Back to school

Two alumni experience today's medical curriculum
Three decades after graduation, two alumni return to experience the medical curriculum of today.

by Ellen Andrews '75 & James Gallagher '75

Fourth-year projects help develop physician-scholars at the College of Medicine: a look at a few such members of the Class of 2008.

photography by Rajan Chawla

Collaboration has been key to the cardiology research of 2008 University Scholar Martin LeWinter, M.D., as he and his fellow researchers seek to understand what drives the engine of life.

by Jennifer Nachbur

FROM THE DEAN
FROM THE DEAN
COLLEGE NEWS
COLLEGE NEWS
The College climbs in primary care ranking, a former faculty and administrator heads to a deanship in Florida, the Class of 2008 celebrates the beginning of their careers, and more.

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Photograph of Ellen Andrews, M.D. ’75 by Raj Chawla

The UVM Medical Alumni Association invites you and your family to plan now to join us for Reunion 2009—June 11-14, 2009. Come back to Burlington and the UVM campus, your home during medical school. You may have lost contact with your classmates and faculty, but reunion will give you the chance to rekindle old friendships, check out favorite places, talk with faculty, meet medical students, and experience the growth and evolution of your medical alma mater.

Events Include: Medical Education Today Sessions • Tour of the College and the new Medical Education Center • Golden Reunion Awards and Receptions • Medical Alumni Picnic • Nostalgia Hour • Class Receptions and Dinners

Plan ahead—Save the date for your reunion! www.med.uvm.edu/alumni
A few weeks ago, I had the pleasure of taking part in my first Commencement ceremony since coming to the College of Medicine last fall. It was an honor to share that afternoon with our graduates, and with the hundreds of friends and family members who came to campus to take part in that joyous occasion. As I said at the ceremony, Commencement is significant not only because of the celebration that takes place on that day, but because of the acceptance of great responsibility that begins with the conferring of the degree — the responsibility for all the thousands of patients that lay ahead of each graduate in the years ahead. Great personal growth comes with taking responsibility for another person, and it is the depth of those connections with others that will bring these graduates their greatest fulfillment as physicians and as people.

Those graduates joined an elite group of people, our alumni, who carry on our tradition of excellence and extend our campus beyond its physical borders. Two of those alumni, Ellen Andrews and James Gallagher from the class of 1975, came up with the idea of returning to campus for an intensive week this spring to experience first-hand what it is like to study medicine under today’s Vermont Integrated Curriculum. As you will read in this issue, they found the process of becoming a physician at today’s College of Medicine similar in spirit to their student days more than 30 years ago, but greatly changed and, in their opinion and the opinion of many others, greatly improved for the changing, complex environment of 21st century medical practice.

Dr. Andrews sent me a wonderful note after her week in residence in which she likened the faculty collaboration she’d experienced to listening to a fine string ensemble — each member displaying consummate artistry and professionalism, with the whole collaborative enterprise delivering a breathtaking performance. All of us at UVM can count ourselves lucky to work on a campus where the spirit of collaboration and our compact physical campus allow us to build productive cooperative relationships every day. Our graduates will need to build such professional collaborations for the rest of their careers, and I’m glad to know that the very curriculum which guided them is a tangible outgrowth of the collaborative spirit.

The University of Vermont College of Medicine now ranks fifth for primary care among the nation’s 126 medical schools according to the U.S. News & World Report 2009 “America’s Best Graduate Schools.” UVM moved up from seventh last year.

“We’re proud to be recognized as a national leader in providing top-quality medical education and training for primary care physicians,” said College of Medicine Dean Frederick Morin, M.D. “Primary care is an integral part of the health care system in our state and across the nation, and our curriculum provides wonderful opportunities for medical students to understand the critical role of the primary care physician, gain experience in a range of clinical settings, and build a solid foundation for lifelong learning across all disciplines.”

The College’s Vermont Integrated Curriculum integrates basic science and clinical education from the first weeks in medical school, including experience with community physicians and teaching hospital partner Fletcher Allen Health Care.

“It is a privilege and a responsibility to train the next generation of primary care physicians in today’s dynamic health care environment,” said Melinda Estes, M.D., president and chief executive officer of Fletcher Allen. “Here in Vermont, we take that responsibility very seriously, and it is nice to be recognized for doing this well in a rural environment.”

Fogarty Named Dean of FSU College of Medicine

Faculty member and administrator John P. Fogarty, M.D., who served as Interim Dean of the College from 2006 to 2007, has been appointed Dean of the Florida State University College of Medicine. He will assume the new post in August.

Fogarty joined UVM in 1995 as Professor and Chair of the Department of Family Medicine and Physician Leader of Family Medicine at Fletcher Allen Health Care. In recognition of his leadership role as a champion of primary care in Vermont, Fogarty was named Associate Dean for Primary Care in June 2006.

In July 2006, Fogarty was tapped to serve as Interim Dean of the College of Medicine, and over the next 15 months provided stable leadership during the search for a permanent dean. During his tenure, new chairs in Medicine and Surgery and the president of the faculty practice were recruited, the entering class of medical students grew in numbers as well as quality measures, and a new Center for Clinical and Translational Science was approved as UVM began preparations for submission of a Clinical and Translational Science Award (CTSA) from the National Institutes of Health.

“My tenure in Vermont prepared me well to take on this new responsibility, and I am looking forward to all that lies ahead.”

Associate Professor Charles MacLean, M.D. instructs Juli-Anne Gardner ’10 in his Essex, Vt. practice.
UVM Faculty Assume Leadership Roles at Pediatrics Journal

Three members of the College’s Department of Pediatrics will serve in national editorial leadership roles as part of an upcoming change at Pediatrics, the peer-reviewed journal of the American Academy of Pediatrics (AAP) and preeminent journal in the world in its field.

Jerold F. Lucey, M.D., Harry W. Wallace Professor of Neonatology at UVM, and Pediatrics editor-in-chief for the past 14 years, will step down as of January and become editor-in-chief emeritus. His successor will be Ralph D. Fegin, M.D., professor and chair of the Baylor College of Medicine and Texas Children’s Hospital in Houston. Stepping up as the new deputy editor will be Lewis R. First, M.D., professor and chair of pediatrics and senior associate dean for medical education at UVM. In addition, Jeffrey Horbar, M.D., who is Jerold F. Lucey, M.D. Chair of Neonatal Medicine at UVM, will become one of three new associate editors of the journal.

“It has been an honor for the UVM College of Medicine, and for Vermont, to house the editorial office of this prestigious publication, and we are proud to have three of our faculty serving in these leadership roles,” said Dean Frederick Morin, M.D. “We are particularly grateful to Dr. Lucey for his outstanding service to the journal, to the College, and to our community.”

During his tenure at Pediatrics, Lucey has overseen numerous innovations, including the launch of foreign editions and Pediatric Electronic Pages, which greatly expanded the journal’s scope and impact. A resident of Burlington who joined the UVM faculty in 1976, Lucey established Vermont’s first neonatal unit and pioneered several innovations in premature infant care, including phototherapy to control jaundice and surfactant therapy to treat respiratory distress. He is also founder and president of the Vermont Oxford Network, a cooperative international program that links over 750 Neonatal Intensive Care Units around the world, and organizer of the “Hot Topics in Neonatology” conference, which brings more than 1,400 of the world’s newborn specialists to Washington, D.C. each year. He was elected a senior member of the Institute of Medicine in 2000. In 2004, he received the Vermont Medical Society’s Distinguished Service Award, and in 2007 received the Alfred I. duPont Award for Excellence in Children’s Health Care.

First will continue as professor and chair of pediatrics and chief of pediatrics of Vermont Children’s Hospital, but as the Pediatrics deputy editor position requires a 30 percent time commitment, he will be stepping down from his position as senior associate dean for medical education at UVM as of January 2009.

PHILIPPE RECEIVES MARCH OF DINES GRANT TO STUDY INFECTIOIN’S ROLE IN PRE-TERM LABOR

The preterm delivery rate among the four million infants born annually in the United States reached 12.5 percent in 2004 and continues to rise. Roughly half a million babies in the United States are born prematurely each year and 50 percent of those premature births have no known cause. Often faced with serious health complications due to their prematurity, these newborns can require long-term neonatal intensive care unit stays and suffer lifelong health consequences, costing an estimated $38 billion in related hospital expenses. The March of Dimes has continued its support of innovative research at UVM/Fletcher Allen with a $395,965 Prematurity Research Initiative Grant awarded to Mark Phillippe, M.D., professor and chair of obstetrics, gynecology and reproductive sciences.

