FIRST AND FOREMOST

You’ll find Lewis First, M.D., pretty much anywhere that matters for children’s health and wellbeing.

ALSO FEATURED:

Loyal alumnus and philanthropist Robert Larner, M.D., gives the largest one-time gift in the history of the University of Vermont.
Spreading the Word on Technological Advances in Medicine

Conversations with a neighbor while walking near his Charlotte, Vt., home in part inspired JOHN “JACK” STETSON, M.D.’60 (UVM ’56) to create a new endowed lecture series dedicated to Technological Advances in Medicine at the College of Medicine.

During his recovery from double knee replacements, Dr. Stetson walked daily around Thompson’s Point in Charlotte. On one of those walks he met a neighbor whose life was saved through a Trans-Aortic Valve Replacement (TAVR), a fairly new minimally invasive procedure that replaces a damaged heart valve via catheter. Moved by the neighbor’s story — and fascinated by the technology that made it possible — Stetson and his wife, Bobbie, decided to fund the lectureship through a $100,000 estate gift.

The Stetsons’ generous gift will allow leading edge thinkers and researchers from around the world to come to UVM for an annual lecture devoted to exploring how technology is continually advancing patient care.

Thanks to an additional gift from the couple that will provide current operating funds, The John W. Stetson ’56 M.D.’60 and Roberta B. Stetson ’57 Technological Advances in Medicine Lectureship is set to begin in the summer of 2016.

For more information about supporting the College of Medicine, please contact the Medical Development and Alumni Relations Office.
As this academic year comes to a close, we prepare to send more than a hundred new physicians out into their residencies across the country. We were especially happy to see 100 percent of our seniors successfully match this year, keeping in mind that the competition for residency slots has become even greater in the last few years. Once again, this is a testimony to the quality of students we attract and the caliber of education they receive under the Vermont Integrated Curriculum.

In mid-April we celebrated very exciting news — the announcement of a record-breaking new gift from Helen and Robert Larner, M.D.’42. Dr. Larner is no stranger to our alumni — over 1,200 of our graduates have benefitted from the loan and scholarship fund he initiated more than 30 years ago. Just as important, he has carefully fostered the growth of philanthropic culture among those who have benefitted from his generosity, underscoring the need for “giving back” from all who enter the medical profession.

The Larner’s latest gift, totaling $19.7 million, sets a record at both the College and the University. I had the pleasure, along with President Tom Sullivan, of visiting Bob and Helen at their home in California shortly after their gift was announced. I was impressed once again that, even 74 years after his graduation, Bob is keenly interested in the continuous improvement of medical education. You will see more news about this in the near future as we build a “Larner Learning Commons” at the College that will allow us to use experiential learning throughout our curriculum.

You’ll see the first of our “Campaign News” columns in this issue that will regularly keep you up-to-date on the progress of Move Mountains: The Campaign for the University of Vermont. Many alumni and friends of the College have come forward in recent months to offer their support in our efforts in medical education, research, patient care, and community engagement. Among those are Vermonters Bob and Holly Miller, who have funded an important new endowed professorship in palliative care in our Department of Family Medicine.

As of late May, the Move Mountains campaign has generated over $298.3 million of its $500 million goal. Of that current total, more than $93 million has been designated in support of the College of Medicine. This is a testimony to the deep connection we have to our graduates and our community — partners in all our work.

Frederick C. Morin III, M.D.
Dean, University of Vermont College of Medicine

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The University of Vermont
College of Medicine

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Summary
Medical Education Champion and Alumnus Robert Larner, M.D.’42 Gives Largest Gift in UVM History

Helen and Robert Larner, M.D.’42 with UVM President Tom Sullivan and Dean Rick Morin.

Robert Larner, M.D.’42, and his wife, Helen Larner — $19.7 million in commercial property and cash to further their commitment to ensuring excellence in medical education at UVM.

This latest gift from the Larners is the largest one-time gift in the University’s history. Combined with their earlier philanthropy, the Larners’ lifetime giving to UVM totals over $33 million, and establishes them as the most generous donors in the 225-year history of the institution.

The commercial property, valued at $18.7 million, will be held and managed by the UVM Foundation, with the income it generates directed to the College of Medicine to invest in its medical education programs. A $1 million cash gift was also included. The gift was announced at a meeting of the UVM Foundation’s National Campaign Council in Burlington.

“At the support of Bob and Helen Larner has changed the face and the future of our College of Medicine,” said Dean Morin.

“This gift will give us the resources to develop the best teaching technologies and techniques, making us in fact and in reputation second to none in medical education.”

As a self-described “small town kid” from Burlington’s Old North End, Robert Larner grew up the youngest of seven children of a local roofer. He was also a Class of 1939 UVM undergraduate alumnus. After service in World War II he built a successful medical practice in Los Angeles, Calif., and made it a life goal to “give back.”

“I wanted to help other medical students have the kind of stimulating, gratifying practice of medicine that I’d had,” he said.

“The Larners have a long history of transformational support for the College of Medicine. Since 1985, the Larners have assisted hundreds of UVM medical students through the Larner Loan Fund, now valued at more than $8 million, which has the dual intent of easing the financial burden of medical education for students while simultaneously fostering a culture of philanthropy among alumni by encouraging Larner Loan recipients to give back to the College of Medicine later in their careers.”

In 2012, the Larners provided funding to purchase five Harvey® cardiopulmonary simulators for the Clinical Simulation Laboratory, a collaborative program between the UVM College of Medicine, College of Nursing and Health Sciences, and the UVM Medical Center. In 2013, The Robert Larner, M.D.’42 Medical Education Center was dedicated to acknowledge their decades of support.

More recently, the couple contributed $1 million to build an innovative Team-Based Learning Center in the Larner Medical Education Center on the University campus. In October 2015, a $1 million gift established the Robert Larner, M.D.’42 Endowed Professorship in Medical Education, held by Kathryn Huggett, Ph.D., and an accompanying $8.7 million gift of property was announced during the public launch of UVM’s $500 million comprehensive Move Mountains: The Campaign for the University of Vermont in October 2015.

“We are overwhelmed by the generosity of the Larners and their commitment to ensuring that medical education at UVM is truly second to none,” said UVM President Tom Sullivan in announcing the gift. “This is the quintessential story of a local boy who became successful and is sharing his good fortune with the community that gave him his start.”

The Larners’ generosity has substantially advanced UVM’s medical mission to benefit Vermont, the nation and the world — facts recognized with the awarding of the 2013 UVM Lifetime Achievement in Philanthropy to Dr. Larner and an Honorary Doctor of Science degree that was awarded to him at the 2014 Commencement Ceremonies.

The College recognized the Larner gift with its own celebration on April 18.

“I wanted to help other medical students have the kind of stimulating, gratifying practice of medicine that I’d had.”

— Robert Larner, M.D.’42
Harvard’s Maktabi Appointed Chair of Anesthesiology at UVM

Dean Rick Morin and University of Vermont Medical Group President and CEO Claude Deschamps, M.D., have announced the appointment of Mazen A. Maktabi, M.B.B.Ch., as chair of the Department of Anesthesiology and health care service chief of anesthesiology, effective August 1, 2016.

Maktabi will succeed David Adams, M.D., who has served as interim chair of anesthesiology since 2013. Adams will continue as a senior clinician-scholar in the department and as the founding chair of the UVM College of Medicine/UMV Medical Center Learning Environment and Professionalism Committee.

