GETTING PERSONAL

Genomic DNA testing through the UVM Health Network ushers in the future of diagnosis
With refugees continuing to resettle in the Burlington, VT., area from war torn areas around the globe, OMAR KHAN, M.D.’03 and SALWA KHAN, M.D.’05, want to help make sure these unique populations have the health care they need to thrive. The couple has created the Khan Family Fund at the UVM Larner College of Medicine to support collaboration between the Department of Family Medicine and the Department of Pediatrics on innovative approaches to clinical care for New Americans.

“We all have an important role in caring for the most vulnerable, and this collaboration reflects our commitment to health care for all as a human right,” says Khan. “We are proud and privileged to work closely with Larner leadership and frontline physicians to eliminate silos in caring for this community.”

Omar Khan, the incoming Medical Alumni Association president, is president and CEO of the Delaware Health Sciences Alliance, which includes the major health systems and research universities in the Delaware Valley, and is a family medicine physician. Salwa Khan is a pediatric hospitalist and on the faculty at Johns Hopkins University School of Medicine.
This issue of Vermont Medicine is coming to you at an extraordinary time in the history of our world, our nation, our state, and our College of Medicine. In early January, the concern about the novel coronavirus appearing in China began to build in our medical community. The ensuing steps and missteps associated with the virus and COVID-19, the respiratory illness it causes, are by now all too familiar to everyone.

As this magazine goes to press in early April, we find ourselves in a fight against the spread of COVID-19. This is proving to be a battle that is best won by a form of strategic retreat: physically distancing ourselves, working remotely whenever possible, and thereby minimizing the virus’ network of transmission. We began that process at the College in early March. Now, and for the foreseeable future, our classroom teaching has moved online; we are fortunate that one of the outgrowths of our curricular reforms over the past decade is our faculty and student familiarity with the tools of remote learning.

In our research laboratories, our scientists and their teams have temporarily suspended all non-essential research. Over 120 researchers continue with essential duties, and more than 50 of those are now working on projects related to COVID-19 and the SARS-CoV-2 virus. Our research labs have also donated crucial personal protective equipment (PPE) for use by health care providers at the UVM Medical Center. Under the leadership of Debra Leonard, M.D., Ph.D., professor and chair of the Department of Pathology and Laboratory Medicine, whose work in genomic medicine is featured in this issue, our College has partnered with state agencies and the medical center to provide expertise, materials, and effort to assist in expanding coronavirus testing. All of our clinical chairs, the UVM Health Network Medical Group, and the medical center have worked together in cooperative and innovative ways to handle the surge of COVID-19 patients.

Our students, staff, and faculty are helping in numerous other ways. LCOMCare Services Corps has been founded to connect volunteers to fill crucial needs—training people in donning and doffing of PPE, helping prepare a field hospital set up at UVM’s Patrick Gym, staffing a community hotline, delivering food to families of our frontline health care staffi—ing a community hotline, delivering food to families of our frontline health care providers—to name just a few examples.

Further afield, one of our medical students has developed a program that includes more than 70 other medical schools across the country, allowing medical students nationwide to connect with academic medical centers here and abroad to volunteer their help. And our alumni, throughout the nation are providing crucial frontline care. I want our alumni to know that all of us here in Vermont recognize their vital work. I’ll be holding a series of Zoom “town halls” with alumni in the coming weeks, and hope to hear their stories and offer my support in real time.

Until we gather again in person, and we will, please stay safe and well.

RICHARD L. PAGE, M.D.
Dean, The Robert Larner, M.D. College of Medicine at The University of Vermont

Vermont Responds to the COVID-19 Pandemic

By early April, the worldwide pandemic had caused most functions of UVM and the Larner College of Medicine to shift to remote models. Most research laboratories began suspending their work. Medical and graduate student classwork went online in mid-March, and clinical teaching, in accordance with Association of American Medical Colleges recommendations, was suspended shortly thereafter. Fourth-year students’ Match Day Celebration became an online virtual event (see page 6). Larner faculty, staff, and students, as well as affiliated partners at the UVM Health Network and Nuvance Health in Connecticut, began working in many different ways to meet the expected surge of Covid-19 patients.

Even as this pandemic affects us in new ways daily, and even as we are unable to predict what will come next, I feel fortunate to be part of the Larner community,” wrote Dean Rick Pogue in an update to the community. “We are all connected, surrounded (now virtually) by people who share a common bond. We do this together in the right reasons, and that will provide resilience in the days going forward.”


Team Invents Simplified Ventilator

Through March and early April, a team of UVM scientists, engineers and doctors developed a new design—and built a working model—for a simple, inexpensive ventilator.

“We think these could be rolled out very quickly and be effective on an emergency basis,” says hung expert and Larner Professor of Medicine Jason Bates, Ph.D., who lead the team that included UVM engineers Jake Klett, Mike Lane, Carl Silver and Guy Kennedy. Preliminary calculations suggest the UVM ventilator “can be produced quickly and in large numbers for a few hundred dollars per unit in parts and materials,” Bates says.

The Vermont-built machine was quickly assembled out of a commercially available motor that drives a rotating disk, conventional medical hoses, and other relatively simple parts. The team’s prototype was built using a 3-D printer and machining equipment, with pieces that could be easily milled or cast, and assembled. The design is being submitted to the FDA for emergency review.

Scientists Explore Test Alternatives

A team of Larner virus and infectious disease experts tested whether a single-step version of the COVID-19 test could yield the same result as the prescribed two-step test. Their preliminary findings from a small sample, posted on the online bioRxiv website, showed a potential alternative that could lead to greater and faster availability of testing for COVID-19.

Senior study author: Jason Botten, Ph.D., first author: Emily Bruce, Ph.D., and colleagues underscored the preliminary nature of their initial findings. The team is continuing the research and collecting results to further validate this potential solution to the current bottleneck for these tests.

Action Network Goes National

On March 13, first-year medical student Vinish Le left the Larner campus, uncertain about when he and his classmates would return. As he grew used to the new rhythm of remote classes, the desire to rekindle the excitement and energy of in-person learning became越來越 clear. “I want to be able to go back to the lab, to the classroom, to the group, and the medical center have worked together in cooperative and innovative ways to handle the surge of COVID-19 patients.

Our students, staff, and faculty are helping in numerous other ways. LCOMCare Services Corps has been founded to connect volunteers to fill crucial needs—training people in donning and doffing of PPE, helping prepare a field hospital set up at UVM’s Patrick Gym, staffing a community hotline, delivering food to families of our frontline health care staffi—ing a community hotline, delivering food to families of our frontline health care providers—to name just a few examples.

Futher afield, one of our medical students has developed a program that includes more than 70 other medical schools across the country, allowing medical students nationwide to connect with academic medical centers near them to volunteer their help. And our alumni throughout the state and our College of Medicine. In early January, the Coronavirus Task Force was founded to connect volunteers to fill crucial needs—training people in donning and doffing of PPE, helping prepare a field hospital set up at UVM’s Patrick Gym, staffing a community hotline, delivering food to families of our frontline health care providers—to name just a few examples.

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IRVIN RECEIVES W. FRED TAYLOR PH.D. AWARD

Associate Dean for Faculty Affairs and Professor of Medicine Charles Irvin, Ph.D., has been selected by the EPS/CD/IDeA Coalition and Foundation Boards as the inaugural recipient of the W. Fred Taylor Ph.D. Award for Outstanding Contributions to the National Institutes of Health (NIH) Institutional Development Award (IDeA) Program. The new annual award recognizes an individual who has contributed significantly to enhancing the impact of the NIH IDeA Program either regionally or nationally, and honors the late Dr. Taylor, whose 20 years of NIH service expanded opportunities for students, faculty and institutions in locations with historically low levels of biomedical research funding. He received the award February 24, 2020.