“The March of Dimes recognizes UVM/Fletcher Allen as an emerging center of excellence in the fight against prematurity,” says Roger Clapp, state director of the March of Dimes’ Vermont Chapter. “This research, which is made possible through fundraising efforts in our state and across the country, will make a difference in the lives of real Vermonters.”

Phillippe’s current laboratory research focuses on intrauterine inflammatory signaling pathways in response to infection during pregnancy. The March of Dimes grant will help support his investigation of a group of intracellular proteins known to play a role in stimulating preterm labor as a part of the immune response related to this type of infection.

“Even though the biological sequence of events leading to preterm delivery remains unclear, current evidence suggests that intrauterine infection and/or inflammation contribute to many of these deliveries, especially before the 30th week of pregnancy,” says Phillippe.

According to Phillippe, preterm delivery occurs in about 33 percent of deliveries at Fletcher Allen Health Care. Though the leading risk factors for preterm birth are multifetal pregnancies, a past history of preterm delivery, and uterine and/or cervical abnormalities, a growing body of research evidence supports the belief that infection could also cause this event. Phillippe’s Prematurity Research Initiative Grant is the second to be received at UVM/Fletcher Allen and one of only ten Prematurity Research Initiative Grants awarded nationally in 2008.

HOLMES’ RESEARCH TARGETS GROWTH OF TUMORS

Assistant Professor and Clinical Instructor of Medicine Chris Holmes, M.D., Ph.D., is the recent recipient of a nearly $800,000 grant from the American Cancer Society (ACS). Under the grant, Holmes and her associates will study anti-angiogenesis therapy.

Angiogenesis is the process of new blood vessel formation and is pivotal to tumor growth and metastasis. A complex process, angiogenesis is controlled by blood and platelet pro-angiogenic and anti-angiogenic proteins, as well as proteins from the tumor and surrounding tissue. Vascular endothelial growth factor (VEGF) and endostatin (ES) are two examples of important angiogenic proteins that are found in a tumor, blood and in platelets.

Platelets, the small cells that circulate in blood and form blood clots as well as deliver proteins to sites of tumor growth and blood vessel injury, have been shown to be important in laboratory and animal models of cancer and angiogenesis. When platelets become “activated” by tumors, they release angiogenic proteins such as VEGF and endostatin that are pivotal to tumor blood vessel formation and thus tumor growth.

“Since platelets contain and can release over 30 different angiogenesis proteins (like VEGF and ES) when activated, we are interested in studying the pathways that control platelet protein release with the goal of inhibiting the release of pro-angiogenic proteins,” says Holmes. The inhibition of pro-angiogenic protein release by the platelet has the significant potential advantage of simultaneously controlling many pro-angiogenesis proteins involved in angiogenesis (there are up to 30 different such proteins). In contrast, the most commonly used anti-angiogenesis drug (bevacizumab) only targets one major angiogenic protein, VEGF. The platelet, therefore, has the potential to be a far more efficient target for treatment of cancer than a single pro-angiogenic protein like VEGF alone.

Class of 2010 Celebrates Transition to Clinic

During the first week of March, members of the Class of 2010 experienced a host of clinical ori-entation activities — touring Fletcher Allen Health Care, sampling special-diet hospital food, lectures on antibiotics and medical records, hospital computer instruction, and attending a unique performance on mental health. On March 6, the class celebrat-ed their transition to clinical clerkships at a Student Clinician’s Ceremony held in Carpenter Auditorium.

Following an introduction by Dean Frederick Morin, M.D., and a welcome from G. Scott Waterman, M.D., associate dean for student affairs, Fletcher Allen President and CEO Melinda Estes, M.D., presented remarks to the group. Estes encouraged students to be mindful of three things as they embarked on their transition: bringing a human approach to the practice of medicine, being open to change and pursuing life-long learning.

[Image]
CLASS OF 2008 CELEBRATES A SUCCESSFUL MATCH DAY

“Match Day,” the day when graduating medical students find out where they will complete their subspecialty training, took place on March 20, 2008. This event marks the culmination of months and months of effort, in addition to school and clinical work, involving applicaition and residency interviews, travelers to interviews, and ranking potential residency institutions in order of preference.

At UVM, the post-Match scene involves groups of students gathering in the halls of the College that lead to the mailboxes in the Given Building. A few minutes before noon, UVM College of Medicine Dean Frederick Morin, M.D., and Associate Dean for Student Affairs G. Scott Waterman, M.D., carried the Match envelopes down the stairs of the Health Science Research Facility Gallery to the mailroom, where they and Patricia Alberts, Given mail services supervisor, swiftly delivered the letters to each of the students’ mailboxes by noon.

A total of 77 UVM College of Medicine students received news of their residency match results March 20.

The Class of 2008 will begin residencies at nearly 50 institutions across the country this summer. A glimpse of two of those graduates reveals some of the forces that led them to medicine and the subspecialty they each have chosen to pursue:

A former German tour guide and translator, Michigan-born Sarah Stilwill also worked as a clinical research coordinator before attending medical school. Her German grandmother’s Alzheimer’s disease led her to investigate the field of functional magnetic resonance imaging (fMRI) and fostered a love of radiology. Soon to be a diagnostic radiologist, she is the great-granddaughter of a Wisconsin midwife and the daughter of a nurse-midwife. “I am so proud to be continuing on this tradition and to be the first doctor in our family,” she said.

California native Alyssa Wittenberg looked at medical schools all over the country before deciding to attend UVM. Seeking a residency in obstetrics and gynecology, she is the great-granddaughter of a Wisconsin midwife and the daughter of a nurse-midwife. “I am so proud to be continuing on this tradition and to be the first doctor in our family,” she said.

Residency Matches for the College of Medicine Class of 2008

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Health and Human Rights Activist Geiger Addresses Medical Graduates

The College’s 2008 graduates participated in two important ceremonies during the weekend of May 17-18. Paula Tracy, Ph.D., interim chair and professor of biochemistry, was the keynote speaker at the Graduate College Hooding Ceremony held May 17 in Patrick Gymnasium. On May 18, Dean Frederick Morin, M.D., officiated during the College’s Commencement Ceremony in Ira Allen Chapel. A total of 81 students, including one student who completed an M.D./Ph.D., received medical degrees, and an additional 16 students received doctoral degrees and eight students earned master’s degrees.

H. Jack Geiger, M.D., the Arthur C. Logan Professor Emeritus of Community Medicine at City University of New York (CUNY) Medical School, delivered the commencement address. Geiger, who noted that he be graduated from Case Western Reserve School of Medicine 50 years prior on May 18, counseled graduates that “the practice of medicine is a treaty with society.” As a founding member and past president of Physicians for Human Rights, Geiger was a co-recipient of a Nobel Prize for Peace in 1998. In 1985, as a founding member and past president of Physicians for Social Responsibility, the U.S. affiliate of International Physicians for the Prevention of Nuclear War, he received his first Nobel Prize for Peace.

Among the members of the Class of 2008 are Jesse Hahn, M.D., who served as president of the College’s student council and is a lifelong native of Essex, VT. Coincidentally, he is also one of three UVM senior medical students who were in Essex High School teacher Adam Weiss’ AP Biology class their senior year, in 1999. “I’m honored that these amazing students still cite our class as meaningful—even after undergraded and medical school experiences,” says Weiss. For Hahn, a graduate of the University of Richmond (Va.), returning to Vermont for medical school was never really a question. “I didn’t really entertain other options,” admits Hahn, who applied to a number of schools, but made UVM his first choice. “It felt right; the area really clicked with me and so did the small institution.” Hahn got his first choice again in March. That’s when he found out he will be able to stay in Vermont a bit longer, serving a five-year orthopaedics residency at Fletcher Allen.

In early April Dean Frederick Morin, M.D., announced that Bernard Levin, M.D. had agreed to serve as interim director of the Vermont Cancer Center (VCC). Levin began serving in this position in early May on a part-time basis. He replaces John Fogarty, M.D., who served as interim director of the VCC since 2006.

