

VERMONT**MEDICINE**

THE ROBERT LARNER, M.D. COLLEGE OF
MEDICINE AT THE UNIVERSITY OF VERMONT

WINTER 2018

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



PROFILES IN GIVING

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 been a loyal annual fund donor every year since 1975, 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, Michaelle Ellen Goodman, who graduated from UVM in 1978, and her husband, Avrom Goodman, who graduated in 1951.

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. 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.



Marjorie Topkins, M.D.'50 shares memories of her med school days during "Nostalgia Hour" at a recent Medical Reunion.

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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Published January 2018

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The University of Vermont
LARNER COLLEGE OF MEDICINE

FROM THE DEAN

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.



“WE ARE STRONGER TODAY AS AN 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.”

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 unprecedented commitment of \$100 million in lifetime giving from late alumnus Robert Larner, M.D.’42 and his wife Helen, and related naming of the College in Dr. Larner’s honor. Morin’s service on the board of trustees of



NEW ADVENTURES ▲
Executive Assistant to the Dean Maura Randall ended her decades-long tenure in the Dean’s Office in December, where she had helped guide the day-to-day administration of the College since 1989. Dean Rick Morin and dozens of friends from across the University stopped in on Maura’s last day to wish her well as she headed off to travel and spend time with family.

“RICK MORIN’S ACCOMPLISHMENTS AT UVM ARE TRULY EXTRAORDINARY. 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.” — UVM PRESIDENT TOM SULLIVAN

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.

Morin also played a critical role in helping the College develop new clinical training sites to ensure medical students have exposure to greater diversity of patients, and most recently the College has been recognized nationally for its active learning initiatives. In addition, Morin oversaw growth in the College’s research enterprise from

\$65.9 million to \$90 million between 2007 and 2016, and facilitated the revitalization of several College buildings, laboratories and medical education spaces, including the Larner Learning Commons, which opened in 2017.

Nationally, Morin has played an active role in the Association of American Medical Colleges’ Council of Deans and has been an invited speaker to present on medical education and the training of primary care physicians, including a presentation to the U.S. Department of Health and Human Services’ Council on Graduate Medical Education.

A national search is now underway to identify Morin’s successor.

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/training, and service components. As the director of this new center, Atherly will work with

Larner faculty engaged in health services research, as well as closely collaborate with the College’s partners at the UVM Medical Center and their Jeffords Institute for Quality, the UVM Health Network, Vermont Blueprint for Health, the Vermont Department of Health, the Green Mountain Care Board, and OneCare Vermont.

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 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.



Adam Atherly, Ph.D.

Campaign News

LARNERS' \$66 MILLION HELPS SET NEW UVM FOUNDATION RECORD, \$135 MILLION IN FY 17

\$66
\$135

Through a \$66 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 Foundation secure a record \$135,692,313 in total new commitments pledged during 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, pledges, bequests and gifts-in-kind documented during the fiscal year. The prior record at UVM for commitments was \$76,758,513 (established in fiscal year 2016), representing an increase in 2017 of almost 77 percent.

As of June 30, 2017, there were 61,199 donors to UVM through the *Move Mountains* campaign and 18,938 donors to the UVM Medical Center, with some of these donors giving to both organizations. More than a third hail from Vermont.

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 Jason Perelman, M.D.'52 Professor in Cancer Research. The endowed professorship was created in 2014 by Arthur Perelman, who received his medical degree from UVM in 1952, and was fully funded through his estate when he died in 2015. In 2012, Perelman also established the Charlotte E. Perelman Cancer Research Fund — affectionately known as the “Charlotte Fund” — at the Larner College of Medicine and the UVM Medical Center in-memory of his wife. Together, these two distinguished endowed funds created by the Perelman family will support crucial work in cancer research at UVM for generations to come.

BENEDEK ERDOS, M.D., PH.D., an assistant professor in the Department of Pharmacology, was invested in a formal ceremony on July 31 as the inaugural Martin E. Bloomfield '56 M.D.'60 and Judith S. Bloomfield '59 Early Career Professor in Cardiovascular Research. The endowed professorship was established by Dr. Marty Bloomfield, a dual-degree UVM alum and retired cardiologist, and his wife Judy, a fellow Catamount and retired psychologist. 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. As federal funding for research becomes more competitive, private philanthropy can help launch promising young careers with the potential to benefit not only UVM, but society at large.



View the 2017 Larner College of Medicine Philanthropy Report. Go to: www.med.uvm.edu/vtmedicine

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www.med.uvm.edu/alumni

Two Department Chairs Named in 2017

Two departments at the Larner College of Medicine had chairs named in 2017. **Kristen DeStigter, M.D., F.A.C.R.**, was appointed chair of the Department of Radiology and health care service chief of radiology. The John P. and Kathryn H. Tampas Green and Gold Professor of Radiology at the UVM Larner College of Medicine, DeStigter had served as interim chair of radiology since 2014 and was selected following a national search. Inducted as a fellow in the American College of Radiology (ACR) in 2013, she has served as president of the Vermont Chapter of the ACR, and serves on the ACR International Outreach Committee. She is also chair of the Committee of International Radiology Education of the Radiological Society of North America (RSNA). She is co-founder and president of Imaging the World, a nonprofit organization that developed and uses a new sustainable model for ultrasound imaging, making basic life-saving diagnosis accessible in the poorest regions of the world.

Donald Mathews, M.D., professor of anesthesiology, was named chair 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 peer-reviewed papers, Mathews specializes in total intravenous anesthesia and process EEG monitoring, with a scholarly focus on improving the hypnotic and pain-relieving components of anesthesia.



Kristen DeStigter, M.D., F.A.C.R.



Donald Mathews, M.D.

LaMantia Directs of Center on Aging at UVM

University of Vermont Provost **David Rosowsky** and Larner College of Medicine Dean **Rick Morin, M.D.**, announced the appointment of **Michael LaMantia, M.D., M.P.H.**, as director of the UVM Center on Aging. LaMantia, an associate professor of medicine and neurological sciences, as well as section head of geriatric medicine, succeeds **William Pendlebury, M.D.**, professor emeritus of pathology and laboratory medicine, who has served as the Center on Aging's director for more than nine years.

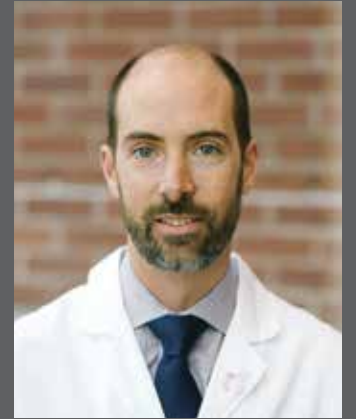
Established in 2008 with support from a generous endowment from Vermont philanthropist Lois McClure, the Center on Aging at UVM has a mission to forge an ongoing collaboration among faculty, students, staff and programs within the University, the UVM Medical Center, and the Vermont community to promote a sense of wellbeing and a high quality of life for older adults. For more than nine years, the Center has carried out a number of initiatives aligned with its core focus areas of education, research, social science, policy and collaboration, with an overall goal to improve the health and wellbeing of Vermont's seniors, as well as support research and training in the field of gerontology and geriatrics. Pendlebury, who is also professor emeritus of neurological sciences, will continue in his roles as medical director of the Memory Program and director of neuropathology at the UVM Medical Center.



Michael LaMantia, M.D., M.P.H.

MOORE DIRECTS ACTIVE LEARNING

Jesse Moore, M.D., associate professor of surgery, has been named the director of active learning at the Larner College of Medicine. Moore, a colon and rectal surgeon at the UVM Medical Center, continues to work as an active clinician concurrently with his new leadership role. In this new position, which was created to oversee the College's efforts towards achieving 100 percent active learning by 2019, his responsibilities will include recruiting faculty to learn, contribute to, and implement active learning across the entire curriculum and will also involve oversight of the pedagogy and logistical plan for active learning. In addition, Moore will serve as chair of the Active Learning Advisory Committee, and, in collaboration with the Teaching Academy, help design and implement faculty development for active learning. Moore, who joined UVM in 2011, has served as director of the surgery clerkship since 2012. He was appointed director of surgery student education in 2016. He also teaches and mentors general surgery residents at the UVM Medical Center, and was awarded Teacher of the Year honors by the residents in 2015.