JEMISON NAMED ASSISTANT DEAN FOR TECHNOLOGY/CHIEF INFORMATION OFFICER

On February 20, 2020, Jill Jemison was named assistant dean for technology/chief information officer for the UVM Larner College of Medicine. Jemison joined the College in 2002 to lead the transition to online learning and was named manager of online learning in 2004. Since 2010, she has led the College’s Technology Services team. Nationally, Jemison serves on the Association of American Medical Colleges (AAMC) Group on Information Resources (GIR) Diversity and Inclusion Work Group. In 2015-2016, she was the first female faculty director of the AAMC GIR Leadership Institute (now AAMC Leading Information Technology in Academic Medicine). Currently, Jemison chairs the Data Task Force for the College’s LCME accreditation efforts.

HOLMES, GALBRAITH APPOINTED UVM CANCER CENTER INTERIM CO-DIRECTORS

On January 13, 2020, Associate Professor of Medicine Chris Holmes, M.D., Ph.D., and Professor of Medicine Richard Galbraith, M.D., Ph.D., assumed duties as interim co-directors of the University of Vermont Cancer Center. They replace Perelman Professor in Cancer Research and Chair of Biochemistry Gary Stein, Ph.D., who has stepped down from his role as director. Holmes has been serving the Cancer Center for decades in numerous leadership roles in translational science, clinical research, and medical oncology. Dr. Galbraith has a long successful history of academic medicine leadership and is in the process of stepping down as UVM’s vice president for research. Holmes and Galbraith will serve as interim co-directors while the College undertakes a national search for a permanent director.

AVILA HONORED WITH STATEWIDE AWARD

Maria Mercedes Avila, Ph.D., M.S.W., associate professor of pediatrics, V1 LEND program director, and Office of Diversity and Inclusion health equity inclusive excellence liaison, received the Sister Elizabeth Candon Distinguished Service Award at the 2019 Vermont Medicine. Jemison joined the College in 2002 to lead the transition to online learning and was named manager of online learning in 2004. Since 2010, she has led the College’s Technology Services team. Nationally, Jemison serves on the Association of American Medical Colleges (AAMC) Group on Information Resources (GIR) Diversity and Inclusion Work Group. In 2015-2016, she was the first female faculty director of the AAMC GIR Leadership Institute (now AAMC Leading Information Technology in Academic Medicine). Currently, Jemison chairs the Data Task Force for the College’s LCME accreditation efforts.

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Zehle Named Senior Associate Dean for Medical Education

Christa Zehle, M.D.’99, has been named Senior Associate Dean for Medical Education at the Larner College of Medicine. Zehle, who has served as Interim Senior Associate Dean for Medical Education since January 2019, assumed the new role in March of 2020 following a national search. She joined UVM in 2003 as assistant professor of pediatrics and was promoted to associate professor in 2011. She became associate dean for students in 2012.

Leffler Named President and COO of UVM Medical Center

On December 30, 2019, Professor of Surgery Stephen Leffler, M.D.’90, was appointed permanent president and chief operating officer of the University of Vermont Medical Center after serving as its interim president and chief operating officer since the retirement of Eileen Whalen, M.H.A., R.N., in June 2019. A 26-year veteran of the medical center, Leffler served as chief medical officer from 2011 to 2017. In 2017, he was named chief population health and quality officer for the UVM Health Network.

College Hosts Inaugural Gender Equity Celebration

ON MARCH 4, FORMER VERMONT Governor Madeleine Kunin helped kick off the Larner College of Medicine’s first-ever event to recognize achievements in gender equity. Gov. Kunin hosted a keynote presentation, titled “A Memoir: Coming of Age,” and participated in a Q&A interview moderated by Associate Dean for Public Health and Health Policy Jan Carney, M.D., M.P.H. The event featured the presentation of the College’s inaugural gender equity awards.

Gender Equity Award winners

Gender Equity Champion Award: Ramsay Harrington, M.D., assistant professor of surgery and chief of emergency medicine

Gender Equity Outstanding Achievement in Medicine and Science Award: Mary Cushman, M.D.’89, M.Sc., professor of medicine and director of the thrombosis and haemostasis program

The Polaris Award for Outstanding Mentorship: Debra Leonard, M.D., Ph.D., professor and chair of pathology and laboratory medicine

The Rising Star Emerging Professional Award: Lauren Elizabeth Faricy, M.D., assistant professor of pediatrics

“THE CLEAR TREND IS THAT PHYSICIANS ARE PRESCRIBING LESS, PATIENTS ARE USING LESS, AND THERE IS NO APPRECIABLE CHANGE IN PATIENT REPORTED PAIN CONTROL OR SATISFACTION AFTER IMPLEMENTATION OF THESE REGULATIONS.”

– Mayo Fujii, M.D.’13, M.S., referencing a study she co-authored that found no signs of inadequate postoperative pain management in surgical patients despite drastic reductions in opioid prescribing by Vermont physicians

MADELEINE KUNIN

2019 GRADUATE HOODING CEREMONY

The UVM Graduate Hooding Ceremony on December 11, 2019, celebrated graduates of master’s and doctoral degree programs from August, October and January.
distancing while celebrating the news of Class of 2020—and medical schools across the country have honored this behavior. On March 20, 2020, the annual Match Day, the student rite of passage, was not “immune” to this global event. The phrase “Keep Your Distance” has taken on a whole new meaning in the era of COVID-19 and even Match Day, the annual event wherein medical school graduates learn of their residency assignments.

Interim Assistant Dean for Students Shaden Eldakar-Hein, M.D., M.S., hosted the event made possible via Zoom webinar technology. A total of 120 students from the Class of 2020 have matched into residencies at 72 different institutions across the U.S. and Canada in 48 primary care specialties. Several students learned of their residency locations prior to Match Day through the Military Match and early-specialty matches. Students in the Class of 2020 will earn their medical degrees in May 2020 and begin their residencies in June.

Celebrating Match Day Virtually

The theme of “Keep Your Distance” was embraced by Vermont’s 2022 graduating class. With a record 40,084 U.S. and international medical schools participated in the virtual Match Day event. Several students learned of their residency locations prior to Match Day through the Military Match and early-specialty matches. Students in the Class of 2020 will earn their medical degrees in May 2020 and begin their residencies in June.

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A Lesson in Harm Reduction

EVERY FRIDAY AFTERNOON, Noorin Damji ’22 and Kristina Valentine ’22 set off from the Larner College of Medicine campus to pick up the well-stocked mobile outreach van owned by a local nonprofit. Together, they drive north to rural communities in Franklin County, vt., like St. Albans, and Enosburg and deliver free packs of sterile hypodermic syringes, fentanyl testing strips, and Narcan to people who inject drugs.

This effort is known in public health circles as harm reduction. Damji and Valentine provide clients with access to tools and instruction aimed at reducing their risk of fatal overdose, as well as HIV, hepatitis C and other infections. Information about recovery instruction aimed at reducing their risk of fatal overdose, as well as HIV, hepatitis C and other infections. Information about recovery

“People are choosing to inject drugs without coming here,” says Damji. “They are on the street, gettingcontinue the doses by themselves.”

Valentine adds: “We expect to meet them where they are, but they don’t want to. They don’t want to come here. And we don’t really expect them to, which is part of the problem.”

“For many clients, coming here is a huge step,” says Damji. “Some come once. Some come only when they are critically ill.”

“Another important tenet of harm reduction is letting people choose their own level of intervention,” explains Damji. “The way we see it, people should have an option of which medications to take and when to take them. It’s about giving people control over their lives.”

“A super-important tenet of harm reduction is letting people choose their own level of intervention.” — Noorin Damji ’22

This story was reported by Kim Asch, with the UVM Health Network

National expert praises Vermont’s health care reform efforts

VERMONT IS “LEADING THE NATION” IN health care payment reform and is seeing early examples of higher quality, lower cost care, says Joshua Sharfstein, M.D., professor of the practice in the Department of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health. But it will take time and commitment to fully transform the system, Sharfstein said.

Sharfstein was the keynote speaker at a Jan. 30, 2020, health care reform breakfast hosted by the University of Vermont Health Network in Montpelier. He and other speakers underscored those two themes—progress and patience—while Gov. Phil Scott reiterated his support for reform under the state’s all-payer model.