A colorectal cancer expert, Levin retired in 2007 as vice president for cancer prevention and population sciences at the University of Texas M.D. Anderson Cancer Center in Houston. For the past several months, he and colleagues have been working with the College of Medicine and UVM leadership, with input from VCC members, to map out strategic next steps for the VCC.

“As the search for a permanent director moves to the next stage of interviews with top candidates, having an experienced cancer center leader join our team will be of great benefit to our institutions, our members and our community,” said Morin.

Before assuming his role in cancer prevention, Levin served as chair of M.D. Anderson’s Department of Gastrointestinal Medical Oncology and Digestive Diseases. He earned his medical degree from the University of Witwatersrand Medical School in Johannesburg, South Africa, and completed his surgical and medical internships there. He moved to Chicago for an internal medicine residency and then completed fellowships in biochemistry/pathology and gastroenterology at the University of Chicago. He held academic appointments at the University of Chicago from 1971 until 1984, when he joined the faculty at M.D. Anderson to develop a multidisciplinary gastrointestinal cancer program.

For nearly three decades, Levin furthered the science and application of cancer prevention through developing and implementing multidisciplinary programs in research, service and education, and his leadership of many collaborative research projects resulted in identification of lifestyle factors, genetic predispositions and molecular events contributing to cancer development. He has served in numerous national leadership roles at the National Cancer Institute and the American Cancer Society, and in 2004 received the American Society of Clinical Oncology for his significant contributions throughout his career to preventing and managing cancer.

COURTYARD BUILDING STARTS TO SOAR

A groundbreaking ceremony was held on June 7 to commemorate the official start of the Courtyard Building Project, an innovative building that will add 35,000 additional square feet of space to UVM’s medical campus. Dean Morin spoke at the event, and was joined by UVM President Daniel F. Fogel, Fletcher Allen Health Care President and CEO Melinda Estes, M.D., and Senior Associate Dean for Research and Academic Affairs Russell Tracy, Ph.D. The speakers all noted the important expansion of research-oriented space that the new structure will make possible at Vermont’s academic health center. Then each speaker moved to a position at one of four pillars erected with attached balloon bouquets. At Dean Morin’s signal, each speaker used a ceremonial scissors to cut the tie holding the balloons, which floated up to the Courtyard’s glass-domed roof. Construction of the new building began in earnest immediately after the ceremony, and is estimated to run through summer 2009.

Levin Named VCC Interim Director

COURTYARD BUILDING INTERIM DIRECTOR

Bernard Levin, M.D.
Three decades after earning their M.D.s, two alumni return to experience today’s curriculum.

by Ellen Andrews, M.D.’75 & James Gallagher, M.D.’75

Three decades after earning their M.D.s, two alumni return to experience today’s curriculum.

We graduated from the College of Medicine in 1975 soon after the last “new” curriculum of 1967 began. This spring we spent a week on campus to see first-hand the Vermont Integrated Curriculum (VIC), introduced in 2003. We describe here what’s new and include our reactions as alumni and veteran clinicians.

Thirty-five years ago, when we took our first elective away from UVM, we wondered if medicine might be practiced differently outside Vermont. What if we’d been coddled at UVM and wouldn’t be able to keep up with the big boys? Students at UVM need not worry about that now. Today’s medical students are scrutinized very closely. In today’s curriculum their competency is tested relentlessly by scores of people. There’s no coddling here.

First, for our fellow alumni, an explanation of some terms. The block of time we knew as Basic Science is now Foundations, a composite of Fundamentals, Systems Integration and Convergence; Clerkship is still Clerkship; Senior Major is now called Advanced Integration.

There are more tests now, big and small. Written tests, lab tests, and tests of clinical examination skills. If you need remedia- tion, you’ll know and you’ll get help. Feedback on tests is prompt. Optional sessions allow students to review test results individual- ly or in small groups. One student explained to us that the teachers don’t have to do this, but “they want us to understand and
succeed.” Physical diagnosis skills are taught early with generous opportunities to practice, thanks to the use of standardized patients. Even the standardized patients grade the students. Local doctors who welcome students every week to their offices also grade them. Gradually students are expected to examine patients more thoroughly, to present them in more detail, and to discuss diagnosis and management with more sophistication. Students grade the faculty regularly too. Today’s national board exams have grown more complex, intrusive, and daunting. (See www.usmle.org to learn more.)

But what a sumptuous banquet is laid before today’s students! All the fundamentals are still taught, but taught better, in our opinion. It is less like college, where miscellaneous courses are taken simultaneously. Truly integrated, courses now connect to each other. Each week the content is woven together as beautifully as a capillary network.

The Foundation segment lasts 18 months. Alumni would recognize much of Fundamentals: anatomy, physiology, and biochemistry. For instance, students study gross and microscopic anatomy of the lungs for two weeks, but with an important difference: simultaneously they’re learning pulmonary physiology, radiology of the chest, interpretation of blood gases, and physical examination of the chest.

Our example, pulmonary medicine, reappears in the “Cardiovascular, Respiratory, and Renal” unit. At another course, “Nutrition, Metabolism and Endocrinology,” the faculty define how the brain, liver, pancreas, duodenum, visceral fat, and skeletal muscle all cooperate to control glucose. By week’s end, the logic of modern-day treatment of diabetes is unassailable, so meticulously have they reviewed basic metabolism and endocrinology. The inescapable conclusion is that biochemistry and physiology are wonderful tools at the bedside. Surgeons concurrently teach examination of the abdomen, again linking content to practice.

The whole curriculum is on-line at a secure website. COMET (College of Medicine Educational Tools) is our award-winning educational technology. Lecture material is available on COMET as PDF files and podcasts, but printed handouts are available in class too. There are interactive and virtual COMET tools to dazzle and tempt any student. (You can get a taste of those tools by trying the demo on the College’s website.) Students study everything on-line from histology and gross specimens to digital x-rays. Scheduled on-line quizzes appear every week. More comprehensive tests are taken together in class on-line. COMET materials enlighten classrooms and exam rooms which are all wirelessly connected. If you visit the campus, do take advantage of any opportunity to tour the new Medical Education Center, with rooms designed to accommodate various activities, including streaming of video from the Operating Room and from sites off-campus. Teaching of clinical skills takes place in an adjacent, compact cluster of twelve exam rooms equipped with video monitoring.

Lectures comprise only part of the week. Students “Doctor in Vermont” weekly for a year with a local physician before clerkships begin. Another dimension of scrutiny is self-scrutiny. In their leadership groups, students analyze their emerging identity as professionals and team leaders. They study conflict resolution, ethics, community and cultural issues. Such subjects were once quashed in psychiatry or mentioned only in passing. Now this material has attained legitimacy as a consistent activity throughout clerkships. Finally, the curriculum section called Convergence is structured to refine problem-solving and differential diagnosis.

Next comes the year of clerkships. This was familiar territory: required rotations on Surgery, Ob-Gyn, Internal Medicine, Neurology, Psychiatry, Pediatrics, and Family Practice. Now though, even before they start, students have considerably more experience examining patients and presenting findings than we did as we began our clerkships. The clerkships are now linked differently, too. Surgery pairs with Ob-Gyn, for example, to emphasize connections between those disciplines. Teaching of basic surgical skills can then be shared, enhancing the experience for both students and faculty. The students retain access to the computerized curriculum materials throughout clerkships. In fact, even after graduation those materials remain available to them electronically.

One embellishment of clerkships is called Bridges. These are days when students leave the wards to take advantage of any opportunity to tour the new Medical Education Center, with rooms designed to accommodate various activities, including streaming of video from the Operating Room and from sites off-campus. Teaching of clinical skills takes place in an adjacent, compact cluster of twelve exam rooms equipped with video monitoring.

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Lectures comprise only part of the week. Students “Doctor in Vermont” weekly for a year with a local physician before clerkships begin. Another dimension of scrutiny is self-scrutiny. In their leadership groups, students analyze their emerging identity as professionals and team leaders. They study conflict resolution, ethics, community and cultural issues. Such subjects were once quashed in psychiatry or mentioned only in passing.
Dr. Gallagher uses a standardized patient. (At right) A COMET module.

