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# Family Medicine Reporter



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A Publication of the Department of Family Medicine, University of Vermont College of Medicine  
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Peni Saulnier, Editor  
*Fall 2009*

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## *Mt. Mansfield*

"Even if something is left undone, everyone must take time to sit still and watch the leaves turn."

*- Elizabeth Lawrence*



Photo by Kathryn Beaudry

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### Chair's Message

Dear Family Medicine Colleagues,

Very recently the Department received the news that our residency program had been awarded a full, five year Re-accreditation status. This is the highest level of confidence from the Accreditation Council for Graduate Medical Education (ACGME) that a program may receive, and the third consecutive time that we have achieved that status. Behind that recognition is a year-long process of self-study, curriculum analysis and improvement, and ultimately an extensive report preparation – all prior to a full day site visit.

This recognition started me thinking about the significant educational elements that have endured over the years. First and foremost there is a required commitment to a continuity practice for each resident. Family medicine training is based on the ideals of caring for individuals and families over time. Our residents each typically have several continuity clinics per week, and achieve over 1650 visits with outpatients over the span of the residency. Secondly there is focus on breadth, understanding that family physicians provide a wide variety of services in the community. The requirements for maternity care training, surgical subspecialty training,

behavioral medicine, musculoskeletal training, and minor procedure training are examples of this. Our residents are trained on almost every inpatient service in the hospital, and still maintain a dedicated family medicine inpatient service. With all of these activities, I am continually amazed that our residents still have time for community medicine, but they do energetically provide medical-related education, development, and service to their practice community every year.

More recently, evolution in curriculum planning, mentoring, and evaluation has greatly improved our ability to certify what each resident has accomplished, and how prepared they will be to enter practice. The Accreditation Council for Graduate Medical Education requires that we tailor curriculum and provide regular feedback to residents so that they are successful in the pillars of medical education: Professionalism, Medical Knowledge, Practice-based Learning and Improvement, Systems-based Practice, and Patient Care. By knowing a resident's progress in each of these areas, we are able to tailor curriculum and learning strategies to help them achieve each appropriate milestone.

Clearly and perhaps unique to family medicine is the significant intersection of resident training and the opportunity to learn from practicing role models on the faculty and in community practices, to observe what works, and to enable each resident to establish their own effective approach to patient care. This enables our graduates to confidently step into practice in your communities.

Our high level of teamwork is a major reason why we have been a successful residency program since 1972, now one of the oldest programs in the country. Congratulations and thank you to our residency staff, our residents, our residency faculty, and community physicians and providers who support our program! Best wishes for the fall season.

Tom Peterson, MD  
Interim Chair



To hear what residency graduate Jessica Rouse, MD, has to say about [Resident duty hours: Does more sleep mean safer care?](http://www.ama-assn.org/amednews/2009/10/05/prsa1005.htm#), go to American Medical News at <http://www.ama-assn.org/amednews/2009/10/05/prsa1005.htm#>.

The search committee for the Chair and Physician Leader of Family Medicine has been approved by the Provost. We want to thank all of the individuals who have agreed to serve and dedicate their time to the recruitment of a Chair and Physician Leader for the department.

The Committee had its first meeting on September 28, and will be working diligently to engage many faculty in the process. One of the key steps in a search is the identification of individuals who should be invited to consider the opportunities. It is through personal relationships around the nation that we can succeed in this effort, and we encourage you to forward names of strong potential candidates to the search committee through Ms. Linda Thatcher at [Linda.Thatcher@uvm.edu](mailto:Linda.Thatcher@uvm.edu) or to the Search Committee Chair Dr. John Brumsted at [John.Brumsted@vtmednet.org](mailto:John.Brumsted@vtmednet.org).

You will also have the opportunity to engage with individuals as they visit the campus and share your feedback with the search committee. As the process moves forward there will be regular updates and significant opportunities for participation.

This search is critical to the long term success of the department and the academic medical center, and we greatly appreciate your time and effort in identifying the best possible candidates for this position.

