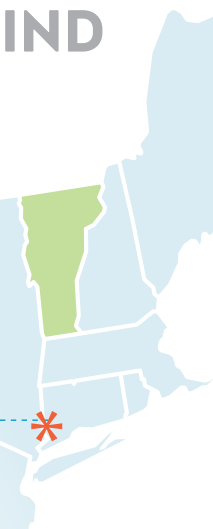




CLERKSHIP STUDENTS FIND A ROBUST AND DIVERSE LEARNING EXPERIENCE AT CLINICAL AFFILIATE **DANBURY** HOSPITAL



On any given day at clinical affiliate Danbury Hospital, clerkship students from the UVM College of Medicine generally agree: It can sometimes feel like the United Nations. When David Harari '15 ticks off the number of different nationalities represented by his internal medicine team, he needs two hands to do it.

"India, Jamaica, Taiwan, Sri Lanka, Argentina, Sweden: It's definitely an eclectic group around here," he says. "There's a freshness to the place; it's nice to have that diversity."

This cultural mix also leads to impromptu teaching moments, says Laurel Wickberg '15. One day as she chatted with another student about malaria and sleuthed out sources for more information, a resident sitting nearby chimed in with first-hand information about symptoms and treatment options. The resident explained that she was from Nigeria and had battled the disease herself, as did members of her family.

"Malaria is a huge problem in many parts of the world," Wickberg says. "We were able to learn more from someone who has seen it."

The diverse Danbury community is one of four locations where College of Medicine students expand their experience practicing medicine — and interacting with patients. After completing the Foundations level of the Vermont Integrated Curriculum, students enter the clinical clerkship level, comprising a series of six or seven-week long rotations at the clinical sites: Family Medicine, Inpatient Internal

BRANCHING OUT

UVM medical student Michael Ma '15 listens to a patient at Seifert & Ford Family Community Health Center in Danbury during his outpatient medicine clerkship. With him is Assistant Professor of Medicine Dino Messina, M.D.

by [Erin Post](#) | photographs by [Mario Morgado](#)



Above, Medical students Kevin Pelletier '15 (at left) and Laurel Wickberg '15 (at right) on rounds with resident Jared Wasser, M.D. At right, students Emily Rosen '15, Sarah Gardner '15, and David Harari '15 teleconference with a faculty member back on the Burlington, Vt., campus. Bottom right, Dr. Wasser, Pelletier, and Wickberg confer in a patient room.

Medicine, Neurology/Outpatient Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. In between clerkships are Bridge Weeks, where students return to Vermont for skills assessments and for sessions that focus on topics including nutrition, pharmacology, palliative care, and health care finance.

The clerkship year is a transitional time for students, says Tania Bertsch, M.D., associate dean for clinical education at the College of Medicine. "Students work in small teams, and they continue to develop their professional identity," she says. "They have the opportunity to see different practice styles and specialties," with one goal for the year being the narrowing down of a specialty selection. After clerkships, residency interviews begin, culminating in Match Day, when medical students across the country find out where they will be headed for the next phase of their medical education.

All students perform clerkships at the College's academic medical center partner Fletcher Allen Health Care in Burlington, which has had a teaching relationship with UVM stretching back to the founding of the Mary Fletcher Hospital in the 19th

century. Two much newer relationships with St. Mary's Medical Center in West Palm Beach, Fla.; and Eastern Maine Medical Center in Bangor allow for clerkship training as well.

The 371-bed Danbury Hospital was established as a clinical affiliate in 2010. Danbury Hospital, together with New Milford Hospital and Norwalk Hospital, form the Western Connecticut Health Network (WCHN), the third largest hospital network in the state. College of Medicine students doing a clerkship in Danbury get a sense of what it's like to practice medicine in a more urban setting, about a two-hour train ride to New York City. The city's roughly 80,000 residents reflect both socioeconomic and ethnic diversity.

About 25 percent of the population is Hispanic, with just over seven percent identified as Black or African American and six percent as Asian, according to the recent census data. Forty-two languages are spoken in Danbury public schools. About 10 percent of residents live below the poverty line, and 25 percent of the population has public health insurance. Nineteen percent of residents have no insurance at all.



"GREATER DANBURY... IS AN EXTRAORDINARY PLACE TO LIVE, WORK, AND LEARN MEDICINE."

