Running Together

Two department chairs follow related pathways

 ALSO FEATURED:

❯ The Journal Club at UVM
❯ New Clinical Simulation Laboratory
An insatiable curiosity, combined with meticulous attention to detail and infinite patience, is what makes immunobiology expert and Professor of Medicine MERCEDES RINCON, PH.D., so good at what she does. Her laboratory investigations pinpoint the cellular activity that plays a role in immune system response, and have led to the identification of potential therapy targets for such diseases as flu infection, asthma, rheumatoid arthritis and breast cancer. She is also internationally known for her work with transgenic mice, uncovering how certain proteins can affect drug resistance, alter the direction of an immune response, or impact the progression of diseases. At the University of Vermont College of Medicine, she brings the passion for discovery to her work every day.

I AM A DETECTIVE.

I am a biomedical researcher.
There is nothing that reinforces the importance of collaboration stronger than Commencement Day, and it was an honor to preside over the graduation of the members of the Class of 2011 in May. This year’s graduates were new first-year students back in the fall of 2007, when I too came to this College. Over the course of the next four years I saw just how much combined effort it took by our dedicated faculty members and staff, along with the tireless work of the students themselves, and their families, to produce a class of super physicians and scientists, ready to make their mark in residency programs and laboratories across the country.

It was also a pleasure to publicly acknowledge at commencement the contributions of alumnus Thomas Sullivan from the Class of 1966 with the conferring of an honorary degree. Although he passed away in December and it was bittersweet that he could not be with us, it was a wonderful opportunity to have his partner Deanna Howard and her daughter Erica here to celebrate with the College of Medicine community all that Tom has done for the College and, indeed, for all of UVM.

Tom’s generosity enabled us to move forward on a collaboration with the College of Nursing and Health Sciences and Fletcher Allen Health Care that has brought the leading-edge Clinical Simulation Laboratory quickly online in its beautiful quarters in the Rowell Building, where it is already helping to improve the education and training of medical and nursing students, residents and house staff, community rescue squads, and our Vermont National Guard members. This could not have happened without our close working relationships with Dean Patty Nelson, Ph.D., and David Warshaw, Ph.D.’78, is highlighted in this issue. And it is an honor to know that we do business in a setting where working together could not have happened without our close working relationship and longtime friendship of two of our chairs, Mark Cioffi and Frederick C. Morin III, M.D.

Our faculty members are no strangers to the benefits of collaboration. The close working relationship and longterm friendship of two of our chairs, Mark Nelson, Ph.D., and David Washburn, Ph.D.’78, is highlighted in this issue. And this year, thanks to the input, feedback and support from our faculty, the College’s Faculty Handbook and Standards & Guidelines document were revamped, and the merger during the next year of the departments of Neurology and Anatomy is standard operating procedure.

Dean
Frederick C. Morin III, M.D.
Senior Associate Dean for Medical Education
William Jeffries, Ph.D.
Senior Associate Dean for Research
Ira Bernstein, M.D.
Senior Associate Dean for Clinical Affairs
Paul Tahan, M.D., M.B.A.
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Send Us Your Stories!
If you have an idea for something that should be covered in Vermont Medicine, please email vmstories@med.uvm.edu.
The University of Vermont has named three new University Distinguished Professors who are members of the College of Medicine faculty: Jerrod F. Lucey, M.D., Brooke T. Mossman, Ph.D., and Susan S. Wallace, Ph.D. The University Distinguished Professors program was founded in 2009 with the objective of recognizing and honoring UVM professors who, over an extended period of time, have attained an international reputation in the areas of teaching, research and scholarship, and service, and for that reason bring great distinction to their home institution.

Lucey is professor emeritus of pediatrics in the Department of Pediatrics. He was chief of Newborn Services at Fletcher Allen Health Care from 1970 to 1990 and editor-in-chief of the prestigious journal Pediatrics for more than 30 years. Lucey’s pediatric career spans more than 50 years at UVM. One of his nominators wrote, “in reflecting upon the criteria that warrants the title of University Distinguished Professor, Dr. Lucey meets those criteria as if he were having a home run with the bases loaded.”

Mossman is professor emerita of pathology and director of the Environmental Pathology Program. Mossman’s scientific contributions over the past 30 years have resulted in her international recognition as one of the world’s foremost authorities in the field of fiber carcinogenesis. Mossman has provided an important and sustained body of work that continues to inform the world about asbestos. She remains the most widely cited researcher in the world on asbestos-related diseases.

Wallace is professor and chair of the Department of Microbiology and Molecular Genetics. She has made significant contributions to biomedical science and specifically the field of radiation research. Since her first publication in 1969, she has built a body of more than 160 publications during a career that spans the genetic revolution as well as the exponential growth of radiation oncology as a field of scientific research.

Wallace has been continuously funded by the National Institutes of Health since 1971. She recently received an NIH Program Project grant award to support a new translational research effort exploring if certain DNA repair protein variants in the human population increase the risk for some types of cancer.

University Distinguished Professors also serve as an informal advisory body to the leadership of the university, and receive an annual professional expense stipend to support their scholarly endeavors. The three most recent designees join fellow College faculty members Mark Nelson, Ph.D., and Burton Sobel, M.D., who were named distinguished professors in 2009.

Three Faculty Named Distinguished Professors

Worldwide Stem Cell Experts Gather at UVM

This summer, the College of Medicine hosted the fourth biennial “Stem Cells and Cell Therapies in Lung Biology and Lung Diseases” symposium, an international invitation-only conference focused on basic and translational research involving the therapeutic use of adult stem cells in lung diseases. More than 165 attendees participated in the three-day conference during the last week of July at UVM’s Davis Center.

Participants discussed recent advances and addressed critical issues in this field, including the role of translational studies and clinical trials with stem cells in lung diseases. At the meeting’s conclusion, the conference body participated in an open discussion with the objective of setting priorities and providing recommendations for the NHBL, Food and Drug Administration, and other relevant organizations to utilize for guiding basic and translational research in stem cell and other cellular therapies for lung diseases.

The conference was chaired by Daniel J. Weiss, M.D., Ph.D., UVM associate professor of medicine, and Darwis Prokop, M.D., Ph.D., professor of medicine at the Texas A&M Health Science Center College of Medicine for Regenerative Medicine at Scott & White Hospital.

Scientist from around the world involved in stem cell research gathered at UVM from July 22-24.

Research Milestones

Zubarkin Examines New Pancreatic Cancer Screening Test

The fourth leading cause of cancer-related death in men and third leading cause of cancer-related death in women in the United States, pancreatic cancer is typically diagnosed at an advanced stage and has a poor survival rate. If identified and treated early, the disease can be cured, but screening tools are limited. To address this issue, Richard Zubarkin, M.D., associate professor of medicine, led a study at UVM and Dartmouth-Hitchcock Medical Center to determine if a new, experimental screening protocol was feasible. Zubarkin and colleagues used a blood test to identify the presence of a pancreatic cancer tumor marker called CA 19-9, which is usually elevated in patients with pancreatic cancer. The researchers found that the study’s screening protocol was successful in identifying early stage pancreatic cancer in a high-risk population based on age and genetic predisposition. The team also determined that the study’s screening protocol “appears to be superior to the standard means of pancreatic cancer detection.” Zubarkin received support for this research from the Vermont Cancer Center’s Lake Champlain Cancer Research Organization and the Gastrointestinal Oncology Research Fund at the Dartmouth-Hitchcock Norris Cotton Cancer Center in Lebanon, N.H.

Richard Zubarkin, M.D.

Odell Receives Warshaw M.D.-Ph.D. Award

The College of Medicine M.D.-Ph.D. Program hosted its 8th Annual M.D.-Ph.D. Research Symposium July 19-20 in the Sullivan Classroom of the Medical Education Center. Ian Odell, who completed his Ph.D. in May 2011, received the Dean Joseph B. Warshaw, M.D. Scholarship Award in recognition of his dissertation research. Odell, who hails from Park City, Utah, is currently completing his medical degree curriculum requirements in order to graduate in May 2012. He hopes to match to a residency in pathology and is particularly interested in working in the field of molecular pathology in the future. For his doctoral thesis, Odell, who was mentored by David Pederson, Ph.D., associate professor of microbiology and molecular genetics, studied how a DNA repair pathway called Base Excision Repair (BER) is able to locate and repair the damaged DNA in the midst of normal DNA. Joseph Warshaw, M.D., was dean of the UVM College of Medicine from 2000 until his death in December 2003 and was a passionate believer in the importance of humanism and science. The Warshaw award, which provides financial support for an M.D.-Ph.D. student who has performed the most outstanding research, is supported by a fund established through gifts from Warshaw’s family, friends, and the faculty, staff, students and alumni of the UVM College of Medicine.

Ian Odell, Ph.D., and Dean Monto

Arscott Named Research Scholar

Fourth-year medical student W. Tristram Arscott has been named a Howard Hughes Medical Institute-National Institutes of Health (HHMI-NIH) Research Scholar for 2011–12. Arscott was one of 42 students in the nation to receive this prestigious honor and began the program in July on the NIH’s Bethesda, Md., campus. Arscott will work in the laboratory of Kevin Camphausen, M.D., head of the Imaging and Molecular Therapeutics Section and chief of the Radiation Oncology Branch of the National Cancer Institute at the NIH, performing translational research.

Hughes Examines Smoking Cessation Medication

In a study recently published in the online version of the journal Nicotine and Tobacco Research, Professor of Psychiatry John Hughes, M.D., and his research team wanted to determine if the newest non-nicotine smoking cessation medication available—called varenicline (marketed as Chantix)—would also help smokers reduce tobacco use and encourage them to make a quit attempt. Smokers in the study had to have no plans to quit in the next year. Hughes and colleagues found that treatment using varenicline appears to be more effective than the nicotine patch and other medications in helping these smokers quit.

