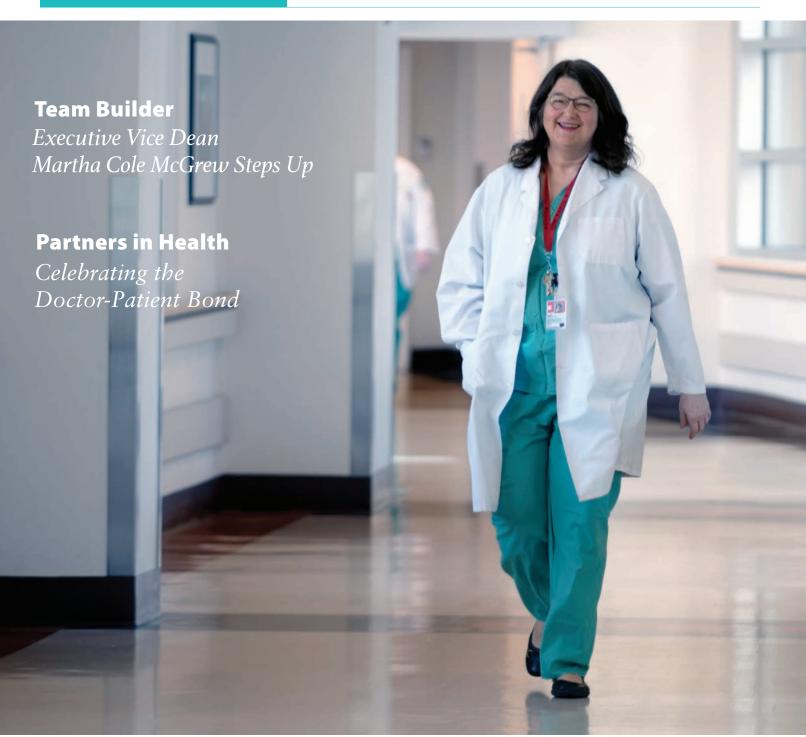
UNIVATION PRINCE SCHOOL OF MEDICINE ALUMNI MAGAZINE



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UNM School of Medicine's 50th Anniversary

Shaping the Future of Health Care in New Mexico

A Public Symposium Saturday, June 20, 2015

For information please visit http://som.unm.edu/history/gala.html





COVER STORY

Ready to Serve

TABLE OF CONTENTS

Executive vice dean Martha McGrew reflects on 25 years of practicing medicine in New Mexico

SPRING 2015

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UNM medicine

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10 SPECIAL FEATURE

Making a Difference

Every case becomes a relationship when doctors and patients work together

- Tribute The Legacy of Thomas Williams
- A Day in the Life Balancing family and learning
- Finding Strength in Diversity Faculty mentoring pilot launches
- **Board Report** Alumni Association update
- **Match Points** Klepper endowment pays off
- La Tierra Sagrada Society New officers selected





DEPARTMENTS

- Letter from the Dean
- At a Glance Faculty memorial takes shape
- Vital Signs 13 New learning communities
- Life's Work 18 Sara Pirio Richardson
- Student Affairs 20 Bonding with alumni on the road
- **Back Story** Guest Essay: Ben Daitz

letter from the Oean



ur yearlong celebration of the School of Medicine's 50th Anniversary will wind to a close with our June 20 alumni gala dinner in Albuquerque. I hope you'll be able to join us. This anniversary has given us a chance to revisit our many remarkable accomplishments from the past 50 years. Here, I'd like to consider the opportunities and challenges we might encounter in our next 50 years.

It's no secret that our profession is changing. Freestanding private practices are giving way to a model wherein most physicians will work for a corporation. This new reality will require adjustments in the way we prepare our students.

The Affordable Care Act is driving big changes in how we provide care. Rather than pay per procedure, federal payers and managed care organizations will reimburse for "bundles" of care that improve patients' health outcomes. This is meant to incentivize physicians to provide safe care and effective results at reasonable cost.

With the ACA expanding medical coverage for millions, we will see more demand for medical services, exacerbating existing physician shortages. These shortages are acute in rural America – and in New Mexico.

Soon, more students will be graduating from medical schools than there are residency slots to accommodate them. We're trying to address this by increasing the number of GME slots with the help of additional funding from the Legislature.

Yet another challenge (or opportunity, depending on your perspective) is a growing trend toward competency-based assessment for medical students. Instead of automatically advancing after finishing a phase of medical training, students will have to demonstrate their knowledge and skills before moving on to the next step.

These are just a few of the puzzles to be solved in coming years, and many other yetunimagined challenges lie just over the horizon. Yet I am confident that new solutions will emerge as our School of Medicine continues its tradition of creative, outside-the-box inquiry.

With warm regards,

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

A Lifetime of Service: Remembering Tom Williams



Thomas Williams

The University of New Mexico School of Medicine lost one of its most accomplished and respected leaders earlier this year. Thomas M. Williams, MD, a longtime faculty member, former pathology department chair and former executive vice dean of the medical school, died Jan. 7. He was 57.

Family, friends and colleagues celebrated Williams' life during a Jan. 17 memorial service

at the UNM Health Sciences Center, where the Hobbs, N.M., native had served on the faculty since 1991.

"In Tom's own words, he said, 'I believe that life revolves around making a contribution via one's own work, having relationships based on integrity, and having as many high-quality, diverse experiences as possible," recalled Michael Richards, MD, MPA, at the start of the service.

"Tom not only believed these words," said Richards, executive physician-in-chief for the UNM Health System. "He lived these words."

A molecular pathologist and professor of pathology, Williams' research centered on immunogenetics, the study of genes and proteins that control the immune response and the immune reaction to transplanted organs such as kidneys and bone marrow. Williams published more than 100 research papers during his career, including highly cited papers in journals on transplantation and molecular genetics.

Williams received his MD from UNM and completed a pathology residency at the University of Pennsylvania, where he also served as chief resident of anatomic pathology in the Department of Pathology and Laboratory Medicine.

He was appointed chair of the UNM Pathology Department in 2008 and became executive vice dean of the medical school in 2012. The executive vice dean is responsible for the School of Medicine's day-to-day operations.

In addition to his professional accomplishments, Williams was an expert carpenter whose widely varied interests also included modern art, gardening, mathematics and political discourse. He was an avid cyclist and enjoyed traveling, visiting five continents and every state in the U.S.

Williams is survived by his wife Margaret, sons Andrew, Alex and Henry, mother Jacqueline C. Williams and siblings William, Susan, Donna and Molly, as well as their extended families.

Memorial contributions can be mailed to the UNM Foundation, Two Woodward Center, 700 Lomas Blvd. NE, Suite 108, Albuquerque, N.M., 87102. The Dr. Thomas McKee Williams Fund for Education and Training has been established in his memory.

Faculty Memorial Nearing Completion

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Work is underway to create the components for Corazones de Nuevo México, the School of Medicine's new faculty memorial, which should be completed in time to mark the end of the school's yearlong 50th Anniversary celebration. Casting for the memorial's components is being done off-site, with the work expected to take about 90 days, said Jeffrey Griffith, PhD, the school's emeritus executive vice dean, who helped steer the project. Site work in the Canyon Garden, the lower-level plaza at the UNM Health Sciences Center, got underway in March.

"I am hoping we can schedule the dedication for late May or early June," said Griffith, who developed the idea of a statewide design competition and served on a committee that selected the winning submission by UNM architecture student Christine Williams.

The memorial will feature acrylic light tubes engraved with the names of deceased School of Medicine faculty members and a serpentine bench for visitors. There is space for an additional 105 names without adding tubes. The names in the physical memorial will match those listed in the School of Medicine's online memorial, Griffith said.

"New names of deceased faculty will be etched onto the light tubes once a year or every six months," he said. "There will be no delay in adding names of deceased faculty to the electronic memorial."

http://som.unm.edu/faculty/memorial

Book Notes: Dora Wang Explores 50 Years of UNM Medical Education



Dora Wang at a recent book signing.

t took Dora L. Wang, MD, eight years (and 40 drafts) to complete *The Kitchen Shrink*, her well-received memoir about her career as a psychiatrist, much of it spent at the University of New Mexico School of Medicine.

She had just two years to pull together her next book: a 304-page history of the school's first 50 years, packed with hundreds of photos and anecdotes from the pioneering educators who launched the program in 1964. "I'm a little surprised it actually happened," says Wang, who joined the UNM faculty in 1998.

The Daily Practice of Compassion: A History of the University of New Mexico School of Medicine, Its People, and Its Mission, 1964-2014, was published by the School of Medicine and is being distributed by the UNM Press.

