One Step Closer

A journey through the final year of medical school

- Focus on Palliative Care
- Remembering Larry Weed, M.D.
- Staff Promote UVM’s Common Ground
A Legacy of Giving from Father to Daughter

Thirty-five years after Samuel Topkins, M.D., graduated from the University of Vermont College of Medicine in 1915, his daughter, Marjorie Topkins, M.D. ’50, followed in his footsteps. At a time when women made up only about six percent of the physician workforce nationally, she went on to a successful career as an anesthesiologist at Cornell Medical Center that spanned 46 years. Dr. Marjorie Topkins never forgot her and her father’s alma mater: she’s kept a loyal annual fund donation every year since 1976, and her philanthropy prompted the naming of a classroom in the Larner Medical Education Center as the Topkins Family Room, in memory of her father. Her sister, Edith, also received her undergraduate degree from UVM in 1941, as did her daughter, Michaele Goodman, who graduated from UVM in 1976, and her husband, Avrom Goodman, who graduated in 1981.

To ensure continued support of her alma mater for decades to come, Dr. Marjorie Topkins established a bequest in 2013 and has revised her estate plans twice to increase her legacy giving, bringing her total bequest to $100,000. Her connection to the College has remained strong in large part because she sees the value of a UVM medical education—not only through her lifetime of caring for patients, but also through the colleagues she has met along the way. She recalls a resident she supervised, also a UVM medical alum, who summed up what set his education apart.

She sees the value of a UVM medical education— not only through her lifetime of caring for patients, but also through the colleagues she has met along the way. She recalls a resident she supervised, also a UVM medical alum, who summed up what set his education apart. Instead of teaching students about a disease, like many medical schools, he noted that “up at UVM they emphasize patients who have diseases,” preparing graduates for a lifetime of compassionate caregiving.

For information about how you can support the UVM Larner College of Medicine, please contact the Medical Development and Alumni Relations Office.

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The University of Vermont
Larner College of Medicine
OF MEDICINE, WASHINGTON

Ten years ago last August, I first took on the role of dean of this College. Now, after more than a decade at UVM, I look ahead to the time later this year when a new dean will be appointed to lead the institution. I am truly grateful for the opportunity to serve as dean of our College. It is the capstone of my career and I am very proud of what this College has accomplished in the course of my tenure.

From the start it was my goal to build upon the remarkable strength of the people and culture in our College to guide it to further progress. I also hoped to be successful enough in that pursuit to remain as dean for a decade. As I look at the College today, I see an institution that has never wavered in its missions. We are stronger today as educational institution, with national recognition for our leadership in active learning in the New England Journal of Medicine, Washington Post, Inside Higher Ed, Boston Globe, and other venues. Our curricular innovations were a key reason over 600 medical educators from around the world, members of the International Association of Medical Science Educators, held their annual meeting on our campus last summer.

In an era of tightened funding, we have continued to be successful in our research efforts, and in fostering increased recognition of the importance of research and graduate education here on our campus. Most recently, we have begun an exciting project to expand and renovate our facilities to grow our research enterprise.

Our College is on a remarkably strong foundation for the next dean to continue to accelerate its progress. In the year ahead, I look forward to continuing our momentum across all areas of our mission and continuing to implement our strategic initiatives. Come the fall when I hand the deanship over to my successor, I intend to continue on in a more limited role in our College and University. This issue of Vermont Medicine showcases several areas of our mission in action. Our graduates of 2017 are now in the first year of their residencies in institutions across the nation. Here we present a look at the process they went through in the fourth year of medical school as they gained clinical experience and focused on their future specialties. Also featured is the work of our clinical caregivers and researchers who are improving palliative care, remembrances of beloved faculty members, and recognition of staff members who embody the tenets of UVM’s “Common Ground” of shared values.

It is an exciting time to be a part of the educational, research, and community building work of the UVM Larner College of Medicine. I look forward to my coming months as dean, and the work that lies ahead.

FREDERICK C. MORIN III, M.D.
Dean, The Robert Larner, M.D. College of Medicine at The University of Vermont

Capstone of a Career — Dean Morin to Step Down Later in 2018

As the 2017-2018 academic year began, Dean Rick Morin, M.D., announced that he will step down as dean of The Robert Larner, M.D. College of Medicine at The University of Vermont once a successor has been named later in 2018. Morin became the College’s 17th dean ten years ago, in August of 2007.

“Rick Morin’s accomplishments at UVM are truly extraordinary,” said UVM President Tom Sullivan. “His creativity, persistence, and strong leadership have created a legacy for the Larner College of Medicine that will last for generations. I will be forever grateful for his remarkable leadership of the College and his many contributions across the University.”

Among Morin’s many achievements over the past decade are his work in philanthropy, which resulted in an unprecedently high $100 million in lifetime giving from his alumni Robert Larner, M.D. IV, and his wife Helen, and related naming of the College in Dr. Larner’s honor. Morin’s service on the board of trustees of the UVM Medical Group, the board of the UVM Health Network, and the board of the UVM Health Network Medical Group (the faculty practice plan) has strengthened ties with the College’s primary clinical teaching partner and facilitated expanded educational opportunities for our students across the region.

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Morin also played a critical role in helping the College develop new clinical training sites to ensure medical students have exposure to a greater diversity of patients, and most recently the College has been recognized nationally for its active learning initiative. In addition, Morin oversaw growth in the College’s research enterprise from the UVM Medical Center, the board of the UVM Health Network, and the board of the UVM Health Network Medical Group (the faculty practice plan) has strengthened ties with the College’s primary clinical teaching partner and facilitated expanded educational opportunities for our students across the region.

Atherly Appointed Director of Health Services Research Center

Adam Atherly, Ph.D., has been named the Larner College of Medicine’s first director of the Health Services Research Center and professor of medicine, effective February 2018. Atherly comes to UVM from the Colorado School of Public Health, where he was a professor of health systems, management and policy. In this newly-created position, Atherly reports to Senior Associate Dean for Research Gordon Jensen, M.D., Ph.D. He will be responsible for guiding the integration of the College’s health services research program into a center model with research, education, and training, and service components. As the director of this new center, Atherly will work with the UVM Medical Center, the board of the UVM Health Network, and the board of the UVM Health Network Medical Group.

Atherly holds a Ph.D. in health services research, policy and administration from the University of Minnesota, and an M.A. in economics from the University of Washington. He joined the Colorado School of Public Health as an associate professor and founding chair of the Department of Health Systems Management and Policy in 2009 and was promoted to full professor in 2016. He previously held positions at Emory University’s Rollins School of Public Health and Tulane University’s School of Public Health and Tropical Medicine.

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Two Department Chairs Named in 2017

Two departments at the Larner College of Medicine held chair positions in 2017. Donald Mathews, M.D., M.P.H., was appointed chair of the Department of Radiology and health care service chief of anesthesia. Matthew Wallace, M.D., M.S., was named director of the Department of Anesthesiology and health care service chief of anesthesiology. Mathews succeeded Mazen Maktabi, M.D., who served in this role since August 2016. Mathews joined UVM in 2010 as director of the Anesthesiology Residency Program. He also served as an elected member of the UVM Health Network Medical Group Board of Directors and as a special advisor to the president & CEO of the UVM Health Network Medical Group. The author of 28 years of medical publications, Mathews specialises in total intravenous anaesthesia and process EEG monitoring, with a scholarly focus on improving the hypnotic and pain-relieving components of anesthesia.

LaMantia Directs Center on Aging at UVM

University of Vermont Provost David Rossowky and Larner College of Medicine Dean Rich Martin, M.D., announced the appointment of Michael LaMantia, M.D., M.P.H., as director of the UVM Center on Aging. LaMantia, associate professor of medicine and neurological sciences, served as a co-chair of the Center’s initial review committee. A leader in the field of aging and memory, he has been featured at many medical education meetings, as well as in articles in the New York Times, Boston Globe, AAMC Reporter, Chronicle of Higher Education and Teaching Academy Director.

LERNER’S $66 MILLION HELPS SET NEW UVM FOUNDATION RECORD, $135 MILLION IN FY 17

Through a $56 million bequest by the late ROBERT LARNER, M.D. ‘42 and his wife, HELEN, the Larner College of Medicine helped the University of Vermont Foundation and UVM Medical Center set a record securities offering at the fiscal year that concluded on June 30, 2017. This achievement marks the fourth year in a row that the UVM Foundation has set a new institutional record for total commitments to support UVM and the UVM Medical Center.

Commitments include new gifts, bequests, bequests and gifts-in-kind documented during the fiscal year. The prior record for UVM for commitments was $477,612,513 (established in fiscal year 2016), representing an increase in 2017 of about 77 percent.

