



STEVEN LETCH

## White Coat Ceremony

Members of the medical school's freshman class recently gathered with their families, friends, and medical school faculty and administrators for the annual White Coat Ceremony. Students were presented with their first white coat, a book about being a physician, and a stethoscope—courtesy of the medical school's alumni association. The students also recited the Hippocratic Oath to mark the beginning of their medical education. This year's keynote speaker was U neurologist **David Renner, M.D.**, who congratulated students on being "tenacious, proactive, and tough" in getting into medical school. He also advised the future physicians not to hide behind their white coats, but to practice medicine with "integrity and compassion."

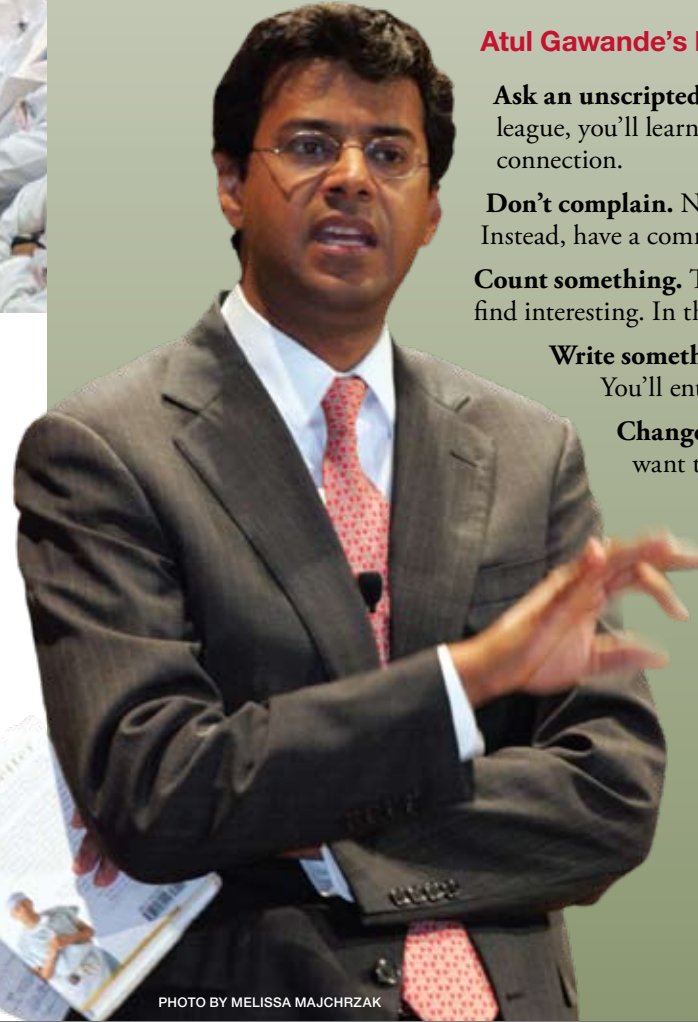


PHOTO BY MELISSA MAJCHRZAK

## Healthy U Preventing Osteoporosis

Osteoporosis is often thought of as an older person's disease with 55 percent of those over 50 years of age at risk for the bone disease. But it can strike at any age. According to **Patty Trela**, a physical therapist with the University Orthopaedic Center and founder of the Build a Bone program, a woman has acquired 98 percent of her skeletal mass by age 20. Trela says building strong bones during childhood and adolescence is the best defense against developing osteoporosis later in life. But she recommends the following tips for optimizing your bone health at any age.



DEBEEK SMITH  
Patty Trela, P.T., performs physical therapy with a patient.

### Tips to Optimize Bone Health

- Include plenty of calcium and Vitamin D in your diet.
- Complete weight-bearing exercises five times a week.
- Stop smoking.
- Talk to your doctor about a bone density test, especially if you're around 50 years old.

The next Build a Bone program will be held Oct. 2, 6, 9, and 13 from 5 p.m. to 7 p.m. at the University Orthopaedic Center, 590 Wakara Way. The four-part series will cover general bone health, walking, weight lifting, and core strength and nutrition. Registration is \$90 and includes a pedometer. For more information or to register for the program, call 213-3379.