“The challenge is really changing the way we pay for something that’s 20 percent of our state’s economy without making it harder to access care, adding new costs or reducing quality,” Scott said. “But the early results are giving me reason to be cautiously optimistic.”

Vermont is an all-payer model—coordinated by the accountable care organization One-Care Vermont—to enable the current “fee-for-service” model on its head. The problem with fee for service is that it “actually rewards health care systems when their population is sicker, rather than healthier when their population is healthier,” said Sharfstein, who oversaw development of Maryland’s all-payer program as the state’s health secretary from 2011-14. “He’s a smart person, and he’s been a leader in health care policy for decades,” Loner said.

Loner said, “We have the opportunity to care for people in a way that makes the most sense for them and for us, as well.”

It is “unbelievably important” to keep moving forward on the current path of health care reform, said John Brumsted, M.D., president and chief executive officer of UVM Health Network.

“Everybody wants the same thing,” Brumsted said. “We want Vermonters to have access to the highest quality, affordable health care, when and where they want it. And we’re all working on that.”

This story was reported by Mike Fisher, with the UVM Health Network
On April 1, members of the UVM Medical Center and Health Network, Vermont Department of Public Safety, Green Mountain Messenger Inc., JV Air LLC, and Heritage Aviation secured a private jet to replace the commercial flights transporting COVID-19 specimens to Mayo Clinic Laboratories.

A group of students testified at the Vermont Statehouse on January 30 regarding their work with American Heart Association—Vermont to score the strength of school wellness policies across the state.

The Gold Humanism Honor Society chapter hosted a Valentine’s Day crafting table in honor of The Arnold P. Gold Foundation Solidarity Week for Compassionate Patient Care.

The Class of 2023 celebrates the American Heart Association’s Go Red Day February 7.

Students host a bake sale for the annual UVM Children’s Hospital Big Change Round-Up.

The weekend of February 22, Chris Veal ’21 and Isaac de la Bruere ’22, took a break from studying to meet with Mitzi Garahan, M.D.’91, in Coronado, Calif.

Viewpoint

Reflections on 25 Years

Lewis First, M.D., recently celebrated 25 years as chair of the Department of Pediatrics at the UVM Larner College of Medicine and chief of the UVM Children’s Hospital. Here, he discusses his department’s accomplishments and major developments in the field of pediatrics nationally.

What do you consider some of the most important accomplishments for the Department of Pediatrics over the last 25 years?

Our department faculty have been and continue to be national leaders in pediatric education, research, clinical care, and advocacy. Innovative programs and services we introduced have improved the health and well-being of children in our region, and many have been shared around the country and the world. We have added almost 60 family advisors to ensure we provide the highest quality child-friendly family-centered care possible. Our residents, fellows, and the Larner College of Medicine students we’ve trained sustain the legacy of excellent pediatric care practiced by Dr. Jim McKay, who founded our department in 1950 and served as chair for 33 years.

How has the landscape of pediatrics changed nationally over the last 25 years?

The focus has moved from not just caring for an individual ill child, but to also focusing on populations and finding ways to keep communities of children healthy. The role of genetics and the environment, and a recognition of how some social determinants of health can impact brain development, have been important advances. The field is also now moving towards the integration of behavioral and mental health care into all aspects of pediatrics.

What would you say to pediatricians just entering the field? What do the next 25 years look like?

There has never been a better time to be a pediatrician! In addition to seeing innovations in care developed and then implemented by our department and UVM Children’s Hospital, I read about exciting improvements in child health nationally and internationally every day in my role as editor-in-chief of Pediatrics, the national peer-reviewed journal of the American Academy of Pediatrics. While these discoveries seem to be coming at a record pace, what doesn’t change is the special relationship a pediatrician has with a child, their family, and the community they live in—and that is what grounds us as pediatricians and makes the work we do so meaningful.
In reflecting on the Doctoring in Vermont course, in a few words, I find it refreshing, invigorating and hopeful. It is such a pleasure spending time with the students who are so eager and excited to see, talk to and touch “real patients” after all the “book” learning they’re doing and have done. It never ceases to remind me what an honor it is to care for patients and how much there is to learn and how long it takes to learn it, starting (in many cases) from no clinical experience. Often, seeing patients all day is actually a somewhat lonely, solo endeavor—just the patient and me in the room. Having a medical student with me allows me to share the patients’ stories and their conditions. I enjoy introducing students to both the art and science of medicine.

I say that I find working with medical students hopeful because I am seeing young men and women who are so intelligent, dedicated and motivated that I feel we will be well-served by these future doctors. It has been a real pleasure to have had DIV students graduate, complete residencies and in some cases, end up working with me as colleagues or consultants. That is, of course, a function of having been doing this for so long.

This course is worthwhile because it gives students some real clinical experience during their year and a half of didactic studies, special time away from the classroom, books and computers. It is also worthwhile for us mentors. It gives us a glimpse of the future, allowing us to see medicine through the eyes of a student who may be experiencing it for the first time.

Thank you for this opportunity to teach in the DIV course and keep up the good work managing the program.
It was the longest 30 minutes of his life. Sitting in his office on the ground floor of the UVM Medical Center’s main campus, Michael Towle stared at his computer while, in the office just down the hall, Debra Leonard, M.D., Ph.D., chair of pathology and laboratory medicine at the Larner College of Medicine, studied his genetic blueprint. Leonard was looking to see if Towle had the mutation for frontotemporal dementia (FTD), a devastating disease that strikes early.

A half-hour later, Leonard called him in to her office to tell him the good news: he did not have the mutation. Then, together, they cried.

A few years earlier, spurred on by the record of dementia and cancer in his family, Towle had decided to have his genome sequenced. After his mother began showing symptoms of FTD, the family asked William Pendlebury, M.D., professor emeritus of pathology and laboratory medicine at the Larner College of Medicine, to recommend and order genetic testing for their mother to try to identify the mutation causing FTD in their family. That information, along with the sequencing of Towle’s genome, gave Leonard the scientific crystal ball she needed to predict Towle’s chances of getting the disease.
to the cycle. It was powerful.

IT WAS AN ENDLESS LOOP OF UNCERTAINTY. FINDING OUT PUT AN END TO THE CYCLE. IT WAS POWERFUL. – MICHAEL TOWLE

Playing the hand you’re dealt

In poker, as in life, we must think in terms of doing the best with what we have. By that way of thinking, what if you could learn your lifetime risks for disease… and act accordingly?

That’s the idea behind the genetic testing currently being offered to patients at select UVM Medical Center primary care offices. The test, provided at no cost as part of each patient’s preventive health care, identifies differences in an individual’s DNA that make certain diseases more likely. Results are protected in a patient’s preventive health care, identifies differences in an individual’s DNA that make certain diseases more likely. Results are protected in a patient’s medical record, along with all the rest of their medical information.

Leonard, founder of UVM Health Network’s Genomics Program, sees the integration of genetic testing into clinical care as an important next advance to traditional health care. “Genetics influences your overall health and longevity. We want to bring this into medical practice in a safe and effective way.” With this in mind, the initial goal of the project is to test 1,000 patients by the fall of 2020 and 50,000 patients over five years.

The test, which is being offered at no cost, is coordinated through the UVM Health Network Genomic Medicine Program and is powered through partnerships with two companies—Invitae, a West Coast company specializing in clinical genetic testing, and LunaDNA, a platform that provides a patient-centric research database. What makes the LunaDNA platform unique is that it lets patients who opt to share their genetic and health information for research control how that information is shared for research.

“Genetic information is a commodity,” says Robert Wildin, M.D., associate professor of pathology and laboratory medicine and pediatric and associate medical director of genomic medicine. “This platform gives patients control over how their information is used.”

Further, says Wildin, “It’s really important that we get this right, because the relationship between DNA differences and disease is worked out through research. Without data from real people that helps us distinguish normal DNA differences from disease-promoting ones, we can’t advance the knowledge on when and how to apply this information to the clinic.”