Currently an associate professor of anesthesiology at Harvard Medical School, Maktabi also serves as chief of the Division of General Surgery Anesthesia, which he established at Massachusetts General Hospital. In 2014, he also established the General Surgery Regional Anesthesia Service in the Department of Anesthesiology, Critical Care and Pain Medicine at Mass General, which he co-directs. Prior to joining the Harvard faculty, he was director of the Division of Neuroanesthesiology and associate director of the anesthesiology residency program at the University of Iowa College of Medicine and University of Iowa Hospitals and Clinics, where he also held numerous elected colleague and university governance positions. Maktabi earned his medical degree from Cairo University in Egypt and completed his residency in anesthesiology at the American University of Beirut in Lebanon.

A fellowship-trained neuroanesthesiologist with special interest in base of the skull surgery and major spine surgery, Maktabi’s research focuses on the difficult airway in neuroanesthesiology, postoperative vision loss, and informed consent by patients. He is the author of more than 50 published articles and book chapters.

UVM Vaccine Testing Center Works to Combat Zika

The University of Vermont Vaccine Testing Center (VTC) has been chosen to take part in the clinical trials and research on a vaccine for Zika virus, which was declared a global health emergency by the World Health Organization in February.

The VTC has a longstanding partnership with the National Institutes of Health (NIH) lab that developed a dengue vaccine and is developing the Zika vaccine, and the VTC, together with the Center for Immunization Research at Johns Hopkins University in Baltimore, Md., will be one of two sites to test the safety and immune response testing of an NIH-developed Zika vaccine candidate in humans. Because of the potential for a link of Zika infection with birth defects, pregnant women or those who may become pregnant will be excluded from Zika vaccine trials.

VTC faculty Kristen Pierce, M.D., an infectious disease specialist and associate professor of medicine, and Sean Diehl, Ph.D., an immunologist and assistant professor of medicine, have expertise in the characteristics of flaviviruses — a group of viruses, mostly transmitted via insects, that cause such human diseases as Zika virus, yellow fever, dengue, various types of encephalitis, and hepatitis C — and related viruses. An infectious disease physician, Pierce has led or co-led several Dengue and West Nile virus vaccine-related trials at the VTC. Dach studies the basic mechanisms of flaviviruses, vaccines against flaviviruses, and the immune responses triggered by flavivirus natural infection or vaccination.

Currently, there is no available vaccine to prevent infection with the Zika virus. However the National Institutes of Health has made the development of an effective Zika vaccine a priority.

Bernstein and Bates Named 2016–17 University Scholars

College of Medicine faculty members Ira Bernstein, M.D., and Jason Bates, Ph.D., have been named as two of four VUM University Scholars for 2016–17. Led by the UVM Graduate College, the University Scholars program recognizes “sustained excellence in research, creative and scholarly activities.”

Bernstein is professor and John Van Sicklen Maciel Chair of Obstetrics, Gynecology and Reproductive Sciences and medical director of Women’s Health Care Services at the UVM Medical Center. A 1983 alumnus of the College of Medicine who joined the UVM faculty in 1988, his primary research focuses on the investigation of human integrative physiology and its pathophysiologic variations during the course of pregnancy.

Bates, professor of medicine and molecular physiology & biophysics, serves as the interim director of the UVM School of the Medical School, Maktabi also serves as chief of the Division of Neuroanesthesiology and associate director of the anesthesiology residency program at the University of Iowa College of Medicine and University of Iowa Hospitals and Clinics, where he also held numerous elected colleague and university governance positions. Maktabi earned his medical degree from Cairo University in Egypt and completed his residency in anesthesiology at the American University of Beirut in Lebanon.

Anthony Morielli, Ph.D., was recently named director of UVM’s Neuroscience Graduate Program (NGP). Morielli is one of 54 faculty members across nine departments and four colleges in the 10-year-old Neuroscience Graduate Program (NGP), which is jointly run by the Colleges of Medicine and Graduate College. The program includes about 25 doctoral students who work on research projects in the labs of 48 faculty mentors, sometimes collaborating with more than one. Morielli earned his Ph.D. in biology from the University of California, Santa Cruz, and joined the UVM faculty in 1999. During his postdoctoral training at Stanford University and Harvard University, he studied the regulation of ion channels — proteins that allow charged particles to pass through the cell membrane. His research now focuses on the interaction of these channels in the process of learning and consciousness.

Morielli is New Director of Neuroscience Graduate Program

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Class of 2018 Medical Student Thura Named to UVM Board of Trustees

Second-year medical student Soraiga Thura has been appointed by the Associated Directors for the Appointment of Student Trustees to the UVM Board of Trustees. Her two-year term of service became effective in March. UVM’s Board of Trustees sets and approves policies, budgets and strategic planning. Originally from Falls Church, Va., Thura graduated magna cum laude with University Honors from Virginia Commonwealth University with a degree in economics in May 2014 and began her medical school career at UVM in August 2014.

Sullivan Piano Debut

When Senior Associate Dean for Research Gordon Jensen, M.D., Ph.D., was officially welcomed to the College at a special reception in February, at an event also honored the many contributions of Russell Tracy, Ph.D., professor of pathology and outgoing interim senior associate dean for research, the event also heralded the arrival of another new presence at the College — the Sullivan Piano. Permanently housed in the Gallery, the new grand piano is a gift from the estate of College of Medicine alumnus Thomas Sullivan, M.D.’66. Three members of the UVM College of Medicine community played in this debut performance, including medical student Anita Li ’19, Department of Surgery staff member Rejoanne Jabert, and Martin LeWinter, M.D., professor of medicine and longtime jazz enthusiast.

Notables

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Poynter Named Director of Cellular, Molecular and Biomedical Sciences Graduate Program

Matthew Poynter, Ph.D., a professor of pulmonary medicine, has been named director of the Cellular, Molecular and Biomedical Sciences (CMB) graduate program at UVM. The CMB program brings together researchers from 16 UVM departments in a collaborative community that provides personalized training in a graduate-student focused, state-of-the-art research environment. Poynter came to UVM in 1998 as a postdoctoral fellow in environmental pathology, and later received funding to launch his own lab in affiliation with the Vermont Lung Center, of which he is associate director.
F rom anxiety to elation, emotions ran high on Match Day, the nationwide event during which graduating medical students open the envelopes that tell them where they will first officially work as physicians.

This annual rite of passage marked students’ completion of four years of rigorous coursework, exams, clinical training, as well as months of residency applications and interviews. On March 18, 2016, more than 100 members in the College of Medicine’s Class of 2016 gathered in the Hoehl Gallery at the College to learn and celebrate their match results as family, friends and faculty listened or watched from around the world via a livestream video. All 108 students in the Class of 2016 secured matches to residencies — a significant achievement at a time when there is a national shortage of residency positions.

The UVM Match Day celebration opened with a “parade” of members of the Class of 2016, which graduating medical students open envelopes, following which student leaders began coursework, exams, clinical training, as well as months of residency applications and interviews.

Residency Match Results for the College of Medicine Class of 2016

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See Match Day photos and videos. Go to: visits.uvm.edu/medicine

RESIDENCY MATCHES FOR THE COLLEGE OF MEDICINE CLASS OF 2016

NATIONAL MATCH DAY 2016
New Findings Highlight Potential Treatment for Heart Mutation

Two UVM molecular physiologists have taken a step toward a possible new treatment to address the underlying root cause of familial hypertrophic cardiomyopathy, an inherited disease that causes the heart muscle to thicken and struggle to pump blood. The latest research of Professor and Chair of Molecular Physiology and Biophysics David Warshaw, Ph.D., and Assistant Professor Michael Previs, Ph.D., published in the Proceedings of the National Academy of Sciences (PNAS), provides insight into structural changes to a protein critical to tuning the heart’s pumping process and what might go wrong if it is mutated. They found that phosphorylation — or the addition of phosphate at a key point — alters the structure of “protein C,” one of the key controllers of the heart’s ability to properly contract and relax during each heartbeat. Their findings suggest the possibility of developing a new therapy, a chemical way to provide phosphorylation and, essentially, keep the cardiac engine “tuned.”

