecchi, distinguished professor of human genetics and biology.

Scientists long believed stem cells existed, but it wasn't until the 1960s that their existence was proven. Embryonic stem cells (ESCs), which are taken from frozen embryos in the earliest stages of human development, are considered particularly valuable because they

have the ability to turn into just about any cell type in the human body. But the use of ESCs harvested from frozen embryos has created a heated ethical controversy, prompting former President George W. Bush to ban federal funding for such research. In recent years, however, the discovery of induced pluripotent stem cells and the finding that regular skin cells can be "reprogrammed" to act like ESCs may defuse the controversy.

These developments have increased potential for using all types of stem cells in research and treatments, according to Kelley. "There probably won't be one best stem cell source," she says. "Many doors will open."

Along with basic science investigation, current stem cell research at the University includes three clinical trials in which physician/researchers are investigating whether patients' own adult stem cells can help regenerate new tissue in damaged hearts and kidneys, as well as blood vessels in the legs of people with peripheral artery disease.

The stem cell facility also is home to the U's umbilical cord blood donation program, which, with the mother's permission, harvests stem cells from the blood of umbilical cords of newborns. Previously, patients who've undergone chemotherapy or radiation treatment for leukemia and other diseases received bone marrow transplants to replace stem cells killed by cancer treatment. But transplanting cord blood stem cells has proven to be a better method. The cord blood program, which started at University Hospital in 2008, recently expanded to include St. Mark's Hospital in Salt Lake City.

In addition to directing the stem cell facility, Kelley conducts her own research. She's the principal investigator on a new \$5 million National Institutes of Health grant aimed at bringing a stem cell therapy for amyotrophic lateral sclerosis (ALS) to clinical trials within five years. The grant, in partnership with University of Utah spinoff Q Therapeutics Inc., will enable critical manufacturing and testing necessary for U.S. Food and Drug Administration approval to bring a cell-based therapy for ALS, also called Lou Gehrig's disease, to human clinical trials.



STEVEN LEITCH

School of Medicine On Saturday, May 23, at Kingsbury Hall, 287 students graduated from The University of Utah School of Medicine, including 37 bachelor's, 106 master's, 48 Ph.D.s, and 96 doctors of medicine. Among those students receiving their M.D.s were (left to right) **Scott Sorenson, Juliana Simonetti, Mili Shum, and Eric Schlekeway.** AAMC President Darrell G. Kirch, M.D., gave the commencement address entitled "The White Coat Becomes Real," challenging the graduates to ask and answer tough questions about our health-care system.

Love for Children Inspires Huntsman Researcher to Specialize in Pediatrics/Genetics

When **Debra Regier, M.D., Ph.D.**, was recruited to be part of a genetic research team for the Huntsman Cancer Institute in 2000, she figured her student days were finally over. Fresh out of graduate school with her doctorate from Wake Forest University in North Carolina, a job in Utah seemed to be a great first position for the native Californian. But long hours in the lab lead her to begin questioning her chosen career path. In 2005, she decided to explore making the transition "from mice to people" by enrolling in the U's medical school.

On May 23, Regier, one of only a few Ph.D. holders in her medical school class, reached another milestone in her education by graduating from the School of Medicine, adding a few more impressive letters next to her name. Later this summer she will begin a residency program in pediatrics/genetics focusing on metabolic disorders, at the Children's National Medical Center in Washington D.C. Regier was the only medical school graduate in the nation chosen to do the combined program this year.

Her love for children, she says, is a big part of the reason for choosing her specialty. "We've become really good at treating childhood conditions, but we're now trying to figure out how to treat them when these kids become adults. I really wanted to participate in finding the answers."

Much of Regier's free time is spent playing and laughing with the pre-school kids at her church. She brings that same passion for children to her work. "It's not often you see someone in a white coat on the floor with a bunch of two year olds," she says, "but that's what I love to do. Now, I have a chance to truly make a difference and to be part of these kids' lives for a long time."

Debra Regier, M.D. Ph.D., celebrates her medical school graduation with her mother, Viola Regier, Rock Hill, S.C., and her aunt, Ruth Hooge, North Vancouver, B.C., Canada. "I'm so proud of my daughter," says Viola Regier (far left). "It's wonderful to see how God has gifted her and how she is using it."



studies, grants & research

► Autism is now featured on the cover of magazines and in television specials, but for decades it was considered a rare and obscure condition. According to **Bill McMahon, M.D.**, chairman and professor of psychiatry, who saw his first autistic patient in 1976, "there's still a long way to go to improve treatment." McMahon believes that "collaboration is absolutely necessary to unravel the mysteries of autism." Several U researchers recently co-authored three autism studies featured below.

Psychiatry chairman and professor **William M. McMahon, M.D.**, **Hilary Coon, Ph.D.**, professor of psychiatry, and **Judith S. Miller, Ph.D.**, associate professor of psychiatry, were co-authors on two major international studies, published in late May in *Nature*. One study identified a common gene variation that occurs 20 percent more often in children with autism than it does in typically developing children. The second study identified new copy number variations in genes and genomic regions that are more likely to be disrupted in children with autism. The studies provide additional evidence that autism is caused, at least in part, by abnormal nerve connections in the brain.