A window on the future

Using just two teaspoons of blood, the two-part test provides two things. First, a genetic health screen of 147 genes for cancer and cardiovascular risk. These are mostly genetically “dominant” disorders, so if a person has a positive result, they have an increased risk of having or developing the condition, and each of their children has a 50 percent chance of inheriting the same increased risk.

Secondly, the testing provides a carrier screen that targets 300 genes for genetically recessive conditions like cystic fibrosis. Most people are carriers of at least three recessive health conditions, most of them rare. Carriers have one altered copy of the gene, and one “normal” copy which prevents the disease. To have the disease a person needs to have received an altered gene copy from each of their parents. Thus, if you are a carrier, only if your partner also is a carrier would you have a chance of having a child affected by the condition. If both parents are identified as carriers, there’s a 1 in 4 chance for each child to have the disease.

The UVM Medical Center laboratory sends the blood to the Invitae, a company based in San Francisco, which does the sequencing and interpretation of the results. Each patient receives a full report of their test results and an action plan created by genomics medicine experts at UVM Medical Center. If a patient has a positive result for the genetic health screen, family members can get tested for the positive results for free, as long as they do so within 90 days.

Partners of carriers identified in the carrier screen can get tested at a reduced cost.

Setting expectations is an essential part of the process. Pre-and post-testing consultation with their primary care doctor or a genetic counselor helps patients understand the different results possible—and appropriate actions. If, for example, the evidence supports taking preventive measures, then patients should get support from their physicians. If a patient shows an increased risk that could affect them at a later age, or learn about something that isn’t fully understood yet, then their doctor may counsel them to not do anything, at least for the present. Finally, if evidence indicates that the results are not likely to influence their health or their family’s health—now and in the future—patients may be advised to learn.

The overall aim is to set expectations appropriately, and to provide patients with information that is linked to established treatment guidelines. “This pilot is using a very targeted approach,” says Aaron Reiter, M.D., one of several primary care physicians currently involved in the test. So far, 20 patients from his practice have enrolled, and, he says, people have generally been receptive to the idea. “For some patients, their families have never talked about why Uncle Bob died at the age of 50,” just getting some information about their genetic blueprint can be comforting. “What I tell them is that this is one more data point we can reference—for now and in the future.” For those patients who tell him that genetic testing makes them nervous, he asks, “Does it make you nervous to have your blood pressure checked or your cholesterol levels measured?”

A village sets the stage

Behind the scenes, a team of health care professionals and patient advocates has been involved in developing clinical care pathways aimed at making the process safe and easier for providers and patients. Key participants in the group leading the effort included primary care and specialist physicians and administrators from UVM Medical Center and a group of patient and family advisors. The team also included Timothy Lahey, M.D., professor of medicine at the Larner College of Medicine and director of clinical ethics at UVM Medical Center.

The care pathways provide common language for every aspect of the experience, from obtaining informed consent to guiding patients on next steps, such as which specialist a patient should be referred to and what kind of further testing the patient might need before seeing the specialist.

“We’re learning a lot about genes as we get more information,” says Christine Giunno, a genetic counselor involved with the program. “It’s important for the family medicine doctors counseling these patients to have the information they need about further specialty care and testing so that they can advise accordingly. We have created the Genomic Medicine Resource Center to answer questions and provide resources for providers and patients.”

Giunno notes that the care pathways’ work is an evolving process: the team continues to adjust the pathways as patients and providers report on their experience, and as clinical evidence in the medical literature advances.

Striking the right ethical balance has also been a key focus. Ethical guidelines have helped shape the informed consent process, to ensure that patients have a clear understanding of what the program offers, what the results can mean—and what kind of control they have over their information. Further, says Lahey, the ethical implications of knowing what your future holds have influenced the architecture of the pilot project. “We’ve been very careful. We don’t want to give scattered information that might lead to increased anxiety and unnecessary testing that ultimately isn’t helpful. We want to offer information that is clearly connected to evidence-based pathways of care.”

Community members who bring the patient and family voice to health care have played a role in ensuring that all the informational materials are understandable for patients and their families. Says Patient and...
An avid runner, Greg Merhar sprinted his way through his early years before he became plagued by pain and intermittent fatigue. “There was never an injury they could pinpoint,” he says. “It was incredibly frustrating and limiting.”

Still, he persevered, cutting out the basics of his sneakers so he could keep running through swells of Achilles tendons and taking medications to ease the pain. In college, a mysterious new symptom appeared: he felt like he had a bowling ball rolling around his stomach. This, too, came and went, with no apparent cause.

MRIs and upper GI studies revealed nothing. His doctors told him he needed a vacation. Flash forward four decades. Merhar and his wife Debra Leonard, M.D., Ph.D., the founder of UVM Health Network’s Genomic Medicine Program, decided it would be romantic if they gave each other their genome sequences for Christmas. As it turned out, for Merhar, this was a life-altering gift. The sequencing revealed that he has a genetic mutation on chromosome 1. With a little sleuthing, he also learned he fit the profile for Familial Mediterranean Fever (FMF), a condition in which his body doesn’t produce any or enough of a protein that is involved in helping to regulate the process of inflammation. “Basically, any inflammatory event, I just blow up,” he says.

Within a few days, he had a prescription for Colchicine. He took it Friday night, Saturday morning he woke up feeling like “a light switch had gone off.” Sunday morning, he lay in bed and thought, “I have no pain.”

Merhar points out that because he doesn’t look like someone of Mediterranean heritage, it wasn’t a diagnosis that would have occurred to the many physicians who saw him over the years. “In that way I’m kind of the poster child for genetic testing,” he says. “That was the key to my diagnosis.”

Today, Merhar is still running. And every step of the way, with every passing year, the image of a man beset by pain fades into the rear view mirror.

With the Flick of a Switch

As a physician and a scientist, he was drawn in—and there was the personal: with a history of cardiovascular disease in his family, he wanted to know if additional risk for that was in store for him as well. “I had some trepidation,” he says. “But it wasn’t too daunting.”

To look into what may be your future can be daunting, and information revealed through genetic testing can lead to more uncertainty. “Genetic testing is one of many examples of how our technology sometimes outpaces our understanding,” he says. “We have to be mindful of how we use it.”

His own results were encouraging—and useful. Not only was there nothing especially concerning, but the sequencing revealed important information about how his body metabolizes medication. Further, he says, “I have a unique level of confidence knowing that my entire genome is stored on a thumb drive.”

A Physician’s Experience

Greg Merhar and his doctor, Aaron Reiter, M.D.
An innovative program helps Larner medical students find positive role models to forge their identities as physicians—so they can be fully present for their patients in the future.

When UVM Assistant Professor Nathalie Feldman, M.D., checks her email these days, she often finds herself scrolling through hundreds of messages after message from physicians, staff, nurses, and other healthcare professionals offering heartfelt thanks for a professionalism accolade they have received from a medical student. Whether they are recognized for exceptional mentorship, thoughtful compassion for a patient, or a simple moment of kindness, the students’ words carry weight. Recipients are touched in profound ways, and faculty and residents, in particular, appreciate being acknowledged for their devotion to patient care and teaching.

“The expression of gratitude can have a profoundly positive effect.” Feldman says, as she ticks down through the hundreds of emails in a folder labeled “Responses to Professionalism Accolades.”

And then there’s the impact on students: When they sit down to write a note of thanks, they are making time to reflect on the traits and skills they want to develop. They’re prompted to think through the kind of doctor they want to be.

As the Larner College of Medicine’s director of the learning environment, Feldman is the architect of an innovative program to help medical students find positive role models as they forge their identities as physicians. Along with College-wide programs to emphasize wellness and engage students in self-reflection and self-care, the goal is to send students into medical practice with the skills they need to be fully present for their patients. This shift in focus—shining a light on the importance of wellbeing—has a ripple effect across the institution, possibly even helping to prevent burnout among physicians, one of the most intractable challenges in medicine. In practicing gratitude, Feldman sees a hopeful path forward, even as there is more work to be done.