"It was," Wang says, "a labor of love." She had been editing the Department of Psychiatry's newsletter and pursuing personal writing projects in her spare time when Dean Paul Roth asked her to take on the history project in 2011.

"One of the reasons Dr. Roth wanted to do this book at this time was because so many of the founding fathers of the school were getting very elderly," Wang says.

She set to work conducting video interviews with the likes of Reginald Heber Fitz, MD, the school's founding dean, and Roth's predecessor Leonard Napolitano, PhD, both of whom died before the book was completed.

In addition to crafting a narrative, Wang also tracked down and wrote captions for the 350 photos that appear in the book.

Wang shares credit for the project with Shannan L. Carter, JD, who conducted many of the interviews. Jeffrey Griffith, PhD, former executive vice dean in the School of Medicine, oversaw the project, and Laura Hall, a librarian at the Health Sciences Library and Informatics Center, assisted with archival research.

"I wanted to find the story," Wang says. "I asked a lot of people, 'What is so special about this institution? What makes this school different from others?' What I found was a real spirit of service to the communities of New Mexico."



Keeping Connected

Alumni Events Around the State



Farmington's alumni rallied with medical students to support the Connie Mack World Series. Farmington Students paired with alumni to work the concession stand, serving locals all the tra-

ditional baseball favorites. Each alum had the opportunity to share his or her experience as a physician practicing in the Four Corners. August 7, 2014



UNM Gallup, Rehoboth McKinley Christian Health Care Services and local alumni gathered for the hospital's Charity Invitational weekend. The two-day event included a reception hosted

by Christopher Dyer, PhD, UNM Gallup executive director. Students also volunteered at the Charity Invitational Golf Tournament, mountain biked with locals, attended an alumni luncheon and toured Rehoboth McKinley. October 2-3, 2014



The support of local alumni in rural communities is pivotal in a student's decision to attend the School of **Silver City** Medicine. In Silver City, Joseph Shepard, PhD, president of Western New Mexico University,

welcomed everyone to the WNMU Global Resource Center, followed by presentations from Charlie Alfero (Forward New Mexico), Brian Robinson, MD, alumnus and preceptor, and Silver City native and second-year student Adam Tolar. March 28, 2015



Regent Suzanne Quillen hosted a reception for students, local alumni and area health care proas Cruces viders. Students also toured Memorial Medical Center, Mountain View

Regional Medical Center and Ernest Health, Inc. A forum with the UNM Center for Life and Paul B. Roth, MD, dean of the School of Medicine capped the event. April 10-11, 2015

On a Medical Mission

Executive Vice Dean Martha McGrew Dreams Big

By Luke Frank Photos: Roberto E. Rosales

artha Cole McGrew, MD, grew up immersed in the practice of rural family medicine. Her father was the sole general practitioner in a small Louisiana town (population 1,500), and her mother provided patients with counseling, meals, transportation, child care and whatever else was needed. So it's not surprising that McGrew, who became executive vice dean for the UNM School of Medicine on January 1, is interested in serving New Mexico's rural and underserved populations. She is deeply committed to the school's mission of improving health through education, research and patient care.

McGrew, former chair of the Department of Family and Community Medicine, is a graduate of Louisiana State University. She completed her family medicine residency at LSU Medical Center, and later earned a fellowship in family medicine faculty development at the University of California, San Francisco. She joined the UNM faculty in 1990.

McGrew manages the day-to-day operations of nearly 30 academic departments and oversees the school's four-year MD program and its 438 current students. She's responsible for programs as diverse as dental hygiene, emergency medical services, public health, medical laboratory sciences, physical and occupational therapy, physician assistants and radiologic sciences. And she continues her clinical practice, following her interest in maternal-child health.

Throw in the School of Medicine's extensive research and clinical operations, and it's clear that McGrew has a lot on her plate. But as you'll learn, she relishes the challenges.

How did you arrive in New Mexico?

I thought I would become a surgeon, but discovered that I couldn't stand up for hours with a mask covering my face without fainting. So I began considering other opportunities. I really love all aspects of medicine - the privilege of being present at birth and death, and everything in between - so family medicine was a great choice for me.

Throughout my medical training I kept hearing about UNM's Family Medicine program and its commitment to public health in a rural state. It was known nationally and internationally that if you loved to educate, UNM was the

place to go. So I applied and came on board 25 years ago as an assistant professor in the Department of Family and Community Medicine.

I instantly fell in love with the people in Family Medicine. They just absolutely inspired me and still do. I love obstetrics and gynecology, and pediatrics and outpatient medicine. And, I love teaching. This position gave me the opportunity to do all of these things. I was just very, very lucky to get a job here. It was a blessing.

Sure, some days I want to go home and pull out my hair. But when I step back and look at the big picture, I know how lucky I am to have my colleagues and patients in this beautiful place to work and live. How could life be better?

What do think will be your strongest, most-used skill set as executive vice dean?

There's a matrix of important skills needed for this position. I can develop and manage budgets. I have strong management skills. I'm a very good clinician. I'm a decision maker. I'm a skilled conflict negotiator and can model how to be respectful to one another. Arrogance and bullying are not in my repertoire. But my leadership skills enhance all of these, and a good part of that is being a careful communicator - listening more than talking. One of my most valuable skills is that I can see, evaluate, integrate multiple perspectives.

I've worked hard at learning to read people: identifying their strengths, understanding their challenges and helping them find ways to best collaborate. We must work together as a team to improve health, not just deliver health care. We won't accomplish anything until we see ourselves as a team. So, my strongest skill set, one that I've really worked hard to develop, is team building. At the same time, I know we can't always arrive at consensus, so I'm not afraid to make tough decisions.

Compare yourself as a medical student to today's medical student - and to a medical student 20 years from now.

I was educated in a traditional medical school where everything was lecture-based. My first two years were mostly classroom education. Then we went into our clinical years



and rarely revisited that new-knowledge paradigm. Certainly the technology was less developed. We didn't even know what HIV was. We worked longer hours, but I don't know that we worked harder.

What I love about the medical students today is that they are so technology savvy. In fact, they're very capable of teaching us many things. Their 80-hour workweek is healthier for them and their families - and for their patients. But there are some clinical challenges associated with having a set time to leave, one being that they can't follow an episode of care to its conclusion. The hand-offs to the next rotation of caregivers have to be impeccable.

What I love about medical school today is how it integrates basic science, population health, community health and behavioral health. We teach and learn about them holistically, without separating them into individual learning silos - well, we try, anyway.

I believe future physicians will be far more skilled in managing population health. They'll be very adept at identifying the most significant causes of morbidity and mortality for their communities. They'll also be better equipped to engage public health, education, employment and other stakeholders outside of medicine to solve health problems. I think they'll work in teams better than we do, too.

I will say that the personalities and work ethic of most people who go into medicine aren't and won't be much different. We have a very special place in this profession and world. Patients will share things with us that they would never say to anyone else. Medical school is an enormous commitment and a very challenging time in one's life. People who go into health care feel a compulsion to make the world a better place – I absolutely believe that.

I can tell you that our faculty physicians are here because they care about their patients. Let's face it, they're not making the same money they otherwise might be making in a private setting, and they work an awful lot. I hope that every health provider here goes to bed at night knowing that he or she is making a difference in people's lives.

What external forces (economic, regulatory, resource or technological) will most affect the medical profession in the next 10 years, and how can the School of Medicine prepare its students?

In New Mexico, resources certainly will be front and center. Political and economic influences will always play a role, and technology is always an exciting driver of change. However, the most remarkable shift I foresee is the movement from focusing on health care to focusing on health.

Primary care networks will be the first link in the health care chain, and hospitals will be the last - they will no longer be the center of the health care system. Truly, a lot of the people who end up in an emergency room can and should be managed in a primary care or urgent care clinic, whether for an acute minor injury or a chronic disease.



I'm a mighty advocate for community health workers, who can be the early warning system for our patients with really high-level chronic disease. They are community members who fundamentally understand the context of a patient's health and illness. Physician assistants, diabetes educators, physical and occupational therapists, nurses and nurse practitioners, pharmacists and others are part of the team to help prevent hospital admissions, and they need to be in places that are convenient and accessible to our patients.

We're preparing our medical school and clinical enterprise for just that. All of our medical students get a certificate in public health, so we're preparing the workforce by teaching about health disparities and services, the economics of health care and upstream causes of health and illness. We don't want docs necessarily to be public health workers, but we want them to be providers who are very aware of the public health issues that affect their patients.

The School of Medicine has enjoyed strong national rankings for its Rural Medicine, Family Medicine and Primary Care programs. To what do you attribute this, and how can we sustain our prominence in these areas?

