Partnering with the V.A.

ALSO FEATURED: Department Launches Two New Divisions
Our focus in the Department of Medicine has always been on quality—the quality in education, research, and patient care—but as national conversations continue to focus more on how to improve systems to support continued growth in this area, we are also evolving to address these issues for the patient populations we serve.

To this end, we recently formed two new divisions in the Department of Medicine, with a goal to foster continued collaboration on education, clinical care, research and quality initiatives. I am grateful to be able to call on some capable and enthusiastic faculty to lead these divisions: Dr. Jennifer Gilwee is chief for the Division of General Internal Medicine and Geriatrics, while Hospital Medicine has Dr. Mark Pasanen at the helm. Looking forward to exciting things to come from these divisions! Read more in this issue’s Division Highlight.

Another important leadership transition: Dr. Allen Repp has accepted the role of vice-chair of quality for the department. The time is right to create this new position, as faculty members across the divisions are already hard at work on various initiatives, and projects introduced through our High Value Care program have met with great success. This role will help to connect faculty with each other and with institutional resources to push our efforts to the next level. Dr. Repp brings a wealth of experience to this position; in addition to doing important work on quality for the hospitalist service, and serving as a mentor for students and residents, he has been a leader on this issue for the state of Vermont. Read more about his goals moving forward in a story in this issue of The Chart.

The community partnerships we are forging also enhance quality in patient care and education, and the feature story in this issue focuses on the health care we are providing for veterans in the Burlington area. Dermatology, cardiology, sleep medicine and the internal medicine residency program are partnering with the Lakeside Clinic—providing top notch care and a great educational opportunity for residents and fellows. And as always, we have news of faculty research success, education initiatives, new developments in patient care, and much more. Hope you enjoy this issue of The Chart!

Polly E. Parsons, M.D.
Professor and E.L. Amidon, M.D.’32 Chair of Medicine

In This Issue
New and Notable……………2
Partnering with the V.A. …4
Division Highlight:
General Internal Medicine/
Geriatrics and Hospital
Medicine ……………………6
Research News………………8
Education News…………….10
Faculty Notes /In the Media/
Who Knew? ……………….12

The Chart is published by the Department of Medicine of the University of Vermont College of Medicine and The University of Vermont Medical Center, Burlington, Vermont.

Submissions to the newsletter, as well as address corrections may be sent to: thechart@med.uvm.edu or THE CHART, THE CHART, UVM DEPARTMENT OF MEDICINE
Fletcher 311, 111 Colchester Avenue, Burlington, Vermont 05401

Cover: Cardiology fellow Amir Azarbal, M.D., examines a patient at the V.A. Lakeside Clinic in Burlington. Photo by David Seaver
The Department of Medicine is not starting from scratch, he is quick to point out. A broad array of projects have already seen success – from improving the work flow and quality of care for patients suffering from sepsis, to cutting down on hospital readmissions for heart failure patients. But there are opportunities for broader partnerships, and Repp says this position will help to strengthen those connections and provide access to resources. In turn, the goal is to share the new knowledge being generated in the Department of Medicine with the broader medical community.

“We’re doing a lot of applied quality improvement and patient safety work,” he says. “We want to rigorously evaluate and share, publish and present.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”

Another goal will be to continue to develop educational opportunities for medical students, residents, and fellows around the system-wide issues health care providers face, so they are equipped to plan for future needs and contribute to research in this arena.

And Repp notes that the time is right for a more department-wide approach to quality initiatives, as Vermont continues to move towards health and wellness of patients, as opposed to the traditional fee-for-service arrangement.

“How do we improve the value of care? That’s the essential question,” says Repp. “My hope is that we’ll be able to foster an environment that will support faculty members’ growth, and get residents and students engaged early in their careers.”
Partnering with The V.A.

Fellows and Residents Provide Patient Care for Veterans

Traveling to the White River Junction Veterans’ Administration Medical Center from greater Burlington can be difficult, especially in winter. It’s even more challenging for the veteran who is living with chronic pain or has been diagnosed with a sleep disorder or cardiac arrhythmia. And if he or she doesn’t drive or have access to a car, it’s virtually impossible.