“As of June 30, 2017, there were 61,919 donors to UVM through the Move Mountains campaign and 18,918 donors to the UVM Medical Center, with some donors giving to both organizations. More than a third had given previously.”

TWO ENDOwed PROFESSORSHIPS INVESTED

GARY S. STEIN, PH.D., director of the University of Vermont Cancer Center, professor and chair of biochemistry and professor of surgery at the UVM Larner College of Medicine, was invested in a formal ceremony on October 27, 2017 as the inaugural Arthur John Pearson, M.D. ’12 Professor in Cancer Research. The endowed professorship was created in 2014 by Arthur Pearson, who received his medical degree from UVM in 1952, and was fully funded through his estate when he died in 2015. In 2012, Pearson also established the Charlotte E. Pearson Cancer Research Fund — affectionately known as the “Charlotte Fund” — on the Larner College of Medicine and the UVM Medical Center in memory of his wife. Together, these two distinguished endowed funds created by the Pearson family will support crucial cancer research at UVM for generations to come.

BENEDICT FROLO, M.D., M.P.H., an assistant professor in the Department of Pharmacology, was invested in a formal ceremony on July 31 as the inaugural Martin E. Blochfled ’66 M.D. and Judith S. Blochfeld ’59 Early Career Professor in Cardiovascular Research. The endowed professorship was established by D. Merty Blochfeld, a classmate 1966 UVM alumni and cardiologist, and his wife Judy, is fellow Catamount and retired ophthalmologist. This faculty position is particularly significant because it marks the first time ever at the University of Vermont that an early-career professorship has been endowed. An endowment for research becomes more competitive, private philanthropy can help launch promising young careers with the potential to benefit millions of UVM, but society at large.

VOTE FOR YOUR FAVORITE LEARNER

The campaign is now accepting nominations for the Learner of the Year Award. Visit www.moveuvm.edu/learnme to submit a nomination. Nominations will be accepted through November 1. The winner will be announced in the spring of 2018.

Campaign News

View the 2017 Learner College of Medicine Philanthropy Report. Go to the UVM Medical Center website. www.med.uvm.edu/philanthropy

moveMountains

The Campaign for The University of Vermont

www.med.uvm.edu/alumni
**Medicine from the Patient’s Point of View: College Launches Longitudinal Integrated Clerkship**

A new program for the clerkship year has offered medical students the opportunity to follow a panel of patients over time, deepening their understanding of patient advocacy, community health promotion, and care coordination across different health systems. In March of 2017 these students from the Class of 2019 began their Longitudinal Integrated Clerkship (LIC) at Hudson Headwaters Health Network, a not-for-profit system of community health centers, Warrensburg Health Center, and West Mountain Health Center, and Hudson Headwaters, one student is based out of each of the following centers: Queen City Family Health, Warrensburg Health Center, and West Mountain Health Services. In collaboration with physicians at Hudson’s Falls Hospital, scheduled “Rural Wednesdays” give students the necessary immersive training.

Sue Director Colleen Quinn, M.D., a family physician with Hudson Headwaters, says students also work with preceptors from different specialties, allowing students to gain additional experiences to round out their patient encounters.

“It’s really nice way of learning medicine,” says Quinn. “You get to see how teams work in the real world.” Regular meetings with a Hudson Headwaters physician give students important opportunities to check in on their personal development and well-being.

The LIC is a valuable experience for any medical student, but is particularly appealing for those who are planning careers in rural medicine. Hudson Headwaters is a federally-qualified health center and the sole medical provider for much of the surrounding rural and medically underserved region. The network provides care to nearly 90,000 patients in 17 different health centers, and at Glens Falls Hospital and Moses Ludington Hospital. For students like Khaled Al Tawil ’19, the opportunity to work in this setting is invaluable as he prepares for his future practice: “It’s a personalized program that allows students to experience providing care to rural populations in our region,” he says, “and serving those populations is the goal of my career in medicine.”

The LIC is now going forward on a permanent basis at Hudson Headwaters. Four new students have been chosen for the 2018 cohort and will begin their experience in March.

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**Strategic Priorities Translate to Expanded Staff for Office of Diversity & Inclusion**

Working with the five-year strategies plan priorities of the College to serve as leaders within their departments, helping to promote awareness of and manage the strategic diversity and inclusion planning process within their department.

Maria Mercedes Avila, Ph.D., an associate professor of pediatrics and director of the Vermont Leadership Education in Neurodevelopmental Disabilities (VT-LEND) Program, has been appointed Health Equity Inclusive Excellence Liaison. Avila also serves as adjunct faculty in the College of Nursing and Health Sciences.

Eileen CichoskiKelley, Ph.D., an associate professor of family medicine, director of curriculum instruction, and the course director for the Teaching and Learning Center (TLC) and Health and Wellness, has been appointed Medical Science Liaison. CichoskiKelley is a member of the Health Equity Inclusive Excellence Liaison. CichoskiKelley is a member of the Health Equity Inclusive Excellence Liaison.

Eileen CichoskiKelley, Ph.D.

**NIH AWARDS $20M TO UVM AND MAINE MEDICAL CENTER TO ADDRESS RURAL HEALTH CHALLENGES**

A five-year, $20 million National Institutes of Health (NIH) Clinical and Translational Research (CTR) Network grant will fund a joint program between UVM and Maine Medical Center to develop a clinical and translational research infrastructure focused on health problems endemic to Vermont, New Hampshire, and Maine, including cancer, cardiovascular disease, and substance abuse. The grant, awarded to the Faculty of Oars, Our program, which addresses the unique challenges of effective rural health care delivery, will be collaboratively led by principal investigators Gary Stein, Ph.D., and Joseph C. O’Rorke, M.D., professor and chief of Cardiovascular Disease at Maine Medical Center, and Robert Keenan, M.D., director of the Center for Clinical and Translational Research at Maine Medical Center Research Institute. Larner College of Medicine, Senior Associate Dean for Research Gordon Jensen, M.D., Ph.D., and Thomas Gridley, Ph.D., interim director of the Center for Molecular Medicine at Maine Medical Center Research Institute, serve on the grant’s program coordinators. UVM faculty will co-lead five of the six program areas with fitness from Maine Medical Center.

**STAPLETON CO-LEADS INNOVATIVE ICU RECOVERY STUDY**

Renee Stapleton, M.D., Ph.D., associate professor of medicine, and director of the Center for Health Outcomes and Services Research for a unique, multi-site clinical trial that aims to improve outcomes for intensive care and patients using a combination of energy nutritional supplementation and exercise. Supported by a five-year, $5 million grant from the National Institutes of Health, Nutrition and Exercise in Critical Illness (NEXIS), trial will take place in five UVM across the United States and run through March 2022. The study will examine whether intermittent exercise and nutritional supplementation is bed-cycling improves recovery for patients requiring the support of a mechanical ventilator in the ICU.

**HIGGINS STUDY EXAMINES POTENTIAL OF NICOTINE REDUCTION TO CURB SMOKING ADDICTION**

New research led by Stephen Higgins, M.D., professor of psychiatry and director of the Vermont Center on Addictive Diseases, suggests that reducing nicotine content in cigarettes may decrease their addiction potential, especially for vulnerable populations. The study, published in JAMA Psychiatry, involved 33 volunteers of different demographic backgrounds, including alcohol disorders, opioid dependence, and socioeconomically disadvantaged women. The multi-site, double-blind study is the first large, controlled study to examine the dose-dependent effects of cigarettes with reduced nicotine content on the reinforcing effects, subjective effects, and smoking topography of vulnerable populations, say the study’s authors.
The University of Vermont President's Our Common Ground Awards celebrate the many contributions staff members make to the institution's success. Awardees are feted for their integrity, their sense of justice, and their commitment to collaboration and innovation, all tenets of UVM’s Our Common Ground statement. This year, two of the six Our Common Ground award winners hailed from the Larner College of Medicine. MICHAEL CROSS, custodial maintenance worker, and TIFFANY DELANEY, M.A.Ed., director of the office of diversity and inclusion, received the award for their extraordinary service to UVM and for the significant impact they have had on the University.

**Truly a UVM Institution: Michael Cross**

When Michael Cross joined the custodial staff at UVM in 1976, he followed in his father’s footsteps. The pair worked together in the Given building one floor apart for about ten years until his father’s retirement. Over the last four decades, Cross has seen generations of medical students pass through the hallways, study rooms and classrooms of the College, often striking up lasting friendships. In their letters of nomination, students cite example after example of the meaningful support and mentoring he has offered, from a simple “you can do it” during a long study session, to helping with student projects for the end-of-year Osler Banquet, a time-honored tradition at the College.