Jesse Moore, M.D.



Susan Wallace, Ph.D.

WALLACE ELECTED AAAS FELLOW

Susan Wallace, Ph.D., professor and chair of microbiology and molecular genetics, was named a Fellow of the American Association for the Advancement of Science (AAAS) in November. Election as an AAAS Fellow is an honor bestowed upon AAAS members by their peers. As part of the Section on Biological Sciences, Wallace was elected as an AAAS Fellow for leadership and highly significant advances in radiation biology, and for dedication as a scientist, educator and mentor. Wallace is the founding chair of her department, and will retire from UVM this spring.



James Hudziak, M.D.

HUDZIAK RECEIVES AACAP IRVING PHILIPS AWARD FOR PREVENTION

The American Academy of Child and Adolescent Psychiatry (AACAP) presented **James Hudziak, M.D.**, professor of psychiatry, pediatrics and medicine, with the 2017 Irving Philips Award for Prevention at the organization's 64th Annual Meeting in October. The award recognizes a child and adolescent psychiatrist and AACAP member who has made significant contributions in a lifetime career or single seminal work to the prevention of mental illness in children and adolescents. The Achenbach Chair in Developmental Psychopathology and director of the Vermont Center for Children, Youth and Families, Hudziak is known internationally for his work in psychiatric genetics and developmental neuroimaging of child and adolescent behavior.

JEFFRIES RECEIVES MASTER SCHOLAR AWARD AT 2017 IAMSE MEETING

Senior Associate Dean for Medical Education **William Jeffries, Ph.D.**, was honored with the prestigious Master Scholar Award from the International Association for Medical Science Educators at the organization's 2017 annual meeting, hosted by the Larner College of Medicine. The award recognizes an IAMSE member who has a distinguished record of educational scholarship, including educational research and/or dissemination of excellent and scholarly approaches to teaching and education. Jeffries, who joined the College in 2009, is internationally recognized for his scholarly efforts in medical education. He is co-editor of *An Introduction to Medical Teaching* with Larner Professor of Medical Education and Teaching Academy Director **Kathryn Huggett, Ph.D.**, and is a contributing author to many other medical teaching works. An outspoken proponent of active learning, 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 *U.S. News & World Report*.



William Jeffries, Ph.D.

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, three 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 in upstate New York, and two joined the LIC at Eastern Maine Health System. Through the LIC, students develop meaningful, long-term relationships with patients and their preceptors, and begin their careers with the skills and expertise they need to deliver outstanding care in a rural setting.

With primary care physicians as preceptors, and a primary care health center as a home base, each student becomes a key member of an interdisciplinary team providing comprehensive care to patients. Students progressively develop a panel of patients to satisfy all required clinical encounters for the clerkship level. They see these patients regularly over the course of an entire year, accompanying them through all of their different experiences in the health care system. At Hudson Headwaters, one student is based out of each of the following centers: Queensbury Family Health, Warrensburg Health Center, and West Mountain Health Services. In collaboration with physicians at Glens Falls Hospital, scheduled "Burst Weeks" give students the necessary inpatient experience.

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



Holly Bachilas '19 accompanies Elias Sacolof, M.D. during her clerkship at Hudson Headwaters Health Network.

"It's a 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 nation," he says, "and serving these 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.

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

Working with the five-year strategies plan priorities of the Larner Office of Diversity and Inclusion (ODI), Associate Dean for Diversity and Inclusion **Margaret Tandoh, M.D.**, has announced two new staff appointments and additional opportunities for leadership roles.

ODI's recently completed 2018–2023 Strategic Action Plan identifies five main areas of focus that will guide the institution over the next five years. In an effort to ensure the goals associated with these objectives are met, ODI has added several new positions to its team, including a Health Equity Inclusive Excellence Liaison, an Academic Excellence Liaison, and a Gender Equity Liaison. In addition, ODI is seeking one or more

Diversity and Inclusion Departmental Champions from each department at 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 educational instruction, and the course director for the Teaching and



Maria Mercedes Avila, Ph.D.



Eileen CichoskiKelley, Ph.D.

Scholarly Requirement, has been appointed Academic Excellence Liaison. CichoskiKelly is a member of the Larner Teaching Academy and is actively involved in medical education research focused on program and curriculum design and LGBTQ health care.

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 through the federally-funded IDeA program, also addresses the unique challenges of effective rural health care delivery. The program will be collaboratively led by principal investigators **Gary Stein, Ph.D.**, UVM Cancer Center director and Department of Biochemistry chair, and **Clifford Rosen, 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 as the grant's program coordinators. UVM faculty will co-lead five of the six program areas with faculty from Maine Medical Center.



CUSHMAN PRESENTS STUDY ON INCREASED TV VIEWING & BLOOD CLOT RISKS AT AHA



Risk of blood clots increases with the amount of time spent watching television, even if people get the recommended amount of physical activity, according to preliminary research presented by co-author professor of medicine **Mary Cushman, M.D., M.Sc.**, at the American Heart Association's Scientific Sessions 2017, held in Anaheim, Calif. in November. "Watching TV itself isn't likely bad, but we tend to snack and sit still for prolonged periods while watching," Cushman says. Prolonged TV viewing has already been associated with heart disease involving blocked arteries, but this is the first study in a western population to look at blood clots in veins of the legs, arms, pelvis, and lungs called venous thromboembolism. Other co-authors on the research presentation are Cushman's Larner colleague **Neil Zakai, M.D., M.Sc.**, and Yasuhiko Kubota, M.D., and Aaron R. Folsom, M.D., M.P.H., of the University of Minnesota School of Public Health; and Wayne D. Rosamond, Ph.D., M.S., of the University of North Carolina's Gillings School of Global Public Health. The National Heart, Lung, and Blood Institute funded the study.



Mary Cushman, M.D., M.Sc.



Renee Stapleton, M.D., Ph.D.

STAPLETON CO-LEADS INNOVATIVE ICU RECOVERY STUDY

Renee Stapleton, M.D., Ph.D., associate professor of medicine, is one of three principal investigators for a unique, multi-site clinical trial that aims to improve outcomes for intensive care unit patients using a combination of early nutritional supplementation and exercise. Supported by a five-year, \$3.55 million grant from the National Heart, Lung, and Blood Institute of the National Institutes of Health, the Nutrition and Exercise in Critical Illness (NEXIS) trial will take place in four ICUs across the United States and run through March 2022. The study will examine whether intravenous amino acid supplementation and in-bed cycling exercise improves recovery for patients requiring life support from 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 Behavior and Health, suggests that reducing nicotine content in cigarettes may decrease their addiction potential in especially vulnerable populations.

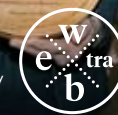
The study, which was published in *JAMA Psychiatry*, included three vulnerable populations of smokers — individuals diagnosed with affective disorders, opioid dependence, and socioeconomically disadvantaged women. The multi-site, double-blind study is "the first large, controlled study to examine the 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.



Stephen Higgins, M.D.



As a part of the Celebrating Excellence in Research events held at the College on November 10 and 13, 2017, the Dean's Excellence in Research Awards recognized the accomplishments of faculty, residents, medical students, graduate students and postdoctoral trainees. Pictured above, keynote speaker at the event Jan Lorsch, Ph.D., director of the National Institute of General Medical Sciences (at left), and Gordon Jensen, M.D., Senior Associate Dean for Research (at right), congratulate Gary Stein, Ph.D., UVM chair of biochemistry and director of the UVM Cancer Center, on receiving the 2017 Research Laureate Award.



View the full slate of awardees, as well as photos and videos. Go to: www.med.uvm.edu/vtmedicine

COMMON GROUND

TWO UVM STAFF MEMBERS HONORED FOR EXTRAORDINARY SERVICE

BY ERIN POST

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.



Michael Cross

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 College events and activities.