#### Family Medicine Search Committee

- Chair: John R. Brumsted, M.D., Fletcher Allen Chief Quality Officer/Professor of Obstetrics, Gynecology and Reproductive Sciences
- Allyson Bolduc, M.D., Clinical Associate Professor of Family Medicine

- Brian Flynn, Sc.D., Research Professor of Family Medicine
- Joseph Haddock, M.D., Clinical Associate Professor of Family Medicine & Medicine
- Craig Jones, M.D., Director VT Blueprint for Health
- Charles MacLean, M.D., Professor of Medicine
- Allan Ramsay, M.D., Professor of Family Medicine
- David Schneider, M.D., Professor of Medicine
- Judy Shaw, Ed.D., Research Associate Professor of Pediatrics
- Norman R. Ward, M.D., Associate Professor of Family Medicine
- Linda Thatcher, Staff to Committee

*Allan Ramsay, M.D.*  
Professor of Family Medicine

*Allyson Bolduc, M.D.*  
Clinical Associate Professor  
of Family Medicine

*Norman R. Ward, M.D.*  
Associate Professor  
of Family Medicine

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### Residency Program News

The Residency Program is gearing up for yet another interview season. Based on feedback received from last year's interviews, we have decided to make some changes. We will be interviewing on Mondays and Wednesdays and starting our days with either Family Medicine Grand Rounds or Education Sessions. We hope to involve more faculty with the Grand Rounds and allow informal meeting time as well. We are hoping for another successful Match Day in March, where we will welcome the class of 2013!

The Graduate Medical Education Office has purchased a new Residency Management Suite called New Innovations. This new system replaces MyEvaluations and Angel and houses Duty Hours recording, Schedules (both individual residents as well as conference schedules for Grand Rounds and Education Sessions), and Procedure Logging and Evaluations. New Innovations was implemented in July 2009 so we are still learning the functionality. Overall, we have received positive feedback and are anxious to see all it can do!

The Accreditation Council of Graduate Medical Education Residency Review Committee (ACGME RRC) has awarded our program a five year, maximum length, accreditation following its June 2009 review and site visit. This is a strong outside objective endorsement of the quality of our residency program. Congratulations Team!!!

#### Hail and Farewell

Hail and Farewell was held June 14<sup>th</sup> at the Burlington Country Club on a beautiful summer evening. The attendees gathered on the patio overlooking the golf course, enjoyed delicious food, welcomed the new residents, and bid a fond farewell to the five graduates. There was a surprise visit from our former chair, J. Fogarty, who was visiting Vermont and playing a round of golf. These awards were presented during the program:

- 2009 Faculty Teacher of the Year Award: Chosen by residents and presented to *Laura McCray, MD*
- 2009 Resident Teacher of the Year Award: Presented to *Angela Gatzke-Plamann, MD*
- Resident Appreciation Award - *Jennifer Willingham, MD*
- Gold Star - *Jessica Rouse, MD*
- Good Egg - *Tom Peterson, MD*, presented by *David Little, MD*
- In recognition of her ten years with the Department, *Tom Peterson* presented *Peni Saulnier* with a bouquet of beautiful white roses.

## Milton Family Practice and Community Medicine Future Focus Project

### Community Garden

This past summer we had a very active community garden. The garden is located to the left of the Milton Family Practice building. The garden is maintained by Lise Vance, Master Gardeners, Milton Youth, Milton Family Practice Residents, Milton Family Community Center, and members of the community.



### Predoctoral Education Programs

~ Martha Seagrave, PA-C

Summer is usually a quieter time but the activities of our Predoctoral team and the students we work with was anything but quiet. Fourth-year students were active doing underserved rotations in New Mexico and Washington, outpatient rotations in Indiana, Vermont, Massachusetts and Maine, in addition to completing the ever popular Acting Internship with *Dr. Koutras*, taking on new perspectives in *Chuck Hulse's* Ecosystem Change and Human Health course, and expanding their horizons in *Omar Khan's* Global Health course.

First-year students took their summer break to travel the globe, train alongside family doctors, do research and teach high school students—gathering skills and experience to enrich their training.

David Longstroth MSIV and Cortney Haynes MSIV attended the AAFP National Conference for Family Medicine Residents & Students and acted as our Vermont representatives at the Student Congress. They enjoyed meeting with other students and residents in family medicine.

We had a beautiful August evening for the annual Family Medicine Welcoming Picnic and the attendance was the largest ever with a wonderful mix of familiar faces from the preceding three years as well as an impressive showing of 1<sup>st</sup> years. We were delighted to have family members of all ages join in the celebration including Dr. John Koutras, a colleague from Child Psychiatry, demonstrating family medicine at its best. Doctors *Anya Koutras* and *Heather Stein* were enthusiastic and welcoming representatives for the department.

