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

A re you looking for Lewis First, M.D.? Your best bet is to stand still in a corridor at the University of Vermont Children's Hospital and catch the hospital's chief of pediatrics and chair of pediatrics at the College of Medicine as he passes by on his way to visit his young patients, which he does most mornings before 7:00 a.m.

Or you could catch him a little later, as he heads off to lead a faculty, community, or administrative meeting focused on children’s health, once he's finished emceeing pediatric grand rounds or teaching at an educational conference.

You might find him giving career advice to medical students and residents, or working on Baird 5, the pediatric inpatient unit, in his capacity as a hospitalist. For that matter, he could also be on his way to videotape an additional 30 or so of the health education segments of “First with Kids” that have appeared on local television and in markets nationwide, or heading out in an RV to travel Vermont for the “Big Change Round-Up,” a UVM Children’s Hospital fundraiser that this past year brought in more than $350,000 in coins. Or he may be out of town, speaking and serving as a visiting professor at medical schools or children’s hospitals all over the country.

Sunday mornings he's easier to locate: as early as 6:00 a.m., he'll be settled in his office in the Courtyard at Given, conducting a three-hour weekly conference call to decide which articles will appear in the journal Pediatrics, for which he serves as editor-in-chief. And until recently, First was also two-term chair of the National Board of Medical Examiners (now serving as past-chair) while remaining ongoing chair of the education committee of the Association of Medical School Pediatric Department Chairs.

“You just won’t find a more productive, more engaged educator, clinician, leader in pediatrics in the country. Lewis is part of the fact that, relative to the size of the place, Vermont is overrepresented in leadership and recognition around the country in pediatrics by 100 to 1.”

— Frederick Morin, M.D., Dean, College of Medicine
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 schools can only dream about.

“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 patient- 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., Jerald 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 taps 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,” Morin says.

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 seemed like it was a natural fit for him from the start, that wasn’t the family business originally — or even half as energized — as I was when 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 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 as 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 — or even as energized — as I was when 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.
still at the same time be a scientist, a clinician, a teacher and a caregiver — it doesn't get better than that!”

He had thought upon graduation from medical school that he would be pursuing a career in pediatric hematological oncology. He developed an interest in pediatric emergency medicine during his residency at Boston Children’s Hospital. Two years after residency he was named acting and associate director of the emergency department there.

Worrying about the health of underserved infants and children in Boston who made up the majority of his primary care patients led him to the Harvard School of Public Health, where he earned a Master’s in epidemiology.

He was then encouraged by his department chair, Dr. Nathans, M.D., to leave the emergency department and build a primary care training program for the 65 residents at Boston Children’s, which he did while also building his own practice of 1,000-plus pediatric patients. His commitment to being a teacher, clinician and practicing pediatrician also prompted his former chair, the late Mary Ellen Avery, M.D., to invite him to join her in writing a comprehensive textbook of pediatrics. He has since written and/or co-edited four such volumes, most recently the 22nd edition of *Rudolph’s Pediatrics*.

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 join this team,” First says. Shortly after his arrival in Vermont, he helped to open and travel 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 had 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.

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 “istry 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 fundsraise 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 “leadurician” — 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 to like to have 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.

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