Even in smokers who had no plans to quit, the medication doubled the number of quit attempts and doubled the number of smokers who remained quit six months later in those who received the drug compared to those who received a placebo — 26 percent versus 10 percent. “We think that reduction is a great way to get smokers to take the first step toward quitting and would like to see the FDA allow smokers to use medications in this way,” says Hughes. “We do not know if this new medication is more or less effective than nicotine medications, but it does offer another option.”

Richard Zubarik, M.D.

John Hughes, M.D.
In his new role as associate dean for regional academic affairs for the College, McFadden has responsibility for establishing, growing, and strengthening external collaborative relationships, including research collaborations with peer institutions in the region for key areas such as cancer and clinical and translational science, and helping to ensure the continued success of clinical teaching programs at Danbury Hospital in Conn., St. Mary's Medical Center in Palm Beach, Fla., and Eastern Maine Medical Center in Bangor.

McFadden joined UVM/Fletcher Allen in 2006, is a general surgeon with a focus on surgical oncology and continues his clinical and teaching roles as a faculty physician in the UVM Medical Group.
Above, the members of the Class of 2011 turn and applaud their families at commencement.

Commemoration 2011

Ongoing UVM President Daniel Mark Fogel, Ph.D., conferred medical degrees upon graduates in the College of Medicine’s Class of 2011 during the May 22 commencement ceremony at Ira Allen Chapel. Speaker Marcia Angell, M.D., senior lecturer in social medicine at Harvard Medical School and the first woman editor-in-chief of the New England Journal of Medicine, praised Vermont’s “far-sighted legislature” and other supporters of the state’s single-payer health care bill. Dean Rick Morin and Melinda Estes, M.D., president and CEO of Fletcher Allen Health Care, provided a welcome and President Fogel presented remarks prior to Angell’s address, and the awarding of medical degrees upon the 111 members in the Class of 2011. Senior Associate Dean of Research Ira Bernstein, M.D., ’82 recognized the 14 Graduate Medical School students earning M.S. and Ph.D. degrees.

The ceremony was streamed live over the Internet, and you can watch a recording of it online.

View the 2011 College of Medicine Commencement online.

A clinical psychologist and member of the psychiatry and psychology faculty, Lee Rosen, Ph.D., came to UVM in 1992 and is a supervising psychologist at the Behavior Therapy and Psychotherapy Center. In 2005, he began working with medical students as a preceptor in the Medical Student Learning Group 1 course. In 2008 he became the course’s director, and oversaw the course name change to Professionalism, Communication, and Reflection (PCR). This important first-year class has taken on a new shape under Rosen’s leadership.

Honoring an Alumnus’s Commitment

The UVM honorary degree awards at commencement included one that combined both joy and poignancy. Joy because it celebrated the accomplishments and unswerving, generous support of alumnus Thomas J. Sullivan, M.D. ’66 (UVM ’62), poignancy because Sullivan’s death in December had kept him from experiencing the occasion. Sullivan’s lifelong partner Deanna Howard, accepted the honor from UVM President Daniel Mark Fogel during the College of Medicine’s ceremony.

Howard’s daughter, Erica, who also was present for the conferring, shared her thoughts on the occasion in her web log a few days later:

“Over the weekend I witnessed how one small act of generosity can help generations of people to come. A wonderful doctor quietly gave a gift to help medical students with their studies. I wonder if they will think about the man behind the name of their classroom as they pour over their journals, textbooks, work in the simulation center or listen to lectures? Whether it is a fleeting thought, or a harried glance toward the plaque of the man behind the name as they rush to find a seat before class; it stuck. It reminds me that one small act — on any scale — can make all the difference in the world.”

Sullivan’s support of the College is recognized through the naming of the main lecture hall, and the new “legacy” memorial in the Guen Building (see page 39).

3 Questions for Lee Rosen, Ph.D.,
Course Director for Professionalism, Communication, and Reflection

A clinical psychologist and member of the psychiatry and psychology faculty, Lee Rosen, Ph.D., came to UVM in 1992 and is a supervising psychologist at the Behavior Therapy and Psychotherapy Center. In 2005, he began working with medical students as a preceptor in the Medical Student Learning Group 1 course. In 2008 he became the course’s director, and oversaw the course name change to Professionalism, Communication, and Reflection (PCR). This important first-year class has taken on a new shape under Rosen’s leadership.

VM: What are the teaching goals of the PCR course?
LR: After years of trial and error, we’ve found that you don’t have to teach professionalism, instead, you facilitate a process for each student that we hope manifests itself in the features of professionalism. One of the prime features of professionalism in medicine is a relationship with patients and the community that puts the needs of others at the forefront; a kind of honesty and trustworthiness that comes along with accepting responsibility for others. Nobody works alone: the best doctors are superb teammates. We also try to teach the medical students when to stop working, stop doing, and take time to reflect about what’s happening, and talk to each other about the difficult parts of medicine. It’s not something you can absorb through a lecture, so we try to create situations in the PCR groups that naturally draw students to cultivate these kinds of habits very early in their experience — from the first day of medical school on.

VM: How does PCR function, and how does it fit into the rest of the Vermont Integrated Curriculum (VIC)?
LR: Students are put into small groups, each facilitated by a faculty leader (most are practicing M.D.s) who is committed to the model. Once a week for an hour and a half, they have a chance to stop frantically studying and learn to just talk with each other. We help them create a habit of making time to engage. This conversation is guided; the curriculum provides them with the topic. In the second month of medical school, for instance, they begin Gross Anatomy lab, a truly singular experience that puts them in very close proximity of patients and practitioners that are diagnostically relevant. PCR gives them a place to talk, process, and integrate that experience, and includes a series of guest sessions with different kinds of patients and practitioners that are integrated with the changing topics of the curriculum. A new part of PCR is shadowing: students shadow nurses to see patients through the lens of the nurse experience, and they shadow spiritual care team members, to see first-hand that patients often need more than strictly medical intervention.

VM: How is the College of Medicine different in the way it approaches teaching the components of PCR?
LR: Nearly every medical school seems to have some course that’s trying to foster the things we cover in PCR. What sets our school apart is the degree to which we focus on the collaboration piece — asking the med students to engage in dialogue with each other. The amount of time we ask the students to engage in intimate dialogue with each other is unusual and is a critical piece in fostering professional self awareness, and awareness of others. This year we’ve begun PCR2, which occurs during the bridge sections of the Clerkship year and asks them to talk about their experiences in the clinical area. That’s how the premise of PCR is extended into the clinical years where it becomes really crucial. It’s at this point that med students have all kinds of experiences, some of which are extremely difficult — getting connected to patients who die, for instance. We give them an opportunity to share them in a healthy way, and I think this puts UVM way out front.

Lee Rosen, Ph.D.

Above: Deanna Howard (at right) and her daughter Erica join John Tanguay, M.D. ’84 at commencement.

Above, Donna Howard (at right) and her daughter Erica join John Tanguay, M.D. ’84 at commencement.
“WE HAVE A CAMARADERIE, IT’S SCIENTIFIC, ACADEMIC, ADMINISTRATIVE. OUR CAREERS HAVE GONE IN PARALLEL… AND THE BEAUTY OF IT IS THAT EVERYDAY AT NOONTIME I’M GOING TO HAVE A SOUNDING BOARD.”

—David M. Warshaw, Ph.D., ’78

WORK & LIFE, RUNNING TOGETHER

Two Department Chairs Follow Related Pathways

Mark Nelson and David Warshaw are headed for the jailhouse. Again. They’ve landed there an awful lot over the last fifteen years. But they don’t seem worried.

“This is spectacular,” Warshaw says, a boyish grin spreading over his face as he looks around at a bluebird sky. “Geez, I’m overdressed.” His black jacket and tights seem suited to an outlaw’s life, but his way of describing himself gives away his real role as a molecular biophysicist: “Mark used to chase me,” he says, as we jog away from campus, “but now I’m the rate-limiting one.”

You see, “Jailhouse” is one of their favorite runs, passing by the county correctional facility about two miles into a five-mile course. They’ve been doing this run together, or a selection of other local loops, almost every workday since 1995.

“Most people know not to schedule a meeting with us at noontime,” says Warshaw, “and if you do, you have to come running with us.” Which is why I’m there, trotting after them with my digital voice recorder. But apparently not too many others can handle the brisk pace. Over the years, an assortment of other aerobically gifted academics have joined the pack. “Plant biologists, mathematicians, historians, people from our labs, sometimes there have been ten or more running,” says Warshaw.
From his office and lab in the Given Building, Mark Nelson, Ph.D., (right) guides more than 60 fellow researchers and graduate students, including post-docs Katherine Dunn, Ph.D., and Thomas Longdon, Ph.D., in the College’s Department of Pharmacology, where he has been chair since 1996.

“Mark works on the regulation of smooth muscle contraction,” Warshaw says, “whereas I work on the actual contraction itself. I want to understand how muscle works as a motor.”

“My Program Project is basically on blood flow to the brain,” says Nelson. More specifically, it focuses on the small arteries inside the brain — so-called parenchymal arterioles — that are responsible for the moment-to-moment health of the brain. They can quickly increase or decrease blood flow to different parts of the brain, depending on what work the brain is doing. Like, for instance, running on an icy path.

We take a slippery corner and the two scientists slow down and look at their sneakers. “Right now your motor cortex is working to coordinate your movements,” says Nelson, “and when you look down the path your visual cortex is working, processing visual information — it needs energy immediately — so the blood vessels dilate and deliver blood in less than a second to that part of the brain. So the question is: how does that happen? We don’t really know.”

But it has a lot to do with a poorly understood biochemical conversation going on in the arterioles deep inside your head. There, three types of brain cells are at play. Nelson calls these “vascular corollary.” Lining the inside of the blood vessel are endothelial cells. Wrapped around the outside of the blood vessel are star-shaped cells called astrocytes that communicate with the neurons. And sandwiched in between is a single layer of smooth muscle cells — the motor for the opening and closing of the blood vessel.