These Vermont variables – weather and geography – make access to V.A. health services in Burlington that much more important. Although the V.A. has had a presence in Burlington for many years, the October 2013 opening of a new location, the Lakeside Clinic, combined with an ongoing partnership with the Department of Medicine, continues to expand care options for local veterans. Fourteen internal medicine residents routinely spend some 20 days of their outpatient medicine experience at the clinic, seeing patients who struggle with comorbid issues at a rate greater than the general population.

“It’s great for our residents to see how care, as we move forward, is going to look in the outpatient setting,” says MARK PASANEK, M.D., associate professor in the Division of Hospitalist Medicine and director of the Internal Medicine Residency Program, adding that the time at Lakeside offers them “added exposure to an advanced, patient-centered medical home model.”

“It’s a good experience for them to see patients with multiple chronic diseases and comorbidities in that setting, because not everyone needs to be in an emergency room—they can be seen in an acute clinic setting and be well taken care of,” says MARK LEVINE, M.D., associate dean for Graduate Medical Education.

And residents, fellows, and faculty are providing specialized care that might otherwise have slipped through the cracks. Since a dermatology clinic was launched at Lakeside in October 2015, for example, more than 50 skin cancers have been biopsied, says JOSEPH PIERSON, M.D., assistant professor in the Division of Dermatology and director of the Dermatology Residency Program.

“It has been a challenge to get them to worry about sun exposure,” says Pierson of members of the military. “They’re more worried about their Kevlar equipment being worn properly.” Veterans who are diagnosed with skin cancer have the option of being treated in White River Junction or at UVM Medical Center. For those who need more delicate Mohs surgery, the nearest V.A. location is Boston; however, the UVM partnership offers a much closer alternative. It’s also allowed dermatology to add a seventh resident to that program: the White River Junction V.A., which has historically been affiliated with Dartmouth-Hitchcock, is supporting the training of one resident, the first time it’s entered into a joint venture in graduate medical education with the UVM Medical Center.

“It’s a nice way to have the two institutions – UVM and Dartmouth – collaborate around the care of the northern New England veteran population in a patient-centered manner,” says Levine.

Cardiology’s relationship with the V.A. goes back more than a decade. It’s an obvious fit: with a population that skews toward older males, there is plenty of cardiovascular disease, says DAVID SCHNEIDER, M.D., professor and director of the Division of Cardiology.

“Our perspective, there was a clinical need there that dovetailed nicely with an educational opportunity,” he says, echoing others in calling the V.A. partnership a “win-win.” Fellows take a fully active role in patient care, serving as primary caregivers and reviewing findings and treatment plans with attending physicians. “So the patients are getting the best care, but the fellow is really driving the interaction with the patient, which gives them that level of responsibility and provides a great learning environment,” says Schneider.

Spending time at Lakeside means that in addition to focusing on their specialties, all residents and fellows face a fairly unique set of issues, including military-related injuries, chronic pain, prosthetics, and post-traumatic stress disorder, says JONATHAN COHEN, M.D., M.P.H., director of the clinic.

They’re also exposed to integrated care in action, with physical therapy, cognitive psychotherapy, audiology, acupuncture, and yoga onsite. Telehealth is routinely used as well. But the benefits are mutual.

“It’s great for the V.A. Not only does it take some of the pressure off the White River Junction–based providers, we like having them in the clinic because it’s nice to collaborate with subspecialists,” Cohen says, adding there are possibilities for continued program growth, made possible in part by the 2014 Veterans Health Care Bill.