## Visiting Speaker Atul Gawande, M.D.

One can feel like the loneliest number—and the most insignificant—when you're it: When you're "one" of 2.4 million nurses in the United States, or 819,000 physicians, 388,000 medical assistants, 232,000 pharmacists, 294,000 lab technicians, 121,000 paramedics, 94,000 respiratory therapists, 85,000 nutritionists.

"It can be hard not to feel that one is just a white-coated cog in a machine—an extraordinarily successful machine, but a machine nonetheless," writes **Atul Gawande, M.D.**, in his latest book of essays, *Better: A Surgeon's Notes on Performance*. "So not surprisingly, in this work one begins to wonder: How do I really matter?"

Gawande, a Harvard School of Medicine faculty member and staff writer for *The New Yorker*, posed the same question during the talk he gave at the University's Huntsman Cancer Institute Aug. 24. Invited by the medical school's Division of Medical Ethics and Humanities, Gawande of-

fered ideas not only for physicians but for everyone working in the health-care enterprise and beyond. "There are lessons coming out of medicine for the rest of the world that other people will care about," he told the U audience, because they can help everyone.

When Gawande joined the surgery staff at Brigham and Women's Hospital in Boston and realized he "wasn't the best guy around," he needed to find "a reason to be there. I needed a basis to get better," writes Gawande. Given the high stakes of surgery, Gawande then asked: "What does it take to be good at something when failure is so close?"

His response, "diligence, doing right, and ingenuity," are concepts he thoughtfully discusses in his essays, infusing them with stories told with compassion and humility. At the end of *Better*, Gawande outlines "five suggestions" originally written to inspire medical students, but valuable to anyone wondering: "How do I really matter?"

### Atul Gawande's Five Tips to Feel Like Your Work Matters

**Ask an unscripted question.** Whether talking with a patient or colleague, you'll learn something new—and make the essential personal connection.

**Don't complain.** No matter how difficult your day, resist the temptation. Instead, have a comment on another topic tucked in your pocket.

**Count something.** To bring out your inner scientist, count whatever you find interesting. In the process, you'll discover something.

**Write something.** No matter how slight the observation, record it. You'll enter into communication—and community—with others.

**Change.** Don't just look for the opportunity; seek it. If you want to make a difference, you've got to take risks. And when you fail, remember: "This is what makes [medicine] human, at times painful, and also so worthwhile."

### How do you make sure that you feel like your work matters?

Share your tips with us at [healthcare.utah.edu/publicaffairs/pulse.cfm](http://healthcare.utah.edu/publicaffairs/pulse.cfm)

One entry will be selected randomly to win four tickets to the University of Utah vs. San Diego State game, 1 p.m., Oct. 13; a VIP parking pass; and four passes to the catered pre-game VIP tailgate and hospitality tent. We'll also publish your inspiring tips in the next issue of *Pulse*.