“It’s about all of us being the best we can be and acknowledging empathy and compassion when we witness it,” Feldman says. “If we elevate the positive, it will begin to dominate our experience.”

Uncovering the Hidden Curriculum

Medical schools revolve around curricula, syllabi and course objectives—all designed to make sure future doctors have extensive knowledge of the human body and the clinical skills to diagnose and treat patients. But there’s also the underlying lessons students absorb, ones that aren’t necessarily overt: the hidden curriculum. Feldman describes this as an “acculturation,” based in part on the subtle messages sent via the behavior of faculty and trainees.

Since it’s largely unspoken, the hidden curriculum can have an outsized impact. Students are less inclined to question what they’re learning, even if the dynamics they observe are unhealthy. For example, if a student sees a physician treating a nurse or a resident with disrespect, they may internalize the example being set. They may “question whether they belong,” says Feldman, or decide that they just “need to toughen up.”

Feldman and colleagues across the College, including the Office of Diversity and Inclusion and the Learning Environment and Professionalism Committee (LEAP), want to create the space for students to talk about what they’re witnessing—the good and the bad.

“The learning environment efforts are really about dialogue across divides, whatever the divides might be,” she says.

A new, confidential, online reporting system streamlines how students communicate about learner mistreatment and offers various options for intervention, from anonymously reporting a concern, to meeting with Feldman or another faculty member to decide how to proceed, to, in the most serious cases, filing a report of harassment or discrimination directly with UVM’s Affirmative Action and Equal Opportunity Office. It’s important that the available options be easily accessible and as transparent as possible, Feldman says, so that students know where and how they can receive support.

The online system also includes a call for accolades. Students can write in praise for individuals who have “upheld the highest standards of professionalism.” Testimonials are shared anonymously with the recipient and their direct supervisor.

In addition, students reflect on professionalism through two new questions on course and clerkship evaluations. One offers students an opportunity to identify faculty members, residents or staff who are “exemplars of professionalism.” Feldman says the response rate continues to astound her—the large number of accolades is a testament to the impact of these positive roles.
models on students. The second new question asks students to address any instances of potential mistreatment or unprofessional behavior they may have witnessed or experienced. Students explained how they observed the action and receive support if desired. Through this system, trends and themes can be identified, empowering the College to provide education and professional development to improve the learning environment.

“Giving voice to our students provides the opportunity to sit down with a trained peer to discuss a misunderstanding or miscommunication. The model, first developed at Vanderbilt University’s Center for Patient and Professional Advocacy to address unprofessional behavior in hospital settings, is being adapted by the LEAP Committee for use in medical education. Although Feldman is always available to confidentially discuss issues regarding mistreatment, the Cup of Coffee Conversation allows trained peers to come together to engage in dialogue to resolve an issue in a non-punitive way. The peer-mediated model gives the involved parties the “power to be the change agent,” Feldman says. The pilot program recently expanded to include residents at UVM Medical Center, a novel innovation that the College plans to further explore, says Melissa Davison, M.D., a member of the LEAP Committee and associate dean for graduate medical education at UVM Medical Center. Instead of channeling a report to their program director—a person responsible for formal evaluation—what could feel punitive is turned into a learning opportunity.

“To have that one conversation with somebody who is not part of the program feels different,” she says.

Written feedback—from both students to instructors and instructors to students—can be another realm fraught with misunderstanding. So when faculty and residents voiced concerns over the nature of some of the written comments they had received from students, and students expressed a desire to learn more about how their feedback is used, the LEAP Committee, in collaboration with students from the College’s Student Education Group (SEG), launched a session devoted to the topic. The students worked in small groups to craft constructive feedback. They also heard from individual faculty members about how students’ responses to their teaching impacts them and helps them to improve. Sidney Hilker ’21, vice chair of SEG, says students took the conversation to heart. “Giving constructive feedback is both a science and an art that you have to learn from practice,” Hilker says. “And I think that was message well-received.”

Davidson, who hosts similar trainings for new residents and fellows at UVM Medical Center, held the session for residents. “The outcomes were so positive that the students said that they wished they had gotten that training,” she says. “They recommended that we do it for incoming medical students right on day one.”

As a result, the workshop has now been incorporated into orientation for first-year students. For faculty, Feldman and colleagues have hosted sessions for the Teaching Academy’s Medical Education Grand Rounds, featuring time to workshop feedback and a student panel focused on how faculty feedback affects them. Feldman and colleagues, including LEAP Committee member Judy Lewis, M.D., also seek to share insights from other institutions. A learning environment curriculum utilizing videos designed and created by Feldman, Lewis and colleagues has for several years been exporting the College’s approach to professionalism and the learning environment. The films—one featuring a science professor, and the other on faculty, staff and residents—depict instances of potential mistreatment. After viewing the films, audiences engage in facilitated dialogue around represented themes, with the goal of bridging generational, hierarchical and interprofessional differences. The curriculum, published on Med Ed Portal, has been integrated into the first-year clerkship orientation as well as the residency orientation at UVM Medical Center. Institutions including Yale University, Columbia University and the Mayo Clinic have adopted these materials for GME orientation and faculty development series. Presentations at national conferences including the International Association of Medical Educators Annual Meeting have sparked interest in medical schools around the globe.

“Film has a unique ability to elicit empathy,” says Feldman. “It brings up great discussions.”

Lifelong Wellness The first step for a physician seeking to provide high quality patient care may seem simple: “They need to be fully present,” says Lee Rosen, Ph.D., assistant professor of psychiatry and director of student wellness. “Turning on modern medicine poses significant challenges to these most important values. "There’s the difficulty of engaging with people who are suffering," says Rosen. "And then there’s doing it in this health care environment for decades on end. These can be very mechanistic, that can draw people’s attention away from the most meaningful part of our job—being there for someone who is in pain and who needs us to be present and ready to be very mechanistic, that can draw people’s attention away from the most meaningful part of our job—being there for someone who is in pain and who needs us to be present and ready to help them.”

Just like building clinical skills, fostering emotional intelligence is part of the "Curriculum, one that is intertwined with the LEAP Committee’s work on professional identity formation and the College’s infrastructure for academic support. "To have that one conversation with a peer will benefit from modeling roles model as they are early in their education, setting them up for a lifelong focus on positive change. Multiple studies have shown that changing their behavior can be harmful to others. At the same time, students can learn to identify others they have been Observer—people who are not part of the program feels different,” she says.

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Deep Breadth

From research on the effects of asbestos to vaping, Vermont Lung Center members continue a leading-edge tradition.

By Jennifer Nachbar
It’s easy to take breathing for granted:
for most of us, it happens whether we’re paying attention or not. But if you’re like Vermonter Bruce Towne, one of the hundreds of millions of people worldwide with a serious lung disease, walking and breathing “become an ordeal fairly quickly.”

Healthy lungs work in concert with the trachea, diaphragm, and nasal passages, allowing us to inhale and exhale between 15 to 25 times per minute. Like a bellows that fuels a fire, the lungs expand, drawing oxygen into the body and bloodstream, and compress, expelling waste in the form of carbon dioxide. When something genetic, or in the environment, causes lung injury, the ability to breathe—and one’s quality of life—is compromised.

For centuries, lung diseases have threatened human health and motivated scientists and clinicians to determine causes and find solutions. At first, all shortness of breath was considered asthma—a term coined by Greek physician Hippocrates. The condition, along with other lung diseases, became more well-defined over the centuries, and better understood over the past nearly half-century since the Vermont Lung Center at the University of Vermont was founded.

The Age of Asbestos and Silicosis

In the early 1970s, decades before the tragedy of 9/11 and the appearance of “World Trade Center cough,” a few groundbreaking studies by a small interdisciplinary group of Lung Center-affiliated researchers were putting UVM on the map in the field of environmental impacts on lung function.

In an effort to better understand the causes of interstitial lung disease—fibrosis or scarring in the lungs—UVM’s first Lung Center director, the late Gareth Green, M.D., applied for and received the first-ever National Institutes of Health (NIH) National Heart, Lung and Blood Institute Specialized Center of Research (SCOR) grant. Among the populations the group studied were granite workers in Barre, Vt.