In an April study in *Pediatrics* online, **Deborah A. Bilder, M.D.**, assistant professor of psychiatry, and several U psychiatry colleagues showed that women who give birth at 35 or older are 1.7 times more likely to have a child with autism spectrum disorder (ASD), compared with women who give birth between the ages of 20-34. Children diagnosed with ASD also were nearly 1.8 times more likely to be the firstborn child and were more than twice as likely to have been breech presentations.

In the March online issue of *Autism Research*, U psychiatry researchers led by **Megan A. Farley, Ph.D.**, published findings that showed Utahns who participated in an autism study 20 years ago had a higher social outcome than those in similar studies. The researchers found 82 percent of the people in the study had very good, good or fair social outcomes, based primarily on an individual's ability to hold employment, live independently or semi-independently, and have meaningful social relationships.



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KRISTAN JACOBSEN

Department of Psychiatry researchers collaborated on three recently published studies on autism. Pictured here clockwise from bottom left are **Judith P. Zimmerman, Ph.D.**, **Judith S. Miller, Ph.D.**, **Hilary Coon, Ph.D.**, **Deborah A. Bilder, M.D.**, **Bill McMahon, M.D.**, and **Megan A. Farley, Ph.D.**

► As part of a new nationwide clinical study, the Mood Disorders Clinic is testing whether an investigational medication may help stutterers achieve more fluent speech. **Michael Blomgren, Ph.D.**, associate professor of communications sciences in the College of Health and the study's principal Utah investigator, said a medication potentially could provide additional help for people who haven't responded as well to speech therapy.



STEVEN LEITCH

▼ Pelvic floor disorders, such as pelvic organ prolapse (POP) and stress urinary incontinence, may have a genetic link, researchers led by **Kristina Allen-Brady, Ph.D.** (pictured below), assistant professor of genetic epidemiology in biomedical informatics, found in a study published in the *American Journal of Human Genetics*. The researchers studied DNA from a total of 70 women who received treatment, usually surgery, for moderate-to-severe POP.

Genetic analysis of this DNA showed significant evidence that genes located in a region of the genome called chromosome 9q21 may be inherited together in related women who have POP. The study's authors included: **Lisa A. Cannon-Albright, Ph.D.**, senior author and professor of biomedical informatics; **Peggy A. Norton, M.D.**, professor of obstetrics and gynecology and chief of urogynecology; **James M. Farnham**, biostatistician, and **Craig Teerlink**, doctoral student, both of the Department of Biomedical Informatics.

Feedback Correction

In an article in the April 2009 issue of *Pulse* "Neurologist John Rose Works Tirelessly to Care for MS Patients," we mistakenly identified **John Rose, M.D., Ph.D.**, at one point as a muscular dystrophy specialist. He's a multiple sclerosis specialist. We sincerely regret the error. Following is his response:

There is a common misconception concerning neurologic diseases. The one I deal with is multiple sclerosis: This is restricted to injury in the brain and spinal cord. Other problems that are commonly confused due to names or types of observed disabilities include:

- *Muscular dystrophy: genetic muscle diseases*
- *Myasthenia Gravis: a disease that affects transmission from peripheral nerves to the muscles.*
- *Guillian Barre and polyneuropathies: disease of the peripheral nerve.*

All of these diseases cause weakness and difficulty walking is common with all of them. All of the diseases are often autoimmune except for muscular dystrophies, which are genetic in origin. Perhaps you could put something like this in Pulse and it would help everyone.

John Rose, M.D., Ph.D., professor of neurology



Letter to the Editor

I appreciate your Nurse's Week edition of *Pulse* but had a concern regarding the old list of nurse's responsibilities from the late 1800s ("Duties of the Floor Nurse"). It's nice to see how far we have come in the last 120 years. Unfortunately, though exaggerated, outside of the nursing profession, this is frequently still the image of nursing. I recently read an Op-Ed today in the *Baltimore Sun*, which reinforced my feelings of the problem ("Viewpoint: To solve nursing shortage, change attitudes about nurses," by Sandy Summers May 12, 2009.) Summers writes: "Many people still believe that nurses are subordinate, scut-work saints, rather than professionals with critical-thinking skills honed by years of college-level education . . . Yet today, 3 million registered nurses play a central role in U.S. health care, saving lives and improving outcomes countless times every day."

In addition to the hundreds of registered nurses (RNs) who work at University Health Care, there are about 120 nurse practitioners (NPs) here. In Utah, NPs are licensed independent practitioners who provide high quality, cost effective primary, acute and specialty health-care services similar to those of a physician. NPs have graduate degrees (many have doctorates) and advanced clinical training. NPs focus on health promotion, disease prevention, and health education and counseling, guiding patients to make smarter health and lifestyle choices.