The cellular conversation may get started something like this: as your movement triggers a cascade of other signals that cause the smooth muscle cells to tense up, your movements start to affect the astrocytes. These signals might include neurotransmitters like glutamate. This transmitter is picked up by an astrocyte that, in turn, triggers a cascade of other signals that cause the smooth muscle cells to vasodilate because he has no fat! You could see every blood vessel. And looking deep into the interplay between blood vessels, muscles, and nerves — as they work in both brain and heart — is a shared interest that draws Nelson, who chairs the Department of Pharmacology, and Warshaw together into a strong friendship and intellectual partnership.

“We have a camaraderie,” says Warshaw, as we pick up speed down Prospect Street, “it’s scientific, academic, administrative. Our careers have gone in parallel. We’re both department chairs. And the beauty of it is that everyday at noon I’m going to have a sounding board.”

“In other words, the run is more than just lunchtime exercise. It’s a grant-writing workshop, staffing discussion, and science seminar. “We tell the guys that we’re entering the cone of silence and anything they hear from us that is repeated…” says Nelson, with a Hollywood-worthy pause and growl, sounding more like a bandit than a University Distinguished Professor, “…they’re going to be taken out.” He and Warshaw both laugh.

“These days, a lot of the talk is about Program Project grants: they both recently received five-year grants, for some $11 million each, from the National Institutes of Health. The grants provide support for personnel and operating costs in their labs, as well as others in their departments, and at partnering institutions, to dig into the workings of involuntary muscles — those muscles that work without conscious control, like the heart and the smooth muscles that form the outer lining of many blood vessels. Both projects have an eye toward understanding diseases that come from failures and miscues in muscle cells.

“UVM is the best place in the world to investigate cardiac muscle mechanics at the levels of single molecules and cells,” says Nelson. More specifically, it focuses on the small arteries inside the brain — so-called parenchymal arterioles — that are responsible for the moment-to-moment health of the brain. They can quickly increase or decrease blood flow to different parts of the brain, depending on what work the brain is doing. Like, for instance, running on an icy path.

AN NIH EVALUATION SAID “UVM IS THE BEST PLACE IN THE WORLD TO INVESTIGATE CARDIAC MUSCLE MECHANICS AT THE LEVELS OF SINGLE MOLECULES AND CELLS.”
open the blood vessel. In flows more blood, feeding the neurons with glucose and oxygen as they work to keep you from falling on your tailbone. But that’s only part of the conversation and the outlines of it have been understood for more than a hundred years. Much more recent research shows that the traditional view that the neurons give the marching orders — while the blood vessels and other surrounding structure, like astrocytes, wait around like so many metallic slaves and handmaids — misapprehends the complex interplay between nervous and circulatory systems. It’s a two-way conversation and Nelson’s research aims to better understand how endothelium, astrocytes and smooth muscle also regulate local blood flow in the brain — and communicate back to neurons. For example, changes in blood flow, shear stress, and chemicals circulating in the blood can translate into signals in the endothelial cells that trigger smooth muscle contraction, and astrocytes, it seems, independently retain information and communicate back to the neurons. In other words, more than just the neurons have a say. “Everything has to work together with extreme precision,” says Nelson, “or your nerve cells die.” And the “information currency,” Nelson says, of these cells is calcium. In health, precise control of blood flow to neurons in the brain is orchestrated by a complex flow of calcium ions. The fundamental hypothesis of Program Project grant is that diseases of the brain’s blood vessels — like strokes — disrupt this calcium signaling, and lead to greater disfunction and secondary injuries due to altered blood flow. For example, aneurysms and other kinds of strokes often lead to hyperconstriction of arterioles following brain bleeding — and a host of other rebounding problems in calcium signaling that lead to too much or too little blood flow to portions of the brain. Which is why Nelson’s Program Project grant — involving four major research areas and dozens of scientists and technicians at UVM as well as the University of Washington and Cornell University — are focused on methods of seeing where and how calcium flows in and around the smooth muscle and deep arteries of the brain. “The whole thing is about calcium,” he says. “If we can understand what it’s doing, we’ll be able to come up with some new ideas for treatments” of vascular diseases like strokes and Alzheimer’s disease. Nelson’s successful application to the NIH depended on long-standing support for his research from the Tottman Medical Research Fund in Malone, N.Y. — and from hatching and refining ideas while running with Warshaw. “We run and talk about it at the same time,” Nelson says, “meanwhile, blood flow is being coordinated by the brain, even as we talk about it.” Which, in my case, brings on a slightly vertiginous feeling of awareness that the thinking brain is thinking about itself — but, as we head over a snowbank and uphill toward Spear Street, I’m pleased that it’s only the blood vessel. In flows more blood, feeding the neurons with glucose and oxygen as they work to keep you from falling on your tailbone. But that’s only part of the conversation and the outlines of it have been understood for more than a hundred years. Much more recent research shows that the traditional view that the neurons give the marching orders — while the blood vessels and other surrounding structure, like astrocytes, wait around like so many metallic slaves and handmaids — misapprehends the complex interplay between nervous and circulatory systems. It’s a two-way conversation and Nelson’s research aims to better understand how endothelium, astrocytes and smooth muscle also regulate local blood flow in the brain — and communicate back to neurons. For example, changes in blood flow, shear stress, and chemicals circulating in the blood can translate into signals in the endothelial cells that trigger smooth muscle contraction, and astrocytes, it seems, independently retain information and communicate back to the neurons. 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A FEW WEEKS HAVE PASSED, AND DAVE WARSHAW AND MARK NELSON ARE HEADED FOR THE JAILHOUSE AGAIN.

Today they have company. In addition to me tagging along, they’ve brought Andrew Dunn, a Ph.D. student working with Warshaw, and Kalev Freeman, M.D., Ph.D., an assistant professor and emergency room physician who has been conducting research with Nelson’s guidance.

It’s an unseasonably cold day, with steel-gray skies hinting of snow. A north wind has nothing to say about spring, but the runners banter cheerfully as we head out of Patrick Gymnasium. Nelson looks at a fitness chart that suggests target heart rates for training in relation to aging: “I’ve been running at 165 which is not my max heart rate,” he says, pointing, “but this chart says it’s my max heart rate.” “Would you be dead according to this chart,” says Freeman. “I would submit that this chart really shows that you’re twenty-five years old,” says Warshaw.
AND ALL THE WHILE, THE HEART KEEPS WORKING, DAY AND NIGHT, FOR DECADES. WITHOUT YOUR INPUT, AND WITHOUT FAIL.

Except when it doesn’t. Sometimes the muscular machinery of the organ fails tragically, spectacularly. Marathon runner Ryan Shay drops dead in the middle of the U.S. Olympic trials. NBA star Reggie Lewis collapses on the court and dies. Jesse Marunde, second in the World’s Strongest Man contest, dies lifting weights. They all suffered from familial hypertrophic cardiomyopathy, a disease caused by mutations in a selection of genes that code for the proteins that make up the fibres of the heart muscle.

And it’s this genetic disease and others like it that Warshaw would like to see cured — and that provide a window into one of his main areas of research: the molecular machinery of the heart muscle.

In all muscles, two proteins work together to generate force and motion: actin that twists into a kind of molecular cable — and myosin, the body’s micro-lever that forms a thicker filament nearby. (“Nearly” in this neighborhood being measured in nanometers.) Myosin, composed of a pair of globular heads, translates biochemical energy into mechanical force by grabbing onto the actin cable and hauling itself forward, sliding the two filaments over each other. The result of many, many millions of these filaments sliding back and forth in exquisite harmony: a beating heart.

In two previous NIH Program Project grants, Warshaw looked at how mutations in the genes that code for both proteins lead to failures in the heart’s molecular motor. To his surprise — and with high likelihood to, as he writes, “create a paradigm shift in future treatments for this fatal disease,” — these research efforts showed that mutations that lead to familial hypertrophic cardiomyopathy don’t compromise the heart’s power-generating capacity. Instead, they overpower it.

“It’s like putting a Ferrari engine in a VW chassis,” he says, “the motor is ripping the heart apart and that is setting up a whole set of responses secondary to that initial insult,” that helps explain why this disease is the leading cause of sudden cardiac death in competitive athletes in the United States.

But mutations in actin and myosin are not the only cause of familial hypertrophic cardiomyopathy. Another, more obscure, heart muscle protein — cardiac myosin binding protein-C — also is implicated. Only discovered in 1971, it wasn’t until the 1990s that mutations in this protein were found to also lead to sudden death in young people with cardiomyopathies.

Now Warshaw is leading a third Program Project grant — working on three major research areas in collaboration with several teams of scientists at UVM as well as colleagues at the Johns Hopkins University, the University of Cincinnati, and the University of Massachusetts — to untangle exactly what cardiac myosin binding protein-C does.

“It’s a mystery,” Warshaw says. The protein is known to bind with myosin and actin, but its precise molecular structure, position within the myosin filament, and function are largely unknown. Perhaps it works as a tether to limit the myosin head from connecting with actin. Or maybe it forms a strut that makes the neck of the myosin head rigid. “It’s a player, but we don’t know what role,” says Warshaw.

Which is where the genetic mutations shed light. “I know what the protein looks like, but what I’m trying to do is find out what the protein does,” Warshaw says. “Mother Nature is helping me pick apart the structure by mutating it — and she lets me know which are the critical functional parts of the protein, because if you mutate it there — people die.”

“WITH MARK, THE CONVERSATION IS AS DEEP AS IT WOULD BE IF WE WERE SITTING AROUND THE TABLE. YOU ALMOST FORGET YOU RE RUNNING. IF WE’RE HAVING A REAL CONVERSATION, I DON’T EVEN NOTICE THE HILLS.”

— David M. Warshaw, Ph.D., ’78

Using advanced technologies — like laser traps “akin to the tractor beam in ‘Star Trek,’” he says, to capture and manipulate single actin molecules, and high-powered microscopes with single-photon sensitivities to see how they interact with various proteins — Warshaw hopes to be able to explain what cardiac myosin binding protein-C does in a normal heart. And this, in turn, may explain how genetic mutations in it lead to disease.