We just received notification that a HRSA grant proposal we contributed to, submitted by AHEC, has been accepted and we will begin the planning work immediately. This grant will allow us to develop a new clerkship site in Castleton, Vermont, and will support summer community medicine experiences for Foundations level students.

We continue to make plans for the March 2011 separation from Maine Medical Center and conversations continue with Eastern Maine Medical Center in Bangor as well as sites in Danbury, Connecticut and West Palm Beach, Florida. Nothing definite yet, but progress is being made.

Dr. William Jeffries joined the College of Medicine in August as the new Senior Associate Dean of Medical Education. Dr. Jeffries comes from Creighton University School of Medicine and we look forward to collaborating with him during this transition.

On October 1<sup>st</sup>, 2009, Dr. *David Little* will be moving on from his position as clerkship director in family medicine to allow time to do more of what attracted him to family medicine in the first place, direct teaching of students and residents and providing excellent patient care. This is not a small step as he has been the clerkship director since 1993. Under his leadership it has moved from a good idea to a required clerkship that is highly respected with consistently enviable student ratings. It is not uncommon to hear students say "I wish all clerkships were run like family medicine," and those compliments belong to Dr. Little. The broader COM clerkship group has benefited from his clear leadership, reasoned perspective, and exemplary developmental and organizational skills. It is a privilege to work with and learn from Dr. Little and it is with the greatest appreciation and admiration that we recognize his many contributions and accomplishments to date. Thankfully, this is NOT a retirement notice. Dr. Little will continue his mentorship with the Predoctoral and Clerkship teams, his national work with the Society of

Teachers of Family Medicine, and he will be expanding his positive impact and participation in the residency as well. Thank you David!

Dr. *Candace Fraser* will be our new clerkship director and brings with her more than 20 years of experience precepting medical students at Colchester Family Practice. She has been a terrific mentor, demonstrating, guiding, and encouraging students to do their best, and will bring this experience to lead the clerkship.

### Clerkship

- *David Little, MD*

On October 1, Dr. *Candy Fraser* will be assuming the role of Clerkship Director and I will be stepping down. Although I will continue to have a role in working with both medical students and community faculty, I want to take this opportunity to thank all of the family doctors in Vermont who have worked with me and, more importantly, with UVM students over these past 16 years. I value the relationships we have developed and salute you all for the commitments you have shown to training future physicians.

### FMIG

- *Eric Worthing, MSII*

The Family Medicine Interest Group (FMIG) is certainly off to a running start for the fall semester. During the first few weeks of classes, we enrolled 46 people in our group and student membership in the AAFP. Our annual introductory picnic was a huge success, drawing an attendance of well over 60 people. We gathered in Oakledge Park on a beautiful, late summer evening for some delicious food (including homemade desserts by your own FMIG leaders), fun and games, and most of all, good company. As always, the success of this event was due to the tireless efforts of *Martha Seagrave* and *Kathie Beaudry*.



Our plans for the fall include a repeat of the very successful Vital Signs Clinic to be held within the coming weeks. We are planning another Suturing Clinic for later in the fall as well as gearing up for National Primary Care Week 2009 which will be starting on October 19<sup>th</sup>. Some of our members will also be attending this year's Society of Teachers of Family Medicine and the Family Medicine Education Consortium conference in Rye Brook, New York.

Over the summer, the leaders of the FMIG stayed busy. In between taking time off and recuperating from our first year, most of us spent some time in preceptorships or working with the Vermont Area Health Education Center in various capacities.

For example, *Laura DePouli* participated in a two-week project focusing on the health care of elders in rural Vermont, working with family medicine physicians in Southern Vermont. “I spent one week working with Dr. Timothy Shafer at Grace Cottage Hospital (Townshend) and another week with Dr. Robert Tortolani at Brattleboro Memorial Hospital (Brattleboro). Throughout the two weeks, I gained valuable experience visiting patients in the hospital setting, nursing home, assisted living, family health clinics, and even in their homes. I found this to be a great way to become familiar with the state of health care in the geriatric population in Vermont; geriatric medicine truly requires an interdisciplinary approach, an exceptional health care team, and a willingness to adapt to the needs of individuals and their families.”

*Alex Fokl* went a little farther afield spending time at a family medicine clinic in Sangolqui, Ecuador (outside of Quito). “Ecuador was pretty enlightening. There is lots of chronic disease, very little money to pay for treatment, and generally, a very intense exposure to the difficulties of practicing good medicine in a third-world setting. However, I was able to perform exams, suggest tests, and get lots of feedback; I felt like I learned a lot.”