The new emphasis is on honing clinical and analytic skills before beginning residency. Here again the use of standardized patients is invaluable. Encounters are timed, taped and analyzed. Here again the use of standardized patients is invaluable. Encounters are timed, taped and analyzed. Here again the use of standardized patients is invaluable. Encounters are timed, taped and analyzed. Here again the use of standardized patients is invaluable. Encounters are timed, taped and analyzed. Here again the use of standardized patients is invaluable. Encounters are timed, taped and analyzed.

Our near-death experience 100 years ago

If only Henry Tinkham could see the Vermont Integrated Curriculum. He was the feisty dean of the College of Medicine from 1898 to 1925. Without him, there might not be a College of Medicine today at all.

Early on Dean Tinkham had urgent problems. The fire that burned down the headquarters of the school in 1903 was the least of them. After the fire, enrollment declined. Since tuition didn’t cover expenses, faculty salaries dropped. Meanwhile a relatively-young American Medical Association was pushing for reform of medical education and even beginning inspections of the schools. The Association of American Medical Colleges was wielding its clout. Individual states established requirements too, including insisting that medical school applicants first attend at least one year of college. It was rare to find Vermont students who had even completed four years of high school! This threatened to decrease enrollment even further. Dean Tinkham eventually formed alliances with the University and state legislators in order to stay afloat financially. He was a formidable lobbyist, strenuously objecting that new regulations placed an inordinate burden on small rural schools. Meanwhile he went about improving the facilities and staffing.

The practice of medicine then was anarchic. Reformists proposed a survey of the state of American medical education. In 1908 Abraham Flexner was hired by the Carnegie Foundation to survey all 155 medical schools. He took a dim view of Vermont, pointing out that the school had “low standards,” only one full-time teacher, no library, no museum, and practically no teaching charts or models. Being too far from big cities, it couldn’t provide enough clinical cases. It had no endowment. Flexner saw the College as beyond repair. Besides he said, there were too many doctors in New England and Harvard and Yale supplied more than enough. Bowdoin, Dartmouth, and Vermont were old schools, but not adequate schools. His recommendation? At most they should be two-year pre-clinical programs.

Bowdoin did fold. Dartmouth resigned itself to being a two-year school, remaining so until 1970. But in Burlington, fearless Henry Tinkham had no intention of giving up. Even when AMA site visitors drew the same conclusions Flexner had, the Dean simply pressed on. He increased the number of full-time faculty (to five), and collaborated regionally to make more patients available for students. He endured one year when only six students met admission requirements. He traveled and pleaded for second chances of all kinds while building the College’s resources to a respectable level.

By 1921, he could finally devote time to refining the curriculum. He reportedly forced scientific and clinical professors to consider the relationships between their disciplines “for the first time.” Faculty meetings became case conferences where professors were made to discuss a case together. He knew he was on to something when he later heard that same idea proposed at national conferences. He embraced another trend developing then: introducing clinical work into the curriculum as early as the first and second years of medical school.

Henry Tinkham’s fight for the medical school was fierce. His vision of what the College could become is embodied in today’s curriculum. We believe he would see this integrated curriculum as fundamentally sound and quite to his liking.
A scholarly prescription

Developing physician-scholars among fourth-year medical students.

“Taking a question you have in your head and turning it into something publishable, that’s a very interesting scenario, and one that really excited me,” says Adam Goldstone, M.D.’08, just a few days prior to being awarded his medical degree.

Goldstone and dozens of his classmates followed just such a plan during their last year at the College. Under the Vermont Integrated Curriculum (VIC), students can opt to fulfill either a teaching requirement or a scholarly project. Those who choose the scholarly project path sign on for an experience that will entail hours of data collection and analysis on a project based on either the clinical or basic sciences, and the ultimate pleasure of seeing the hypothesis point toward a conclusion.

“The scholarly project’s purpose is to encourage those students to become full-fledged physician-scholars,” says Eileen CichoskiKelly, Ph.D., the College’s director of educational instruction and scholarship. “Through this experience, they learn to polish their communication skills, and their powers of inquiry and analysis.” Scholarly projects are formally presented to the UVM on the same day, about a week before commencement, when the student-scholars give either a verbal or poster presentation of their work.

The scholarly project has been a formal part of the College’s curriculum for much of the past decade. Going back even further is the related Surgery Senior Major Scientific Program. Since 1970, seniors in this specialty have had the chance to present research projects to the assembled faculty in the department and their fellow students.

What follows in these pages is just a sampling of the broad process of inquiry recent medical graduates have gone through.

Like many fourth-year students, Alyssa Wittenberg, M.D.’08 chose a project with a strong relation to her future focus in medicine: “Recommendation for Improving Sexual Health Curricula in Medical Schools.” “I’m going into obstetrics and gynecology,” Wittenberg explains, “So knowing more about how to talk about sex and sexual health will be very important to me throughout my career. I’m very interested in medical education, so I wanted to find out how students at a medical school view the role of sexuality in their learning, and I wanted to talk to patients and see what their interactions around sexuality are with their providers.” Working with faculty mentor Judith Gerber, Ph.D., Wittenberg designed a survey, and spent much of the year administering it to undergraduate and graduate students and third- and fourth-year med students. The results, crunched through a huge multi-page spreadsheet, will be published in the near future in the Journal of Sexual Medicine.
Danielle Williams, M.D.’08 found her scholarly project subject matter in the same area that originally helped her focus on becoming a physician. For four years, while earning her undergraduate degree, she had worked as an emergency services technician. “I put feelers out to see what kind of research people in the field in Vermont were interested in,” she says.

Associate Professor Wayne Misselbeck, M.D. and staff members of the Vermont Office of EMS and Injury Prevention were eager to learn about issues around the criminal background of applicants for EMS positions, and the extent to which screening measures can be developed to deal with the small number of applicants that fall into this category. “The literature does not have a lot about this subject,” she says. “Having been one, I realize the important role EMTs have. Since the data were few, I thought we’d look at it in an epidemiological way. We collected data from various sources that the Office of EMS recommended.” They were able to point the way toward recent applicant trends, and are looking ahead to publication in the future.

How much CT-scanning is necessary? That’s the question Adam Goldstone, M.D.’08 sought to answer through his scholarly project. “I was interested in patients with a history of kidney stones,” he says. “Particularly those who present to physicians multiple times with recurrent symptoms.”

Goldstone’s mentor was Assistant Professor Andrew Bushnell, M.D. “I worked with Dr. Bushnell in the Emergency Department. He’d noted that patients coming in with the same type of pain after previously having had a kidney stone got a CT-scan nearly every time.” Computed Tomography (CT) scans have become the gold standard for the diagnosis of kidney stones, Goldstone notes, but such scans are not completely harmless. “One abdominal CT-scan is equivalent to approximately 500 chest radiographs,” he says. The student and mentor culled data from the Fletcher Allen data-base. Repeat kidney stone patients rarely have their diagnosis changed, they found, which points the way toward further evaluation of the treatment of such patients.

Helping EMT Choices

Decreasing CT Exposure

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Through the 38th annual Surgery Senior Major Scientific Program, ten fourth-year students on the verge of graduation gained the valuable experience of shaping data into a form that would be acceptable for publication, and presenting that work at what is, in effect, a small scientific seminar. To the audience of faculty members, students, and invited guests gathered in Hall B in the Given Building on May 1, seniors presented findings on a wide range of topics—leg fractures among skiers and snowboarders, abdominal pain and appendicitis diagnosis in children, and useful genetic “markers” for certain carcinomas were but a few of the subjects. Krista Evans, M.D.’08 (at right, above) won the third place award at the program for her project that explored the role of HbA1c (a test for abnormal glucose metabolism) as a predictor for complications after coronary bypass surgery. Dorian Korz, M.D.’08 (at right) won the second place award for his project on the use of anticancer agents in the mammary ductal network. First place at the seminar was awarded to Thai Lan Tran for her project, which focused on an aspect of the treatment of the lung cancer mesothelioma.