I attribute it to our leadership's fearlessness over the years. We've always been willing to stand on the edge and push conventional wisdom. We have to be innovative. My mentors in family medicine always have pushed the edge because they passionately believe in good health for everyone. Clearly, at the heart of our program is training our students to be incredibly competent physicians, but we have to build on top of that in new ways.

We have to be responsive to our communities and the priority health needs of our cities and state. Our statewide preceptors are some of the most amazing teachers you'll find, and they are incredible role models for our students. These professionals don't have the luxury of academia for day-to-day intellectual stimulation, but I find them to absolutely be on top of the literature and treatment modalities. And, they understand the communities around the state. Our community-university partnerships are key to the success of our rural and primary care programs.

Are there other School of Medicine programs in which we excel on a national level?

I think we develop science here that is fabulous, and we're beginning to excel at taking this science from the molecular level to the masses. We're really getting it out in the communities and becoming national players in this arena. We have some incredible scientists here. Our basic science department chairs are not just administrators; they're conducting cutting-edge research in problems very common to New Mexico. And our new facilities also are amazing.

There are so many areas in which we're excelling – women's health, pain management, Project ECHO, our HEROs program, primary care, our DMAT team and Level I trauma center, our stroke center, our cancer center – the list goes on.

What's the greatest gift School of Medicine grads take with them?

Our graduates leave here with a very genuine sense of service. No matter what specialty they go into – primary care or the most specialized discipline – they're embracing our mission to improve the health of our communities.

We are the leaders in this public-service mission. If you look around the country there are a lot of schools that have a social mission, but public service has defined this institution since its inception. We are a public institution built to serve

We are a public institution built to serve New Mexico. It's more than our mission; it's our moral imperative to serve our state.

New Mexico. It's more than our mission; it's our moral imperative to serve our state. People believe that in every profession here - nursing, pharmacy, public health other health professions programs. That's why people come here, and that's why they stay.

Predict your legacy.

I want two things. The first is doing what I can to improve the health of this state. I want to continue to increase this institution's commitment to our communities by having more of our graduates serve in this state. This also will help to fulfill the Health Sciences Center's vision of measurably improving the health of our state by 2020. I'll support in any way I can delivering excellent biomedical research to address the most significant health needs of New Mexicans.

The second is that we break down any silos within the Health Sciences Center and become more integrated. The hospital, the School of Medicine, the cancer center, the colleges of nursing and pharmacy, the medical group - and all of the different departments and divisions within – must be connected and working toward the same goals. We really are all in this together, and our mission is about providing the best patient-centered care we can.

Those of us in leadership positions need to remember that it's no longer about us, but about doing everything we can to grow our junior faculty and our learners. When you've made it to a leadership position, it's time to help those who are next in line, whether it's our patients, our learners or our junior faculty. We should be creating opportunities for people around us. We have to operate that way.

Parting thoughts?

The School of Medicine has a mission to produce quality health professionals in research, education and clinical service – in partnership with, and focused on, our communities. As long as we direct our energies and resources toward that mission, we'll be successful.

Everything I'm about is connected to the Health Sciences Center's broader vision, which is to improve the health of New Mexicans by addressing the greatest needs of our population. Those include diabetes and cancer, of course, but they also include substance abuse, poverty, education, access to health care and so much more. We have to recognize that these social determinants of health create a burden on our health care system, and if we don't address them – or support others in addressing them - we'll never be able to improve

our citizens' health.

We talk about the patient-centered medical home. My dad was a doc in the little town of Gibsland, La. My parents were the patient-centered medical home. My dad was the doctor and knew everyone in town. My mother would cook their meals if they needed food and take them places if they needed to be taken. She was the social worker - everything in one.

That's always been what medicine's been about to me, and how we became separated into these silos of medicine here and nursing there and social work here is beyond me. We're all really a family in so many ways. <



PARTNERS IN PRACTICE

Doctors Working Together With Their Patients

Lifelong bonds often form when UNM physicians meet patients at a moment of crisis.

Photos: Roberto E. Rosales

ne morning in May 2008, Candelaria Romero started having trouble with her balance at work. "I didn't feel well," she recalls. "I told the girl I work with, 'I can barely walk.' They took me to the emergency room and I said, 'I'm here to see Dr. Yonas."

Howard Yonas, MD, is chair of UNM's Department of Neurosurgery. For two years he had regularly seen Romero to track cavernous angiomas — small tangles of leaky blood vessels in her brain. Romero knew she had inherited a genetic condition unique to New Mexico Hispanics that leads to these dangerous brain lesions.

Yonas knew that Romero's symptoms were only likely to worsen. "They're like mulberries, little purplish ovulated mulberries," he says. "People are born with them in their brain. They tend to ooze and bleed and grow."

After waiting a few days for the swelling to subside, Yonas performed delicate surgery at the base of her brain to excise the swollen blood vessels.

"The trick with microsurgical techniques is to work within the cavernoma margin," Yonas says matter-of-factly. "We were able to do that."

Afterward, Romero was able to wiggle her fingers and toes, a sign the surgery had been a success. But she still faced six months of rehabilitation to overcome trauma to her brain that had caused partial paralysis on her left side. She has since returned to work, kept up her fitness routine and even traveled abroad.

Romero is passionate about educating other New Mexicans about the risk of the disease. She is also participating in research led by Leslie Morrison, MD, a professor in the Department of Neurology and vice chancellor for academic affairs at the UNM Health Sciences Center.

"We have the only very large population of patients with cerebral cavernous malformations that are familial in the world," Morrison says. "We are pretty sure this is something called a 'founder effect.' At some point, apparently after the Spaniards who settled in New Mexico came to the New World, there was a mutation on a particular gene. It happened centuries ago."

The mutation means carriers have a 50-50 chance of passing it on to their offspring, she says. And because the effects of these slow-growing angiomas are often not felt until adulthood, the mutation has been passed from one generation to the next for hundreds of years.

Yonas, who performs an angioma surgery every few weeks, won Romero's confidence right away. "Every case is a relationship," he says. "You're building a bond with another person, and you're trying to give them a chance to live." Romero regularly checks in with Yonas to make sure she isn't developing new brain lesions and keeps up her daily workouts. "I believe that if you teach your body to do something, it will do that," she says. "God is so good. He just gives us the tools and we need to use them. Dr. Yonas is one of his tools."

— Michael Haederle





B reast cancer's ubiquity doesn't make it any less scary for each woman who faces it. But Alice Keator finds comfort in her treatment team at the UNM Cancer Center – a team on which she has become a key player.

"It's such a scary, intimidating thing to go through," Keator says. She received her breast cancer diagnosis from another doctor, who advised her to have a double mastectomy right away. Still in shock from the diagnosis, she decided to take some time to weigh her options.

She started seeing a naturopathic doctor but sought a second opinion at the cancer center. The treatments worked for some time, but when the tumor stopped shrinking, Keator opted for surgery at UNM.

Keator was impressed with individualized attention she received, particularly the cancer center's Patient Navigators, who serve as a regular point of contact for patients, families and caregivers. Her navigator helped

her schedule the different tests and procedures she would need and directed her toward sources of additional information when she wanted to learn more.

"He wasn't pushy at all," says Keator, who was also reassured to learn that her insurance would allow her to see UNM doctors.

"Alice is a delightful lady and she makes herself part of the team," says breast cancer specialist Melanie Royce, MD, PhD, who has directed Keator's care.

Royce and Keator share information about cancer treatments, services and other approaches to care. "She was very good about giving me all the facts," Keator says, "but she didn't push me. I think they see so many patients over and over again that it's hard to really listen to the patient. But she does. She listens very well."

Keator played an active role in her own treatment. Besides researching naturopathic cancer treatments and family support programs, she and her husband brought Royce their own charts of her progress. Royce often asked to keep the charts to review later.

Keator's ability to discover and share information is remarkable, her doctor says.

"She educates me," Royce says.

"Alice is the go-getter. Some people give up. Not Alice. If she's not sure of something, not only will she find out [more about it], she will search where to find out and then tell me!" Royce often shares what she has learned with other patients, helping them through their cancer journeys.

"Alice is very conscious about what she needs to do for herself as a patient," says Royce. A cancer diagnosis can often warrant a change in lifestyle. "We don't want miracles from our patients. It's the steady, consistent effort that we really want. And Alice is somebody who will say, 'It can be done."

- Michele Sequeira



ediatric oncologist Stuart Winter, MD, was pleasantly surprised recently when he encountered former patient Courtney Nelson at UNM Hospital – where she is now a colleague.