The newest focus at Lakeside is sleep medicine. SUSAN DUNNING, M.D., assistant professor in the Division of Pulmonary Disease and Critical Care Medicine and director of the UVM Medical Center Sleep Program, established a limited sleep clinic there in late December, but she expects it to reach capacity quickly and hopes to expand it as needed. For now, Dunning and one sleep fellow see V.A. patients who are referred for sleep problems, particularly sleep-related breathing disorders, along with other disorders such as insomnia, hypersomnias, parasomnias and sleep movement disorders. They also optimize treatment with respiratory assist devices (CPAP or BiPAP) for sleep-related breathing disorders. Dunning is planning to start a mask-fit clinic, and anticipates that Lakeside will eventually function as a community-based durable medical equipment supplier of respiratory assist equipment for V.A. patients in the Burlington area. In addition, sleep medicine patients will be able to undergo polysomnogram studies at UVM Medical Center; the nearest V.A. facilities that provide this service are in Boston and Albany.

“The Lakeside clinic provides a great opportunity to have veterans’ medical needs met closer to home,” says Dunning. As these clinical partnerships continue to thrive, the Department of Medicine is now also exploring the possibility for research collaborations.
Divison Highlight

Department of Medicine Launches Two New Divisions: General Internal Medicine/Geriatrics & Hospital Medicine

Two new divisions in the Department of Medicine have been created to foster collaborative opportunities in clinical care, education and research. What was the Division of Primary Care Internal Medicine is now the Division of General Internal Medicine/Geriatrics and the Division of Hospital Medicine, to be led by JENNIFER GILWEE, M.D., and MARK PASANEN, M.D., respectively. "Jen and Mark have been exceptional leaders in this transition," says Department Chair POLLY PARSONS, M.D. "I am grateful to all of our faculty and staff who facilitated this transition. We have already seen exciting new collaborations and opportunities."

Division of General Internal Medicine/Geriatrics

The Division of General Internal Medicine/Geriatrics includes four outpatient internal medicine sites in Burlington, South Burlington, Williston, and Essex. Optimizing care delivery at these sites – which are all designated patient-centered medical homes – has been ongoing and will continue, says Division Chief JENNIFER GILWEE, M.D. What the division designation brings to the group is the ability to more seamlessly coordinate research. "If we can collaborate and foster more academic projects with our specialty colleagues, that will be a real benefit," she says. The division's roughly 35 health care providers already have ongoing projects connected to advance care planning, patient care as related to hypertension, the use of ultrasound in an outpatient setting, and many other topics, and Gilwee sees opportunities to broaden and deepen this work.

The introduction of geriatrics as a division highlights the care of patients admitted to UVM Medical Center and the education of its students and residents – will allow additional opportunities to collaborate on research and scholarship across the Department of Medicine, says Division Chief MARK PASANEN, M.D. Founded in 1999 with one full-time position, the hospital medicine service has grown to include 17 clinicians. Over time the group has taken on responsibility for a patient population that now includes most adult general medicine inpatients and consults, along with all unscheduled emergency department admissions. The division co-manages all inpatients suffering from hip fracture and spine injuries, and provides 24/7 in-house coverage at the medical center, including a rapid response team. This summer, the division plans to launch a medical oncology service, as well as institute additional nighttime coverage at the hospital.

The new division is poised to become "the center of hospital medicine for the state," says Pasanen. Research related to the patient experience, as well as value and quality in health care, is ongoing but will only expand as the division becomes "more nimble" when it comes to collaboration across specialties. And the internal medicine residency program – which includes rotations with the teaching hospitalist service - continues to turn out physicians who go on to hospitalist positions at institutions across Vermont. This educational program – and the research opportunities to come – make it an exciting time for this growing specialty.

"The Department of Medicine has a track record of being an outstanding research enterprise," says Pasanen. "Joining the department can only help us build a more robust program, increase mentoring opportunities, and improve infrastructure for research."

Members of the Division of General Internal Medicine/Geriatrics gather for a recent meeting. Front Row L to R: Sarah Bushweller, P.A., Patricia King, M.D.; Claudia Berger, M.D.; Elizabeth Rosy Hill, M.D.; Diane Hakey, M.D. Back Row L to R: Division Chief Jennifer Gilwee, M.D.; Charles MacLean, M.D.; Scott Luna, M.D.; David Ziegelman, M.D.