Jonathan Hall, M.D.’08 (at left in photo) spent a good deal for the past year in South Burlington, Vt., offering people cones—not the kind with ice cream packed inside but, rather, the bright orange rubber kind usually used to detour traffic. Working at the Spine Institute of New England, Hall introduced patients with degenerative lumbar spinal stenosis and neurogenic claudication (the narrowing of the spinal canal, which causes pain) to a “shuttle walking test” in which they were required to walk a ten-meter course between two cones. A CD-player beside the course played pre-timed signals to show when the start of the walk should begin, and when it should be over, and the intervals were slowly decreased until a subject was unable to complete the course in the allotted time. All the patients had undergone extensive radiographic examination beforehand, says Hall. “This study allowed us to understand the relationship between what the radiographs say is happening in the spine, and what a patient’s own self-reported health and functional status is. This could point the way to a better determination of how close some people are to needing surgical intervention.” Hall worked with several members of UVM Department of Orthopaedics & Rehabilitation, with Clinical Instructor Tucker Drury, M.D., (at right) serving as mentor. Drury and Hall (who begins his residency in orthopaedics at Fletcher Allen this summer) hope to present their findings at an orthopaedic conference in Hong Kong later this year.

Data to Help Alleviate Pain

A Wide-Ranging Seminar

Through the 38th annual Surgery Senior Major Scientific Program, ten fourth-year students on the verge of graduation gained the valuable experience of shaping data into a form that would be acceptable for publication, and presenting that work at what is, in effect, a small scientific seminar. To the audience of faculty members, students, and invited guests gathered in Hall B in the Given Building on May 1, seniors presented findings on a wide range of topics—leg fractures among skiers and snowboarders, abdominal pain and appendicitis diagnosis in children, and useful genetic “markers” for certain carcinomas were but a few of the subjects. Krista Evans, M.D.’08 (at right, above) won the third place award at the program for her project that explored the role of HbA1c (a test for abnormal glucose metabolism) as a predictor for complications after coronary bypass surgery. Dorian Korz, M.D.’08 (at right) won the second place award for his project on the use of anticancer agents in the mammary ductal network. First place at the seminar was awarded to Thai Lan Tran for her project, which focused on an aspect of the treatment of the lung cancer mesothelioma.
“There is nothing more fun than being able to improvise in a group,” says Martin LeWinter, professor of medicine and molecular physiology and biophysics, as he stands in his lab in the Health Science Research Facility. Now in his third decade as a researcher and clinician at the College of Medicine and Fletcher Allen Health Care, LeWinter, a 2008 University Scholar, has made a point of fostering the close, collaborative relationships he fondly calls “garage science” — researchers with different skills openly and creatively sharing their know-how to bring forth a better understanding and treatment of the engine of human life — the heart.

by JENNIFER NACHBUR

photography by SALLY MCCAY
Nearly everyone has had his or her blood pressure taken. This measurement, which determines the pressure applied to the walls of the arteries as the heart pumps blood through the body, is dependent on the force and amount of blood pumped, and the size and flexibility of the arteries. Elevated blood pressure and its effects on the heart has been a consistent focus throughout the research career of Martin LeWinter, M.D.

More than 5 million Americans are living with heart failure, according to the American Heart Association. Originally believed to be caused by depressed contraction function, heart failure today has changed along with the increased aging population. Now patients are just as likely to have a normal or preserved ability to squeeze, with the malfunction rooted in a stiffening of the heart muscle when the heart fills with blood between each contraction.

The latest chapter in LeWinter’s research will be guided by a five-year, $3.4 million grant he has recently received to study advanced glycated end-products (portions of sugar molecules that become chemically attached to various proteins in the body) and the ways they contribute to heart dysfunction in patients with diabetes and hypertension.

“As you age, everything gets stiffer, less flexible,” explains LeWinter, professor of medicine and molecular physiology and biophysics and a 2007-08 University Scholar. (His University Scholar Lecture in April was titled “A Paradox: Failing Hearts That Contract Normally.”) “When the heart fills, which is like blowing up a balloon, the pressures during filling can cause heart failure if they get too high.”

A music major at Columbia University and long-time pianist, LeWinter could as easily be summing up his 36-year career as a leading heart failure researcher as describing the attraction of playing in a jazz band when he says, “There’s nothing more fun than being able to improvise in a group.”

RELYING ON A CROSS-DISCIPLINARY APPROACH?

Improvisation has been one of the keys to LeWinter’s research success. He has always made a point of collaborating with a cross-disciplinary mix of physicians and scientists at UVM. As a result, his research focus has included not only his original specialty area — how the heart relaxes after contracting and how this function is affected by diseases — but also how the heart uses energy and the proteins involved in heart function.

A graduate of New York University School of Medicine, LeWinter was an intern, resident and chief resident in internal medicine at Bellevue Hospital in New York City before traveling across the country for a cardiology fellowship at the University of California, San Diego (UCSD) School of Medicine. Then a brand-new medical school, UCSD’s faculty featured major innovators such as Eugene Braunwald, M.D., whose research discovery established heart attack as a progressive event; John Ross, M.D., who established a now-widely-used principal for diagnosing coronary artery disease; and Burton Sobel, M.D., UVM professor of medicine and biochemistry and former chair of medicine.

“UCSD was truly a hotbed of research in heart disease and cardiovascular function,” LeWinter says. “It was a fantastic environment that allowed me to be productive early on and opened my eyes about how to do research. That was a life-changing thing.”

LeWinter joined the UCSD cardiology faculty following his fellowship. In 1975, he published his first major paper in the journal Circulation Research, which established how the heart functions regionally and comes together to form a contraction. His work continued, with a focus on how the heart relaxes, then moved into the examination of the influence of external forces such as the pericardium — the thin membrane that surrounds the heart and the roots of the heart’s aorta and the pulmonary artery — which plays an important role in determining filling pressures when the heart becomes enlarged. In 1985, he moved to Vermont to become chief of cardiology at UVM and the former Medical Center Hospital of Vermont, now Fletcher Allen Health Care. He was attracted by UVM’s physiology department, led by the late Norman Alpert, Ph.D., who founded Vermont’s Biotek Instruments, Inc., and the opportunity to meld his clinical cardiology interests with his research training in physiology and mechanics of the heart.

At UVM, LeWinter delved into the study of mechanoenergetics and how the energy utilized by the heart changes in heart failure. Surprisingly, LeWinter explains, the heart actually becomes more energy-efficient as it fails, in the same manner that an underpowered car gets better mileage. The problem, he says, is that the heart may not get enough “gas.” The stiffness of the arteries creates a bigger workload for the heart and results in consequences for diastolic function. Identifying the causes and stresses that lead to that poor function, whether disease or a genetic mutation, is critical to identifying effective treatments.

Over the years he has collaborated with fellow faculty in molecular physiology and biophysics to look at how contractile proteins work in failing hearts, and colleagues in the cardiothoracic division of surgery to examine cells at work in the cardiac tissue biopsied from failing hearts. He sees this willingness to collaborate as one of UVM’s greatest strengths.

“It’s rare to do ‘garage science’ these days,” LeWinter explains. You need a group with different skills to look at how the heart works at multiple levels from the most basic aspects of cardiac contraction to the whole organ and everything in between.”

Dr. LeWinter has worked with Senior Research Technician Stephen Bell
NEW RESEARCH, NEW ADVANCEMENTS?

One of LeWinter’s more recent research targets are the proteins involved in the passive stiffness of the heart. One protein — called titin from “titanic” for its large size — works like a big spring inside the heart muscle cells. Collagen, the main protein found in connective tissue, also helps determine stiffness. LeWinter aims to find out how diseases, like diabetes, might modify that stiffness.

“Rarely will you find a clinician scientist who can bridge the expanse of knowledge between the amazing function of the human heart and the tiny molecular motors that make it contract,” says David Warshaw, Ph.D., professor and chair of molecular physiology and biophysics. “Marty has that capacity and the unique ability to instill the enjoyment of basic science into his clinical fellows.”

In addition to his very active research enterprise, LeWinter sees patients in the cardiology clinic at Fletcher Allen once a week and covers two rotations per year as an attending cardiologist in the hospital’s inpatient cardiology unit. He also teaches UVM medical students. In 2006, he was awarded a $1.15 million, five-year grant from the National Heart, Lung and Blood Institute as the principal investigator of a new regional consortium for conducting heart failure research in northern New England. After a year and a half of planning, the network activated its first protocol this spring.