Said Bryce Bludevich, M.D.'17, in her nomination letter: "He has always been there with a 'Mike Cross pep talk' or just a simple smile and wave. He takes great pride in his work and sets an example of humility that I hope to emulate in my medical career."

Cross has often served as a judge for the College's annual student-led talent show, and he's played a number of "characters" in many skits over the years for the end-of-year Osler Banquet, a time-honored tradition at the College that celebrates the graduating class. He remembers playing Bruce Fonda, the legendary anatomy instructor who taught at the College for 25 years, as well as teaming up with a fellow actor to play Marga Sproul, M.D.'76, a long-time family medicine professor and former dean of student affairs, and her husband.

"Those were fun times," he says, "and good memories."

Students in recent years point to the time amount of time Cross has dedicated to student-led causes. He has donated items to a silent auction to support the College's marathon team, which raised funds for Steps to Wellness, the cancer rehabilitation program. Often, he'll jump in and help when he sees students setting up for events, always willing to lend a hand. His favorite lunch spot — in a chair at the foot of a well-trafficked stairway in the Medical Education

Center — leads to many impromptu catch-up sessions with students passing by.

Guy Shane, UVM's manager of custodial services, said in his nomination letter that Cross is "truly a UVM institution" for his ability to provide a "sympathetic ear, warm smile and an innate connection with the medical students."

Cross looks forward to the holiday cards he receives from former students now scattered across the globe, as well as attending reunion when he can.

Medical students know they have a staunch ally in Cross, and take it upon themselves to celebrate him. When he mentioned to a student two years ago that he was coming up on his 40th work anniversary, in October of 2016, a large group of first-year students organized an impromptu surprise party complete with cookies and a card.

For Cross, it's those "kids" who keep him going.

"Every class becomes a family," he says. "Every year they're friendly. 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 every 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.

As one of the only medical schools in the country to use the IDI in this way — students complete the inventory as a first-year student and again after they finish their clerkships — Delaney says it is one example of the College's multifaceted approach to diversity and inclusion.

"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.

Through initiatives such as the IDI, and the ODI 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, in a way that's integrated into the rest of their medical school experience. "We have laid the groundwork to make sure all members of the Larner College of Medicine know what we mean by diversity and inclusion," she says, adding that broad engagement from the entire Larner College of Medicine community has been key to moving this and other goals forward.

At the 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. The office's comprehensive five-year strategic plan, steered by Delaney, has helped to move the College forward as a leader in culturally inclusive medical education.

"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." **VM**



Tiffany Delaney



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.

This article originally appeared online on medpagetoday.com in June, the week after Dr. Larry Weed’s death. An obituary for Dr. Weed appears on page 34.

Above: Screenshots from a video of Lawrence Weed, M.D., delivering a grand rounds lecture in 1971.

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 (PKC). Until the age of 93 and even just a month ago, he soldiered on, tirelessly advocating for a completely different approach to medical education, medical care, 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

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



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 the development of the POMR and SOAP, and what it took to transform the medical record from an unstructured, ad hoc mess to an aid for medical thinking.

However, in this small attic office, I was introduced to the problem of cognitive biases in medical decision-making and the limitation of the human mind in handling complexity. 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. Quotes from Shakespeare, Bacon, Whitehead, and Dewey would roll off his tongue, followed by a joke. You might describe the genius brain as a parallel processor, having multiple gears spinning at

“IS A PRETENSE OF KNOWLEDGE. 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?”

— LAWRENCE WEED, M.D.

View a video of Dr. Weed presenting Grand Rounds in 1971. Go to: www.med.uvm.edu/vtmedicine

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 problems. He did not believe clinicians could memorize and keep up to date on all the randomized controlled trials and store all the literature in their heads. He railed against arrogance and certainty in medicine. He repeatedly instructed me to “tolerate the ambiguity” inherent in clinical decision-making and to be able to say to a patient “we are not

sure yet.” He had this beautiful tapestry in his head of how to organize information and rethink medical knowledge so it could empower patients. He was designing and writing about 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

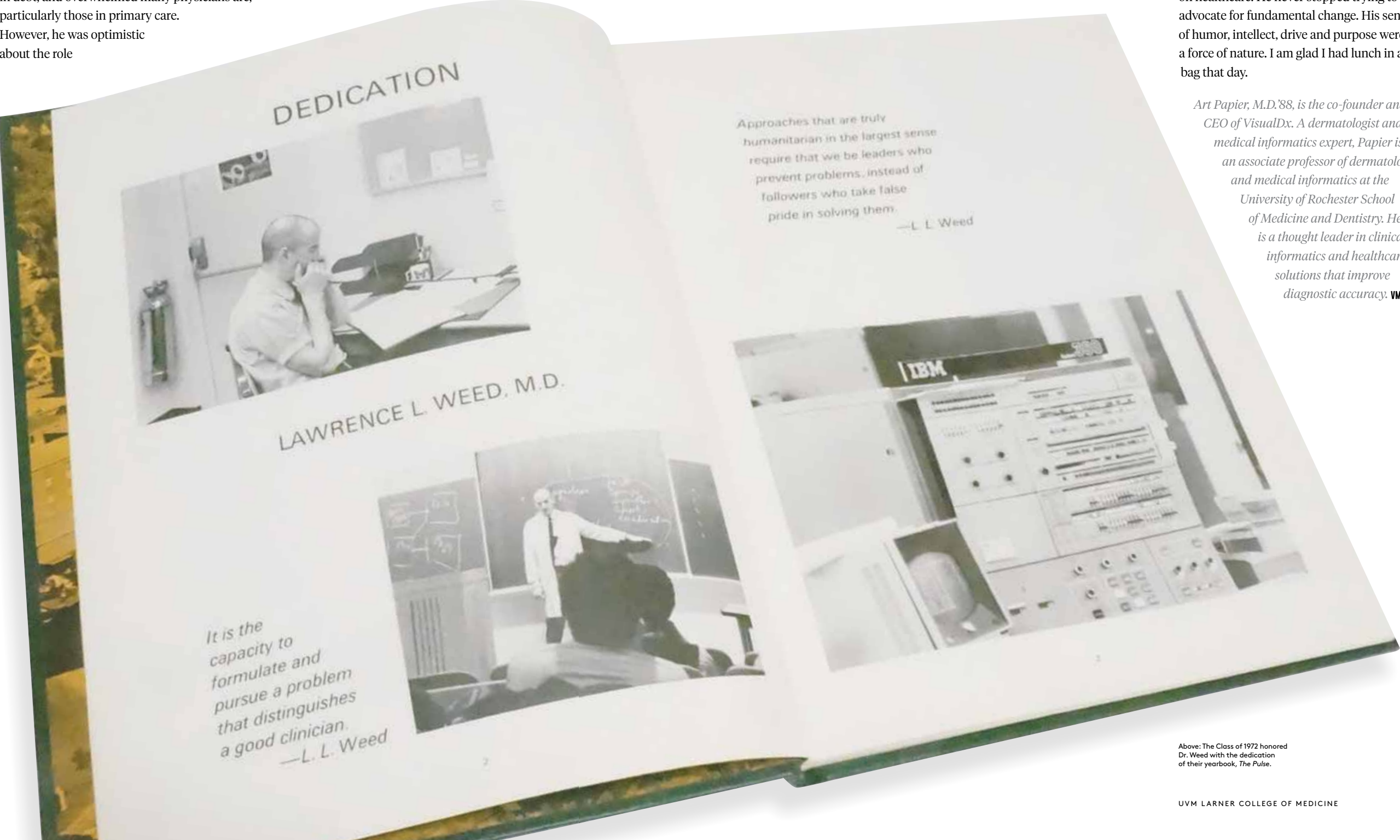
of the patient, and the possibility of an open source medical knowledge repository designed to improve decisions in the home and at the point of care.

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, biomics, 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. VM



Above: The Class of 1972 honored Dr. Weed with the dedication of their yearbook, *The Pulse*.

ONE STEP CLOSER

A Journey through the Final Year of Medical School

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.

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.

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 alums: King worked with Maurice Geurts, M.D., and Ewa 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.”