The conversation falls silent as we approach a low point on Spear Street where it dips under the interstate and then begins to climb sharply. Heading up, Nelson starts to increase speed, knees driving. Warshaw turns to the rest of us. “This is what usually happens,” he says with a shake of the head. “I don’t know why, but Mark always charges the hill. It never fails.” Then he takes off too, and they climb to the top together.
Vermont Air National Guard Lt. Col. David Jones, M.D., uses a mannequin in the UVM Clinical Simulation Laboratory.

It’s a Friday morning in spring and 15 third-year medical students are gathered in the Task Trainer Room at the Clinical Simulation Laboratory in UVM’s Rowell Building. They sit around blue-draped lab tables on which are displayed several artificial limbs—a section of arm bent at the elbow; a hand and wrist model; a knee joint with a fluid bag hanging above. Over the next hour, the students— who are in the middle of their six-week Family Medicine rotation—practice inserting needles into the different artificial joints, part of a lesson on arthrocentesis and joint injection.
The training is one of many activities typically underway at the busy Simulation Laboratory (or “Sim Lab”), as it is most commonly called, which opened its doors in March under Director of Clinical Simulation Michael Ricci, M.D., and Director of Operations Care Nicholas, M.S., P.A., Ed.D. A routine week includes everything from nursing students doing a clinical scenario with a high-fidelity mannequin, to OB/Gyn residents practicing laparoscopic procedures, to local EMG’s performing intubations for their paramedic training.

The laboratory is a collaborative effort of the College of Medicine, the College of Nursing and Health Sciences, and Fletcher Allen Health Care, with support from the Vermont Air National Guard and is a centralized hub that brings together many different groups and constituencies, with the ultimate goal of improving quality and safety of care.

This broad group of users, combined with the lab’s integration of standardized patients into simulations, distinguishes the UVM Sim Lab from its counterparts throughout the country.

**Creating Learning Experiences**

Medical simulation today has evolved from two main developments. The first involved the growth of standardized patient programs, first pioneered at the University of Southern California in the 1960s. The second came from technology that fulfilled the student’s need to practice dealing with abnormal findings, such as abnormal heart sounds, or to learn a skill, such as inserting a chest tube. Computer-based models, mannequins, and virtual reality programs began appearing in the early 1970s. That technology has advanced to the complex computerized mannequins of today, which can simulate nearly every human physical condition.

**Practice Makes Perfect**

Internal Medicine Chief Resident Zechariah Gardner, M.D.’05, has seen the impact simulation trainings can have on physicians’ skills. The recent nationwide focus on reducing medical errors has brought renewed attention to simulation as a way to improve physicians’ skills and patient safety.

Gardner and Co-Chief Resident Mia Hockett, M.D.’07, led a group of residents every other week this year in mock code scenarios with mannequins, residents every other week this year in mock code scenarios with mannequins, residents every other week this year in mock code scenarios with mannequins, residents every other week this year in mock code scenarios with mannequins, residents every other week this year in mock code scenarios with mannequins.

Residents are expected to run most of the code situations in the hospital,” Gardner says. “It really helps them to have the opportunity to put themselves through those steps in a somewhat less stressful environment — so that when you actually get into a real code situation, things will come more naturally because you’ve practiced it.”

Fletcher Allen PACU nurse Molly Raferty, R.N., knows this firsthand.

“Residents are expected to run most of the code situations in the hospital,” Gardner says. “It really helps them to have the opportunity to put themselves through those steps in a somewhat less stressful environment — so that when you actually get into a real code situation, things will come more naturally because you’ve practiced it.”

Fletcher Allen PACU nurse Molly Raferty, R.N., knows this firsthand. Raferty found herself in the midst of a respiratory arrest in the Fanny Allen Campus PACU, minutes after returning from her simulation training on the very same topic.

“I just jumped out and I was ready to help,” says Raferty, recalling the incident. “I was so confident, and I knew what I was doing. I went over and I helped anesthesia intubate the patient. It felt really great.”
ANATOMY OF A MANNEQUIN

The Simulation Laboratory’s new high-fidelity simulators produce a wide range of symptoms and conditions, and enable students to practice multiple procedures — from intubation to IV insertion to more complicated surgical techniques. The simulators also provide real-time feedback to students, to help measure how they performed. Along with many other functions, the high-fidelity mannequins can do the following:

- **Talk** (an instructor can simulate a patient’s voice wirelessly)
- **Simulate spontaneous breathing**
- **Show bilateral and unilateral chest rise and fall**
- **Create normal and abnormal breath sounds**
- **Have a seizure or convulsion** (students can control the degree of these incidents)
- **Bleed from both arterial and venous vessels**
- **Secrete fluid from the eyes**
- **Show physiological reactions to drugs**. The simulator can register the amount, speed and type of drug automatically.
- **Respond to CPR compressions** with palpable pulses, blood pressure wave forms and ECG artifacts.
- **Blink at slow, normal and fast rates; wink; open eyes partially; and show pupillary responses to light.**

The group practices skills such as intubations, traumas and bleeding control — along with many other procedures and techniques.

"It's not only the mannequin that creates the optimal learning experience, it is everything else that goes on around it," Nicholas says.

That environment can include situations that appear very life-like. This is especially true in hybrid simulations, where standardized patients work together with the simulators. "We have a standardized patient who's the mom of a five-year-old plastic simulator, and you would think that mannequin is alive, the way she interacts with him," Nicholas says.

Catherine Maskus, M.S., R.N., a clinical assistant professor of nursing, has seen students responding to the simulators in very real ways. "You watch them. They put a hand on the patient’s hand. They get into it. It’s not just a piece of plastic anymore."

The need to practice and learn advanced skills is critically important for nurses as well, says Sue Greenfeld, Ph.D., R.N., associate professor of nursing.

**"We help build a muscle memory of success that can then be used in the clinic."**

The need for nurses to be able to perform more complex tasks. That’s where simulation comes in. "They really need to be able to practice clinical decision-making, critical thinking in a safe environment where they can make a mistake," Greenfeld says.

Nursing students — as well as practicing nurses at Fletcher Allen — use the Sim Lab for trainings. Recently, a group of nursing students performed different clinical scenarios with a high-fidelity mannequin. The 67-year-old male "patient" had been admitted to the hospital with complications of COPD. Two students were assigned to be the primary and secondary nurses; two others played family members. One student approached the patient, introduced herself, checked his pulse and took his vital signs. The mannequin began coughing, while the other two students — playing his wife and daughter — became increasingly demanding. "How long is this going to take?" the wife said. "I don’t think he can breathe." The student playing the nurse learned how much she could do on her own, and when a respiratory therapist was needed to assist.

The Sim Lab provides opportunities to work in collaborations that parallel real-life medical care, says Michael Reci, M.D., a vascular surgeon and director of clinical simulation at UVM/ Fletcher Allen.

"We don’t treat patients in silos. When we treat an emergency situation, there are physicians and nurses and students and other support people that are in the room taking care of that patient,” Ricci says. "It gives us a chance to practice some of the more intricate skills."

"Many of the medical techs don’t have the opportunity to practice patient care during peacetime," says Sr. Master Sgt. Kathleen Corcoran, an EMT and senior health technician with the Guard. "Doing clinical simulation helps them hone these skills."

**A COMMUNITY RESOURCE**

Clinical simulation not only benefits residents, students, and nurses, but also community emergency medical technicians (EMTs) and Vermont National Guard members. (Ricci, who also serves as a colonel in the Vermont Air National Guard, spearheaded the Guard’s involvement with the laboratory.)

"Doing clinical simulation helps them hone these skills."

**A TASTE OF REAL LIFE**

As clinical simulation continues to evolve at the University of Vermont and throughout the country, educators emphasize that simulation trainings must include feedback and debriefing for students to really learn.
In the midst of the information revolution, peer-reviewed publications remain key to the vetting and dissemination of new biomedical knowledge. And many College of Medicine faculty members assist in that task.

The scientific journal has been around since the very beginnings of the magazine as a medium. Prior to the mid-seventeenth century, physicians shared information through informal networks and offering more successful treatments to patients worldwide. Unlike mainstream commercial publishing, which is heavily concentrated in a few major cities, scientific journals are headquartered throughout the country, and draw their contributions from any of the nation’s 135 medical schools and many independent clinics and institutes. At the UVM College of Medicine, faculty members from across a range of departments support the editorial process that keeps the peer-reviewed journal the dominant mechanism for the vetting and sharing of new medical information.

The cartoon from a 1995 New Yorker magazine depicts a physician sitting at his desk in a traditional, diploma-decorated office, speaking to a patient. The caption reads: “Mr. Wilkins, I believe your condition is going to get us both into the Journal of the American Medical Association.” Even after more than 15 years, the cartoon’s message is undated; physicians and scientists continue to seek high-impact journal publication to disseminate new knowledge. In the process, they further their careers and, more important, they further the incremental improvement of understanding diseases and offering more successful treatments to patients worldwide. Unlike mainstream commercial publishing, which is heavily concentrated in a few major cities, scientific journals are headquartered throughout the country, and draw their contributions from any of the nation’s 135 medical schools and many independent clinics and institutes. At the UVM College of Medicine, faculty members from across a range of departments support the editorial process that keeps the peer-reviewed journal the dominant mechanism for the vetting and sharing of new medical information.

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LEWIS FIRST, M.D.
EDITOR, PEDIATRICS

At UVM, no one knows the burden of shouldering an editorial role on top of research, teaching, and patient care responsibilities better than Jerold Lucey M.D., professor emeritus of pediatrics. For 34 years, Lucey sat at the editorial helm of Pediatrics, the monthly journal of the American Academy of Pediatrics. His successor, Lewis First, M.D., professor and chair of pediatrics, became editor-in-chief of Pediatrics, oversees the dozens of letters to the editor received each month. The journal’s online edition. “Jerry was a master at editing, article selection, judgment, and recognizing what readers need,” says First. “He is a great mentor for me.”