September 2007

FOR STAFF AND FRIENDS OF UNIVERSITY HEALTH CARE

# pulse

Cutting-Edge Technology

## New Scanner Creates a Virtual Heart in Just a Few Beats

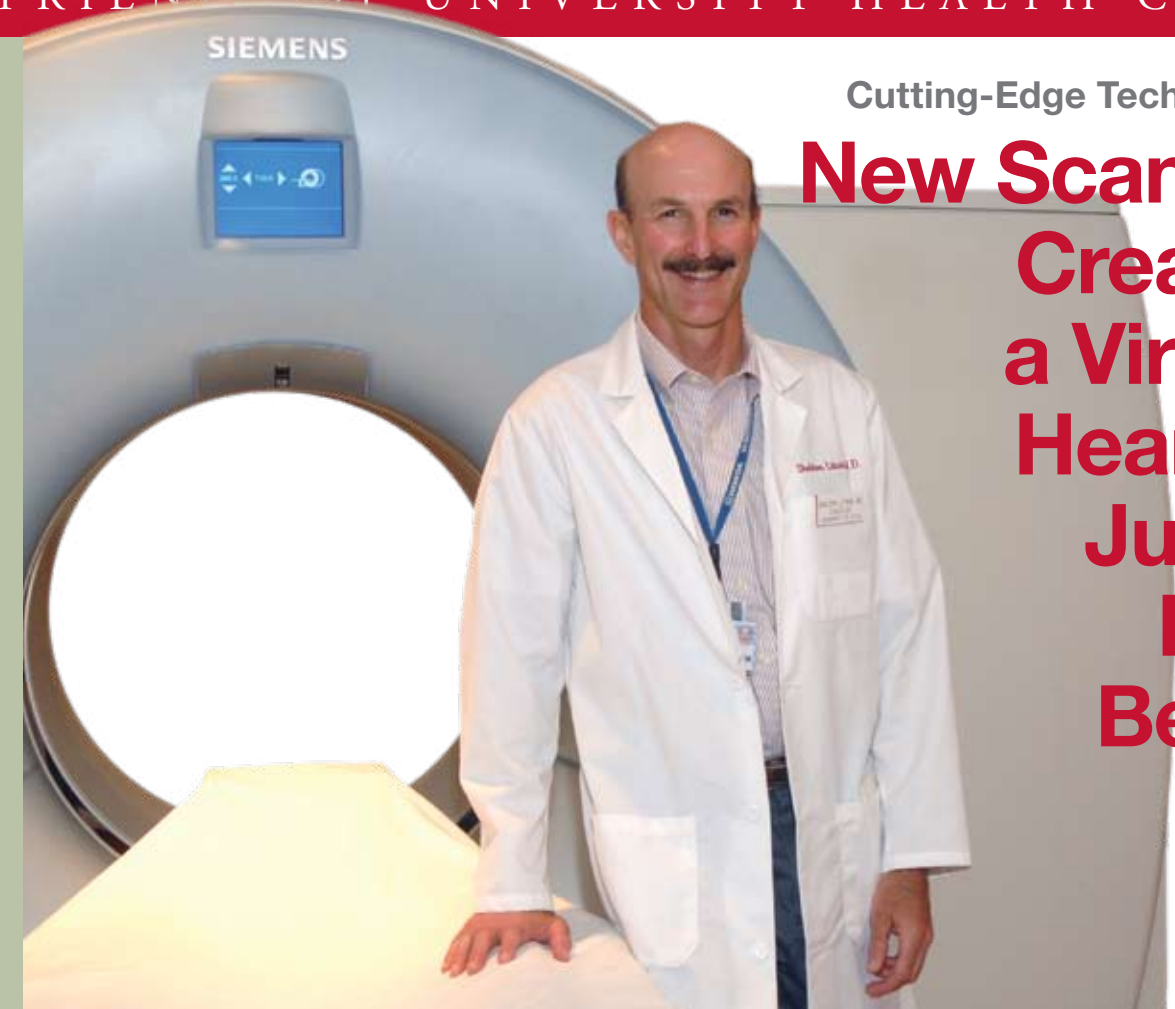


PHOTO BY STEVEN LETCH

Sheldon Litwin, M.D., professor of internal medicine and director of Cardiovascular Imaging says patients will greatly benefit from the hospital's new Definition Dual Source CT scanner.

In a few heart beats—a five- to ten-second breath hold—the Definition Dual Source Computed Tomography (CT) scanner can capture a three-dimensional image of the heart.

"We've been looking for something that would allow earlier detection of cardiovascular disease and that is also quicker, more accurate, and safer than previous methods," explains cardiologist **Sheldon Litwin, M.D.**, who went through six-weeks of intensive training to learn how to manipulate and read the images. Patients of University Health Care Cardiovascular Center will benefit from the region's newest cardiac imaging technology—the fastest scanner in the Intermountain West. While older scanners detect artery problems only when they are 70 percent blocked; this new scanner will find blockages at 30 percent or less.

The Cardiovascular Center's newly acquired technology is also safer than the previous generation of scanners not only because it is noninvasive, but its speed minimizes exposure to radiation—some 50 percent less. Additionally, patients no longer have to take beta-blockers to slow down the heart rate. This allows the scans to be performed with less delay. Within minutes of getting off the

table, patients know about the blockage and can begin changing their lifestyles to lower risk.

According to the American Heart Association, one in three adults experience some type of cardiovascular disease. Early detection of heart disease can be lifesaving, yet most people are asymptomatic. For 25 percent of them, a heart attack will be their first symptom. Conventional stress tests will only find severe blockages. Past methods of non-invasive testing included the "treadmill" test and one using nuclear agents. "These don't pick up on early changes, which is important since a heart attack may be caused by a 30-40 percent blockage that suddenly is completely occluded by a clot," points out Litwin. This new CT scanner detects heart matters earlier than any other procedure.

