

VERMONT MEDICINE

THE ROBERT LARNER, M.D. COLLEGE OF MEDICINE AT THE UNIVERSITY OF VERMONT

SPRING 2023



WILD MEDICINE

Fourth-year med students trade the clinic for the woods

ALSO FEATURED: MATCH '23 RESULTS • UVMHN LEADERSHIP • GIVEN HISTORY

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 Christa Zehle, M.D.

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FROM THE DEAN

At this year's Match Day celebration, I was joined by UVM President Garimella and my fellow Larner administrators and faculty to greet the Class of 2023 to cheer them on as they learned where they would be going for the next big step in their medical careers. Also in attendance, in person and on streaming video, were many of the students' friends, family and loved ones who provided their support and encouragement.

We shared the Match Day stage with fourth-year medical student leader Lud Eyasu, who addressed her fellow class members, saying: "While today is really about joy and celebration, let's take a moment to reflect on the fact that we've been through a lot to get here." And indeed, this year's senior class experienced much more than they could have imagined on that day in August 2019 when we welcomed them to their first day of medical school.

This was the first class in a century to go through almost all their medical education during a worldwide pandemic. COVID necessitated countless adjustments in the way they experienced clinical and non-clinical education, all the while adding to the substantial stress already placed on them as medical students. But what we saw in this class, and in all the members of our Larner community, was a great spirit of resilience and determination. Those qualities are particularly valuable for a physician, and I'm confident that this Class of 2023 is prepared to address any challenges they encounter over the coming decades.

In addition to discovering more about our exciting Match Day results, this issue features our unique fourth-year elective on Wilderness Medicine; this course combines our College's commitment to primary care with the rich outdoor experiences our state offers. You'll also find stories about the important work of our alumni to provide better psychiatric care to vulnerable youth. And in keeping with our focus this year on the bicentennial of our first graduating class, there is an article on the development of the heart of our current medical campus, the Given Building—a structure that owes its existence to the generosity of alumni.

Finally, we present an interview with my partner in this academic health enterprise, UVM Health Network CEO Sunil "Sunny" Eappen, M.D., M.B.A. Dr. Eappen has already shown himself to be a wonderful collaborator in clinical care, education and research, and I am sure you'll be interested to read this "first take" on his arrival in Vermont. I also invite you to hear more from Dr. Eappen directly as he joins me for the next edition of "Off the Charts," the online interview program where I interview members of our medical community. Dr. Eappen will be my guest on June 7, and I hope many alumni and friends will listen in and join the discussion.

Stay well and please stay in touch. We all look forward to hearing from you and greeting you in person here in Burlington.

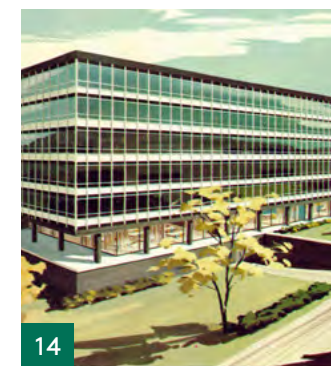
With warmest regards,

RICHARD L. PAGE, M.D.
 Dean

Join Dean Page and Dr. Eappen for "Off the Charts," on June 7, 2023. Details at med.uvm.edu/alumni/off_the_charts.



10



14



18



22



26

On the cover: In deep snow, fourth-year medical students participate in backwoods rescue scenarios with Stowe Mountain Rescue in the Mt. Mansfield State Forest. See story on page 26.



CONTENTS

NEWS

- 2 Firestone Comes Online
- 3 New Leadership Announcements
- 5 UVM Cancer Center CAR T-Cell therapy
- 10 Match Day 2023

OBJECT LESSONS

- 6 **Close Connections**
An old photo links generations at "our college."
- 12 **Case in Point**
A piece of the daily professional life of an early UVM M.D. graduate.
- 30 **Something to Remember**
A medical school was a sight to see and remember.



FEATURES

- 14 **Not Always a Given**
Now in its seventh decade, the nucleus of the UVM medical campus was more than ten years in the making.
- 18 **Safer Care**
A medical alum works with partners across Vermont and the nation to help primary care physicians deliver young people the psychiatric care they need.
- 22 **First View**
An interview with UVM Health Network's president and CEO, Sunil Eappen, M.D., M.B.A.
- 26 **Into the Woods**
The Wilderness Medicine elective gets fourth-year students outdoors, and into a different mindset.

HALL A

- 32 President's Corner
- 33 Class News & Notes
- 34 Development News
- 35 Alumni Vignette
- 36 Medical Reunion 2023
- 38 Alumni Vignette
- 30 Obituaries
- 40 Moment in Time



FIRESTONE COMES ONLINE

It was a typical late fall day in Vermont—a mix of gray skies and sun with a cool wind blowing—but the tone was bright and celebratory at the October 27 grand opening and dedication of the newest addition to the Larner medical campus: the Firestone Medical Research Building. In attendance at the dedication ceremony were donors, leaders from across the College of Medicine, University of Vermont and UVM Health Network, medical alumni, faculty, staff, students and research trainees, and community and business leaders. Also present were representatives of architects Payette Associates and Black River Design and the main contractor for the building, Vermont-based PC Construction.

Throughout the fall and continuing into spring semester, researchers, such as the Vermont Lung Center staff members shown here, have been moving their equipment into the new lab spaces and continuing and expanding their work.

(Above) The scene at the Firestone Medical Research Building grand opening and dedication as the ribbon is cut; (Below) Pulmonary disease/Vermont Lung Center faculty and staff move into their new Firestone laboratory space. Research laboratory technician Bella Butzirus (left) assists Carolyn Morris, Ph.D., with installing a microscope.



HOLCOMBE APPOINTED ASSOCIATE DEAN FOR CANCER PROGRAMS

In February Dean Page announced the appointment of **Randall F. Holcombe, M.D., M.B.A.**, as associate dean for cancer programs.

In August of 2021 Holcombe came to UVM to serve in the dual roles of director of the UVM Cancer Center and chief of the Division of Hematology and Oncology in the Department of Medicine. Since then, he has re-energized the UVM Cancer Center by fostering laboratory and population-based research, investing in new educational programs, supporting a cancer practice with over 32,000 yearly patient visits, and launching initiatives that engage the broader community. These accomplishments, along with many other efforts now underway in partnership with the UVM Health Network, contribute to the important goal of securing National Cancer Institute re-designation for the UVM Cancer Center.



Holcombe's distinction was recognized in the fall of 2021 when he was named the inaugural J. Walter Juckett Chair in Cancer Research at the college. This chair was endowed by the J. Walter Juckett Cancer Research Foundation, an organization that has provided extensive support to the Cancer Center for more than four decades.

"This associate deanship recognizes the important place cancer research, care, community outreach, and education hold in the landscape of our college's mission," said Dean Page. "I hope our entire community will join me in thanking Dr. Holcombe for all that he has accomplished thus far and extend best wishes to him in his new additional role at our institution."



Tracy Named Senior Associate Dean for Research

In mid-November Dean Page announced the appointment of **J. Kathleen (Kate) Tracy, Ph.D.**, as the Larner College of Medicine's new senior associate dean for research. Dr. Tracy began her new role in February 2023. She also serves as professor of medicine, and as director of research at the UVM Health Network.

Tracy comes to Vermont from the University of Maryland School of Medicine (UMB-SOM), where she was a professor of epidemiology and public health, vice chair for research services, epidemiology and public health, and head of the Division of Preventive Medicine. She was a member of the UMB-SOM faculty since 2004, with secondary appointments in the UMB-SOM Department of Medicine and the Department of Sociology, Anthropology, and Public Health at the University of Maryland Baltimore County.

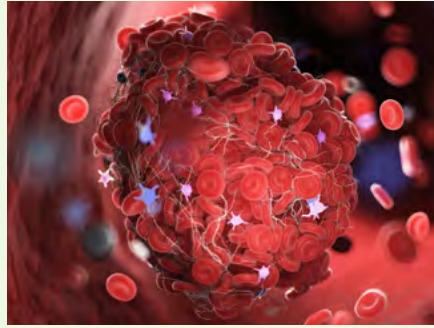
In 2010 Tracy became director of the UMB-SOM Clinical and Translational Research Informatics Center. From 2017 to 2020 she was the inaugural director of the Richard and Jane Sherman Center for Health Care Innovation. Since 2020 she was also special advisor to the senior vice chancellor for academic and student affairs of the University System of Maryland. Tracy holds a doctorate in clinical and health psychology from the University of Maryland Baltimore County.

A scientist with deep expertise in women's health, with a concentration on cervical cancer prevention in underserved populations, and informatics methods to support multi-disciplinary team science, Tracy has published nearly 100 peer-reviewed articles in a variety of fields. Engaged in numerous interdisciplinary collaborations, she has been principal or co-principal investigator or sub-team lead on research studies totaling nearly \$100 million in funding from such organizations as the National Institutes of Health, U.S. Department of Veterans Affairs, and the Bill and Melinda Gates Foundation.

"We are delighted to welcome Dr. Tracy to our College and UVM" said Dean Rick Page. "She brings extensive experience in science and leadership that will complement our existing strengths and will provide for growth of our research impact. We especially look forward to expansion of clinical investigation in the UVM Health Network in her role as director of research for the network."

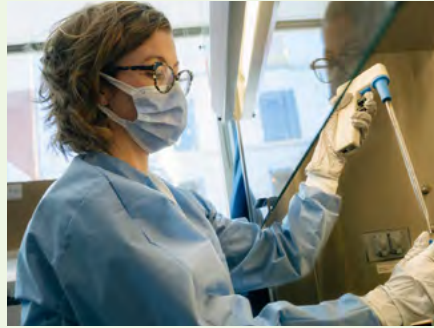
Tracy succeeds Gordon L. Jensen, M.D., Ph.D., who retired as the Larner College of Medicine's senior associate dean for research in July of 2022. Richard Galbraith, M.D., Ph.D., served as interim from July through January.

LARNER RESEARCH | FISCAL YEAR 2022
\$117.9 MILLION (FY22) TOTAL FUNDING
400 AWARDS | 1,045 PEER-REVIEWED
PUBLICATIONS (2021) | 509 PROJECTS
SUPPORTED



FINDING SOCIAL DISPARITIES IN TREATMENTS AND OUTCOMES FOR PULMONARY EMBOLISM

Racial minorities and people with lower incomes or who are insured by Medicare or Medicaid are significantly less likely to receive the most advanced therapies and more likely to die after suffering a pulmonary embolism (PE), according to a new analysis presented by Professor of Medicine **Mary Cushman, M.D., M.Sc.**, at the 64th American Society for Hematology (ASH) Annual Meeting and Exposition in New Orleans, La., in December. The study, based on data from more than 1 million patients in the United States, found that 6.4 percent of those hospitalized for PE died of the condition, a strikingly high case-fatality rate that further underscores the urgency of reducing disparities and improving access to care.



UVM VACCINE TRIALS AIM TO END POLIO'S HISTORICAL JOURNEY

Polio was declared eradicated in the United States in 1980. But recently, cases of polio have been reported in New York, the United Kingdom, and Israel, underscoring the need for safer and more effective vaccines. Over the past two years, **UVM Vaccine Testing Center** researchers have been conducting trials on two experimental polio vaccines poised to help accomplish global eradication. The first of the two trials, launched in 2021, was a first-in-human Phase I study of a novel Oral Polio Vaccine for poliovirus serotypes 1 and 3 (nOPV1,3). Performed in collaboration with PATH, a nonprofit organization focused on health equity and innovation, the trial is funded by the Bill and Melinda Gates Foundation. The second trial, which launched this fall, is looking for study volunteers to test a modified version of the inactivated polio vaccine (Salk vaccine) delivered via an injection in the arm. This study is being done in collaboration with the World Health Organization and their Global Polio Eradication Initiative.