— John M. Murphy, M.D., President and CEO of Western Connecticut Health Network

"Greater Danbury is a melting pot of many cultures and socio-economic backgrounds," says John M. Murphy, M.D., president and CEO of the WCHN. "As a result, it is an extraordinary place to live, work and learn medicine. Our relationship with the University of Vermont promotes a prolific learning environment for students and clinical staff that will continue to serve the diverse needs of our community in important and innovative ways."

"UVM is a top-notch medical school," says Ramin Ahmadi, M.D., M.P.H., chair of the Department of Medical Education and Research at Danbury Hospital/WCHN, noting in particular the "quality of the curriculum and quality of students," as well as the College's commitment to primary care and leading-edge research. Designation of a branch campus involves layers of careful planning and review and accreditation by the Liaison Committee

on Medical Education (LCME), but the process is moving forward.

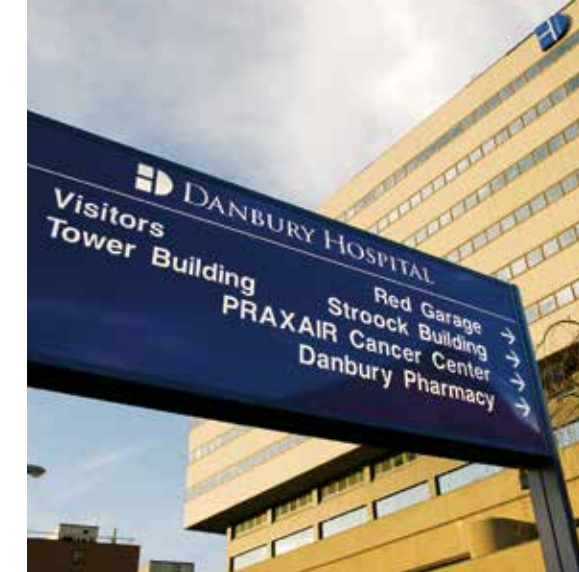
An 8,000-square-foot clinical simulation lab — designed by the same architect who created the UVM/Fletcher Allen sim lab, opened this spring at Danbury. The hospital is also creating a standardized patient program, again modeled after the UVM on-campus program that has been part of the medical curriculum for the last decade.

The goal is a "seamless transfer of the educational experience," Ahmadi says. The global health program, spearheaded by Majid Sadigh, M.D., site director and an infectious disease specialist and director of global health at Danbury Hospital/WCHN, brings the two institutions into even closer collaboration.

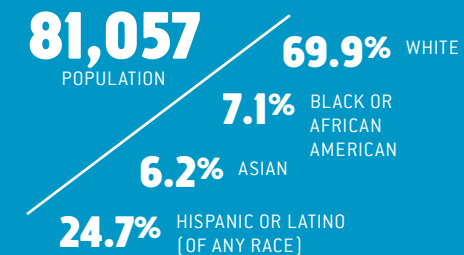
At the foundation of all of these developments are the experiences students have while studying and working in Danbury.



John Murphy, M.D., [center] president and CEO of Western Connecticut Health Network, with Senior Associate Dean for Medical Education William Jeffries, Ph.D., and Associate Dean for Clinical Education Tania Bertsch, M.D.



DANBURY FAST FACTS



\$66,281 MEDIAN HOUSEHOLD INCOME

10.1% % OF PEOPLE LIVING BELOW THE POVERTY LINE

19.4% % OF CIVILIAN POPULATION WITH NO HEALTH INSURANCE COVERAGE

57.9% % OF THE POPULATION FIVE YEARS OF AGE AND OVER SPEAKS ONLY ENGLISH AT HOME

42.1% % OF THE POPULATION (FIVE YEARS AND OLDER) SPEAKS A LANGUAGE OTHER THAN ENGLISH, INCLUDING SPANISH OR SPANISH CREOLE (21.7%) OR OTHER INDO-EUROPEAN LANGUAGES (15.2%) AT HOME

OF THE POPULATION (FIVE YEARS AND OLDER) WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, **46.4%** REPORT SPEAKING ENGLISH "VERY WELL." **53.6%** REPORT SPEAKING ENGLISH "LESS THAN "VERY WELL."

