

UNM

medicine

SPRING 2016

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE ALUMNI MAGAZINE

Medical Management

*Alumna Karen Guice
Guides Military Health Care*

Encouraging Excellence

*Mentors Change Lives —
Mentees Can, Too*



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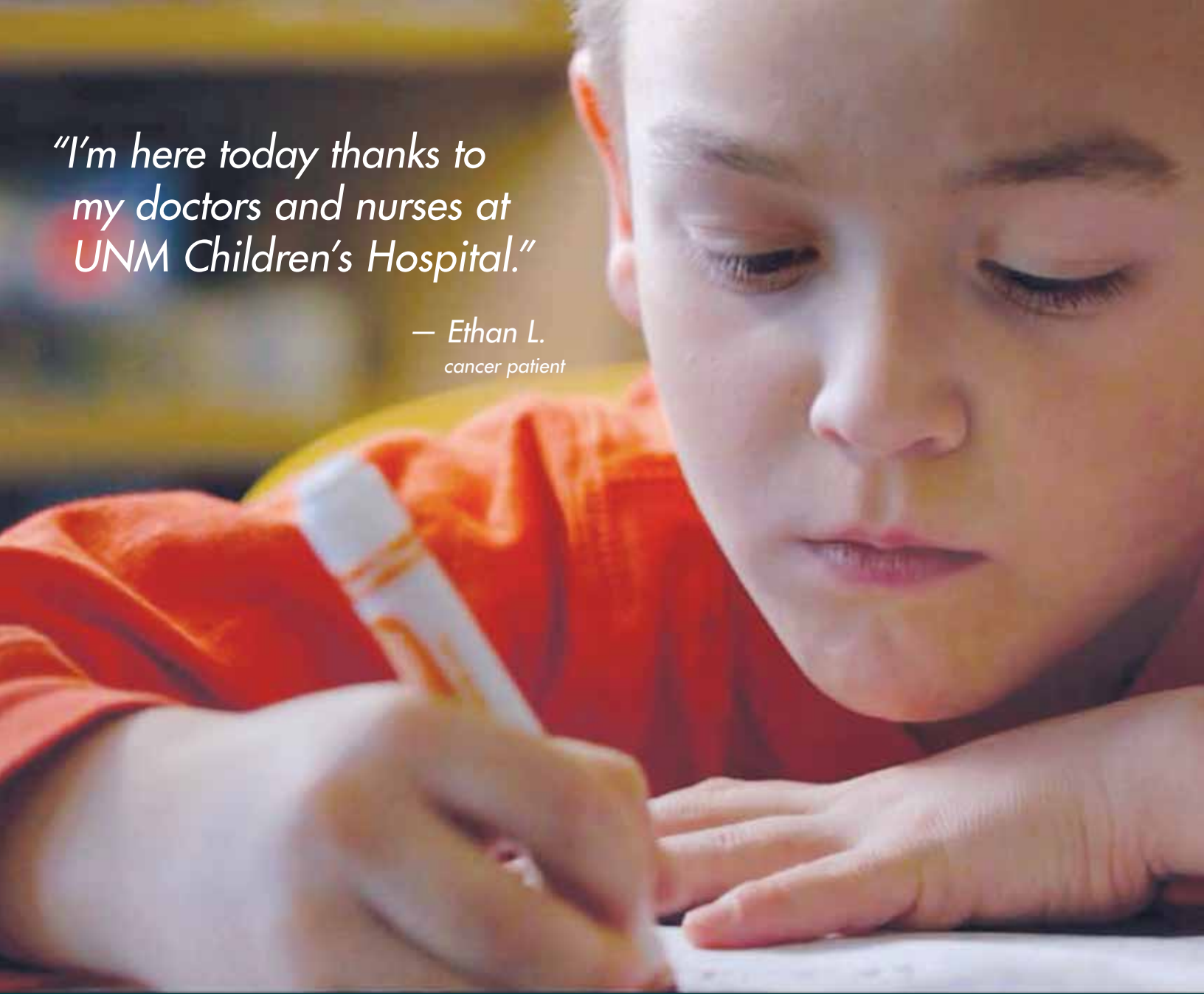
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*"I'm here today thanks to
my doctors and nurses at
UNM Children's Hospital."*

— Ethan L.
cancer patient

When Ethan was just 18 months old he came to UNM Children's Hospital, where we found he had a tumor the size of a baseball. So began his multi-year treatment by our team of pediatric cancer experts. They are trained to focus on the unique needs of children — because every child we see deserves special treatment. Learn more about Ethan's story at **[UNMHSLifeStories.org](https://unmhs.org/life-stories)**.



UNM CHILDREN'S HOSPITAL



COVER STORY

Military Medicine

Alumna Karen Guice helps run the worldwide network of Department of Defense hospitals and clinics

SPRING 2016

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letter from the

dean



Spring is regarded as the season of growth – something we are seeing plenty of here on North Campus.

I'm pleased to report that the UNM Board of Regents recently voted to let us move forward with plans for a much-needed adult care and surgical hospital to replace the existing UNM Hospital facility.

We're working with an architectural team to plan for the project. In coming months, when we have a development plan in place, we will present it to our governing boards for approval.

The next steps would include finalizing the design, securing the best financing available and getting final project approval from all engaged parties. We hope to open the new facility sometime in 2021.

We will also start construction soon on the third phase of the Health Sciences Education building. This \$27.3 million project will provide new active learning classrooms, simulation labs and other long-awaited student amenities.

Meanwhile, our master's of public health program is being spun off from the Department of Family and Community Medicine into the newly created College of Population Health under founding dean Deborah Helitzer, ScD.

Going forward, the non-MD disciplines within the School of Medicine will be collectively known as Health Professional Programs. We fully expect to see growth in their class sizes in coming years.

Finally, as the Health Sciences Center assumes a larger role at the UNM West campus in Rio Rancho, we are planning to build a second classroom building there. It will be adjacent to the UNM Sandoval Regional Medical Center and, we hope, become the home of the new College of Population Health.

These developments all point the way to an exciting future. The entire School of Medicine community – students, faculty, staff and alumni – can take pride in our achievements.

With Warm Regards,

Paul B. Roth, MD, MS
Chancellor for Health Sciences
CEO, UNM Health System
Dean, UNM School of Medicine

New College of Population Health Launches

The UNM Health Sciences Center is celebrating a major expansion of its health workforce education programs with the creation of a new College of Population Health.

“Students here are very interested in what they can give back to their communities,” says Deborah Helitzer, ScD, who assumed her new role as founding dean January 1. “This will be a program where they can get a job doing that.”

Population health is a systems-based methodology that focuses on the social determinants of health, uses analytics to assess social and community interventions and encourages collaboration among multiple sectors.

The new college will incorporate the School of Medicine’s existing master’s of public health program and offer a new bachelor of science in population health. A PhD program and population health certificate for health professionals are under consideration.

Rebecca Gustaf



Deborah Helitzer, founding dean of the new College of Population Health.

Regents OK Planning for UNM Replacement Hospital

The University of New Mexico Board of Regents has authorized UNM Hospitals to move forward with plans for a new adult hospital to replace the existing facility, an important tool in alleviating chronic overcrowding.

Faculty and staff struggle to manage patients in the current hospital, portions of which date back to 1954. Last year, more than 800 patients were turned away because UNMH could not accommodate them.

The first step in the complex process of planning and programming will start with local and national architectural firms creating a development plan for the new hospital. The process will take six months to complete.

The plan will be presented to UNMH governing boards for approval. The next steps will include design, securing financing and getting final project approval. This second step will take another 12 months.

“We hope to open the new facility on a site west of University Boulevard sometime in 2021,” said Paul B. Roth, MD, MS, chancellor for Health Sciences. “We expect all of our adult acute medical-surgical and adult psychiatric beds to eventually be located there.”

Portions of the vacated space and the existing Barbara and Bill Richardson Pavilion are expected to be repurposed for a Women’s and Children’s Hospital, as well as for non-clinical uses.

Making Space for Education



Phase 3 Construction Gets Underway

Construction on a long-awaited third phase at the Health Sciences Education building should get underway in May, bringing the promise of new classroom and simulation facilities to fruition.