INAUGURAL JUCKETT SCHOLARS LAUNCH CANCER CARE DELIVERY STUDIES

A new Clinician Investigator Development Initiative (CIDI) is designed to encourage productivity and career development for clinician investigators at the UVM Cancer Center (UVMCC). "Clinical research is valuable and possible when investigators are given protected time, mentorship, and resources to dive into scholarly activity," said Randall Holcombe, M.D., M.B.A., director of the UVMCC. As part of this initiative, the center recently selected its inaugural Juckett Scholar recipients, **Kara Landry, M.D.**, and **Alissa Thomas, M.D.**, who will each receive approximately \$250,000 over two years with the goal of creating new standards for cancer care delivery. The awards are supported by the J. Walter Juckett Cancer Research Foundation, which has provided decades of support to the UVMCC, helping to improve cancer outcomes for patients across Vermont and Northern New York.

UVM Cancer Center Brings Innovative Blood Cancer Treatment to Vermont

CAR T-CELL THERAPY NOW AVAILABLE TO UVM MEDICAL CENTER PATIENTS

The University of Vermont Cancer Center is offering a novel, highly effective form of cancer treatment called CAR T-cell therapy. The Cancer Center is the only healthcare institution in Vermont and northern New York providing the treatment.

CAR T, as it is known, uses the body's immune system to fight cancer. Unlike other immunotherapies, CAR T uses genetically modified T cells from the patient to attack cancer cells.

Approved by the FDA in 2017 for a variety of blood cancers, CAR T-cell therapy induces a "complete response"—where no remaining cancer is detectable—in 50 to 80 percent of patients treated with it, depending on the cancer type—including in 70 percent of patients with mantle cell lymphoma and 80 percent with follicular lymphoma. Up to 90 percent of patients with these two cancers see a "partial response," where the cancer has been significantly diminished. The therapy is typically used after other forms of treatment have been unsuccessful.

Blood cancers account for 10 percent of all cancer diagnosed in the United States every year, according to the Leukemia and Lymphoma Society.

Though long-term data for CAR T-cell therapy is not yet available, the treatment has the potential to cure cancer. Of the first patients treated over 10 years ago with CAR T-cell therapy in clinical trials, few of those who achieved a complete response have seen their cancer return.

The Cancer Center's new CAR T program is led by **James Gerson, M.D.**, assistant professor in the Larner College of Medicine's Department of Medicine, who came to UVM from the University of Pennsylvania, where CAR T-cell therapy was discovered and developed. Gerson worked directly with the team of researchers who created the therapy, led by Carl H. June, M.D., and was among the first clinicians to use it in a commercial setting.

"We are thrilled to have someone of Dr. Gerson's caliber directing our CAR T clinic and offering this life-saving therapy to patients in our region," said Randall Holcombe, M.D., M.B.A., director of the UVM Cancer Center and associate dean for cancer programs at the Larner College of Medicine.

The new CAR T program highlights the benefits that an academic medical center like the UVM Medical Center—which combines cutting edge clinical care and innovative research—can bring to a community.

"The Larner College of Medicine was honored to work with our partners at UVM Medical Center to recruit Dr. Gerson to our academic medical center," said Richard L. Page, M.D., dean of



James Gerson, M.D.

the UVM Larner College of Medicine. "The CAR T program is yet another example of the profound value that the UVM Cancer Center brings to our region," he said.

Previously, patients in the UVM Medical Center's catchment area who wanted CAR T therapy needed to travel, usually to Boston, New York, Dartmouth or Rochester, to access it. The remote treatment can cause significant upheaval in their lives, Gerson said, since it requires multiple episodes of care over the course of three to six months. Many patients live in the area where they're being treated for four weeks.

"Our goal is for you to be able to access this therapy without uprooting your life," Gerson said.

CAR T works by training T cells—a type of white blood cell used by the immune system to kill viruses and other foreign bodies—to recognize and attack cancer cells. The treatment has several steps. First, T cells are removed from the patient's blood. Then, in the lab, they're modified by adding a receptor gene—a "chimeric antigen receptor" or CAR—that can recognize a protein on the cancer cell, latch onto it and kill the cell. Finally, cells are multiplied and given back to the patient.

CAR T is currently approved only for blood cancers: lymphoma, some leukemias, and multiple myeloma. Research is ongoing to apply the method to other cancers.

"We look forward to bringing this innovative new treatment to the patients who need it in our region. I've seen first-hand its potential to save lives," Gerson said. **VM**

FLEMING AT DANA

This past fall UVM's Fleming Museum began a partnership with the Dana Health Sciences Library to curate a new "Fleming at Dana" space. The first work of art installed is "Study for Controlled Medicine" by William C. Palmer. Palmer created this study in 1935 for a mural for Queens General Hospital through the Works Progress Administration's Federal Art Project during the Great Depression.

Larner medical student and Fleming student board member, **Liam John '23** had the idea for a program where artworks would be installed on a rotating basis at the Dana to "teach visual analysis to future physicians." Future artworks will be curated by College of Medicine faculty and students.



FLEMING @ DANA



Close Connections

AN OLD PHOTO LINKS GENERATIONS AT "OUR COLLEGE"

**OBJECT
LESSON**

(above) The Spring 1953 *Vermont Life* that featured photos of Walter Stultz, Ph.D., and other College of Medicine faculty and students. Find a link to the magazine's content at med.uvm.edu/vtmedicine/web-extras

When Mallory Stultz '26 entered the Larner College of Medicine in August of 2022, she started a new chapter in her family's history at the institution. Mallory's great-grandfather, Walter Stultz, Ph.D., was a key member of the college's faculty for more than 30 years until his retirement in 1969. In the photograph at right, Mallory holds an old eight-by-ten image from the college's archive that shows Dr. Stultz (in white shirt, at right in the photo) instructing several medical students in the early 1950s. The exact date of the photo was unknown, until it was discovered to be one of several such images taken to illustrate a long article about the college in the spring 1953 issue of *Vermont Life*, the quarterly promotional magazine published by the State of Vermont from 1946 to 2018. "Our College of Medicine" featured two images of Professor Stultz, whose hiring in the 1930s was a key part of the revamping of the medical faculty in those years. Stultz was the first formally trained anatomist at the college. After his "retirement," he went on to teach for several years at both the University of California at San Diego and Dartmouth Medical School.

Mallory Stultz, Larner Class of 2026, holding a photo of her great-grandfather and former anatomy professor, Walter Stultz, Ph.D.



“Clinician Office Hours” Gives Rural Providers Access to Substance Use Disorder Experts

Ratchanu “Rae” Everett, FNP, is a nurse practitioner at the Mi’kmaq Nation Family Health Service clinic in Presque Isle, Maine, in a community hit hard by substance use and a state experiencing a record number of opioid overdose deaths. The clinic provides acute, wellness,

Gail Rose, Ph.D., associate professor of psychiatry and director of UVM CORA’s Best Practices and Clinical and Translational Cores.

During the weekly one-hour consultation sessions, UVM specialists in prevention and treatment of SUDs, including Peter Jackson, M.D., and Brady Heward, M.D., both UVM assistant professors of psychiatry, can address a wide range of SUD treatment-related topics, such as opioids, alcohol, or tobacco. They can make recommendations based on the patient’s age and health status, and assist the rural provider with developing a treatment plan that includes evidence-based practice recommendations for medications, harm reduction, contingency management, and more.

“We have a lack of access to specialties, and distance is a factor, so [the program] is very important,” said Everett, who added that she has adapted many of the strategies she learned during Clinical Office Hours for use in her clinic.

The idea for the program was hatched following a review of needs assessment survey data collected by UVM CORA. This survey gathered direct input from practitioners in Vermont, New Hampshire, and Maine working with individuals with SUDs. In the survey, they indicated that consultation with “champion” providers (for example, experts who could provide mentoring/coaching regarding complex patients) is a much-needed resource, with 65 percent of rural practitioners across the three states designating this resource as “high priority.”

“We aim to help primary care providers improve their confidence and comfort level in providing the highest-quality, evidence-based care to individuals and families impacted by substance use disorders,” Jackson said.

To participate, rural providers register in advance of the weekly session and can provide information about the SUD-related issue they would like to discuss. Up to three providers can take part in the consultation, which takes place via Zoom.

Fortunately, Jackson and Heward have expertise in psychiatric treatment for both adults and children, so they can help providers and teams with questions about how to care for individuals and families impacted by mental health challenges. This is critically important given that many rural areas currently have greater challenges accessing mental health services than substance use treatment.

Jackson noted that over the past couple of years, he and colleagues in the field have been seeing a rise in both mental health and substance use disorder needs.

“We’re going to see the climb in substance use disorders from the pandemic for a while,” he said. The good news, he added, is that the benefits of treatment—once it’s been provided—“are always readily visible.” **VM**

and prevention services to a primarily tribal population of around 500 patients. A new clinician in a very rural area, Everett has to navigate the often-challenging process of finding treatments for patients dealing with both a substance use disorder and a chronic condition, but has limited expertise. Now, for rural clinicians like Everett seeking consultation with addiction medicine specialists, the “doctor is in.”

Led by Stacey Sigmon, Ph.D., professor of psychiatry and a Vermont Center on Behavior and Health researcher, the University of Vermont’s Center on Rural Addiction (CORA) has launched a new free program—called

Clinician Office Hours—to help providers access this expertise. While most of UVM CORA’s initiatives focus on rural Vermont, New Hampshire, Maine and Northern New York, this new program is available virtually to any health care provider in the U.S. located in an area designated as rural by the Health Resources & Services Administration. Everett took part in the pilot phase of the program in fall 2022.

“The mental health crisis has compounded the substance use disorder crisis, and made decision-making and treatment pathways more complex,” said



“The mental health crisis has compounded the substance use disorder crisis, and made decision-making and treatment pathways more complex,”

– GAIL ROSE, PH.D.

Navigating Academia to Propel First-Generation Success

The decision to pursue a college degree is, for many, less of a decision and more of an expectation. An implication exists in modern American culture which suggests that success of any meaningful kind is unachievable without passing through the gauntlet of academia. The job market largely agrees, with one research group reporting that 62 percent of all U.S.-based employers require candidates with four-year degrees. Students who are the first in their families to earn a degree make up one-third of all U.S. college students, yet typically these first-generation students are hampered by a lack of familiarity or connections within the academic world, compared to their peers who come from more educated backgrounds. It is for this reason that the guidance and support of mentors is critical to first-generation student success, as these students may otherwise struggle to navigate the academic landscape and achieve their full potential.

The experience of a first-generation college graduate is fraught with “hidden curricula,” the term given to the cultural expectations and unspoken norms of academic spaces. For a student in the sciences, it is not enough to simply maintain strong grades to ensure future opportunities such as graduate school or job offers after graduation. In many fields, including my own field of biomedical research, it is expected that one will have conducted undergraduate research and undergone laboratory training, completed internships, presented original work at conferences, joined honor societies, and possibly even had teaching experience prior to the end of a bachelor’s degree program. These additional experiences frequently have a significant financial component that may further restrict access to those without sufficient support.

It wasn’t until I stumbled across a peer who shared with me that I should be attempting to find a faculty member to conduct research with as an undergraduate student, that I even realized this was an option I should explore. I often wonder what my path might have been if not for that, and other chance conversations. Ultimately, I was fortunate to find several supportive faculty mentors to help guide my journey, but what of others from similar backgrounds and naiveté with academic culture?

To encourage and ensure peer equity and success, we must remove the burden on students to navigate through this pervasive academia labyrinth of expectations on their own. The failure to adequately support students often reduces the diversity of those who can advance and enjoy future opportunities after graduation.

Upon completing my undergraduate program, I became a faculty member in a preparatory school, and it was immediately apparent that I was one of a very small



“I was fortunate to find several supportive faculty mentors to help guide my journey, but what of others from similar backgrounds and naiveté with academic culture?”