Lee Moss, NP, Burn Center, Utah State Rep. to the American Academy of Nurse Practitioners



a note from lorris betz

Dear Colleagues:

This summer we celebrate the completion of two major strategic initiatives at University of Utah Health Care that will fundamentally change the way we care for patients: The implementation of a computerized provider order entry system (CPOE) in May, and the opening of the newly expanded University Hospital in July.

If the ability to adapt to change is a measure of the vitality of an organization, it's safe to say we have never been stronger.

The first milestone—the switch to computerized orders—went remarkably smoothly, and I want to personally thank each of our providers for their commitment to the process. Only two percent of U.S. health-care organizations have implemented CPOE organization wide, and University of Utah Health Care has now joined that select group. It's important because CPOE has demonstrated that it improves job efficiency, cost savings, patient satisfaction and, above all, patient safety and quality of care. Such a smooth transition wouldn't have been possible without the full engagement of our clinical faculty and staff.

The second, more visible milestone is the completion of the hospital's new lobby and west pavilion, which will open July 1. I want to thank each of you for your patience and understanding during the sometimes noisy and inconvenient construction. After years of planning and building, University Hospital will be able to offer private rooms to all of our patients. This improvement provides the foundation for an exceptional patient experience, and I'm confident that our clinical staff will make that experience happen for every patient, every time.

It's time to celebrate. I hope that you and your family will join us on Thursday, July 16 at the Ribbon Cutting and Open House for this spectacular new facility.

There will be food, self-guided tours, giveaways, and most importantly a chance for us to come together to celebrate the beginning of a new era for our health-care system.

I look forward to seeing you there.

Lorris Betz, M.D., Ph.D.
Senior Vice President for Health Sciences
Executive Dean, School of Medicine
CEO, University Health Care



Emergency Preparedness

H1N1: The Challenges of Facing a Pandemic

In April, a worldwide alarm was raised: the next global pandemic was quite possibly emerging from Mexico. Dubbed Swine Flu, this novel influenza A strain had jumped from swine to humans. Hospital systems around the world quickly mobilized to determine an appropriate response for what later became known as the H1N1 influenza. At University of Utah Hospitals & Clinics, **Thomas Miller, M.D.**, chief medical officer, associate professor of internal medicine, and resident “flu czar,” met with the Emergency Preparedness team, infectious disease experts and others. They pulled out their pandemic plan that had been developed years before during the Bird Flu outbreak, rolled up their sleeves, and set to work.

“Our first priority,” Miller says, “was to develop a testing and treatment protocol.” The Centers for Disease Control and Prevention (CDC) guidelines were liberal, recommending treatment for those who were suspected of contracting the Swine Flu as well as preventative treatment for health care providers, the immunosuppressed, and those who might be traveling. The reality was that supplies of antiviral medications Tamiflu and Relenza were exceedingly sparse within the system. “We had no more than 22 treatment courses of Tamiflu,” says **Jeanmarie Mayer, M.D.**, University Hospital epidemiologist and assistant professor of internal medicine. “It was impossible to adhere to the CDC guidelines with such limited supplies of the drug.” Hospitals across Utah experienced similar situations.

The question of how to allocate a limited supply of medication became a very important one. At the same time that signage, masks, hand sanitizer, and more were being efficiently distributed across the system, Miller pulled together an interdisciplinary team to determine measured treatment protocols. “We had some very challenging discussions about when and who to treat,” says Miller. “And we had to amend our treatment guidelines on a daily basis as Tamiflu supplies became more available.”

Devon Hale, M.D., medical director of the Travel Clinic and professor of internal medicine, encountered these challenges from day one. “The CDC guidelines state that we should proactively treat people traveling to Mexico. But when supplies are limited, it's a hard decision to free up treatment courses for people going on vacation

when there might not be enough to treat infected patients walking through the door.” The matter became less tense when the Pharmacy department obtained 176 courses. Within two weeks, they were able to build the University of Utah Health Care supply to 1,000 courses, even as other local systems continued to have tight supplies.

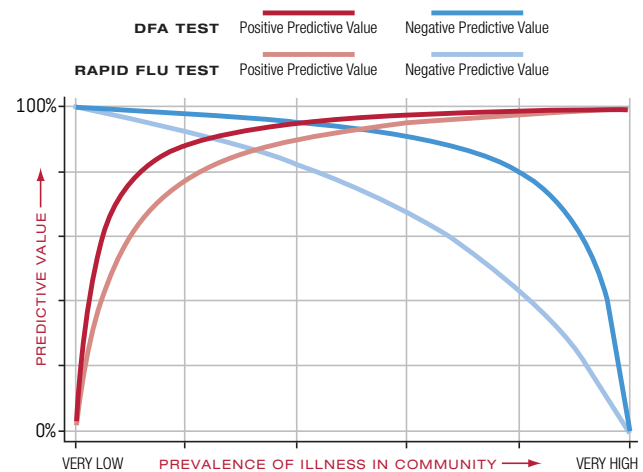
In reality, though, even a healthy supply of Tamiflu is not a magic bullet. If taken within 48 hours of symptoms starting, antivirals lessen the length of the illness by about a single day and the severity of the illness somewhat. According to the only non-corporately funded flu drug review to date, carried out by the Cochrane Collaboration in Rome, antivirals do not stop people from becoming infected; although they do decrease the amount of virus that is aerosolized when sneezing and also reduce such complications of flu as bronchitis and pneumonia. However, the review strongly recommended that antivirals should not be prescribed routinely or used for seasonal flu outbreaks. Viruses evolve incredibly efficiently, and when antivirals are broadly used, viruses may quickly become resistant. During the Southeast Asia bird flu outbreak, 16 percent of children given Tamiflu already showed viral resistance to the drug. “The real lifesaver,” Miller states matter-of-factly, “is frequent hand washing and staying home when you're sick.”