Research Team Uncovers Critical Genetic Element Driving Rodent-Hosted Virus Behavior

A team of UVM researchers has pinpointed a unique self-controlling characteristic of an arenavirus that offers hope of a possible vaccine for non-untreatable hemorrhagic fever infections. Assistant Professor of Medicine Jason Botten, Ph.D., postdoctoral fellow Emily Bruce, Ph.D., and graduate student Christopher Ziegler set out to examine lymphocytic choriomeningitis virus (LCMV) and the way it limits its own replication. They found the genetic element that drives the virus’s production of “defective interfering” particles. Their findings could lead to methods of engineering vaccines more mantically, in a disabling downward spiral. Toth, an expert in muscle physiology, and his research team will utilize a new two-year grant from the National Cancer Institute to study whether neuromuscular electrical stimulation (NMES) can help combat the effects of muscle atrophy in breast cancer patients.

The findings were published in the journal PLoS Pathogens.
The time has come for UVM to move forward, to pursue excellence with even greater confidence and to assert our position among the nation’s finest public research universities. To move mountains is to change lives. This is our passion and our calling.”

— UVM President Tom Sullivan

The position, to be held by the Director of Cardiac Rehabilitation at UVM Medical Center, will allow the Cardiac Rehabilitation and Prevention Program to continue to grow and evolve to meet the needs of patients, as well as continue its legacy of leading edge research. Ades has dedicated his decades-long career to improving the lives of patients with heart conditions. His research is focused on the important role exercise can play in rehabilitation after a heart attack, as well as the benefits of weight loss to obese coronary patients. Ades also played a role in the national expansion of cardiac rehabilitation services to Medicare recipients with chronic heart failure.

Grateful Patient Gifts Help to Establish Endowed Professorship in Cardiac Disease Prevention

UVM Professor of Medicine Philip Ades, M.D., has impacted thousands of lives through his work in cardiac rehabilitation and disease prevention. Now thanks in part to $650,000 raised by grateful patients and family members, the University of Vermont has created the Philip Ades, M.D., Endowed Professorship in Cardiovascular Disease Prevention to ensure his legacy continues. A $350,000 gift from the estate of Harriet Dusen, ’42, M.D.’44, a cardiologist and pioneer in the detection and treatment of hypertension, also played a key role in making the $1 million goal a reality, as did a $100,000 gift from Ades and his wife, Deborah Rubin, M.D. The position,

Gift in Memory of Father Funds Parkinson’s Research

UVM Associate Professor of Neurological Sciences James Boyd, M.D., made a deep impression on Katharine Laud when he heard him speak at a University of Vermont Development Grand Rounds talk. As associate vice-president of administration for the UVM Foundation, she had attended these events in the past, meant to familiarize development staff with the range of important causes in need of support, but this time she knew she had to take action. Boyd’s research focuses on movement disorders including Parkinson’s Disease, a condition Laud’s father, Stephen Wiley, struggled with until his death in October of 2015. The $100,000 gift she and her husband, Paul Laud, made will support Boyd’s leading edge research into potential therapies for Parkinson’s — including studies that look at whether nicotine patches may help slow disease progression — as well as help to fund the next generation of researchers through scholarships and stipends. After Laud learned that Boyd had also treated her father, the gift became even more special. “I’ve never felt as good about giving a gift as I did when I gave that one,” says Laud. “You couldn’t have stopped me.” A lawyer, politician, and author of three books of poetry, Wiley was a celebrated leader in Morristown, New Jersey, where he is remembered for arguing a historic case in front of the state Supreme Court that averted school segregation by merging two school districts. His roots in Vermont also run deep, as he and his wife, Judith, enjoyed a summer home for years in South Hero, Vt.

Bequest Provides Loan Assistance for Vermont Residents

Kay and Richard Ryder understand the importance of financial support for medical students, as their son and daughter-in-law — both alums of the UVM College of Medicine — benefited from such help. Inspired by how much this assistance meant to their family, the Ryders have recently added to their already significant bequest to provide no fee, no interest loans, and favorable repayment terms. Both Kay and Richard Ryder are active in the Burlington, Vt. community: Kay is a retired health care lobbyist and public relations director for home and community-based health care, and is host of the popular local television show “Conversations with Kay.” Richard, a 1936 graduate of the University of Vermont, is partially retired from his career in internal medicine in Burlington and occupational medicine at IBM. He continues to consult part-time for various Vermont businesses.

Bequest To Support MacKay Scholarship Fund

The Bruce R. MacKay, M.D,’57 and Phyllis Davis MacKay Endowed Scholarship Fund has been supporting medical students at the UVM College of Medicine since 2012, the year MacKay celebrated his 50th reunion. A recent $58,000 bequest from the estate of Dr. MacKay, who died in April 2015, ensures the doubling of the scholarship fund, bringing the total fund amount up to more than $100,000, ensuring it will be helping students achieve their dreams for years to come. Scholarships continue to be a critically important resource for students with financial need, lessening their debt burdens as they embark on their residency training and careers.

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Wherever you find him, **LEWIS FIRST, M.D.** is engaged in making life better for young patients and their families.

*by Sarah Zobel | photographs by Andy Duback*
who is a leader in the field of pediatrics, a role model, one who has contributed broadly to the field, and most important, created a future.” For First, that future encompasses not just his own work, but that of the entire College of Medicine pediatrics department and the UVM Children’s Hospital.

“We face some very major issues in children’s health in our state and nationally,” First says. “And an important factor in ensuring the health of children now and into the future is ensuring the sustainability of our efforts. A great sign to me was when a number of my mid-career faculty came in to my office a couple years ago and said, ‘Tell us everything you do. We want to learn to do those things, so that we keep this going and insure that our department meets and will continue to meet the health care needs of children locally, nationally and even internationally.’” This includes a number of metrics and accomplishments as a result of the growth of a talented pediatrics faculty: from 28 when First arrived in 1994 to 65 today, with retention rates that other medical centers would be envious of.

“We have applicants coming from all over the country who want to train here, and then, when they’re done training as residents, many want to stay here and practice in Vermont and upstate New York. Even those with specialty interests get accepted into topnotch fellowships, and then, at completion of their training, contact us with the hope that they can come back and join our faculty — and many have,” says First. “And now we’re also seeing an influx of outstanding people from nationally known freestanding children’s hospitals and training programs who want to join us as well and be part of our department family,” something First attributes to what he calls “the happiness factor.” “While we’re not saying practicing pediatrics in Vermont is stress-free, we can make things happen here; the communities we serve recognize that and that makes all of us feel good about the valued work we do. When we get it right locally and regionally, we can then become a model for the rest of the country. I’ve never seen more a more unified collaborative and supportive effort between our pediatric health care professionals and the patient and families we serve all joining together to say, ‘Let’s keep the care local, and keep the care the best.’ That’s the mantra that drives everything we do.”

Although UVM Children’s is one of the smaller full-service children’s hospitals in the country, its focus on patients- and family-centered care, along with added expertise in areas such as health services research, has allowed it to become a leader in the field. That’s exemplified by the affiliated Vermont Oxford Neonatal Network, under the direction of Jeffrey Horbar, M.D., Jerold F. Lucey Professor of Pediatrics. More than 950 neonatal intensive care units nationally and internationally send data to Vermont Oxford (based in the pediatrics department) and in turn, the best high risk infant care practices can be determined from the analysis of that data and then shared globally.