– ALICIA A. FINNEY

population of first-generation academics in a culture of “Princeton families” and legacy admissions. The unfortunate reality is that while many academic institutions are making strides in recruiting faculty of diverse race, gender identity, and ethnicity, there remains a failure to adequately recruit faculty of diverse socioeconomic backgrounds and institutional experience.

Such insular hiring practices are detrimental to not only the students, who would see themselves represented in these positions, but also to the institution by limiting the perspectives present within their teaching and research.

Studies have shown that as many as one in eight faculty members who received their doctoral training in the United States come from just five academic institutions. Another study reports that over half of surveyed tenure-track faculty have at least one parent with a master’s degree or Ph.D. This lack of socioeconomic and educational diversity further suggests that the path to becoming a professor is still largely inaccessible to most of the population.

Many of us don’t know what we don’t know, and accessible, direct guidance on the expectations of navigating college beyond the classroom is a must. Ideally, such conversations would be present at all levels of education, including in preparation for the admissions process.

We cannot, as participants in higher education, accept that some students won’t progress simply as a function of not being present during conversations where key information is conveyed. We can do better, and I hope that we will. **VM**

Alicia A. Finney is a Ph.D. student in UVM’s Cellular, Molecular and Biomedical Sciences Program. The Larner Blog (uvmlarnermedblog.com), where this essay first appeared, presents views of medical students, graduate students, alumni, faculty, researchers, staff and guests.



Match Day 2023 was celebrated once again in the Hoehl Gallery.

MATCH DAY 2023

Larner graduating medical students were among a record-breaking 43,000 future physicians who participated in the National Resident Matching Program's (NRMP) 2023 Main Residency Match at noontime on Friday, March 17.

For the first time since 2019, the Match festivities took place in the Hoehl Gallery in the Health Science Research Facility. The Larner Match Day event was virtual in 2020 and 2021 and took place in-person at UVM's Davis Center in 2022.

Features included bagpiper and Class of 1988 member James Wallace, M.D., leading the procession of medical students, and the main event: students opening their match envelopes to announce where the next phase of their medical careers would take place. Crowds of family and friends filled the gallery and its balconies, with a spread in age of onlookers from a three-month-old infant to a 97-year-old grandmother. The Class of 2023 will graduate on May 21, and most new physicians will begin their residencies in mid-June.

CLASS OF 2023 MATCH RESULTS



RIISING TO THE CHALLENGE! Thanks to an inspirational gift from an anonymous donor, all gifts up to \$100,000 to this year's "Match Challenge" were doubled in impact with matching funds. The UVM community came through with record-breaking results, for a total of more than \$295,000. Thanks to all who helped meet the challenge and raise funds to help today's medical students!



Watch a video of the Match '23 Larner Celebration at: med.uvm.edu/vtmedicine/web-extras

UVM LARNER COLLEGE OF MEDICINE CLASS OF 2023 RESIDENCY MATCH LIST

ANESTHESIOLOGY

Bradley Blansky Ohio State University Medical Center
 Ryan Cournoyer Rush University Medical Center (Chicago)
 Elena Dansky University of Southern California
 Kyle Kellett University of Vermont Medical Center
 Adam Kohutnicki Maine Medical Center
 Shivani Mathur NYU Grossman School of Medicine
 Daniel Moroney University of Vermont Medical Center
 Maegan Neilson Brigham & Womens Hospital
 Cara Rathmell Massachusetts General Hospital

DERMATOLOGY

Negar Esfandiari Wayne State University School of Medicine
 Michela Salusti-Simpson Boston University Medical Center

DIAGNOSTIC RADIOLOGY

Zachary Smith Johns Hopkins Hospital
 Benjamin Weaver Beth Israel Deaconess Medical Center (Boston)

EMERGENCY MEDICINE

Micaïla Baroffio University of Pittsburgh Medical Center
 Brittany Botticelli Massachusetts General Hospital
 Michael Brown Morristown Medical Center (N.J.)
 Daniel Castro LSU School of Medicine (New Orleans)
 Alexander Cavert University of Vermont Medical Center
 Nathan Dow University of Washington Affiliated Hospitals
 Megan Eubank University of Connecticut School of Medicine
 Warren Grunvald Advocate Health Care (Oak Lawn, Ill.)
 Michael Kelleher University of Arizona College of Medicine (Tucson)
 Michael Lawson University of Wisconsin Hospital and Clinics
 Lara Murnik Christiana Care (Newark, Del.)
 Zachary Osborn MedStar Washington Hospital Center (D.C.)
 Grant Schumaker UHS Southern California Medical Education Consortium

FAMILY MEDICINE

Isaac Adams In His Image Family Medicine (Tulsa, Okla.)
 Elizabeth Barker Northwestern McGaw (Chicago, Ill.)
 Jordan Carver Bryn Mawr Hospital (Bryn Mawr, Pa.)
 Jenna Elkhoury Maine Medical Center
 Amy Golinker Mountain AHEC (Asheville, N.C.)
 Naomi Koliba University of Vermont Medical Center
 Diana Salama Loma Linda University
 Amy Stedman Central Maine Medical Center

GENERAL SURGERY

Lud Eyasu Virginia Commonwealth University
 Jennifer Risi Allegheny General Hospital (Pittsburgh, Pa.)
 McKenna Schimmel Mayo Clinic Internal Medicine

INTERNAL MEDICINE

Dinkar Ahuja Loyola University Medical Center (Ill.)
 Raj Aurora Kaiser Permanente (Los Angeles)
 Niveditha Badrinarayanan University Colorado School of Medicine
 Jacob Bernknopf University of Maryland Medical Center
 William Brown University of Utah Health
 Jett Choquette Virginia Commonwealth University
 Lauren Coritt Westchester Medical Center (Valhalla, N.Y.)
 Kevin DiBona Boston University Medical Center
 Grace Eisenbiegler University of Wisconsin Hospital and Clinics
 Helen Gandler Temple University Hospital
 Luke Hallgarth Wake Forest Baptist Medical Center
 Tess Hickey University of Utah Health
 Liam John Maine Medical Center
 Michael Lawler University of Vermont Medical Center
 Kearac Lynn Brown University/Rhode Island Hospital
 Alexandra Novelli Duke University Medical Center
 Samantha Schuetz Beth Israel Deaconess Medical Center (Boston)
 Samuel Short University of North Carolina Hospitals
 Aneesh Singal Tufts Medical Center
 Ashwinkumar Sooriyakumar Brown University/Rhode Island Hospital
 Cyrus Thomas-Walker N.Y. Presbyterian Hospital-Columbia University Medical Center

MEDICINE-PEDIATRICS

Sean Muniz University of Utah Health

NEUROLOGICAL SURGERY

Isidora Beach UC Irvine Medical Center

NEUROLOGY

Valerie Braddick Beth Israel Deaconess Medical Center (Boston)
 Sydney Chatfield NYU Grossman School of Medicine
 Agatha Forstein University of Vermont Medical Center
 Matthew Hanna Dartmouth-Hitchcock Medical Center
 Sebastian Hanna UC Irvine Medical Center

OBSTETRICS & GYNECOLOGY

Anna Chamby George Washington University
 Nina Feinberg Wellspan Health York Hospital (York, Pa.)
 Brittany Gilmore Inova Fairfax Hospital (Falls Church, Va.)
 Amberly Lao NYU Long Island School of Medicine
 Liana Mathias St Joseph Hospital (Denver, Col.)
 Kayla Menendez University of Colorado School of Medicine
 Alexa Rosenthal Mountain AHEC (Asheville, N.C.)
 Delaney Sztreicher UC Irvine Medical Center
 Ariella Yazdani Cleveland Clinic Foundation

OPHTHALMOLOGY

Kisha Kalra Bascom Palmer Eye Institute (Miami, Fla.)
 Mark Oet California Pacific Medical Center (San Francisco)

ORTHOPAEDIC SURGERY

Sandi Caus Brown University/Rhode Island Hospital

PATHOLOGY

Christina Hansen University of North Carolina Hospitals

PEDIATRICS

Rachel Adelsheim University of Vermont Medical Center
 Alex Cohen University of Utah Health
 Anna Corbalan Montefiore Medical Center (New York City)
 Emma Dunne Childrens Hospital-Boston
 Julia Evans University of Virginia
 Christopher Flynn UC San Francisco
 Catrina Hood UMass Chan Medical School
 Jason Lach Childrens Mercy Hospital (Kansas City, Mo.)
 Tiffany Lao UC Irvine Medical Center
 Lucy Merriam University of Virginia
 Young Bo Sim UCLA Medical Center

PEDIATRICS/GLOBAL HEALTH

Charlotte Gemes Johns Hopkins Hospital

PHYSICAL MEDICINE & REHABILITATION

Sean Fox Stanford Health Care
 Hunter Goldsmith Casa Colina Hospital (Riverside, Calif.)
 Carly Watson Virginia Commonwealth University

PLASTIC SURGERY

Lauren Okamoto University Hospital-Columbia (Columbia, Mo.)

PRIMARY MEDICINE

Brad Fiske UCLA Medical Center

PSYCHIATRY

Victor Abraham N.Y. Presbyterian Hospital-Columbia University Medical Center
 Emily Bennett University of Rochester/Strong Memorial
 Ashta Birgy University of Michigan Hospitals
 Madeline Fritz Chittineni University of Minnesota Medical School
 James Contompasis University of Vermont Medical Center
 Isaac de La Bruere Boston University Medical Center
 Evan Gaston Yale/New Haven Hospital
 Stellar Levy ISMMS Mount Sinai Hospital (New York City)
 Julia Purks University of Chicago Medical Center

TRANSITIONAL YEAR

Emily Oliver Naval Medical Center (San Diego, Calif.)

VASCULAR SURGERY

Caitlin Dowling Zucker School of Medicine (New Hyde Park, N.Y.)

Case in Point

A PIECE OF THE DAILY PROFESSIONAL LIFE OF AN
EARLY UVM M.D. GRADUATE

OBJECT LESSON

The physician's bag has been a staple artifact and image in the profession since ancient times. Hippocrates himself, in his fourth century B.C. essay, "On Decorum," admonished the prospective practitioner to "see that you have a second physician's case, of simpler make, that you can carry in your hands when on a journey." Just such a case was the one shown at right, which belonged to one of the first graduates of the University of Vermont College of Medicine, Dr. Jesse Haven Foster. Dr. Foster was born in Hanover, N.H., in 1801, and received his first medical training at the side of physicians in the New Hampshire towns of Sutton and Warner. He finished his course of studies in December 1824, and practiced in Vermont's Orange County until the late 1830s when, like many Vermonters of that time, he headed west. He served patients in the Libertyville, Ill., region for several decades and was an acquaintance of Abraham Lincoln. After his retirement in the 1870s, he returned east to New England. This bag was donated to the college in 2022 by Dr. Foster's great-great-great granddaughter, Deborah Richmond Foulkes.



Dr. Jesse Haven Foster's bag, and a photograph of the doctor as he appeared late in life in the *History of Sutton, New Hampshire*.



FIRST TAKE

With local hospitals expanding, and funded research on the rise, Dean George Wolfe, M.D., in 1955 began an effort to increase both the size of the college's student body and the breadth of its research programs. To accomplish this, an entirely new medical campus would replace the 1905 structure at Pearl and Prospect streets. Setting their sights on acreage on the eastern edge of campus, adjacent to the then Mary Fletcher Hospital, the New York firm of Skidmore, Owings and Merrill, in partnership with Burlington's Freeman French Freeman architects, in 1956 presented a design (left) for a six-story building. The concept got the ball rolling on planning and fundraising, even though the final building would be vastly different in design. Leading the design team was Ruth Reynolds Freeman, a pioneering female architect whose work is reflected in many other structures in the Burlington area.

