As his eleven-year tenure nears its end, Dean Rick Morin reflects on the high points of his time at the helm of the Larner College of Medicine, and looks at the landscape ahead.

VERMONT MEDICINE: When you first came to UVM in 2007, you said that you felt that your career up to that point had prepared you well for this next step in your career. Do you still feel that way today as you reflect on your tenure as dean?

RICK MORIN: A good deal of my career had prepared me. I’d seen many of the pieces as a division chief, department chair, interim dean, and a pediatrician-in-chief. The difference with the deanship is that the scope of the job is so much larger. You’re maintaining relationships with a broad audience — with UVM Health Network, the UVM Medical Center, the physician group, the University, and the other colleges, and with the State of Vermont, the legislature and the Vermont Medical Society. All that in addition to the relationships here at “home” — the faculty, staff, students, and alumni. So you have this much broader view as dean. Many people at the institution have discrete areas of responsibility. The dean, in some ways, is the only one who’s responsible for the whole thing. I had some experience with this as the interim dean in Buffalo, but it’s even more complicated here in some ways because of the importance of this College within the state.
Meeting with medical students over lunch in 2009.

So you could feel prepared for that, but still have things to learn?

You've never really prepared until you just start doing it. I had been told, when you're the dean, you're no longer playing an instrument, you're the conductor. And that's true. Right? You can't focus on being the best at any single function of the College. You've got to keep your eye on the whole thing, keep the connections going, and provide the environment people can thrive in.

Eleven years is a long tenure for a dean. You've been involved in so much, but when you look back on your time here, are there a few high points that stick out above the rest?

Well, of course, the biggest is the fact that we've named the College. That was the culmination of years of relationship building with a dedicated donor. Very few deans get to call the College after them. That was the culmination of years of relationship building with a dedicated donor. Very few deans get to call the College after them. We've named the College. That was the culmination of years of relationship building with a dedicated donor. Very few deans get to call the College after them.

That also led to improvements in our Clinical Simulation Laboratory, didn't it?

That was something that was way beyond my personal expertise. But we have people here who are very strong educational leaders — Lewis First, and then Bill Jeffries — who have been great to work with. When Bill Jeffries came to me and said "Here's the data on where we ought to be going," it was hard to argue with 250 studies that all pointed toward the immense value of active learning. Dr. Larner's gift has accelerated our work in that direction already. Dr. Larner challenged us to go even faster than we'd planned, and I do believe the medical education we offer will be a lot more effective as a result of that.

And to our knowledge, and we surveyed medical school sim centers, our is the busiest one in the country. We actually teach more students, in more hours. Others may be bigger and shinier, but ours is actually used. And it actually has an impact with the students.

Another challenge you've faced in building clinical education opportunities.

Yes, that was certainly a challenge. It was a real loss for us when we lost Maine Medical Center. But we rebounded from that quickly. We set up agreements with other places with substantial clinical foundations. And we also managed, as part of that, to find a much more diverse population of patients, and of physicians and educators, to work with our students... Which was an unexpected positive outcome, I think. That was something that Maine didn't offer. Bill Jeffries just really scrambled to make that happen. There were ups and downs. There were challenges, and we had to meet those challenges, but our partners worked with us.

And now we're at the point where we have a branch campus.

We have a formal branch campus, with Western Connecticut Health Network, recognized by the state of Connecticut, and by the LCME, our accrediting body. And there's actually a potential for growth of that now with WCHN's merger with Quest, which has four more hospitals on the other side of the Hudson River. And meanwhile our program with St. Mary's in Florida is thriving. It's one of our highest-rated clerkships every year.

And we've overcome the formation of longitudinal integrative clerkships.

That was an attempt to do more, in a setting like those in the smaller hospitals in our network, where it's almost impossible to do a traditional clerkship, but over a year, with a broad panel of patients to follow, it can be very successful. We started piloting it with Hudson Headwaters Health Network a year ago, and our first group of students did incredibly well. We have four more students there this year and we're working on doing another LIC at Central Vermont Medical Center next. If we can train students like that in Vermont, that's great, and this is what we're working to do — using the network to expand clinical education.