Cross has dedicated to student-led causes. He has donated items to a silent auction to support the College’s marathon team, and made a surprise party complete with cookies and a card. “For Cross, it’s those ‘kids’ who keep him going. They’re just great.”

Nurturing Lifelong Leaders: Tiffany Delaney

Out of the myriad responsibilities that come with the role of director of the Office of Diversity and Inclusion, a position that Tiffany Delaney, M.A.Ed., has held since 2013, one of the ones she looks forward to most is meeting individually with each member of the incoming class. She reviews with each new medical student their profile using the Intercultural Development Inventory (IDI), a tool that provides insight into their current level of intercultural competence, defined as the capability to shift cultural perspective and appropriately adapt behavior to cultural differences and commonalities. The diversity office selected the IDI in 2014 to help students understand their own profile, with a goal to enhance their cultural competency skills over the four years of medical school.

“Through initiatives such as the IDI, and the Office Finding Our Common Ground orientation curriculum, students learn the art of ‘human relations’ in all of its complexity, through the lens of diversity and inclusion,” says Delaney. “We are working to expand the definition of ‘diversity’ to encompass more than just compositional diversity, to also include the idea that each member of the College of Medicine is responsible for the ongoing development of their own cultural awareness,” says Delaney.

“Our common ground awards ceremony, colleague Diane Jaworski, Ph.D., professor of neurological sciences, said that Delaney has been the driving force behind many of the positive changes the College has made in recent years, including the creation of the first explicitly gender-neutral restroom, and private changing rooms adjacent to the anatomy lab. In their letters of support, students echoed Jaworski’s sentiments.

“I am proud to say that the Larner College of Medicine is now a leader in medical education for openness and inclusivity for transgender students — and not just in theory,” said Al York ’19. “As a result of her hard work to make these safe spaces a reality, I feel respected, heard, validated, and safe.”

Delaney’s work has led to national recognition. In 2014, UVM earned its first Higher Education Excellence in Diversity award from INSIGHT Into Diversity magazine.

After receiving her master’s degree in higher education administration from George Washington University, Delaney worked for several institutions, including the New England Culinary Institute and a community college on the island of Tortola in the British Virgin Islands, before joining the office of admissions at the Larner College of Medicine in 2003. In 2005, she became the director of admissions, a position she held until 2013. In 2013, Dean Morin tapped her to create the College’s first ever Office of Diversity and Inclusion, and the office soon expanded to include Margaret Tandoh, M.D., the College's associate dean for diversity and inclusion, and Michael Upton, M.D., faculty development liaison.

“Through her advocacy, support, and leadership, Tiffany Delaney has guided so many students and future physicians and has impacted the Larner College of Medicine in countless ways,” said Jaworski in her remarks. “People like Tiffany, who devote themselves to the nurturing and cultivation of lifelong leaders, make ours an outstanding community that others want to join.”
If you ask internists older than 70 how the Problem-Oriented Medical Record (POMR) and SOAP (Subjective, Objective, Assessment, and Plan) note format came to be, they can likely tell you how, when, and who promoted the idea. If you ask a medical student, resident, or young physician today, they will likely say, “That was invented?” and then admit they do not have a clue. In fact, very few physicians today understand why the SOAP format and Problem List were invented and how they are an architecture to guide thinking and care.

Remembering Larry Weed, M.D.
A MEETING AT A BROWN BAG LUNCH CHANGED A PHYSICIAN’S LIFE

Before the late 1960s, paper records were not only illegible, but they had no organization and no common format or structure. Lawrence Weed, M.D., realized that a record organized around patient problems could guide diagnostic and critical thinking. He traveled across the United States evangelizing for a universal structure to medical records, and in doing so, he changed medicine. So with deep sadness, I mourn the passing of Weed, the father of the POMR, the SOAP note and Problem Knowledge Couplers. He was also a father, a spouse to the late wonderful Laura Weed, and my friend.

Weed was slightly ahead of his time. From 1969 to 1981, while professor of medicine at the University of Vermont, Weed led a multimillion-dollar federally funded research project, the computerized Problem-Oriented Medical Information System (PROMIS). In thinking now about the idea of implementing an electronic health record in the 1970s, it is hard to grasp not only how forward-thinking Weed was, but also the courage he must have had.

After leaving PROMIS, he founded a medical software company, Problem-Knowledge Couplers. Until the age of 93 and even just a month ago, he sold on not only the concept of organizing medical knowledge, and patient engagement.

BROWN BAG

The 8 x 11 sign on our lecture room door said, “Brown Bag Lunch Series: Speaker Lawrence Weed, M.D.” It was 1984. I was a first-year medical student at the University of Vermont, and atypically, I had a lunch in a bag. As a result of his lecture, I went on to have two medical educations between 1984 and 1988: one at the medical school, and the other two miles away in the cramped attic office of the newly founded, three-employee PKC Corp.

I had two lives and lived in a perpetual state of cognitive dissonance. During the day, go to class, read, study, and take exams. Evenings and weekends, read more medical textbooks, probe Index Medicus, and input medical literature knowledge into the PKC “Knowledge Net,” all while listening to Weed critique my training at the medical school just down the road.

Tom Sawyer never had anyone painting fences as quickly as Larry Weed had me painting with him. As a first-year medical student, I had no context or experience to reflect on the importance of organizing knowledge and critical thinking. He traveled across the United States evangelizing for a universal structure to medical records, and in doing so, he changed medicine.

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I began to appreciate that individual practitioners could not possibly store every single diagnosis in their heads and — just as important — it was impossible to know all the right questions to ask for each potential complaint the patient might have.

I was experiencing something completely different from medical school, conversations ranging beyond medicine to history to philosophy to educational psychology to art, music, and more.

He not only insisted on an excellent — and creative — training, but he would also roll off his tongue, followed by a joke. You might describe the genius brain as a parallel processor, having multiple gears spinning at once. It is hard to describe the sheer volume of ideas and the speed with which Weed’s brain worked. These were not gears, but massive flywheels of knowledge and thought constantly purring along in his head. You would be immediately transfixed by his enormous personality, his passion for ideas, and the rapid and humorous flow of his thinking.

Beyond my awe of Weed’s intellect, early on I appreciated his humility and emphasis on what made a physician. He evaluated students and residents on how they investigated and solved the patients’ problems and not by how many facts they could regurgitate (although he seemed to have them all in his brain).

DISCONNECTED FACTS

He not only insisted on an excellent — and completely documented — medical history, a thorough and complete physical exam, an analytical differential diagnosis, and cautious therapeutic recommendations, he commanded...
it. I was a medical student; I knew close to nothing. He was sharing the big picture; he knew what was important, and it was the patient and the care you delivered.

This towering, insistent voice hammered away that the medical schools had it all wrong by using board scores for evaluating students and rewarding their ability to memorize disconnected facts. "This is a pretense of knowledge," he would say. "You wouldn't get on the plane if the pilot was memorizing the route and had no instruments in the cockpit, so why are they training you and encouraging doctors to practice solely by memory?"

Weed understood that more and more students were going into specialties, not because they were chasing a larger paycheck, but because they wanted to feel mastery. In the 60s and 70s and earlier, the best and brightest in medical school were attracted to competitive residencies in internal medicine and primary care, which is no longer the norm. Weed realized that the sheer volume of medical knowledge, and the over reliance on the brain for clinical thinking in general medicine, would shift students into specialties. It is difficult to feel mastery when medicine is no longer like flying an open air biplane, but more like flying a 747. The challenge of primary care and emergency medicine, where patients present with an enormous range of undiagnosed complaints and physicians jump to premature conclusions or make other cognitive mistakes, is a fundamental problem Weed was trying to solve.

’TOLERATE THE AMBIGUITY’

Weed predicted and created the idea of using evidence at the point of care by building the evidence into tools designed around patient empowerment decades ago.

He also believed medical schools are deeply flawed, and that students should not be rewarded for a "core of knowledge," e.g., high board scores, but rather a "core of behavior." He insisted we need to measure students on performance-based metrics. Foremost, he wanted to see our students (and physicians) be exceptionally thorough, precise, and caring with their patients, use tools to guide history and assessment, be analytical, and have logical competence. The mention of patients today receiving full body CT scans in some emergency departments before the history and physical exam depressed him.

Larry did not believe that physicians would lead the effort to fix the problems of medical care delivery. He was sympathetic to how overworked, in debt, and overwhelmed many physicians are, particularly those in primary care. However, he was optimistic about the role of the patient, and the possibility of an open source medical knowledge repository designed to improve decisions in the home and at the point of care.