ALUMNI JUMP-START

By the late 1950s, alumni of the college had risen to the fundraising challenge in a remarkable way. Out of 1500 living alumni in 1957, nearly 800 contributed toward the project, with the oldest donor being a member of the Class of 1895. As the building effort was divided into three distinct phases, it was decided to name the first completed phase the Medical Alumni Building in honor of the efforts of the college's graduates. In 1957, architect's plans had refined a bit, with an extended structure, including open courtyards, planned to connect with the six-story main building. This model of the concept showed the double-courtyard two-story structure that would become the Medical Alumni Building. The rest of the plan would be significantly changed.



NOT ALWAYS A GIVEN

BY ED NEUERT

TODAY, THE GIVEN BUILDING lies surrounded by later additions, but when it opened in 1968, it was a pristine example of International Style architecture, a clean-lined modern facility designed for the Space Age. More than 60 years later, its architectural style is somewhat hidden behind several newer connecting buildings, but its importance to daily life at the Larner College of Medicine continues unchanged.



THE BIG PUSH

With this 1964 multi-page report, "A Commitment That Can Be Fulfilled," the College of Medicine Building Fund made its case to potential donors to finish the project. By that time, phases I and II, the Medical Alumni Building and the adjacent Medical Sciences Building (later incorporated into the northern wing of Given) had been completed. "Now the urgency to progress to Phase III is dictated by the nation's demands for more doctors, more medical skills, more knowledge, and better service," said the report.

The project had hefty fundraising goals. More than a million dollars had been raised from alumni, but the project needed more than an additional \$7 million to be completed. Through the early years of the

1960s, funding was secured from a combination of gifts and grants from business, industry, the federal government, and foundations—the largest of the latter category being a grant from the Given Foundation.



PIECE BY PIECE

Over the course of the late 1950s, the plan for the complex changed from a rectangular, six-story structure to a combination of a two-story Medical Alumni Building, linked to a larger, four-story, squarish building containing extensive wet labs, administrative offices, lecture halls and a large auditorium, as well as a cafeteria, lounge spaces, and a large open-air courtyard. A medical library was funded by a grant from the Charles A. Dana Foundation. Dana built a fortune in the auto parts business, and funded numerous medical-related projects, including Boston's Dana-Farber Cancer Institute. The Given Building's Carpenter Auditorium was funded by a gift from Harlow Carpenter, co-founder of the Sugarbush ski resort.

The project came together in phases, linked to its supportive fundraising. The photos at left show the progression from empty lot in 1957, to the completed Medical Alumni Building in 1959. Next, a portion of what would become the north side of Given was completed in 1962, and temporarily named the Medical Sciences Building. In 1965, with all funds in hand, ground was broken on the rest of the project, and Given was finally occupied in the autumn of 1968. Three significant buildings were dedicated on the same October day: Given, UVM's new Marsh Life Sciences Building, and the Medical Center Hospital of Vermont's Baird Wing. The college's magazine, then called *Hall A*, dedicated its entire fall issue that year to photos of the new building and the arduous task of the "big move," as the college transferred in a matter of weeks from its old home across campus.



The color architect's rendering above shows Given as it existed in its pure International Style upon completion. In just a few years, new structures would connect on several sides: first the Rowell Building on the west, then, in 1999-2000, the Health Science Research Facility to the south. Finally, in 2005, the Medical Education Pavilion and the new medical library wing would connect the north side of the building to the medical center. The Medical Alumni Building was demolished to make way for this latter project.

What lies ahead? Given will undoubtedly remain the heart of medical campus; but as with most aging hearts, some surgical renewal is in order. Plans are now being formulated to renovate much of the building, including its roof, windows, and mechanical systems. **VM**

SECRET SAUCE

A little-known fact is that there may never have been a Given Building if, in 1869, a 24-year-old Pittsburgh, Pa. businessman, Henry J. Heinz, had not formed a company to sell pickles and condiments. By 1875, his "57 varieties" included Heinz Ketchup, and the business flourished. Decades later, Heinz's daughter, Irene Heinz Given, and her husband, John LaPorte Given, formed a foundation to channel their fortune toward the support of medical science. The Given Foundation's \$2 million donation in 1965 (equivalent to about \$20 million today) closed a significant fundraising gap and made the project's

completion possible, a fact recognized by the naming of the complex. (The building was initially called the "Given Memorial Building," but "memorial" was soon dropped from its formal name.)



Greta Spottswood, M.D.'11, M.P.H., at Community Health Centers in Burlington, where she is medical program director of the Vermont Child Psychiatry Access Program.



safer Care

A MEDICAL ALUM WORKS WITH PARTNERS ACROSS VERMONT AND THE NATION TO HELP PRIMARY CARE PHYSICIANS DELIVER YOUNG PEOPLE THE PSYCHIATRIC CARE THEY NEED.

BY JENNIFER NACHBUR

While public awareness about the current mental health crisis among U.S. youth has increased during the pandemic, many people still lack an understanding of the challenges of accessing and delivering appropriate psychiatric care for young people. Chief among the hurdles faced by patients and their families is access to trained child and adolescent psychiatry clinicians, due to a longstanding workforce shortage in the field.

According to a January 2021 article in *Pediatrics*, a 2019 study found that “thirty-six states have fewer than 10 child psychiatrists per 100,000 children, with only 3.3 child psychiatrists per 100,000 in the most extreme case.”

“People were dealing with problems like poverty, food insecurity, domestic violence, poorly resourced schools before the pandemic,” says psychiatrist Greta Spottswood, M.D., M.P.H., a Class of 2011 alum of the

University of Vermont Larner College of Medicine. “[These issues] ballooned during the pandemic, and at the same time, the workforce shrank,” she notes.

Spottswood, who joined Vermont’s Community Health Centers (CHC) in 2017, started her career in Boston, where she completed a general psychiatry residency and fellowship in child and adolescent psychiatry at the Cambridge Health Alliance—a health system widely recognized for its innovative approaches

and dedication to providing equity and excellence. Equity and population health has long been a priority for Spottswood. As a medical student, she both worked in the UVM Children's Hospital's New American Clinic and co-led a New Hampshire/Vermont Schweitzer Fellows project focused on developing curriculum to enhance patient-centered care for LGBTQ patients of all ages.

ESTABLISHING A SYSTEM TO GET MENTAL HEALTH CARE TO THE CHILDREN WHO NEED IT

While in Boston, Spottswood recognized that there would never be enough child/adolescent psychiatrists to meet patients' needs working within standard systems. This led her to seek ways for child psychiatrists to extend their expertise to help more children, which included supporting primary care providers and models for delivering integrated care at the clinic level.

For the first couple of years after coming to CHC, Spottswood provided psychiatric care alongside primary care providers in the clinic, which she says she loved and where she learned a lot. She admits, however, "The current system underserves the patient. My wait list was six months for a follow-up appointment, and that's not safe care." She set out to identify where gaps existed both at her clinic and across the state and looked at how other states were addressing the issue, with a goal of finding a program that provided equitable access to primary care providers across the state. "I knew there was a big need for primary care providers working rurally," she says.

The January 2021 *Pediatrics* article strongly supported the implementation of Child Psychiatry Access Programs (CPAPs) as an innovative model to help primary care pediatricians provide more robust mental health care, and concluded, "The existing data and anecdotal evidence indicate that CPAPs are an effective strategy for leveraging the existing workforce of child psychiatrists [to] help more children."

Vermont was one of only a handful of states without a CPAP, so Spottswood helped launch an effort to get one established. She received private funding through the Vermont Community Foundation to start the process. Then she connected with the Vermont Department of Mental Health (DMH), the Division of Maternal and Child Health in Vermont's Department of Health (DoH), UVM's Vermont Child Health Improvement Program (VCHIP), UVM Medical Center, and designated agencies like Howard Center and Northeast Kingdom Human Services to gather recommendations for Vermont's CPAP. She also checked in with patients and families, reviewed the existing literature, and learned from what other states

are providing to confirm that such a program would be helpful.

She worked with Vermont DMH, DoH, and VCHIP to help Vermont obtain a Health Resources and Services Administration (HRSA) Pediatric Mental Health Access Care grant, which was offered to states trying to start or expand child psychiatry services to improve accessibility.

Vermont received the HRSA grant—some to fund the CPAP and some for other initiatives—and DMH announced the launch of VTCPAP in June 2022. The program, for which any Vermont primary care provider (PCP) serving children and adolescents 21 and under is eligible to register free of charge, provides telephone consultation service to assist PCPs with diagnosis, medication management, psychotherapy recommendations, and community-based referrals.

The timing of the program has been critical, given the rise in child and adolescent mental health issues since the onset of the COVID-19 pandemic.

"The uphill battle around social determinants of health for families during the pandemic became even more challenging," Spottswood says, citing the example of the increase in domestic violence. "Kids couldn't go to school and had to stay home. Things continue to be hard at school, and there is still illness and increased absences. We've learned from schools that many kids came back [to school] with signs and symptoms of trauma."

VERMONT'S CHILD PSYCHIATRY ACCESS PROGRAM

CHC, which hosts Spottswood and the VTCPAP system, "really plays a key role," says Spottswood. "As a federally qualified health center, they immediately recognized the need and went above and beyond to host a statewide program."

More than 200 telephone consultations have been provided through VTCPAP since mid-June 2022. The phone line, which is staffed every weekday from 9 a.m. to 3 p.m., features liaison coordinators who are licensed clinical social workers. They take the initial calls from PCPs, provide resource information, and answer some clinical questions to ensure kids receive targeted care that day or week, instead of just waiting for a specialist. When needed, liaison coordinators immediately refer questions to child psychiatrists.

UVM Medical Center funds staff to provide consultation services on Mondays, and is supporting clinic-level coordinated care. The UVM Medical Center VTCPAP team now proactively reaches out to PCPs with patients on their waiting list, to help with treatment

"Being able to pick up the phone and contact the CPAP child psychiatrist... can make all the difference in enabling that clinician to better handle a mental health issue."

— LEWIS FIRST, M.D.,
PROFESSOR AND CHAIR OF
PEDIATRICS AND CHIEF OF UVM
CHILDREN'S HOSPITAL



Greta Spottswood, M.D.'11, M.P.H., in her VTCPAP office at Burlington's Community Health Centers.

"As a system, it's trying to develop a playbook that gives people some answers," says Vana. "We want to support them, give them the best guidance possible." The PCPs consistently express gratitude for having immediate access to a psychiatrist's expertise and available resources for treatment planning from the liaison coordinators, he adds.

Lewis First, M.D., professor and chair of pediatrics and chief of UVM Children's Hospital, says, "The creation of the Vermont Child Psychiatry Access Program has made a real difference in improving the access pediatric clinicians have to a child psychiatrist. Being able to pick up the phone and contact the CPAP child psychiatrist at the end of the line for consultative advice can make all the difference in enabling that clinician to better handle a mental health issue with a patient and family rather than have that situation escalate because of a lack of access."

ADVOCATING FOR BETTER MENTAL HEALTH CARE FOR VERMONT'S KIDS IN THE FUTURE

Spottswood describes her role as "helping a PCP sort out, diagnostically, what is going on, and then making a plan." She notes that, "As kids grow, more becomes clear about their symptoms and environment." The PCP partners are already providing recommendations for things like summer camps and food security in order to support parents, she explains. Together, the psychiatrist and PCP can discuss situations in which the parent could benefit from therapy and provide a safer caregiving environment. One key component of Vermont's CPAP, she emphasizes, is the role of the clinical social worker liaison coordinators.

"Greta and I have a lot of the same priorities—we're advocating for these kids in Vermont who are struggling," says Vana. "I'm grateful to her for the work she did to make this program possible."

In the future, Spottswood says, she and many state partners hope all primary care clinics will have some aspects of integrated care, such as behavioral health care coordinators, who can follow up with patients and review the list of needs with PCPs. She also has a goal to help more remote clinics across the state have equitable access to child psychiatry and mental health care for higher acuity patients.