"I was on my way to the emergency room one day and there she was in scrubs, saying she was an EKG tech in the ER," says Winter, vice chair for research in the Department of Pediatrics. "It has been great to see her at UNM."

That afternoon encounter was a far cry from their first meeting, when an II-year-old Nelson was newly diagnosed with Ewing's sarcoma, a rare form of cancer mainly seen in children.

Now 19, Nelson remembers the first days of her illness. She had always been athletic, so it was puzzling when she began complaining about being out of breath and having intense backaches after soccer. One episode was so intense that concerned parents took her to the UNM emergency room.

"All the tests were looking fine and we were getting ready to leave when the final x-ray came back," she says. "I can still remember everyone gathering around to look at it." There, sitting atop her right lung, was a tumor – the cause of the breathlessness – that had threaded into her spine.

"They said it was a miracle I had not become paralyzed," she remembers. Following the diagnosis, more tests were ordered and surgery was scheduled to remove the

tumor. Then came rounds of chemotherapy and radiation – and ensuing complications.

"I probably was on the sixth floor (in UNM Children's Hospital) 80 percent of the time that year," she says. "The staff was awesome."

Nelson watched and asked questions when nurses entered the room. Her fascination with medicine stayed with her. Her father, who also has a medical technology background, helped her find the position at UNM.

She still gets annual checkups and continues to be in good health.

"Sometimes I think I can relate to patients in a different way," Nelson says. "I'll see them frightened and I can tell them that I used to be a patient here and that I received my diagnosis in the ER and that the team here is excellent." She pauses. "This is going to sound weird, but the medical team was so awesome, I actually look back and think of it as a good year."

Winter has kept up with the Nelson family through the years. "I used to run into her dad at high school sporting events," he says. "We'd sit together and watch her brothers play."

"It is so good to see how she has turned from this very sick adolescent girl into a young woman," he continues. "We began as her medical home, and now UNM has turned into her professional home as well."

— Cindy Foster

FAMILY AFFAIR

Medical Students Find a New Home in Learning Communities

By Michael Haederle

The first year of medical school can be a disorienting experience as students tackle their first hands-on patient care while being force-fed massive amounts of information.

They often don't know where to turn for help in dealing with their stress and confusion, says Sheila Hickey, MD, the UNM School of Medicine's associate dean of students. That insight led to the introduction last summer of its new Learning Communities program.

"We're hoping we can have some positive impact," Hickey says of the program, which assigns new students to small groups that are paired with faculty mentor-advisors for their entire four years of medical school. It's part of a growing trend; about 40 percent of U.S. medical schools already have learning communities in place.

Last summer's entering class of 103 students was divided into four academies (named "Time," "Life," "Earth" and "Seasons"), each of which consists of four houses of six to eight students.

Members of each house meet once a month, and individual students have oneon-one meetings with their faculty mentors twice each semester, Hickey says. In addition, the 16 faculty members taking part in the program meet every Tuesday to share their ideas and experiences.

Participating faculty members are released a half day each week from their own classrooms to make time for their mentoring duties, Hickey says. That eventually will rise to a full day each week, she adds.

Each house will gain new members from the next entering class, Hickey says, and in time there should develop a process of "vertical mentoring," in which

students from the upper classes share their experience with newcomers.

In addition to their own mentoring duties, faculty heads of houses will also serve as preceptors for the first-year students in their first-semester Foundations of Clinical Practice course. This is where they will practice taking patient histories, study effective communication skills, master the use of stethoscopes and learn how to conduct a physical exam, Hickey says.

Michelle Bardack, MD, an associate professor in the Department of Family and Community Medicine, agreed to become both an academy head and family mentor after joining in a lengthy planning process. In 2012 she attended a national conference of

learning community programs that was held in San Francisco.

"I was very inspired by it,"
Bardack says. "As a faculty member,
I wanted to build something
meaningful. It seemed like a good time
to bring this program to UNM, and I
wanted to be part of it."

The push to create a UNM learning community was driven by three needs: to improve student advisement, provide additional resources for student wellness and well-being, and find new ways to train students in basic clinical skills.

Bardack enjoys the weekly faculty meeting because it offers a chance to share experiences and discuss how best to serve the students.

"We now have a learning community of faculty," she says.
"They feel less isolated and more part of a team. They feel they have some friends at the university." ◆





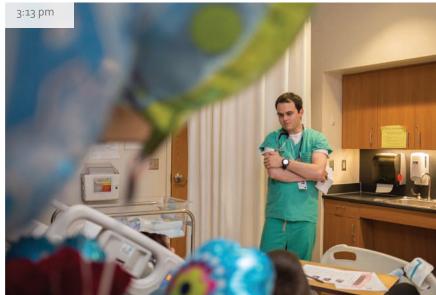




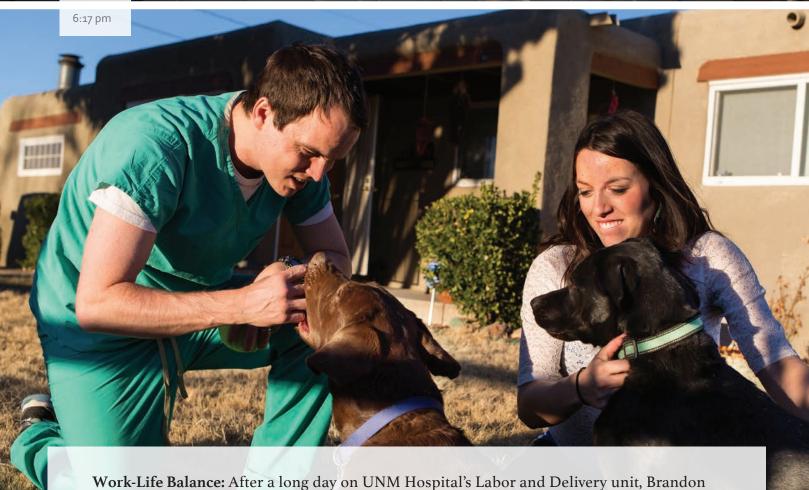
a day in the life of a Medical Student

Photos and Text: John Arnold









Work-Life Balance: After a long day on UNM Hospital's Labor and Delivery unit, Brandon Aday relaxes at home with his wife, Carissa, who is expecting their first child, and their dogs Beasley and Dempsey. Like other third-year medical students, the Las Cruces, N.M., native gets hands-on training during clinical rotations in a variety of practice areas and specialties.



By Cindy Foster Photo: Roberto E. Rosales

ognitive diversity refers to the idea that people with different training, education, experiences and identities think differently. Nurturing an environment where those differences are put to good use can create a rich human resource for an institution to mine.

New Mexico's diversity creates unique opportunities for the School of Medicine's educational, research and clinical missions. The Health Sciences Center's Office of Diversity is working to create an academic environment where those differences shine even brighter by strengthening promotion and tenure opportunities for traditionally under-represented and minority faculty.

The centerpiece in this effort is a new minority faculty mentoring program that pairs senior faculty with their younger colleagues to help them advance their career goals in a large and complex institution.

"It is imperative that our institutional values be reflected in our actions – yet historically, that has not always seemed the case," says Valerie Romero-Leggott, MD, vice chancellor for diversity. "We recruit excellent people," she says. "They bring a vitality to the institution and want to stay here. But sometimes people begin to feel ignored or under-involved. It may be subtle, but at the end of the day, they are not feeling valued as a member of the faculty. We know that our best recruitment is the retention of good people, and that is only going to happen through effective promotion and tenure."

Diverse perspectives open up new possibilities for problem solving, adds Brian Gibbs, PhD, who arrived at the Health Sciences Center in 2014 as associate vice chancellor for diversity and assistant professor in the Department of Family and Community Medicine.

"We want the cognitive complexity that diversity brings to the table," he says.

Through the years, the School of Medicine sought to promote greater diversity with varying levels of success, Gibbs says, but there was no formal process that provided support throughout a faculty member's career.

The new mentorship pilot program began with a request for input from faculty of color, Romero-Leggott says.

"For two years, our faculty worked hard to develop the core of this program," she says. "They spent time interviewing people one-on-one and in focus groups, asking how they felt about the current process, what needed to go and what needed to stay. They also identified crosscutting themes that need to be aired in order to make the climate more inclusive."

The first phase concluded with involved faculty settling on four recommendations: that senior leadership provide a firm commitment to institution diversity, that a formal mentorship program be created, that a formal leadership training program be installed, and that credit for community engagement become part of the performance review process.

The response from senior leadership was immediate:

Paul Roth, MD, UNM's chancellor for Health Sciences and dean of the School of Medicine, signed a letter of commitment supporting all four recommendations.