Members of the Hospital Medicine Division present for a recent meeting. From L to R: Paul Slavik, M.D.; Amy Teleron, M.D.; Caroline Lyon, M.D.; Michael Latrille, M.D.; Erin Kurke, M.D.; Jennifer Borofsky, M.D.; Division Chief Mark Pasanen, M.D.; Steven Grant, M.D.; Shaden Eldakar-Hein, M.D.; Dennis Woods, M.D.; Zacharias Gardner, M.D.; Mohit Jindal, M.D.; Chad Mitchell, M.D.; Florian Foerg, M.D.
Vaccine Testing Center-Led Study Reveals Effective, Single-Dose Dengue Vaccine

A new study from BETH KIRKPATRICK, M.D., KRISTEN PIERCE, M.D., SEAN DIEHL, PH.D., and colleagues reports promising results from clinical trials on a new vaccine that is very effective at preventing dengue infection and is likely to require only a single dose. Clinical research was performed at both UVM and Johns Hopkins. Study volunteers were given vaccine or placebo and were tested for protection against a weakened strain of dengue that causes infection, but no or minimal symptoms. Results, published in Science Translational Medicine, demonstrated that all vaccinees were protected from the “challenge” virus, but none of the volunteers receiving placebo vaccines were protected. The vaccine was well-tolerated in all volunteers. Additional authors include: Stephen Whitehead, National Institutes of Allergy and Infectious Diseases; Cecilia Tibery, Johns Hopkins; Palmtama Grier, Johns Hopkins; Noreen A. Hynes, Johns Hopkins; CATHERINE J. LARSSON, research specialist, UVM Vaccine Testing Center; Beulah P. Sabundayo, Johns Hopkins; Kawsar R. Talat, Johns Hopkins; Anna Janiak, Johns Hopkins; MARYA P. CARMOLLI, senior research technician, UVM Vaccine Testing Center; Catherine J. Luke, Johns Hopkins; Anna P. Durbin, Johns Hopkins.

Grant Highlights

JASON BATES, PH.D., and ANNE DIXON, M.D., are co-principal investigators for a five-year R01 grant totaling $2.9 million, titled “Non-Allergic Late Onset of Obesity: Pathophysiology and Therapy.”

The Vermont Center for Immunology and Infectious Diseases, led by RALPH BUDD, M.D., was renewed for another five years of COBRE funding totaling $5.8 million.

RALPH BUDD, M.D., received a R21 grant for “Structure and Ligand(s) for Human Synovial TCR-Gamma/Delta” totaling $435,667.

CHRISTOPHER HUSTON, M.D., received an $806,449 grant from the Gates Foundation for “Using pharmacokinetic and efficacy studies of nitazoxanide and azithromycin to standardize the calf clinical model of cryptosporidiosis.”

BETH KIRKPATRICK, M.D., is principal investigator for a four-year, $3.3 million grant from the Gates Foundation for “Improving Rotavirus Vaccination: Refining Correlates of Protection and Evaluating Durability.”

MERCEDES RINCÓN, PH.D., and Junru Wu, Ph.D., are the recipients of a Fostering Interdisciplinary Scholarship, Arts and Research grant from the UVM Office of the Vice President for Research for “Treatment of Fatty Liver Diseases Using Sonoporation in Mouse Models.”

Publication Highlights


First Five Students Graduate from Master of Public Health Program

The UVM Master of Public Health Program (M.P.H.), launched in September of 2014, celebrated its first five graduates in December of 2015. The 42-credit program, led by JAN CARNEY, M.D., M.P.H., professor in the Division of Pulmonary Disease and Critical Care Medicine and associate dean for public health, enables students to explore current public health and health policy issues while gaining a strong foundation in population health sciences. The five graduates - Chelsea Carman, Julie Desrochers, Christine Dornbierer, Ashley Hohmann, and Ela Zakrzewska – are using their degrees to further their careers with a variety of organizations, including the Vermont Genetics Network, Blue Cross Blue Shield, and the Vermont Department of Health.