Approval by the State Board of Finance on March 15, 2016, provided the final green light for completing the project, which has been in the works for more than 10 years.

The new construction will add more than 66,000 square feet of space and renovate 11,000 square feet of existing space, greatly augmenting the more than 100,000 square feet included in the current complex, says Holly Shipp Buchanan, EdD, executive director of the Health Sciences Library and Informatics Center (HSLIC).

"We will expand our simulation space significantly," says Buchanan, who has been overseeing the project. "We will add necessary small-group learning rooms and we will gain active learning classrooms. We will be gaining lots of classroom space that we don't have now."

The lower level of the west building will be converted to a food service area, while Room 2112 on the second floor of the

same building will be converted to a gym, as had been envisioned in the original plans, Buchanan says.

The classes currently meeting in Room 2112 will be accommodated in newly constructed classroom space on the fourth floor of HSLIC.

The project started under Phil Eaton, MD, now emeritus vice president for Health Sciences. "We started talking about the classroom of the future and planned this complex," Buchanan says.

Due to funding limitations, construction of the complex was broken into three phases. "We had to chop the building into fundable pieces," Buchanan says. The first two sections, completed in 2007 and 2010, included the auditorium, the human anatomy laboratory and simulation labs, the bookstore and a mix of conference rooms.

The third phase, which will cost an estimated \$27.3 million to construct and furnish, will largely be paid for with bond money approved by Bernalillo County voters and state capital outlay funding.

The current construction timeline calls for completion of the project in time for Fall 2017 classes. ◇

WORKING TOWARD WELLNESS

Giving Physicians Tools to Prevent Burnout

By Furhana Afrid

By some accounts, more than half of the nation's physicians are burned out. They are exhausted, feel ineffective, lack meaning in their work and tend to portray cynicism toward their patients.

But thanks to the new Program for Physician Wellbeing, medical students and faculty could avoid becoming another burnout statistic.

"We are in this superhero workaholic culture," says Elizabeth Lawrence, MD, director of physician wellness in the School of Medicine's Office of Medical Student Affairs and an associate professor of internal medicine.

The medical culture in general is a toxic environment, where thriving and surviving as a physician is a daunting mission, Lawrence says. "We are facing a big doctor crisis."

That is making it even more difficult to recruit and retain doctors in rural and impoverished states such as New Mexico, where physicians practice in isolation, with little, if any, support.

Lawrence is beginning to chip away at the problem by equipping medical students with a wellness toolkit. "They need to establish habits of good self-care now," says Lawrence.

The toolkit includes a curriculum that helps medical students achieve work/life balance and establish boundaries with patients while empowering them to become health coaches.

Lawrence is also encouraging students to explore meditation, practice mindfulness and reflect on traumatic experiences involving death. "If you don't take the time to process that, then that's something you can carry with you for decades as a physician."

Physician burnout is also affecting faculty all across the board. As the university deals with understaffed departments and inadequate resources, some faculty members are also feeling the burn as they overextend themselves, Lawrence says.

"It makes no sense to change the culture of our medical students and then have them work with burnt-out residents and faculty," says Lawrence, who is bringing awareness of the program to faculty. "You really need to change all of them."



Rebecca Gustaf

Elizabeth Lawrence, right, at the recent wellness event.

By spearheading educational initiatives, Lawrence is bringing faculty together to discuss physician wellness at an individual and institutional level.

Some effective strategies to reduce burnout include flexible work schedules and longer patient visits.

"Giving physicians that type of flexibility has been shown to reduce burnout," she says.

Lawrence emphasizes that, with adequate institutional support, she hopes significant changes can be made to address burnout at all levels.

She envisions a UNM comprehensive center for physician wellness that supports physicians across New Mexico. "We really have a chance to be leaders in a rural, remote state and change the primary care workforce." <





Karen Guice during her visit to Albuquerque for the 2016 MetaECHO Conference.

PROBLEM SOLVER PAR EXCELLENCE

Keeping the Military Health System Running

By Wendy Kantor

Photos: Roberto E. Rosales

Karen Guice, MD '77, only has a few minutes to talk. She has to leave her office in the Pentagon precisely at 1:30 p.m. to head across the Potomac to the White House to give a briefing on opioid abuse.

"The President has said we need to do more to figure out the opioid issues within the country," Guice explains, "so I go as the Department of Defense representative for what we're doing for managing pain and the approaches we're taking."

It's a typical day for Guice, 64, who is quick to point out that there really is no such thing because her schedule usually changes three or four times throughout the day. "I have a lot of meetings," she says.

Guice works in a building where most people are in full military uniform, but she isn't in the military. She serves as the principal deputy assistant secretary of defense for health affairs, second in the leadership chain of the Military Health System.

"This is kind of like being the COO of the Military Health System," Guice says.

She helps oversee a \$50 billion budget and manages 59 military hospitals, including the Walter Reed National Military Medical Center in Bethesda, Md., and the Dwight D. Eisenhower Army Medical Center near Augusta, Ga.

There are also 360 health clinics, the Uniformed Services University and assorted private-sector health business partners. It's Guice's job to ensure that cost-effective, quality health care is available for 9.6 million active-duty military, as well as for retirees, survivors and their families.

She also develops military health policy and figures out how to respond to health crises, including the Ebola epidemic and the emerging threat from Zika virus.

Guice picks up one of the thick white binders stacked on her desk. "This is all the things Congress asked us to do this year," she says as she flips through it to make sure the Defense Department is on track.

Her desk is 1,884 miles from UNM, where she returned in April to speak at the MetaECHO Conference about the military's partnership with Project ECHO, the telemedicine program that enables medical specialists to help physicians in remote locations care for their patients.

Guice was raised in New Mexico. Her mother's family has lived in Las Cruces since the 1920s. Her father, a World War II veteran and Louisiana native, worked at New Mexico State University while her mother was a teacher.

Guice discovered a passion for chemistry in high school and majored in it at New Mexico State University, which turned out to be a good preparation for medical school. She doesn't have a real answer as to why she decided to pursue a medical career, though. "I'm not sure," she says. "It's one of those things that sort of just came to me."

UNM was four hours from home, and the School of Medicine was still fairly new when she enrolled. "It was exciting to be there," she says. After graduation, she did a surgical residency at the University of Washington in Seattle.

"I liked surgery," she says. "It's challenging. It's fun to be able to figure out the surgical problems and find solutions."

It was there that she met her husband Keith Oldham, now chief of surgery at Children's Hospital of Wisconsin. "He was a year ahead of me," she recalls. "We were on the same rotation. We were doing a case together – I think it was a pancreatectomy – and I said, 'Have you done one of these?' And he said, 'No.' And I said, 'Well, I have. Let me show you how to do it.'"

A few years later, they started playing racquetball together. "One thing led to another and we married," she says.

They spent the first year of their marriage apart when he took a job in Cincinnati. She joined him there and then they moved together first to the University of Texas Medical Branch at Galveston, and then to the University of Michigan at Ann Arbor. Later, they both worked at Duke University, where she became the first female professor of surgery.

Guice set aside her surgical career 20 years ago to devote herself full-time to health policy.

"It was Hillary Clinton and health care reform," Guice says, explaining why she decided to get a graduate degree in public policy. "My fellow surgeons would talk about health care reform and say, 'Oh, this is awful,' and, 'They don't understand.' To me, it seemed like you can be part of the solution or part of the problem. And I like to be part of the solution."

The Sanford School of Public Policy is a 15-minute walk from the Duke University Hospital. Guice enrolled there in 1995, earning her master's degree in public policy. "I loved learning the language of public policy and learning the levers public policy offers and learning how to navigate in that role," she says.

Later, she moved to Washington for a year to serve as a Robert Wood Johnson Foundation Health Policy Fellow on Capitol Hill.

"She is very impressive," says Nancy Ridenour, PhD, RN, dean of the UNM College of Nursing, who was also a Robert Wood Johnson Fellow. "In addition to being a surgeon, policy wonk and public health expert, she is very personable and interested in helping others."

Guice went on to serve as a staff member of the Senate Committee on Labor from 1998 to 1999. She returned to North Carolina on the weekends to visit her husband and young sons – or they came to visit her.