Among the changes you've seen is the formation of that very network, the UVM Health Network—

...and I really drank the Kool-Aid. (laughs)

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Well that's something that's foundational, that fundamental relationship. You can't be a medical school unless you can teach clinical medicine, and you can't teach clinical medicine unless you have a substantial clinical foundation in which to do it. It takes an amazing number of patients to train a medical student. I remember when we started rewriting the affiliation agreement with UVM Health Network CEO John Bramsted. We rewrote that and it was dramatically better for both of us, I think. We became much better connected. It worked for us clinically and in education, and led to us merging our development efforts, which has been very successful. We've unquestionably been functioning better than ever. I give John Bramsted credit — he recognized the value of being a university medical center, where it all comes together — the teaching, the research, and the patient care.

And that's an area where John Bramsted and I really drank the Kool-Aid. (laughs)

You've also seen, in your time here, the rise of the accountable care organizations.

You've also seen, in your time here, the rise of the accountable care organizations.
We have about 15 million dollars a year of we return about eight to nine dollars per dollar of investment. The average public medical school returns about a dollar. We are nine times higher than average. So we are incredibly productive at what we do. And if you also look at spinoff corporations from the University of Vermont, the vast majority originate at our School. We receive a very modest amount of state support. And if you look at the return on investment that we make to the state, we return about 30 percent more with the same amount of space because it’s so much more efficient. That investment is also a huge recruiting tool for doctoral students, junior faculty, senior faculty. It functions as a recruitment and retention tool. Graduate education in the natural sciences, certainly in medicine, is built upon good, funded, published ongoing research. If you have that going on, then it’s a wonderful environment in which to teach Ph.D. students. If you don’t have that going on, you can’t. The research is a foundation for having robust Ph.D. and post-doctorate programs. The research is first, and you build the educational programs on top of that. We need to build the next generation of biomedical scientists, recruit them, and retain them.

Returning again to things you said when you first came to UVM: you said you loved the fact that all the different departments of the University and the academic health center were so close — that you could walk to the president’s office or the medical center CEO’s office in a matter of a few minutes. Clearly, that physical proximity has turned into a personal proximity with the people in those offices.

That just enhances and improves the opportunity for good relationships. And that has happened, you know. We can get things done just more rapidly because there’s a longstanding trust there with my fellow leaders. In some ways, it’s the same thing with the alumni — it’s a sense of trust that’s developed. You don’t give your hard-earned money to somebody that you don’t trust. They can see what we’ve done. That’s why we’re going to meet or beat our $200 million goal for this campaign. And sure, we had the Larner gift, but more than half that goal came from a broad array of other alumni and friends. It’s been a wonderful thing to work with alumni and find their passion and help them do things, create things, for their medical school.

You also seem to have really embraced Vermont.

Oh, yes. It’s a great place to live. Tracy and I love it. I love the outdoors — hiking, biking, skiing, fishing, climbing mountains.

So you’re not going away. Is the path ahead clear?

I’ll have a sabbatical — the first one I’ve ever taken in my career. And I’m going to be talking with the president and provost about projects they would like to have that I might help with. And I’d like to continue my relationships with alumni.

As you said when you made the announcement last August, there are more peaks for you to climb.

There always are. I like to go out and climb mountains and I like to get to the top. I remember many years ago, running with a friend of mine, and talking about our careers. And I said I wanted to find something I could devote myself to, work hard at, and reach the end of it completely spent. Well, I found it, and I’ve reached what I feel is a good stopping point. But I’m not spent! The job’s never really done. And I said I wanted to find something I could do that was still exciting and provide protection from the winds and colder air. So you’re not going away. Is the path ahead clear?

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Morin challenged 375 medical alumni to make donations during this campaign. After the first 100 donations were logged, he committed Camel’s Hump — and donated $2,500 to the College of Medicine Fund.

“Camel’s Hump can be an easy hike, with good conditions,” said Morin, who completed the hike following the Forest City Trail to the Long Trail to the summit, which he explained makes the hike 50 to 150 percent longer and more difficult. An experienced winter climber, Morin wore a combination of layers for his mountain ascents and descents. Upon reaching the tree line, he added a windbreaker and down jacket to provide protection from the winds and colder air at the summit.

With the Match Challenge campaign’s surpassing 200 medical alumni donors, Morin took on a second peak — Mount Mansfield. His first attempt was solo and more challenging than expected. He opted to take the “road less traveled” and found a trail that was abandoned in the early 1990s, around the same time when the Given building was built. Due to deep snow and waning daylight, he had to return to the base before reaching the top. However, his second attempt, with friends, was successful, and he was followed by a $5,000 gift.

Alumni donor number 375 came through the morning of Match Day, and prompted Morin’s final trek up Mt. Marcy a few days later. His final gift of $7,500 for a total of $15,000 to support student scholarships and wellness.