◀ 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 VIC 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 LGBTQ 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 LGBTQ 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 awareness 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 felt 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.”



Learning to Listen ▼

OCTOBER, 2016 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 strived to give the best care possible. I hope to take their kindness and composure and apply it to my future practice of family medicine.”



◀ On the Interview Trail

NOVEMBER, 2016 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.

“ My long term career goal is to work in an academic hospital where I can be involved with teaching residents and teaching at a medical school. I am also most interested in gynecologic pathology, so I am looking for places that are well-known for their gyn path, and either offer a gynecologic pathology fellowship or have strong connections to a place that offers one. Some things that I've learned — never pass up a proffered bathroom break, because a lot of times people are going to forget that those aren't built into your day. Also, always have questions ready in your mind to ask to avoid looking uninterested (which can be really difficult but particularly important when mentally exhausted), and pay very close attention to how the current residents interact with and treat each other and to how they talk about their program, because you can really learn a lot about the culture that way.”



◀ In the Anatomy Lab

NOVEMBER, 2016 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.”

Healthcare Simulation Design ▶

JANUARY, 2017 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 residency.”

Medicine around the Globe ▼

JANUARY, 2017 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

- Eric Bennett, M.D.’17:** Family Medicine at Utah Valley Regional Medical Center, Provo, Utah
- Nicholas Bonenfant, M.D.’17:** Pediatrics at UVM Medical Center, Burlington, Vt.
- Elizabeth Cochrane, M.D.’17** and **Kiyon Naser Tavakolian, M.D.’17:** Couples Match in Obstetrics and Gynecology and Diagnostic Radiology at Stony Brook Teaching Hospitals, Stony Brook, NY
- Mustafa Chopan, M.D.’17:** Plastic Surgery at University of Florida College of Medicine/ Shands Hospital, Gainesville, Fla.
- Bridget Colgan, M.D.’17:** General Surgery at Tripler Army Medical Center, Honolulu, Hawaii
- Kyle Concannon, M.D.’17:** Internal Medicine at University of Washington Affiliated Hospitals, Seattle Wash.
- Laura Griesinger, M.D.’17:** Pathology at University of Michigan Affiliated Hospitals, Ann Arbor, Mich.

- 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

FEBRUARY, 2017 **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 or 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.” VM



BY CAROLYN SHAPIRO

DECISION TIME

EXPANDING PALLIATIVE
CARE TRAINING AND
PRACTICE AT UVM

BOB 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.



Bob Gramling, M.D., D.Sc., (at left) the Holly and Bob Miller Chair in Palliative Medicine, came to UVM in 2016 to expand palliative care training at the Larner College of Medicine and the UVM Medical Center's offerings in palliative medicine.

Gramling, chief of palliative medicine at the UVM Larner College of Medicine and UVM Medical Center, pulled a chair very close to the bed and introduced himself to the patient. He explained that he was there to address anything causing the man pain or discomfort.

“My job is to see if I can make it better and move mountains to do so,” Gramling said. He asked the patient about his concerns.

“I think I’m dying,” the patient said quietly, without opening his eyes. “Is that scary to you?” Gramling asked, his voice calm and soothing. When the man said it wasn’t, Gramling prompted: “What worries you most about dying?”

Did the patient think that he’d be in pain? Gramling wondered. Yes, the man replied.

“No matter what comes, we’ll work to make sure we take care of the pain,” Gramling assured him.

Conversations like this are becoming a 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 medicine 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 number of services, visits or treatments.

Recognizing this, UVM embarked on an expansion of the medical school’s training and the medical center’s offerings in palliative care in 2016. It began with a \$3 million endowment from Burlington residents Holly and Bob Miller, who have long had an interest in and supported end-of-life assistance in Vermont, to create the first Chair in Palliative Medicine at UVM. In June 2016, Gramling assumed that title and leadership of the newly formed Division of Palliative Medicine within the Department of Family Medicine at UVM.

Palliative care seeks to relieve a patient’s suffering, whether physical or emotional, from a serious illness and improve quality of life for the patient and family members. Working with patients presumed to have a high likelihood of dying within a year, a palliative specialist supports people as they consider their final goals.

“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,” Gramling says. “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.”

■

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 people 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.”

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 Larner. “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 15 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 total U.S. population, 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.

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— BOB GRAMLING, M.D., D.Sc.

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 2015 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 clinicians. 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.


Those 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 dexterity 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.”

These are difficult discussions involving fear, emotional distress and often family conflict. 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.

“There’s skill to this,” Peterson says. “And those skills are developed. They’re not innate.”

VitalTalk brings in “scaffolding” to develop these skills, says **Stephen Berns, M.D.**, a VitalTalk instructor and education director of palliative care at Mount Sinai Beth Israel Health System in New



Holly Miller speaking at the 2016 investiture of Bob Gramling, M.D., D.Sc., as the inaugural Miller Chair in Palliative Medicine.

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— HOLLY MILLER

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 the summer of 2017.

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 2010 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 underwent 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.

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 therapy wanes, “there’s always more that we can do to provide care and relieve suffering.”



Stephen Berns, M.D., leads a discussion with palliative care team members on clinical communication.

VITAL SIGNS

How do you gauge the quality of a conversation? Even a chat between two friends could be considered constructive by one but difficult for the other. A good talk is subjective.

Bob Gramling, M.D., D.Sc., wants to pinpoint the attributes of an effective conversation, specifically one between a palliative medicine specialist and a patient with a serious illness. That way, the healthcare system could measure the value of serious illness conversations for patient care — the same way it would a drug treatment or procedure, says Gramling, chief of palliative medicine at the UVM Medical Center and the Holly and Bob Miller Chair of Palliative Medicine in the Robert Larner, M.D. College of Medicine.

To assess something as complex and dynamic as a conversation, Gramling solicited the help of **Maggie Eppstein, Ph.D.**, chair of the UVM Department of Computer Science and a founder of the University’s Complex Systems Center, which applies high-level mathematical modeling techniques to real-world challenges, and **Donna Rizzo, Ph.D.**, UVM professor of engineering and computer science, who specializes in machine-learning tools for complex environments.

Together with national scholars from linguistics, communication science, anthropology, nursing, health services research, psychology and epidemiology, they comprise the new Vermont Conversation Lab at the Larner College of Medicine. The mission of the VCL is “to understand and promote high-quality communication in serious illness,” Gramling says.

They are using audio recordings of almost 400 palliative care consultations collected from around the country, funded by the American Cancer Society, for which Gramling is the principal investigator.

Currently, the team isn’t focusing on the actual words in the conversation but, rather, the times when the speaking stops. Some types of silence indicate “moments of connection” in a conversation, Gramling explains.

Usually, discussions between doctors and patients are rushed, he says. “Oftentimes there isn’t space for people’s voices to be heard. So what silence can offer is a recognition that what you’ve just told me is important, and if you want to tell me more, I’m going to give you space to tell me.”

With discussions of illness and death, a palliative specialist might just sit for a moment when a patient expresses fear or sadness, he says. “The pause and that space provides a potential

moment of connection. And it’s not just in palliative care. It’s in any conversation.”

Capturing silence amid the constant din of a hospital setting poses a challenge. Machines beep. Nurses talk in the hallway. TVs blare. The computer must learn to focus only on the conversation and the moments that conversation stops. It also must discern the difference between “distracted” silence, perhaps when a physician pauses to take notes, and purposeful or “contemplative” silence.

Eppstein, Rizzo 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 seek. 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 quality, researchers and health policy makers generally have relied on patient feedback to evaluate a conversation. These questionnaires can be quite valuable as important outcomes of communication (eg. “How much do you feel heard and understood by the doctors, nurses and hospital staff caring for you?”) but tend not to accurately reflect the content or process of the actual conversation.

The Vermont Conversation Lab aims to create an objective, automated measure that could be used routinely in natural healthcare settings. Voice-recognition and machine-learning technology can pick up clues in real time without recording the conversation or collecting identifying information in order to maintain confidentiality.

The technology would allow collection of data for research on conversations and assist with palliative care training, so students can learn techniques and receive immediate feedback.