"The kids loved coming to D.C.," she says. "When I was leaving, they said, 'Mom, it's really great you're coming home. But can we keep the apartment in D.C.?' Because they loved coming and going to the Air & Space Museum and they went to the Clinton inauguration. They just loved it."

The family instead moved to Milwaukee, where Oldham



had been recruited to be head of surgery at the children's hospital. Rather than return to her surgical practice, Guice conducted health services research. Then she was asked to be deputy director of the President's Commission on Care for America's Returning Wounded Warriors.

Soon, the Veterans Affairs secretary asked her to work for him. She liked helping veterans "navigate very complicated health care systems and get the benefits of services lined up for them," she says.

Guice has a seemingly endless capacity for work. She sets her alarm for 5 a.m. and gets to the office as soon as she can. She stays past 6 p.m. most days, and often works much later. She lives in an apartment in Arlington, Va., just a few minutes from her office. Most weekends, she flies to Wisconsin to be with her husband.

Guice still has the love of problem-solving that she discovered during her surgical residency. Just this morning a soldier had emailed her because he wasn't getting needed diabetes medicine. She solved his problem with one phone call.

She also manages much bigger crises that potentially affect thousands – or millions – of people. For example, during the 2014-2015 Ebola outbreak, she helped develop a strategy for how the military could work to try to get the virus under control.

Now she is developing guidance for military and civilians in the DoD for dealing with Zika. "We have deployed DoD servicemen, but we also have civilians everywhere," she points out. "What is going to be our advice to them? Particularly if they're pregnant or thinking about getting pregnant? How do we manage our people?"

Guice loved surgery, but says she doesn't miss her practice.

"As a surgeon, you help one patient at a time," she says. "If I'm working on a piece of policy – or with the Labor Committee on legislation – the words that go into a statute or the words that go into a policy affect many more people. The fact that I can actually do something that has a bigger influence was really appealing – and remains really appealing today. While I stopped practicing surgery, I was still able to influence the practice of medicine in a bigger way."

With the current administration in its final year, Guice is winding down her Pentagon career. All her free time is devoted to building a retirement home on Orcas Island in Washington State. At the moment she's reviewing landscap-

ing plans, plotting where walkways will go and what she'll plant in the garden.

"As for the house, I think we're down to the last decision, which is what cabinet knobs I'm going use," she says. "Do you know how many cabinet knobs there are? Oh my God! It's daunting! And you can pay a lot of money for cabinet knobs."



She and her husband are also downsizing their home in Wisconsin – deciding what furniture will go to the house on Orcas Island and what will go to the smaller place.

Her sons are grown now. The oldest is finishing a master's degree in herpetology at the University of Kentucky, while the younger earned an MBA and works for Ernst & Young in Charlotte, N.C.

So, what's next?

"Good question," Guice says. "And I don't know." She does know she won't go back to practicing medicine.

"I'll do something in a medically related field," she says. "I just don't know what yet. It's probably time that I start figuring that out. But I don't have a plan yet."

First, though, she has to go to the White House – and then pick out those cabinet knobs. <

MIND *of a* MENTOR¹²

Practitioners Give Students the Gift of Time

In taking the Hippocratic Oath, physicians swear “to hold him who taught me this art equally dear to me as my parents . . .” The art and science of medicine is passed down from mentors to their mentees who, in turn, share their experience and wisdom with the next generation of doctors and sometimes build lifelong personal and professional relationships. Mentoring is an integral part of teaching the healing arts at the UNM School of Medicine. **Kate Fox** explores three mentor-mentee relationships.

FINDING THE RIGHT FIT

Precepting Providers into Rural New Mexico

Randal Brown, MD '92, precepts medical professionals to work in Santa Rosa and Tucumcari.

“For us, a large part of preceptorship is exposure to the full spectrum of being a health care provider: clinical medicine, emergency room and inpatient care,” Brown says. “Part of our appeal as a site is, for people who do primary care this is a little bit of all of it – sort of the way it used to happen before we ended up with a lot of specialists that fragmented the health care system.”

Like one-on-one mentoring, precepting is all about finding the right fit. “We figure out what each individual wants to get out of the experience, mixed with what we are able to provide,” says Brown, chief medical officer of the Sunrise Medical Group and chief of staff at Guadalupe County Hospital. “You sit down with them every day, you set goals, you can pick them up when they have problems.”

Brown's group precepts the gamut of medical interests, from high school kids to medical students and paramedical professionals. For UNM family practice residents, the goal is to provide a glimpse of the pace of real-world practice and of the cultural and economic

issues that affect rural providers, including distance and lack of access to certain tests and equipment.

Brown's commitment to precepting runs deep, from putting up residents in his family's guest house to personally splitting the cost of a UNM family medicine residency position with the local hospital.

“It helps support the family practice program to send a resident as part of our recruiting effort,” he says. “We know if people come out here and have a great experience they're likely to come back here.” In fact, five midlevels and three physicians have returned to join his Santa Rosa practice after they completed their medical training, Brown says.

Molly Kenyon, NP, is a board-certified nurse practitioner who now works in Brown's Tucumcari and Santa Rosa offices. She completed her degree in February 2015 through an online program, but then had to find a local preceptor for hundreds of hours of on-the-job training.

“It's hard to find people like Dr. Brown, who have graduated from a big university but will still take the time to teach you,” Kenyon says. “He's amazing. He's just a great teacher. He should be everybody's mentor.” <

“Mentoring is critical in career development and can be the difference between good and excellent. Mentors midwife the already existing potential in a mentee.”

- Martha Cole McGrew, MD, Executive Vice Dean, UNM School of Medicine

CAREER DEVELOPMENT

“You Should Always Have a Mentor”

MIND of a MENTOR



Suki Pierce and Bob Schenck.

Robert “Bob” Schenck Jr., MD, chair of the Department of Orthopaedics & Rehabilitation, has mentored residents, medical students and faculty members throughout his career. But he also encourages the department’s physician assistants and nurse practitioners to find mentors.

“I think that you should always have a mentor, no matter what your job level is,” Schenck says. He currently mentors C. Suki Pierce, PA-C, a physician assistant who has worked for four years in the department’s sports medicine program.

“When Suki first came on board, we tried to give her a lot of good concepts about what her job would look like – but also talked about what she wanted her job to look like,” says Schenck, who notes that PAs work side-by-side with faculty members in clinics.

Pierce came to UNM five years ago after a “chaotic” first year of practice in New York. “The physicians here are so fantastic at teaching, so I knew from Day One it would be different from my first job,” Pierce says.

“It made me feel so much more competent and ready to tackle patients on my own,” she says. “I was able to sleep better. I felt more confident. People have given me compliments. They say I think like a surgeon.”

While it’s important to offer mentoring to a person, they also should be free to choose their own mentor, says Schenck, who explains that it’s not uncommon for mentees to have multiple mentors through their career.

“Sometimes it transitions a bit,” he says. “You may find that one mentor works better. There’s no hard feelings when

they find that their needs change. I’m reminded of a medical student I mentored throughout her career. She asked my advice on finding a mentor at a different school where she had a new job. I gave her the name of someone – a good person – but that student didn’t like that person as much, so I found her another one.”

Pierce initially worked with other mentors, but Schenck started mentoring her when he found himself in clinic with her two days a week.

“I think a part of it was she felt very comfortable bringing patients to me that she had a question about, where she hadn’t decided on the best course of action,” he says. “It was just perfect for me to mentor her. It was a fun opportunity. I think it’s a lesson that we’re all students. I’m a student, even though I’ve been in practice a long time. I learn every day.”

Schenck recalls many mentors in his own life, including one in college and another in medical school. “I think one of my best mentors, in addition to my parents, was a high school teacher. They set great foundations early on for me.” <



Rebecca Gustaf

PASSING IT ON

The Journey from Mentee to Mentor

MIND of a MENTOR

Robert F. Melendez, MD '00, was still in medical school when he met his mentor. Alonzo Atencio, PhD, an assistant dean and director of minority programs, suggested that Melendez meet with his own classmate and fellow School of Medicine alumnus Frank Mares, MD '77, to discuss Melendez's aspirations. At the time, Melendez was considering a career in optometry and knew little about ophthalmology.