### A Virtual Heart

In a room of its own, the turbo-sized inner portion of the scanner spins continuously around the patient at a rapid speed without a need to stop to "rewind." While the patient moves through the scanner, it creates spiral images that are reconstructed by a computer to create high-resolution 3-D imagery. See **TECHNOLOGY on reverse**



KRISTAN JACOBSEN

A series of serendipitous events involving Dr. Dog, the University Health Care Quick Clinic, and University Hospital's emergency department just may have saved Skip Daynes' life.

## Patient Care Quick Visit Reveals Life-Threatening Condition

It was a Saturday morning in June and **Skip Daynes** and his beloved golden retriever, Colonel or Dr. Dog as he's known to children across the valley, were doing a Teddy Bear Clinic at the University Health Care Quick Clinic at Dan's Foods. As children filed in with their teddy bears, Dr. Dog diagnosed and treated their bears' *owies*, providing children with a fun and pain-free trip to the doctor.

When traffic slowed at both clinics, Daynes casually mentioned the "strange symptoms" he had experienced off-and-on for the past few months (pain going up his shoulder into his neck and ears, tightening in his chest, and difficulty catching his breath) to

*Crouse listened to Daynes' symptoms, asked him a few questions and then said, "What are you doing here? You should be in the ER."*

**Dan Crouse, PA-C**, the physician assistant on duty at the Quick Clinic. Crouse listened to Daynes' symptoms, asked him a few questions and then said, "What are you doing here? You should be in the ER."

Daynes, who had figured it was just heartburn, decided not to tempt fate any longer and headed

to University Hospital's Emergency Department. All of his tests checked out perfectly, but **Robert Stephen, M.D.**, didn't like his symptoms. "I don't like your story," Stephen said, "I'm checking you in." The next day, an angiogram showed 95 percent blockage in the left coronary artery, dubbed the widowmaker, because of how lethal blockage in that artery is. Two days later, **S.V. Karwande, M.D.**, performed triple bypass surgery.

Daynes is back at work full time, taking long walks, working out on the treadmill, and traveling around to Teddy Bear Clinics with Dr. Dog. He is grateful for his new lease on life. "A lot of credit goes to Dan Crouse at the Quick Clinic," said Daynes. "He had the good sense to say, 'You should definitely go to the ER.'"

*University Health Care Quick Clinic, in Dan's Foods at Olympus Hills, is open Mon. through Sat. 9 a.m. - 7 p.m.*

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## Doing Good Making a Global Difference

**DeVon C. Hale, M.D.**, assistant dean of international medical education for the school of medicine, has literally traveled the world, deeply committed to studying and improving global health care.

In 2002, he co-founded a program, now called the University of Utah Global Health Alliance (UUGHA), to cultivate and coordinate medical humanitarian initiatives. Last year, more than 150 U students and faculty members participated in programs in Ghana, Kenya, Peru, Ecuador, Thailand, and China. See **DOING GOOD on reverse**

PHOTO BY SCOTT BENSON



## Government Affairs

# No Child Left Uninsured

Almost everyone would agree that every child should have access to basic health care, regardless of the ability to pay for it. Yet, there are 9 million uninsured American children today. Most of them are poor, just not poor enough. That is, their families earn too much to qualify for Medicaid coverage, yet not enough to pay the increasingly high health insurance premiums of private insurance.

For the past 10 years, the State Children's Health Insurance Program (SCHIP) has targeted this group of children, providing health care coverage to 6.6 million children whose families typically earn between 100 percent and 200 percent above the poverty level (\$20,650 to \$41,300 for a family of four). The program is jointly financed by the federal government (70 percent), state governments (30 percent,) and families who contribute through co-pays and premiums.

By most accounts, the 10-year program has met with great success, decreasing the rate of uninsured children by 33 percent. Yet there are still 5 million eligible, but uncovered, children. A bipartisan majority in Congress wants to renew—and expand—the SCHIP program, which is set to expire on Sept. 30. The Senate measure would increase funding for the next five years by \$35 billion, and the House by \$50 billion. President Bush, however, has vowed to veto legislation that expands SCHIP.