First describes Pediatrics as a team effort. He and Deputy Editor Moye speak almost daily and each week, as they have addressed the points needed for the article. It usually takes four to five invitations to elicit two to three responses. To identify potential reviewers, First relies on his 25-member editorial board, a database, personal knowledge, and literature searches to find experts.

LEWIS FIRST, M.D., Editor-in-Chief, Pediatrics, notes the series of steps that all manuscripts go through at his journal before final publication.

1. Article is submitted. Pediatrics receives about 45 to 50 submissions daily.
2. Using specially-designed computer software, the article is checked for copyright, authorship, plagiarism and is further checked for any conflict-of-interest issues.
3. Goes to First for consideration. He reviews the article and then triages as many as one-third of the submissions to the deputy editor.
4. If the submission stays at UVM for review, First must assign two to three reviewers for the article. It usually takes four to five invitations to elicit two to three responses. To identify potential reviewers, First relies on his 25-member editorial board, a database, personal knowledge, and literature searches to find experts.
5. Editorial staff invites reviewers (which usually are returned in two to four weeks).
6. Once two reviews are in, triage call takes place. It takes two to three hours to go over 100 articles and assign them to a status category: Reject, Accept, Accept with revision, and “Reject/Revise.”
7. Letters go out to authors with reviews.
8. During each work day, First receives two to three articles that were triaged that have been received. He decides if they have addressed the points needed and either sends the revised articles to reviewers or back to authors.
9. Once accepted, it takes two to three months for articles to appear in the journal.

THE DANCE OF A MANUSCRIPT

At UVM, no one knows the burden of shouldering an editorial role on top of research, teaching, and patient care responsibilities better than Jerold Lucey M.D., professor emeritus of pediatrics. For 34 years, Lucey sat at the editorial helm of Pediatrics, the monthly journal of the American Academy of Pediatrics. His successor, Lewis First, M.D., professor and chair of pediatrics, became editor-in-chief of Pediatrics, as the editor of the Journal of Adolescent Medicine. First believes the complexity of editorial responsibility nowadays precludes him from being sole decision maker. He holds a monthly conference call with his ten executive board members regarding policies, controversial papers, and the governance of the journal. And twice a year, he holds meetings with his 40-member editorial board, which is made up of pediatricians from all over the U.S. Two to three times each year, First convenes a meeting of other pediatric journal editors, who represent such publications as Clinical Pediatrics, Journal of Pediatrics, Pediatrics Research and Clinical Medicine. Collectively, these leaders share and brainstorm about such issues as conflict of interest policies, pre-registration of clinical trials, and how to consider industrial pharmaceutical studies.

Since becoming editor-in-chief, First and his team have also reviewed the look of the journal and increased the use of online technology and social media to make the journal more user-friendly. They also created a dynamic website with a blog, authored by First (and aptly titled “First Read”) that highlights new articles. In 2010, Pediatrics received two awards from Association Media & Publishing — a gold award in the journals category for “most improved,” and a silver award for design excellence.

Another recent accomplishment is the reduction of time from acceptance of a paper to its publication from almost a year to two to three months. Letters to the Editor — or e-letters — are posted online, usually within a day. With an aim to be as accessible as possible, First devotes the second half of his work-day to addressing authors’ concerns and complaints, walking contributors through revisions. “It’s exciting to call people all over the world and help them write better manuscripts,” says First.

A combination of a tight page budget and sharp uptick in the number of submitted manuscripts means Pediatrics cannot publish all the submissions worthy of publication. “That’s a good indication that there is so much good work being done in our field,” he says.

JEFFREY KLEIN, M.D.
EDITOR, RADIOGRAPHICS

A. Bradley Soule and John P. Tampsus Green and Gold Professor of Radiology Jeffrey Klein, M.D., recently embarked on a six-month transition period in preparation for assuming the editorship of Radiographics, the bi-monthly journal of the Radiological Society of North America (RSNA). Klein will be the journal’s third editor when, in January 2012, he succeeds University of Maryland radiologist William Olmsted, M.D., who served as the journal’s editor for 21 years.

Radiographics is unique in that it is almost exclusively educational. The journal’s articles are selected from accepted educational exhibits at RSNA’s Annual Meeting, which takes place in Chicago in late November each year. The editorial team identifies exhibits with high-quality content and images that will translate well into a journal article, then invites authors to convert their exhibits into a journal article format for peer review for inclusion in one of the six issues for that year. A seventh issue of the journal, published in October, focuses on a specific topic.

Klein, who previously served as the editor of the Journal of Thoracic Imaging, is a practicing radiologist, educator, and researcher. “It’s difficult to leave clinical practice at any point,” he says. Klein estimates he will dedicate about 70 percent of his time to editing, leaving a third to care for patients and interpret studies. Two associate editors share the workload, and are responsible for quality improvement and inforatics, editing regular articles in each issue. In addition, the journal has a managing editor at the RSNA headquarters in Oak Brook, Ill., an editorial associate in the Vermont office, and a 25-member editorial board support the effort.

Jeffrey Klein, M.D.
On rare occasions, says Klein, *RadioGraphics* will publish an article not solicited from an Annual Meeting exhibit, if that topic isn’t addressed by an exhibit. “We try to match topics with what readers want and need,” says Klein, adding that members are solicited for a top ten list of what’s “hot” to determine topics. While currently in the process of expanding from print to electronic — only two articles per issue are available online — Klein says *RadioGraphics* is widely considered the best educational journal in radiology. “It’s a real challenge to decide how the journal maintains its identity and evolves into its electronic version, and I have to shepherd it into that realm successfully,” Klein says.

**CHRISTOPHER FRANKLYN, PH.D.**

**JBC EDITORIAL BOARD**

Some journals, like *Pediatrics*, publish monthly; others are bi-monthly, like *RadioGraphics*, but many are published weekly. Professor of Biochemistry Christopher Francklyn, Ph.D., who is nearing the end of a five-year term on the editorial board of *The Journal of Biological Chemistry* (JBC), a weekly publication focused on research that seeks to gain an understanding of the molecular and cellular basis of biological processes.

Francklyn possesses a distinct philosophy about the gravity of editorial responsibility, influenced by a meeting early in his career with the late Sir John Maddox, former editor of the journal *Nature*. “You are a chief quality control officer — deciding what does and doesn’t go in the journal — responsible for standards of science and resolving conflicts,” he emphasizes, adding that “editors have to have the experienced-based judgment to know a paper’s good enough and the balance to not push for too much.”

Francklyn subscribes to the “golden rule” of peer review: he reviews just as he wishes to be reviewed. On his fit-for-publication criteria checklist is evidence of interesting and important work, especially novel discoveries, and sufficient data to prove the study’s case. Determining what would make it a better paper is also part of the equation for Francklyn. “If someone discovers something important in the field, I want to get it out there and get people excited,” he says.

His willingness to help promising scientists get their work published has resulted in another editorial role as a regular contributor and editorial board member of *Principal Investigator Advisor* (PIA) and NIH & NSF Funding Advisor. This year-old opportunity landed in Francklyn’s lap after he posted a comment in response to a column about reviewing that appeared in *The Scientist*, a New York-based magazine that covers the latest developments in the life sciences. Leslie Norins, M.D., Ph.D., publisher of PIA, read the online comment and called him to be a contributor. “I figured I would pass it along, sharing more broadly those things I’d share with a junior colleague down the hall,” Francklyn says.

“When you are judged as a scientist, where you publish makes a difference,” he says. The equation for Francklyn. "If someone discovers something important in the field, so it’s subjective judgment, you bring your own personal ethics to the table,” he admits. In the academic world, says Francklyn, “people put lots of time into reviewing that’s never compensated in the strictest sense. But all people involved in the process of producing a journal know that the work pays dividends for those who contribute today, and those who glean knowledge far into the future.”

In 1995, when the College of Medicine completed its third home at the corner of Prospect and Pearl streets in Burlington, the main lecture room was named Hall A. For the next 63 years, students such as the members of the Class of 1955 (shown above listening to the legendary Prof. Ellsworth Amidon, M.D. ’32) spent much of their time in the hall. Today’s students take in lectures in the Sullivan Classroom or in the recently renovated Carpenter Auditorium, but the College’s educational mission of inspiring a lifetime of learning in the service of the patient remains the same. The Hall A magazine section is a meeting place in print for all former students of the College of Medicine.
University of Vermont College of Medicine

Upcoming Events

- **September 28, 2011**: Frymoyer Scholars Reception
  UVM Campus — Hoehl Gallery
- **October 15, 2011**: Reception at American Academy of Pediatrics
  National Conference
  Boston, Mass.
- **October 22, 2011**: Family Day
  UVM Campus
- **October 22, 2011**: Fall Alumni Executive Committee Meeting
  UVM Campus
- **October 24, 2011**: Reception at American College of Surgeons
  97th Annual Clinical Congress
  San Francisco, Calif.
- **November 7, 2011**: Reception at Association of American
  Medical Colleges
  Denver, Colorado
- **November 29, 2011**: 6:30–8:30 p.m.
  Reception at Radiological Society of North America
  Chicago, Ill.
- **February 17, 2012**: White Coat Ceremony
  Ira Allen Chapel
- **March 15, 2012**: Match Day Eve, 4th year Dinner
  Sheraton Hotel & Conference Center
- **March 16, 2012**: Noon
  Match Day Ceremony
  UVM Campus — Hoehl Gallery
- **May 20, 2011**: 2:00 p.m.
  Graduation at Allen Chapel
- **Spring 2012**: Alumni Reception in Danbury, Conn.

Details TBA

M.D. Class Notes

If you have news to share, please contact your class agent or the Development & Alumni Relations office at medalumni.relations@uvm.edu or (802) 656-4014. If your email address has changed, please send it to medalumni.relations@uvm.edu.