Perhaps most important, it would give hospitals and other medical practices a means to evaluate conversational quality and to support — with financial incentives and other means — those systems that do it best.

At UVM, the new Division of Palliative Medicine grew from the longtime efforts of a small and successive 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 services in the hospital.

Back then, seriously ill patients ended up on a “conveyor belt” moving from one treatment to the next without 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 push to expand the palliative program met with some resistance, 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 matters as much. UVM medical 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 the Larner College of Medicine. This move allows greater opportunities for scholarship, research, educational advancement and interaction with the community, Gramling says.

This past year, the College launched a week-long “bridge” course devoted 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.

Traditionally, patients had to be admitted to the hospital to get palliative care, though individual clinicians such as Berry have seen patients in their homes for years. Now, UVM is restructuring its palliative team to do outpatient work, including in primary care offices or via video technology for a “teleconsult.”

Last fall, Gramling began an effort with Milton Family Practice to take referrals from primary doctors or cardiologists there. Palliative specialists can meet face-to-face with patients or coach clinicians who seek feedback on complex cases.

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 longtime specialists and prior program leader, **Diana Barnard, M.D.**, now practices at Porter Medical Center, part of the UVM network, 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 T.H. Chan School of Public Health.

Ariadne is developing ways to redesign healthcare at its most critical junctures in people’s lives. UVM plans to further collaborate with Ariadne to identify 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-ups tied 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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“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 artificial intelligence) 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 in 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 love being able to focus on a concept of relieving suffering,” he says. “And to have a meaningful experience with other human beings, that buoys 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 plegia would resolve, or is that an unknown?”

Palliative specialists make sure they understand the full scope of a patient’s status. It’s their job to clear up any confusion and explain — as gently as possible — what the patient can expect. They work in tandem with the patient’s other 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 the bigger picture here.”

Earlier this year, when Kate Laud’s mother was diagnosed with liver cancer and told she had just weeks to live, they were in shock, Laud says. Gramling, along with the oncologist and internist, offered a level of solace 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.” **VM**



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



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This academic year the UVM Medical Alumni Association began a program to connect entering medical students with graduates of this College of Medicine. This is part of what I wrote to each member of the class of 2021.

"Congratulations on your acceptance to the Larner College of Medicine. On behalf of all medical alumni I would like to welcome you to our community. You will soon be wrapped in the white fabric woven from the beliefs, wisdoms, convictions and achievements of your predecessors. From the first class of graduates in 1824 to the present, the Larner College of Medicine has educated excellent physicians with a commitment to serving their communities. The medicine you will practice and the research you will do is indelibly linked to the alumni that came before you and now work all over the world. On a personal note, when I was a medical student, I was taught not only the medical curriculum but also the heart of healing. This has been the tradition of medical education at the Larner College of Medicine, and we are so proud to have you carry it on as you join our community.

"Our alumni welcome the opportunity to assist you as you make this important and challenging transition to medical school. The Medical Alumni and Development office will connect you with an alum who will provide another window into the Larner College of Medicine experience. We believe this unique connection will be the beginning of a valuable bond between you and the Larner College of Medicine."

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 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 a very special school.* And another: *Thank you so much for the incredible email. I am very excited to join 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. We who are alumni have the power to show beginning students that their 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 of Medicine'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.

FREDERICK MANDELL, M.D.'64
President, UVM Medical Alumni Association



The UVM Medical Alumni Association Executive Committee

University of Vermont Medical Alumni Association

Alumni Executive Committee

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If you have news to share, or updated contact information, you may submit it at go.uvm.edu/infoupdate. You may also contact your class agent or the Development & Alumni Relations office at medalumni.relations@uvm.edu or (802) 656-4014.

1960s

REUNION 2018: 1963 + 1968

'63 Arnie Kerzner says: "I was fortunate to have been awarded the highest honor from the American Academy of Child and Adolescent Psychiatry as a 'Distinguished Life Fellow.' I guess they don't know me as well as all of you! Yes, I'm still working as a psych consultant to the Lighthouse School in Chelmsford, Mass. I am neurotically driven to work forever and a day. I can't wait to hang out with all of you 'Snow Bird, Retired Alums.' My best to you!"

1970s

REUNION 2018: 1973 + 1978

'71 Arthur Sullivan reports that he "retired from academic hem/onc and bone marrow transplantation at McGill (Montreal) in 2000; then went back and did a residency in psychiatry at University of Washington. Now in full time private practice in psychoanalysis in Ottawa."

'72 Douglas W. Brown was inducted into the American Orthopaedic Society for Sports Medicine's (AOSSM) Hall of Fame during the Society's Annual Meeting in Toronto, Canada. AOSSM Hall of Famers are individuals who have made a substantial contribution to the sports medicine field. In addition to serving as an orthopaedic consultant to Bowdoin College for 35 years, and founding a multi-sub-specialty orthopaedic surgery group in Portland, Maine, he has served on the international sports stage. From 1986 to 2002, he served as a team physician for U.S. Soccer, traveling with U16, U20, U23, Men's Olympic, and Men's National Teams. In 1995, he became head team physician for the Women's National Soccer Team, traveling with them to many international matches and two World Cups — Sweden (1995) and USA (1999).

'76 Richard Lovett was selected to receive the 2017 American Society for Radiation Oncology (ASTRO) Fellow designation. The 23 fellows for 2017 were recognized during the awards ceremony at ASTRO's 59th Annual Meeting from September 24 to 27 in San Diego, Calif.

'77 Scott MacDonald says: "Sorry we didn't make the reunion. It would have been great to see you guys again after all these years, but we had a family wedding to attend. I retired December 31, 2016, and my wife of 40 years, Donna, will retire at the end of June as director of nursing at a local college. We have lots of foreign travel and RV trips planned as well as other plans. 1973–1977 were some of the best years of my life. Here's hoping we all have many more good years ahead."

'78 John Healey writes: "I had a wonderful time as visiting professor at the Larner College of Medicine Oct. 5–7, and gave a grand rounds lecture at the UVM orthopaedic surgery department regarding the tumor microenvironment and systemic therapy for sarcoma. It has been an eventful autumn. Paula and I celebrated our 40th wedding anniversary, the baptism of our second granddaughter, and the appointment of our daughter as a mathematics professor at the University of Chicago. Looking forward to the reunion."

'79 DAVID WARSHAW, Ph.D.'79 RECEIVES DISTINGUISHED GRADUATE ALUMNI AWARD

On November 13, **David Warshaw, Ph.D.'79** accepted the Larner College of Medicine Distinguished Graduate Alumni Award and delivered a lecture on his work during the day-long Celebration of Research Excellence at the College.

Dr. Warshaw has pursued a renowned career as a biomedical scientist, teacher, and mentor during more than 40 years at the University of Vermont.

His research has focused on muscle contractility, starting with research on blood vessels while a doctoral student at UVM. As a postdoctoral student he accomplished a major technical accomplishment — the first measurement of the contractile properties of single smooth

muscle cells. After establishing his own laboratory at UVM in 1983, his research evolved to the study of individual motor proteins (myosin) pioneering the use of state-of-the-art techniques, including single molecule motility assays and laser traps. With these new approaches he was able to measure the force generated by a single motor molecule, and thereby provided new insights into the fundamental properties of the contractile machinery of muscle.

In 1995, Dr. Warshaw became the chair of the Department of Molecular Physiology and Biophysics, and recruited a number of outstanding scientists in the molecular motor field. With these colleagues he developed a National Institutes of Health-funded Program



David Warshaw, Ph.D.'79

Project Grant (PPG) which has been renewed three times. This PPG's work centers on translating the fundamental insights of motor proteins into understanding cardiac hypertrophy and heart failure. Dr. Warshaw has received several prestigious awards. He was an Established Investigator of the American Heart Association and a University Scholar in 1999, the same year he was inducted into the

Vermont Academy of Science and Engineering. He has served on numerous editorial boards and study sections, and organized several international symposia. He has taught undergraduate, graduate, and medical students, and has mentored over 20 graduate students and postdoctoral fellows, many of whom have gone on to successful careers in academia.