“We are the largest health outcomes network for pre-term infants in the world, in the setting of a 29-bed neonatal intensive care unit,” says First. Likewise, the American Academy of Pediatrics’ Pediatric Research in the Office Setting Network (PROS) was started by Professor of Pediatrics Richard Wasserman, M.D., who has served as its director for more than two decades; as a result, virtually every office-based AAP research project in the country is overseen in Vermont, from which the results are disseminated nationally. The Vermont Child Health Improvement Program (VCHIP), a statewide children’s health services research network, has grown over the past decade into a 20+ state National Improvement Partnership Network, with those states emulating what has been accomplished in Vermont under the direction of VCHIP’s Executive Director, Professor Judith Shaw, Ed.D., R.N.

Vermont patients and their families seem to sense the value of their local institution. Many Vermonters who may opt to initiate complex treatment for their child elsewhere in a larger children’s hospital often end up returning back to Burlington and the UVM Children’s Hospital, where every protocol is nationally benchmarked but the care can be more personalized.

First has over the years made something of a name for himself, participating in a variety of community events to which he loves to be invited. Perhaps his biggest community service role is his use of media to educate the public through, “First with Kids,” 90 second pediatric health-related segments that appear weekly on local television stations WPTZ and national markets as well as on the radio (WOKO) and in 15 community newspapers. “It struck me that when you can educate the community — not in your office — and do it creatively using different types of media, you can start to have a different kind of impact,” says First. “To save time, First tapes roughly 30 television segments in a day, and until recently, did so without the benefit of a teleprompter, memorizing all 30 for the one-day shoot. Early in 2016 he filmed his thousandth segment.

“When I came to interview for this job, I wasn’t surprised when we walked around the medical center that everybody we passed said, ‘Hi, Lewis,’” says Dean Morin. “But then we’d be walking down Church Street, and everyone would say, ‘Lewis, hi!’ He’s really engaged in a way that most chairs of pediatrics or heads of children’s hospitals aren’t.”

First, with his penchant for Mickey Mouse ties, tries to introduce creativity as well in his public speaking by ending his public speeches and lectures with new lyrics he writes to Broadway songs. He even sang at the end of his 2014 College of Medicine commencement address.

While pediatrics seems like it was a natural fit for him from the start, that wasn’t the family business originally intended for him — given that he grew up in Philadelphia with a father, uncle, and great-uncle who were practicing obstetrics and gynecology. There was a strong desire for him to follow suit. In fact, First was invited to witness a delivery at age 13, and promptly fainted. He did so again when brought to the delivery room on several more occasions during his adolescence.

At Harvard College he majored in biochemistry, wrote for The Crimson, and served as a tour guide before heading to Harvard Medical School, not knowing what specialty he would choose — other than avoiding obstetrics. First says when he started clinical rotations, he found it challenging, but with the guidance of a junior faculty member at the Massachusetts General Hospital, Leslie Fang, M.D., who met with him every afternoon on that first rotation in internal medicine, he began to master the basic skills of physical diagnosis and clinical decision-making.

What Dr. Fang did for me was so important. I realized then at I do now, that wherever my career takes me, I would want to ‘pay it forward’ to others as a teacher, and make sure the trainees and students I taught all could be as energized to learn as I was. “I really can’t thank Dr. Fang’s commitment to me as a teacher and clinician. It’s about making the next generation of health care professionals even better than the current generation — and that’s why I have focused so much of my professional career on medical education, teaching and learning,” says First.

It was not until the end of his third year of medical school that he did his first rotation in pediatrics — and he knew as soon as he started that rotation that pediatrics was to be his chosen field. “I discovered immediately that this was a field that truly made the difference I had been looking for. Being able to get someone started in life by helping them overcome an illness and/or stay as healthy as possible were challenges I wanted to take on. And you can be yourself. You don’t have to become someone you’re not, or your young patients will not trust you and only fear you; but you still need to have that professionalism and the gravitas to know you’re dealing with a child’s life at all times. Yet the chance to be creative and
First's writing skills and ability to edit got him on the radar of Jerold Lucey, M.D., UVM professor of Pediatrics and then editor-in-chief of the most prominent journal in the field, Pediatrics, who invited First to contribute as an “early-career” member of the editorial board. Shortly thereafter, Lucey put First's name in the running to be chair of Pediatrics at the College. After a series of interviews in Boston and Burlington, he signed on as professor and chair in 1994.

“I had never met a more talented or passionate group of people when it comes to making children a priority than those I met in Vermont and upstate New York, and I knew I wanted to be a teacher-clinician and practicing general pediatrician also,” says First. “I had never met a more talented or passionate group of people when it comes to making children a priority than those I met in Vermont and upstate New York, and I knew I wanted to join this team,” First says. Shortly after his arrival in Vermont, he began to travel and visit every pediatric office in the state (and in upstate New York) to establish and strengthen relationships with all pediatricians served by the College, which he continues to maintain on an individual basis.

In 2003, First was named senior associate dean for medical education, a position he held for seven years while continuing as department chair. In the meantime, he’d been editing a monthly newsletter, AAP Grand Rounds, even as Ralph Feigin, M.D., professor and chair of the Department of Pediatrics at Baylor College of Medicine, was slated to replace Lucey as editor-in-chief of Pediatrics. Feigin invited First to be his deputy editor. Upon Feigin's unexpected death in 2009 First stepped in as editor-in-chief, a three-year position that has now been extended through 2022. During his tenure, First has brought the journal into the online world with new features and formats, such that it remains the most cited peer-reviewed pediatric journal in the world. Says the AAP’s Dreyer, “As editor-in-chief he’s done an amazing job of expanding what goes on in the journal, and people would prefer if he just did that forever.”

First frequently invites others to join the weekly editorial call, ostensibly so they can learn how a journal works, but also to serve as quasi-peer reviewers for the editorial process he oversees. Over the course of a single call First, deputy editor Alex Kemper, M.D., M.P.H., and other participants will discuss some 50 to 60 manuscripts.

“The thoughtfulness with which Lewis leads the process makes it fair, and also scientifically interesting,” says Kemper. “He’s able to combine high expectations for how things are done with a sense of fun. But at the end of the day, what makes him such a leader in the field is the rigor to which he holds himself, and the rigor he expects from other people.”

First expects that same dedication from students as well, but recognizes that they’re still learning. Class of 2016 member Reiko Sakai accompanied First on rounds as a member of the pediatric student group in her first year, and says he was careful to ask challenging questions that he knew students would be able to answer if they applied the basic science they’d learned thus far. This year, Sakai’s acting internship in pediatrics coincided with First’s annual month of hospitalist service and included weekly feedback meetings where he offered supportive suggestions to further improve her clinical diagnostic skills, and also her ability to appreciate team dynamics and conduct family-centered rounds.

“He does a monthly interactive session with students and residents where he plays parents on the telephone asking questions about their children. His phone call challenges also give us a chance to think more clinically on the spot and apply what we have learned to make sound evidence-based decisions,” says Sakai. He’s also available to his student advisees (and he has many) around the clock, and takes a genuine interest in their career plans.

First is also keeping an eye on the changing needs of area residents and is responsive to the region’s needs, helping to launch new or expanding programs in child abuse services and immigrant and refugee health, as well as a new clinic for transgender patients. He’s brought parents on as members of major committees and initiatives and routinely fundraises for UVM Children's Hospital and the College — hoping to eventually see an endowed chair for his successor — while working to integrate the UVM Children’s Hospital into the larger UVM Health Network.

The proud father of two and grandfather of one is tweeting — sharing through social media his notions of how to be a “leadiatrician” — a term he coined. It’s a five-step plan that includes externally changing something for the better every day, helping advocate for patients and the community, striving for self-improvement, learning to use the media in a positive manner, and developing a sustainability plan for these improvements.