1943

Francis Arnold Caccavo
(M.D. Dec. 1943)
51 Thistlewood Parkway
Burlington, VT 05401
(802) 862-3841
drcac@verizon.net

Carleton R. Haines
(M.D. Dec. 1943)
88 Mountain View Road
Willsiston, VT 05495
(802) 878-1115

Harry M. Rowe
(M.D. March 1943)
65 Main Street
PO Box 755
Wells River, VT 05081
(802) 757-2325
rowe812@charter.net

1944

Wilton W. Covey
357 Weybridge Street
Middlebury, VT 05753
(802) 388-1555

1945

Robert E. O’Brien
414 Thayer Road
Colchester, VT 05446
(802) 862-0394
drexobrien@aol.com

H. Gordon Page
9 East Terrace
South Burlington, VT 05403
(802) 844-7086

1946

Please email medalumni.relations@uvm.edu if you’d like to serve as 1946 class agent.

Howard MacDougall writes: “Still kicking butt not too high! Wish I could have been at the reunion but had a grandson’s graduation and family reunion on that date.”

1947

REUNION ’12
Please email medalumni.relations@uvm.edu if you’d like to serve as 1947 class agent.

Thomas Holcomb would agree that sometimes it’s best when nothing big is happening. He writes to report: “No news is good news.”

1948

S. James Baum
1790 Fairfield Beach Road
Fairfield, CT 06430
(203) 255-1013
baum@septonline.net

1949

Joseph C. Foley
32 Fairmont Street
Burlington, VT 05401
(802) 862-0040
cjfoley@dophilia.net

Edward S. Sherwood
24 Worthley Road
Topsham, VT 05076
(802) 439-5816
lsa@bermont.net

E. M. Simmons reports: “Retired in Nov. 1991 but volunteered at clinic for homeless for 17 years. Now I am permanently retired.”

1950

Simon Dorfman
8356 Nice Way
Sarasota, FL 34238
(941) 926-8126

1951

Edward W. Jenkins
7460 South Pittsburgh Ave.
Tulsa, OK 74136
(918) 492-7960
dewjmd@aol.com

One of the privileges of being the MAA president is that I get to attend reunion whether it’s my class year or not. Of course, as a local physician, I am on the medical campus every day, so the steady process of change doesn’t register with me the way it does with my friends and fellow alumni who live and practice elsewhere. For me, one of the nicest parts of attending reunion is seeing the changes and improvements at the College of Medicine through the eyes of others.

For anyone who’s been away five or ten years or more, the physical changes on campus are remarkable. Ten years ago we hadn’t yet opened the Health Science Research Facility or the Medical Education Center. Five years ago there was no Courtyard at Given complex. And alumni who attended this year’s reunion in June saw the finishing touches being placed on the new second-floor connector that now joins the Given Building with UVM’s Clinical Simulation Laboratory that opened in Rowell Hall this spring. Throughout reunion people remarked on the scale of the physical changes they saw on campus, all evidence of the College’s continuous expansion and improvement of its physical plant in order to better fulfill its missions in education, research, patient care, and community service.

What hasn’t changed, of course, is the character and dedication of the people we educate. That was underscored for me at the dinner the night before reunion for the seven recipients of this year’s Medical Alumni Association Awards. Here were physicians from across the past 35 years of classes who were not just practicing medicine, but living it fully, and improving health care throughout their communities in the process. All of the awardees noted that, in the week that led to their awards, they were only doing what they had been taught here in Vermont — to view caring for their patients as a personal mission.

New facilities are certainly vital, but I’m happy to note that some important things haven’t changed: that very personal, caring, Vermont way of approaching things. I hope we can translate that feeling into action in the present for today’s medical students.

Send Us Your Stories!

If you have an idea for something that should be covered in Vermont Medicine, please email stories@med.uvm.edu.
Development News

Burlington’s Waldron Family Gives Back

When Donna and Marty Waldron’s 21-year-old son, Sean, passed away from acute myelogenous leukemia in 1992, the couple wanted to do something meaningful to support those who cared for Sean, and to help other cancer patients as well. They started a fund in Sean’s memory to support bone marrow transplant research at the Vermont Cancer Center (VCC), under the direction of Associate Professor of Medicine Barbara Grant, M.D., who had been Sean’s oncologist. The Waldrons had developed a close relationship with Dr. Grant during Sean’s treatment in the last months of his life, as he fought valiantly against the disease. The Waldrons greatly admired Grant’s humanistic approach and dedication to cancer research. “It was really easy for me and, I think, everybody in our family to feel an emotional connection to her and feel that she was really paying attention for Sean, says the Waldron family and their friends have collectively given more than $30,000 to this special fund and have generously supported additional research at the VCC. This spring, the Waldrons expanded their longtime support by establishing the Sean Patrick Waldron Lymphoma and Hematologic Malignancies Fund with a generous gift of $10,000. The new fund supports innovative, life-saving research on lymphoma and leukemia research as well as cancer education programs around Vermont.

Otolaryngologists Support Medical Education

The members of the Division of Otolaryngology, Head and Neck Surgery in the Department of Surgery at the UVM College of Medicine interact with medical students every day in their clinical rounds. This summer, the division as a whole decided to formally recognize their deep commitment to medical education with a group gift to the College of Medicine Fund, as an investment in its efforts to support medical students. The division’s $10,000 gift is commemorated with four named student lockers in the Given Building.

Yaffe Honored with MAA Challenge Scholarship

The late Summer J. Yaffe, M.D., who passed away in August, had a distinguished career since his graduation with the College of Medicine’s Class of 1954. This year his wife, Susanne H. Goldstein, honored him by establishing a perpetually endowed scholarship for medical students at UVM. The $100,000 Summer J. Yaffe, M.D.’s Scholarship was established under the Medical Alumni Association’s matching-fund challenge scholarship program, and will assist a deserving future physician meet the cost of today’s medical education. Dr. Yaffe was for 20 years the director of the Center for Research for Mothers and Children at the National Institute of Child Health and Human Development where he championed the cause of increased pharmacological research into the causes of childhood illnesses.

Yaffe also made a $10,000 gift to the College of Medicine’s “lasting legacy” naming fund. The J. John Goodman, M.D.’48 and Judith Goodman Conference Room on the second floor of the Department of Medicine, and the J. John Goodman, M.D.’48 Scholarship was established under the Medical Alumni Association’s matching-fund challenge scholarship program, and will assist a deserving future physician meet the cost of today’s medical education. Dr. Yaffe was for 20 years the director of the Center for Research for Mothers and Children at the National Institute of Child Health and Human Development where he championed the cause of increased pharmacological research into the causes of childhood illnesses.

HSRF Conference Room Honors 1948 Alumnus

Throughout his many years of practice as a dermatologist, John Goodman, M.D.’48 has always remembered the place where he became a physician. This year, Dr. Goodman and his wife, Judy, took advantage of the College of Medicine’s “lasting legacy” naming program, and made a gift in support of the Dean’s discretionary fund at the College. The J. John Goodman, M.D.’48 and Judith Goodman Conference Room on the second floor of the Health Science Research Facility now commemorates Dr. Goodman’s generosity. Dr. Goodman stated his reasons for his philanthropy in terms any grateful alumnus could understand: “The College gave me the wherewithal for a successful career in medicine, and we would like to memorialize our thanks for future generations of physicians.”
1966
Robert George Sellig
31 Deerfield Road
Queensbury, NY 12804
(518) 793-9114
tsellig@gmail.com
G. Millard Simmons
t 3165 Grays Marsh Drive
Mount Pleasant, SC 29464
milro@comcast.net

Earl F. Nielsen “is still practicing nephrology in Mont Vernon, N J. I am president of our hospital’s medical staff. My son, also a UVM Graduate, is program director of the Department of Medicine at the Cleveland Clinic, and my daughter is a nurse practitioner in pediatrics. We have fun with our six grandchildren, ages 1 to 22.”

Benjamin Kropsky writes: “I retired in December 2007 as medical director of the Jewish Home Life Systems Bronx Division after 19 years at this position. I do some part-time medical disability evaluations and I am enjoying spending time with my children and grandchildren and wife. We continue living in Tranci, N.J.rob”

Todd Gladstone

Continuing Medical Education
2011 Conference Schedule

Primary Care Sports Medicine
September 28-30, 2011
Sheraton Hotel & Conference Center Burlington, VT
21st Annual Imaging Seminar
September 30-October 2, 2011
StoweVail Resort, Stowe, VT
Annual Northern New England Critical Care Conference
October 20-22, 2011
StoweVail Resort, Stowe, VT
Northern New England Neurological Society Annual Meeting Neurology for the Non-Neurologist
October 20-22, 2011
Portland Regency Hotel, Portland, Maine

College of Medicine alumni receive a special 10% discount on all UVM Continuing Medical Education conferences.

Continuing Medical Education for Information Contact:
University of Vermont
Continuing Medical Education
128 Lakeside Avenue Suite 100
Burlington, VT 05403
(802) 656-2292
http://cme.uvm.edu

Robert Englund has recently been awarded Mastery by the American College of Physicians. After 35 years as a general internist with Dartmouth-Hitchcock in Keene, New Hampshire, he retired in July as an accomplished wood turner, and as a tutored artist with the League of New Hampshire Craftsmen, his works are displayed at their retail galleries as well as the Sunapee (N.H.) Fair.

Todd Gladstone

1967

John F. Dick II
PO Box 60
Salisbury, VT 05769
(802) 352-6625

If you’d like to help plan for our 40th reunion, please email medalumni.relations@uvm.edu.