COLLEGE EVENTS

MARCH 10, 2018

Spring Alumni Executive Council Meeting
UVM Campus

MARCH 16, 2018

Match Day
Noon
Larner College of Medicine Campus — Hoehl Gallery

MAY 20, 2018

Medical Commencement
3:00 p.m.
UVM Campus — Ira Allen Chapel

JUNE 8–10, 2018

Medical Reunion 2018
UVM Campus

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

'64 FIRST PATIENT

The patient a medical student does his first history and physical on is like a mountain climbed. We practice for this. We stethoscope each other. We otoscope each other. We memorize the parts so we don't forget a section of the history. We had waited two years for this moment.

It was the day the mentor assigned me and my roommate a hospitalized patient at the then Mary Fletcher Hospital; two medical students to a patient. This was to be that very first history and physical on a real patient. We wore our white coats for the first time 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 propped up on pillows looking at us. I would say we (I) was a little nervous, concentrating on introducing ourselves because I blurted it out, "My name is Arthur Kotch and this is Fred Mandell."

"No!" I said, "I am Fred Mandell and this is Arthur Kotch!"

We all have moments in our lives we wish we could take back.

There was a long uncomfortable moment of silence and the patient staring at me. To this day I remember his exact words. In his heavy Vermont accent, it started out with a kind of high pitch.

"Dang fools! If you don't even know who 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 embarrassed to tell him I could not even tell the patient my own name. This was our first real patient. Arthur Kotch could not and did not speak, but we remained friends.

— **Frederick Mandell, M.D.'64**

Senior Associate in Medicine, Boston Children's Hospital Medical Center; Assistant Professor of Pediatrics, Harvard Medical School

'80 LESSONS FROM THE PRACTICE: THE GIFT OF SIGHT

It was nearing the end of a long, hot, dusty day in the Navajo reservation in northeastern Arizona when a young Indian man stood shyly in the doorway of our makeshift eye clinic, just as we were about to close our doors for the night. The young man explained that his great-grandmother wanted to have her eyes examined, even though she did not trust doctors, and had never seen one in her life; he had convinced her to come with him to visit our clinic. As a volunteer at the Arizona Medical Eye Unit, a project started in 1979 to provide ophthalmic examinations to the Indians of the Navajo and Tohono Odam reservations, I was aware that many Indians did not receive specialist medical care if they were unable to travel off of the reservation. He explained to me that she had lived as many Navajo elderly did, with her family in a "hogan" or hut. For the past 27 years that he had been alive, his family had cared for her, clothed her, and fed her because she was blind. With my approval, he walked to his truck and returned leading an elderly woman by the arm. For me, in 1985, a young doctor from the city, she was a magnificent sight. Dressed in the traditional long black dress of the Navajo, wearing elaborate pieces of turquoise and silver jewelry collected through years of trading between the various Indian groups of the region, demonstrated to me that she was an elder member of the tribe. One look in her eyes revealed her pupils to be as opaque as the turquoise jewelry she wore. She had advanced cataracts. I told her great-grandson that her sight might be able to be restored with surgery, which could be done in Tucson, several hundred miles to the south. The only catch was, he would have to arrange to transport her to my clinic. Weeks later she was seen in my office where a preoperative physical examination showed this 103-year-old woman to be in remarkably good health. With the surgical procedure performed under local anesthesia, her great-grandson interpreted my instructions for her. I was successful in removing the dense cataract that had blocked her vision for so many years and implanted an intraocular lens. The next morning, as the bandage was carefully removed, she looked at me, smiled, and then spoke a few pleasant-sounding words in Navajo. Her great-grandson translated for me that she had said that "she liked my beard." Hearing his voice, she then turned to view her great grandson for the very first time. She had recognized him from the sound of his voice, but she had never before seen his face. That evening, as I drove home from my office, I took the long way through the foothills surrounding the city. As the sunlight reflected its majestic colors on the mountains, I imagined seeing it all for the first time.

— **Robert M. Kershner, M.D.'80, M.S.'78**

Professor and Chair, Department of Ophthalmic Medical Technology, Palm Beach State College; President and CEO, Eye Laser Consulting

'15 GROSS ANATOMY

It was early in our first year of medical school. We were deep into our anatomy course located on the 4th floor of the Given building in the cadaver dissection room. We had been at this course for some time now and we felt fairly comfortable with the work we were doing exposing muscles and identifying nerves. Occasionally we enjoyed the presence of Dr. Green, Dr. Black, or Dr. Ezerman behind our shoulders helping guide our every move. One particular fateful day we were going about our business when my lab partner says "Ben, I need to tell you something." I look up to see her and our other lab partner looking at me with slight embarrassment but also there was a hint of humor. I look up from my work and say, "Ok, what is it?" She said, "I may have accidentally flicked a piece of fat into your hair..." Sure enough, there was a glob of fat resting in my frazzled, non-gelled hair. She proceeded to use her forceps (which were not clean) to delicately grab and extract the piece of cadaver fat that had landed on my head. In the process she grabbed a few of my hairs as well! To this day I am not sure how she managed to fling a piece of fat from her dissection area to my head. We all had a good laugh and I definitely appreciate my lab partners not letting me go the rest of the day with a piece of class resting in my hair.

— **Benjamin Brown, M.D.'15, M.P.H.**

Family Medicine Resident PGY-2, University of Utah

HAVE A STORY TO SHARE? WE WANT TO HEAR!

Share your story by writing to:
medalumni.relations@uvm.edu

'79 James Jarvis received a two-year, \$730,998 grant from the Arthritis Foundation to study how genes and environment work together to influence the immune dysfunction in juvenile arthritis. He is a clinical professor of pediatrics at the University at Buffalo.

David Jones retired as a volunteer member of the Maine Board of Medicine in July of 2017. He served on the board for the past eight years, and was secretary for four years. Dr. Jones remains on staff at Northern Maine Medical Center as a full-time emergency physician.

1980s

REUNION 2018: 1983 + 1988

'81 Jocelyn D. Chertoff was appointed to the board of directors for Varex Imaging Corporation, a designer and manufacturer of X-ray imaging components. Dr. Chertoff is chair of the Department of Radiology and professor of radiology and obstetrics and gynecology at Dartmouth Hitchcock Medical Center.

'82 Robert Harris reports that he is "finishing a year at the University of Iowa, moving on to University of Washington staff in Seattle, where I did my fellowship 32 years ago! Anyone in town please look me up."

'87 Janet McAuliffe reports: "I am now single. Both boys are married, ages 37 and 39, and each have a boy and a girl! So I have four grandchildren: Norah, age six; Declan, age four; Ian, age three; and Elise, age one. I work locums jobs now so life is still busy."

'89 Mary Cushman, professor of medicine at the Larner College of Medicine, was appointed as a member of the Medical Advisory Committee for the Foundation for Women and Girls with Blood Disorders.

1990s

REUNION 2018: 1993 + 1998

'98 Matthew Hsieh appears in a Discovery Channel documentary about NIH clinical trials, titled "First in Human." He says: "Our group focuses on curative therapies for patients with sickle cell disease, headed by John Tisdale. I run the clinical arm of his team,

providing care for patients undergoing allogeneic stem cell transplant, and more recently autologous gene transfer transplant. In this three-part Discovery Channel documentary, our work (and a few of our patients) is highlighted."

2000s

REUNION 2018: 2003 + 2008

'03 Todd R. Howland has been named Massena Memorial Hospital's new director of emergency services and emergency room doctor. A United States Army veteran, he served as a battalion field doctor during his six-month deployment in the Middle East during Operation Iraqi Freedom.

Omar Khan, who is a service line leader for Primary Care & Community Medicine at Christiana Care Health System in Wilmington, Del., has been named president and CEO of the Delaware Health Sciences Alliance. The organization is dedicated to advancing the health of Delawareans through biomedical research, access to health care and the education of health care professionals.

2010s

REUNION 2018: 2013

'03 Gaurab Basu co-authored an opinion piece published in Stat titled "Future doctors should be trained to promote social change." In the article, he discusses the "rigorous yearlong course in social medicine and research-based health advocacy" he developed with colleagues at Cambridge Health Alliance.