Always ready to explore a different angle on heart failure, LeWinter would like to further examine several aspects of heart failure in women. Diastolic heart failure, including stiffness in the vessels and heart, is more common in elderly women. At about age 75, there is a large increase and separation between the rate of occurrence of this type of heart failure in men and women. By examining the effects of experimental drugs on human cardiac biopsy tissue, LeWinter hopes to identify potential drug treatments for this stiffness. Women also have a tendency to do better than men when they get heart failure, with one exception — women with heart failure who have diabetes. According to a discovery found in cardiac biopsies, these women appear to have a contractile deficit, which LeWinter and colleagues believe may be the result of oxidative damage.

There’s no doubt that his years of research and clinical care have benefited numerous heart failure patients in Vermont, across the country and throughout the world.

“Dr. LeWinter is a nationally and internationally respected investigator,” says David Schneider, M.D., professor of medicine and chief of cardiology. “His research has advanced our understanding of heart failure and improved our ability to care for patients.”

In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl streets in Burlington, the main lecture room where students spent so much of their time was named Hall A. The Hall A magazine section seeks to be a meeting place for all former students of the College of Medicine.
This will be my last letter to you as president of your Medical Alumni Association, since my term has ended. I’m very glad to tell you that Dr. Ruth Seeler, Class of 1962, will be taking over as president and that the Association will be in very competent, inspiring hands. She has been a dedicated member of the Alumni Executive Committee for many years and she has often proven her mettle, making the sometimes difficult trip to Burlington from her home in Chicago for our meetings without a complaint. As the Alumni Association Executive Committee’s President, Ruth will be leading a terrific group of alumni who represent graduates of classes ranging from 1943 to 2000. They are all devoted to us, the alumni, as well as to the College of Medicine, its faculty, staff and the current students.

During the years that I’ve served on the Alumni Executive Committee, I’ve seen first-hand how the Medical School has grown and flourished, both physically and intellectually under a succession of truly fine deans, from John Frymoyer, to Joseph Warshaw, John Evans, John Fogarty, and now, Rick Morin.

Perhaps the most important decision the Committee made while I’ve been a member has been to shift our fund-raising efforts from providing loans to medical students to making direct grants to them. This was done in recognition of the increasingly high level of debt with which the graduating seniors have been severely burdened. It is extremely gratifying to know that so many of you, the alumni, have responded to this significant change by increasing substantially your level of support for UVM’s medical students. So much talent and effort on the part of the excellent staff of Rick Blount’s Development and Alumni Relations Office has been absolutely indispensable. Thank you, Rick, for your dedication.

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surgery and academic career.” George Mastras writes: “I am enjoying my retirement and my hobbies keep me busy. I am still alpine skiing and my wife and I spent Christmas with our family in Park City, Utah.” Best regards to all.

1960

Marvin A. Nierenberg 25 West Rialt Street New York, NY 10024 (212) 824-6474 m.nierenberg@att.net Melyn H. Wolf Clinton Street P.O. Box 772 Waverly, PA 17882 (717) 933-2245 melliema@aol.com

1961

Wilfrid L. Fortin 17 Chapman Street Nashua, NH 03060 (603) 882-6203 willy4c@aol.com

1962

Ruth Andrea Seeler 2415 North Orchard Chicago, IL 60644 (773) 472-3432 seeler@uic.edu Warren E. Johnson writes: “In January I left my last paying part-time job in medicine and joined the ranks of the fully retired.”

1963

John J. Murray 506 Colchester VT 05446 (802) 865-3550 jackjmurray@aol.com

1957

Larry Coletti 34 Gulliver Circle Norwich, VT 05050 (860) 872-1450 lcoletti@nwwed.org

1958

Peter Ames Goodhue Stamford, Ct 06902 (203) 339-1340

Neil Diiorio writes: “Evelyn and I will celebrate our 53rd anniversary in Beijing about the M.S. Stanton- dian with the Gnasus on a 32-day cruise. Our six children and eleven grand-children are getting more widespread but we still have monthly family gath-erings. I’ve been writing medical fiction stories and have one published, enti- tled, “The Will.” We both still enjoy a good game of tennis.”

1964

Anthony P. Belmont 222 Youngs Point Road Wiscasset, ME 04578 (207) 882-6228 apb8229@pol.net

1965

George A. Little 75-Quechee Road Hartford, VT 05048 (802) 486-2418 george.a.little@ dartmouth.edu Joseph H. Vargas III 294 US Route 4 East Rutland Town, VT 05701 (802) 753-4671 jvargasmd@aol.com

Tom Dow was just promot-ed to Medical Director of the Care Center for Mental Health in Key West. His email address is: tomogill@yahoo.com.

H. Alan Walker 229 Champlain Drive Plattsburgh, NY 12901 (518) 562-9991 Leigh Kendall writes: “After 24 years in surgery, eleven years in University Student Health and eight years as a medical director, I have finally retired on July 1, 2007. It’s the fifth attempt, so far so good.” Donald Capra writes: “Retired but continuing nearly full time as (1) coach of a Dean, a com-pany president and an institu-tion president and (2) advising two biotech investment funds and (1) chairing two scientific advisory boards of two biotech companies.”

1966

Robert George Sellig 33 Overlook Drive Queensbury, NY 12804 (518) 739-1914 rsellig@aol.com G. Millard Simmons 3185 Grass Marsh Drive Mount Pleasant, SC 29466 millo@gocomcast.net

1967

John F. Dick II P.O. Box 60 Salisbury, VT 05769 (802) 352-6623 Bruce Poislar writes: “I have taken a new position as director of health initia-tives for Eastern Connecticut.”

1968

David Jay Keller 4 Deer Run Mendon, VT 05760 (802) 779-2933 djknhk60@comcast.net Timothy John Terrien 14 Deerfield Road South Burlington, VT 05403 (802) 862-8935 Todd Cladstone tmc@izoa.com Nelson H. Sturgis III is “Still working full-time in a Community Health Center with challenging patients. Three grandchildren keep us busy. Mary Jean works part time now. Looking forward to

1959

Jay E. Selcow 27 Reservoir Road Bloomfield, CT 06002 (860) 243-1599 jayselcow@comcast.net

Herb Deutsch is enjoying his practice in Cherry Hill, N.J. He has taught four grandchildren how to ski in Vermont: only four more to go! Bernard Passman writes: “I’m enjoying my office-based reduced gynecole- gynce practice, while Marc Passman, M.D. 82 is very happy with an ever-expanding vascular

DEVELOPMENT NEWS

GIFT IS CATALYST FOR END-OF-LIFE WORK

An anonymous $250,000 gift has allowed the College to bring together community partners interested in support-ing end-of-life education, research and care. Dr. J. Fogarty — who was Interim Dean at the time of the gift in late sum-mer, 2007 — has held meetings with a group that has adopted the name “Vermont Palliative Care Collaborative” and consisting of representatives of UVM’s College of Nursing and Health Sciences, Fletcher Allen Health Care and the Visiting Nurse Association of Chittenden and Grand Isle Counties, as well as individual community members. The group has overseen distribution of funds to support medical student events, a physician fellowship program at UVM/Fletcher Allen, to enhance UVM’s nursing program in end-of-life care, and to support VNAs community outreach through its Madison-Deane Initiative. “We’ve made a really great start at pulling together and enhancing the resources in this community,” said Fogarty. “We’re fortunate to have passionate people who are deeply interested in making this a place where those who are near the end of their lives encounter compassion, clinical skill and empathy.” Dr. Allan Ramsay, associate professor of medicine and professor of family medicine, will be taking leadership of the Palliative Care Collaborative when Dr. Fogarty assumes the deanship of Florida State University College of Medicine this summer.
reunion. I will be curious to see what years of prac-
tice has brought to the members of the Class of
1966.” Email address: nortriggs88@ic.net.

1969
Susan Piman Lowenthal 200 Kennedy Drive
Torrington, CT 06790
(860) 577-8595
nPiman_w@pmctownlow-
thal@eqroton.ptzfer.com

1970
Raymond Joseph Anton 1515 General Knox Road
Russell, MA 01477
(413) 588-8659
ray@rayanton.com
(413) 568-8659
susan_w_pitmanlowen-
nsturgis@ftc-i.net.