Medical Student News

On March 18, students in the College of Medicine Class of 2016 opened green envelopes that held the fate of the next phase of their medical training. Match Day ’16 did not disappoint: This year, UVM was pleased to receive notice that all 108 students secured matches to residencies. Seven of those are headed to UVM Medical Center and the Department of Medicine for internal medicine and primary care residency training, or a preliminary year before moving to other specialties, including EMILY HADLEY STROUT ’16 (above), who matched to UVM Medical Center for primary care.

A record number of medical students presented public health projects at the fall American Public Health Association (APHA) Annual Meeting in Chicago. Fifteen students in the Class of 2017 participated in the event, showcasing 11 projects in areas that connect public/population health and clinical medicine. “This is an incredible educational experience for our students,” says JAN CARNEY, M.D., M.P.H., professor in the Division of Pulmonary Disease and Critical Care Medicine and associate dean for public health. “The meeting is very well attended and our students have an opportunity to present some very innovative Vermont projects in a large, national public health setting.”

JEANNE GOSSELIN ’16 received a $3,000 grant from the Rheumatology Research Foundation for research on trabecular bone score in women with breast cancer on aromatase inhibitors. Her mentor is EDWARD LEIB, M.D., professor in the Division of Rheumatology and Clinical Immunology.

Resident News

GATHA NAIR, M.D., has been honored as a recipient of the 2016 Resident Teaching Award from The Gold Humanism Honor Society. More than 175 nominations, including 40 from the Department of Medicine, were solicited from medical students in the Class of 2017. The top eight residents were selected from across the College of Medicine’s four clinical training sites. The recipients demonstrate outstanding commitment to teaching and compassionate treatment of patients and families, students and colleagues. Pictured from L to R: Mark Levine, M.D.; Gatha Nair, M.D.; William Jeffries, Ph.D.; and Christa Zehle, M.D., at the Gold Humanism Society celebration in March.

Resident Presentations

KHADANGA S. DUNBAR E, SOBEL H. What is the impact of a Community Health Team on Diabetes Management in a Residency Clinic? Oral Presentation at Society of General internal Medicine Regional Meeting in New Haven, Conn., March 2016.

Resident Publications


Faculty Notes

Faculty Participate in Cardiovascular Community Clerkship

The Cardiovascular Research Institute of Vermont (CVRI) recently presented a Cardiovascular Medicine Community Clerkship, titled “Science Gets to the Heart of Living Longer and Better.” Organized by the University of Vermont Foundation and the UVM Medical Center Foundation, the event was hosted by David Schneider, M.D., professor in the Division of Cardiovascular Medicine and CVRI director. Presenters from the Department of Medicine included Philip Ades, M.D. (at left), professor in the Division of Cardiovascular Medicine; Harold Dauerman, M.D., professor in the Division of Cardiovascular Medicine; and Mary Cushman, M.D., M.Sc., professor in the Division of Hematology/Oncology.

Recognition and Awards

The College of Medicine Class of 2018 honored Laurie Leclair, M.D. (at left, below), associate professor in the Division of Pulmonary Disease and Critical Care Medicine, as the recipient of the Foundations Course Director Award for her leadership of the Cardiovascular, Respiratory and Renal Systems course. Her nine-week course also received the Outstanding Foundations Course Award.

The Division of Infectious Disease has been honored as the recipient of the Outstanding Foundations Course Award.

David Kaminsky, M.D., professor in the Division of Pulmonary Disease and Critical Care Medicine, received the Distinguished Research Mentor Award at the Department of Medicine semi-annual meeting in December of 2015.

Joseph Pierson, M.D., assistant professor in the Division of Dermatology, has been chosen for the UVM Medical Center VISION award, which recognizes staff members and physicians who embody the Medical Center’s vision and “strive for excellence in quality care and service for patients, their families, and their co-workers.”

Accepted on March 31 by Casey Darling, supervisor of the Nursing Medical Group, and Rosemarie Pelletier, practice support specialist, on behalf of the ID clinic and all agencies involved.