'12 Mariah Stump is an attending women's health primary care internal medicine physician in Providence, Rhode Island, and is an assistant professor of medicine (clinical) at the Warren Alpert Medical School at Brown. She is also a certified medical acupuncturist through the Harvard course for physicians.

'14 John Malcolm joined the family medicine practice at New London Hospital in New London, N.H. Board-certified in family medicine, he completed the New Hampshire Dartmouth Family Medicine Residency at Concord Hospital.

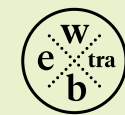
NEW MEDICAL ALUMNI DIRECTORY IS HERE

The UVM Medical Alumni Association has big news! Over the years, you, our alumni, have asked us for an easy-to-use, searchable online alumni directory, and we are happy to tell you that it is here!

In order to make full use of the directory, you need to log in. Please check your email for a message from our office with your login information. If you did not receive an email or you have questions

about logging in, please call **802-656-4014** or email medalumni.relations@uvm.edu.

The directory is a great way to reconnect with classmates, colleagues, and to allow current students to connect with you. We hope you enjoy using your new directory!



2017 PHILANTHROPY REPORT

View the 2017 Larner College of Medicine Philanthropy Report, including Class Giving lists. Go to: www.med.uvm.edu/vtmedicine



UVM CONTINUING MEDICAL & INETERPROFESSIONAL EDUCATION

UPCOMING CONFERENCE SCHEDULE

23RD ANNUAL VERMONT PERSPECTIVES IN ANESTHESIA
March 7-11, 2018
Stowe Mountain Lodge, Stowe, Vt.

VERMONT GERIATRICS CONFERENCE
April 11, 2018
Hilton, Burlington, Vt.

44TH ANNUAL FAMILY MEDICINE REVIEW COURSE
May 29-June 1, 2018
Sheraton Hotel and Conference Center, South Burlington, Vt.

For information contact:
UNIVERSITY OF VERMONT CONTINUING MEDICAL EDUCATION
401 Water Tower Circle, Suite 102
Colchester, VT 05446
(802) 656-2292
UVMCME@med.uvm.edu
www.med.uvm.edu/cme

Flashback

SMILE PLEASE

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 alums 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 alums include Anne Donovan, Glen Neale, Henry Talarico, Brenda Corrigan, Rick Merrick, Jim Sheehy, Mark Albertini, Katherine Stoddard, Bill Martin, and Rick Lovett. Peter Dale, M.D.'80 may appear in the upper right. Thanks to Dr. Larson and to James Nuovo, M.D.'80, Don Weinberg, M.D.'86, Gary York, M.D.'84, Jay Baxter, M.D.'85, and Doug Khoury, M.D.'84 for contributing.



Connecting Across the Years MEDICAL REUNION 2017

Alumni from **1945** through **2012** gathered on campus to reconnect with class members 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**



Obituaries

'44 Wilton Warner "Bud" Covey, M.D.

Dr. Covey died June 21, 2017. Born in 1919, he was raised in Manchester, N.H. He attended Middlebury College before coming to the College of Medicine. Responding to a shortage of mental health practitioners, he returned to UVM at age 43 for a residency in psychiatry. Upon completion of these studies in 1966, the Coveys moved to Cornwall, where Bud was employed with Middlebury College Health Services, the Counseling Service of Addison County and Spring Lake Ranch in Rutland County. Throughout his career, he also saw patients in private practice and worked extensively with Vermont's Bosnian refugee population.

'53 Myrtle Douglas Johnson, M.D.

Dr. Johnson passed away peacefully in her sleep at home with her husband Maurice Newstein on March 28, 2017 after living with dementia for many years. Her father, Douglas Beverly Johnson was in the first group of African Americans to attend the UVM College of Medicine. He graduated in 1914. Myrtle had a number of lifelong friends from UVM. After graduation, she worked with Dr. Virginia Apgar. She then practiced anesthesiology for over forty years on Long Island, New York.

'54 Kenneth Williams, M.D.

Dr. Williams died February 9, 2017. He was 91. Born in Wales, he grew up in New York during the Great Depression and served in the Navy from 1943-1946 as a corpsman in the Sea Bees in the South Pacific. After the war, he graduated from UVM in 1950 with a B.A. before coming to the College of Medicine. He did his internship at Buffalo General Hospital and residencies at Buffalo Children's Hospital and Cornell Hospital in New York. He was an associate professor of Pediatrics at the Keck School of Medicine at USC and attending staff in the Hematology-Oncology Division of Children's Hospital in Los Angeles. In 2001 he received the UVM Medical Alumni Association Service to Medicine and Community Award.

'63 Edward Richard "Doc" Mulcahy, M.D.

Dr. Mulcahy died at his home on Aug. 20, 2017. Born in Malden, Mass.,

he graduated from Boston College in 1958. He completed his surgical residency at Tufts/VA program in Boston. He practiced orthopaedics in Stoughton, Mass., from 1968 to 1996. He continued to practice medicine until 2013.

'79 Daniel M. Foley, M.D.

Dr. Foley died Sept. 11, 2017, from a sudden heart attack. He was born in Rutland, Vt, on Nov. 23, 1950. He received his B.A. from Connecticut College. After receiving his M.D., he completed a medical residency in obstetrics and gynecology at Vanderbilt University. He was a practicing OB/Gyn at Rutland Regional Medical Center (RRMC) for 31 years. He was chair of his department at RRMC, service line director of Women's Health, and president of the medical staff. He was Physician of the Year at RRMC in 2010. During his career he delivered over 3,000 babies before retiring to Beaufort, SC.

'04 Beth Anne Villandry, M.D.

Dr. Villandry died April 1, 2017, in Costa Rica, from cancer. She was 48. In 1996, she earned her Bachelor of Arts degree from UVM. She was in the midst of completing her residency in internal medicine at Maine Medical Center in Portland when, at the age of 37, her cancer was diagnosed. Despite her diagnosis, she offered friends and others significant personal and medical support.

Faculty

Paula Duncan, M.D.

Dr. Duncan died peacefully in her home on October 25, 2017, from cancer. She was born in Albany, N.Y., in 1947. She received degrees from Manhattanville College and the Medical College of Pennsylvania. She did residencies at Albany and Stanford. She joined the pediatric faculty at University of Vermont in 1984. Her career in Vermont included serving as the school health coordinator for the Burlington schools, the maternal and child health director at the Vermont Department of Health, the principal



assistant to the secretary of the Vermont Agency of Human Services, professor of pediatrics at the UVM Larner College of Medicine and president of the Vermont Medical Society. She served in several national leadership roles with the American Academy of Pediatrics (AAP) and received the AAP's highest award, the Abraham Jacobi Memorial Award, in 2011 for national contributions to the health and well-being of children.

Martin J. Koplewitz, M.D.

Dr. Koplewitz, M.D., died November 17, 2017. He was born in 1928 in Far Rockaway, New York City, and attended Brooklyn College, graduated summa cum laude, before enrolling at the University of Vermont College of Medicine. At the time of his death he was an Associate Professor of Surgery Emeritus. He became a mentor and guide to several generations of physicians, who now work in Vermont and throughout the country. He always expressed gentleness of spirit along with his skills as a healer.



Paul Krusinski, M.D.

Dr. Krusinski died June 24, 2017, at the age of 74. He successfully overcame leukemia 27 years ago, until a recent recurrence. A graduate of Ohio State University College of Medicine, he was chief of dermatology at UVM for 36 years. Throughout his career he published three books, and continued to practice into retirement.



Lawrence L. (Larry) Weed, M.D.