In the end, Lewis First’s only regret, he says, is that his many commitments preclude him from the direct laying on of hands as much as he would like to work with some of the 225,000 Vermont and New York patients who need pediatric care as outpatients or inpatients from those who work at the UVM Children’s Hospital and Department of Pediatrics. But until he has more time, he’ll keep walking the corridors — checking up to make sure every child is receiving the highest quality child-friendly family-centered care possible.
Welcome to the world of Multiple Mini-Interviews, the latest evolution in selecting medical students at the College of Medicine. 

A cowbell clangs. The eager applicants have finished the allotted six minutes to expound on a particular topic. Now, they have two minutes to consider their next topic before they sit down with another interviewer and start talking. The cowbell, Vermont-style, will again tell them when to stop and move to a new topic with a new interviewer.

This is Interview Day at the UVM College of Medicine, and the prospective medical students are tackling the multiple mini-interview, or MMI. By the end of the process, they will complete nine highly focused six-minute interviews, covering topics that range from a controversial political issue to a dilemma with a co-worker.

For the last two years at UVM, the MMI has replaced the traditional medical school interview that gave the applicant 45 minutes with one person, often a current or former faculty member, after which the interviewer would then provide his or her evaluation to the full College admissions committee.

That format, though, involved unintentional but inherent unfairness, says Janice Gallant, M.D. ’85, the College’s associate dean for admissions. With the single-interview format, one distracted remark, or a slight failure to “click” with the interviewer could ruin an applicant’s chances. Or the sole interviewer, who typically used to see the application file before the one-on-one meeting, might share a personal detail — an alma mater, hometown or beloved sports team — with the prospective student, making a favorable review more likely.

“It was a system that could be affected by unintentional bias,” says William Jeffries, Ph.D., the College’s senior associate dean for medical education. “The human tendency was that for people you would like, you would go and advocate for them in the committee.”

So, starting in 2014, the College switched to MMI, with the goal of diminishing levels of bias and gaining a better, deeper appraisal of the “core competencies” of applicants — areas of personal and professional aptitude that have been identified by extensive research by the Association of American Medical Colleges (AAMC).

Along with the MMI, Gallant and her staff revamped its admissions committee and procedures, and also instituted an interview day teamwork exercise that is unique among medical schools.

The core competencies encompass “soft” skills such as ethics, empathy and adaptability. Not only are those qualities difficult to measure in general, but research indicates that they are not always detected by a traditional lengthy single interviews.

“The personal interview has not been found to predict performance,” Gallant says. Studies have shown, however, that the MMI does correspond with a medical student’s likelihood of success in personal and professional areas.

“It’s a reliable, validated tool that we are using because it’s very compelling,” Gallant says. “The early assessment is that everyone is quite pleased by the results we’re seeing.”

UVM has joined early adopters of the MMI among medical schools. As of the 2014–2015 academic year, 30 AAMC member schools reported using the multi-interview method, or 21 percent of total AAMC members, were using it in 2012. The trend reflects the goal of selecting candidates with those interpersonal strengths now recognized as important for nurturing modern doctors with a more holistic view, Young says.

“The community, I think, is better informed as we think about diversity and about the changing demographics of this country,” Young says. “The best and the brightest doesn’t mean they have the highest MCAT or the 4.0 GPA.”

The purpose of MMIs is not to determine whether applicants are smart enough for medical school. The grade point averages and Medical College Admission Test scores work fine to show whether prospective students can handle the science, the cognitive part. But they don’t predict success in the personal and professional areas, says Harold Reiter, M.D., a professor of oncology who helped create the MMI at McMaster University in Hamilton, Ontario, when he was admissions chair for what is now the Michael G. DeGroote School of Medicine.

Since McMaster became the first medical school to implement the MMI in 2004, Reiter’s and others’ research
The College uses topics designed by ProFileHR, a company that spun off from McMaster to help school admissions offices develop their MMI. The questions are swapped every Interview Day and kept as secret as possible.

“This is highly confidential,” Gallant says. “This is like Wall Street.”

The 36 interviewers include faculty members, medical students and members of the community. In a fourth-floor lecture room, they gather to review the questions for the first time and coordinate scoring techniques.

During the MMI, the interviewers speak little. There’s not much give-and-take. They only ask follow-up questions as needed to prompt more information.

“This is not a conversation,” Gallant tells them before the start. “This is not even a dialogue. This is more like a monologue.”

In preparing for the MMI this year, interviewers were instructed to stay as neutral as possible in their expressions to avoid unintentional encouragement or disapproval, but the applicants gave negative feedback about those interviewers. Admissions staff has since loosened things up, allowing the interviewers more ease and expression.

Allie Stickney, a community interviewer and retired CEO of retirement coordinator of the standardized patient Laboratory.

The premise of one simulation: A freak accident has occurred during the International Potato Head Conference. Many are severely injured — broken arms, missing legs, dislocated hips — and the teams must take care of them.

When they get the go-ahead, the applicants hurriedly assemble the Mr. Potato Head toys, attaching big feet, goofy ears and mustaches to a snicker or giggle. Next each table, a “rater” stands with a clipboard, watching the teams work and assessing their interaction.

The College developed the teamwork exercise after learning of a similar program used by the University of Massachusetts Memorial Medical Center for its staff. For more than a year, the College tested the simulation on its students, faculty and staff, says Director of Medical Student Admissions Cary Jewkes. The process helps to identify individuals who might not be ready for working in teams.

“We’re looking at how they communicate with each other,” Jewkes says. “It’s not about the number of toys they make but how they do it together.”

In teams, individual characteristics rise to the surface, particularly types who “can’t tamp down their overzealousness or bossiness” or extreme introverts who can’t engage with others, Jewkes says.

Back in the MMI areas, after the final interviews, the admissions staff absorbs this information and continues to tweak the questions.

Many are severely injured — broken arms, missing legs, dislocated hips — and the teams must take care of them.

“Our really is a measure of readiness for a program like medical school.”

— Allison Greene, COM, Class of 2019

It puts you in a situation that you haven’t been in before. In that sense, it’s a measure of readiness for a program like medical school.

— Allison Greene, COM, Class of 2019

sessions to hear the applicants’ thoughts about the questions and setup.

“As you might have heard about UVM, we’re very big on reflection, because that’s the way we all learn together,” she tells them.

A few share that they miss the personal connection of the single long interview. That was partly the impression of Allison Greene, a member of the College’s Class of 2019, one of the first groups of prospective students to go through the MMI.

But Greene says she now sees that the new format pushes candidates to think fast on their feet and get creative.

“It puts you in a situation that you haven’t been in before,” she says. “In that sense, it’s a measure of readiness for a program like medical school.”

A similar debriefing later with the interviewers, they explain their strategies for scoring each question. One station had a “standardized patient” — with the interviewer acting as a person who has a problem and wants the applicant’s advice.

“What we were looking for were social skills for our core competency and empathy,” says Gayathri Prabhakar, an interviewer at that station and a second-year UVM medical student. “They really exceptional applicants were able to validate his concerns.”

The admissions staff absorbs this information and continues to tweak the details. They’ve added amenities such as fresh flowers, water stations at each circuit and granola bars during the debriefings.

“Everything is very intentional,” Gallant says. “Everything is designed to create an environment for every applicant to be successful.”

“it’s a reliable, validated tool that we are using because it’s very compelling,” Gallant says.

“arly assessment is that we are using because it’s very reliable, validated tool — Janice Gallant, M.D.’85

Associate Dean for Admissions Janice Gallant, M.D.’85

addresses the applicants. To her right is Director of Admissions Cary Jewkes.
Research that resonates

UVM's MRI Center for Biomedical Imaging opens a window into brain function for many researchers.