1968
David Jay Keller
4 Deer Run
Mendon, VT 05701
(802) 773-1620
djhe660@comcast.net

Timothy John Terrien
14 Deerfield Road
50872
Burlington, VT 05403
(802) 862-8395

1969

Susan Pitman Lownewenthal
200 Kennedy Drive
Tarrytown, CT 06886
(802) 597-8996
susan.w.pitmannewenthal@pfizer.com

1970

Raymond Joseph Anton
1521 General Knox Road
Russell, MA 01072
(413) 568-8659
ray@rayanton.com

John F. Ream III, Jr.
1288 Kapiolani, Apt. 1605
Honolulu, HI 96814
(807) 628-0221
sue.shubert@buckwald.com

1971

Wayne E. Pasanen
117 Douglass Street
North Andover, MA 01845
(978) 681-9393
wpasanen@isowelgenerals.org

Robert J. Englund has recently been awarded Mastery by the American College of Physicians. After 35 years as a general internist with Dartmouth-Hitchcock in Keene, New Hampshire, he retired in July as an accomplished wood turner, and as a tutored artist with the League of New Hampshire Craftsmen, his works are displayed at their retail galleries as well as the Sunapee (N.H.) Fair.

Todd Gladstone

1972

F. Farrell Collins Jr.
200 Page Road
Pinehurst, NC 28374
(919) 295-2424

If you’d like to help plan for our 45th reunion, please email medalumni.relations@uvm.edu.

Richard Houle writes: “I’m working in both Florida and Rutland Vermont. I miss Vermont, think I’ll become a snowbird.”

1973

James M. Betts
725 Harbor Drive
Alameda, CA 94502
(510) 523-1920
jbetts@mai cho.org

Philip L. Cohen
483 Lakewood Drive
Winter Park, FL 32789
(407) 628-0221
plcrt@aol.com

1974

Douglas M. Eddy
5 Tenkash Road
Windsor, VT 05087
(802) 454-2164
dk.eddy@vetsnet.net

Cajsa Schumacher
38 East 7th Street
Albany, NY 12203
cajsach@ymail.com

Robert J. Englund has recently been awarded Mastery by the American College of Physicians. After 35 years as a general internist with Dartmouth-Hitchcock in Keene, New Hampshire, he retired in July as an accomplished wood turner, and as a tutored artist with the League of New Hampshire Craftsmen, his works are displayed at their retail galleries as well as the Sunapee (N.H.) Fair.

Todd Gladstone

1975

Ellen Andrews
195 Millroad Road
Pinehurst, NC 28374
(919) 295-4644
tand@spring.com

1976

Don P. Chan
Cardiac Associates of New Hampshire
Suite 103
246 Pleasant Street
Concord, NH 03301
(603) 224-6070
dpchan@dpm.com

1977

James M. Betts
725 Harbor Drive
Alameda, CA 94502
(510) 523-1920
jbetts@mai cho.org

Philip L. Cohen
483 Lakewood Drive
Winter Park, FL 32789
(407) 628-0221
plcrt@aol.com

Sue Shubert Buckwald reports that she “Retired in January of 2010 and time is flying. Thinking about our biggest pastime.”

Joseph Lacy has been appointed as the chairman of the Board of Directors of the Palo Alto Medical Foundation. PAMF is a 1000-physician multi-specialty medical group serving Northern California.

1978

Paul McLane Costello
Essent Pediatrics, Ltd.
18 Main Street
Estate Junction, VT 05445
(802) 879-6556
pmcost@aol.com

Michael Hermans writes: “I am still teaching in academic urology with the Scott and White Clinic and the Texas A&M University College of Medicine. I have had a couple of papers published on prostate cancer — teamed up with one of my radiation oncology colleagues. My latest 360 degree evaluation said I was intelligent, reliable and ‘quirky.’ My three sons are in graduate school at Savannah College of Art & Design, Georgia Tech, and Dartmouth. My daughter is an undergrad at the University of Oklahoma. My wife and I attended the Texas Rangers opening weekend against the Red Sox and even though I had on my Red Sox hat, I only had one beer pored on me. I look forward to attending our 40th Reunion in 2018.”

1979

Sarah Ann McCarty
unde@comcast.net

Dennis Plante
dennis.plante@vtmednet.org

1980

Richard Nicholas Hobbell
80 Summit Street
Burlington, VT 05401
(802) 862-5551
rich.hobbell@vtmednet.org

MOUTH A

The MOUTH A

Continuing Medical Education
2011 Conference Schedule

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Northern New England Neurological Society Annual Meeting Neurology for the Non-Neurologist
October 20-22, 2011
Portland Regency Hotel, Portland, Maine

College of Medicine alumni receive a special 10% discount on all UVM Continuing Medical Education conferences.

Health Care Acquired Infections
October 28, 2011
Sheraton Hotel & Conference Center Burlington, VT
Bridge the Divide
November 10, 2011
Sheraton Hotel & Conference Center Burlington, VT

For Information Contact:
University of Vermont
Continuing Medical Education
128 Lakeside Avenue Suite 100
Burlington, VT 05405
(802) 656-2292
http://cme.uvm.edu

1979

Sarah Ann McCarty
unde@comcast.net

Dennis Plante
dennis.plante@vtmednet.org

1980

Richard Nicholas Hobbell
80 Summit Street
Burlington, VT 05401
(802) 862-5551
rich.hobbell@vtmednet.org
1981
Bruce Leavitt, MD ’81
312 Four Sisters Road
South Burlington, VT 05403
bjeavitt@comcast.net

1981
Betsy Susman, MD ’81
725 Drexel Heights
South Burlington, VT 05403
betsysusman@gmail.com

1981
Louis Polish, MD ’81
11 Vale Drive
South Burlington, VT 05403
louis.polish@vtmednet.org

1981
Jacques Larochelle reports: “I continue to practice full time emergency medicine in Bangor, Maine. Our youngest son is graduating from high school this year. Next year our youngest of three sons will be attending Bowdoin College. Our older three sons will be third- and fourth-year students at UVM College of Medicine.”

1982
David and Sally Murdock
murdock@bayerport.net
If you’d like to help plan for our 30th reunion, please email med alumni.relations@uvm.edu.

Ronald D. Blatt
please email medalumni.relations@uvm.edu.
If you’d like to help plan for our 25th reunion, murdock@cyberport.net

1982
Richard C. Shumway
34 Coventry Lane
Aven, CT 06001
(860) 673-6625
rshumway@stfranciscare.org

1982
Vito Imbsciani
vita.uromo@gmail.com
Suzy Frisch
gfish1@comcast.net
Don Weinberg reports that “After 20 years of primary care at the Thomas Chittenden Health Center, Williamstown, Vt., I left to become a hospitalist at the Central Vermont Medical Center. It’s been a very good change for me, but has also been a big challenge. My two boys are at UVM, and Merle is doing well.”

1984
Jennifer McNiff writes: “I received a wonderful honor from the American Society of Dermatopathology this year: the Walter R. Nickel Award for Excellence in Teaching of Dermatopathology. I am also president-elect of this society, and will become president at the annual meeting in Seattle this October.”

1985
Peter M. Nalin
13216 Griffin Run
Carroll, IN 46033
(317) 962-6656
pinalin@mac.com

1985
J. Michael Jaeger
Grove Road
Charlottesville, VA 22901
alJaegers@earthlink.net

1985
Jeffrey Rosenblatt
325 Dorset Heights
Betsy Sussman, MD ’81
bjleavitt@comcast.net

1986
Darrell Edward White
39123 Lincoln Road
Bay Village, OH 44140
(440) 892-4681
darrellwhite@mac.com

1984
Barbara Angelika Dill
120 Hazel Court
Norwood, NJ 07648
(201) 767-7778
dilksmith@sptonline.net

1986
Joanne Taplin Romeyn
22 Patterson Lane
Dorham, CT 06422
(860) 349-6941

1986
Joanne Taplin Romeyn
22 Patterson Lane
Dorham, CT 06422
(860) 349-6941

1989
Richard C. Shumway
34 Coventry Lane
Aven, CT 06001
(860) 673-6625
rshumway@stfranciscare.org

1989
Jennifer Woodson
416 Martel Lane
South Burlington, VT 05403
jwoodson@vtmednet.org

1990
Barbara Angelika Dill
120 Hazel Court
Norwood, NJ 07648
(201) 767-7778
dilksmith@sptonline.net

1990
Russell Bradley
rbradwatson@yahoo.com

1990
Jeffrey Rosse
36080 Prospect Street
Burlington, VT 05401
(802) 863-7010
jeffrey_rosse@vtmednet.org

1991
Jennifer Woodson
416 Martel Lane
South Burlington, VT 05403
jwoodson@vtmednet.org

1991
Jennifer Woodson
416 Martel Lane
South Burlington, VT 05403
jwoodson@vtmednet.org

1992
Mark Eliot Pasanen
1234 Spear Street
South Burlington, VT 05403
(802) 865-3281
mark.pasanen@vtmednet.org

Volunteering in El Salvador

Paul Stanilansis, M.D.’65 (at right, right) and his wife, Peg, now retired to Austin, Texas, traveled to El Salvador for several weeks earlier this year to join Global Village Habitat for Humanity as a medical officer for volunteers. They looked after three building teams from the U.S., one of which was from Vergennes, VT. The Stanilansises’ “tour of duty” lasted from February to early April.
Remembering the Legacy

A new permanent display was added in the Given Building this summer — a special commemoration of the ties that bind physicians from different generations who encounter each other during years of practice at the College of Medicine.

“A Continuing Legacy” honors three physicians who are, as its inscription states, “bound together through mentorship, respect, and devotion to the practice and teaching of their specialty... They personally the culture of giving that distinguishes the University of Vermont College of Medicine.”

Featured on the display are:
A. Bradley Soule, M.D.’28, whose career spanned some of the most important years in the history of his alma mater and his profession. He earned his bachelor of arts degree from the University of Vermont in 1923, and his M.D. in 1928. He was a member of the University’s faculty for nearly 54 years, and helped found the Medical Alumni Association at UVM.