Issues with antivirals were not the only challenge facing the pandemic team. Providers needed to know what clinical test to use to confirm or rule out H1N1 flu. Since it was a new flu strain, the only lab in the country able to confirm infection with the virus in the first few weeks was the CDC in Atlanta, Ga. After the samples reached the CDC, patients and providers didn't receive the results for another three to five days. Two other tests offered providers a clue about a patient's status in a more timely fashion: the rapid flu test and a more thorough nasal swab called a respiratory viruses DFA with reflex to viral culture, or DFA for short. Although these tests couldn't determine which strain of influenza a patient had, they did offer some sense of whether a suspected case was, in fact, any kind of flu.

Although H1N1 seems to be slightly less virulent than the seasonal flu, that may not be the case this winter. Some epidemiologists suspect a resurgence of a possibly



The CDC recommendation for health care providers treating flu patients is: N-95 respirators (properly fit-tested), gowns, gloves and protective eyewear for prolonged exposure, close contact or aerosolizing procedures. Read the full personal protective equipment guidelines on the intranet.



“Interpreting test results is tricky and not entirely intuitive,” says **Michael Rubin, M.D., Ph.D.**, assistant professor of internal medicine. “Statistics have shown us that more false positives occur at the beginning of an outbreak when the prevalence of the illness in our community is very low.” To lessen the chances of false negatives and positives from tests, the team recommended the DFA test instead of the less-sensitive rapid flu test. Overall, the DFA test has a better predictive value than the rapid flu test for both detecting flu and ruling it out.

stronger H1N1 may occur. In the meantime, clinicians and leadership at University Health Care remain vigilant. Appropriate personal protective equipment and training is available throughout the hospitals and clinics. The pandemic team continues to update its testing and treatment guidelines and to stay abreast of the prevalence of the illness in our local, national and international communities. “We have learned a lot and feel as well prepared as we can be in terms of our training, stockpiles of supplies and medicine, and our overall ability to respond quickly and effectively for our community,” notes Miller.

—by **Michael Mozdy**, internal communications manager, University of Utah Health Sciences Office of Public Affairs

Transitions



Karen Reimherr, R.N., has been named the new nurse manager for the Neuro Critical Care Unit at University Hospital (NCCU). Reimherr has a rich variety of nursing experience, most recently serving as the Clinical Nurse

Coordinator for Neuro Critical Care. "I have no doubt Karen will be highly successful in this position and lead the NCCU to become the standard for all neurological critical care units across the country," said **Jeremy Fotheringham, R.N.**, director of Critical Care and Cardiovascular Services.



Emily Salisbury, R.N., is the new nurse manager for Surgery Clinic 5. Salisbury, who celebrates her 10-year anniversary with University Health Care this year, has served as charge nurse in the Endoscopy Center and clinical nurse coordinator for

the Huntsman Cancer Hospital Short Stay and PACU units. Most recently, she was the surgical cancer nurse for the GI oncology program at the Huntsman Cancer Institute.



Terry Anderson, R.N., has been named the nurse manager of the Anesthesia Workroom at University Hospital. He's also serving as the nurse manager for Same-Day Surgery. **Kathy Adamson, R.N.**, administrative director for Periopera-

tive and Trauma Services, says Anderson has a proven track record of patient, physician, and employee satisfaction.



Internal Communications

Intercomm: the Intranet Gets an Overhaul

Managing all of the new communication tools designed to make our lives more efficient is a modern-day challenge. E-mail inboxes are bursting at the seams—democratically displaying vital messages among ubiquitous spam. Important Web sites required to do our jobs can get lost in a long list of favorites, which change from computer to computer. And yet, in spite of what seems to be a constant barrage of communication, we sometimes don't receive information about key events.

The challenges on the other side of the server are just as overwhelming. Figuring out how to communicate effectively and efficiently to the 24,000 University of Utah Health Sciences staff, faculty, and students is a colossal task. Which is why the Public Affairs internal communications staff, with the help of a broad interdisciplinary team, spearheaded an effort to revamp the University of Utah Health Sciences intranet site. "We met with a vast range of professionals from IT, HR, clinical teams and academics to make a Web portal page that met many needs," says **Kim Wirthlin**, vice president for Public Affairs & Marketing.