"University Health Care strongly supports the expansion of the SCHIP program," says **Kim Wirthlin**, vice president for government relations and associate vice president for health sciences public affairs and marketing. "Studies have clearly shown that insured children are healthier, and that preventive care eliminates many costly emergency room visits and chronic health problems, such as asthma, diabetes, and obesity. That not only results in healthier children but direct savings for society."

You can make your voice heard on this issue by contacting your congressman or senator by visiting <http://www.utah.gov/government/contactgov.html>



Elizabeth Smith, M.D., a pediatrician at the U's Stansbury Health Center, examines one of her young patients.

## Editorial

# Why Joint Commission Accreditation Matters ... For Everyone

**CAROL HADLOCK**  
Director of Quality and Patient Safety



Sometime in the next six months, a team of doctors and nurses from across the country will visit University Hospitals & Clinics for five days. They'll be here at our request and on behalf of The Joint Commission (TJC) to determine how we measure up against national health-care standards.

For some employees, the unannounced site visit will be stressful; others will only have limited interaction with the team. There is no predicting what unit, or process, the team will want to evaluate. No area of the hospital is off limits. I've heard it described by nursing staff as the equivalent of having a week-long visit from your in-laws.

While the visit may cause anxiety, everyone at University Hospital should be excited about the opportunity to measure our organization against industry standards. I expect our surveyors will find many strengths in our organization, and perhaps identify a few weaknesses. Identifying both is important if we're to provide the safest and best care possible to our patients.

Accreditation matters to everyone in the organization. Did you know:

- Accredited health-care organizations qualify for Medicare and Medicaid certification without undergoing a government survey. The state of Utah recognizes accreditation as fulfilling state licensure requirements.
- Insurers and other third parties recognize accreditation. Increasingly, accreditation is becoming a prerequisite for eligibility for insurance reimbursement, to participate in managed-care plans, and to bid on contracts.
- Accreditation is required for facilities to have teaching programs for students.
- Accreditation increases financing capabilities.
- Accreditation highlights our commitment to provide quality care to the community we serve.

To help ease the anxiety of our upcoming site visit, my office has produced a booklet with answers to the types of questions surveyors might ask staff. To obtain a copy of *The Joint Commission Professional Practice Booklet*, please contact me at 587-3793 or [carol.hadlock@hsc.utah.edu](mailto:carol.hadlock@hsc.utah.edu).

*Everyone at University Hospital should be excited about the opportunity to measure our organization against national health-care standards.*

## TECHNOLOGY continued from cover

In another room on a screen, the images can be rotated and viewed at a variety of different angles revealing a virtual heart that hides little. Viewing images of the heart beating can reveal how well the heart muscle (ejection fraction) and the heart valves are functioning. These beats also allow the cardiologist to choose which phase of the cardiac cycle will provide the best image of the arteries. Images can be manipulated to allow the viewer to follow each branch of the heart arteries, revealing any areas of narrowing.

"Because different tissues react differently to varied X-ray energy levels, we can process the scan data to look at just the blood vessels and not the heart tissue, or just the heart and not the vessels," explains **Steve Stevens**, M.D., professor and chair of the radiology department.

The CT scanner has strengthened University Hospital's emergency response as well. "In a matter of 15 seconds we can scan the entire body of a trauma patient, allowing for a very fast diagnosis," says Stevens. Other patients who benefit from the new CT scanner are those who don't need the full power of the scanner to get a high resolution image, so their exposure to radiation is halved.

### Why Not An MRI?

While an MRI is good for visualizing the heart muscles, it is not yet as good as a CT for assessing coronary artery anatomy. An MRI also takes more time, requiring a patient to repeatedly hold their breath throughout a 45-minute period, which can be difficult for a sick patient. Litwin recalls that 15 years ago the MRI was thought to be the ideal tool for coronary detection. Now with the CT scanner's "slip ring" technology and multiple-image capabilities, it has surpassed the MRI. The cost for CT scanning is on par with an MRI: \$1,000-\$1,500.

Educating the public and referring doctors about the CT scanner is a top priority for the U's Cardiovascular Center. This includes assisting physicians in deciding what would be the most cost-effective and health-effective test for their patients. "It's about using the best test, to get the most information, with the least risk," says Litwin.