"Diversity as a core value seeks to cultivate better outcomes through inclusion and respect for individuals and groups from all manner of different racial, cultural, cognitive and socioeconomic backgrounds," Roth says.

That commitment led to the creation of the Faculty of Color Mentorship Program to improve overall retention of faculty members from historically underrepresented minorities.

That program in turn led to the Advancing Institutional Mentoring Excellence (AIME) Pilot Research project, a 10-month piloted mentoring program that is currently underway.

There were multiple challenges along the way to creating the pilot study, Gibbs says.

To enhance diversity in the institution's tenure and promotion programs, the first, most sensitive, order of business is deciding how to have potentially difficult and sensitive conversations take place. Talking about race, class, identity and unconscious bias can be difficult. And, with today's hectic pace in health care, how can interested mentors and mentees find the time they need to interact on such sensitive subjects?

The AIME Project makes use of all the technological advances available in the 21st century. A web-based application pairs mentors and mentees by skill sets and needs. Constant

feedback mechanisms have been installed to monitor what is and isn't working.

At its heart though, the project aims to promote discussion of the sensitive psychosocial dimensions of academic life that include identity, implicit bias, career decision-making, crosscultural communication and other related professional development topics that can affect the promotion and tenure system.

"We want to facilitate conversations in various venues to help mentees become more aware of the promotion and tenure process and procedures," says Margaret Montoya, a professor emerita at the UNM School of Law. Montoya served as senior advisor to Roth before retiring in 2012 and is now a visiting professor in the Department of Community and Family Medicine. "We

want them to begin to think about the arc of their careers and become more intentional in their career planning." It is hard for people in our society to talk about race and how much it matters in today's world, Gibbs says. Even well-intentioned words can provoke if misunderstood.

"It can be a challenge to balance the tension for these conversations to take place and to sort out all the issues that are on the table," he says. "At the end of the day, how do we know if we are stepping on each other's toes?"

Montoya agrees. "It is a conversa-

tion that can make people uncomfortable, and make them say, 'I'm not the one who can help you with this,'" she says. "But we need to have those talks."

The mentorship program uses video case histories, which give people the breathing room to step back and reflect. The process allows people to comment on behaviors more easily without feeling defensive, Montoya says.

"AIME's immediate focus is on the faculty of color mentoring process," Romero-Leggott says. "We are hoping, that it will be expanded over time to include the full faculty and staff."

In the end, the benefits will extend beyond UNM, says Gibbs.

"Faculty of color are more likely to partner in their communities in a very rich, culturally diverse environment," he says. "Our families and churches and communities hold us to that. The institution benefits from that. And in the end, so will populations across the state."

"Diversity as a core value seeks to cultivate better outcomes through inclusion and respect for individuals and groups from all manner of different racial, cultural, cognitive and socioeconomic backgrounds."

— Dean Paul B. Roth



ovement disorders are difficult to treat and imperfectly understood, despite decades of research. But Sarah Pirio Richardson, MD, is making steady headway against Parkinson's disease, ataxia and the involuntary muscle contractions known as dystonias in her twin roles as clinician and researcher.

Pirio Richardson, an assistant professor in UNM's Department of Neurology and a KL2 Scholar at the Clinical and Translational Science Center, is studying a procedure called repetitive transcranial magnetic stimulation (TMS) to see whether it can train the brain to rewire itself and improve patients' quality of life.

Dystonias involve the loss of brain mechanisms inhibiting the circuits that excite muscle movement. After a 2013-2014 pilot study involving eight dystonia patients showed their symptoms stabilized or were improved with TMS therapy, Pirio Richardson applied for funding to study many more patients at four sites over a five-year period.

"We saw some immediate change," Pirio Richardson says of the pilot study. "We also saw some change over time. What was unexpected was that there was this prolonged benefit. Some kind of plasticity enhancement or normalization of these abnormal interactions was occurring."

Pirio Richardson notes that in most movement disorders patients "have moments of normality" in which, given the right cues, their involuntary movements temporarily subside.

"This suggests that interventions can be effective," she says, noting that research has found the repetitive use of TMS appears to increase the stimulation or inhibition of specific brain circuits.

But TMS, which creates a pulsing magnetic field in targeted areas of the brain, is currently only approved by the Food and Drug Administration for treatment of depression. That means Pirio Richardson can only use it as a research tool, for now.

"It clearly needs to be tested in a bigger population," she says. A successful Phase 2 trial could help set the stage for TMS becoming an FDA-approved dystonia treatment.

Movement disorders have been Pirio Richardson's focus since the Albuquerque native joined the UNM faculty in 2007, following a three-year National Institutes of Health fellowship in Maryland.

In addition to her research commitments, she heads UNM's Parkinson's Disease and Movement Disorders Program, where she and fellow neurologist Amanda Deligtisch, MD, see more than 200 patients a month. She also provides clinical care and education at the Albuquerque Veterans Affairs Medical Center.

In her clinical practice, Pirio Richardson deploys the full suite of treatments for movement disorders, including oral medications, botulinum toxin injections that counter the muscle spasms characteristic of dystonia, and implanting microelectrodes to provide deep brain stimulation for selected Parkinson's, tremor and dystonia patients.

Pirio Richardson has also co-authored a forthcoming book, *Fundamentals of Neurologic Disease* (Springer, 2d Ed., 2015), with Larry E. Davis, MD, chief of the neurology service at the Albuquerque VA Medical Center. "It's for medical students during their four-week neurology rotation," she explains.

"I like what I do," she says. "There's always more questions. That's fun."

Research Review

Allen Adolphe, MD, a professor and vice chief of General Internal Medicine, received a \$782,000 grant from AbbeVie for a Phase III clinical trial.

Sanjeev Arora, MD, a professor in the Department of Medicine, received \$2.4 million from the Center for Medicare and Medicaid Services for Project ECHO.

Gary Cuttrell, DDS, chair of the Department of Dental Medicine, received a \$1 million grant from the New Mexico Higher Education Department for the UNM Dental Residency Program.

Alberta Kong, MD, an associate professor in the Department of Pediatrics, received a \$716,000 grant from the National Heart, Lung, and Blood Institute for "Adolescents Committed to Improvement of Nutrition and Physical Activity."

Catherine McClain, MD, a professor in the Department of Pediatrics, received a \$2 million grant from the New Mexico Human Services Department for the Center for Development and Disability.

Jane McGrath, MD, a professor in the Department of Pediatrics, received a \$1.1 million grant from the N.M. Human Services Department for Envision N.M.: The Initiative for Child Healthcare Quality.

Tudor Oprea, MD, PhD, a professor in the Department of Internal Medicine, received a \$1.8 million National Cancer Institute grant for his project, "Illuminating the Druggable Genome - the Knowledge Management Center."

Kimberly Page, PhD, chief of Epidemiology, Biostatistics and Preventive Medicine, received a \$1.3 million National Institute on Drug Abuse grant for her study, "Acute Hepatitis C Infection in Young Injectors."

David Pitcher, MD, a professor in the Department of Surgery and executive physician for the UNM Health System, received a \$1.1 million grant from the New Mexico Department of Health to sustain the Level I trauma center designation and improve the financial viability of the trauma service and program at UNM Hospital.

Janet Poole, PhD, a professor in the Department of Occupational Therapy, received a \$1.8 million Patient Centered Outcomes Research Institute grant for her study, "Taking Charge of Systemic Sclerosis: Improving Patient Outcomes Through Self-Management."

Valerie Romero-Leggott, MD, an associate professor in the Department of Family and Community Medicine and vice chancellor for diversity at the Health Sciences Center, received a \$730,000 grant from the Health Resources and Services Administration for the Health Career Opportunity Program.

Melanie Royce, MD, and Carolyn Muller, MD, from the UNM Cancer Center, received a \$1.4 million grant from the National Cancer Institute for their study, "Community Oncology Research Program - Minority Underserved Community Sites."

Dan Savage, PhD, chair of the Department of Neurosciences, received a \$1.6 million award from the National Institute on Alcohol Abuse and Alcoholism for his study, "Fetal Ethanol-Induced Behavioral Deficits: Mechanisms, Diagnoses and Interventions."

Jennifer Vickers, MD, a professor in the Department of Neurology, received a \$969,000 grant from the New Mexico Department of Health for "Continuum of Care - Primary."

Angela Wandinger-Ness, PhD, a professor in the Department of Pathology, received a \$775,000 National Institutes of Health grant for the ASERT project.

Cosette Wheeler, PhD, a Regents Professor in the Department of Pathology, received a \$1.4 million National Cancer Institute grant for her study, "New Mexico HPV Outcomes, Practice Effectiveness and Surveillance."