The new one-stop shopping intranet site, called Intercomm, will go live later this summer. In addition to re-organizing the multitude of links employees and faculty use every day, and the ability to customize the page to meet your personal needs, Intercomm also offers an entirely new way of messaging to employees, an internal events display, and banners advertising the news of the day. "It provides tools that this organization sorely needs," Wirthlin adds, "like the ability to target messages to specific groups of people." These "notices" were developed to take the load off e-mail, which is sometimes clogged with messages that are not particularly job-critical. The vision is that e-mail will be freed up for urgent, high-priority and job-essential communications.

Perhaps the most critical aspect of Intercomm, however, is that it can help employees work more efficiently. Instead of hunting for links to resources, employees can browse well-organized tabs of links and even click and drag frequently used links into their "My Links" container. What's more, "gadgets"—links with advanced functionality built right in—have been invented to pull functionality directly to the Intercomm page rather than hiding it three clicks deep on another page.

Intercomm will also provide the ability to better advertise important events to faculty and employees through Web banners and a new internal events calendar. "There so many departments and entities wanting to share their message with the rest of the organization," says **Chris Nelson**, director of Public Affairs. "Intercomm provides a standard platform—available to everyone at any time—where groups can have their message seen."

Once it goes live, employees will be asked to set Intercomm as their browser's home page and check it at least once a week to stay abreast of important notifications. Employees must log in to Intercomm using their uNID and password. Not only is this an increased security measure to protect sensitive internal information, it also allows employees' job codes, department codes and other information to be passed along to other Web applications, which will help to efficiently direct them to the right resources.

"The future potential of Intercomm is exciting," says **Jim Turnbull**, chief information officer for University Hospitals & Clinics. "There are great possibilities for presenting important metrics to managers and leaders across the organization with just a click of a button—all customized to that manager's position in the organization."

Watch for Intercomm in the near future. Access it by typing "intranet" or "intercomm" in your browser's address bar when you're on campus, or by visiting <https://intranet.uuhsc.utah.edu> when at home. After you log in, you can read more on the Frequently Asked Questions page and also view an introductory training video.

Off the Clock

"Wapiti Mama" Brings Joy to Children Fighting Cancer

For thousands of children who have wrestled with cancer, "Wapiti Mama" has helped them get dirty, play hard, and remember that they can have fun just like other kids. At Camp Hobé, children ages 4 to 19 from across the Intermountain West have the opportunity to build friendships with other children experiencing cancer. "The camp made me feel better about having cancer, because it showed me I could still do fun stuff like rock climbing and swimming, and go to dances," says Devin Ross, 12, who attended for three years.

Part "mama" and part medicine woman to campers, Wapiti Mama—also known as **Christina Beckwith, Pharm. D.**—is Camp Hobé's executive director. She logs about 1,000 hours annually to create a memorable experience for campers, many of whom return home to hospital stays, chemotherapy, and worried parents. "If my kids

see another kid with a mask on at the hospital—usually a dead giveaway of cancer—the first thing my son asks is 'Have you been to Camp Hobé yet,' says Alisa Ross. "In his eyes, that is the only good thing about cancer."



University of Utah Drug Information Specialist **Christina Beckwith** (third from left) donates more than 1,000 hours a year as executive director of Camp Hobé, a summer camp for children with cancer and their siblings. Two week-long camps and a day camp in June require roughly 15,000 volunteer hours from the whole Camp Hobé team, some of whom are pictured above. If you're interested in donating to or volunteering at the camp next year call (801) 631-2742 or visit www.camphobekids.org.

A drug information specialist at University of Utah Hospitals & Clinics, Beckwith has watched the camp grow from about 80 kids in 1989 to almost 200 today. Beckwith started as a counselor in 1989 to fill an elective requirement for her pharmacy degree. "It just clicked for me," says Beckwith. "At work I'm in this serious, bookish environment, and then I get to go be silly and have fun with the kids for two weeks every summer."

"Chris's commitment to these kids is phenomenal," says Assistant Director Ron Hansen, who first volun-

teered at the camp as a teen while his sister fought thyroid cancer. "She has this incredible mind and can step up to just about anything. At the same time she can pull pranks with the kids and get them laughing."

Beckwith says the experience can be both heartbreaking and hopeful. "I've seen kids grow up; I've also seen kids die, and that's hard" she says. "But camp isn't heartbreaking because these kids are so in the moment, resilient, and having an absolute great time."

A unique aspect of Camp Hobé is that it includes siblings. When a child has cancer, the camp realizes the whole family is affected. Often siblings feel alone in dealing with the fears and sacrifices they have to make. At Camp Hobé, they connect with other siblings. It also gives overwhelmed parents a much-needed break. Campers (and their siblings) can attend while they are going through treatment and for three summers after. If they relapse, they get to return.

To make it all work, the camp depends on the generosity of more than 100 volunteers, 10 percent of whom are medical staff from Primary Children's Medical Center and other local hospitals and clinics. Having such medical expertise allows kids to participate in most every activity. For example, a child who has a central line can go swimming because there is staff available to change the line and the camp carefully monitors the pool.