"I love this field because improvements happen via coordination across hospitals and agencies," says Spottswood. "Vermonters all win when we have cohesive mental health care for kids and families." VM

planning. In addition, a number of subcontracts help round out the child psychiatrist team, one of whom is George "Bud" Vana, M.D., a Class of 2014 Larner College of Medicine alum who provides remote consultative services two days per week from his home in Arizona. Vana is a triple-board physician, with credentials in adult psychiatry, child psychiatry, and pediatrics. He also provides remote services to the Bellingham, Washington-based Lummi Nation.

A Vermont native, Vana connected with Spottswood after learning about her efforts to launch VTCPAP. "Vermont is the context I know for kids and youth and a community and group of people I desperately want to help," he says. "Both Greta and I are passionate about access," says Vana, who also serves as a volunteer faculty member of the University of Washington Department of Psychiatry & Behavioral Sciences.

Vana says he "works the 'phone lines'" on Thursdays and Fridays for VTCPAP and is always ready for a telehealth call to come through to his home office, which features several computer monitors. He works with a social worker who triages the call with the PCP and determines how urgent the case is, gathers information from the PCP, and then advises Vana when the provider would like a callback.

When Vana speaks with the PCP, he first confirms the patient information, and then provides guidance on the diagnosis, as well as treatment, medications, and what to tell the family. The interactions last about 5 to 15 minutes, he explains, and sometimes include discussion about additional children on the PCP's patient panel with mental health needs. After the call, the social worker sends an email to the PCP and directs them to targeted tools for future use.



First

Sunil "Sunny" Eappen,
M.D., M.B.A.

View

AN INTERVIEW WITH UVM HEALTH NETWORK'S
PRESIDENT AND CEO, SUNIL EAPPEN, M.D., M.B.A.

PHOTOGRAPHS BY RYAN MERCER

Sunil "Sunny" Eappen, M.D., M.B.A., has hit the ground running since taking over as the UVM Health Network's president and CEO on November 28, 2022. He brings to the Health Network decades of experience as a physician, educator and administrator. Dr. Eappen most recently served as chief medical officer of Brigham and Women's Hospital in Boston, where he also was interim president in 2021. He previously held key leadership positions at Massachusetts Eye and Ear and was an associate professor of anesthesia at Harvard Medical School. In late winter, Dr. Eappen took a few moments to reflect on his career, the state of academic medicine and his vision for the Health Network.

What led you to this health system, and this region?

SE: I was excited by the opportunity to do something I really believe in, which is the idea that Vermont is espousing: providing medical coverage for everyone in the state, and delivering equitable care that's high quality while reducing the cost. The opportunity to do that as a model for the whole country was really inspiring and intriguing for me. Having that be centered on the University of Vermont Medical Center, which has a great reputation, added to the appeal. I'd been at UVMMC to lecture a couple of times and traveled throughout Vermont over the last 30 years, and I knew what a beautiful place it is. All of those pieces compelled me to look a little further, and the more I learned about the health system, both in Vermont and Northern New York, the more interested I became.

What have been your major priorities since starting this job?

SE: My biggest priorities initially were to visit all of our sites—each of our Network's six hospitals, along with our Home Health & Hospice—and really listen to folks to hear their concerns and the challenges we've had. The big concern we're taking on right now is the financial situation that has impacted health care providers all over the country, with

the very high cost of temporary workforce and inflationary pressures, while reimbursements haven't kept pace.

Other issues include the challenges of recruitment, along with challenges in housing and child care, which add an additional burden on recruitment. And for our communities, the issues around patient access have really been front and center. All of these challenges are connected, and they exist not only for our Network, but throughout the state. These feel like the most pressing problems we're taking on right now, while we also pursue our underlying goal and mission of, how do we provide equitable, high-quality care to everyone, and do it in a way that is value-based, cost-efficient and sustainable for the long run.

You've talked about being a "servant leader"—what does that mean to you?

SE: It means I help everyone around me succeed, and that's how I succeed as a leader. A big part of that is transparency and honesty, and creating a safe place for conversation and sharing ideas. When we do that, we can make decisions that are not about us, but about the people we serve. It should always come down to, what's the best thing to do for our patients?

Why did you pursue medicine as a career, and how has it led you to where you are today?

SE: My dad is a pediatrician, so the idea of medicine was always in the back of my mind. But I really went into college fighting it. I was a math and computer science major. I made a late decision to take the MCATs and go to medical school, and I've never regretted it. I went to the University of Chicago and chose anesthesiology with the idea of being an intensivist in critical care. But I found that I really enjoyed anesthesia, specifically OB anesthesia, and went down that path.

Initially, I thought I was going to be an academic anesthesiologist, and I spent the first three years after I finished residency in a basic science lab. I realized that wasn't the life for me. And yet, I could still have a very academic career, which involved teaching medical students, training residents and moving into a more administrative role in an academic environment, which involved interacting with and understanding that whole world—while still delivering clinical care. There are many ways to be an academic physician: You can start on one path and end up on another, and still be happy and content and successful.

Can you talk about the importance of academic medicine, and how you see it benefitting patients and providers across the UVM Health Network?

SE: I'm completely committed to, and appreciate the value of, medical student and resident/fellow education. It really enhances the quality of the clinicians we have, and provides a pipeline of residents, and then faculty and clinicians, who want to live here and stay in the community. The opportunity to do research just makes us better and makes us stronger. It makes us more innovative and creative for our patients, so we're right on the cutting edge. It allows us to have training programs, allows us to recruit and bring really high-quality folks here to take care of our patients. We have an incredible network of opportunity for this to happen, and I don't think we've fully realized the potential of that by utilizing our entire health system, in Vermont and Northern New York.

When you think about the partnership between the UVM Health Network and the University of Vermont, including the Larner College of Medicine and the College of Nursing and Health Sciences, how do you see those continuing to evolve?

SE: I think the partnership and the relationship between the Network and these organizations is just going to become closer and even more important. There's an incredible need right now, in this region and across the whole country, for physicians, nurses and many other providers and support staff. We're working hard, within our health system, on innovative ways to recruit and retain the workforce we need to serve our patients. This goes beyond competitive wages and bonus packages, to things like developing education

and training programs; expanding remote and hybrid work where we can; and investing in housing initiatives for our employees. But we're not going to solve the workforce issue on our own. We're so fortunate, as a health care system, to have close ties to academic institutions, and I know Deans Rick Page and Noma Anderson, and all the faculty at both colleges, share our commitment to training the next generation of talented, committed health care providers.

You've said it's important to take care of the 'whole community.' How can health care providers make progress on persistent social problems, and how does academic medicine fit in?

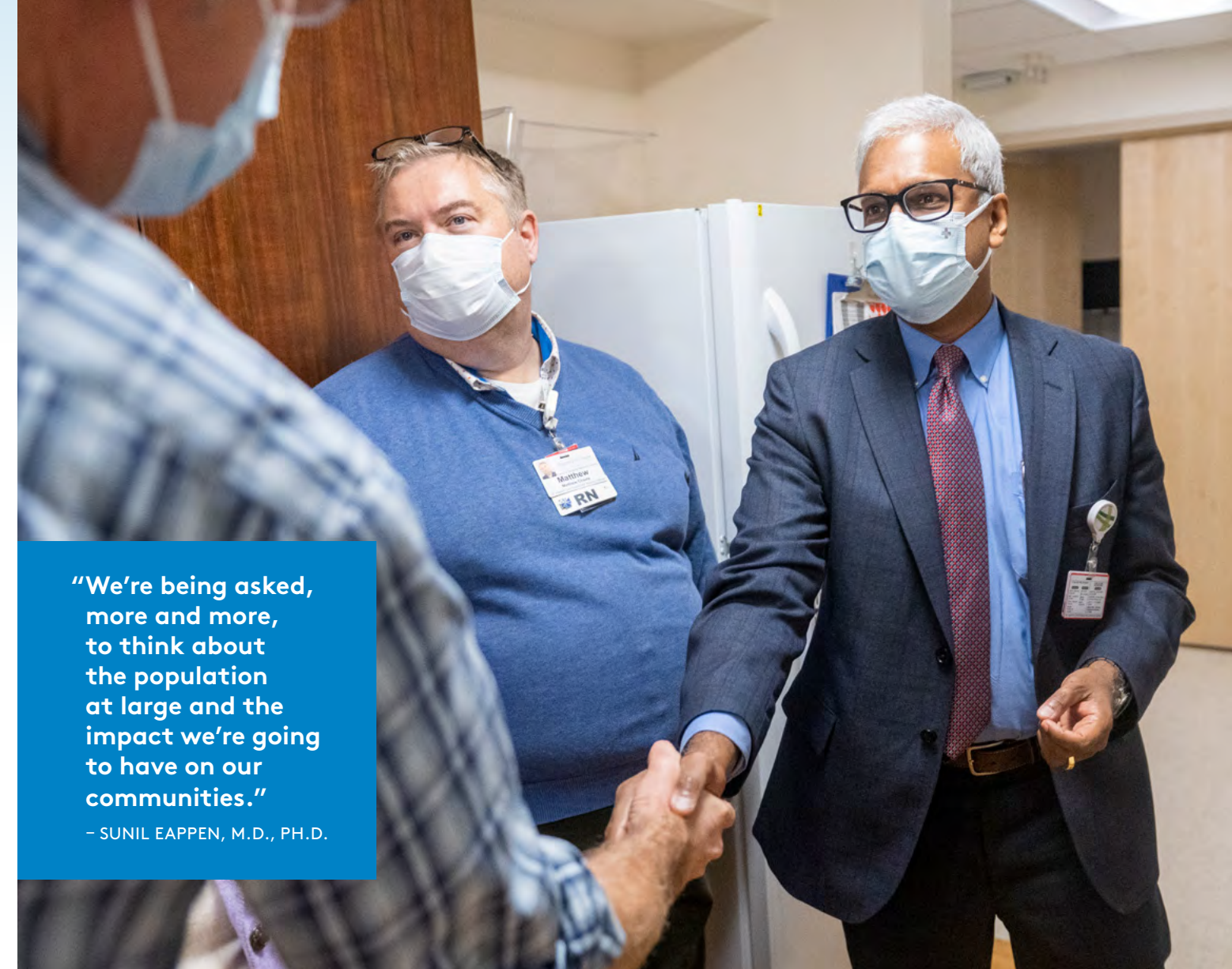
SE: The traditional concept of being a physician or clinician is taking care of the illnesses that are in front of you and ending it there. And we've realized that, in order to keep our patients healthy, we have to have a much more holistic view of what their lives are like. So things like food insecurity and homelessness, or racial inequity in the way we deliver care, or poverty in the way it impacts access, all of those factors play such an incredible role in the health of that particular patient and the population we're dealing with. It means we need to understand the support structures that exist in our communities; what role we can play directly, to help patients access that support; and how we can act as real advocates in our community to our legislators and regulators, talking about the importance of those social determinants of health.

We're being asked, more and more, to think about the population at large and the impact we're going to have on our communities. So education in public health, as part of medical education, is critically important. As we move to population health and value-based care, as we are in Vermont, there's such a great opportunity for our students and residents to take advantage of that education that's happening here. We're ahead of the curve.

What's your vision for the future of the UVM Health Network, and what needs to happen next?

SE: I hope patient access becomes a non-existing issue that we would be looking back on. That means people get the care they need, when they need it and where they need it—the most appropriate place—and we've figured that out, across our Network and across Vermont. That includes a strong, statewide system of inpatient and outpatient mental health care, and our Network can play a leading, coordinating role in that. And it means we would have a National Cancer Institute-designated program that offers the very best comprehensive cancer care.