“He was a real leader in lung defense immunity and got the SCOR grant for pulmonary fibrosis when we didn’t even really know what that was,” says current Vermont Lung Center Director and Professor of Medicine Anne Dixon, M.A., BM BCh.

Green’s bold move led UVM to become “a world leader in silica and asbestos-induced pulmonary disease,” according to Robert Low, Ph.D., professor emeritus of molecular physiology and biophysics, who took on leadership of the SCOR grant after Green left the university in 1978. The award also ignited the careers of faculty like Robert Davis—then chief of pulmonary—hired. Soon after, biomedical engineer and lung mechanics expert Jason Bates, Ph.D., D.Sc., came on board, followed by a new director for the Lung Center: Charles Irvin, Ph.D., an expert in the mechanisms of airway dysfunction in asthma. Irvin, several of his UVM colleagues, and a small local chapter of the American Lung Association (ALA) took on the daunting task of bringing an Asthma (now Airways) Clinical Research Center (ACRC) to Vermont in 1999. The following year, he secured a Center of Specialization in Asthma and Allergy Research and Treatment (COBRE) from the National Institutes of Health (NIH). The COBRE funds allowed us to setup a phenotyping core based around these devices.”

Bringing Breakthrough Cystic Fibrosis Treatments to Patients

In 2019, UVM Medical Center’s Adult Cystic Fibrosis Program, led by Charlotte Teneback, M.D., associate professor of medicine, was named a Cystic Fibrosis Foundation-accredited Care Center and received a Cystic Fibrosis Therapeutic Development Center Award. The Pediatric Cystic Fibrosis Program at UVM Children’s Hospital, led by Thomas Lahiri, M.D., professor of pediatrics, received a Cystic Fibrosis Therapeutic Development Center Award.

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“The CF Foundation partnered with pharmaceutical companies to form this [Cystic Fibrosis Therapeutic Development Center] network,” which investigated drugs to treat the molecular deficit in CF,” explains Dixon. “Those drugs have come to fruition and have transformed how CF looks. The CF team, who are members of the Vermont Lung Center, does an incredible job recruiting patients and involving patients.

A Culture of Collaboration
Gwen Skloot, M.D., Ph.D., a professor of medicine at Mount Sinai National Jewish Health Respiratory Institute and chair of the Assembly on Respiratory Structure and Function for the American Thoracic Society, is a longstanding research collaborator with many Vermont Lung Center members, including Dixon, Bates and Kaminsky. She considers these UVM researchers her “go-to people” in the U.S. for research expertise in the field of pulmonary physiology.

“In addition to understanding physiology, Dr. Bates, with his engineering background, has applied mathematical complexities and boiled it down to something simple that anyone can understand,” she says. “Dr. Kaminsky has taken a lead role in establishing guidelines for various aspects of pulmonary function testing—he is a leader in the field. Dr. Dixon is a leader in understanding obese asthma.”

“Their work on the pulmonary pathophysiology of obesity and asthma has really made great strides in understanding the late-onset non-allergic obese asthma phenotype,” says Skloot, citing the multiple studies that demonstrated this phenotype may be characterized by increased collapsibility of the peripheral airways.

A key part of the Lung Center culture is its emphasis on training the next generation of researchers. In 2004, Irvin, with support from Parsons, was awarded a T32 training grant from the NIH’s National Heart, Lung and Blood Institute to fund the training and work of predoctoral students pursuing their Ph.D. or M.D. degrees and postdoctoral fellows seeking advanced research experience after earning an M.D. or Ph.D. The NIH training grant has just been renewed for a fourth cycle of funding.

“We’ve had some postdocs that have gone and done incredible things,” says Irvin. He points to Darcy Wagner, Ph.D., as an example. Wagner worked with Professor of Medicine Daniel Weiss, M.D., Ph.D., doing lung regeneration research. She now leads studies as a faculty member at Sweden’s Lund University and co-chairs the biennial international “Stem Cells, Cell Therapies, and Bioengineering in Lung Biology and Diseases” symposium at UVM.

New Frontiers
While some lung diseases of the past have improved over the last century, new diseases are on the rise, including the latest issue of acute lung injury related to e-cigarettes and vaping.

“The VLs will be part of the American Lung Association’s new NIH Adult Cohort for Lung Disease. The objective of the six-year grant is to recruit 200 adults between the ages of 25–35 to perform a baseline of lung health, with the objective of identifying the determinants of ideal lung health and trying to detect early signs of abnormal lung health before it develops.

I think the Lung Health cohort is going to be a great opportunity to fully understand the impact that nutrition and obesity have on lung health,” says Dixon, whose team will be recruiting patients in fall 2020. “We hope to eventually follow these people over time, but it’s just being formed,” she adds, adding that “this is going to be an incredible part of what we do.”

In addition, she says, “Pulmonary fibrosis is going to be an important part of our future, with clinicians like Prema Menon, M.D., Ph.D., and basic scientists like Yvonne Janssen-Heininger, Ph.D., and Jos van der Velden, Ph.D., collaborating,” says Dixon.

Though decades have passed since Vermont Lung Center members’ research on the mechanism of pulmonary fibrosis—a disease which causes a thickening and stiffening of lung tissue that complicates normal breathing—the condition persists, affecting more than 200,000 people in the U.S. and causing 40,000 deaths annually. About 50 percent of patients with pulmonary fibrosis die of the disease within three to five years. But there is good news, thanks to groundbreaking discoveries by an interdisciplinary collaboration among several Lung Center members. Janssen-Heininger and colleagues, including Associate Professor of Pathology and Laboratory Medicine Vikas Anathy, Ph.D., discovered and patented the use of glutaredoxin (GLRX)—an oxidant-controlling enzyme that shows promise as a treatment for patients with lung fibrosis and other diseases, which has been shown to reverse fibrosis in mouse models. In 2019, the generous donation of lung tissue from recently-passed pulmonary fibrosis patients of Prema Menon, M.D., Ph.D., assistant professor of medicine and director of the Interstitial Lung Disease Clinic at the UVM Medical Center, allowed members of the team to do research with human tissue. Now, researchers like Jos van der Velden, Ph.D., assistant professor of pathology and laboratory medicine, are using that tissue to create mini lungs to test the potential of GLRX to repair damaged proteins in the lungs of pulmonary fibrosis patients.

Over the past several years, Menon has brought a number of pulmonary fibrosis clinical trials to UVM, two of which became FDA-approved treatments. This, in the end, is the key promise of the lung center, bringing new hope to patients.

At left, clockwise: Prema Menon, M.D., Ph.D., Yvonne Janssen-Heininger, Ph.D., Darcy Wagner, Ph.D. (left) and Daniel Weiss, M.D., Ph.D. and David Kaminsky, M.D.
It has been an honor to serve as your Medical Alumni Association president for the past two years. I’ve enjoyed seeing many of you at reunion and other events; I encourage you to stay engaged with the Larner College of Medicine by sending class notes, nominating classmates for alumni awards, and returning to campus for Medical Reunion, which now takes place in October, the height of foliage season in Vermont. A warm welcome to Omar Khan, M.D.’93, your new president as of July 1, 2020! A practicing family physician, he is currently president and CEO of the Delaware Health Sciences Alliance and is also a physician leader for Christiana Care. Dr. Khan resides in Chadds Ford, Penn., with his wife Salwa Khan, M.D.’95, and their son, Zareef. He’s been a joy to work with his wife, MaryEllen, and his two married daughters. Enjoying life with my wife, MaryEllen, and my two married daughters. Enjoying life with my wife, MaryEllen, and my two married daughters.

Hall A

President’s Corner


1950s RENAISSANCE 2020: 1955 + 1960

Paul Stevens writes: “Still alive and well for at age 85. Enjoying life with my wife, MaryEllen, and my two married daughters. Have long lost track of most of whichclassmates are still living, saw for Peter Goodhue who was well when last I heard from him a few months ago. Would love to hear from anyone else at pmstevens@yahoo.com.”