Sitting behind an uncluttered desk in Research Park, Beckwith smiles as she reflects on how she's had to push her comfort zone to interact with a diverse group of people. Normally a very shy person, she's adjusted to delegating and managing big projects. More personally, she confides, "I've never really been a person who focuses on material things, but now I care even less about stuff and more about accepting and enjoying people and being where you are."



Doing Good

Dalai Lama Presents “Unsung Heroes of Compassion” Award to Moran Ophthalmic Surgeon Geoffrey Tabin

“There is a new sky for my eye! I am free from the hell of darkness!” exclaims Sonam Detchen, moments after the white gauze patch is removed from her left eye. For the first time in five years, the 63-year-old Tibetan widow can see her family. Detchen is just one of the thousands of patients who have their regained sight, thanks to **Geoffrey Tabin, M.D.**, John A. Moran Eye Center ophthalmic surgeon and U professor of ophthalmology and visual sciences.

For his dedicated service to overcoming preventable and treatable blindness throughout the world, Tabin was honored with the “Unsung Heroes of Compassion” award on April 26, 2009, in San Francisco. Tabin was presented with the award by His Holiness the Dalai Lama. “It was a wonderful honor to meet His Holiness,” says Tabin. “He is a warm, gentle man with twinkling eyes and a great sense of humor and one of the world leaders and philosophers I most admire. It was wonderful to be able to share a few moments of his time.”

Tabin is co-founder of the Himalayan Cataract Project (HCP) with Sanduk Ruit, M.D., of Nepal. Together with the Moran Eye Center, the HCP works to eradicate treatable and preventable blindness in countries including Nepal, Tibet, Myanmar, Ghana, and Sudan. Cataracts plague residents throughout these countries, which report some of the highest rates of cataract blindness anywhere in the world.

But Tabin’s efforts go beyond simply treating patients. The HCP is devoted to building an infrastructure for eye care in the various regions. The goal is to train doctors and nurses in microsurgery and lens implantation, afterwards working with them to open and sustain surgical facilities throughout the affected areas. After training a team, Tabin leaves them with enough surgical equipment to perform an additional 200 procedures.

Since 1994, the HCP has screened nearly 1.5 million patients and restored sight to more than 75,000. “With each camp or village he visits, literally hundreds of people gain vision,” says **Randall J. Olson, M.D.**, chair of ophthalmology and visual sciences and CEO of the Moran Eye Center. Tabin and his team travel to locations that most only see on the *National Geographic* channel. Hundreds of patients trek for days, some being carried by their families, in hopes of being cured.

Over the years Tabin has received numerous humanitarian awards for his service, along with recognition as one of *National Geographic’s* “Miracle Doctors.” Tabin can now add the Unsung Heroes of Compassion Award to his accomplishments, along with the honor of having his years of dedicated service recognized by the 14th Dalai Lama, Tenzin Gyatso. The Unsung Heroes award was created to honor “individuals who, through their loving kindness and service to others, have made their communities and our world a better place.”

“I’ve just been watching miracles,” says Tabin. And that’s reward enough for him.

Clinical Technology

New MRI Gets A Lift

In April, University Health Care opened the first integrated Electrophysiology (EP) Magnetic Resonance Imaging (MRI) laboratory in North America on the fourth floor of University Hospital. At the center of the new lab is an 18,000-pound magnet, which required a crane to hoist it and then a crew of workers to guide it through an 8- to 10-foot opening in the exterior wall. The MRI offers some of the most advanced imaging services clinically available. Its 3-D imaging provides greater resolution of the heart tissue than the two-dimensional images typically used, giving physicians a more precise and powerful tool for diagnosis and treatment.

The EP MRI Lab will improve the diagnosis and treatment of atrial fibrillation (AF), an irregular heartbeat that interferes with the electrical signals of the heart, and affects more than 3.5 million Americans. A common and effective AF treatment method is radiofrequency ablation, which targets damaged heart cells and destroys (ablates) them. Initially, physicians will use the MRI equipment to diagnose appropriate candidates for cardiac ablation. Eventually, they will perform cardiac ablations using real-time MRI imaging.

The new lab also includes an Artis zeego angiography system, which is used for interventional imaging of the blood vessels and arteries and includes robotic technology. “We are combining two unique imaging technologies to increase the safety of ablative therapy



and improve treatment outcomes,” says **E. A. “Steve” Stevens, M.D.**, professor and chair of the Department of Radiology. “Our research shows that this technology integration will enable us to determine which patients with atrial fibrillation would be more likely to respond to ablative therapy and those for whom conservative therapy would be a better alternative.”

The EP MRI Lab is a multidisciplinary partnership between University Hospital, the U’s Division of Cardiology, Department of Radiology, Scientific Computing and Imaging Institute, and the Utah Center for Advanced Imaging Research (UCAIR).