SOURCE: U.S. CENSUS BUREAU, 2008–2012 AMERICAN COMMUNITY SURVEY



Laurel Wickberg '15 in the corridor at the Seifert & Ford Family Community Health Center in Danbury.

A DAY IN THE LIFE

The Seifert and Ford Family Community Health Clinic at 70 Main Street sits across the street from the Fairfield County Courthouse and next to the Old Fairfield County Jail (an 1870s era building now used for senior housing and a small museum) in the heart of Danbury's downtown. Once a thriving industrial area spurred by the railroad and over 30 hat factories, earning Danbury the nickname "Hat Capital of the World" in the 1880s, the city went through tough times after World War II, when the railroad lost prominence and the hat-making industry began to decline. Revitalization efforts and a growing immigrant community have brought more life to the downtown in recent years, although retailers still

compete with a mall built on the outskirts of town in the 1980s.

Here, at the Main Street clinic, students see patients who speak Spanish or Portuguese as a first language. Many are also under- or uninsured. During his time at the outpatient clinic at Danbury, UVM medical student Michael Ma '15 found the importance of cultural competency was reinforced over and over. Some of the residents can speak a second or third language, and they are all "well-versed in cultural differences." Medical interpreters are regular visitors to the clinic.

Working with a diverse patient population like the one in Danbury "changes the way you see medicine," he says, in part because the complexity of patients' lives is brought into such stark relief. Culture, religion, financial resources: They all contribute to a person's health and well-being. Clinics devoted to specific topics — including rheumatology, HIV, dermatology and emergency medicine — are also part of the outpatient experience and give students exposure to a variety of specialties.

In addition to outpatient/neurology, Ma completed his family medicine clerkship at Brookfield Family Medicine, a practice affiliated with Danbury Hospital located in a nearby town.

"We saw pretty much everything," he says. "It was the front lines."

Ma was also at the forefront of meeting local public health needs: Every Family Medicine clerkship student completes a community project in collaboration with a local agency or non-profit. Ma worked on a project focused on smoking cessation. Other students have worked on childhood obesity initiatives, diabetes education, and other outreach.

For Laurel Wickberg '15, her clerkship year has provided a chance to experience how different hospitals are managed. She's spent several rotations in Danbury — including neurology/ outpatient, internal medicine and surgery — and through this extended time there has gotten to know more about the values inherent to the institution. This has been helpful as she starts to consider residency programs for pediatrics.



Top: Michael Ma '15 (at left) reviews patient data with assistant professor Cornelius Ferreira, M.D., and Assistant Professor of Family Medicine Robert Mascia, M.D. Above: Clinical Instructor of Neurological Sciences Neil Culligan, M.D., left meets with Laurel Wickberg '15, Kevin Pelletier '15, and resident Jared Wasser, M.D.

"THE AMOUNT OF TEACHING BUILT INTO THE PROGRAM IS INTENSIVE," HE SAYS, "AND IT MAGNIFIES WHAT WE DO WHEN WE SEE OUR PATIENTS. THERE'S A SMOOTH TRANSITION BETWEEN DIDACTIC AND CLINICAL."

— David Harari '15

"It's giving me insight into what I want from a program," she says. "What does it look like when residents are happy?"

Some insights may be less lofty, but equally useful. Soon after starting his internal medicine clerkship in Danbury, David Harari '15 came to appreciate the importance of comfortable shoes. He often starts his day around 7 a.m., with his first task to check in on the two to three patients he is assigned. After Morning Report, he meets up with his team to start patient rounds, which may take anywhere from a few hours to the bulk of the day. The comfortable shoes become important here as the team — which includes several medical students, interns, and an attending physician — does much of its consulting walking down the hallway or gathered around the bed in a patient's room. But it's during this time that academic knowledge coalesces with clinical cases.

"Everything is team-based," he says. "There are many 'on-the-job' teaching moments."

Sometimes this means looking up information, chiming in to answer questions, or presenting his patients to the team. And then there are other opportunities for learning, including EKG sessions, virtual conferences with UVM faculty in Burlington, and many other conferences and activities. His team is on call every fifth day, which means a longer day and admitting privileges. The pace for the six-week clerkship is brisk, but rewarding.

"The amount of teaching built into the program is intensive," he says, "and it magnifies what we do when we see our patients. There's a smooth transition between didactic and clinical." And residents at Danbury are exceptional teachers and a welcoming presence, adds Wickberg.