1960s RENAISSANCE 2020: 1965 + 1970

Joan and Annie Kerenser moved to Edgewood, a retirement community in North Andover, Mass. They happily settled in and are embracing their new lifestyle and friends. There are plenty of intellectual, artistic, and outdoor activities there, including kayaking and 100 acres of track and woods to explore. Joan continues to teach English to refugees and immigrants in Lowell, and Annie still works part-time at a school for children with special needs in North Chelmsford. Their grandchildren, Elana, is a sophomore at UVM.


After 40 years of service to the Department of Neurology at University of Vermont in Chapel Hill as chief of the neuromuscular section, James Howard had transitioned to partial retirement. He will focus his efforts on therapeutic trials and translational research in myasthenia gravis.


Robert M. and Jeryl D. Kershner write: “We are planning on attending our 40th medical school reunion, and hope that other members of our Class of 1980 are still alive and able to travel to Vermont to attend. Just an update on us, Jeryl has relocated her private practice of child psychiatry and behavioral and developmental pediatrics to West Palm Beach, Fla. Robert continues with his global ophthalmic consulting practice while serving as professor and chair of the Department of Ophthalmic Medical Technology at Palm Beach State College in Palm Beach Gardens. Ranked number one in the world, the program has achieved international recognition. Dr. Kershner oversees the construction of the nation’s first Health Science Ophthalmic Medical Technology Education Center scheduled for completion in, what else, the year 2020!”


The American Board of Pathology (ABPath) appointed Philip Katzmann to the 2020 ABPath’s Test Development and Advisory Committee for Pediatric Pathology. To be appointed to a TDAC means a physician is an established subject matter expert in their subspecialty field and is current on the latest advances in the continuously evolving field of pathology and patient care. Dr. Katzmann is a professor of pathology and director of pediatric pathology in the Department of Pathology and Laboratory Medicine at the University of Rochester Medical Center, Rochester, N.Y.

Do you remember when you received your first white coat? Do you recall the pride and excitement you felt on that day? Invest and inspire the newest members of the UVM Larner College of Medicine community with your gift and a special note of support and encouragement, which each student will discover in the pocket of their white coat next fall.

Sponsor a White Coat and Support the Larner College of Medicine today!

Thank you for your notes to alumni from a current student in each issue of Vermont Medicine. And once again, our annual White Coat Note Project was a resounding success. Over 100 alumni participated by writing words of encouragement to our newest medical students, notes they received during their White Coat Ceremony in October. We’re proud of this community engagement, both through initiatives like the White Coat notes or through financial support. We strive to maintain our place in the top 10 medical schools nationally for alumni participation. Gifts of any size help us stay there.

Lastly, the College has announced a major new project: construction of the Firestone Medical Research Building here on campus. With the lead gift from Steve Firestone, M.D., ’69, in honor of his parents and classmates back for their 50th reunion, we’re looking forward to engaging more alumni in this initiative. More to come as the project to boost the College’s lab space and modernize our research facilities unfolds!

1950s

REUNION 2020: 1955 + 1960

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1980s

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Share your news or updated contact information at go.uvm.edu/infoupdate, or contact your class agent, or the Larner Development & Alumni Relations office at medalumni.relations@uvm.edu or (802) 655-4014

REMEmBER INVEST INSPIRE

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Learn more and give online at: go.uvm.edu/givewhitecoat20

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New Documentary Features Alum’s Work in Nigeria

Ryan Winters, M.D.’08, is featured in a recent documentary titled “Restoring Dignity,” for his work as a surgeon with Medicins Sans Frontieres/Doctors Without Borders in Nigeria. He provides facial reconstruction to survivors of noma, a gangrenous disease of extreme poverty. According to the WHO, noma affects roughly 140,000 people annually, and nearly 90 percent of patients die as a result of the disease. The documentary, by Claire Jeantet and Fabrice Vialatte, details the journey of several patients throughout their reconstruction. Winters is in academic practice as a facial plastic and reconstructive surgeon and head and neck surgeon in New Orleans, La., and serves as a regional coordinator for MSF USA. Read more about the documentary: http://www.inedinz.net/multimedia/restoring-dignity/documentary/
Alums Publish Paper on Footwear and Parkinson’s Disease

Alums Ross Sayadi, M.D. ’17 (pictured at left) and Mustafa Chopan, M.D. ’17 (pictured at right) are co-authors on a paper published in NeuroRehabilitation that focuses on the challenges patients with Parkinson’s disease face regarding footwear. A majority of the patients they surveyed—64 percent—reported “experiencing difficulties wearing shoes on their own,” as the progressive nervous system disorder affects fine motor control and balance. A shoe prototype the team developed uses magnets instead of laces, allowing patients to wear dress shoes “without having to fight the heel,” said Sayadi in an Instagram post about their publication. Sayadi and Chopan began their work on the shoe prototype as medical students, inspired by Sayadi’s father, who was diagnosed with Parkinson’s disease in his 30s. Sayadi is a plastic surgery resident at University of California-Irvine. Chopan is a plastic and reconstructive surgery resident at University of Florida.

Sayadi and Chopan began their work on the shoe prototype as medical students, inspired by Sayadi’s father, who was diagnosed with Parkinson’s disease in his 30s.

Positive Change continued from page 23

is available on the College’s website. And mindfulness has been integrated into the curriculum; several courses feature pre-exam mindfulness sessions in the classroom. A biosnail survey from the Wellness Committee offers opportunities to check in with the student body and improve offerings.

A Student Well-being Research Group meets regularly to look at outcomes related to wellness and share knowledge with other medical schools. In 2019, Rosen and Holterman presented a poster on the student mental health panel at the AAMC’s Northeast Group on Educational Affairs annual meeting that was nominated for an Excellence in Medical Education Award.

And although it’s in the early stages, the group is working on a well-being index that would quantify student rates of depression, anxiety, stress, and other markers of well-being over time.

Read the College’s Meditation Guide for Students and learn more about the learning environment curriculum developed by faculty: med.uvm.edu/vtmedicine/web-extras

COLLEGE TO HOST SCULPTURE BY KATE POND

A sculpture that once graced the grounds of the University of Vermont will be returning to campus thanks to the generosity of former director of admissions Cathleen Gleeson, Ph.D., and UVM Professor Emeritus of Molecular Physiology and Biophysics David Maughan, Ph.D. Titled “Five and Eight,” by renowned Vermont sculptor Kate Pond, the painted steel work of art features “open curves” that add “lightness and whimsy” and “welcome people to relax within the sculpture.” Pond created “Five and Eight” in 1978; it has been exhibited at Skidmore College, Castleton University, and Wood Art Gallery in Montpelier. It was also previously displayed at UVM outside of the Royall Tyler Theater.

With planned construction of the Firestone Research Building, Gleeson and Maughan saw the opportunity to enhance the College of Medicine green space with their beloved pieces. Gleeson retired as an associate professor of family medicine in 2003; Maughan was granted emeritus status in 2009.

REMEMBERING CELEBRATED PHILANTHROPIST ROBERT “BOBBY” MILLER

Vermont philanthropist Robert “Bobby” Miller died February 4, 2020 at the age of 84. Leaving a decades-long legacy of support for causes that benefit the health and well-being of Vermonters. Over the past 40 years, he and his wife, Holly, contributed over $40 million to Vermont nonprofits, including their donation of property valued at $13 million to UVM Medical Center in 2013, the largest gift in the history of the institution.

As a result of that philanthropy and additional community support, the Robert E. and Holly D. Miller Building opened its doors at UVM Medical Center in June of 2019. A transformative project, the Miller Building offers four floors of single-occupancy rooms and a multitude of patient- and family-centered features. The couple also helped to build the McClure-Miller Respite House, and the more than $9 million they donated

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The lateness of the hour, or the number of hours on her feet, is likely the cause of the pensive look on the unidentified person leaning in to point out Sean Flaherty ’99, identified! Betsy Flaherty wrote (and her daddy) have at last been identified! From left to right: Dan Root, Debbie Kennedy and O’Meara, who wrote: “The three students in this photo were all classmates of Dan’s, the only one from a time when there was only one professional school.”