Awards & Honors



The **John A. Moran Eye Center** was ranked No. 5 among Soliant Health’s “20 Most Beautiful Hospitals in the U.S.” rankings for 2009. Based in Atlanta, Soliant Health is one of the largest health-care staffing companies in the country.

University Health Care’s Worker Safety Committee was awarded the Charles A. Caine Award from the Workers’ Compensation Program of Utah. The award recognizes UHC as the safest large health-care organization in Utah for 2008.

Mario R. Capecchi, Ph.D., 2007 Nobel Laureate and distinguished professor of human genetics and biology, was elected in April to the prestigious American Academy of Arts & Sciences. He will be inducted as a fellow at an Oct. 10 ceremony in Cambridge, Mass.

Leigh Neumayer, M.D., professor of surgery and co-director of the Integrated Breast Program at the University’s Huntsman Cancer Institute, received the 2009 Linda K. Amos Award for Distinguished Service to Women. The award recognizes an outstanding female faculty or staff member who has improved the educational and work environments of women at the U.

Barbara Graves, Ph.D., professor and chair of the Department of Oncological Sciences in the School of Medicine and senior director for laboratory research at Huntsman Cancer Institute, received a one-year Prostate Cancer Foundation Creativity Award to further her research in prostate cancer, which has potential for new drug development.

Amalia Cochran, M.D., professor of surgery, and **Kenneth K. “Bo” Foreman, Ph.D., P.T.**, assistant professor of physical therapy, received the U’s 2009 University Early Career Teaching Award from the University Teaching Committee.

R. Scott Ward, Ph.D., P.T., professor and chair of the Division of Physical Therapy in the College of Health, received the Curtis P. Artz Distinguished Service Award from the American Burn Association at the group’s annual meeting in March.

Sheri Stringham, R.N., AirMed flight nurse, was named “Medical Professional of the Year” for 2009 at the Utah Trauma Conference in St. George in May.

Christopher M. Lehman, M.D., associate professor of pathology and co-director of Clinical Laboratories at ARUP, was honored in April with the Excellence in Consensus Management Award by the Clinical and Laboratory Standards Institute for his work as a volunteer project leader.

Shadie Ghaibi Clark, a second-year pharmacy student, was named a 2009 Paul Ambrose Scholar in April by the Association for Prevention Teaching and Research and the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services. In June, Clark will join 42 other health-professions students from across the country in Washington, D.C., for a three-day leadership symposium.

Anissa Kleemeyer, R.D., a certified oncology nutrition specialist with Huntsman Cancer Hospital, was given the Outstanding Preceptor Award for 2009 by students in the Division of Nutrition in the University’s College of Health.

Julie Metos, M.P.H., R.D., C.D., clinical instructor of nutrition in the College of Health, received the 2009 Utah Dietetic Association Award of Merit.

Events



KRISTAN JACOBSEN

The Perfect Match: Pharmacy & Polo The first ever **Pharmacy Cup Champagne Brunch & Polo Match** to benefit the U of U College of Pharmacy and the new Skaggs Pharmacy Institute took place on June 6 at the Salt Lake County Equestrian Park. The Dean's Demons defeated Miller's 4Runners 15-11 while guests enjoyed brunch and a chance to "stomp the divots" during half time. Currently ranked No. 2 in the nation among pharmacy colleges, the U of U College of Pharmacy plans to construct a new research building to accommodate its ever-growing student, staff, and faculty population.



STEVEN LEITCH

National Children's Study Knocks on Mayor's Door On April 29, the **National Children's Study**, the largest study ever to assess the effects of the environment on maternal and child health, kicked off its neighborhood-based enrollment effort when canvassers knock on the first door in Salt Lake County. Salt Lake County Mayor Peter Corroon and his wife, Amy, answered the door. Laura Michele Gardner, a research specialist with the U's Department of Pediatrics, asked the county's first couple questions to determine whether their family qualified for the study. Approximately 7,100 homes will receive a visit from the National Children's Study, which will follow a sample of children from early life in the womb through adulthood, seeking information to prevent and treat such health problems as autism, birth defects, heart disease, and obesity.



KRISTAN JACOBSEN

Royal Bliss Rocks Out in Burn Unit On June 5, Jaci Johnson, a patient in the Burn Trauma Intensive Care Unit, received a surprise visit from her favorite rock band, Royal Bliss. Pictured above, 10-year-old Jaci watches Neal Middleton, lead vocals and guitar, and other Royal Bliss band members during the mini-concert organized by the Burn Trauma ICU nursing staff. Wanting to do something special for Jaci, the staff discovered that one of the nurses happened to have an "in" with the band. They then worked their magic to make it all happen. The Salt Lake City band, who recently signed with Capitol Records, has been sharing the stage with Smashing Pumpkins, Candlebox, Buckcherry, and the Stone Temple Pilots. But they were more than happy to take the time to play for Jaci and stick around afterward to sign autographs and give Jaci a poster and copy of their new CD.