I want to see the idea of digital health become more of a reality, so we actually have a virtual hospital, or virtual care platform. So that might mean you'll go to our website, and it's there. If you need to schedule an appointment with your doctor, you'll do it online. If you need to do virtual consultation



"We're being asked, more and more, to think about the population at large and the impact we're going to have on our communities."

– SUNIL EAPPEN, M.D., PH.D.

Dr. Eappen meets with staff members on his initial tour of the seven facilities in the UVM Health Network.

with your primary care doctor or specialist, it will be there—you'll be able to do it easily. Also, I believe we need to make hospital at home, where you recover or get care in your home instead of coming to the hospital, a normal part of the spectrum of care that we deliver and our patients expect.

We need our measures of the quality of care and inequity to become really clear and transparent, so we have a very tangible measure of how good our quality is, and can identify where we have challenges in the equity space, in terms of access to and delivery of care. And then we can see tangible results in the improvement of quality and elimination of the inequity that we know exists.

Internally for our Network, our goal is that our patients are getting state-of-the-art care in the best facilities possible, in an environment that maximizes their healing. That, to me, means private rooms for our inpatients. There isn't overcrowding in our emergency rooms. We have the right technology,

whether it's in the operating room, endoscopy centers or in our radiology suites.

Another goal is for our workforce to be content in their employment and in the work they're doing. We don't have a shortage, because people love to work here—that's the dream of where we would be. Part of it is the environment we create, where you can be your true self in your place of work. It's inclusive, so you know you're going to be welcome, and your ideas are going to be welcome. It doesn't mean we reach consensus on everything, but that everyone feels heard and respected.

We've got so many challenges right now, but we're going to get beyond this. It's absolutely necessary that we pursue our long-term vision, because it's the right thing to do for our patients and communities. All of these things are essential to being a provider of great health care, now and for the long run. And that's what we want to be. **VM**

Join Dean Rick Page and Dr. Eappen for a live Zoom interview and Q&A session on "Off the Charts," presented at noon on June 7, 2023. Details at med.uvm.edu/alumni/off_the_charts

THE WILDERNESS
MEDICINE ELECTIVE GETS
FOURTH-YEAR STUDENTS
OUTDOORS, AND INTO A
DIFFERENT MINDSET.

INTO THE Woods

BY JANET ESSMAN FRANZ



“REMEMBER THE VIEW, AND BREATHE,” Sarah Schlein, M.D. '10, advised her student, Nina Feinberg '23, as Feinberg prepared to descend a steep rock face in Vermont's West Bolton woods. Clutching the rope clipped to her waist harness, Feinberg took a deep breath and backed down the crag, with fellow medical students cheering her on. After a few hesitant steps, she looked around:

“OKAY, I'M FINE, IT'S REALLY PRETTY.”

Rappelling and rock climbing are among the range of activities that fourth-year medical students participate in during a two-week elective course in Wilderness Medicine. The intensive curriculum takes students out of the hospital and into the woods, lakes and mountains. Developed and led by Schlein, associate professor of emergency medicine and fellowship director for the UVM Health Network Wilderness Medicine Fellowship, the course provides an opportunity to focus on both the content and problem-solving of caring for patients in remote environments. Chance Sullivan, M.D., clinical instructor for emergency medicine and a Wilderness Medicine Fellow, also instructs the course.

“We put people in scenarios, and we talk about what happens. Not just about the medical parts, but about the communication, leadership, and where things break down. The goal is to make mistakes and learn from each other,” said Schlein.

The students spend each day of the course outdoors, learning and practicing skills for rescuing people from drowning, diving accidents, altitude sickness, hypothermia, crush injuries, and suspension trauma. They kayak and canoe at Waterbury Reservoir, hike Mount Mansfield, and camp overnight in backcountry woods. They also train with New York State forest rangers in the Adirondack high peaks, learning about mountaintop rescues and how to properly hoist people into a helicopter. In a winter version of the course that was offered for the first time this January, students worked in the Mt. Mansfield State Forest with members of Stowe Mountain Rescue and experienced backcountry snow sports, ice climbing and winter camping while learning how to use avalanche beacons, start fires in the snow, and treat frostbite and ski injuries.

Feinberg took the course because she enjoys spending time outdoors and the challenge of trying new things, which she hopes to apply to her career as an obstetrician-gynecologist. “I love the idea of being a doctor

without being in a hospital,” she said. “My dream is to work part time in a hospital and part time on expedition, helping people who want to be outside. For example, I could work at a research base in Alaska, or on hiking trips in the Grand Canyon specifically for women. It would be cool to be the doctor on board.”

Kyle Kellett '23 feels at home in wilderness settings: He rock climbs recreationally and serves on the Colchester Technical Rescue dive team. He enjoys helping others conquer their fears in the water, on the mountain and in the preoperative unit. As a future doctor, he plans to focus on anesthesia: “It's hands-on, fast paced, high stakes medicine. I also love the people interaction part. Surgery is a scary thing for people coming into the hospital. I like being the last face they see, talking them off the ledge, giving them some comfort.”

The opportunity to use problem-solving skills and think quickly in an austere environment attracted Megan Eubank '23 to the Wilderness Medicine course, along with the adrenaline-inducing thrill that comes with rappelling and climbing. As a future doctor, she plans to pursue a career in emergency medicine. “I really like the variety of patients, the pacing, and the idea of not knowing what you're walking into each day. Every day is different, so you never get bored,” she said.

The Wilderness Medicine Course challenges students in ways they are not typically challenged in their coursework or clinical rotations. They learn fundamentals of rural emergency care and build critical skills for saving lives in stressful situations without resources and support.

“For the past three to four years, we have learned how to care for patients in a hospital setting, with equipment and resources. Now, we are applying what we have been learning in an austere setting, where we don't have the support and tools you have in a hospital,” said Zachary Osborn '23.

In one rescue scenario, the students encounter a rock climber who fell to the



WE PUT PEOPLE IN SCENARIOS, AND WE TALK ABOUT WHAT HAPPENS. NOT JUST ABOUT THE MEDICAL PARTS, BUT ABOUT THE COMMUNICATION, LEADERSHIP, AND WHERE THINGS BREAK DOWN.

— SARAH SCHLEIN, M.D. '10



ground and is pinned down by a car-sized boulder on his legs. The role-player, Bill McSalis, a nurse in the UVM Medical Center Emergency Department, feigned shock and pain as moulage blood ran down his limbs. Nearby, his climbing partner, played by KC Collier, M.D., a resident in the emergency medicine department, hung suspended by a rappel rope and pretended to feel leg numbness before losing consciousness. The students debated how to move the boulder and whether to lower the suspension victim to the ground. They checked vital signs, looked for head and spine injuries, treated shock and gave fluids.

Schlein, pretending to be an emergency responder with the Colchester Rescue, asked the students who was in charge and what was happening.

Afterward, the students, role players, and faculty talked about what happened and how it went. In the debrief, Schlein asked them to ponder potential complications from crush injuries, such as rhabdomyolysis, which occurs when damaged muscle tissue releases its proteins and electrolytes into the blood. She quizzed the students on the reasons a person might faint while hooked up to a harness, and they discussed treatments for suspension syndrome, when a rapid drop in blood pressure results in a sudden loss of consciousness. They talked over how they could give fluids and deal with hyperkalemia or hypocalcemia in the wilderness,

and they considered how they worked together to care for the patients, what went well, and how they could improve their responses.

“Your roles were so clear. You worked well as a team,” Schlein said. “You were kind with the patients, and you didn't get distracted by the situation. It was fun to watch.”

“I felt supported by my team,” said Alex Cohen '23, who took on the role of leader for the scenario. “I had so many things going through my brain: I have to manage things, think about safety, make sure everyone has their helmets on. We had some differences of opinion about whether to lower KC to the ground, and whether to move her. I thought we managed conflict well.”

Gaining confidence to take charge and make quick, life-saving decisions is at the heart of wilderness medicine training, and that was Schlein's intention when she launched the first course in 2018.

“Working in the Emergency Department, I saw a need for our students to find their voices as leaders at the head of the bed,” Schlein said. “In a few short months they will be doctors. On an airplane, at a park or a hike, when something happens, eyes will turn to them. I want our course graduates to not only have medical knowledge but an approach and mindset to have the situational awareness to take the medical lead in those situations.”

Participating in outdoor recreation with comrades provides students an interval of relief amid a trying time in their academic journey. During the fourth year of medical school, Larner students participate in required acting internships in internal medicine, surgery subspecialties and emergency medicine. They spend summer preparing for and complete Step 2 of the United States Medical Licensing Examination and apply for residency match programs. In their final months, they engage in additional specialty training, teaching practicums or scholarly research, and additional electives of interest.

“This is a stressful time during medical school. Our residency applications are due in two weeks, and most of us spent summer doing Step 2, away rotations and getting letters of recommendation [for residency match programs],” said Osborn. “Spending time in the woods with my friends is a chance to take a deep breath at the end of a tough summer.” **VM**

See videos of rappelling and mock rescues at: med.uvm.edu/vtmedicine/web-extras

Something to Remember

A MEDICAL SCHOOL WAS A SIGHT TO SEE AND REMEMBER

**OBJECT
 LESSON**

Some small indicators of the important place the College of Medicine has held in daily life in the Burlington area, even from the earliest days of the 20th century, are the number of souvenir items from that time that occasionally show up in local antique shops and the listings of eBay. In the early 1900s, the university was a much smaller place, with a student body totaling only about 250 students, and visitors to Burlington would often stop to take in the sight of the imposing medical college that fronted on the north side of the University Green. A few examples of keepsakes from that time include a paperweight showing the college's 1884-1903 home at Pearl and Prospect Streets, in a mansion renovated by Burlington philanthropist John Purple Howard; a small decorative salt cellar for table use, with a depiction of the "new" college of 1905; and just a couple examples of the dozens of postcards produced from the 1890s to 1950s that depicted the college.



A salt cellar showing the "new" college building, circa 1905.



A College of Medicine souvenir paperweight, postcards, and photo-book from the early 1900s.

I feel very fortunate that, as a faculty member at the UVM Larner College of Medicine, I have been able to watch Match Day from the periphery, as our fourth-year medical students very publicly learn where the next big chapter of their medical careers will unfold. This year I had the added privilege, as the representative of all Larner alums, of being onstage in the College's Hoehl Gallery to shake hands and congratulate each student. Even more special—this year's celebration was the first since 2019 to take place in-person on our beautiful medical campus!

It was a joyous event, fueled by the nervous energy of over a hundred Class of 2023 members eager to open their envelopes from the National Resident Matching Program—I could see every shaking hand from behind the podium where each student opened their envelope. The nervousness was understandable, but I was glad to see that once again our medical alma mater has produced a group of new physicians who are going on to serve patients both here in Vermont and in stellar residency programs across the nation. I hope you will review the Match List, and please reach out to the alumni relations office to help connect you to new alumni moving to your area. I know they would appreciate sitting down for coffee with you.

In conjunction with this event was our special Bicentennial Match Challenge. A very generous donor came forward earlier this year to help us create a wonderful matching gift opportunity to recognize this milestone in our students' lives, and to celebrate that the Class of 2023 commencement this May will be the 200th anniversary of the College's first graduation of M.D.s in 1823. I'm happy to report that over \$295,000 was raised as of this magazine's press date to support Larner students. Thanks to all generous donors who helped to demonstrate the power of our 5,000-person alumni community.

Our senior students weren't the only ones moving on this semester. In January Cristin Gildea departed as Executive Director of Alumni Relations at the College. Cristin was a passionate and impactful alumni relations leader here for over 15 years. Her dedication to the medical school and our alumni has been instrumental in building the strong culture of connection and gratitude that is reflected in our consistently high level of philanthropic support from medical alumni. Whether connecting students with alumni, managing our alumni executive committee, identifying alumni interested in contributing, celebrating our M.D. and Ph.D. alumni through our awards program, organizing reunion and many other events, or evolving our alumni association to be more diverse and inclusive of our Ph.D. and M.S. graduate alumni, Cristin has been a champion of and for our alumni, and she built key relationships that will benefit the College and UVM for decades to come. I know you all will join me in wishing Cristin all the best as she pursues the next chapter of her professional life.