Inside the giant tube of the magnetic resonance imager at UVM's MRI Center for Biomedical Imaging, a woman who is one of the study subjects of Julie Dumas, Ph.D., lies prone as she performs a memory test. Letters flash on a computer screen above the subject's head, and she presses a button when they match in a specific order. Wedged between bolsters, the woman wears headphones and a helmet shaped like something a Star Wars stormtrooper would wear, which records images from her brain.

“This is a measure of working memory,” Dumas, an associate professor of psychiatry, explains over the loud whirring and hugging of the MRI in the adjacent room. “It's the ability to keep a small amount of memory in mind over a short period of time and to use that information. We can see how much of your brain is used during this memory test.”

Dumas specializes in research related to cognition and aging and conducts much of it in the MRI Center, the College of Medicine's research facility housed at the UVM Medical Center. Her current study explores the factors that cause women to experience menopause differently and involves 115 subjects between age 50 and 60.

“We're interested in how a particular gene affects the brain in women after menopause,” Dumas says.

The MRI shows Dumas the areas of the brain that activate during the memory test. The machine detects blood flow, which indicates the electrical and chemical signals taking place where the brain is working.

“All of my research is about brain functioning,” Dumas says. “We don't want to just know how menopause affects your memory. We want to know how your brain functions.”

The MRI, she says, is crucial to her and her fellow neuroscientists' work. Their research on Alzheimer's disease, attention deficit hyperactivity disorder, adolescents, and addiction all has involved heavy use of the machine.

“It's amazingly cool technology,” says Hugh Garavan, Ph.D., a UVM professor of psychiatry who studies brain function particularly in children and teens. “What makes the research MRI unique isn't the technology itself but the way it is used. It is coaxed, tweaked and prodded — with the help of software coding and computer science — into different “sequences” for collecting and analyzing the data it generates.

“We have amazing flexibility with this machine,” says Associate Professor of Radiology Richard Watts, Ph.D., who co-directs the MRI Center with Nickerson. “It's not like a CT scan, where you just get a single image.”

For MRI imaging, the brain is separated into tens of thousands of tiny regions, each with millions of neurons and tens of millions of connections between them.

This enables us to do is to see the brain in action in a living, breathing person.”

The MRI can capture most psychological, intellectual and emotional responses, Garavan says. When someone does a math equation, one area of the brain “lights up” to indicate activity. If that person thinks about a funny movie scene, another area lights up.

“This is the most complicated thing in the universe,” Garavan says, pointing to his temple. “And we still haven’t mapped it all out.”

The MRI Center was pivotal in securing the College of Medicine's role in a National Institutes of Health grant for a landmark, long-term study of about 10,000 children and their brain development, starting at age 9 or 10. All 19 sites participating in the project had to have a top-notch MRI capable of crunching lots of data at high speeds. The researchers — led by Garavan and including Dumas and others at UVM — will look at the children’s brain markers for resilience, creativity, academic performance, risk of drug and alcohol use and mental, emotional, and behavioral problems.

“You have to have a lot of flexibility to tweak the machine,” Garavan says of the MRI. “It's just a more high-tech piece of kit. So these studies couldn't happen without that research-dedicated machine.”

In 2007, with the help of federal funding, UVM installed the Achieva 3T, made by Dutch company Royal Philips. (The “T” in its name stands for “tesla,” the unit of measurement for a magnetic field.) It is essentially the same in construction as other MRIs used in the hospital to take detailed images of anatomical structure and soft tissue.

An MRI scanner uses a powerful magnet and radio waves to excite water molecules in the body. A nest of electric coils alters the magnetic field to target different areas of anatomy. Radio waves are sent to the molecules, which respond with their own signals. Radio receivers capture those signals, and the MRI creates images from the magnetic properties of the tissue.

The MRI releases no radiation, so research subjects can spend as much time in the tube as necessary without risk, unlike a CT (computerized tomography) scan.

“It is still the most impressive piece of engineering that I can think of,” says Assistant Professor of Radiology Joshua Nickerson, M.D., co-director of the MRI Center for Biomedical Imaging.

Much of the research done with the scanner is known as “functional” MRI, because it looks at brain function. The machine also does diffusion imaging, which can highlight “white matter,” the connections between various areas of the brain — showing how the brain is wired. What makes the research MRI unique isn't the technology itself but the way it is used. It is coaxed, tweaked and prodded — with the help of software coding and computer science — into different “sequences” for collecting and analyzing the data it generates.

“We have amazing flexibility with this machine,” says Associate Professor of Radiology Richard Watts, Ph.D., who co-directs the MRI Center with Nickerson. “It's not like a CT scan, where you just get a single image.”

MRI images that Julie Dumas, Ph.D., used for a study on memory in older adults show activity in the front of the brain, where memory function usually takes place when people age. Activity in the brain is indicated by red coloration, which shows increased blood flow where the brain is working. Dumas gave her study subjects a substance that shifted brain activity from front to back, mimicking the way the brain would function in a younger person. Without the MRI, Dumas says, she would have no way to see the change in brain function.
Alzheimer’s disease. It can measure fluid tau, substances that are associated with it. The MRI can focus on protein in the brain, to study. The specific areas that the scientist wants to highlight, the MRI center can reveal. His genius for digging out unique and valuable information is exceptional. His fellow researchers and MRI technologists speak of him with reverence, citing his technical ingenuity behind brain imaging.

The MRI guru at UVM, the brain power behind the MRI center, is the chainsaw artist. He is considered visionary, it can also carve beautiful artwork out of a wooden stump. In the same way, the MRI work in logging terms. It can cut down trees like any chainsaw. But in the MRI work, it is important to focus on precision, to ensure that the signals are captured accurately. Watts stays in frequent contact with the Philips company. The relationship between Watts and the manufacturer often garners early access to the latest improvements and upgrades to the equipment. Watts even invented an MRI method to study the brain in utero.

“IT’S AMAZINGLY COOL TECHNOLOGY. WHAT THIS ENABLES US TO DO IS TO SEE THE BRAIN IN ACTION IN A LIVING, BREATHING PERSON.”
— Hugh Garavan, Ph.D., Professor of Psychiatry

Before the research MRI arrived, Dumas had to schedule her study subjects around the availability of the hospital scanners. The timing wasn’t always practical. If she had access at 4 p.m., but her subjects needed to fast overnight and take a drug in the morning before a test, they couldn’t wait until the afternoon. The benefit of the research MRI is that, with it, researchers can pursue what-if scenarios and test theories, says Alexandra Potter, Ph.D., assistant professor of psychiatry.

“It helps us answer fundamental questions we couldn’t answer any other way,” she says. Potter likes to try out her research scenarios in the brain itself, to make sure she understands her subjects’ full experience. “It makes you a better scientist, for sure,” she says.

The MRI has assisted Potter with studies of nicotine in the brain and its effects on impulsivity in young people with ADHD. The availability of the research MRI allows Potter to pursue a new study in that area. “Maybe the cerebellum affects cognition, and we just didn’t know that,” she says. The MRI Center currently is involved in about 40 projects and welcomes any scientist who can take advantage of the technology, Gonyea says. Researcher Bruce Beynnon, Ph.D., professor of orthopaedics, has used the MRI to study knee joints. The MRI has scanned mice to show Naomi Fukagawa, M.D., Ph.D., professor emerita of medicine, the development of disease in rodents exposed to biodiesel or petroleum in utero. Watts even invented an MRI method to measure tubers of seed that George Pinder, Ph.D., the renowned UVM engineering professor, created to simulate groundwater contamination.