To read about Mary Ready, MD, and other family physicians in Vermont, go to <http://www.uvm.edu/~uvmpr/?Page=News&storyID=15015>

### Maine Medical Center FMIG

~ Vicki Hayes, MD

The MMC FMIG is up and running! A session was held in May to educate students about the residency application process. The early summer was devoted to identifying and organizing a core group of interested students to guide and shape the future of the MMC FMIG. Connections were made to colleagues at the University of New England College of Medicine, the Maine Track Tufts students, and to pre-med students in the local colleges and universities. A well-attended session was held in August, exploring the role of business in medicine. Opportunities in the near future include an evening meeting about international electives, a session devoted to the residency interviewing process, and a Career Fair to be attended by local high school juniors and seniors at which Family Medicine will staff an information booth.

### Student Awards Ceremony

May 14, 2009

*Virginia Van Duyne* was the recipient of: The Family Medicine John P. Fogarty Leadership Award; The Leonard Tow Humanism in Medicine Award presented by The Arnold P. Gold Foundation; The Wellness Award; and was elected to The Gold Humanism Honor Society.



*Masaru Furukawa* received The Edward E. Friedman Award for promise of excellence in the practice of Family Medicine.

*Jodi McQuillen Roque* was the recipient of: second place for The Charles



T. Schechtman, M.D. '26 Award for Clinical Excellence; The Phi Beta Kappa Award; The Dean William Eustis Brown Award for broad cultural interests and loyalty to the College of Medicine; and was elected to both The Alpha Omega Alpha Honor Medical Society and The Gold Humanism Honor Society.

*Robert Klein* received: The B. Albert Ring, M.D. Memorial Grant Award for best exemplifying compassion, humor, humility, devotion to family and friend, and intellectual curiosity in '05; and was elected to The Gold Humanism Honor Society.

*Katherine Costello* received The Lamb Fellowship Award for best exemplifying concern and care for the total patient, and was elected to The Gold Humanism Honor Society.

*James Huang* received The Dean William Eustis Brown Award for broad cultural interests and loyalty to the College of Medicine, and was elected to The Gold Humanism Honor Society.

*Matthew Sullivan* was elected to The Gold Humanism Honor Society.

### Family Medicine AI and Advanced Integration

~ *Anya Koutras, MD*

2009 has been busy with a steady stream of monthly AI students on the Family Medicine Service. This is likely a reflection of the overall interest in Family Medicine in the current 4th year medical student class. The feedback from students about the FMS has been consistently strong with praise (way to go UVM Family Medicine Residents and Faculty!). We're predicting to do as well, if not better, for the number of students choosing Family Medicine in the class of 2010. We'll find out this March!

In September, we had a panel of doctors participate in the "Careers in Medicine" for medical students to ask questions about Family Medicine as a specialty. On the panel were *Candy Fraser, David Little, Allyson Bolduc, Patti Fisher, Paul Reiss, Dan Goodyear, and Anya Koutras*. The students asked excellent questions and even surprised the panel with questions on Healthcare Reform. Also in September, we had an evening lecture and discussion (led by Anya Koutras) on the "Interview Process" to help prepare students interviewing this fall for a residency in Family Medicine.

There have been several 4th year students participating in elective Family Medicine away clerkships and statewide clerkships. There have also been a few students participating in international electives and reading electives in Family Medicine. And starting in January 2010, we have three students signed up for a new Breastfeeding Elective, designed by one of our 3rd year Family Medicine clerkship students last year!

### Underserved Rotation FM 1129

Orcas Island, Washington, May 2009

~ *Audrey Merriam, MSIV*

My rural family medicine rotation was on Orcas Island in the State of Washington's San Juan Islands. I spent my time working with Dr. Anthony Giefer at Orcas Medical Center. Orcas Medical Center (OMC) employs two full-time family physicians and two part-time PAs. On the island there are also two other family physicians and one pediatrician. Despite the relatively small size of OMC, the clinic was implementing an electronic medical records system while I was there. There is no hospital or emergency room on the island.

There are paramedics and one ambulance on the island that can respond to 911 calls. They are in touch with an emergency room physician on the mainland. The two physicians at OMC rotate coverage of call. Being on call consists of answering calls from patients and meeting patients at the office if the patient needs to be seen or if the paramedic brings a patient in that can be seen at the clinic as opposed to being flown off the island.