"Go spend a day with him and tell me what you think," Atencio told him.

It was the beginning of a long professional relationship. Melendez remembers shadowing Mares in clinic and in surgery, and Mares recalls his group sponsoring Melendez's master's program research project.

Ten years later, as Melendez was finishing his residency at University of Texas Health Sciences Center, he heard again from Mares. "He called me and asked what I was planning," Melendez recalls. "He offered me an interview. They hired me."

Mares and Melendez are now partners in Eye Associates of New Mexico, and Melendez is the physician manager for the Rio Rancho office.

"It was instructive to me to mentor someone," Mares says. "You really need to be on top of your game to answer their questions, and it allowed me to go and learn. Plus, he's mentoring people himself now. It's one way to give back."

The two doctors share a close relationship. "He is still a mentor to this day – we still talk," Melendez says of

Mares. "He's almost like a second dad at this point." Melendez, the new president of the UNM School of Medicine Alumni Association, has volunteered at the school for more than a decade.

"I've always loved to teach and mentor," he says. "I was a tutor all throughout college and graduate school. I was torn with, 'Should I go into academics or private practice?' When I got the job in private practice, I wondered how to do both."

Now, he mentors as many as three students a year. "I'm almost exclusively focusing on students who want to go to ophthalmology residency," he says.

That experience led to a career path for Nathaniel "Nate" Roybal, MD, PhD '07, a former mentee who is expected to join Eye Associates and teach part-time at UNM after he completes his vitreoretinal fellowship at University of Iowa Carver College of Medicine this spring.

Roybal credits Melendez with being one of several key mentors in his life.

"He has become like a big brother to me," Roybal says. "I first met him when I rotated through his clinic 10 years ago as a third-year medical student. Fortunately, he spent the energy to counsel me

through many of my career decisions to this point."

Melendez is currently mentoring Ayesha A. Sharif, MD, and Pavan Angadi, MD, both 2015 School of Medicine graduates.

"It really energizes me, it invigorates me," Melendez says. He enjoys talking with his medical students, hearing their perspectives – and learning about pop culture. "I'm learning new things from them as much as they're learning from me . . . it keeps me young." ♦



Roberto E. Rosales

Frank Mares (left) and longtime mentee Robert Melendez.

Hands-On Treatment

UNM Physical Therapy Program Turns 40

By Laura Hall

Photos: Roberto E. Rosales

When Barbara Bradley Fuller graduated from the UNM Physical Therapy Program in 1976 she was one of three members of the fledgling program's first class.

In the 40 years since, the program has successfully educated more than 700 physical therapists, 75 percent of whom practice in New Mexico.

"It's been a very rewarding career helping patients resume their lives after injury," Fuller says. "You meet the patient where they are at, work with them to understand and use their body in a different way — and, in the process, you learn about their families and develop a relationship that is life-long."

The physical therapy program was launched with funding from a Federal Allied Health Manpower Training grant in 1974. The U.S. economy at the time was gripped by recession, and unemployment was reaching 9 percent, yet the need for physical therapists was ever increasing.

New Mexico had the lowest number of physical therapists per hospital bed in the Western states. The recommended ratio was one therapist per 20 beds, and New Mexico averaged one per 142 beds. It was clear New Mexico's physical therapy needs could not be met without an in-state educational program.

The program began with only a few core faculty members, including Don Owens. Elizabeth Barnett, who had a reputation for being fiercely independent, served as the first program director. William O'Brien was the architect behind the program's curriculum, and the second program director. The academic unit was organized under the Department of Orthopaedics. The administrative umbrella of the Allied Health Sciences program was headed up by Joseph Scaletti, PhD.

George Omer, MD, chair of Orthopaedics and the chief of the Physical Medicine service at Bernalillo County Medical Center, saw the physical therapy program as necessary not only to address the clinical need in the state, but as an essential building block in developing a comprehensive medical school.

Early on, the program took an interdisciplinary approach, collaborating with physicians to teach the medical aspects of the curriculum and contributing those portions relating directly to physical therapy. This provided better integration of both medical and physical therapy content.



Burke Gurney describes the use of reflective markers in motion capture technology.

The program has progressed since its early days, mirroring changes in the entry-level requirements for the profession. The program moved from offering a bachelor of science to a master of physical therapy degree in 2000. It switched to a three-year doctor of physical therapy degree in 2009.



A patient walks the “runway” in the Fred Rutan Center for Gait and Motion Analysis lab.

The main impetus behind this rapid progression is the more rigorous preparation students now need to master a growing body of knowledge. The curriculum has expanded in the areas of gender health, differential diagnosis, imaging, pharmacology and cultural aspects of patient care.

A huge leap forward was made in 2015 when the New Mexico Legislature approved a provision allowing patients direct access to physical therapy.

“This represents a paradigm shift in our practice,” says the program’s current director, Burke Gurney, PhD, PT.

“In essence we are moving away from what has been historically a prescription-based model,” he says. “Patients can benefit from quicker interventions, quicker results and, as studies suggest, at a lower cost to the system.”

UNM’s program is uniquely service oriented and requires students to provide 48 hours of physical therapy services in the community.

“While that does not sound like much,” Gurney says, “it teaches students valuable lessons while making a real difference to patients who are underinsured and unable to pay.”

Another advance was the establishment of the Fred Rutan Center for Gait and Motion Analysis in 2012. The lab was named in honor of the program director from 1985-1988, and provides the much-needed infrastructure for the program’s research projects.

Gurney, along with Ron Andrews, PhD, associate professor and previous program director, are hopeful that sometime in the near future UNM will be able to offer a PhD track focusing on research specific to physical therapy.

Meanwhile, UNM’s Physical Therapy program has proved vital to improving the health of New Mexicans. “We still place 100 percent of our graduates, and most choose to practice in the state,” Gurney says.

Physical therapists have remained over the years the quintessential “hands-on” members of the health care team, focusing on quality of life for the individual patient, Gurney says, adding, “There’s an old saying: medical doctors add years to your life and physical therapists add life to your years.” ◇



Hugh Hennigh, George Omer and William Gipson with a patient, 1975.

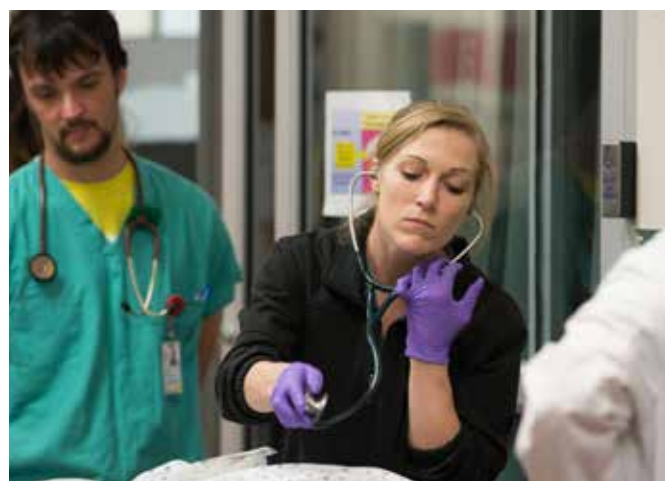


MIDNIGHT TRAUMA

RESIDENT WORKS THROUGH THE WEE HOURS TO SAVE LIVES

By John Arnold

Courtney Lapham-Simpson, MD '13, a third-year emergency medicine resident, spends days and nights caring for patients in UNM Hospital's emergency department – the state's only Level I trauma center. The New Mexico native and UNM School of Medicine graduate says she was drawn to emergency medicine because "I liked all the specialties, all the different pathologies. It's exciting." After completing her residency this summer, Lapham-Simpson plans to join UNM as a faculty member.