“It gives you a different piece of the puzzle that you’re trying to put together,” Gonyea says. “It gives you more answers to the questions that you’re researching.” It’s the insight into the workings of the brain, though, that make the research MRI so fascinating, Nickerson insists. Every brain is unique, like a snowflake. Likewise, every brain responds in a unique way to humor, sadness, education, tragedy, drugs, illness and aging. For researchers like Dumas, the MRI acts as a window to better understand the complexity of this exceptional organ — and the possibility of making it stronger and healthier.

“My goal is to learn more about how we can predict the bad stuff in the future,” Dumas says. “Once you’re 70 and losing your memory, it’s too late. So I want to see what’s happening now ... and what we can do about it.”

Assistant Professor of Psychiatry Alexandra Potter, Ph.D., has used the MRI Center for Biomedical Imaging to further her research on the nicotine in the brain and its effects on impulsivity in young people with ADHD.
VERMONT MEDICINE

Participating in Match Day and the College’s White Coat Ceremony has inspired in me a fresh perspective on the role I can play in supporting our students. The Class of 1964, and I look forward to remaining engaged — I hope to lead the Match Day procession into the Hoehl Gallery playing the bagpipes for many years to come! And hear from alums all across the country who are connecting with current medical students, reconnecting in June. Reunion is a testament to these strong bonds, and it’s always fun to see classmates back. Reunion is a testament to these strong bonds, and the generosity of more than 500 donors, the second annual Match Challenge was a great success, providing important financial support for student scholarships and services.

Many medical students have told us that they value this connection with our alumni community, and are themselves looking forward to joining this tradition of giving back. Reunion is a testament to these strong bonds, and it’s always fun to see classmates reconnect in June.

As the old saying goes, time flies when you’re having fun, and that sentiment certainly applies to my tenure as president of the Medical Alumni Association. I have truly enjoyed my years with this group of dedicated alumni who are doing great things for the UVM College of Medicine.

Some exciting changes have taken place in recent years, including the successful integration of the Medical Alumni Association into the UVM Foundation, and the collaboration with the UVM Medical Center Foundation. The energy associated with being part of the broader alumni community has served the College well, as has being more directly linked to our academic health center partner.

It has been exciting to see evidence of these very successful transitions. We have worked hard to engage young alumni, in particular through two new initiatives: The White Coat Note Project and the Match Challenge. Both have paid off — it has been gratifying to hear from alums all across the country who are connecting with current medical students, and sharing their memories, advice, and wisdom. And this year, thanks to six generous donors, the 1961 + 1966 REUNION 2016:1960s — 1966 1970s — 1976

Robert Englund joined Antioch University New England’s Board of Trustees and will serve a three-year term. He recently practiced as a physician with Checkrion Medical Center/ Dartmouth Hitchcock-McLean, N.H.

Wane Pasanen’s love of golf was featured in a story in the March 4th issue of the Boston Globe. He retired from practice in 2014, and last year opened SpyGolf, an indoor golf simulation center, in Middleton, Mass. As he told the Globe, “It’s primarily for people who want to play golf in the offseason, November to early May, when they can’t play outdoors. People learn different aspects of their game and keep it sharp.”

David Benjamin, Ph.D., received the President’s Award from the American College of Legal Medicine for his contributions to Education in Legal Medicine in 2015—2016.

Stephen Cantelli received the John A. Rupert Legacy Award for his holding commitment to American College of Emergency Physicians (ACEP) and the field of emergency medicine.

Bay-edge Health Associates in Delaware recently welcomed Cathleen Olivia-Asare Wilson to their women’s healthcare team in Lewes and Georgetown. Del. She previously practiced at Reston Hospital in Reston, Va., and in Great Falls, Va.

Richard Laski writes: “I was sorry to miss our reunion because of a family emergency, but am glad to see so many are fine. I’m well and still acting as Medical Director of Bayside Health Associates in Lewes and Georgetown, Del. I’m still a practicing pediatrician.”

For updates on events see: www.uvm.edu/medicine/alumni
College of Medicine graduates are also members of the UVM Alumni Association. See those events at: alumni.uvm.edu
organization, whose mission is to provide high-quality, comprehensive, affordable healthcare to all people, especially children.

David Meeker was appointed to the board of directors of Rhythm, a biopharmaceutical company developing peptide therapeutics for Rhythm's immuno-oncology programs. Development of the company's first product, a biotechnology based Humacyte, a biotechnology company, is based in Boston, Mass.

I am taking some time to reset, travel, and learn more about life as an unemployed person. This experience feels much like it did when I graduated from college, but had not yet been accepted to med school. And it feels just like practicing OB/ Gyn at Health Quest Medical Practice in Rhinebeck and Kingston, N.Y.

David Morin has been appointed to serve on the Association of Clinical Research Professionals (ACRP) Board of Trustees. Founded in 1976, ACRP is a non-profit organization that supports clinical research professionals through membership, training and development, and certification. It includes more than 13,000 members in 70 countries.

Matthew Pender says, “I’ve always been interested in nutrition and the body’s mechanisms of homeostasis.”

David O’Brien joined United Health Services (UHS) Cardiology in Norwich, N.Y., and will oversee nearly 100 faculty, staff and medical personnel who provide a wide range of care to patients and employees, including treatment for communicable disease investigation and control and wellness services.

Jeffrey Lewin was appointed as Chief Medical Officer of North Carolina-based Humanzite, a biotechnology and vascular regenerative medicine company. Dr. Lewin has served as a clinical advisor to Humanzite for the last decade, and will oversee the medical and clinical development of Humanzite’s products.

Sarah Pope writes that her “new” practice continues to grow. Added two new doctors and a third mobile H.R. machine. Helps to all my classrooms.”

Sarah, is working as a consultant with the Alaska Heart & Vascular Center in Anchorage, Alaska and is associate director of the Special Care Nursery and director of the 13, 2015. Kerzner, who specializes in neonatal abstinence syndrome, completed a six-year term as a member-at-large on the UVM Medical Center in Murray, Utah, her research will focus on using Duplex ultrasound to determine the role of venous thromboembolism [deep vein thrombosis and pulmonary embolism] in high-risk trauma patients who have survived for lower extremity DVT versus those who do not have surveillance.

Joel Goodman, a nephrologist at the Mayo Clinic in Rochester, Minn., who had been named medical director of the Spina Bifida Clinic at Mayo, is the father of a daughter and has been named a Diplomate of the American Board of Pediatrics in 2016.

Jennifer Connors joined M. I. T. and is the father of a daughter and has been named a Diplomate of the American Board of Pediatrics in 2016.

Alumna Featured on CBS “60 Minutes” News Program

Leslie Kerzer, M.D., M.S., a neonatologist at MassGeneral Hospital for Children, was featured on the CBS News “60 Minutes” program in a segment titled "A New Direction on Drugs," which aired on December 13, 2015. Kerzer, who specializes in neonatal abstinence syndrome, is associate director of the Special Care Nursery and director of the Newborn Developmental Follow-up Program at MGH and an assistant professor of pediatrics at Harvard Medical School. Kerzer recently completed a six-year term as a member-at-large on the UVM Medical Center Board of Directors. Her “60 Minutes” segment can be found on cbsnews.com.
The Medical Alumni Association of the College of Medicine has, for four decades, honored the accomplishments of its members for their work caring for patients, creating new advances in the laboratory, and contributing to their communities. These 2016 awardees will receive their honors at the Celebration of Achievements during Reunion 2016 at the College on June 10.

A. Bradley Soule Award
Presented to an alumnus/a whose loyalty and dedication to the College of Medicine most emulate those qualities as found in its first recipient, A. Bradley Soule, M.D. ’28.