Dr. Giefer has been working on Orcas Island for four years. Prior to this he practiced in Minnesota for a number of years. While there he did a lot of obstetrics and his practice was primarily women and children. Since moving to the island, the patient population he is used to has changed to cover more geriatrics as the average age on the island is 56. Also, he can no longer do obstetric care or deliveries without a hospital on the island.

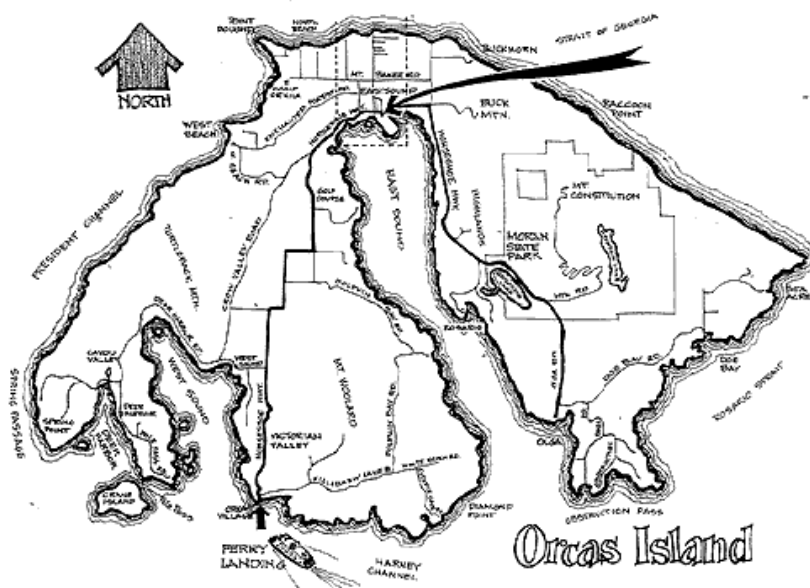
There are approximately 5,000 residents on the island year round. The island population drastically increases in the summer months and the clinic sees a lot of acute problems with the influx of tourists. The clinic is equipped with a two-bed "emergency room." Having this emergency room provided me with the chance to start IVs and to suture. There is also an x-ray machine in the clinic. The clinic does not have an onsite lab, which presents some problems for lab draws. The labs are flown off the island every weekday at 3:00 p.m. This means that CBCs,

blood and urine cultures need to be done prior to 2:45 p.m. every day. If a patient comes into the clinic requiring one of these tests after 2:45 p.m., he or she has to return the next morning so the lab can be obtained and flown off the island. Lab results come in overnight into the EMR system. A lab result that is very abnormal is called into the physician on call.

The socioeconomic status of people on the island varies greatly. There are many people on the island who are very wealthy. However, in order to keep the island running, there needs to be people who work service jobs, such as ferry employees, and doctors and school teachers who earn a more middle-class income. There are also many Mexican immigrants who work at the different farms on the island. The range of wealth on the island makes payment at the clinic interesting. There are many people on Medicare or with decent insurance that can pay for clinic visits. However, there are also people that get seen by the clinic who cannot afford to pay or do not have insurance. Luckily, a few wealthy people on the island are very generous. A fund for the uninsured has been set up by some benefactors for the clinic. This fund helps the uninsured pay for their medical care at the clinic. The money from this also pays for a translator to come to visits for patients who cannot speak English.

I was at the clinic during May, which is before tourist season really begins. Despite the lack of tourists, the year-round residents kept us busy. A portion of the patient population we saw were retirees who spent a few months away from the island in a warmer climate and were just returning to the island. These visits were usually a bit lengthier than the normal as we tried to gather the history of the past four to six months. The other complicating factor was that some of these patients considered a doctor at their other home as their primary care doctor. This made getting complete history and records difficult. Besides these patients we saw a range of 40-90 year olds usually with two or more chronic medical problems.

We did not see many children, primarily because there are not many children that live on the island. There is one public school and one private school that go through 12<sup>th</sup> grade. A fair number of children on the island are homeschooled. The number of children on the island increases in the summer along with the general population due to tourism and the presence of three summer camps for children on the island. Two of these camps utilize OMC for medical emergencies that happen to their campers.