DAVID KAMINSKY, M.D., professor in the Division of Pulmonary Disease and Critical Care Medicine, and famed journalist Ted Koppel, in Las Vegas, Nevada, that may lead to further collaboration. With Koppel in town to cover the presidential primaries, he found himself snowed in thanks to a storm on the East Coast. With his spare time, he dropped into the clinical trials group meeting for the American Lung Association Airways Clinical Research Centers (ACRC) Network, and saw Kaminsky’s presentation on his study detailing the positive effects of yoga breathing in patients with COPD. Koppel’s wife suffers from COPD, and they’ve established their own network of pulmonary rehab programs called the Grace Anne Dorney Pulmonary Rehabilitation Clinics. “I was extremely impressed with Mr. Koppel’s knowledge about COPD and pulmonary rehab,” says Kaminsky. “He said he was excited to bring the news back to his wife and they would get back to me regarding possible ways to implement this practice in their programs.”

IN THE MEDIA

Ted Koppel, at left, with David Kaminsky, M.D.

Jan Carney, M.D., M.P.H., professor in the Division of Pulmonary Disease and Critical Care Medicine and associate dean for public health, discussed the myths and facts about e-cigarettes in a commentary for VT Digger on March 7, 2016.

A letter from Senator Bernie Sanders’ physician that was publicly released on January 28, 2016 reported that the presidential candidate is in very good health for a 74-year-old man. On February 1, 2016, local Vermont NBC affiliate WPTZ-TV interviewed Benjamin Littenberg, M.D., professor and director of General Internal Medicine Research, about the health findings featured in the letter.

The announcement that the UVM Vaccine Testing Center will be involved in the clinical trials and research on a vaccine for Zika virus, which was declared a global health emergency by the World Health Organization on February 1, 2016, attracted wide local and regional media coverage. Kristen Pierce, M.D., associate professor in the Division of Infectious Disease, was interviewed by WCAX-TV, WPTZ-TV, Vermont Public Radio, and other news outlets.

JAN CARNEY, M.D., M.P.H., professor in the Division of Pulmonary Disease and Critical Care Medicine and associate dean for public health, discussed the myths and facts about e-cigarettes in a commentary for VT Digger on March 7, 2016. A letter from Senator Bernie Sanders’ physician that was publicly released on January 28, 2016 reported that the presidential candidate is in very good health for a 74-year-old man. On February 1, 2016, local Vermont NBC affiliate WPTZ-TV interviewed Benjamin Littenberg, M.D., professor and director of General Internal Medicine Research, about the health findings featured in the letter.

The announcement that the UVM Vaccine Testing Center will be involved in the clinical trials and research on a vaccine for Zika virus, which was declared a global health emergency by the World Health Organization on February 1, 2016, attracted wide local and regional media coverage. Kristen Pierce, M.D., associate professor in the Division of Infectious Disease, was interviewed by WCAX-TV, WPTZ-TV, Vermont Public Radio, and other news outlets.
Meet the SCIENTIST

Patients in the intensive care unit who rely on mechanical ventilation for life support are often awake, but unable to verbalize their needs, posing a challenge for the physicians and nurses who care for them. And although health status might be the obvious choice for what’s on their minds, preliminary data have shown that that’s not always the case. “Questions like ‘Who’s feeding my dog?’ and ‘Who’s sending the mortgage check?’ come up quite a bit,” says PREMA MENON, M.D., an assistant professor in the Division of Pulmonary Disease and Critical Care Medicine. A $50,000 grant from the University of Vermont Medical Group is helping Menon and colleagues identify gaps in how patients, families, and physicians perceive the experience of mechanical ventilation, which will be followed by the development of a communication tool that meets the needs of all these groups, but especially patients. The current standard – laminated flip cards with various pictures and faces that patients can point to – is woefully inadequate, Menon says, as it isn’t always clear what the symbols mean, and it doesn’t take into account feedback from actual patients and their families. That’s set to change, thanks to a partnership with a team of senior UVM engineering students who are working with Menon for their capstone project. They’re developing an “easy click” device that incorporates lessons learned from Menon’s research, with a prototype to be unveiled in the spring of 2016. Menon believes this device will give ventilated patients a “voice” and allow them to participate in decision-making surrounding their care.