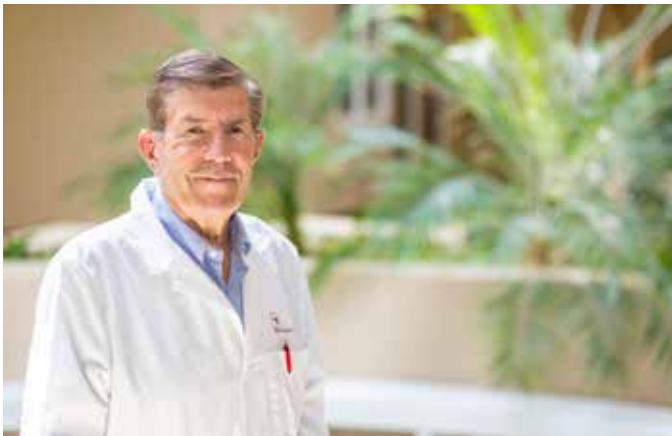


WHY DID YOU CHOOSE UNM?

Students are drawn to the UNM School of Medicine for many reasons, but a few themes have remained surprisingly consistent through the years: Affordability. Student body diversity. A hands-on approach to learning to provide patient care.

By Lauren Lewis and Kate Fox

Photos: Rebecca Gustaf



Donald Rodgers, MD – Class of 1968 (first class)

Ophthalmologist

I heard about the new UNM School of Medicine while working as a chemist at the Bernalillo County Indian Hospital. What interested me in applying to be part of the very first class was the school's revolutionary approach to teaching medicine. Many medical schools at the time did not give students such an early introduction to clinical medicine. At UNM, we were able to gain that first-hand experience of taking care of patients right away. Being the first class, there were only 24 of us during those early years. This allowed us to become personally attached and close to one another and our professors. It was a terrific experience.

Bert Umland, MD – Class of 1971

Visiting Associate Professor,
Department of Family and Community Medicine

In the early days it was small and intimate, and everyone worked together to pull off this interesting experiment. My class started with 24 people, and the faculty was very small – each department only had three or four faculty members. We moved into the Basic Medical Science Building over the Christmas break of my freshman year. It all made me a doctor who enjoyed practicing medicine.



Dennis J. Lucero, MD, RPH – Class of 1987

Hospitalist, ABQ Health Partners

I got into the biology and chemistry premed program at UNM but I saw a lot of people were being rejected, so I switched over to pharmacy and graduated in 1975. As a pharmacist I was practicing at UNM Hospital and I was talking to the doctors on the floor and I really enjoyed that clinical interaction. I reapplied to medical school in 1984 and completed the program in 1987. I am really pleased with the education that UNM gave me. I've enjoyed giving back, giving patients compassionate care. It was never about the money – it always was about serving the public in their time of need.

“ At UNM, we were able to gain that first-hand experience of taking care of patients right away. ”

-Donald Rodgers, MD'68



John Leggott, MD – Class of 1991

Professor, Department of Family and Community Medicine

At the time that I applied to the UNM School of Medicine, I was in my third year of teaching middle school after graduating from college. I was on my own, with little income and a good amount of college debt. I was born and raised in Albuquerque and never considered going anywhere else. The UNM School of Medicine had a solid reputation, a wonderful financial aid office and was ideal for someone who knew they wanted to train and remain in New Mexico. By the end of my first year of medical school, I was married to a fellow classmate. Clearly, UNM had everything for me.

Melissa Mason, MD – Class of 2000

Pediatrician

I loved the diversity of the school, both in the people and the diversity of the education offered. The UNM School of Medicine continues to be innovative with its education and curriculum. I remember being able to have hands-on patient experience five weeks into school, and that was so valuable. I don't think you can get that patient experience so early anywhere else.



Duken LaBaze, MD

Current Medical Student

I chose to come to UNM for several reasons. The UNM School of Medicine allows patient interactions very early in the curriculum, which was very important to me. I knew that the low tuition would allow me to pick a specialty based on what I love doing, not the debt that I will be paying. I knew UNM was the only medical school in the state, allowing for access to tremendous resources.

Engineering Healthy Outcomes

Surgeon Deana Mercer Mixes Medicine with Mechanics

By Luke Frank

Deana Mercer, MD, remembers prancing around the living room as a small child wearing her mother's stethoscope and shoes and looking through her medical textbooks. Mercer wanted to be a doctor before she could ride a bike.

Mercer grew up in Puerto Rico as one of 10 kids.

"My parents loved to sail and were intrigued by the Latin culture," she says. "So my dad built a boat and they toured the Caribbean, ultimately docking in Puerto Rico before starting a family. It was an amazing place to grow up."

There, her mom earned a marine biology degree, went to medical school and completed her residency in internal medicine while her dad worked and cared for the kids.

"I'm a product of my mother – a very strong woman," she says, "but my dad was a wonderful influence too. They both contributed differently to our upbringing."

From her parents Mercer developed a love for family and community, medicine and mechanics.

Her father taught her to drive when she was 12 and shortly thereafter had her replacing engine parts, changing the oil and fixing the brakes. She learned at an early age how parts come together to function as a whole, so it's small wonder she became an orthopedic surgeon.

Mercer was in the sixth grade when the family moved to Las Cruces, N.M., in search of better educational opportunities. In high school, she was assisting in the operating room, looking at vital organs and learning their functions in health and wellness.

"I was completely engaged and knew that I wanted to be a surgeon," she says. "Medicine is wonderfully multifaceted, and physiology really drew me in – it's mechanical and logical."

Many people guided Mercer along the way. "I've been lucky to have passionate, driven people in my life, from my family to the medical community to UNM physician leaders like Drs. Bob Schenck and Moheb Moneim," says Mercer, an associate professor in the School of Medicine's Department of Orthopaedics & Rehabilitation.

Mercer's twin interests in surgery and engineering ultimately led to specializing in orthopedics and fellowships in shoulder, elbow, hand and microvascular surgery, as well as a faculty affiliation with UNM's Department of Biomechanical Engineering.

A logical extension of these advanced disciplines is Mercer's involvement in The Perry Initiative, a national program that encourages young women in high school and college to pursue careers in orthopedic surgery and engineering. UNM participates in outreach events with local students.

"My fascination with clinical and research innovation has developed into a strong desire to share knowledge with future generations of physicians," Mercer adds.

Mercer thrives on motivating, supporting and encouraging aspiring women professionals, especially through mock surgeries and biomechanics experiments. "It's great fun and an investment in their future – in our future," she says. ◇

Research Review

Deborah Altschul, PhD, research assistant professor in the Department of Psychiatry and Behavioral Sciences, received a \$257,000 sub-award from the New Mexico Behavioral Health Collaborative for the NM-SBIRT program.

Project ECHO Director **Sanjeev Arora, MD**, secured a \$1 million grant from the GE Foundation to leverage the ECHO model to improve quality in Federally Qualified Health Centers.

Marianne Berwick, PhD, distinguished professor in Internal Medicine and Dermatology, received a \$259,000 sub-award from the Memorial Sloan-Kettering Cancer Center to study genomic testing for melanoma.

Kiran Bhaskar, PhD, assistant professor in the Department of Molecular Genetics and Microbiology, received a \$331,000 continuation grant from the National Institute of Neurological Disorders and Stroke to study inflammatory signaling in taupathies.

Yanis Boumber, MD, PhD, assistant professor in the Department of Internal Medicine, received a \$363,000 grant from the Department of Defense to study non-small cell lung cancer.

Juan Bustillo, MD, professor in the Departments of Psychiatry and Neurosciences, received a \$651,000 grant to conduct a Phase 3 clinical trial. He also received a \$345,000 sub-award from the Mind Research Network for multimodal imaging of neuropsychiatric disorders.

Vojo Deretic, PhD, chair in the Department of Molecular Genetics and Microbiology, received a \$657,000 grant from the National Institute of Allergy and Infectious Disease to study autophagy to treat tuberculosis and HIV. He also received a \$578,000 grant from the National Institutes of Health to study autophagy therapy for tuberculosis.

Brian Isakson, PhD, assistant professor in the Department of Psychiatry and Behavioral Sciences, received a \$400,000 grant from the Substance Abuse and Mental Health Services Administration for COPE Primary Care Integration.

Nikki Jernigan, PhD, assistant professor in the Department of Cell Biology and Physiology, received a \$378,000 National Institutes of Health grant to study pulmonary hypertension.