One other interesting fact about the island population is that many of them practice alternative forms of medicine. There is a naturopath, multiple

acupuncturists, and herbalists on the island. One of the patients we saw was in her 50's, had recently been diagnosed with ovarian cancer and this was her first interaction with Western medicine. The tendency of patients to practice alternative forms of medicine made getting a medication history including herbs and supplements extremely important to ensure we would not cause any adverse drug interactions by adding a new drug.

Being on an island provided me the opportunity to deal with multiple issues that I had not run across before despite doing my family medicine clerkship in a rural location. Since there was no hospital on the island, we had to act for an urgent care center for our patients during the day and when we were on call. As a result of this I ended up doing a number of procedures including knee, shoulder, and wrist injections, skin biopsies, and freezing warts off. We had to know when we could appropriately treat the patient on the island and when the patient needed to be transported off the island. If the patient required transport off the island, the question then became what was

the best way to get the patient off the island. There was a ferry that ran to the mainland and we had the ability to get the person to the front of the ferry line for medical necessity. However, the ferry was not always direct to the mainland and usually it was over an hour ferry ride to the mainland followed by a 20 minute drive to the hospital. The ambulance could not take them because that would mean the one ambulance crew being off the island for three hours or more. The other alternative to the ferry was being flown off the island either in a helicopter or airplane. Many of the people on the island have medical flight insurance; however, if they do not then it becomes a very costly option.

Another difficulty of being on an island is the lack of resources. This makes things difficult for patients. We had to take that into consideration when scheduling tests and referrals that allowed our patients to make as few trips off the island as possible. When patients required referrals to specialists (e.g. orthopedists), we made sure they had all necessary tests (e.g. MRIs) prior to their first appointment with the specialist. This way they only had to leave the island twice, for the test and the referral appointment. Otherwise, they would potentially have to leave the island three or more times for the appointment, then the test, then the follow-up appointment with the specialist. Mammographies and colonoscopies were also done off island. Some of the hospitals would make special arrangements so if something was visualized on a mammogram, the patient could have a follow-up ultrasound on the same day.

After two years on the island, Dr. Giefer saw a need for a physician that could prescribe suboxone for patients addicted to opiates. He has approximately 30 patients that he prescribes suboxone for. He requires monthly visits from all of his suboxone patients. He is the only physician in the San Juan island chain that prescribes suboxone. His patients come from any of the four islands in the chain and some from the mainland. The monthly appointments are difficult for patients who need to take the ferry over. The appointments also turn out to be quite expensive with the ferry fee and paying for the suboxone, which can be quite expensive even with insurance.

The small population of the island allowed me to see many of my patients out of the office in social settings. Dr. Giefer is well liked among his patients. They frequently interact with him outside of the office and update him on their lives and medical problems that he has helped them with. It was interesting in social settings to see how freely some of his patients would offer up how their symptoms were improving or worsening. Dr. Giefer enjoyed hearing if the patients were getting better and how they were doing in issues besides their health. The patients I saw were very welcoming and glad to have me on the island. I also enjoyed the interactions with the patients outside of the office. These interactions made me feel more a part of the patients' lives and in certain cases helped me understand more about what brought them to the office in the first place.

The month on Orcas Island was a great experience. It allowed me to see a very different community from what I have worked with in the past. Working on an island also provided me an opportunity to experience rural medicine in a situation where transportation was a major issue. We had to carefully consider what patients we could safely treat and what patients needed more intensive care off the island. The lack of a hospital on the island allowed me to see issues that would have ended up in an ER or urgent care center in a more urban or suburban area. I really enjoyed the rural medicine experience I had on Orcas Island and will definitely consider a rural setting, although maybe not an island, for a future career.

Shiprock, New Mexico, June 2009

*~ Dung T. Huynh, MSIV*

Northern Navajo Medical Center: Where the Journey Begins. There are many forces that brought me here: previous status as a boat refugee; my personal experience with socioeconomic and healthcare disparities and unmet health needs; interest in advocating for disadvantaged communities; and improving cross-culture care. With the guidance and support of Drs. Cyr and Trowbridge, I found my way here.

The center has the largest Service Unit serving the Navajo Nation with about 55 beds. Approximately 45,500 Native Americans, mostly Navajos, utilize the services.