He strongly recommended that the National Library of Medicine spearhead an effort to organize clinical knowledge beginning with patient inputs. He had a comprehensive vision of a new universal medical knowledge system, a repository of information leading to purposefully designed tools for patients and physicians. The envisioned open source system would have measurable inputs and outputs and would have feedback loops to improve the data and learn from the population.

Weed felt the focus of the great majority of health information technology tools were fragmented and misdirected, and too frequently about the commerce of medicine, rather than improving care for people. He would frequently caution, "If you misstate the problem, you cannot fix the problem.”

The near feverish media attention on what is new and amazing in medicine, such as genomics, biosics, proteomics, and precision medicine — without attention to all the error, resultant harm, and inconsistent performance in clinical medicine — drew his constant ire. The focus on electronic health records as financial optimization tools discouraged him, as it does many of us. He would use more colorful terms and his great wit to characterize the poor outcomes we have in the United States for the $3 trillion we spend annually on healthcare. He never stopped trying to advocate for fundamental change. His sense of humor, intellect, drive and purpose were a force of nature. I am glad I had lunch in a bag that day.

Art Papier, M.D. ’88, is the co-founder and CEO of VisualDx. A dermatologist and medical informatics expert, Papier is also an associate professor of dermatology and medical informatics at the University of Rochester School of Medicine and Dentistry. He is a thought leader in clinical informatics and healthcare solutions that improve diagnostic accuracy.
The final year of medical school culminates a journey, from donning a white coat for the first time as a nervous, new medical student, to wearing it with a sense of purpose and responsibility as graduation looms ever closer. The fourth year also marks a beginning. It’s a time when students make big decisions about what kind of physician they hope to be, both in specialty and in spirit.

At the Larner College of Medicine, the Vermont Integrated Curriculum (VIC) takes the seriousness of these decisions into consideration, giving students over one year — a total of 54 weeks — to complete the third level of the curriculum, called Advanced Integration. Students have time to work with their academic advisor to come up with a residency application plan and career path that’s right for them. The VIC also gives students ample opportunity to explore specialties and prepare for the USMLE Step 2 exam, as well as pursue a research project or additional teaching responsibilities. All of this while they juggle residency applications and interviews that for many students mean multiple road trips and plane rides crisscrossing the country.

We asked 11 students in the Class of 2017 to check in with us every so often as they completed Advanced Integration. The following photos and excerpts provide a glimpse into life as a fourth-year student at the Larner College of Medicine.

**Serving the Underserved**

**JUNE, 2016**

Sarah King, M.D.’17 wanted a closer look at rural health care, so for one of her electives she opted to complete a family medicine rotation at Grace Cottage Hospital in Townshend, Vt. From June 6 to June 30, she participated in what is called an underserved rotation at the outpatient clinic in this rural town in Windham County, allowing her to experience what it’s like to treat patients in an area that has a shortage of health professionals. She says she came to understand the value of “community health teams, social workers, and counselors,” all of whom provide key leadership and support. She also learned from several UVM alumni: King worked with Maurice Geurts, M.D., and Eva Arnold, M.D., who did their residency at UVM Medical Center, and with Moss Linder, M.D., who graduated from the Larner College of Medicine in 1991.

One of the things that I took away from my time at Grace Cottage is how important it is to understand the social situation of each of your patients. In medical school, we learn the best way to treat diseases and we learn the preventative medicine recommendations, but this is entirely dependent on what your patient is able or willing to do. A striking challenge that I noticed in Townshend (although I know this is a problem throughout the country), is the lack of psychiatric care and resources. Grace Cottage had a counselor and a psychiatric nurse practitioner, which was helpful for a number of patients, but many people did not have reliable transportation and could not wait for appointments. I saw many instances when the primary care physician played a crucial role in coordinating psychiatric follow up and helping to find other resources.”

**Opposite:** Nicholas Bonenfant, M.D.’17 confirmed his plan to match in pediatrics while completing his acting internship in the specialty at UVM Medical Center. He is now a resident in pediatrics at UVM.

**By Erin Post | Photographs by David Seaver and Andy Duback**
Studying for the Boards

JUNE, 2016

I.-Hsiang Shu, M.D.’17, relied on a tried and true combination of prep and study tactics to get ready for a familiar rite of passage for fourth-year medical students across the country: the USMLE Step 2 exam. Separated into two parts, clinical skills and clinical knowledge, preparing for the exam requires intense focus and a lot of time. The VC takes this into account, allowing students the flexibility to take the exam earlier than most students at other medical schools. Shu took the nine-hour clinical knowledge portion in July in Vermont, and the clinical skills portion at the end of September in Los Angeles, where he was doing a rotation. He opted for a dedicated study month plus two extra vacation weeks to prepare for Step 2, in part based on experience with its precursor. Step 1, completed prior to entering clerkships.

I took the vacation time because I felt that my Step 1 studying had felt rushed and I wanted to go into the exam mentally healthy and feeling confident. I would say for the first month I was studying a solid eight hours a day, which was a good amount of studying, but this also enabled me to do relaxing and enjoyable things like hang out with my wife, go out with friends, keep a regular exercise schedule, and attend special events like weddings and my wife’s dragon boat tournament. I backed off a little in the final two weeks studying anywhere from four to six hours per day. I never did any group studying but I did have impromptu group support sessions at the UVM library with fellow classmates, who were also studying for the exam.”

Improving Care for LGBTQ Patients

JUNE, 2016

All fourth-year students are required to complete either a teaching month or a scholarly project, both to reinforce foundational sciences and to encourage the development of students as physician-scholars. For his scholarly project, Nicholas Bonenfant, M.D.’17, worked with Michael Upton, M.D., assistant professor of psychiatry, to develop a series of eModules and presentations on topics related to LGBTQ health issues. This started with an eModule and presentation to increase primary care providers’ knowledge of and comfort with prescribing pre-exposure prophylaxis (PrEP) for HIV prevention; since then, he has developed modules focused on transgender health and the barriers that face LGBT youth of color.

During the course of fourth year, I had the unique opportunity to spend time at a ‘safe zone’ drop-in space for LGBTQ youth of color during an extramural rotation in adolescent medicine in Boston, Mass. It was during this experience that the health disparities and difficulties that these adolescents face became so very clear to me. I saw the development of these teaching modules as a way to begin to advocate for these patients. The conversations and stories I’ve heard from LGBT patients, particularly the adolescents in Boston, really had a transformative impact on me not only as a person but as a future pediatrician. I hope that the current and future modules that we create will help to better physician-patient interactions and motivate and inspire others to fight for children who face unique and significant challenges related to their gender identity.”

In Service to the Country

JULY, 2016

When Bridget Colgan, M.D.’17, arrived at Walter Reed National Military Medical Center for her acting internship in surgery, she was nervous about how she would fit in at this famed institution filled with skilled physicians and researchers. But she quickly found her niche. Commissioned to the U.S. Army a few days before beginning medical school, Colgan went to Walter Reed knowing that she was also looking at it as a potential location for her surgical residency. In the Military Match, the four required active duty training rotations are combined with residency interviews, allowing students to forgo the traditional Match Day experience. “The recipient of a Health Professions Scholarship, Colgan says she looks forward to becoming a military surgeon in part because it gives her “the opportunity to do an additional service for our country and the soldiers who give so much of themselves.” At Walter Reed, she worked on the Trauma/Acute Care Service.

The rotation at Walter Reed was my first exposure to military medicine, and it helped me gain an appreciation of what awaits me in the future. I treated a few wounded warriors and many veterans, including one four-star general from World War II, which was a unique experience. I was able to get a lot of time in the OR. I got to drive the camera for almost all the laparoscopic cholecystectomies that came in, and I got to be really good at this by the end of the rotation. I feel all of my skills improved throughout this rotation. My OR highlight was probably placing a rectal tube for a case of C. Diff Colitis, after which the attending told everyone in the room, “Watch out, doctor coming through,” referring to me as the doctor. Even though it was a silly situation, I felt in that moment I had made the next step as a member of the patient care team.”