Edwin A. "Steve" Stevens, M.D., professor and chair of the radiology department

## DOING GOOD continued from cover

Over the years, Hale has learned many important lessons, which have influenced the mission of UUGHA. "Our job is not to go and take care of patients; our job is to teach," says Hale. "We won't see patients unless we are working with someone from the host country, trying to raise the level of care they can administer through training." Hale has also realized that even the best intentions can sometimes have harmful results, and is very careful not to interfere with a country's health-care system. "We've learned to first attract people who are committed to the mission before introducing money or medical supplies," says Hale.

Long-term success requires collaboration and consideration of the bigger picture. "What we've discovered is that just treating the disease doesn't insure that they will stay healthy," says Hale. For example, you can treat Malaria, but without a bednet, it's almost certain a person will contract it again. Hale points to broader efforts like those of **Scott Larsen**, a medical student who began a project to eliminate schistosomiasis from a village in Ghana, and ended up organizing a project to clear up the brush around the pond where the parasite festers.

"We're still beginners compared to places like Johns Hopkins," says Hale. Nevertheless, UUGHA programs continue to attract very committed people.



### By the Numbers

#### University of Utah Global Health Alliance

- In 2006, nearly 200 students and faculty members participated in international programs.
- UUGHA's program in Ghana involves faculty and residents from 11 different departments, medical students, and volunteers from the schools of medicine, public health, physical therapy, pharmacy, social work, and nursing.
- Almost all faculty members personally fund their travel expenses, which added up to \$250,000 last year.
- Private donations subsidize the travel expenses for one-third of students.
- One-third of incoming medical students are interested in doing international work.

On Thursday, Oct. 4, from 6 p.m. to 8 p.m., U President Young will honor the humanitarian work of UUGHA volunteers. To attend the event or find out more information about the program, please contact Jenn Christensen at 581-4873 or [jenn.christensen@hsc.utah.edu](mailto:jenn.christensen@hsc.utah.edu).

# a note from david entwistle

*"My vision for University Hospital is to be the safest hospital anywhere, with the best care and service for our patients."*



David Entwistle, CEO, University Hospitals & Clinics

Dear Colleagues:

We're now more than a month into our new fiscal year. As I think about the goals we've set for University Hospitals & Clinics in the coming months, a remark by the noted educator and consultant Laurence Peter has been on my mind: "If you don't know where you're going, you will end up somewhere else."

Many of you have heard me say my vision for University Hospital is to be the safest hospital anywhere, with the best care and service for our patients. One of the ways we work toward our vision—to know where we're going, as Mr. Peter said—is to set goals each year in key performance areas. We want those goals to be part of our day-to-day conversation for all of us to see how our individual roles and activities make a difference.

In the latest employee forums, we introduced nine organizational goals for the fiscal year, and I thought it would be good to restate them for all of us to bear in mind:

- Achieve an average patient satisfaction rating of 83.5 percent
- Increase employee satisfaction to the 90th percentile
- Reduce our employee turnover rate to 18 percent
- Increase our operating margin (money we keep after expenses to build facilities and buy new equipment) to 4.2 percent
- Reduce the amount of time it takes to receive payment for our services to an average of 60 days
- Reduce the average patient's stay in the hospital to six days
- Successfully obtain reaccreditation from The Joint Commission
- Successfully implement the computerized provider order entry system for patient care
- Make it easier to schedule appointments in our outpatient clinics

These nine goals are equally important and are the ones we believe can make a real difference in moving the hospitals and clinics forward. But, like any other organization, team or group, each of us must do our part and pull together to reach these goals.

Author Zig Zigler said, "What you get by achieving your goals is not as important as what you become by achieving your goals." Together we can reach our organizational goals, and at the same time become the best health-care system for our patients and their families.

Sincerely,

*David Entwistle*

## Health Sciences Transitions

**Nelson Named Director of Public Affairs**  
**Christopher Nelson** recently was named director of the health sciences public affairs office.

Nelson received degrees in communication and political science from the U and joined the health sciences public affairs staff in 1996 as a media relations specialist and editor of *Pulse*. He also served as manager of public relations and marketing at the U's John A. Moran Eye Center.

Prior to working at the U, Nelson completed internships in The White House in Washington, D.C., KSL Television in Salt Lake City, and the U's President's Office.