- Daily inpatient load: 40
- Daily outpatient load: averages 400 a day
- Annual OB cases: number 700-750

- Annual ER cases: averages 15,000-16,000
- Multiple field clinics open from 1-5 days per week, each are staffed by Shiprock physicians and nurses

Twice a week after work from 4-8 p.m., I boarded a NNMC van with six other nurses to volunteer for Just Move It (JMI) Free Health Screening. Started in 1993, JMI is a series of non-competitive runs and walks to help prevent growing rates of heart disease, diabetes, and obesity in



Native communities. Held in all 110 chapters and in 22 neighboring communities, it begins in May and ends in June. The big truck is our clinic.

Some lessons I learned on the reservation:

- Older tribal people prefer “American Indian”, and younger Native Americans preferred to be identified by their tribal name, “I am Navajo” or “I am Mohawk.”
- Previous cultural assimilation generated anger, scorn, and divisions between the “traditionals” and the “progressives.” Today most tribal people walk on the “Two Worlds” path.
- Spoken words are sacred—don’t break your word and don’t say you can do something unless you are certain you can do it.
- Some prefer clasping hands gently, and not shaking upon introduction.
- For some, time is relative—lateness to appointments is not a sign of disrespect. Other factors that have an impact on timeliness include lack of transportation.
- The spirit can be seen through the eyes, and staring can lead to someone gaining power over your spirit.
- For some, speaking indirectly about a certain issue or concern is preferred rather than speaking directly—for such directness is thought to be wishing something bad upon them, especially when discussing health risks.
- Substance abuse, particularly alcoholism, frequently is a factor associated with loss of personal or tribal identity, loss of culture and language, internalized grief, socioeconomic conditions such as unemployment, desolation, and lack of opportunity or resource.
- Establish your presence and build trust by doing other things in the community—be seen (i.e. volunteer at JMI).
- A gentle touch of the hands, smiles, and good words of encouragement are always welcome in most, if not all, interactions and exchanges.
- Head knowledge versus heart knowledge—use both. Facts and empathy. Skills and lessons from experience. Know the basics yet be open. Listen and learn.
- Information about cultures is not a “one size fits all” situation.



Dung (Zune) with a colleague

- Potential for stereotypes, assumptions, miscommunication, and frustrations are great in cross-culture medicine.
- Every patient is from a unique culture—ask, listen, and learn.
- My patients are my teachers.

Through working on a “free clinic” truck to provide health education and referrals for clients with at-risk screening results, I very quickly learned that cross-cultural medicine involves more than an understanding of cultural beliefs, traditions, languages, manners, and customs. I repeatedly experienced ease and trust between the patients and myself, the student doctor. I seized those opportune moments to reinforce positive health messages and empower the individuals toward making healthy life-style choices. At the core of our education, I believe that the most effective physicians are ones who guide patients to set their own goals within the context



of their circumstances and environmental conditions. My work on the reservation affirmed my natural gifts with people, and allowed me to see my passion for helping patients to discover their pace and place of healing. It was there on the reservation that I heard the call for Family Medicine most loud and clear. It was there that I was reminded of my own gifts and resiliency, the many personal, professional, and academic challenges I have overcome, and my continued drive to advocate for disadvantaged communities.

*All photos of Shiprock are courtesy of Kristin Tunney's father who is a local photographer and native of Shiprock. Kristin worked as an RN at NNMC.*

To read about family medicine medical student projects, go to <http://www.uvm.edu/~uvmpr/?Page=News&storyID=14959>

### Grants

The Boston Children’s Hospital grant received a no-cost extension through January 31, 2010.

### Research

~ Charles Hulse, PhD, MD

Joanna Conant, MS-3, presented a poster at the CDC conference on Public Health Information Networks. The poster was the result of collaboration with our friends from IBM (San Jose, CA) on modeling disease outbreaks in Vermont. The title of the poster was "Development and Utilization of a Spatial and Temporal Modeling System to Investigate Disease Outbreaks in Vermont." The poster won third prize in the poster contest (~70 entries). I owe a tremendous thanks to Joanna for all of her dedication and hard work on this project. And, this is the second award she has won related to this project -- the first was an award for the summer research project she did to get the modeling system off the ground. And, they said it couldn't be done....

The 35th Annual Family Medicine Review Course was held at the Sheraton Hotel and Conference Center from June 9-12, 2009. The 29.75 AAFP credit / 25.75 AMA credit, 3.5 day course was attended by 125 registrants and 15 guests. "Vermont Day" on Thursday, June 11th, was attended by 65 additional family physicians from around the state. The course faculty was drawn almost exclusively from Fletcher Allen Health Care / University of Vermont College of Medicine medical

staff, once again highlighting the incredible depth of talent at our institution. A presentation on the current H1N1 virus was added because of the timeliness of the topic. Dr. Christopher Grace gave a complete update and overview. Dr. *Allyson Bolduc* served as course director.