Dr. Weed died at his home in Underhill, Vt. on June 3, 2017 at the age of 93. He graduated from Hamilton College in 1943, and received an M.D. degree from the Columbia University College of Physicians and Surgeons in 1947. After internships, Dr. Weed left

clinical medicine to do basic science research in biochemistry and microbial genetics for four years at Duke University, the University of Pennsylvania, and the U.S. Army Medical Service Graduate School (Walter Reed Hospital, Washington, D.C.). He next did a residency in medicine at Johns Hopkins University, then returned to basic science as a member of the faculty of the Yale University School of Medicine. From 1956 to 1960 he was associated with Eastern Maine General Hospital. He then was associated with Case Western Reserve medical school. In 1969, Dr. Weed moved to the University of Vermont College of Medicine, where he became a professor of community medicine and directed the PROMIS Laboratory, which continued his federally-funded effort to develop the POMR in electronic form. In 1981, he left the PROMIS Laboratory and established a company, PKC Corp., to develop software tools for coupling patient data with medical knowledge. Dr. Weed held the title of Professor of Medicine Emeritus at the Larner College of Medicine.

See the remembrance of Dr. Weed by Art Papier, M.D.'85 on page 10.

'56

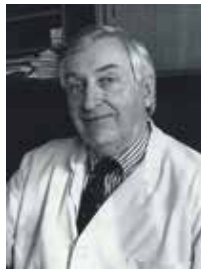
James Ward Stackpole, M.D.

Dr. Stackpole died on November 1, 2017 He was 89. A graduate of Bowdoin College, he swerved in the U.S. Army during the Korean War. After completing internships and residencies at the University of Wisconsin, Madison, Montreal Children's Hospital, Boston Children's Hospital and UVM, he entered private practice in Burlington. He, along with Dr. Stokes Gentry, Dr. Richard Narkewicz, and Dr. Jack Murray, founded Pediatric Associates. He practiced medicine for over 50 years. Dr. Stackpole served as the President of the Vermont Medical Society and as a Vermont State Delegate to the American Medical Association. For more than 30 years he served as a faculty member for the Larner College of Medicine, retiring as a full clinical professor.



Jerold Lucey, M.D.

Dr. Lucey died in Sarasota, Florida on December 10, 2017. Born in Holyoke, Mass. in 1926, he grew up in Northampton, Mass. He served in the U.S. Navy, graduated from Dartmouth College and NYU Medical School, and spent his entire working career at the UVM Larner College of Medicine and the



UVM Medical Center, where he was the Harry Wallace Professor of Neonatology. In 2008 he had a professorship of neonatology named in his honor as well. Dr. Lucey also served for a record 35 years as the editor-in-chief of the journal Pediatrics, the most widely read pediatric journal, nationally and internationally. In addition, he was a senior member of the Institute of Medicine. He earned many honors and awards in the fields of Pediatrics and Neonatology, including the Humboldt Senior American Scientist Prize, the Ronald McDonald Charities Research Award, the Apgar Award in

Neonatology, the American Academy of Pediatrics Lifetime Achievement Award, and the Alfred I. DuPont Award for Excellence in Children's Health Care. In 2009, he was the recipient of the John Howland Award from the American Pediatric Society, the highest award given to an academic pediatrician in the U.S. His contributions were monumental and resulted in millions of preterm infants not just surviving but thriving. Any nurse or parent of a premature baby knows about the lights that treat jaundice or the transcutaneous oxygen monitoring that helps avoid blindness or the

surfactant that helps tiny lungs expand — all work that Dr. Lucey shared with the world. He founded the Vermont Oxford Neonatal Network, which has been responsible for landmark improvements in the overall quality of care to premature infants. A remembrance ceremony for Dr. Lucey will be held in Spring 2018. Memorial contributions in his memory may be made to the UVM Foundation, 411 Main Street, Burlington, VT 05401, to support the Jerold F. Lucey, MD Visiting Professorship for Innovations in Neonatology at the University of Vermont.

Teacher, Editor, Healer: Remembering Dr. Jerold Lucey

Jan McAuliffe M.D. UVM '87

"How frequently I have thought of this wonderful man over the years. He was always smiling, gentle and willing to teach, even if it was only a question you had. I left my residency feeling I knew all about bilirubin — likely more confident than I should have. But those teachings have served me well over the years along with all the others on general neonatology. So humble! I knew he had a lot of awards, but not nearly as many as he got, but he never spoke of them. Rest in peace Jerry. You're work on earth was monumental."

Leslie Kerzner, M.D.'95:

"In the field of neonatology and beyond, Jerry will always be one of the most influential physicians of all time!"

Lila Monahan, M.D.'91:

"A Pediatrician icon — a life well lived! So sad for his family and friends..."

Jim Bottiggi, M.D.'75:

"Jerry Lucey was a great teacher also, and there are many doctors practicing neonatology and general pediatrics today that owe a lot to his mentoring. I never saw him greet anyone without his engaging smile, his chuckling laugh, but he knew his stuff overall. He was a pioneer and respected by all. I will miss him."

Dr. Jeffrey Black, M.D.'67

"Dr. Lucey always had a disarming smile, exhibited his great humanity

to all, and was a wonderful teacher — comparable to Brad Soule and John Tampas. A myriad of people are grateful for his lifework."

Nelson Sturgis, M.D.'68

"A great teacher! I enjoyed his wisdom and knowledge as a medical student and as a pediatric resident."

Judith Ingalls, M.D.'78

"Dr. Lucey was one of my favorite professors. Soft heart and strong clinical acumen."

John Murphy, M.D.'75

"This saddens me greatly. Jerry was my teacher, advisor, and a friend in medical school. I remember the weekend days we spent at his camp on the lake in summers. He lived up the street and just walked over to our wedding reception. His irreverent sense of humor was still present when I last saw him. He spoke at St. Christopher's grand rounds a few years ago. After so many years, I was amazed, when at the reception, he walked over to me and said, "Murphy you haven't changed a bit." Good rest my friend. Sorry to see you go."

Jim Jarvis, M.D.'79

"Jerry was my advisor during medical school, and there is no doubt that it was his guidance and direction that allowed me to pursue my own very rewarding career in academic pediatrics. I was blessed that we were able to stay in touch over the

years. People will write endlessly about Jerry's accomplishments and contributions to the field of pediatrics and neonatology in particular, but I remember him best for his humor. Jerry's contribution to the American Academy of Pediatrics Oral History Project, for example, displays his intelligence, humor, and general love of life as nothing else I've encountered short of the man himself. I treasure the way he shared his gifts with me (and so many others) at a time when I most needed his wisdom and advice, and I will always remember the way he made me laugh. Those of us who knew Jerry in the mid-late 1970s encountered him at the very peak of his career. Even then, he had time for an eager, green, not-too-knowledgeable medical student like me. I was blessed by his mentorship, and blessed to know even back then that I was very fortunate."

Bernard A Gouchoe M.D.'54

"I met Jerry early in his career at UVM. After a one year rotating internship and two years in the Army, I came back to UVM in 1957 to start my first year pediatric residency which would make me one of his earlier residents. I enjoyed this year very much, not only was he a very bright doctor he was one of the nicest persons I have ever met, When I think of Jerry I think of the number of exchange transfusions we did in which he supervised me.

This was a good start for me since I had to do many transfusions over the following years. I remember one semi- amusing incident. My pediatric practice was in Concord, N.H. We wanted to have a noted pediatrician give us a lecture on newborn problems at our local hospital. I thought, who better than Dr. Lucey. So he came down to Concord and gave a very nice lecture. We invited him back to our house to eat before he left for Burlington. Unfortunately, in preparing the meal my wife cut her finger. It was decided she would need stitches. So Jerry said why don't you take her to the hospital and I will baby sit your kids. So that is what we did. And so we had the famous pediatric professor as our baby sitter for a few hours. So we can add this to the many talents that he had. Even though I had Jerry for only about a year he impressed me very much. His family has every right to be very proud of what he accomplished."

Eleanor Capeless, M.D. — UVM Larner Faculty Member

"Jerry was an important part of my early career. He was supportive, respectful and kind. He started the Vermont Perinatal outreach program and understood the synergy of neonatology and obstetrics in improving the health of women and babies in Vermont. I consider it an honor to have worked with him."



October 10, 2017

3:15 P.M.

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 to new first-year students in each of the coats that were presented at the ceremony.

PHOTOGRAPH BY BRIAN JENKINS



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14 One Step Closer
The 4th-year student experience



22 Decision Time
Palliative care efforts at UVM



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