1971
Wayne E. Pasanen 112 Ogood Street
North Andover, MA 01845
(978) 681-3933
wpasanen@lowell.
general.org

1972
F. Farrell Collins Jr. 205 Page Road
Newbury, NH 03255
(603) 295-2429

1973
James M. Betts 715 Harbor Road
Alameda, CA 94502
(510) 523-1920

1974
Douglas M. Eddy 5 Tanbark Road
Windham, NY 12887
(603) 342-2564
dhaeaddy@att.net

1975
Ellen Andrews 159 Midland Road
Pinehurst, NC 28374
(919) 295-6416
Elland@midnspring.com

1976
Bruce Roberts writes: “I have been living in
Chicago area and have been happily married for
30 years with two sons. I am presently working
hard as chief of mental health services at Hines
VA Medical Center/
Loysia Stritch School of
Medicine. One son starts
medical school at Loyola this
summer.”

1977
Mary A. Popovsk 22 Nauset Road
Sharon, MA 02067
(781) 784-8424
mmpopovsk@
haemonetics.com
Mary Maloney is living in
Worcester, Mass., where she
is chief of dermatology at
the University of Massachus-
setts.

1978
Paul McInnie Costello Essex Pediatrics, Ltd
89 Main Street
Essex Junction, VT 05452
(802) 879-6516
Linda Schrott writes: “We now have two more doc-
tors in the family, our daughter, Allison, graduat-
ed from Penn State College of Medicine in 2007 and
is now at the Emergency Medicine resi-
dency program at UMass; and she got married to a
classmate who will be doing anesthesia residency
at Deaconess. Our older son, Jon, is a com-
puter animator (his name is in the credits for How-
ars Have a Heart) and our younger son is gradu-
ing from RIT in 2008. Where? We’re finally done!”

1979
Sarah Ann McCarty 1014 Big Bend Road
Barbourville, KY 40406
(606) 692-1794
mccarty@marshall.edu

1980
Richard Nicholas Hubbell 80 Summit Street
Burlington, VT 05401
(802) 863-9251
rich.hubbell@vtmednet.org

1981
Craig Wendell Gage 4225 Victoria Gardens
Tampa, FL 33619
crajjgage@tampa@vir.com

1982
Mary M. Georges 2 Ravine Parkway
Oneonta, NY 13820
(607) 435-1640
dgeorges@stny.rr.com
Anne Marie Massucco 15 Cedar Lodge Road
West Hartford, CT 06107
(860) 531-6120
annemass@comcast.net

1983
North Andover, MA 01845
(978) 209-7588
john.beams@verizon.net

1984
B. Waitman Collins Jr.
1972
Mary Maloney is living in
Worcester, Mass., where she
is chief of dermatology at
the University of Massachus-
setts.

1978
Paul McInnie Costello Essex Pediatrics, Ltd
89 Main Street
Essex Junction, VT 05452
(802) 879-6516
Linda Schrott writes: “We now have two more doc-
tors in the family, our daughter, Allison, graduat-
ed from Penn State College of Medicine in 2007 and
is now at the Emergency Medicine resi-
dency program at UMass; and she got married to a
classmate who will be doing anesthesia residency
at Deaconess. Our older son, Jon, is a com-
puter animator (his name is in the credits for How-
ars Have a Heart) and our younger son is gradu-
ing from RIT in 2008. Where? We’re finally done!”

1981
Craig Wendell Gage 4225 Victoria Gardens
Tampa, FL 33619
crajjgage@tampa@vir.com

1982
Mary M. Georges 2 Ravine Parkway
Oneonta, NY 13820
(607) 435-1640
dgeorges@stny.rr.com
Anne Marie Massucco 15 Cedar Lodge Road
West Hartford, CT 06107
(860) 531-6120
annemass@comcast.net

1983
Diane M. Georges 34 Coventry Lane
Avon, CT 06001
(860) 671-6229
rsuchmajer@sfstricare.org
Jeffrey Darrow writes: “Twins are 16, learning to
drive and starting to think about college. Our 13-
year-old son and 6-year-old girl are not yet strain-
ing to break the parental grip. My wife and I Con-
tinue to keep the Boston area supplied with plastic
surgery and radiologic coverage. See you at the
25th!”

1985
Vito D. Imbasciani 515 North Crescent
Heights Blvd.
Los Angeles, CA 90069
(310) 453-1216
vdtestani@caltechmed.
inicalimaging.com.

1986
Darrell Edward White 2925 Lincoln Road
Baltimore, MD 21218
(443) 892-1461
darrellwhite@mac.com

1987
Robert Glassberg writes: “Over 15 years now living
and practicing radiology in Linwood, N.J., with Lisa
and our two daughters: Shaya (11) and Lily (11).
Working hard, part time and par-
sely and part as presi-
ent/CEO of Atlantic
Medical Imaging, which has over 32 doctors and
over 350 employees. The
population, economy and prac-
tice here in South Jersey have all grown more than we
expected. We’ve grown into the community more than we expected! Too
well not forget the great days in
Virginia. Love to hear from any of the old
classmates! Email Address: rglasberg@atlanticmed-
icimaging.com. Cate
McKeigue writes from Minn-
nesota: “I continue to
practice (but casually) at
HCMC Family Medicine and I am moving
more into geriatrics though I’m still
at Planned Parent-
hood twice-a-month. And
I still miss the mountains.”

1988
H. James Wallace III
416 Marlton Lane
St. George, VT 05495
(802) 870-9323
jameswallace@vtmednet.org
Lawrence I. Wolk
5324 South Home Street
Greenwood Village, CO 80111
(303) 771-1289
laury@correctioncare.com

1989
PETER M. Nalin
13216 Griffin Run
Carmel, IN 46033
(317) 961-6636
pjamin@mac.com
Catherine Cantwell writes:
“My oldest son, Nicholas, grad-
uated from high school this year
and will head to Spain for a year.
He will then go to Cemell in
2009. I can’t believe I am old
enough to have a college student (I can’t believe I am still
with five teenagers)” Janine
Dawson Taylor writes:
“After UVM I completed
pediatric residency at MHC;
then joined the USAF for
eleven years. I’ve been
to Spain (I am still
with five teenagers)” Janine
Dawson Taylor writes:
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pediatric residency at MHC;
then joined the USAF for
eleven years. I’ve been
to Spain (I am still
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then joined the USAF for
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to Spain (I am still
with five teenagers)” Janine
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“After UVM I completed
pediatric residency at MHC;
then joined the USAF for
eleven years. I’ve been

NEW CLASS AGENTS
The Medical Alumni Association is pleased to announce new members of the corps of volunteers who help keep connections tight between the College and its alumni all over the globe. Ashley Zucker, Mark and Alyssa Wittenberg were selected by the Class of 2008. Currently over 70 alumni serve as class agents, representing the nearly 4,000 alumni from the classes of 1945 to the present.

Emily A. Hannon
emily.hannon@hsc.utah.edu
2006

Julie A. Alosi
julie.alosi@vtmednet.org
Richard J. Parent
richparent@gmail.com
Kate Brownlowe
kate.brownlowe@gmail.com
2005

Omar Khan
33 Clearwater Circle
Johnstion, RI 02919
(401) 217-3953
omarkhan@vtmednet.org
Scott Goodrich
35 Bartons Road
Watervile, NY 13601
(603) 225-6267
scott.goodrich@gyazo.com
2004

Jillian S. Sullivan
jilliangedez@hotmail.com
2001

Emily D. LeBrehe
fabulousleibrebe@hotmail.com
2002

Dr. Pratt died at his home in Rutland, Vt., on April 5, 2008. He received his B.S. in 1941 from UVM, where he was elected in his senior year into the Boulder Society. During the accelerated years of World War II in 1942 he earned his M.D. from the College of Medicine. He interned the next year at the Mary Hitchcock Memorial Hospital in Hanover, N.H., before joining the U.S. Army Medical Corps, where he served as a Captain from 1944 to 1946. He completed his residency in 1948 at the Mary Fletcher Hospital, and obtained a master's in Basic Science and Internal Medicine in 1949 from the University of Pennsylvania Graduate School of Medicine. Opening his private practice in 1952 on his 40th birthday, he moved in 1959 to Oregon.