As usual, spring is a time for rebirth and new adventures. Thanks in large part to the support of our dedicated alumni, I know that our Larner College of Medicine will continue to grow and evolve in the coming years and continue to fulfill its missions of education, research, and patient care. Happy 200th to all of us!

PRESIDENT'S CORNER



Mary Cushman, M.D.'89, M.Sc.
President, University of Vermont Larner College of Medicine Alumni Association

✉ mary.cushman@med.uvm.edu
🐦 @MaryCushmanMD



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Ginger Lubkowitz, UVM Foundation

STAY CONNECTED!

UVM Connect allows graduates across the University to join groups based on interests or affinity. There's a UVM Larner College of Medicine specific networking area you may find very valuable. Stay connected at:

uvmconnect.org

CLASS NOTES

1970s

REUNION 2023: 1973 + 1978

'73 **Jim Betts** writes: "It is just before Christmas '22 as I pen this note. Covid, RSV, and the flu are coalescing, and many adults and my pediatric patients are contracting one or more of these viruses. We are all masked in the hospital, and I choose to be masked elsewhere unless I'm in an outside environment. I'm entering my fourth decade of pediatric surgical practice at UCSF Children's Hospital Oakland, Calif. Although in California for longer than anywhere else, my true home is Vermont. My 50th medical school reunion is in '23, our undergrad 55th in '24, and Bennington High School 60th in '25, if my math is correct. UVM undergrad and medical school would not have been possible without almost total financial support with working as an RA for

three years in the dorms, and needs scholarships. A majority of all students at UVM receive some form of assistance. Over these past decades the campus has grown significantly. For those who have not returned in a while, allocate some time to visit. The Alumni House is magnificent and a great place to begin your personal reunion with our alma mater. If you have not done so in the past, please consider a charitable donation to a program, college, bricks and mortar, athletic team, or an unrestricted gift. I look forward to seeing many of you during our reunions over the next three years.

'74 **James F. Howard** writes: "After three years of phased retirement, I have taken a part time (74%; 60-70 hour/week) position within the Department of Neurology to direct the Myasthenia Gravis Clinical Trials and Translational Research Unit. Two more drugs at the FDA awaiting approval!

Jeryl stays very busy seeing a full schedule of patients in her Developmental and Behavioral Pediatric and Child Psychiatry practices in West Palm Beach and Virginia with no indication of slowing down.

Drs. Kershner, two of the several medical couples who met at UVM's College of Medicine, celebrated their 42nd wedding anniversary in June. This spring 2023, during the bicentennial of the College, they plan on celebrating the next generation of graduating physicians who will be walking across the stage at Ira Allen Chapel just as they did 43 years ago, by hooding their niece, Elena Danksy, M.D., Class of 2023.

'83 **Stephen Russell Payne's** new novel, *You Were Always There*, was published in 2022 by Cedar Ledge Publishing, and is available via Amazon.com and through stephenrussellpayne.com. Reviewing the book in January, *Seven Days*, the Vermont weekly newspaper, called it "a tale of love lost and found," and said Payne "gives the genre a distinctive Northeast Kingdom spin, paying tribute to real local musicians, such as Dave Rowell, and celebrating their grit and gusto."

1980s

REUNION 2023: 1983 + 1988

'80 **Robert M. Kershner and Jeryl Danksy Kershner** write: "Retirement? What's that? After three-decades leading a successful Ophthalmology practice, Robert set out to build the nation's foremost accredited Ophthalmic Medical Technology degree-granting training program in Palm Beach, Florida which has graduated more than 140 Certified Ophthalmic Medical Technologists (COMTs) who went on to practices throughout the country, in over 20 countries, and as the leading source of techs to the Bascom Palmer Eye Institute.

Leaving the program in the capable hands of the faculty that he had recruited the time had come to move on to the next chapter. Robert is continuing to consult for his global Eye Laser Consulting practice, and now spends more time with their two daughters and two granddaughters at homes in Florida, Maine and Virginia. When he can entice his wife, Jeryl, away from her three practices, they travel, bike, golf and kayak.

1990s

REUNION 2023: 1993 + 1998

'90 **Francis Nolan** has published *ED Doc's Family Adventures in Australia and New Zealand*. This e-book is the engaging story of Dr. Nolan's six-year family odyssey traveling from New York, USA to living, and his working in emergency medicine, "down under" in Australia and New Zealand. If you've ever dreamed of leaving your current life and career far behind, and risking it all for just such a dramatic sea change, this is the story for you!

UVM CONTINUING MEDICAL AND INTERPROFESSIONAL EDUCATION

VERMONT GERIATRICS CONFERENCE
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DIABETES 2023: UPDATES ON MANAGEMENT AND TREATMENT
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49TH ANNUAL FAMILY MEDICINE COURSE AND PRE-CONFERENCE WORKSHOP
June 5-9, 2023 • DoubleTree by Hilton Hotel • Burlington, Vt.

STEM CELLS, CELL THERAPIES, AND BIOENGINEERING IN LUNG BIOLOGY AND DISEASES
July 17-20, 2023 • UVM Davis Center • Burlington, Vt.

CONFERENCES ARE PLANNED FOR IN-PERSON, SUBJECT TO CHANGE

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ALUM KELLY MCQUEEN, M.D. FOSTERS GLOBAL SERVICE CAREERS

“I grew up with what I call wanderer parents,” said **Kelly McQueen, M.D. '91**. They “traveled a lot and exposed us early on to the needs of people around the world. It greatly informed my decision to go to medical school.”

No global health program existed at UVM when McQueen arrived in 1987, but she articulated her interest widely. Her pediatrics professor and mentor, the late Jerold Lucey, M.D., answered the call.

“Jerry sent me to a Catholic mission in San José de Ocoa, Dominican Republic,” recalls McQueen. “I think he saw me as a conduit of help for the priest and the five nuns and saw them as a conduit of experience for me. When I got back, Jerry said, ‘Okay, well, did you get that out of your system?’ and I said, ‘This is what I’m going to do with my life.’”

True to her word, McQueen’s medical career has been a hybrid of U.S.-based academic medicine and global health—primarily in sub-Saharan Africa, where her contributions have evolved from patient care to building infrastructure and expertise among village clinicians and caregivers to research on global anesthesia, unmet surgical needs, and workforce crises in low-income countries. Her findings have led to the establishment of best-practice standards for anesthesia delivery in humanitarian settings worldwide. McQueen is the Ralph M. Waters Distinguished Chair in Anesthesiology at the University of Wisconsin School of Medicine and Public Health and a leader in global anesthesia and surgery communities. In 2016, the Larner College of Medicine Alumni Association recognized her with its Service to Medicine and Community Award.

McQueen recently established the Kelly McQueen, M.D. '91, Endowment for Global Health Education to support international clinical rotations for Larner medical students and the Global Health Program curriculum.

“I want to encourage interested students to explore global health as a potential career path and provide resources that will allow them to focus on the needs of the people they are serving rather than on how they’re going to manage financially. Global health work has for me been life-changing.”



NEW LEADERSHIP

This past fall, **Ginger Lubkowitz**, who has been a part of the academic health sciences team for more than 20 years, was appointed Chief Development Officer.

“After conducting a national search, we believe that Ginger’s experience, knowledge, talent and commitment make her the best person to lead and advance the comprehensive, collaborative development work of the health network, the UVM Larner College of Medicine and the UVM College of Nursing and Health Sciences,” said Monica Delisa, president and CEO of the University of Vermont Foundation, and John R. Brumsted, M.D., then president and CEO of the University of Vermont Health Network, in a joint statement.

Lukowitz had served in the leadership role on an interim basis since the departure of her predecessor, Kevin McAteer, in January 2021. During her time at UVM she has played a key role in fundraising campaigns for a number of major initiatives including the Miller Building at UVM Medical Center; scholarship support for medical and nursing students; the Move Mountains Campaign; and the Firestone Medical Research Building. She also worked with Robert and Helen Larner on their donations to UVM medical education, culminating in their 2016 naming gift for the medical school.



Professor Bruce Tranmer, M.D.

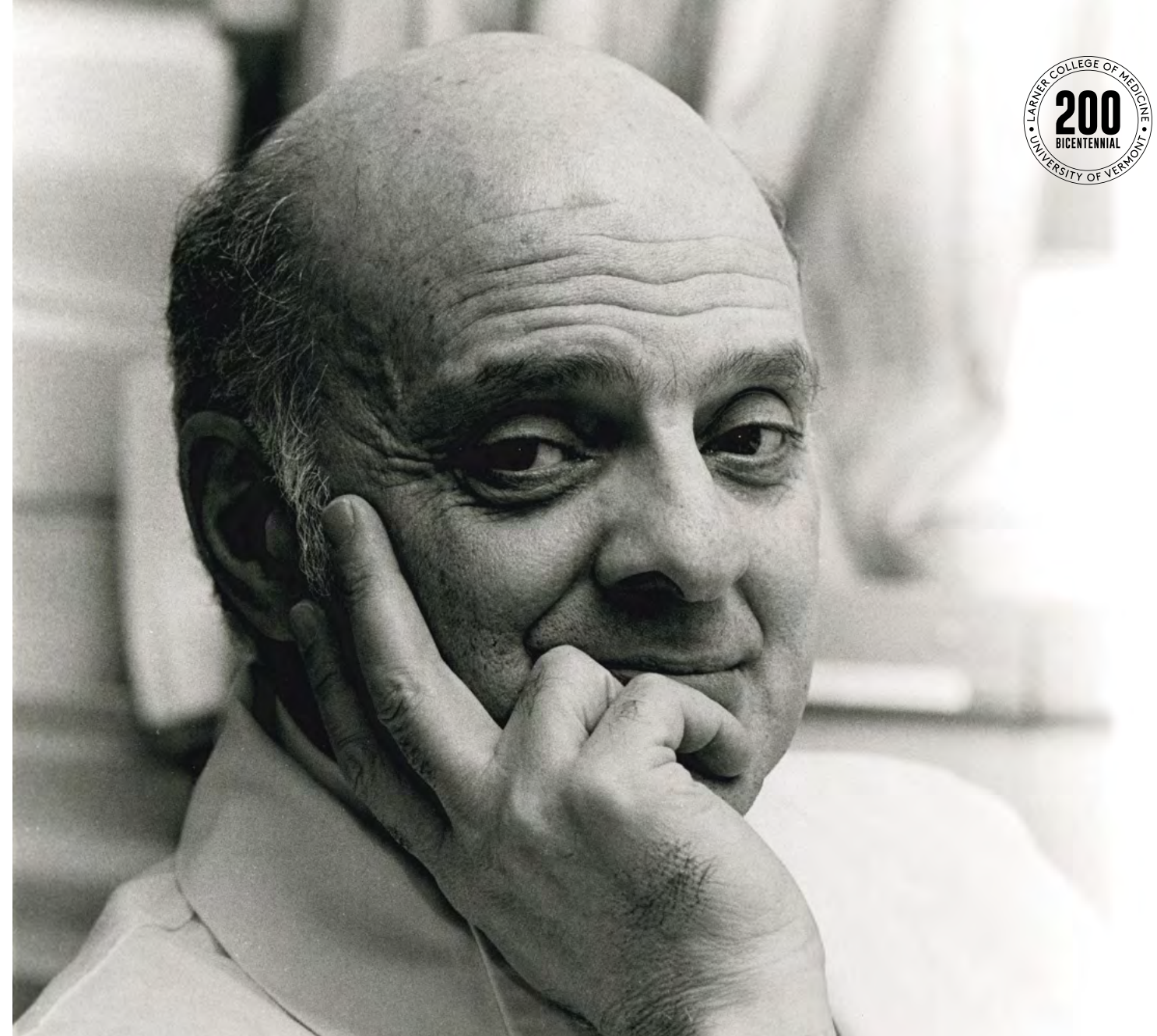
TRANMER INVESTED AS INAUGURAL DONAGHY PROFESSOR OF NEUROSURGERY

In a formal ceremony held December 5, 2022, at the University of Vermont’s Larner College of Medicine, Professor of Surgery **Bruce Tranmer, M.D.**, was invested as the inaugural Raymond M. P. Donaghy Professor of Neurosurgery. Tranmer is also chief of the Division of Neurosurgery at UVM and the UVM Medical Center.