"[Danbury residents] really accept us as part of the team and they make us feel at home," she says. "That makes all the difference in the world."



GLOBAL HEALTH & FUTURE COLLABORATIONS

During a recent global health presentation at Danbury Hospital, Tamar Goldberg '15 had the chance to meet her future "family." Visiting from Uganda were Sam Luboga, M.Med., Ph.D., and his wife, Christine, host family and mentors to UVM med students who visit there for a global health elective. Goldberg, in Danbury at the time for the obstetrics-gynecology clerkship, will be heading to Kampala, Uganda, during the 2014–15 academic year for a six-week elective. Majid Sadigh, M.D., introduced the threesome at a break in the session.

"She is going to be your new daughter," Sadigh laughed as the couple chatted with Goldberg at the front of the room.

Goldberg and seven other College of Medicine students will be studying in Russia or Uganda in 2014–2015 through the global health program. Student interest has been high: 23 applications were received for the eight available student slots. First-year students are eligible for a summer research elective, while fourth-year students complete a six-week or longer elective that combines clinical work with optional research. Two slots are offered to faculty. Plane tickets, tuition, and



Top: Tamar Goldberg '15 (at center) met her Ugandan host family members Christine and Sam Luboga, M.Med., Ph.D. Above: Majid Sadigh, M.D., heads the global health program at Danbury.

accommodations are paid for by the program.

The opportunities literally span the globe: Sadigh has been building partnerships with sites including the Uganda Cancer Institute in Kampala; Kazan State Medical University in Kazan, Russia; Zimbabwe University College of Health Sciences in Harare, Zimbabwe, and Cho Ray Hospital in Ho Chi Minh City in Vietnam. A partnership with Hospital PAP in Paraiso, Dominican Republic, is also in the works. Several medical students and one UVM faculty

member have already studied in Uganda, two students in Zimbabwe and one fourth-year student went to Vietnam this past fall.

Sadigh has stressed that the objective is to create long-lasting partnerships that not only help to shape students' medical education, but also benefit practitioners and students at the various global health sites. Eventually, one goal is to have students and physicians from the sites also train and study in Vermont, something that is already happening in Danbury. The host family concept is also important — by staying with a family students become immersed in the culture in ways that are hard to replicate. They learn how their work as doctors fits into the larger whole, and come back with a new perspective on health and healthcare.

"We become better humans," says Sadigh regarding the impact of global health work. "We become more sensitive to the needs of the underserved."

As Danbury Hospital and the UVM College of Medicine move toward branch campus designation, this spirit of collaboration is set to grow. Danbury and UVM will be working together to train and integrate clinical faculty and administrative leaders — including a campus dean, dean of students, financial aid officers and other key personnel — into the Danbury organization.

Among other benefits, branch campus designation and the new simulation lab will give Danbury the ability to administer student assessments — now students must complete these requirements in Burlington at the end of each clerkship. It would also allow students to stay in Danbury longer; the number of clerkships any one student can do at affiliate sites is capped at three. This option to stay in Danbury for additional clerkships may be attractive for students in the New York City area, says Bertsch, the College's associate dean for clinical education. It may also lead to more students choosing to return to Danbury for their residencies, creating a situation where former College of Medicine students play an important role in teaching current students.



STUDENTS WORK THE NUMBERS WITH THE REGIONAL YMCA

Many College of Medicine students doing their family medicine clerkship in Danbury have become familiar with four numbers: 5, 2, 1, 0. These digits are at the core of a campaign to combat childhood obesity, one that students have played a key role in sharing with parents, kids, and the medical establishment in Danbury.

The goal of the community health improvement project — a requirement of the family medicine clerkship — is to immerse students in some aspect of the local community while giving them experience on the front lines of public health. In the last few years about a dozen students have worked with the Regional YMCA of Western Connecticut for their community health project, says Maureen Farrell, director of community wellness, bringing energy and enthusiasm to the cause.

The message at the heart of the nationwide Y5210 campaign is simple: five servings of fruits and vegetables, two hours or less of screen time, one hour or more of exercise, and zero sugar-sweetened drinks. The Coalition for Healthy Kids, a group of 19 organizations in the Danbury area working on childhood obesity, adopted this message for their community, organizing physical fitness and education activities, as well as creating a brochure with the Y5210 guidelines. Parents and caregivers looking for action items were one audience, Farrell says, but the coalition also wanted the "medical community to buy into this too."