Bridget Wilson, PhD, the Maralyn S. Budke Endowed Professor in Cancer Cell Signaling in the Department of Pathology, received a \$2.5 million National Institute of General Medical Sciences grant for the Spatiotemporal Modeling Center. Wilson is the center's director and lead investigator.

Howard Yonas, MD, chair of the Department of Neurosurgery, received a \$5.2 million grant from the federal Center for Medicare and Medicaid Services to help fund the new ACCESS telestroke network (Access to Critical Cerebral Emergency Support Services).

Sourthwestern State of Mindle Building the Student-Alumni Bond

By Ellen W. Hatch

n a sunny Friday afternoon last October I found myself on a mountain bike, navigating the beautiful High Desert Trail System outside Gallup with some local cyclists. The fast, red-dirt single track was artistically adorned with steel sculptures. We frequently stopped to take in the fantastic geologic scene and exclaim over the tarantulas scrambling about on their fall migration.

During the ride, I began talking with one of my fellow riders – a new acquaintance who is a physician's assistant – about endurance racing. By the end of the conversation, we had swapped contact information so that I could take an unfilled slot for an ultramarathon at Canyon de Chelly the next weekend.

That was just one of many spontaneous interactions I had when a group of UNM medical students and I drove out to Gallup as a part of the statewide celebration of the School of Medicine's 50th Anniversary.

The warm welcome with which we were received in Gallup that Friday was distinctly Southwestern. I often feel that New Mexico has its own brand of Southern hospitality – a Southwestern familiarity. No matter how newly acquainted, we are open and sharing like old friends. Our hosts in Gallup epitomized this sentiment.

From the evening we arrived, through the event-filled 24 hours we were in town, we were cheerfully treated as a part of the community.

Hosts and hostesses enthusiastically guided us on a tour of both the UNM Gallup campus and Rehoboth McKinley hospital and greeted us at meals. I left with contacts and generous offers to shadow local physicians, as well as opportunities to delve further into the unique cultural fusion that medicine must undertake to fully serve a state as diverse as ours.

The experience I had the following weekend, en route to the ultramarathon in Canyon de Chelly, was also replete with hospitality. I had the opportunity to dine with physicians who had completed their family medicine residencies at UNM and were now practicing rural medicine. They shared fascinating stories of collaborating in the hospitals with local traditional healers and living in a community rich with Navajo culture.

The Navajo community of Chinle, Ariz., which hosted the run, made it truly a celebration of life through distance running. It was a humbling experience that reminded me of the depth of connection I feel to the land in the Southwest, the distinct cultures here, and my commitment to serve these communities in the long term.

I felt being welcomed to the hometown of the physicians was a powerful means of introduction, and a way of connecting UNM medical students with the rest of our richly diverse state.

What started out as a weekend trip became for me a moving experience that exemplified the quintessence of Southwestern culture. I look forward to my return to Gallup, and I look forward to having a similar opportunity to immerse myself in other New Mexico communities. \Leftrightarrow



Ellen W. Hatch is an MD/PhD student.

Medical Multitasker

Heidi Overton's

Many Roles

By Luke Frank

For some, faith can be a barrier to science; for others, science is a barrier to faith. Heidi Overton, a fourth-year School of Medicine student, draws strength and direction from both.

Overton finds the underpinnings of her path both in her powerful inner circle of family and faith, and in an impressive cast of personal and professional mentors.

Overton, who graduates this spring, embodies academic achievement: the accomplished athlete and high school valedictorian who became a summa cum laude graduate of UNM's Combined BA/MD Program, Regents' Scholar and University Honors awardee. She also was elected into the The Arnold P. Gold Foundation's Gold Humanism Honor Society and serves as the student member of the UNM Board of Regents.

While internal drive is readily evident in Overton's long list of accolades, what's less apparent on paper is her love of people and relationships.

"You should be both invigorated and satisfied by every step in your

path, instead of just needing to accomplish an end goal like becoming a doctor," she says. "When compassion and empathy come from a genuine place in your heart, you'll want to use your energy and gifts for the betterment of others."

Overton's clarity and dedication to her mission are rooted in her family's tradition of faith and service. Her father, a pastor for Lighthouse International Ministries in Gallup, serves the entire church community.

"I've watched my parents serve others my whole life," she adds. "My dad's phone is never off – he's always on call. I learned to have a heart of service from my parents. It's just natural. That's what we do."

Overton knew she wanted to invest in people from an early age, but medicine didn't enter her vision until she shadowed a local family doctor during her senior year in high school.

"It was pretty eye-opening," she says. "I knew medicine would be an academically challenging and stimulating field, but it was so engaging. Every morning I got to share lives and experiences with patients – and that was the difference for me. That was the turning point. It was kind of instant."

Overton sees these same traits of service and engagement in her mentors within the medical school and the Board of Regents.

"They don't turn off their phones," she says. "The docs are completely accessible to their patients, and they're brilliant. They're contributing to cutting-edge research and advancing science, but their patients always feel like they're most important. I think that's how it should be."

Overton recently learned that after graduation she'll head to Johns Hopkins University School of Medicine, where she's earned a prestigious residency in surgery.

"When I ultimately complete my training, my goal is to come back here," she says. "New Mexico has invested a lot in me. I plan to return and serve the people here. I want to be a person of impact in this state. That would be a huge honor." ⋄



Heidi Overton

Board Report

UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION

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Your gift to the UNM School of Medicine Alumni Association changes more than the lives of our students – it enables them to change the lives of others. I'm pleased to report that, thanks to your support, we were able to provide \$25,000 in scholarships to fourth-year students who are pursuing careers in primary care medicine in New Mexico.

And for the first time in the history of our White Coat campaign, each incoming medical student had a sponsor who provided their first white coat and stethoscope, the emblems of their calling as physicians.

Your commitment to our students has paid dividends in other ways. The Alumni Association was able to award \$2,000 in student travel grants in 2014. These travel grants greatly helped to encourage student achievements and promote the UNM School of Medicine nationally.

Another key goal of the Alumni Association is to improve the quality of student life. Your generosity has enabled us to establish and maintain The Nook, a student break area providing healthy snacks and hot beverages each day. The Nook is a friendly, healthy and engaging environment for students to connect with the Alumni Office - and with you.

We also had huge success in connecting students with alumni through our regional celebrations of the School of Medicine's 50th Anniversary. This outreach initiative has created a foundation to build stronger relationships with various communities and health care leadership throughout New Mexico.

The Alumni Association's board of directors is excited about the opportunities 2015 holds to expand current alumni initiatives and continue providing crucial support to our medical students.

We look forward to welcoming you back to campus in October for the 51st Alumni Reunion. In the meantime, please let me know if you have any suggestions about how we can better serve the School of Medicine community.

Very truly yours,

Amanda Bassett, Director

Advancement and Alumni Relations

amanda Brassett

UNM School of Medicine

50th Anniversary Alumni Reunion



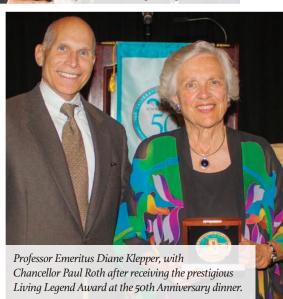
August 1-2, 2014











Faculty Passages

Thomas A. Borden, MD, a retired professor and chief of the Division of Urology in the Department of Surgery for more than 33 years, died Feb. 4, 2015. He ranks as one of the longest-serving chiefs of urology and program directors in the country. As a pediatric urologist, Borden treated thousands of children at University of New Mexico Children's Hospital. He remained in active practice until shortly before his death. He is survived by children Christopher and Catherine, son-in-law Robert Hise and granddaughter Zada-Jeanne.

Colin Buckley, MD, PhD, who recently completed his residency in the Department of Dermatology, died Jan. 25, 2015. Buckley entered UNM's biomedical sciences graduate program as a PhD student in 1999, focusing on protein-protein interactions in cellular signaling systems. After completing his PhD he matriculated into the School of Medicine, completing his MD in 2008. An accomplished researcher and inventor, he co-authored six patent applications and served as an advisor for biomedical research and development for Sandia National Laboratories. He is survived by his wife Pam and three sons.

John Veitch, MD, a faculty member in the Department of Orthopaedics and Rehabilitation, died Jan. 18, 2015. A North Dakota native, Veitch came to New Mexico for his orthopedic training, graduating in 1978. He practiced in Roswell, N.M., before joining the department in 2003. He was named Outstanding Teacher for orthopedic surgery shortly after his arrival. He is survived by his wife Mary Ellen and children Andy, Beth and Charlie.