150 Ways to Keep Your Kids Learning This Summer

Eligible U Faculty and Staff Receive 15 percent off Tuition

With over 150 summer camps and classes in art, science, languages, technology, music, and recreation, Youth Education at The University of Utah leaves kids across the Wasatch Front no excuse for spending their summer on the couch. Three programs—SUMMERSCOOL, Club U, and the Youth Academy for Excellence—offer plenty of ways for kids ages 2–18 to make friends, explore new places, and expand their knowledge of themselves and the world around them.



For a complete list of classes (which run through August), or to register, visit www.youth.utah.edu or call (801) 581-6984.

Junior Volunteers Can Help You Get Organized

It's a universally accepted truth that 24 hours in a day are several shy of providing the necessary time to clear off the average to-do list. Proof in the pudding are all those little tasks that have remained there for weeks, months or perhaps years. Fret no more. The Volunteer Services Department has come up with the perfect solution to help your department check off that to-do list over the next couple months...the Summer Volunteer Program.

Junior volunteers are highly motivated, enthusiastic high school students interested in pursuing a career in a medical field. While they help you get organized, you'll provide them a window into the world of health-care professions. Volunteers are available for one, four-hour shift a week, from June to August. If your department could benefit from having a junior volunteer, contact Lori Tavey at (801) 581-7660 or Ron Allison at (801) 581-2429.

Employee Benefits



WellU Gets Personal

Do you envy celebrities for all the time and money they have to spend on being healthy? Of course you could look like them if someone helped you plan your meals and designed your workout routine, right? Well you're about to officially

run out of excuses because WellU has partnered with the University Health and Wellness Center to offer you access to dietitians, weight loss/management consultants and personal fitness experts to work with you one-on-one. Here's the smorgasbord of enhanced employee wellness benefits:

In-person Health Coaching Consultations



- Schedule an appointment with an expert to review your biometric numbers, and figure out what they all mean.



- Have general nutrition questions or have a chronic disease you'd like to address with changes to your diet? Schedule a consult with a Registered Dietitian.



- Meet with one of the dietitians for a Weight Management/Loss consult to help identify strategies to safely achieve your weight-loss or weight-management goals.



- If starting an exercise program is still on your New Year's Resolution list, schedule a fitness assessment or personal exercise prescription with a fitness expert.

For a detailed description of services or to schedule your appointment visit www.hr.utah.edu/wellu.

Feeling stressed or overwhelmed? Confidential help is a phone call away.

The downturn in the economy can stress both budgets and emotions. But employees under financial or other pressure don't have to go through it alone—they can get advice and help through the University's Employee Assistance Program (EAP).

The EAP is a free, confidential counseling service created to help employees and their families work through a variety of personal concerns, from anxiety and depression to family and financial issues. The EAP focuses on short-term counseling that helps identify solutions to successfully address problems, whether they are cash-flow difficulties, marital issues or other stress-causing events.

EAP services are included in the Behavioral Health Benefits in each health-care plan offered through the University, and there is never a co-pay or deductible to use them. EAP services also are available to employees' spouses and dependents living at home or away at school.

"Difficulties in our lives are inevitable. The Employee Assistance Program is here to help address those difficulties," said **Darren Elkington**, program associate director. "We encourage employees to get the help they need today for any type of life-distressing problem."

To access EAP services, just call and make an appointment at one of the offices nearest you. No special paperwork or approval is required.

- University of Utah Campus: (801) 587-9319
- Salt Lake City: (801) 262-9619
- Logan: (435) 752-3241
- Brigham City: (435) 723-1610
- Ogden: (801) 392-6833
- Orem: (801) 225-9222

For more information visit www.uuhsc.utah.edu/eap

A Healthy U

MED Card: Your Personalized and Portable Medication Record One of the most important things you can bring to a doctor's visit or when being admitted to the hospital is a list of your medicines, says **Shantel Mullin, Pharm.D.** It also can be one of the hardest to remember, which is why University Health Care's Pharmacy Services has created a handy way for people to keep a list of their medications with them wherever they go. The Med Card is available in a wallet size or full-page format.

When patients have a Med Card, they can discuss their medications with their physician, avoid delays in

care, and even help health-care professionals prescribe the best and safest medicine by eliminating duplications, negative drug interactions, and incorrect doses.

The Med Card includes:

- Complete medication list (including over-the-counter, vitamins and herbals)
- Primary physician name and contact info
- Pharmacy name and contact info
- Allergies
- Health problems
- Vaccines

To obtain your copy of the Med Card, visit www.healthcare.utah.edu and enter "pharmacy services" in the search field.



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Pulse is a publication of the University Health Care Office of Public Affairs and Marketing. Editor: Amy Albo. Designers: Jesse Colby, Laurie Robison. Writers: Ashleigh May, Michael Mozdy, Christopher Nelson, Peta Owens-Liston, Ryann Rasmussen, Phil Sahm and Chantelle Turner. Printed on New Leaf Reincarnation Matte, made with 100% recycled content and 50% post-consumer waste, processed chlorine free, manufactured with electricity that is offset with Green-e® certified renewable energy certificates, and designated Ancient Forest Friendly.™ www.newleafpaper.com