"Many families get health information from their doctors," she says. "And we felt that the message needs to be face-to-face."

Enter the College of Medicine students. The first wave to partner with the YMCA and the Coalition for Healthy Kids in 2011 became the conduit to primary care physicians and pediatricians, not only distributing the brochures, but helping to educate physicians about the message. To date, over 4,000 brochures have gone out to pediatricians and family practice offices in the greater Danbury area. It has also been translated into Spanish and Portuguese. Students have conducted surveys to gauge the effectiveness of the message, while others have helped out with additional childhood obesity-related programs.

In the fall of 2013, Hunk Ng '15 presented information about the Y5210 message at a physicians' conference, participated in a fitness assessment at area schools, and talked to parents about the 5210 message. He says he learned first-hand how complex the childhood obesity issue is, especially when parents are dealing with so many competing demands.

As a medical student, Ng says he was able to share his perspective on the important of physical activity, using examples from his own life that show how being active actually helps his concentration and focus.

"We conveyed to [parents] that homework is important, but so is eating healthy and staying fit," he says, a message that future College of Medicine students will likely continue to share with the Danbury community through the community health project.

In addition to an extensive orientation at the start of clerkship, and ongoing support from several key staff members, the living and learning environments are integrated in several ways.

The students' apartment complex is just minutes away from Danbury Hospital, and even closer to one of the clinic sites where students work. In the warmer months, the complex offers an outdoor swimming pool and a barbecue popular for evening and weekend get-togethers. Wickberg and one of her roommates, Avanti Golikeri '15, make it a habit at the end of the day to visit the Greenknoll branch of the YMCA — where all College of Medicine students receive a free membership, to run on the track or treadmill and play a game of racquetball. This same YMCA is a partner for a current student community health improvement project (see sidebar).

Dinner together at home is also usually part of the evening for the two women; conversation can turn from ideas for future knitting projects to debriefing on difficult parts of the day. Although time outside of the hospital or the clinic is at a premium, Danbury's proximity to New York City makes it easy to hop on a train, says Ma, who grew up in New York and appreciates the opportunities to visit. For groceries and the odd diversion there's always Stew Leonard's, a Connecticut landmark that's just a short drive from the apartments. Deemed the "Disneyland" of grocery stores, shoppers combine picking up food and other staples with stopping to watch animatronic characters.

"They have amazing prepared meals, a great cheese department, and a ton of seafood," says Sarah Gardner '15 "It was a dangerous place to be when I was starving after a long day at work. Most of my



meals in Danbury ended up either being prepared by my friends at Stew Leonard's or consisted of fresh salmon or lobster meat. I was not exactly roughing it!"

The goal for the Danbury clerkship is to give students an experience that is challenging and supportive.

"Students need a warm and accepting community," Ahmadi says. "We want them to feel at home."


As the connections between the two institutions continue to grow, Bertsch says the partnership is proving to be a chance to evolve in positive ways for both the UVM College of Medicine and Danbury Hospital.

"We're better because of them and they're better because of us," she says. "We bring structure to the teaching program. They've brought to us the global health program and a diversity of clinical experiences for our students."



Above: Laurel Wickberg '15 (left) and her roommate Avanti Golikeri '15 relax in their Danbury apartment a short distance away from the hospital. A typical evening finds them studying, knitting, and, while the kettle boils, hula-hooping. Facing page: the students play racquetball at the nearby YMCA.

And for students, it's an opportunity to be part of a clerkship partnership imbued with energy and enthusiasm.

"It's interesting to be involved at the beginning of something," Wickberg says. "[The partnership] is so young — I'll be excited to see what it brings." 

"WE'RE BETTER BECAUSE OF THEM AND THEY'RE BETTER BECAUSE OF US. WE BRING STRUCTURE TO THE TEACHING PROGRAM. THEY'VE BROUGHT TO US THE GLOBAL HEALTH PROGRAM AND A DIVERSITY OF CLINICAL EXPERIENCES FOR OUR STUDENTS."

— Tania Bertsch, M.D., UVM Associate Dean for Clinical Education