James J. Stagnone, MD, a clinical professor of dermatology in the School of Medicine, died Jan. 5, 2015. Stagnone devoted his medical skills and vast experience to the teaching of medical students and residents, and upon retirement donated his medical building to the Department of Dermatology. The James J. Stagnone, MD, Building is now home to the Department of Dermatology and provides clinical space for UNM's Division of Plastic Surgery.

George E. Omer Jr., MD, died Nov. 20, 2014, in Spring, Texas. Omer joined the School of Medicine in 1970 to help the Department of Orthopaedics and Rehabilitation and created the first academic division of hand surgery in the nation. Under Omer's guidance, the department also founded a leading program in physical therapy in 1973 to assist with patient rehabilitation. Omer served as department chair, interim medical director at Carrie Tingley Hospital and as assistant dean for graduate education. He is survived by his wife Wendie, his sister Betty Creek, his son Michael and daughter-in-law Marla, and by 11 grandchildren, nieces and nephews.

Elizabeth Szalay, MD, a professor in the Department of Orthopaedics and Rehabilitation, died Dec. 29, 2014. A Los Alamos, N.M., native, she received her undergraduate and MD degrees at UNM. She completed her orthopedic surgery residency in San Antonio, with fellowship training in pediatric orthopedics at Texas Scottish Rite Hospital for Children in Dallas. She worked as a pediatric orthopedic surgeon at several hospitals before joining the medical faculty at Carrie Tingley Hospital. She is survived by her husband Ken Gilman.

Michael C. Wilson, PhD, a professor in the Department of Neurosciences, died Nov. 14, 2015. He received his BA in biology from Hunter College at City University of New York and a diploma in epigenetics from University of Edinburgh. He later completed a PhD in molecular biology at the University of Zurich and postdoctoral training at Rockefeller University. Prior to his arrival at UNM in 1996, he served as a faculty member at the Research Institute of Scripps Clinic in La Jolla, Calif. Wilson's seminal contributions to the field of neuroscience include the identification of SNAP-25, which is a critical component of the neurosecretory machinery for synaptic transmission. He is survived by his wife Maria Picchi, children Jonathan and Francesca, brother John and abundant extended family members.

John H. (Jack) Saiki, MD, a professor emeritus in the Hematology/ Oncology Division of the Department of Medicine, died Aug. 8, 2014. He received his BA and BS degrees from the University of North Dakota and graduated from medical school at Mc-Gill University in Montreal, Canada, in 1961. He completed his residency and fellowship training in medicine and hematology at UNM and his oncology training at the University of Texas MD Anderson Cancer Center. He served as clinical director of the UNM Cancer Center, as principal investigator for Southwest Oncology Group and on the Board of Trustees for Blood Systems for 29 years. He was also medical director of the Presbyterian Hospice Program and the recipient of numerous awards for teaching and service. He is survived by his wife Julie, his three children Beth, Bill and Catherine, three grandchildren and in-laws.

Major Match Thomas Holmes Contributes to the Klepper Fund

Diane Klepper, MD, was already well on her way to becoming a legend in the University of New Mexico School of Medicine when Thomas Holmes was a student in the late 1960s.

"Dr. Klepper was the dean of students when I was there and for many years thereafter," says Holmes, now retired from a long career as a dermatologist. "I remember her fondly."

When he learned that Klepper, who served as a dean for 31 years, had established a sizable matching fund to help create scholarships for undergraduate medical students, Holmes was inspired to make his own donation of \$25,000.

"I have a wonderful life, and I want to give back to the medical school," he says.

Holmes, who went on to a successful career as a Navy doctor before starting his own private practice in Santa Fe, remembers Klepper as a dynamic figure in the School of Medicine - and as someone who still inspires him. Klepper's matching fund was announced in 2014.

"She was a real force at the school, and basically dedicated her career to the students there," Holmes says. "She deserves all the credit she can get."

Holmes is thinking about making further contributions to the School of Medicine. "This is the first installment of future giving that I want to do," he says. He hopes his fellow graduates will follow suit.



Thomas Holmes

"I would like to inspire other alumni to contribute to the medical school," he says. "I hope that, in the future, scholarship recipients would remember this assistance and give back, perpetuating the cycle of support through giving." ⋄

In Memoriam

David J. Briones, MD'84 of Orlando, Fla., died Aug. 23, 2014.

Colin T. Buckley, MD'08 of Albuquerque, died Jan. 25, 2015.

Neil R. Collinge, MD'99 of Durban, South Africa, died April 7, 2014.

Marcelo R. Eizner, MD of Albuquerque, died May 19, 2014.

Steven W. Fitzgerald, MD'84 of Buffalo Grove, Ill., died March 17, 2014.

Robert P. Hayes, MD of Big Spring, Texas, died June 13, 2013. Gary L. Huber, MD of Tyler, Texas, died Oct. 22, 2013.

Helen D. Johnson, MD of Albuquerque, a former psychiatrist at the UNM Children's Psychiatric Center, died March 15, 2014.

Gregory R. Kauffman, MD'78 of Albuquerque, died June 27, 2013.

Armin T. Keil, MD of Raton, N.M., died Oct. 25, 2012.

William E. Lafferty, MD of Kansas City, Mo., died May 5, 2014.

Elizabeth D. Lakind, MD'87 of Santa Fe, died Sept. 3, 2014.

Carl A. Lepisto, MD'70 of Grand Junction, Colo., died April 22, 2014.

Thomas N. Norris, MD of Mendota Heights, Minn., died June 6, 2014.

Julian Cathal Redditt, MD of Washington, D.C., died Jan. 5, 2015.

Tausif Rehman, MD of Topeka, Kansas, died Oct. 12, 2014.

David L. Straub, MD of Joplin, Mo., died July 5, 2013.

Arthur D. Unger, MD of Bakersfield, Calif., died Jan. 25, 2014.

CLASS ACTS

1970s

Retired U.S. Navy Vice Admiral John Mateczun, MD '78, received UNM's Zimmerman Award for his long medical career with the Navy, which culminated in a project overseeing the merger of the National Naval Medical Center and the Walter Reed Army Medical Center into the Walter Reed National Military Medical Center.

1980s

David Pitcher, MD'86, has been named executive physician for the UNM Health System. He is charged with efforts to improve performance and meet the challenges posed by health care reform. A specialist in minimally invasive surgery, Pitcher previously served as chief medical officer for UNM Hospitals.



Sandra L. Whisler

Sandra L. Whisler, MD'89, is president-elect of the Greater Albuquerque Medical Association. Whisler also serves as president of the UNM School of Medicine Alumni Association.

1990s

Timothy Bolek, MD'9I, has introduced many new radiation oncology technologies, including radiosurgery, implanted breast radiation and methods for delivering more highly focused and safer radiotherapy. He recently began using a new type of injectable radioactive isotope called Xofigo (Ra 223 dichloride).

2000s

Melissa Mason, MD'00, has been named president of the New Mexico Pediatric Society, the New Mexico chapter of the American Academy of Pediatrics. The society is working to ensure that all children have access to immunizations and to create an effective patient-centered medical home certification.

FORMER RESIDENTS

Irene Agostini, MD, has been named chief medical officer of UNM Hospitals. Agostini, who completed her emergency medicine residency at UNM in 1993, will facilitate medical and staff interactions with administrators and trustees to assure effective delivery of quality medical care.

Steven McLaughlin, MD, received the UNM Alumni Faculty Teaching Award in recognition of outstanding teaching and service to students. McLaughlin, a Regents' Professor and chair of the Department of Emergency Medicine, ran UNM's emergency medicine residency program for seven years.

William Ball, MD, has been appointed interim vice president for health affairs and dean of the College of Medicine at the University of Cincinnati. Ball completed his neuroradiology fellowship training at UNM Medical Center before moving to Cincinnati in 1984. He remains vice president of research while assuming these interim roles.



Toby Merlin

Toby Merlin, MD, was the keynote speaker at the UNM Department of Pathology's 50th Anniversary symposium. Merlin completed his pathology training at UNM, and served

as a faculty member in the departments of Pathology and Internal Medicine from 1984 to 1992. He joined the Centers for Disease Control in 2003 and is now director of the Division of Preparedness and Emerging Infections in the National Center for Emerging and Zoonotic Infectious Disease.

FACULTY



Howard Yonas

Howard Yonas, MD, distinguished professor and chair of the Department of Neurosurgery, received UNM's Presidential Award of Distinction. President Robert G. Frank

recognized Yonas for his work in creating an innovative telemedicine network that provides specialized, long-distance neurosurgical consults in rural areas of New Mexico.