John Tampas, M.D.’54, who has participated in the life of College of Medicine, and the furtherance of his profession, for more than six decades. He joined the faculty in 1962, where he practiced with his friend and mentor A. Bradley Soule Jr, M.D.’28. He was made a full professor in 1970, the same year he was named chair of radiology, a post he held for more than a quarter of a century before stepping down in 1996. He has Loyally served the UVM Medical Alumni Association for decades.

Thomas Sullivan, M.D.’66, who typified the “culture of giving back” at the College. Dr. Sullivan counted Drs. Soule and Tampas as his key mentors. He practiced in Vermont and New Hampshire, and was an associate professor of radiology at Dartmouth Medical School. After his retirement in 2004, Dr. Sullivan was a generous supporter of the College of Medicine’s efforts, in recognition of which the school’s main lecture hall was named for him in 2009, one year before his death.
Leonard J. Bisaccia, M.D.'43

Dr. Bisaccia died April 30, 2011 at St. Martha’s Manor, Downingtown, Penn. He was born in New Britain, Conn. in 1918. Upon graduation from the College of Medicine, he served in the U.S. Army in World War II and in the Korean Conflict, and received several decorations. He continued on active duty in the U.S. Army, retiring in 1971 after 30 years of service. Dr. Bisaccia was then appointed director of radiology of the Veteran’s Administration Central Office in Washington, D.C., from which he retired in 1983. He continued his professional career as a radiologist for Kaiser Permanente from 1987 to 2004.

Jeffrey Scott Caron, M.D.'93

Dr. Caron died unexpectedly of natural causes in his Fort Lauderdale home on March 6, 2011. He was 44 years old. He grew up in Thomaston, Maine. He graduated as salutatorian of the George Valley High School, class of 1984. He became a junior firefighter before he had his driver’s license. He later completed his emergency medical technician (EMT) training, becoming the youngest EMT on his local crew. Before coming to the College of Medicine he graduated from Bates College with a major in biology. He completed a one-year emergency medical residency at Orlando Regional Medical Center in Orlando, Fla., and later a two-year family medicine residency in Memphis, Tenn. Upon relocating to Ft. Lauderdale, he initially worked in the ER of a local hospital; however, he missed the connection with his patients to which he had become accustomed during his family practice work. He joined a private practice, Las Olas, and later purchased the business, ultimately moving and retaining the practice Urgent Care of Wilton Manors.

G. L. Dugan, M.D.'92

Dr. Dugan died June 3, 2011, at Our Lady of the Meadows in Richford, Vt. He was 95 years old. He was born in Lake City, Ohio; he moved to Vermont at the age of five and later graduated from Newport High School. He received a degree in electrical engineering from Wenthworth Institute of Technology before attending the College of Medicine. In the fall of 1943, as a Lieutenant in the U.S. Army Medical Corps, he was dispatched to the South Pacific, where he attained the rank of Major upon his discharge. He practiced country medicine in Swanton for 33 years and was known for his $7 house calls, and his trademark whistle.

Edward A. Keenan Jr., M.D.'44

Dr. Keenan died on April 18, 2011, in the Green Mountain Nursing Home in Essex Junction, Vt., at age 90. He graduated from Edmunds High School and UVM before coming to the College of Medicine. Following internship and residency, he began his medical practice in Brandon and later moved to Essex Junction. He retired in 1987, and volunteering became an even more important part of his life. Dr. Keenan served in both the Army and Navy in World War II and the Navy at Pearl Harbor in the Korean War.

S. Victor Savino, M.D.'54

Dr. Savino died on March 10, 2011, in Barron, N.M., from natural causes. He was born in Northampton, Mass., in 1931. He graduated from St. Michael’s High School in Northampton before earning a degree in chemistry from the University of Massachusetts at Amherst. His college career was interrupted by two years of military service in the U.S. Army. Following his honorable discharge from the service, he worked as a laboratory technologist at Cooley Dickinson Hospital in Northampton and was later chief laboratory technologist at Franklin County Hospital in Greenfield, Mass. In 1960, accompanied by his wife and two young sons, he began medical school at the University of Vermont. He then completed both his internship and residency in Burlington. In 1968, he started his anatomic and clinical pathology practice at St. Joseph’s Hospital in Albuquerque, N.M., and shortly thereafter became the chief pathologist for the hospital system. In 1972, he founded S.E.D. Medical Laboratories, an outpatient medical reference laboratory that still serves its community today.

Henderson Winn, M.D.

Dr. Winn died on July 3, 2011 at the age of 70. He was born in Richmond, Va., and attended St. Christopher’s School and later graduated magna cum laude from Yale University. He attended medical school at the University of Virginia and later received his MBA from the University of Vermont. Dr. Winn and his family moved to Vermont in 1977, where he joined the Department of Pathology. He was named a full Professor of Pathology in 1984. During his tenure, he was director of the Clinical Microbiology Laboratories, a teacher, advisor and mentor. As a member of the College of American Pathology, he traveled to many places in the United States and abroad advising laboratories on quality methods and standards. A major accomplishment was his contribution of chapters to and later as editor of Koneman’s Color Atlas and Textbook of Diagnostic Pathology. He was an active member of St. Timothy Anglican Mission and a board member of the Burlington Emergency Shelter.

We note the passing in August of Gene Donic, M.D. ’41, and Sumner Yaffe, M.D. ’54. Full obituaries for Drs. Donic and Yaffe will appear in the next issue.

FACULTY

Washington Winn, M.D.


The UVM Medical Alumni Association invites you and your family to plan now to join your classmates for Reunion 2012 — June 8–10, 2012. Come back to Burlington and the UVM campus, your home during medical school. You may have lost contact with your classmates and former teachers, but Reunion will give you the chance to reconnect, rekindle old friendships, check out favorite places, talk with faculty, meet the medical students of today, and experience first-hand the growth and evolution of your medical alma mater.

EVENTS INCLUDE: Medical Education Today Session • Alumni Awards and Reception • Medical Alumni Picnic • Tours of the College, including the new Clinical Simulation Laboratory • Nostalgia Hour • Class Receptions • Medical Alumni Picnic • Reunion Weekend Alumni Awards and Reception • Medical Alumni Picnic • Tours of the College, including the new Clinical Simulation Laboratory • Nostalgia Hour • Class Receptions

For more information, call the UVM Medical Development & Alumni Relations Office at (802) 656-4014 or email medalumni.relations@uvm.edu
For hundreds of college of Medicine alumni and their families, the second weekend in June was time to return to the place where their medical careers began.

Medical Reunion 2011 started off Thursday night with a special dinner for Medical Alumni Association award recipients at Burlington Country Club. Bruce Leavitt, M.D.’81, one of this year’s award recipients, gave a presentation to today’s medical students on his recent Doctors Without Borders experiences. Friday night was time for the “Legends and Leaders” celebration of achievements in Davis Auditorium, where the members of the 50th reunion class received their gold medallions, and the awardees, including A. Bradley Soule Award recipient Marga Sproul, M.D.’76, were formally recognized. A large check was presented to Dean Morin, symbolizing the record-setting philanthropy for the College by reunion classes — and donations ultimately totaled nearly $3 million. Saturday was a packed day, with tours of the campus and the new clinical simulation laboratory, followed by lunch with friends and family, reminiscing at Nostalgia Hour, before heading off to more formal nighttime class dinners.

If your class year ends in a 7 or a 2, mark your calendars now for Reunion ’12
June 8–10, 2012

Learn more about next year’s reunion at:
www.med.uvm.edu/alumni
May 22, 2011
4:26 p.m.

Family Time: Several generations join together to celebrate with newly-minted physician Dino Barhoum, M.D.’11, a few minutes after the conclusion of commencement.

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

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Return on Investment

This year, while cleaning out the house that her late parents Bartlett H. Stone, M.D.’41 and Mable L. Stone had shared for over 50 years, Pam Stone Kennedy, their daughter, found a yellowed envelope that fluttered out of an old book of poetry. “It was from the UVM Admissions Office,” Kennedy explains. “Inside it I found a notice of a $100 scholarship given to my father for medical school in 1939.”

Dr. Stone received both his undergraduate and medical degrees from UVM. After graduation from the College of Medicine he served his country in World War II, and then became an Ob/Gyn surgeon in the Boston area. “His years at UVM were extremely important to him, and he tried his best to attend every reunion,” his daughter recalls. Both Kennedy and her daughter are also UVM graduates.

“For me, $100 didn’t mean much,” he recalls. “But that money allowed him to pursue his dream to become a physician. He saved the lives of soldiers in World War II, delivered thousands of babies and provided surgeries to many women through his practice and missionary work in Puerto Rico, and inspired his own children and grandchildren to pursue their dreams and educational goals.”

P R O F I L E  I N  G I V I N G

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“Because my father held such affection for UVM,” says Kennedy, “it was important for him to find a way to thank the school for the opportunities that it provided him, and to help others to experience the type of education he felt so fortunate to have received. Throughout their lives my parents worked tirelessly to build my father’s medical practice — a practice he truly loved, and which allowed him to leave a sizable endowment to the College of Medicine to aid Vermont students in pursuing their dreams of becoming doctors. Looking back on it now, the $100 scholarship my father received in 1939 may not look like much. But that money allowed him to pursue his dream to become a physician. He saved the lives of soldiers in World War II, delivered thousands of babies and provided surgeries to many women through his practice and missionary work in Puerto Rico, and inspired his own children and grandchildren to pursue their dreams and educational goals.”

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University of Vermont College of Medicine
Medical Development & Alumni Relations Office
(802) 656-4014 | medical.giving@uvm.edu
www.med.uvm.edu/giving
Millicent Percy will never meet the children who benefit from her help, but her generosity will help yield new knowledge to fight cancer in young people for years to come. When she passed away in 2010, she left a substantial gift in her will to fund leukemia research at the University of Vermont, in honor of her brother-in-law, Hebert Bowen Comings (UVM ’45). Millicent Percy’s bequest is helping Barry Finette, M.D., Ph.D., professor of pediatrics and associate professor of microbiology and molecular genetics, in his pediatric cancer research at the Vermont Cancer Center.

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