A Jump Start on Residency

SEPTEMBER, 2016

During the acting internship in medicine, students have the opportunity to assume primary responsibility for patients while supervised by two senior medical residents and a teaching attending. This gives graduating students a first glimpse at what life as an intern is like, albeit with fewer patients at any given time. Students can complete this required course at UVM Medical Center in Burlington, or at Norwalk Hospital or Danbury Hospital, which are both part of the newly designated branch campus at Western Connecticut Health Network. Mustafa Chopan, M.D.’17 and Katherine Wang, M.D.’17, completed their acting internship in medicine at Danbury Hospital, where each served as a member of a general medicine inpatient team. Says Wang:

“Danbury Hospital’s patient population is very diverse, which serves as a reminder that we must be culturally competent. I had the opportunity to utilize my Spanish skills while there, but despite having a grasp on the language, communicating technicalities of medical jargon proved to be a daily challenge. I often had to rely on the translator phone and native speakers to truly explain the nuances of our treatment plans. It was surprising to see how much I had learned in the past year — sometimes it feels like I’ve already forgotten everything from third year, but it wasn’t as difficult as I expected to pick up where I left off. The acting internship was a great opportunity to continually build on what we’ve already learned in the past.”
On the Interview Trail

After applying to 17 pathology residency programs (and getting interview offers at all of them), Laura Griesinger, M.D.’17, accepted interviews at 12 of the programs on her list. Then, the logistical coordination began. Although it may seem like a daunting travel schedule, it’s not unusual for fourth-year students to spend a lot of time in planes, trains and automobiles. For Griesinger, her search focused on the upper Midwest, where she has family, and the West Coast. And since she’d like to do her residency training at an academic hospital with a strong research focus, she worked closely with her academic advisor to tailor her list to these career goals. As her interview schedule ramped up, she soon learned some important lessons, including the value in carrying a small pharmacy to deal with headaches, chapped lips, sinus congestion, and any number of other ailments that can strike at any time.

In the Anatomy Lab

The first year after medical school also brings with it teaching responsibilities, a role that fourth-year students prepare for through the Teaching Practicum. For one month, students who choose this track serve as the teaching assistant for a course in the Vermont Integrated Curriculum. Bridget Colgan, M.D.’17, helped first year students through a course that many experience as a challenge academically and personally. She served as TA for the anatomy section of Foundations of Clinical Sciences, helping students study the abdomen, gastrointestinal tract, genitourinary system, brain, and eyes.

The anatomy lab and course is often one of the most overwhelming educational experiences a first-year medical student has ever had. It definitely was for me, and I think many students in this year’s course felt similarly. I did have a few conversations in the beginning of the month with students, reassuring them they will be successful, and reminding them they made it this far in their education because they are smart and talented, and they will get through this as they have gotten through all their educational endeavors to date. I think it was also helpful to give students a forward looking perspective — they enjoyed listening to what is to come in the clinical years and as a fourth-year. I think it helped them look beyond where they are at now and remember why they are working so hard.

Learning to Listen

During his month long rotation in emergency medicine at UVM Medical Center, Eric Bennett, M.D.’17, treated a wide range of patients and conditions, from minor injuries to life threatening illnesses. Regardless of the circumstances, taking the time to get to know patients proved to be invaluable in calming the inevitable fear that a trip to the emergency room brings. Simulation sessions in UVM’s Clinical Simulation Lab gave him experience in situations demanding advanced life support and CPR. As of March 2017, emergency medicine is a required course students can complete at UVM or in emergency rooms across the UVM Health Network.

I wanted to spend time with patients, get to know them, understand their history, and learn as much as possible. The rotation gave me appreciation for the care of people with acute illness and injury. The emergency department can be a terrifying place for people, the staff always did a great job at helping people be calm. I was involved with caring physicians, nurses and other staff who strive to give the best care possible. I hope to take their kindness and composure and apply it to my future practice of family medicine.
Healthcare Simulation Design

As “Simterns” in UVM’s Clinical Simulation Lab, Elizabeth Cochrane, M.D.’17, and Kiyon Naser Tavakolian, M.D.’17, learned how to use technology like state-of-the-art manikins, as well as the lab’s team of standardized patients, to design and run an effective simulation. “The pair, who not only completed this elective together but matched as a couple, came away with a renewed appreciation for what simulation can teach future doctors, nurses, and other healthcare professionals,” says Tavakolian.

Learning how to design a simulation and thinking of all the possible scenarios the group could go through has been an eye opening experience. I never realized how detailed and difficult it was to design a simulation until I helped a group design one for a faculty development day. In my most recent interview we actually discussed my experiences as a healthcare simulation intern and how I could transfer the skills I gained during my time at the simulation center to designing simulations in residence.”

Medicine around the Globe

Fourth-year students have the opportunity to travel the world in service to patients through the Larner College of Medicine’s Global Health Program in partnership with Western Connecticut Health Network. Katherine Wang, M.D.’17, spent six weeks in Uganda for a global health elective at Kawempe Hospital, with a focus on obstetrics and gynecology, her chosen specialty. She also spent time at the African Community Center for Social Sustainability (ACCESS) in Nakaseke, an organization founded to “promote the well-being of local residents and to alleviate the effects of poverty.”

Being entrenched in the hospital, working side by side with interns, residents, attendings, nurses, and midwives, I was absolutely able to learn about health care in a very different system than our own. Beyond working with the staff, I’ve met many women and their families along the way. … I asked in my pre-departure reflection — cui bono (who benefits)? I certainly have, but that’s not the only goal. My hope is that I have also offered some insight to the Ugandan health care professionals and students, through informal conversation (on the wards) and formal teaching (at ACCESS), and that I will be able to continue contributing for the rest of my career.”

The Next Step: On to Residency

After months of grueling travel and interviews, moments of self-doubt and exhaustion, the day finally arrives: Match Day. On the third Friday in March, medical students across the country learned where they will complete their residency training in a smorgasbord of ceremonies and celebrations. At the Larner College of Medicine, students celebrated together in the Hoehl Gallery, where they announced their match to gathered classmates, faculty and staff, sometimes with family, children, and other loved ones in tow.

WHERE THEY MATCHED

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
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<tr>
<td>Eric Bennett, M.D.’17</td>
<td>Family Medicine</td>
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<td>Nicholas Bonenfant, M.D.’17</td>
<td>Pediatrics</td>
<td>UVM Medical Center</td>
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<td>Elizabeth Cochrane, M.D.’17</td>
<td>and</td>
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<tr>
<td>Kiyon Naser Tavakolian, M.D.’17</td>
<td>Couples</td>
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<td>Gainesville, Fla.</td>
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<tr>
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<td>Tripler Army Medical Center</td>
<td>Honolulu, Hawaii</td>
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<tr>
<td>Kyle Concannon, M.D.’17</td>
<td>Internal Medicine</td>
<td>UVM Medical Center</td>
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<tr>
<td>Laura Griesinger, M.D.’17</td>
<td>Pathology</td>
<td>University of Michigan Affiliated Hospitals</td>
<td>Ann Arbor, Mich.</td>
</tr>
</tbody>
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Sarah King, M.D.’17: Internal Medicine at Boston University Medical Center, Boston, Mass.
I-Hsiang Shu, M.D.’17: Internal Medicine at Kaiser Permanente, Los Angeles, Calif.
Katherine Wang, M.D.’17: Obstetrics and Gynecology at Thomas Jefferson University, Philadelphia, Penn.

In the Operating Room

Kyle Concannon, M.D.’17, fulfilled two of his four weeks of required surgery-related rotations by completing an anesthesiology elective at UVM Medical Center. He served on the healthcare team in the operating rooms at the hospital, learning first-hand the decision-making involved in anesthesiology, as well as the intricacies of keeping patients safe during surgery.

Typically I arrived at 6:30 a.m. and got into scrubs, then I met with my attending or resident to see the patient before the operation. When the patient was ready for surgery we started to put them to sleep and helped them breathe through a mask with a bag and then placed a tube to breathe for them. We stayed with the patients and gave them medications throughout the surgery as well as when they were waking up. There were good teachable moments throughout the rotation, particularly when placing the intubation tubes when the patients were asleep so we had more time to discuss things. It was particularly useful for me to learn blood pressure management in intubated patients, as well as how to breathe for patients using a bag mask.”
OB GRAMLING, M.D., D.Sc.,
entered an intensive care room at
The University of Vermont Medical
Center and approached a patient sitting
upright in the hospital bed. The patient’s
eyes were closed and a thick bandage
covered his chest. A nearby machine hissed
loudly, delivering a high flow of oxygen
through a tube into the patient’s nostrils.
The man had suffered trauma to his
cHEST AND underwent a subsequent surgery.
Doctors couldn’t figure out why his lungs
still weren’t functioning and feared he might
not recover. On an early summer morning,
they summoned the palliative care team.
people who have six months or less to live and decide to forgo further treatment efforts. Gramling explains. “But you’re sick and there’s a lot going on, and the treatments you’re facing might have trade-offs for you.”

Embracing the chance to broaden such care to more patients, UVM’s palliative specialist team is growing. It currently includes two registered nurses, four nurse practitioners, four physicians and a social worker, plus several chaplains working outside but collaborating with the division. Another nurse and physician are scheduled to join them soon, and Gramling plans to hire a sixth doctor.

“I can’t overstate the importance of understanding and trying to eliminate suffering,” says Thomas Peterson, M.D., professor and chair of family medicine at Lander. “And at some point, that’s going to be most important to each and every one of us.”