Thanks Dr. O’Meara, and to fellow respondents Jeff Darrow ’84, Debbie Kennedy ’84, Kate and Tolland Medical Society. After 20 years of active duty until 1982. She was the founder of the American Society for Clinical Toxicology, and a pioneer in the treatment of diabetes and in toxicology. As a professor of clinical ophthalmology at Washington University, he trained over 50 interns who went on to practice around the world.

At Stroudwater Street, in Maine, a position he held for 32 years. In Massachusetts, he worked as a staff at Paul Revere Insurance Hospital before joining the medical school while his wife Doris worked in law. He also worked in psychiatric clinics in rural areas, tending to underserved patients.

Dr. Stein, 85, of Allentown, died December 30, 2019, at St. Luke’s Hospital in Bethlehem, Pa. In 2019 he celebrated 50 years of practice. Dr. Stein completed his pediatric internship at New York Bellevue Hospital, followed by a residency in pediatrics at Babies’ Hospital, a part of Columbia University Medical Center. Stein then served in the U.S. Coast Guard, where he established the pediatric ward on the undergraduate campus of Johns Hopkins University at the U.S. Public Health Hospital. In 1964, he started his private practice in Pennsylvania. Three years later, he became chief of pediatrics at St. Luke’s, a position he held for 32 years.

The obituary of Charles F. Belanger, Jr., M.D., Dr. Belanger, 79, over 37 years. He was also internationally recognized for his contributions to literature in neurology. Dr. Heiman retired in 2007.

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38
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Obituaries

Edward Okun, M.D.
33
Dr. Okun, 87, a world-renowned retina specialist, died from complications of cancer on June 14, 2019. Born in Springfield, Mass., in 1931, he attended Dartmouth College, and earned his medical degree at UVM. His education and training continued at the University of Chicago, the National Institutes of Health, and Washington University in St. Louis. Dr. Okun was a pioneer in the treatment of diabetic retinopathy and in vitreoretinal surgery. As a professor of ophthalmology at Washington University, he trained over 50 interns who went on to practice around the world.

At the University of Zimbabwe medical school while his wife Doris taught. He also worked in psychiatric clinics in rural areas, tending to underserved patients.

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Penny for Your Thoughts

From the Previous Issue

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Obituaries

Remembering Molly Hubbard, M.D.’12

It is with tremendous sadness that we share news of the tragic passing of Molly Hubbard, our beloved friend and classmate. Just months after completing a neurosurgery residency at the University of Minnesota, beginning her pediatric neurosurgery fellowship at Oregon Health & Sciences University (OHSU) and accepting a faculty position there, Dr. Hubbard was killed in an avalanche while skiing at an Idaho resort on January 7, 2020.

Molly was one of a kind. Well known for her sarcastic wit, intellect, and passion for wellness, Molly had the unique ability to connect with everyone around her. Her classmates recall her famous “Molidays,” the form she coined to describe her local, national, and international adventures, which usually included a highly impressive athletic conquest. At the time of her passing, Molly was preparing to summit Mount Rainier in order to raise money for SheJumps, a nonprofit organization that mentors young girls and teaches technical survival skills for outdoor adventuring.

“(Molly) was a great person, an excellent physician, and a superb neurosurgeon,” wrote Stephen Haines, M.D.’75, her former residency program director at the University of Minnesota. During her residency, she authored more than 15 peer-reviewed publications, presented more than 20 abstracts at local, national, and international meetings, delivered more than 10 oral presentations, and was awarded greater than $130,000 in grant funding to support her research.

In her short 33 years on this earth she influenced more people with her kindness, sincerity, and incredible intelligence than most people do in a lifetime. She was a loyal and trust- worthy friend who embraced differences and withheld judgement. She was strong, passionate, extremely hard-working, yet knew so well how to let loose and enjoy life, especially in nature. Molly will be remembered for so many things, especially for how much joy she brought to our lives and how much she made us laugh with her witty jokes and infectious giggles.”

Martha Monson, M.D.’12, notes: “Molly was the definition of a ‘renaissance woman’ and very much a role model for world traveler to being a culinary artist and usually a well thought out solution to ‘what ever ails you.’ Her absence from our daily lives is palpable, and she is and will be sorely missed.”

Lousia Salisbury, M.D.’12, recalls Molly as “someone who could put you instantly at ease with her self-deprecating humor. She made you feel brave and could bring out your goofiest side while also pushing you to be the best version of yourself. Brilliant and disciplined, she took her academics and career aspirations extremely seriously and worked harder than almost anyone I knew. And yet, she could find a way to make every step of the journey joyful, a little silly and worthy of a celebration.”

Molly’s family has organized a celebration of her life in her hometown of Ligon, Utah, at Beaver Mountain Lodge on May 30. For more information, email: parentshubbard@gmail.com. The Class of 2012 agents will also be organizing a “Moliday” in Burlington, VT, on May 30.

— Meghan Beucher, M.D.’12; Melissa Marotta Hausser, M.D.’12; Aurora Orris Leatham, M.D.’12; Martha Chasee Masson, M.D.’12

Remembrance of H. Gordon ‘Gordie’ Page, M.D.’45

It is with sadness that I report the passing of Dr. H. Gordon (‘Gordie’) Page, an alumnus and longtime professor of surgery at UVM. Maryland (MD), his beloved wife, said he died peacefully at home on February 9, 2020, having just turned 101 years young this past November. All who knew him will remember Gordie for his love of surgery, his warmth and generosity, his sense of humor, and the wonderful anecdotes he so freely shared.

I first met Dr. Page when I was a medical student doing my core rotation in surgery. The residents referred to him as “Flash” because of the speed with which he operated. “Don’t blink, or you’ll miss the case,” a chief resident once warned me. After scrubbing on a couple of cases with him the sobriquet seemed very appropriate. He paid me a backhanded compliment once when I usually with humor, delicious food/spirits, and usually a well thought out solution to ‘what ever ails you.’ Her absence from our daily lives is palpable, and she is and will be sorely missed.”

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Like all of us, Dr. Page was not without his idiosyncrasies, many of which came to light when he was performing surgery. He often referred to himself as a “very clever surgeon,” which was his highest praise. He always had kind things to say about the residents he trained, and took great joy in hearing of their accomplishments.

Gordie loved Vermont and the University of Vermont. He created a prize for medical students and endowed the Albert G. Mackay, M.D.’32 and H. Gordon Page M.D.’45 Professorship in Surgical Education. I consider it the highlight of my career to have been named the first Mackay-Page Professor of Surgery. His legacy to the department and the school is much more, however. During the years when the school was at risk for losing accreditation, he was a staunch supporter. He encouraged the other private surgeons in town to join ranks with the university to help solidify a clinical base for education and research. It is no wonder that in 2004 he was awarded the A. Bradley Saule Award for loyalty and dedication to the College of Medicine.

During the past many years, Gordie has been a highlight at Nostalgia Hour during medical reunion. He always led off with a slightly off-color joke and a few of his famous stories. The audience often responded with many humorous anecdotes about Dr. Page to which he took great pleasure. Despite his failing health, Gordie often tried to attend the Tuesday morning breakfast with a group of retired physicians. Since my retirement I have been part of the group as well. While I had heard most of his stories, a few new tales came to light. We will all miss him, but I’m sure his spirit will live on.

— James Hebert, M.D.’77, retired professor of surgery at UVM Larner College of Medicine
Moment in Time

January 23, 2020
8:08 P.M.

About 80 people attended the second annual “StorySlamRX – Voices in Medicine” event hosted by the Wellness Committee, UVM Medical Alumni Association, Alpha Omega Alpha Medical Honor Society, and Gold Humanism Honor Society. With a theme of “Lost and Found,” faculty, staff, and students shared true stories live.

PHOTO: DAVID SEAVER