Donald Fry, MD, former president of the Surgical Infection Society and an acknowledged authority on the subject of surgical site infections, will chair the newly formed medical advisory board of Innovations Technologies, Inc. Fry is executive vice president of clinical outcomes management at Michael Pine and Associates, Inc., an adjunct professor of surgery at Northwestern University and a professor emeritus in UNM's Department of Surgery.



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: 505.272.5112 Email: abassett@salud.unm.edu

CHANGING OF THE GUARD

La Tierra Sagrada Society Selects New Officers

Photos: Sara Mota

The La Tierra Sagrada Society's general membership elected two new officers and three board members at its annual luncheon and meeting on March 24.

Charles North, MD, a professor in the Department of Family and Community Medicine, was elected president. North is the executive medical director for ambulatory services at UNM Hospital and has been a La Tierra member since 2005.

Livid at Ti se "T M las sc."

Holly Shipp Buchanan passes the gavel to Charles North.

Kellie Arviso

Linda Novy-Doll, the newly elected vice president, is a financial advisor at Merrill Lynch. She has been a La Tierra member since 2010. Each will serve a two-year term.

La Tierra Sagrada (Spanish for "The Sacred Earth") is the School of Medicine's fundraising arm, which last year awarded \$100,000 in student scholarships.

Outgoing president Holly Shipp Buchanan, EdD, director of UNM's Health Sciences Library and Informatics Center and a society member since 2006, was honored for her service.

Kellie Arviso, MD, the Society's 2010 Dean's Endowed Scholarship recipient, spoke about influences in her life that brought her to the practice of medicine. Arviso, a New Mexico native, will work with Native American patients during her upcoming fellowship in anesthesiology in Alaska.

Dora Wang, MD, coauthor of *The Daily Practice* of Compassion, A History of the University of New Mexico

School of Medicine, Its People, and Its Mission, 1964-2014, talked about researching and writing the book and signed copies.

The Society's three new board members are Nancy Croker, MD, Margaret Gunter, PhD, and Diane Ogawa, JD. Each will serve a three-year term.

Croker is a retired pediatrician/family practitioner who has served a wide variety of community organizations, including the Albuquerque Community Foundation, Roadrunner Food Bank and Carrie Tingley Hospital Foundation. Croker and her husband, Joseph

Gorvetzian, MD, an infectious disease specialist, and children Joey, Andy and Sarah were honored as the Outstanding Family in Philanthropy 2013 by the Association of Fundraising Professionals.

Gunter has been the director of medical outcomes research at the Lovelace Respiratory Research Institute since 2013. She has led multiple innovative projects to improve health care in New Mexico and across the country. She is a member of the steering committee for the Albuquerque Coalition for Healthcare Quality. The New Mexico Health Information Collaborative, a statewide health information exchange network, was developed under her leadership.

Ogawa is the executive director of PNM Resources Foundation and leads PNM's community relations efforts. She is a corporate attorney who has practiced in multiple states and served on numerous community boards. She has also helped establish a consortium of funders to introduce nonprofit organizations to social entrepreneurship principles and other capacity-building enterprises. Ogawa and her husband recently established the Greg and Diane Harrison Ogawa Wings Endowment for \$250,000.

La Tierra's Fiscal Year 2016 goals are to continue awarding scholarships and building the Dean's Endowment through gifts and increased membership, while establishing additional endowments from community sources. Ultimately, the society hopes to provide a full-tuition scholarship to every medical student at UNM.

http://som.unm.edu/giving/tierra-sagrada



From left: Barbara Griffith, Nancy Croker, Linda Novy-Doll, Ben Curet, Jeff Griffith, Maggie Gunter, Corey Ford, Leslie Morrison, Holly Shipp Buchanan, Chuck North, Pug Burge, Herb Koffler, Diane Ogawa, Jamie Ricci. (Not present: Lori Yonas and Craig Timm)

back story

Life and Death in the Desert

By Ben Daitz, MD

o you know where we are?" the sheriff asked me with a sideways glance, turning off the ignition. He probably knew I had no idea. "We're near the village of Cañones. This is where we start looking."

Several hours before, Emilio Naranjo, the sheriff of Rio Arriba County, had told me what we were looking for: a dead man.

I was a young faculty member at the University of New Mexico School of Medicine, and I had traveled to Northern New Mexico so that I could help at a small clinic in the village of Tierra Amarilla while the clinic's regular physician was away.

The sheriff, a middle-aged, sturdy presence in a snow-covered cowboy hat, had knocked on the door at about one in the morning. He apologized for the early hour and the snow he'd tracked in. "Did they tell you you're also the medical examiner for the county?" He nodded in agreement before I could say, no, they hadn't – "and we're going to look for a body."

It took two hours to drive 40 miles – the only car on a snow-packed descent through piñon and juniper canyons, past sentinel rock faces in half moonlight.

We parked along a narrow road at the mouth of a canyon. "I think he's over this mesita," Sheriff Naranjo said, and I followed him, trudging through snow a foot deep, over a small ridge and down to an arroyo. We walked 50 yards or so, and the victim was there, outlined and crusted with snow like a rocky intrusion: a white masked face, arm across his chest, across his heart. We both knelt down and with a gloved hand the sheriff brushed the snow away from the frozen face. There was a bullet hole right in the middle of the forehead.

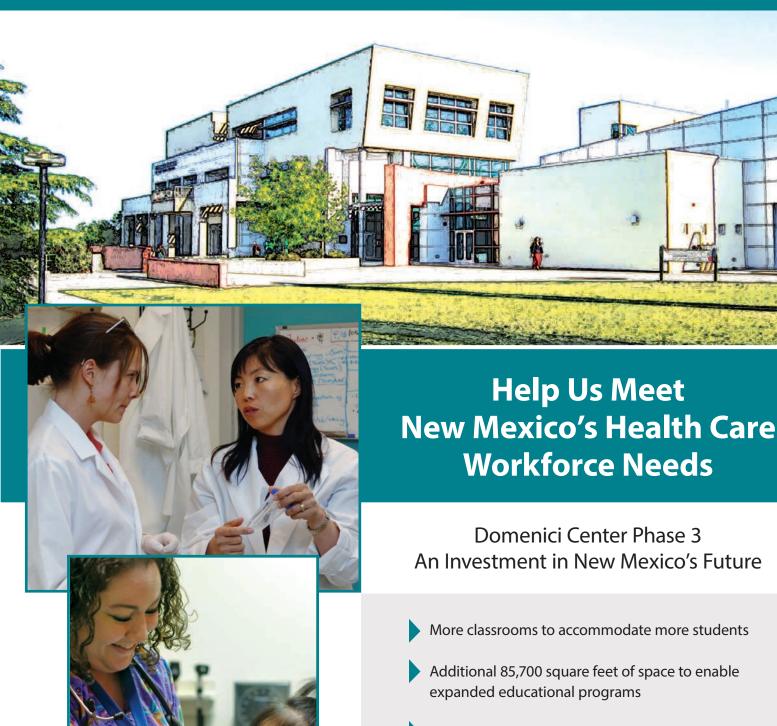
I was wondering what a medical examiner would do, and remembered from a medical school pathology lecture that he'd look for the Mortis brothers, Rigor and Livor - rigor mortis, the stiffness of the body, and livor mortis, the dependent purple stain of blood, pooled and layered like some geologic stratum. The man was already frozen stiff, his thin jacket a sheet of ice, and as I tried to pull it up to check for livor mortis at his waist, Sheriff Naranjo looked at me quizzically. "Doctor – do you think he's dead?" He chuckled, and perhaps I did too. I remember thinking I'd never seen anybody more dead – but I figured Sheriff Naranjo probably had.

There was no crime scene investigation - at least not then, and I somehow doubt ever. We lifted the body, a frozen, dead weight, and carried him head and heel as if he were a stretcher, back to the police cruiser. We slid him feet first along the back seat, and angled down so he would fit, and drove him to the Española hospital.

The next night, Sheriff Naranjo knocked on the door about midnight. There had been a shooting at the bar, and the victim had been brought to the clinic's new emergency treatment room. I remember seeing spurts of blood as I hurried to the man on the gurney. He'd been shot in his scrotum and a nurse was trying to stop the bleeding. We were able to clamp the artery and get an IV started, and then we loaded him into a Chevy van that had been converted to an ambulance. As I continued to apply pressure to his wound, and Sheriff Naranjo provided an escort, we drove him to the Española

Our patient survived, but a friend told me years later that the man's cousin, who had shot him in the balls, shot him again - this time in the heart.

Ben Daitz, MD, is a professor in the Department of Family and Community Medicine.



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