In the next five years, the portion of Vermonters over age 65 will grow by 18 percent, Peterson says. Nationally, the youngest Baby Boomers will reach age 65 by 2029, when they and older individuals will represent more than 20 percent of the population in the U.S., according to the U.S. Census Bureau, which also estimates the number of Americans who are at least age 65 will nearly double between 2016 and 2050.

Conversations like this become more essential and more appreciated part of medical care for people with serious illnesses. With the Baby Boomer generation now beginning to pass age 70, increased attention on palliative care accompanies a national movement to confront the challenges of aging. At the same time, the push for overall healthcare reform has nudged changes in payment and infrastructure to encourage better outcomes and patient wellbeing, rather than the challenges of aging. At the same time, the push for overall healthcare reform has nudged changes in payment and infrastructure to encourage better outcomes and patient wellbeing, rather than the challenges of aging.

“THE BENEFITS OF WHAT WE DO ARE PARTICULARLY RELEVANT TO THAT TIME OF LIFE WHEN DYING IS POSSIBLE OR AT LEAST SOMETHING THAT MIGHT INFLUENCE OUR DECISION-MAKING. WE MIGHT MAKE DIFFERENT DECISIONS ABOUT THE TYPES OF TREATMENTS WE WISH OR WHERE WE WISH TO SPEND OUR TIME, WHO WE WISH TO SPEND OUR TIME WITH AND HOW, IF OUR TIME WERE LIMITED.”

Bob Gramling, M.D., D.Sc.

Palliative medicine addresses these questions at any point in a patient’s serious illness. Hospice, which is one mode of palliative care and dates to the 1960s, is covered by Medicare specifically for “activities of daily living” for patients who have six months or less to live and decide to forgo further treatment efforts.

Gramling and his colleagues often consult with patients, both in and outside of the hospital, as they continue therapy. This is expanding the reach of palliative medicine to more people and “responding to the fact that a lot of people wouldn’t seek this help until they’re days to weeks from dying,” he says. “You still may have a year or more to live.” Gramling explains. “But you’re sick and there’s a lot going on, and the treatments you’re facing might have trade-offs for you.”

VitalTalk brings in “scaffolding” to develop these skills, says Peterson. “There’s skill to this,” Peterson says. “And those skills are developed. They’re not innate.”

It’s more than a good bedside manner or inclination to chat. The ability to broach these subjects and get to the crux of a patient’s concerns requires a delicate touch. It’s more than a good bedside manner or inclination to chat. The ability to broach these subjects and get to the crux of a patient’s concerns requires a delicate touch. It’s more than a good bedside manner or inclination to chat.

These are difficult discussions involving fear, emotional distress and often family conflict. The ability to brush these subjects and get to the crux of a patient’s concerns requires a delicate touch. It’s more than a good bedside manner or inclination to chat.

For palliative care specialists, the ability to uplift patients balances the intensity of immersing themselves in someone’s grave and vulnerable experience. “These things are happening to people even if we’re not involved,” says Lindsay Gagnon, a nurse practitioner in the UVM palliative care division. “And once the efficacy of drugs and other things wanes, there’s always more that we can do to provide care and relieve suffering.”

Holly Miller says her gift to UVM highlights the crucial role of palliative medicine at the onset of a serious illness. After watching both of her parents die at home — with little oversight from professionals — Miller grew convinced that people must have the chance to choose the kind of death they want and the care that makes them as comfortable as possible.

“We can’t always be cured, but we can be healed,” she says. “We want to cure everyone, but we can’t. We need to give them some time to find some meaningful days before they die.”

With advances in medicine and technology, Americans are living longer with illness, even serious illness — requiring ongoing or repeated periods of palliative care. Meanwhile, the number of specialists in palliative medicine — those who have completed fellowships and dedicated training — isn’t expanding fast enough to keep up with demand. Each year, fewer than 300 fellowship slots are available to medical school graduates who want to focus on palliative medicine. Gramling says. A 2010 study funded by the American Academy of Hospice and Palliative Medicine cited an “acute shortage” of specialists and estimated the gap between expected need and available supply at 6,000 to 18,000 physicians, depending on how much time each devotes to palliative practice. The World Health Organization projected in 2018 that 40 million people worldwide need palliative care each year, but only 14 percent of those in need receive such treatment.

To offset the shortage, UVM now is working to spread conversational proficiency to more clinics. Using tools developed by VitalTalk, a nonprofit training organization, 30 palliative care experts at UVM have started courses to learn how to convey their knowledge to others. “We’re creating our own army of communication coaches,” Gramling says. These coaches will receive certification to teach “Mastering Tough Conversations,” a one-day VitalTalk workshop, every month or so for the next three years, starting this fall, for UVM physicians and others who want to hone their destress at dialogue.

Medical schools emphasize good patient-doctor relations, but in practice, that can fade into the background as advances in therapeutics push to the forefront. Gramling says. “In the modern era of medicine we’ve gotten good at diagnosing and curing disease,” he says. “And because of that, we’ve spent more of our efforts towards those ends — which are important — and less on communication about what to expect and prognosis in case we can’t cure those things.”

Care providers who do this well can make a significant difference for patients. Research indicates that palliative medicine can reduce anxiety and pain, relieve symptoms and improve quality of life and mood. A 2003 study of patients with advanced lung cancer found that those who received early palliative care had less aggressive treatment at the end of their lives but survived longer than those who undertook standard care. Researchers also have quantified a cost benefit to palliative medicine, because it decreases the use of invasive measures that tend to add little benefit and cause discomfort and that patients often choose to decline in their remaining time.

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York City. The course covers a “talking map” of steps and goals, guidance on word choice and question patterns, and ways to verbally and nonverbally show empathy. If a patient is overwhelmed, and the doctor begins talking about treatment options, the patient likely will miss that part of the conversation, Berns says. “As clinicians, we have things to share, and then the patient has things to share, but we need to create space for each other,” says Berns, who joined the UVM Division of Palliative Medicine and Larner College faculty position.

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BUZZ STUMPF, THE HONOLULU STAR-ADVERTISER, VIA AP IN UVM’S 2010 INNOVATION CHALLENGE IN PALLIATIVE MEDICINE.

Holly Miller, the Holly and Bob Miller Chair in Palliative Medicine, at the UVM Lerner College of Medicine.

“WE CAN’T ALWAYS BE CURED, BUT WE CAN BE HEALED,” SHE SAYS. “WE WANT TO CURE EVERYONE, BUT WE CAN’T. WE NEED TO GIVE THEM SOME TIME TO FIND SOME MEANINGFUL DAYS BEFORE THEY DIE.”

— HOLLIE MILLER

VITALTALK WORKSHOPS, EVERY MONTH OR SO FOR THE NEXT THREE YEARS, STARTING THIS FALL, FOR UVM PHYSICIANS AND OTHERS WHO WANT TO HONE THEIR DESTRESS AT DIALOGUE.

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To assess something as complex and dynamic as conversation, consider constructive by one but difficult for the other. That moment of connection. And it’s not just in palliative care. It’s in any conversation.

Capturing silence amid the constant chatter in our hospital setting poses a challenge. Machines beep. Nurses talk in the hallway. TV blare. The computer must learn to focus only on the conversation and the moments that conversation stops. It must discern the difference between “absorbed” silence, perhaps when a physician ponders new data or a purposeful or “contemplative” silence. Eppstein, Razza and Viktoria Manukyan, a Complex Systems graduate student doing her thesis on computer analysis of silence, are using different techniques of machine learning — including decision trees and artificial neural networks — to pinpoint the characteristics of the silence they see. From there, they’ll develop an algorithm for computers to identify that silence with high accuracy.

“The point of it is being able to create a tool that would aid in potentially training or assessment of quality of conversations in a variety of applications,” even beyond the medical setting, Eppstein says. “To date, there is no way of assessing the quality of conversations in medicine, even though it’s critical to good care, especially to palliative medicine.”

Without methods to seamlessly and meaningfully measure actual conversation, researchers and health policy makers generally have relied on patient feedback to evaluate conversations. These questionnaires can be quite valuable as important outcomes, the researchers say, even beyond the medical setting. One team asked patients in a study of artificial intelligence in palliative care to rate their conversations with their doctors on a 1 to 5 scale.

But the culture of medicine has since shifted, Eppstein says, from a focus on keeping patients alive to a recognition that their hopes and personal wellbeing matter as much as their medical condition. Palliative care leadership now stands firmly behind the enhancement of palliative care. Berry adds.

Palliative care at UVM remained a hospital-based program until the creation of the Division of Palliative Medicine in 2008 in the Larner College of Medicine. This move allows greater opportunities for scholarship, research, educational advancement and interaction with the students and community.