DISTINGUISHED ACADEMIC ACHIEVEMENT AWARD
Presented to alumni in recognition of outstanding scientific or academic achievement.

SERVICE TO MEDICINE AND COMMUNITY AWARD
Presented to alumni who have maintained a high standard of medical service and who have achieved an outstanding record of community service or assumed other significant responsibilities not directly related to medical practice.

EARLY ACHIEVEMENT AWARD
Presented to alumni who have graduated within the past 15 years in recognition of their outstanding community service or College service and/or scientific or academic achievement.

Robert Larner, M.D.’42 student award
Presented to a current student(s) for his or her outstanding leadership and loyalty to the College and one who embodies Dr. Larner’s dedication to not only supporting his medical alma mater, but to inspiring others to do so as well.

2017 NOMINATIONS...
Do you know a class member deserving of recognition? Send your nominations for the 2017 awards at: www.uvm.edu/medicine/alumni.
ROBERT LARNER M.D. ’42 STUDENT AWARD

Erin Pichiotino ’17

A Burlington, Vt., native, Erin Pichiotino received her undergraduate degree from the University of Vermont before graduating from the Dartmouth Institute for Health Policy and Clinical Practice with a Master of Public Health degree. As a medical student she has been selected as an Albert Schweitzer Fellow, an American Medical Student Association Health Equity Scholar, and has served as a student representative on the UVM College of Medicine Medical Curriculum Committee.

EARLY ACHIEVEMENT AWARD

Adam S. Kantor, M.D. ’01
Chief, Division of Spine Surgery; Associate Professor of Neurosurgical Surgery; Director, Minimally Invasive Spine Surgery Program; Director, Neurosurgical Spine Fellowship, Department of Neurological Surgery, University of Pittsburgh Medical Center (UPMC) Presbyterian, Pittsburgh, Penn.

Dr. Kantor has garnered national recognition for his expertise in the field of neurological surgery. A sought-after speaker and author of more than 50 publications in peer-reviewed journals, he leads research projects that advance the field of minimally invasive spine surgery. His work with UPMC and industry supporters led to the development of an innovative retractor now being used around the globe that allows surgeons lateral access to the spine with minimal destruction.

Ann Murchison, M.D. ’01, M.P.H.
Oculoplastic and Orbital surgeon, Associate Professor of Ophthalmology at Thomas Jefferson University and Wills Eye Hospital, Philadelphia, Pa.

A dedicated teacher and researcher, Dr. Murchison’s work reflects her passion for improving public health as it relates to eye disease. She is a founder of the International Scholar program at Wills Eye Hospital, is a founding member of Give Kids Sight Day, and is a member of the team who developed unique online and live-streaming ophthalmic educational activities at Wills.

Bobbi S. Pritt, M.D. ’01, M.Sc., D.T.M.&H.
Associate Professor of Pathology and Laboratory Medicine, Division of Clinical Microbiology, Mayo Clinic, Rochester, Minn., Director, Clinical Parasitology Laboratory.

Dr. Pritt has authored more than 90 publications in peer-reviewed journals, including recent publications in The New England Journal of Medicine and The Lancet Infectious Diseases, in which she and her team describe two new causes of human tick-borne disease. She has delivered over 100 national and international presentations and has received numerous speaker and teaching awards. Her special areas of interests include clinical parasitology, vector-borne disease, and trainee education.

AMTRAK Derailment, 1984

On the morning of October 5, 2015, a southbound AMTRAK passenger train derailed when it hit a rockslide that covered a portion of the track in Northfield, Vt. Seven people were injured when several cars were thrown from the track but, fortunately, no one was killed.

For many Vermonters, the accident recalled a day 31 years earlier when another Amtrak train derailed in Williston, Vt. The July 8, 1984 accident killed five people and injured 29—all of whom were taken to the then Medical Center Hospital of Vermont (now UVM Medical Center) for treatment. The archive photos here show the derailment and the passengers arriving for treatment.

Were you a part of that day’s activities, either on the medical campus or in the field? If so, send your memories of that day to edward.neuert@uvm.edu and we will include them in a future issue of Vermont Medicine.
Arthur Katch, M.D. Dr. Katch died December 6, 2015, at the age of 76, after a long battle with advanced Parkinson’s Disease. Dr. Katch dedicated his life to helping and healing others through his work as a pulmonary physician at Danbury Hospital in Danbury, Conn., becoming the first board-certified pulmonologist in the area. He established the first center in Connecticut for study of sleep apnea and other sleep disorders.

Douglas Green, M.D. Dr. Green died in an avalanche while skiing in Big Cottonwood Canyon, Utah, on January 15, 2016. After earning his bachelor’s degree from Dartmouth College, he completed his medical degree from the UVM College of Medicine in 1991. He interned at the Medical Center Hospital of Vermont and did his residency at Dartmouth-Hitchcock in Lebanon, New Hampshire. Dr. Green completed a fellowship in body magnetic resonance imaging at the University of Utah, where he stayed on as a staff radiologist for seven years before moving to the University of Washington in 2007.

Dr. Mazuzan passed away on April 12, 2016, at the age of 87. Born in Brooklyn, New York, he attended Harvard College from 1952 to 1954. After medical school in Austria, he returned to the United States and was the first board-certified pulmonologist in the state of Alabama. He began a career-long focus on the art of teaching, mentoring, and community service, beginning what would become the medical residents’ library was named and endowed in his honor. He will be remembered for his keen wit, his enthusiasm for learning, and his dedication to helping and healing others.

Dr. Mazuzan spent two years as a Brigadier General. Dr. Bailey was drafted into the United States Navy during World War II.

Dr. Mazuzan was a native of New York, where he attended and received a medical degree from the New York College of Medicine in 1929 in Richford, Vermont, he returned to California and completed his residency. Following his fellowship in cardiology under C.K. Liu, M.D. In 1968, he moved to Saratoga Springs, N.Y., where he established a practice in internal medicine and cardiology and was an active member of the local community. He died in 1985.

Dr. Mazuzan was appointed Assistant Dean and served as MAA president in 1996. After residency and working as assistant director of medical education at Hartford Hospital, he served as assistant director of medical education at Hartford Hospital, beginning what would become a career-long focus on the art of teaching, mentoring, and community service, beginning what would become the medical residents’ library was named and endowed in his honor. He will be remembered for his keen wit, his enthusiasm for learning, and his dedication to helping and healing others.

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Hope is the epitome of our profession, and now you get to be the Ambassadors of it. Vaclav Havel, former president of the Czech Republic, once said ‘Hope is a state of mind, not of the world. Either we have hope or we don’t; it is a dimension of the soul... It is an ability to work for something because it is good, not just because it stands a chance to succeed.’

My soon-to-be-fellow alumni, you are about to enter a field rich with these moments, because you have on this day earned the trust inherent in that white coat you began to don as first year medical students. You will not only bear witness to amazing moments in people’s lives but, because of that trust, you will play an integral role. Those are moments that are critical to the people we serve and often define our professional lives. They drive us to want more of them — you’ve probably had some of these moments already. Well, there will be lots more if you stay focused, deliberate, and humble. There is no doubt that some moments will be very hard, and the moments when patients are getting better are like little gems. Let them wash over you and you will remain activists in the pursuit of good health, lifelong learners of the dynamic science and art of medicine. You will be change agents, and these moments can make you a better healer.”

— 2016 Medical Commencement speaker
Rochelle Dicker, M.D.’95
Reunion events include:

- Medical Education Today Session
- Alumni Awards & Reception
- Medical Alumni Picnic
- Tours of the College
- Clinical Simulation Lab
- Nostalgia Hour
- Class Receptions

For more information visit uvm.edu/medicine/alumni

RECONNECT FOR REAL!