**Paine Named Assistant VP for Strategic Initiatives**  
**Marilynn E. Paine** recently joined the U staff as assistant vice president for health sciences strategic initiatives. Paine's primary responsibility in this new role will be to facilitate the planning of a new ambulatory care center for the University.

Prior to coming to Utah, Paine served in a variety of administrative positions at the

University of Michigan Health System, most recently as assistant VP for medical affairs and chief of staff. She led a number of strategic initiatives at the UM Health System including the planning and construction of an ambulatory care facility, as well as a redesign of the UM's medical school curriculum.

**HCI Names Jones to Senior Director Position**  
**David Jones**, Ph.D., has been appointed senior director of early translational research and an investigator at Huntsman Cancer Institute. Translational research focuses on the development of new ideas and treatments derived from laboratory experiments into actual cancer treatments for patients.

Jones is also an associate professor of oncological sciences and adjunct assistant professor of medicinal chemistry.

In his lab at Huntsman Cancer Institute, he examines the molecular pathways that cause colon cancer and develops strategies for altering these pathways to prevent or treat this disease.

## studies & grants

**Wesley I. Sundquist**, Ph.D., professor of biochemistry, has received a five-year, \$19.2 million National Institutes of Health grant to establish an HIV research center to study the biological structure of the virus that causes AIDS. Sundquist and researchers from the University of Utah and four other institutions will study how HIV takes control of the body's own cellular machinery to travel within a "host" cell, form new virus particles, and then spread to other cells. Understanding the biological structure of HIV may open the way to developing new drugs to treat the infection, and also serve as a model system for studying how other human viruses interact with host cells. Sundquist will lead 11 other researchers at the HIV center, five from the U of U and six from other institutions, including the California Institute of Technology; the Scripps Research Institute; Northwestern University; and the University of Virginia. Funding for the first year of the grant will total approximately \$3.8 million.



Wesley Sundquist, Ph.D., received a \$19.2 million NIH grant to establish an HIV research center.

**The Rocky Mountain Center for Occupational and Environmental Health** (RMC/OEH) will use a five-year, \$6.6 million grant from the National Institute for Occupational Safety and Health to train graduate students and conduct research in occupational safety and health. **Kurt T. Hegmann**, M.D., M.P.H., research associate professor of family and preventive medicine and RMC/OEH director, said the center will use the grant to increase the size of its academic programs; use research projects to give students hands-on experience; develop a post-doctoral training program, as well as distance-based education programs; and restart an occupational nursing program.

**Matthias Schabel**, Ph.D., research assistant professor of radiology and an investigator with the Utah Center for Advanced Imaging Research, will use a \$658,000, five-year grant to study computer-aided detection in MRI (magnetic resonance imaging) screening that may, in some cases, be sensitive enough to distinguish malignant from benign tumors. The National Institute of Biomedical Imaging and Bioengineering is funding the grant.

## World Class U

# Diana Stafforini, Ph.D., Argentina

The smell of empanadas and freshly-baked factura, milonga music, and the sensuous moves of the tango all draw **Diana Stafforini**, Ph.D., back to her Argentinian roots: although 27 years in the United States have crowded out some of these home-grown flavors. "I've been here so long, I'm practically a native," says Stafforini with a laugh.

As an investigator at the Huntsman Cancer Institute (HCI) and a research associate professor in the school of medicine's division of cardiology, Stafforini has found fertile ground for her renowned research in the role of inflammation in human disease. "I've always felt that I had as much of an opportunity at the U to expand my education, growth, and exposure to different fields of science as I would have had in any of the other top institutions in the country," says Stafforini.

At HCI, she is applying her expertise to discover new pathways and mechanisms that lead to cancer, a research journey that began 24 years ago as a Ph.D. student. "When I started, little was known about this specific area; now investigations in this field are developing all over the world," says Stafforini. With HCI's international reputation, Stafforini is basking in the opportunities to collaborate with scientists from around the world.

Stafforini's goal is admirable: to help treat, if not cure, cancer and diseases of inflammation. The thought of saving lives and reducing suffering is a huge daily motivator. "Making a contribution, offering the best you can, and being kind to others is most certainly encouraged in Argentina," she says. "I try to bring those values to what I do every day."

For now, the visceral sounds and smells of her homeland take a back seat to her deep commitment to research. But one day, she may go home again, to retire in Argentina. Perhaps then, she says, she'll learn to dance the tango.