This past year, the College launched a week-long “bridge” course dedicated to palliative medicine for all third-year students. They work with standardized patients enacting palliative scenarios in the medical school’s simulation lab. Students also have more frequent and routine interactions with the palliative team during their rotations in family and internal medicine.

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At UVM, the new Division of Palliative Medicine grew from the lengths of time a small and successful group that championed this work. Zail Berry, M.D., an internist with expertise in geriatrics and hospice care, came to UVM in 1996 and teamed up with Barbara Segal, a clinical nurse specialist, to provide palliative care services.

Back then, seriously ill patients ended up on a “convoy belt” moving from one treatment to the next without the providers stopping to find out what they wanted, says Berry. UVM associate professor of medicine and associate medical director for the Visiting Nurse Association, which oversees hospice services in Chittenden and Grand Isle counties.

Berry’s goal was to expand the palliative care program with care that respects, she recalls. But the culture of medicine has since shifted, she says, from a focus on keeping patients alive to a recognition that their hopes and personal wellbeing matter as much as their medical condition. Palliative care leadership now stands firmly behind the enhancement of palliative care. Berry adds. Palliative care at UVM remained a hospital-based program until the creation of the Division of Palliative Medicine in 2008 in the Larner College of Medicine. This move allows greater opportunities for scholarship, research, educational advancement and interaction with the students and community.

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The UVM Health Network also has stretched palliative care across its medical centers and other clinical settings in Vermont and northern New York. One of the palliative team’s longest specialists and prior program leader, Diana Barnard, M.D., now practices at Porter Medical Center in South Burlington, and in Middlebury, Vt.

All these initiatives target a rural population that might prefer to stay close to home for care. “Even if it wasn’t only a geographic barrier, there are other potential benefits of being able to get people in the same room, including relatives from California or Nebraska or Arkansas or wherever,” Gramling says of the teleconsult option.

In many ways, Vermont is leading national trends in palliative care, says Susan Block, M.D., director of the Serious Illness Care Program for Ariadne Labs, founded by renowned physician and writer Atul Gawande and operated jointly by Brigham and Women’s Hospital in Boston and the Harvard TH Chan School of Public Health.

A last goal is to redesign healthcare at its most critical junctures in people’s lives. UVM plans to further collaborate with Ariadne to identify critical clinical practices that could revamp their systems to better target patients most in need of serious-illness conversations. The new operation would indicate ideal times to schedule those talks, methods to document them and follow-up tips to patients’ goals.

With the commitment of both state and medical center leadership, Vermont has an opportunity to cast a wide influence in this area across its population. Block says. UVM continues to work with state policy makers to encourage payment for communication as a treatment tool that’s as effective as any drug or device.

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— DORI MACKINNON, M.D., D.B.S.

“I think we’re ahead of the curve here both because our health financing models are moving to being able to value an incentivized system, and our leaders here at UVM are very attentive to caring well for people in our population,” Gramling says. “We’re thinking innovatively about what that looks like.”

Gramling came to UVM from the University of Rochester in New York, where he oversaw extensive research in palliative care. He received his medical degree from Dartmouth Medical School, and his doctorate of science from Boston University School of Public Health. Two years ago, he took a six-month sabbatical to learn more about computational linguistics (including natural language processing and computer vision) at the University of Cambridge in England, and during that time, received a Fulbright scholarship to join a palliative care team in Kyoto, Japan, for six weeks.

No palliative care specialty existed in medical training until 2008. When Gramling graduated from medical school, following the footsteps of his physician father, he envisioned himself as the old-fashioned, small-town family doctor who saw his patients in their homes as often as in his office, with a simple goal to make them feel better. “As a physician, I like being able to focus on a concept of relieving suffering,” he says. “And to have a meaningful experience with other human beings, that brings me more than drains me.”

On that early summer morning, Gramling’s visit with the ICU patient kicked off a typically busy day for the UVM palliative team. It started with the morning “huddle,” when team members share notes and insights on patients. By 2 p.m., the team had ten consultations stacked up.

Just before seeing the first patient, he got a page about another. In the hospital’s neurosurgical ICU, he picked up the phone and asked that second patient’s doctor a series of questions.

“Has she signed a healthcare proxy?”

“Was this from a fall or is this spontaneous?”

“From what you can see, do you think the plea would resolve, or is that an unknown?”

Palliative specialists must understand not just the full scope of a patient’s status. It’s their job to clear up any confusion and explain — as gently as possible — what a patient can expect. They work in tandem with the patients and caregivers.

Sometimes, it’s really important for the patient or the family or the provider to hear the perspective of the palliative specialist,” Peterson says, particularly when other clinicians are focused on action and treatment. “We lose a bigger picture here.”

Earlier this year, when Kate Land’s mother was diagnosed with liver cancer and told she had just weeks to live, they went to shock, Land says. Gramling, along with the oncologist and internist, offered a level of care she never expected and somehow ensured “that my mom could be very comfortable and also lucid,” she recalls.

“For my mom, it really was a spiritual aid,” she says. “It really did help her emotionally understand, to be that much less afraid of death, because you’re not going to be in pain.”

And the value to her family was immeasurable, she adds. “That was the touch we needed. It humanized the process, and it gave us a great sense of relief.”

Bob Gramling, M.D., D.Sc., with colleagues during a Monday morning “huddle” of the UVM palliative care team.

Bob Gramling, M.D., D.Sc., and Maggie Eppstein, Ph.D., chair of the UVM Vermonter’s College of Medicine.

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The UVM Medical Alumni Association Executive Committee

NOT A BLIND STRUGGLE.”

AND EVEN PAINFUL, IT IS STRUGGLES WHICH CAN GOAL IS A REALITY, TO

OF MEDICAL SCHOOL into the Larner College of Medicine experience. Alumni and Development office will connect you transition to medical school. The Medical heart of healing. This has been the tradition when I was a medical student, I was taught that the medical ideals the students started that goal is a reality, the end goal for these students is distant.

That was the email the students received. The response from the students has been remarkable. One student wrote: Thank you so much for reaching out to me and sharing a little bit about yourself. Another emailed: I am elated to begin my medical education at UVM. Your kind and encouraging words just reaffirm that I have chosen the right path. Another wrote: Thank you so much for the incredible email. I am very excited to visit the UVM community. So far everyone has been so welcoming and gracious; it makes me happy since this is the first time away from home for me.

The end goal for these students is distant. Who are alumni have the power to show beginning students that goal is a reality, to show that in the midst of medical school struggles which can sometimes be difficult and even painful, it is not a blind struggle. We represent the reality, clarity and conviction that the medical ideals the students started with can be achieved. I believe the “Connect with an Alum” program is a way to pass on that message. I hope you will be one of this College’s alumni to sign up to be a connecting mentor for a future first year student. To do so, please contact the Medical Development and Alumni Relations Office.

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For updates on events see: med.uvm.edu/alumni

Larner College of Medicine graduates are also members of the UVM Alumni Association. See those events at: www.alumni.uvm.edu
\textbf{FIRST PRACTICE} \\
\textit{The patient a medical student does his first history and physical on a mountain climber. We practice for this. We starch each other. We roost each other. Life means the years are not a decade but a section of the present. We had waited two years for this moment.}

It was the day the mentor assigned me and my roommate a hospitalized patient at the time they were actually in Medical School to a student. This was to be that very first history and physical on a real patient. We were such a small group that each carrying our new black doctor’s bag of instruments. Our mentor told us: remember, the first thing you do is introduce yourselves.

The two of us knocked on the hospital room door. “Come in!” called a man’s voice. We entered the hospital room. Our patient was lying in bed. He was not looking at us. I said, “I would say we (I) was a little nervous, concentrating on introducing ourselves because I believed it out.” My name is Arthur Kotch and this is Fred Mandel.”

“Not I,” said, “I own Fred Mandel and this is Arthur Kotch.”

We all have moments in our lives we wish to forget. There was a long uncomfortable moment of silence and then the patient staring at me. To this day. I remember his sweat, its color. Very Vermont accent, it started out with a kind of high pitch. “Don’t fool! If you don’t let me see what you are, get out!” When he said “Get out,” the second time, we turned and walked out, maybe a little faster than walking.

We returned to our mentor’s embassable to tell him he could not send this patient my way. My own name. This was our first real patient. Arthur Kotch could not and did not speak, but remained frozen.