Nancy Kanagy, PhD, professor in the Department of Cell Biology and Physiology, received a \$340,000 grant from the National Heart, Lung and Blood Institute to study hydrogen sulfide regulation of vascular tone and blood pressure.

Scott Ness, PhD, Victor and Ruby Hansen Surface Endowed Professor in Cancer Genomics at the UNM Comprehensive Cancer Center, received a \$442,000 grant from the National Institutes of Health to study adenoid cystic carcinoma.

Gary Rosenberg, MD, director of the UNM Memory & Aging Center, received a \$484,000 grant from the National Institutes of Health to study biomarkers

for white matter injury in mixed and vascular cognitive impairment.

Robert Sapient, MD, professor of Emergency Medicine and Pediatrics, received a \$325,000 grant from the Office of Rural Health Policy for "Child Ready: Building a Virtual Pediatric ER for Rural Communities."

David Schade, MD, chief of the Division of Endocrinology, received a \$366,000 sub-award from The George Washington University for the GRADE study.

Alan Tomkinson, PhD, professor in the Department of Internal Medicine, received a \$267,000 grant from the National Institute of General Medical Sciences to study mammalian DNA metabolism.

Carlos Valenzuela, MD, PhD, professor in the Department of Neurosciences, received a \$335,000 grant from the National Institute on Alcohol Abuse and Alcoholism to study how alcohol affects developing neuronal circuits.

Nina Wallerstein, DrPH, MPH, professor in the Department of Family & Community Medicine, received a \$560,000 grant from the National Institute of Nursing Research to evaluate community-based participatory research, continuing a five-year \$2 million grant.

Angela Wandinger-Ness, PhD, professor in the Department of Pathology, received an \$867,000 grant from the National Institute of General Medical Sciences for her Academic Science Education and Research Training project.

Family Affair

Preceptorship Brings Student Full Circle

By Elijah Kamermans

Acceptance to the UNM School of Medicine was a momentous event in my life, made even more so when I found out the weekend before the first block began that I was going to be a father.

My son was born in March 2016. As a new parent, I continually reflect on what traits make a good father and what I want to pass on to my son. Naturally, I am led to think about my own father, Rob J. Kamermans, MD '92. Twenty-five years ago he started medical school at UNM at the age of 42 with seven children. His early clinical exposures led him to focus on rural family medicine.

He has since practiced in small towns, on reservations and in other underserved areas across New Mexico. His ability to balance school, family and his interest in service is what inspired me to go to the UNM School of Medicine. His work ethic and his need to give back to the community are values that I hope to pass on to my son.

As UNM medical students, our first substantial clinical exposure is the Practical Immersion Experience (PIE). During this six-week summer program we live in rural underserved communities around the state and gain clinical experience from local doctors.

These early clinical experiences provide medical students with the proper insight to shape their future clinical practices. As I began medical school, I wanted to have my PIE experience in Gallup because my wife's family is from there.

Serendipitously, the Office of Advancement and Alumni Relations had arranged a trip to Gallup and Zuni Pueblo for students to volunteer at a charity event and introduce them to the hospitals, clinics and physicians there.

Highlights included a visit to the Zuni Health Center, a hike up Pyramid Rock in Gallup with a former mayor and a tour of Rehoboth McKinley Christian Health Care Services. We were also introduced to many providers and hospital administrators who were more than happy to answer all of our questions about work and life in both Gallup and Zuni.

My personal goal for the trip was to make a connection with a preceptor and I got the opportunity to talk with one of the trip coordinators about what it might be like to work in Gallup.

As we hiked along the red sandstone cliffs of Pyramid Rock, she shared her thoughts about Gallup. Later, she arranged a meeting with Stephen Friedman, MD, who works at Gallup Indian Medical Center. He agreed to work with me and will be one of my preceptors for PIE, so this summer I will be living there with my wife and our newborn son.

The trip to Gallup made it all possible. For this I will always be thankful to the alumni. ◇



Sara Mota

Elijah Kamermans with his father's graduation photo and a sonogram of his son, is a first-year medical student.



Tiffany Enache (middle) guides PT students Thy Nguyen and W. Zach Smith while they work with a patient at Langford Sports and Physical Therapy.

PT CREWS

Students Lead New Community Clinic

By Cindy Foster

Photo: Roberto E. Rosales

Three students and an instructor watch intently as the older woman walks barefoot across the carpet in the hushed room. Four pairs of eyes focus on her right knee and ankle when they call out for her to turn. After a few minutes she stops – and the questions begin.

It's all part of a scenario played out biweekly in a new physical therapy student clinic that was launched earlier this year. "It's always better when the students can observe – not only how other students are approaching a patient but also how faculty practice what they are teaching," says Burke Gurney, PhD, PT professor and chief of the Division of Physical Therapy.

The clinics, held at Langford Rehabilitation and Therapy Services, recruit people who have tapped out their health benefits or don't have current therapy insurance coverage.

Students work in teams – two first-years and a second-year. Other classmates

team up to staff the front desk. Everyone participates twice in the schedule.

The experience has been a hit across the board and plans call for it to move to weekly clinic sessions in the fall, says the clinic's creator, Tiffany Enache, DPT, the division's director of clinical education.

Modern-day physical therapy has its roots in the treatment of amputees returning from World War II and in working with polio victims in the 1950s.

"In the beginning, it was very focused on treating an injury," Enache says. "These days, there is less focus on the diagnosis and more on the person. We want to know how this injury is affecting what you do and what realistic goals to set."

Different injuries and surgeries require different rates of recovery. Understanding the mechanics of those injuries is important, but patients also need a therapist who can help alleviate their concerns and inspire hope, she says.

The clinic comes as UNM's PT program expands in the wake of a new state law that allows patients direct access to physical therapists.

"Direct access will impact the state's health care in a good way," Enache says. "We should see ERs unload patients, and physicians have more openings.

"Why have someone waiting to see a doctor for two weeks in order to get a referral to see us? The longer you wait, the more chances there are for new injuries."

Quicker access to physical therapy will benefit patients, she adds. The students, meanwhile, are learning how their interventions can make a dramatic improvement in someone's life, Enache says.

"Our students know that even if we can only see a patient once, in that 35 minutes we have the opportunity to show someone something he or she can do that can potentially change their quality of life." ◇



UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION

President's Letter

UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION

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505.272.5112
<http://som.unm.edu/alumni>

Dear School of Medicine Alumni and Friends,

As your Alumni Association president, I want to ensure that we are promoting and supporting our alumni, residents, students and donors. I welcome your ideas on how we can be more involved with you.

One initiative I would like to see our alumni get behind is mentorship. I have had the great fortune of having some stellar mentors over the years. They have inspired me to mentor medical students through the School of Medicine's preceptor program, in which I have volunteered since 2005.

I have enjoyed teaching students about how systemic diseases affect vision and giving them insight into the business side of medicine – from improving clinical efficiencies to dealing with various patient personalities. It is great to see medical students develop their clinical skills while learning how medicine affects the community.

I'd like to challenge you to mentor at least one student each year. We often don't know the positive impact we have had on students until they return and thank us for our time. Please take some time to give back by mentoring a pre-medical and/or medical student.

We hope to develop a list of alumni ambassadors. We would also like to know which of our alumni are working at academic institutions, so when students are interested in doing their residency at your institution we can connect them with our alumni network.

Many students need some additional exposure to firm up their decisions about choosing medicine as a career or choosing a residency – and they often choose a specialty based on how positive their interactions were with their mentor.

I encourage you to reach out to the Alumni Association and share your experience as a mentor with us. Please let us know if you can get involved in the preceptor program or would like to serve as a mentor in another capacity with our students.

Together, we can have a positive impact in our communities.

Rob Melendez, MD '00, MBA
Alumni Association President

ALUMNI GATHERINGS



Alumni friends and School of Medicine faculty gather in Baltimore in November 2015.

National Alumni Celebrations

Martha McGrew, MD, executive vice dean of the School of Medicine, plans to host reunion events in four cities around the country in the coming year as part of an ongoing effort to build closer relationships with the school's alumni and friends.



Alumni festivities in Los Angeles in October 2015.