Made possible through a fund created by the Pizzagalli Foundation, this endowed professorship honors the life and accomplishments of the late Raymond M. P. “Pete” Donaghy, M.D.'36, a UVM professor emeritus of neurosurgery and former director of neurosurgical research. The aim of the fund is to support the continuation of Donaghy’s legacy of excellence in training of neurosurgeons and outstanding patient care.



The University of Vermont
Larner College of Medicine
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Leader for the Long Run

JOHN TAMPAS, M.D. '54

IN THE SEVEN DECADES since his graduation from UVM’s College of Medicine, John Tampas, M.D.'54 has quite possibly been the most active and engaged member of the alumni community. An esteemed radiologist, a valued teacher and chair of the UVM Department of Radiology for a quarter of a century during the 1970s, 80s and 90s, Dr. Tampas has long been recognized for his commitment to medicine and the community, a commitment recognized in 1995 by the UVM Medical Alumni Association’s highest award, the A. Bradley Soule Award. Receiving the Soule Award was particularly meaningful for Dr. Tampas, since Dr. Soule was both his predecessor as chair, and his mentor through medical school and beyond. Now long in retirement, Dr. Tampas continues to serve as executive secretary of the Larner College of Medicine Alumni Association.



Save the Date!



 **REUNION 2023**
LARNER COLLEGE OF MEDICINE
OCTOBER 13-15

Celebrate on campus!

We are thrilled to welcome you back to the campus where your medical career began for the Larner College of Medicine Reunion 2023. You'll be able to take part in a full slate of activities, catch up with old friends, and get a taste of what life is like for today's medical students.

Oh, and need we add: the best fall foliage in the world!

Learn more at med.uvm.edu/alumni/reunion


**ALUMNI
VIGNETTE**

A Vermont Pioneer

HARRIET DUSTAN, M.D. '44

DR. HARRIET DUSTAN received a bachelor's degree from UVM in 1938 and her M.D. from this College of Medicine in 1944, when she was one of only two women in her medical class. During a career that took her to Montreal, the Cleveland Clinic, and the University of Alabama, Dustan built her reputation as a national figure in cardiology. Among her many national positions and honors: first female president of the national American Heart Association; editor of the journal *Hypertension* (a recognition of her groundbreaking research work on high blood pressure); first female member of the American Board of Internal Medicine Board of Governors; and first female regent of the American College of Physicians, the latter of which granted her the honor of Mastership in 1977. In 1990 she retired to Vermont, the state that had been her family's home since the 1790s when her paternal great-great-grandfather, Ebenezer Crafts, settled the town of Craftsbury. Dr. Dustan died in 1999 and was buried in the graveyard near Craftsbury Common.

The endowed scholarship established in Dr. Dustan's name is awarded to a medical student each year, further honoring her record of excellence, professionalism, and dedication to her community.

'51 Frances Phillips Conklin, M.D.

Dr. Conklin died at her home in Cranston, R.I., on December 20, 2022. Born in 1924, she was raised in Milford, Penn. She received a degree in zoology, then earned a degree in physical therapy from Harvard University, and spent a year in Cape Girardeau, Mo., treating polio patients before coming to UVM. She completed an internship at Santa Barbara Cottage Hospital and a residency in radiology at the University of Minnesota, followed by a fellowship at Temple University in radiation oncology. She moved to Cranston in 1956 and began her medical career at Miriam Hospital and then Rhode Island Hospital, where she started the radiation therapy department. She later transitioned to private practice.

'54 Lucien Joseph Côté

Dr. Côté, a resident of Tuxedo Park, N.Y., died December 21, 2022. He was 94 years old, and was born in Angers, Quebec, Canada. He was an emeritus professor of neurology at the Columbia University Medical Center in New York City. He was recognized for a career spanning 60 years, during which he demonstrated an outstanding commitment to patient care and research. A genetics research program at the Parkinson's Disease Foundation is named in his honor. He was honored by the Parkinson's Disease Foundation in May 2014 with its Lifetime Achievement Award at its annual gala at The Plaza Hotel in New York City. "The most important thing I do as a doctor," he said when the award was announced, "is to really take the time to listen."

'55 Robert Theodore Silvery

Dr. Silvery died on June 4, 2022, at the Chelsea Soldiers Home in Massachusetts, where he had lived for the past three years. He was 94. He served in the U.S. Air Force during the Vietnam War, then practiced medicine as a general practitioner in the Townsend-Groton, Mass., area. He completed his career as an emergency room doctor at the former Choate Hospital in Woburn, Mass.

'62 David Stuart Chase

Dr. Chase died September 11, 2022. He was most recently a resident of Shelburne, Vt. He was born in 1936 in Tuscaloosa, Al., and was raised in Lancaster, N.H. He received his B.A. from UVM in

1958 followed by his M.D. in 1962.

After completion of his surgical internship at the Upstate Medical Center in Syracuse, N.Y., he served as a Lieutenant in the United States Navy for two years. He completed his ophthalmology residency at Indiana University School of Medicine in 1968. Dr. Chase established a solo medical practice in Burlington, Vt. in 1968. He retired in 2003.

'62 Theodore James Hallee

Dr. Hallee died at Maine Medical Center in Portland on Oct. 5, 2022, from a head injury. He studied chemical engineering at Bowdoin College and MIT, then set his sights on becoming a doctor and came to UVM, where he also began his career in the U.S. Army. He completed his internship and residency at Fort Lewis, Wash., before moving back to Maine where he worked at Maine Medical Center and was a founding member of an internal medicine practice. He completed another year of residency while at Maine Medical Center and became a nephrologist. His career in the army lasted over 20 years, and he rose to the rank of lieutenant colonel.

'62 Ruth Andrea Seeler

Dr. Seeler died on October 14, 2022 at Illinois Masonic Hospital, Chicago, after a lingering illness. She was born in New York City and graduated Phi Beta Kappa and with honors from UVM in 1958. She was the only woman in her graduating medical class of 1962. She completed her internship and pediatrics residency at Bronx Municipal Hospital, N.Y., followed by a fellowship in pediatric hematology/oncology at the University of Illinois Chicago Medical College. In May 2022, the UIC Department of Pediatrics established the Dr. Ruth A. Seeler Educator of the Year Award, honoring her almost five decades as an educator. Dr. Seeler was instrumental in establishing Camp Warren Jyrch for Illinois boys with hemophilia. She served on the board of the UVM Foundation Leadership Council and was president of the Medical Alumni Association from 2006 to 2010. She was awarded the College's Service to Medicine and Community Award in 1996 and the A. Bradley Soule Award in 2007.

'62 Lewis M. Slater

Dr. Slater died in New Jersey on August 21, 2022, at the age of 85. He was a former professor of medicine and pathology in the Department of Medicine at the University of California-Irvine School of Medicine (UCI). After receiving his UVM medical degree, he completed his internship at the U.S. Public Health Service Hospital in Staten Island, followed by a residency in internal medicine at the Upstate Medical Center in Syracuse. Dr. Slater also completed a fellowship in hematology/oncology at the University of Rochester College of Medicine & Dentistry in Rochester, N.Y. He then worked as a clinical associate in the United States Public Health Service at the Baltimore Cancer Research Center, followed by a faculty appointment at Columbia University College of Physicians and Surgeons. He joined UCI in 1975 as a physician-scientist and served as a practicing hematology/oncology sub-specialist and ran an active research laboratory. He co-founded what would eventually become the Division of Hematology/Oncology in the UCI Department of Medicine.

'68 Joseph E. Godard

Dr. Godard died at his home in New Smyrna Beach, Fla., on September 2, 2022. He was 80 years old. He was born in Clinton, Mass., and received his undergraduate degree from Brown University. After earning his M.D., he completed his internship at Cook County Hospital in Chicago, Ill., and a radiology residency at the Medical College of Wisconsin in Milwaukee. After completing two years of U.S. Navy service, he completed his residency at the Orlando Naval Hospital. He moved to New Smyrna Beach in 1974. He worked for 22 years at Fish Memorial Hospital.

'75 James Wilder Cummins

Dr. Cummins died October 21, 2022, at age 74. Born in Belvidere, Illinois, he graduated from Boston College in 1969, before earning his M.D. at UVM. He eventually settled to practice neurology at Twin Tier Neurological Associates in Elmira, N.Y. for over 35 years. He went to New Zealand for three months as a *locum tenens* and then retired to South Carolina. Health concerns ultimately brought him back to New York where he resided for the last year-and-a-half. Among Dr. Cummins's survivors are his son, Andrew Cummins, M.D.'06.

'82 Stephanie Ines Pazienza

Dr. Pazienza died January 6, 2014 in her home in Norwalk, Conn. She was 57 years old. Born in Munich, Germany, she spent her childhood years in Rhode Island and graduated from Providence College in 1978. After medical school she completed her internship and residency in diagnostic radiology at Virginia Mason Medical Center, Seattle, Wash., and a fellowship at New England Deaconess Hospital, Boston, Mass., she settled into hospital-based private practice in Willimantic, Conn.

'97 John P. Goldblatt, M.D.

Dr. Goldblatt died suddenly on January 23, 2023. He was 56. He was born in Rochester, N.Y., and earned a bachelor's degree in mechanical engineering from the University of Pennsylvania. With a job at IBM, he began a new chapter in Burlington, Vt. Eventually he heeded the call to medicine and "retired" from IBM to attend medical school. He then completed general surgery and orthopaedic surgery residencies at the University of Rochester Medical Center (URMC), then a sports medicine fellowship at Tufts University-New England Medical Center. He joined the URMC faculty in 2003.

'16 Caitlin J. McFarland

Dr. McFarland, a psychiatrist dedicated to mental health education and advocacy, died in an automobile collision on December 7, 2022. She was 35 and lived in Baltimore City, Md. Dr. McFarland was born and raised in western New York and graduated from Roberts Wesleyan College. She spent a few years as a researcher at UVM before beginning her medical education. She completed her psychiatry residency at the Johns Hopkins School of Medicine and was awarded the Frank L. Coulson Jr. Award for Clinical Excellence. At the time of her death, Dr. McFarland served as the director of behavioral health and psychiatry at the West Cecil Health Clinic in Conowingo, Md. She was also an instructor at the Sex and Gender Clinic at the Johns Hopkins University. She planned to join the Hopkins full-time faculty in July as director of an outpatient clinic focused on transgender mental health care.



**NOVEMBER 3, 2022
3:50 P.M.**

Medical student Em Battle '25 (right) observes as Ashley Anderson, R.N., cares for a patient at the University of Vermont Medical Center. Battle is among the Class of 2025 medical students participating in nurse-shadowing, which takes place during the advocacy module in the Professionalism, Communication and Reflection course.

PHOTO: ANDY DUBACK

VERMONT MEDICINE

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14 Not Always a Given

Now in its seventh decade, the nucleus of the UVM medical campus was more than ten years in the making.



22 First View

An interview with UVM Health Network's president and CEO, Sunil Eappen, M.D., M.B.A.



26 Into the Woods

Wilderness Medicine elective gets fourth-year students outdoors, and into a different mindset.