Dr. James C. Crane, M.D., ‘39
Dr. Crane died of leukemia in Eugene, Oregon on April 5, 2008. He was 94. Born in Stanford Conn., he earned his bachelor’s and medical degrees from UVM in 1936 and 1939 respectively. He interned at Stanford Hospital in 1939 and 1940 and did his residency at Bellevue Hospital in New York City after WWII. His training also included a fellowship at Memo- rial Sloan Kettering in the late 1940s. As part of the intelligence officer in the U.S. Army Air Corps on the eve of WWII, Dr. Crane led a mission to determine the safety of an air transport route through South America and Africa for military transport across the Atlantic. In late December 1941, he accompanied General George Brett to China for an historic meeting with Generalissimo Chiang Kai-shek and Britain’s Indian Commander, General Sir Archibald Percival Wavell. The session produced the Allied land and air war strategy for the Asian Pacific region. Dr. Crane served throughout the Pacific theater during the war. He later founded the International Order of Characters, which drew its members from the aviation and armed services fields. As an FAA examiner at the beginning of commercial jet aviation, he was an early advocate for jet crews and their special medical problems in the new era of high-speed travel. The longest serving FAA Examiner in history, Dr. Crane attracted pilots from around the globe to his medical practice in Stamford. Dr. Crane retired from medical prac- tice on his 90th birthday in 2002, and moved in Oregon in 2005.

John H. Browe, M.D., ‘40
Dr. Browe died April 8, 2008, at his home in Troy, N.Y. He was 92. He graduated from Holy Cross College and from the UVM College of Arts and Sciences in 1947 and from the College of Medicine in 1949. He served in the United States Army as a First Lieutenant, MC. While in Batan, he became a Japanese prisoner- of-war on April 9, 1944. Until his liberation, on Sept. 7, 1945, he pro- vided medical care to Americans, Filipinos, and Australian prisoners of war in various locations including Camp O’Donnell. Following the war, he graduated from Columbia University School of Public Health and Administrative Medicine with an MPH in 1946. From 1945 until 1977, Dr. Browe was the director of the Bureau of Nutrition, Division of Epidemiology and Preventative Health Services with the New York State Department of Health. During that time, he also participated in nutrition surveys in Iran, Chile and Venezuela. His primary interest was on how nutrition related to children.

William A. Pratt, M.D., ‘43
Dr. Pratt died at his home in Rutland, Vt., on April 5, 2008. He received his B.S. in 1941 from UVM, where he was elected in his senior year into the Boulder Society. During the accelerated years of World War II in 1942 he earned his M.D. from the College of Medicine. He interned the next year at the Mary Hitchcock Memorial Hospital in Hanover, N.H., before joining the U.S. Army Medical Corps, where he served as a Captain from 1944 to 1946. He completed his residency in 1948 at the Mary Fletcher Hospital, and obtained a master’s in Basic Science and Internal Medicine in 1949 from the University of Pennsylvania Graduate School of Medicine. Opening his private practice in 1952 on his 40th birthday, he moved in 1959 to Oregon.
degree and serving in World War II. He was a Captain in the U.S. Army Air Corps from 1944-1946, and was an Air Sea Rescue Flight Surgeon at Oklahoma. His medical internships and graduate studies in Orthopedic Surgery and Neurosurgery were at Fordham Hospital; Johns Hopkins University broken Hill, N.Y., Dr. Sohn, a pediatrician who cared for three generations of children, died of cancer March 8, 2008, in her home in Maine. He was 79. A native of Portsmouth, N.H., Dr. Sohn also attended the Air Force School of Sciences and was a flight surgeon. He was the chief of medicine and chief of pediatrics at U.S. Air Force Regional Hospital, Sheppard Air Force Base, Texas. He retired in 1987 as director of base medical services at Hanscom Air Force Base, Mass., and moved to Florida.

WILIAM J. SOHN, M.D.’51

For several years, Dr. Heffernan died of cardiac arrhynia Jan. 7, 2005, at the VA Medical Center in Anchorage, Alaska. He was 57. After receiving his medical degree, he co-authored a number of publications in professional literature concerning MS. In 1961 he helped found the International Federation of Neurological Societies. He established the residency program in Neurology in 1954. His long association with the National Multiple Sclerosis Society Medical Advisory Board began with his 1994 review of the Kinder Institute literature concerning MS. In 1961 he helped found the International Federation of Neurological Societies in Vienna. He also established the MS clinic at the Medical Center Hospital of Vermont. During his career, he published over 70 papers in neurology. In 1967, he combined his lifelong love of the outdoors with a year sabbatical at the University of Alaska, as part to a sophisticated system function at high altitude and cold exposure on Mt. McKinley. Upon return, he resigned the chairmanship, but continued as professor of neurology until retiring in 1979.

ALFRED SCHUMACHER, M.D.

Dr. Schumacher, an emeritus professor and retired chair of neurology at the College of Medicine, died March 23, 2008, at Shellburne Bay Senior Living Community at the age of 95. A native of Trenton, N.J., Dr. Schumacher graduated with honors from Penn State University in 1931 and Cornell University Medical College in 1936. He had six years of residency training at the University of Pennsylvania, N.Y. N.Y., Cornell Medical Center, and Bellevue Hospital. In 1941, he was commissioned Captain in the Army Medical Corps and served in Europe as a professor of medicine in the 55th General Hospital in Great Britain and France. After World War II, he returned to Anheir and graduated in 1947 before enrolling in the Syracuse University College of Medicine, Class of 1941. Post doctoral training included an internship at Rochester General Hospital and a masters degree program at the Harvard School of Public Health. While there, he directed a three-year study field in arctic, Alaska, Finland and Greenland. Subsequently, he was an Assistant Professor in the Department of Community Medicine, University of Pennsylvania. In 1969, he joined the faculty of the UVM College of Medicine as an Associate Professor, after working for a year in London with the British Ministry of Health. Besides training medical students in Vermont, Dr. Babbott was involved with several studies of respiratory illness in industrial and agricultural populations. In 1972, he volunteered with Project HOPE and spent several months in Jamaica. His duties included teaching at the University of the West Indies. For several years, Dr. Babbott was vice chairman of the American College of Preventive Medicine as well as the secretary treasurer of the Association of Teachers of Preventive Medicine. During his career, he authored or co-authored a number of publications in professional journals.
Erin Perko ’11 (at right) leads a group of third-graders in an investigation of the senses during a SMILE DOCS visit to the Orchard Elementary School in South Burlington. SMILE DOCS is a program run by first- and second-year students who work with third- through fifth-grade students throughout northern Vermont.

A World of Possibilities

The summer weeks between the end of exams in June and the beginning of classes in August could be the last quiet time in years for a future physician. But, not surprisingly, College of Medicine students often transform this potential downtime into a busy learning experience.

Through summer research projects and preceptorships, funded by the contributors to the UVM College of Medicine Fund, medical students are building new knowledge and sharpening their clinical skills in places far and wide. Class of 2011 members are conducting research projects in affiliation with eleven different departments at the College, just as recent graduate Amylynne Frankel, M.D.’08 (pictured here gathering data on youth smoking habits) did in the summer after her first year. And this summer, dozens of students are engaged in preceptorships from Cambridge, Mass., to Hilo, Hawaii, and across the globe in Japan, Ethiopia, and Turkey.

Your contribution to the UVM College of Medicine Fund helps keep important projects like summer research and preceptorships available to all students.

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

(802) 656-4014 medical.giving@uvm.edu www.med.uvm.edu/giving
John E. Mazuzan, M.D.'54 has a long and rich history of involvement with his medical alma mater. A member of the College’s faculty since 1959 (he is now a professor emeritus) he has treated thousands of patients and taught and mentored countless medical students and residents over the years. He also served as chair of the Department of Anesthesiology for many years, and was awarded the highest honor of the Medical Alumni Association (MAA), the A. Bradley Soule Award, in 1997.

Sometimes the College’s faculty members help shape lives in many ways, and Dr. Mazuzan is a prime example of that. This was the case with businessman James Andrew (above left), a longtime friend of Dr. Mazuzan’s. With Dr. Mazuzan’s encouragement and advice, Mr. Andrew built a successful insurance business specializing in working with physicians.

Now, as a testament to the mentoring Dr. Mazuzan provided, Mr. Andrew has generously funded the John E. Mazuzan Jr., M.D.'54 Endowed Medical Scholarship under the College’s MAA matching challenge program. The Mazuzan Scholarship will provide a constant stream of aid in perpetuity to students like Jared Blum (at right), student council president from the Class of 2009.

For information about how you can support the College of Medicine by establishing an MAA Challenge Scholarship, please contact the Medical Development and Alumni Relations Office.