Health Sciences Center alumni, deans and staff gather in Phoenix in April 2016.

In Memoriam

FACULTY

Robert E. Greenberg, MD, former chair of the Department of Pediatrics, died Dec. 16, 2015. A graduate of Stanford University and the University of California, San Francisco, Greenberg became chair of Pediatrics in 1976. His career combined clinical medicine, teaching, biomedical research, administration and extensive public policy and advocacy efforts. In 1984 he co-founded the Coalition for Children, a New Mexico child advocacy organization.

Teodora Konstantinova, MD, an associate professor in the Department of Internal Medicine and a faculty member at the Raymond G. Murphy Veterans Affairs Medical Center in Albuquerque, died Jan. 2, 2016. She completed her medical training at the University of Medicine in Sofia, Bulgaria, and came to UNM in 2003 as one of the pioneering members of the New Mexico VA Hospitalist Group. She is survived by her husband Konstantin Konstantinov, MD, an associate professor in the Department of Internal Medicine, and her son Nikifor Konstantinov, a fourth-year medical student at UNM.

Leroy C. McLaren, MD, the first chair of the Department of Microbiology, died Nov. 12, 2015. The Bishop, Calif., native served in the U.S. Army Air Corps as a pilot in World War II. He flew 206 combat missions over the Himalayas in the China-Burma-India theater, earning the Air Medal and Distinguished Flying Cross. He later earned a PhD in microbiology at UCLA. He had a distinguished career in microbiology and virology at UCLA and the University of Minnesota before joining the newly established UNM School of Medicine in 1964, where he remained until retiring in 1990.

HOUSE STAFF

Martin Aronovitz, MD, died Oct. 12, 2015, in Colorado Springs, Colo. The Rochester, N.Y., native graduated from the State University of New York College of Medicine and served in the U.S. Public Health Service before completing his psychiatric training at the University of Colorado and UNM. While in residency, Martin met his future wife, psychiatric social worker Alice Bierschbach. He is survived by his wife of 43 years, son Benjamin Aronovitz, MD, daughter Ann Aronovitz Citrin, son-in-law Michael Citrin, MD, grandchildren Molly and Mark Citrin, sister Fraeda Parish and numerous nieces and nephews.

David B. Baddour, MD, of Moultrie, Fla., died Aug. 24, 2015, at the age of 66. He was born in Maturin, Venezuela, where he spent his childhood before relocating to Bethlehem to complete his high school education. He studied medicine at the American University of Beirut, where he met his wife, Maha. He moved to the U.S. in 1974 to join St. Raphael Medical School in New Haven, Conn., as a general surgery resident, then pursued a urology fellowship at UNM. He was in private practice in Texas before moving to Florida. He is survived by his wife, his sons Bishara and Nabil and his daughter Lina.

ALUMNI

Michael H. Clayton, MD '82, died Nov. 25, 2015. A Manzano High School and UNM graduate, he received a master's of public health from UCLA in 1978. He graduated from the UNM School of Medicine in 1982 and completed a pediatrics residency at Duke University, followed by a fellowship in allergy and immunology at National Jewish Center. He is survived by his wife Christine Campbell Clayton, son

Nicholas Clayton and daughter Allison Clayton. He is also survived by his brother Philip Clayton and his wife Davra, their daughter Anna Martin, husband Grant and sons Jacob and Caleb, and by his sister Jalynn Clayton, her husband Todd Heisey, and sons Thane and Trevin.

Nancy Schlehner Gioe, MD '78, died Nov. 21, 2015. She grew up in New Jersey, was educated in Vermont, New Mexico and Colorado and spent much of her life in Minnesota. Board-certified in emergency medicine, she worked as an ER physician for nearly 30 years at hospitals in the Twin Cities. She leaves behind her husband Terry, son Alex and wife Melissa, sister Carol and granddaughters Madeline and Andrea.

William Harry Heitman, MD '79, died Jan. 30, 2016. He grew up in Sparta, Ill., and graduated from the U.S. Air Force Academy in 1966. He left the Air Force to attend the UNM School of Medicine before returning to the Air Force as a flight surgeon. He attained the rank of major and earned the Distinguished Flying Cross. He is survived by his wife Mary Frances, children Jaylene McGregor, Brad Heitman, Russ Heitman, several grandchildren and great-grandchildren and his sister Nelda and husband Dick Hershberger.

Lee T. Nordan, MD '74, of Rancho Santa Fe, Calif., died Dec. 21, 2015. An ophthalmologist who helped pioneer refractive surgery, he trained at the UNM School of Medicine, at Jules Stein Eye Institute and with Jose I. Barraquer, MD, of Bogota, Colombia, the founder of lamellar refractive surgery. Nordan published many articles and textbooks, received more than 20 U.S. patents and served as a consultant for several large pharmaceutical manufacturers.

Matching Expectations

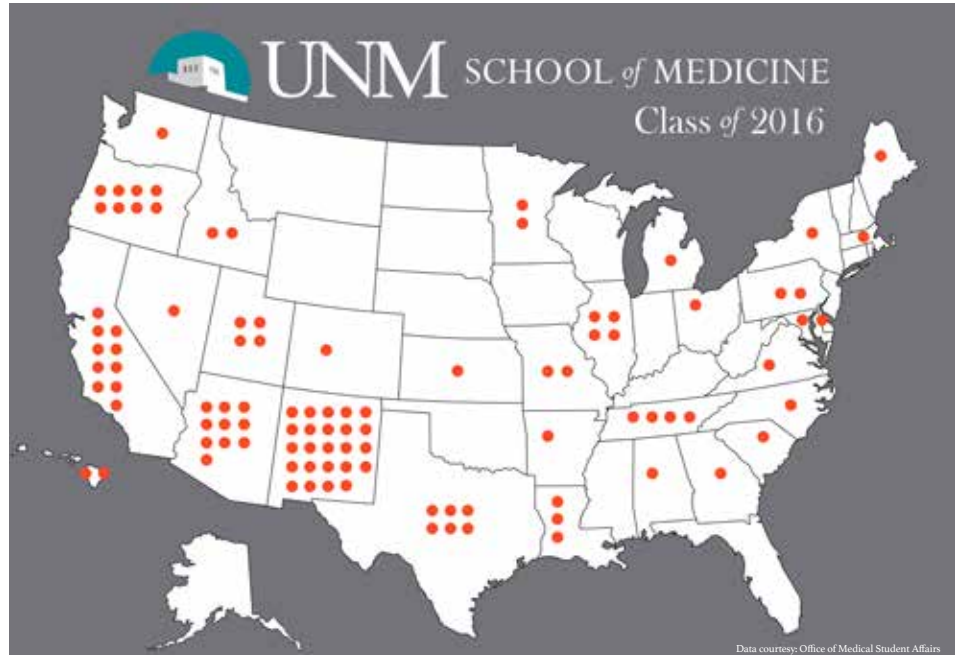
School of Medicine Students Prepare for Residency

Match Day invariably brings on a case of nerves for fourth-year students in the School of Medicine as they wait to see where they have placed for their residency. This year's event, held March 18 at the Student Union Ballroom, was no different.

Members of the graduating class gathered with their friends and loved ones to hear remarks from Dean Paul B. Roth and Associate Dean of Students Sheila Hickey. On cue (and simultaneously with medical students across the country) they tore open envelopes containing their residency matches.

Twenty-eight students found out they would remain at UNM for residencies in psychiatry, anesthesiology, pediatrics, family medicine, radiology, obstetrics-gynecology, pathology, emergency medicine and internal medicine.

Others in the class placed farther afield, from Maine to Hawaii. Notable placements included the Mayo Clinic, the Cleveland Clinic, Johns Hopkins University, Vanderbilt University, Duke University, Stanford University, Northwestern University, Oregon Health and Science University and Methodist Hospital in Houston.



LA TIERRA SAGRADA SOCIETY

TO OVERSEE SCHOLARSHIPS

La Tierra Sagrada Society has become the major vehicle for UNM School of Medicine scholarships. This year, scholarships will be presented at the annual September 8 awards banquet that will bring together students and donors.