—Frederick Mandel, ’64

\textbf{LESSONS FROM THE PRACTICE: THE GIFT OF SIGHT} \\
It was early in my first year of medical school. We were deep into our anatomy course located on the 4th floor of the Brown building in the cadaver dissection room. We had learned the course for some time now and we felt fairly comfortable with the work we were doing, exposing muscles and identifying nerves, blood vessels, and bone structures in the presence of Dr. Green, Dr. Black, or Dr. Earmann behind the tables beside us. One particular fall day we were going about our business when my lab partner says: “I wonder if you could help me with something?” I turn to him and say, “Ok, what is it?” He says “I have an incidently white piece of fat in my eye.” So with my goggles on I look for the piece of fat from his lower lid, I look in the pupil and see it. I felt quite comfortable with the work I was doing and my partner asks me to let him know if he sees the fat when he looks in. I look up from my work and say, “Ok, what is it?” He says “I have an accidentally white piece of fat in my eye.” So I turn to him and say, “Ok, what is it?” He says “I have an accidentally white piece of fat in my eye.” So I turn to him and say, “Ok, what is it?” He says “I have an accidentally white piece of fat in my eye.” So I turn to him and say, “Ok, what is it?” He says “I have an accidentally white piece of fat in my eye.”

—Benjamin Brown, M.D., ’15, M.F.H. Family Medicine Resident for 2 years, University of Utah

\textbf{GROSS ANATOMY} \\
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\textbf{HAVE A STORY TO SHARE? WE WANT TO HEAR!} \\
Share your story by writing to medalumni.relations@uvm.edu

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Connecting Across the Years

Alumni from 1945 through 2012 gathered on campus to reconnect with classmates and their families, and share memories with faculty and staff from the place where their medical careers began.

See who’s planning to attend Reunion 2018 and other details at: go.uvm.edu/medreunion

Save the Date Now for Reunion 2018!
June 8–10, 2018

Flashback

For decades now, the SMILE DOCS program (Students of Medicine Involved in Local Education — Doctors Ought to Care) has matched medical students with Northern Vermont elementary school classes to provide a fun learning experience about medicine and the human body. This unidentified UVM medical student was probably photographed visiting a local school sometime in the 1990s, but since the photo is unlabeled, we can’t be sure. Do you recognize him? If so, send in your information to erin.post@uvm.edu and we will include it in the next issue of Vermont Medicine.

And do you have a fun story from your time as a SMILE DOCS participant? Share it with your fellow alumni through our new Medical Alumni Stories feature that debuts on page 30 of this issue.

FROM THE PREVIOUS ISSUE

Many alumni wrote in to share their thoughts about last issue’s photo of Dr. McKay and students. Linn Larson, M.D.’85 recognized herself at far right, and believes the photo was taken in January of 1983. Other ’85 classmates possibly identified by Linn and other alumni include Anne Donovan, Glen Freidel, Henry Gabler, Brenda Gintzler, Rick Goodwin, Jim Shroyer, Mark Albritton, Kathleen Shuster, Bill Martin, and Rick Lovett. Peter Davis, M.D. ’80 may appear in the upper right. Thanks to Dr. Larson and to James Narr, M.D. ’88, Don Wanty, M.D. ’94, Gary Kirk, M.D. ’94, Jay Baxter, M.D. ’95, and Doug Hawryl, M.D. ’94 for contributing.

SMILE PLEASE
OBITUARIES

Willton Warner “Bud” Covey, M.D.
Covey, M.D. was born on June 21, 2017. In 1919, he was raised in Manchester, N.H. He attended Middlebury College and the University of Vermont College of Medicine. Responding to a call to military service during World War II, he served as a first lieutenant in the 42nd Medical Replacement Battalion, 35th Infantry Division. After the war, he returned to the University of Vermont for a residency in psychiatry. In 1947, he was discharged and joined the Vermont Department of Mental Health and was a counselor until his retirement in 1982. He was a member of the American College of Physicians and the American Psychiatric Association.

Dr. Covey died June 21, 2017. Born in Stoughton, Mass., from 1968 to 1972. In 1972, he moved to the University of Pennsylvania, and the U.S. Army Medical Service Graduate School (Walter Reed Hospital, Washington, D.C.). He then did a residency in medicine at Johns Hopkins University, and then returned to full-time care in mental health as a member of the faculty of the Yale University School of Medicine. There, in 1976, he was appointed Alpha Medical University of Vermont College of Medicine, where he was a professor of psychiatry and developed a residency in psychiatry. He passed away peacefully in his sleep at home in July 1, 2017.

William Johnson, M.D.
Dr. Johnson passed away peacefully in his sleep at home with his family in Wilton, N.Y. in 2017. He was the first physician to practice OB/GYN at Rutland Regional Medical Center, where he had a dedicated practice for over 50 years. He was the first president of the Rutland Regional Medical Center and was active in local community affairs.

Dr. Johnson was born in 1937 and received his medical degree from the University of Vermont College of Medicine in 1960. He completed his residency in obstetrics and gynecology at the University of Vermont College of Medicine in 1963. He was a fellow in reproductive endocrinology at the University of Michigan in 1965. He was a member of the American College of Obstetricians and Gynecologists, the American College of Surgeons, and the American Medical Association.

Dr. Johnson's contributions to the field of OB/GYN were significant. He was a leader in the development of new treatments for women's health issues and was a vocal advocate for women's rights. He was a respected member of the Vermont medical community and was well-regarded by his colleagues and patients.

James W. Steege, M.D.
Steege, M.D. was born on April 24, 1977, in Costa Rica, from cancer. He was the oldest of four children. His parents were from the University of Vermont College of Medicine. He was in the midst of completing his residency in obstetrics and gynecology at the University of Vermont College of Medicine in Portland, where at the age of 37, his cancer was diagnosed.

Despite his diagnosis, he offered support and encouragement to others facing similar challenges. He was committed to his work and was passionate about providing quality care to all patients.

Krusinski, M.D., died June 24, 2017. He was 74. He was a pioneer in obstetrics and gynecology, and was a leader in the field of fetal medicine.

Leila Monahan, M.D.
Leila Monahan, M.D. was born in 1968 and received her medical degree from the University of Vermont College of Medicine in 1991. She completed her residency in obstetrics and gynecology at the University of Vermont College of Medicine in 1994. She was a member of the American College of Obstetricians and Gynecologists, the American College of Surgeons, and the American Medical Association.

Leila Monahan, M.D. was a dedicated physician who was passionate about improving the health of women and children. She was a leader in the development of new treatments for women's health issues and was a vocal advocate for women's rights. She was a respected member of the Vermont medical community and was well-regarded by her colleagues and patients.

Jan-McKalef M.D. UVM '97
Jan-McKalef M.D. was born in 1979 and received his medical degree from the University of Vermont College of Medicine in 1997. He completed his residency in obstetrics and gynecology at the University of Vermont College of Medicine in 2002. He was a member of the American College of Obstetricians and Gynecologists, the American College of Surgeons, and the American Medical Association.

Jan-McKalef M.D. was a dedicated physician who was passionate about improving the health of women and children. He was a leader in the development of new treatments for women's health issues and was a vocal advocate for women's rights. He was a respected member of the Vermont medical community and was well-regarded by his colleagues and patients.

Sue Plourde, M.D.
Sue Plourde, M.D. was born in 1972 and received her medical degree from the University of Vermont College of Medicine in 1995. She completed her residency in obstetrics and gynecology at the University of Vermont College of Medicine in 1999. She was a member of the American College of Obstetricians and Gynecologists, the American College of Surgeons, and the American Medical Association.

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Jeri Lucey, M.D. UVM '69
Jeri Lucey, M.D. was born in 1969 and received her medical degree from the University of Vermont College of Medicine in 1969. She completed her residency in obstetrics and gynecology at the University of Vermont College of Medicine in 1972. She was a member of the American College of Obstetricians and Gynecologists, the American College of Surgeons, and the American Medical Association.

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Dr. Lucey passed away peacefully in her sleep at home in Burlington on July 5, 2017. She was 104 years old. Dr. Lucey was a pioneer in obstetrics and gynecology, and was a leader in the field of fetal medicine.

“Dr. Jack Murray, founded Pediatric Associates. He practiced medicine for over 50 years. Dr. Murray was a leader in the field of pediatrics and was a vocal advocate for children's health. He was a respected member of the Vermont medical community and was well-regarded by his colleagues and patients.

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A few days before the College’s White Coat Ceremony, Professor of Radiology and Medical Alumni Association President-Elect Betsy Sussman, M.D.’81, places notes of encouragement from alumni in new first-year students in each of the coats that were presented at the ceremony.

PHOTOGRAPH BY BRIAN JENKINS
14 One Step Closer
The 4th-year student experience

22 Decision Time
Palliative care efforts at UVM

online

View the Larner College of Medicine 2017 Philanthropy Report, including Class Giving lists. ►