Since La Tierra Sagrada's inception in 1996 as the School of Medicine's membership giving organization, its scholarships have come from funds raised by the society through dues. Last fall, the School of Medicine Alumni Association presented its scholarships under the La Tierra Sagrada umbrella.

"Combining resources and providing more student support at one event will bring greater awareness of our mission to the community," says La Tierra Sagrada president Chuck North, MD.

Paul Roth, MD, the School of Medicine's dean and La Tierra Sagrada founder, updated society members on his vision for scholarships at the spring business lunch held March 23 at the Albuquerque Country Club.

Stephanie McGirt, MD '14, a 2010 La Tierra Sagrada scholarship recipient, described the path that led her to medicine and the impact the scholarship had on her career. She is currently a resident in family medicine training at UNM Hospital.

North also conducted the annual business meeting, in which new board members Cristina Beato, MD, Phil Eaton, MD, Martha McGrew, MD, and Betsey B. Swan, JD, were elected. Outgoing members Jeff Griffith, PhD, Herb Koffler, MD, and Craig Timm, MD, were presented with appreciation gifts.

Beato, McGrew and Swan will each serve a three-year term, while Eaton will complete the final two years of a former member.

"I'm very excited to serve on this board," McGrew says. "Our goal is to provide the financial assistance that will ultimately help keep our students here in New Mexico."

Beato is the executive director for health policy for the Health Sciences Center and an associate professor in the Department of Family and Community Medicine. McGrew is executive vice dean of the School of Medicine and a professor in the Department of Family and Community Medicine.

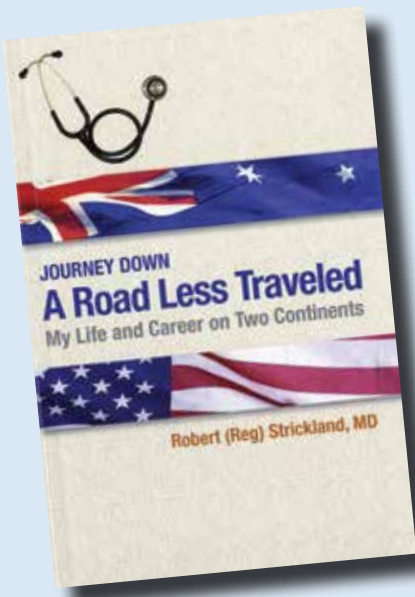
Swan has devoted much of her career to improving child welfare through public policy development. Eaton is emeritus vice president of the Health Sciences Center, emeritus professor in the Department of Internal Medicine and the 2015 recipient of the School of Medicine's prestigious Living Legend Award.



Back row: Jeffrey Griffith, Martha McGrew, Chuck North, Robert Gordon, Corey Ford, Phil Eaton, Cristina Beato. Front row: Betsey Swan, Pug Burge, Maggie Gunter, Holly Buchanan, Ben Curet, Barbara Griffith, Jamie Ricci, Herb Koffler. Absent: Linda Novy-Doll, Leslie Morrison, Diane Ogawa, Lori Yonas.

To learn more about La Tierra Sagrada Society or to become a member, please contact Lori Peterkin at 505.272.8085, lpeterkin@salud.unm.edu, or visit <http://som.unm.edu/giving/tierra-sagrada>. <

CLASS ACTS



Journey Down a Road Less Traveled: My Life and Career on Two Continents, by Robert Strickland, Taos, N.M., Nighthawk Press.

UNM professor emeritus Robert “Reg” Strickland, MD, has published a lively autobiography that chronicles his long professional career.

Journey Down a Road Less Traveled: My Life and Career on Two Continents follows Strickland’s life from his birth in Adelaide, South Australia, through the career choices that led him to the U.S. and eventually the University of New Mexico.

Strickland joined the university in 1972, and was quickly charged with establishing the academic gastroenterology division for the Department of Medicine. He became chairman of the department in 1988, and led it

through many challenges until his partial retirement in 2001.

Strickland provides insight into the early developments of the medical school, its relationship with Bernalillo County Medical Center, the unique challenges of practicing and being a chairman within an academic health center.

Intertwined within the story of his medical career, Strickland candidly shares his personal ups and downs. The story is inspirational, and as he enters his eighth decade, he writes that he will continue through his many activities “to contribute to the health of our community.”

Review by Laura Hall



The Class of 2006 reunited this year (above). This group of friends has remained in close touch ever since they were enrolled in medical school. “Though we are in different parts of the country, we make an effort to keep in contact with each other,” says Angela Bradley, MD.



2001



2002



2006

Spring 2016 Alumni Friends

Students develop close friendships in the course of their medical education that stand the test of time. Marco Diaz, Erika Solis-Gilmore, David Quintana, Carmen Klatecka, Christopher Quintana, Angela Bradley and Dulcinea Quintana first met in 2001 as members of the Premedical Enrichment Program. “Some of us became roommates and some of us even fell in love with one another,” Bradley says. “We attended each other’s weddings and went to the birth of each other’s children.”



Please share your updates and professional accomplishments. Contact Amanda Bassett at the UNM School of Medicine Alumni Association to submit information for inclusion in an upcoming issue of **UNM medicine**.

Telephone: 505.272.5700

Email: abassett@salud.unm.edu

The Healing Power of a Winning Smile

By Cynthia Reyes, MD

I'm used to getting calls from former trainees who ask that I see their patients, but this one was especially memorable: A local surgeon and UNM graduate asked if I would evaluate a boy who had a tumor in his neck.

José had been brought here from Juarez, Mexico, by a Rio Rancho congregation. He had already received some international attention, meaning I could learn about him on the internet.

When I searched, I was astounded to find photos of a 9-year-old boy with a mass on his neck and chest that was double the size of his head. He sported the sweetest smile.

Without giving it a second thought, I agreed to see the child.

José arrived at our clinic with an entourage of well-wishers, reporters and cameras. Basking in the attention, he jumped on the examination table, shook my hand and devilishly asked if I, too, wanted him to remove his shirt.

Everyone laughed, but the room quickly turned silent when a massive deformity that occupied half of his upper body was unveiled. Unfazed, José continued to clown around and moaned theatrically as I dutifully poked and prodded.

The parents told their son's story. He had been born in Juárez with a small lymphatic tumor that had been treated by doctors in El Paso, but it had recurred. His parents were poor, and with their seven children could not pay for medical care, so the tumor steadily grew to a massive size.

Apart from the deformity, though, José lived a normal life. He attended school, played with friends and rode his bike like any other boy. He was a good boy and very funny.

The church pastor and his wife met José during a routine missionary trip to Juárez. He appeared almost out of nowhere and offered to carry groceries from the truck into the church. Church members who had contacts in the Department of Homeland Security obtained a medical visa for the child to come to Albuquerque.

So, here in my clinic sat the boy, his entire family, the pastor and his wife, reporters and cameramen from the Discovery Channel – all with Cheshire cat grins as they asked if I would treat José's tumor. I felt like a department store Santa Claus, with a child on my lap asking for a free shopping spree in the toy department. Could this be done?

I had experience treating large lymphatic tumors, but nothing of this magnitude. Fortunately, a multi-disciplinary vascular lymphatic clinic had recently been formed at UNM to treat children with these kinds of problems. After confirming the clinic's interest in treating José, we secured Chancellor Paul Roth's commitment to provide free medical care. Hundreds of people from around the world had already sent donations to the church to provide for the family's personal needs. It could be done!

Recruiting 14 medical specialists was easier than expected. José's charisma, wit and courage instantly won their hearts. Our pediatric oncologists dispensed free outpatient medications, and a multi-disciplinary team seamlessly performed a complex 10-hour operation to resect a large portion of the mass.

José received several weeks of meticulous ICU care as he recovered from surgery. Sclerotherapy was provided to shrink residual tumor.

Scores of people at UNM Children's Hospital were united by a little boy's smile to mount the largest medical collaboration on a patient in our history. It was a very proud moment for this special boy, UNM and the art of medicine.

José's amazing spirit fueled this effort from start to finish. And for me, it was a powerful and gratifying reminder of why I chose to do this work in the first place.

Cynthia Reyes, MD, is a professor and vice chair for quality and patient safety in the Department of Surgery.

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