The 8<sup>th</sup> Annual Cultural Awareness Workshop, "Perspectives on Health Care Reform" was held on June 3, 2009. A total of 122 attendees participated in the half-day session. Topics included

"Health Care Reform in Vermont: A Historical Perspective" presented by James Hester of Health Care Reform VT; "Solving Health Care Problems on a Local Level" presented by Ken Libertoff of the Vermont Association for Mental Health; "Dear Mr. President...The Impact of Prevention and Primary Care on Health Outcomes" presented by resident Dr. *Angela Gatzke-Plamaan*; "The Medical Home: Overview of a Collaborative Health Care Model" presented by Pam Farnham, Outreach Educator with FAHC, and Dr. Jennifer Gilwee, Medical Home Pilot; "What



Do We Want Insurance to Be?" a panel discussion with Dr. *Jessica Rouse*, moderator, Dr. Brian Flynn, Pam Farnham, Dr. Jennifer Gilwee, Dr. *John King*, and Dr. Deb Richter; and the keynote speaker T. R. Reid, national correspondent and author, who presented "A Global Search for Better, Cheaper, and Fairer Health Care." Community agencies and UVM offices provided information and opportunities for discussion with conference attendees.



Included were representatives from the Champlain Valley AHEC, UVM AHEC, UVM Extension offices of Vermont Farm Health Task Force and Rural & Agricultural Vocational Rehab, the Dana Medical Library, the Vermont Department of Health, and the State of Vermont Assistive Technology Reuse Project. The course director was *Monica Romanko, MD*, Assistant Clinical Professor, Department of Family Medicine, and Director of Program on Cultural Awareness. This workshop was presented by the Residency Training in Primary Care Grant in the

Department of Family Medicine and the Office of Multicultural Affairs.

### Recommended Reading

*The Grass Grew Greener* by Dr. Harry M. Rowe of Wells River, Vermont, and Terry Hoffer, recommended by Dr. *David Little*. To read an article about the book, go to <http://www.thebridgeweekly.com/story.php?n=1067>

## Changes in Family Medicine



*Peggy Carey, MD*, has returned to patient care. Her last day with the Department was September 25<sup>th</sup>. She is seeing patients at Burlington Primary Care. We wish her well after 14 years with the Department at Milton Family Practice and the College of Medicine.

*Chuck Hulse, PhD, MD*, Director of Research, has accepted the offer to be the next Associate Dean of the Rubenstein School of Environment and Natural Resources at the University of Vermont. This follows Dr. Hulse's interest in the relationship between the environment and our health and he sees this as an incredible opportunity to create collaborations between the College of Medicine and the School of Natural Resources. His transition into this new position will occur over the course of several months. He will continue his present clinical commitments at Milton Family Practice until January 1st. At that time, he will decrease his clinical effort to one clinical session every other week. He will also continue several of his teaching, research, and administrative roles within the Department of Family Medicine. He will continue to teach his Ecosystem Change and Human Health elective and to participate in the MSLG (Medical Student Leadership Group) course on Environmental Health. A portion of his time will remain committed to research projects and VCHIP/ Community Medicine activities.

### **CME CONFERENCES**

***Bridging the Divide  
A Conference Fostering Collaboration Between Primary Care,  
Mental Health, Substance Abuse, & Behavioral Health Practitioners***

November 16, 2009

Sheraton Hotel and Conference Center  
Burlington, Vermont

***Child Psychiatry for the Primary Care Clinician***

November 17, 2009

Sheraton Hotel and Conference Center  
Burlington, Vermont

***21<sup>st</sup> Annual Eastern Winter Dermatology Conference***

January 15-18, 2010

Stoweflake Conference Center  
Stowe, Vermont

***9<sup>th</sup> Annual Emergency Medicine Conference***

February 3-6, 2010

Stoweflake Conference Center  
Stowe, Vermont

For more information on these conferences, go to CME at <http://cme.uvm.edu/>

## Announcements

### **2009 Family Medicine Quarterly Service Meetings:**

*April 29, July 29, September 30, January 20*

8:00-9:00 a.m.

Health Science Research Facility (HSRF) Conference Room 400  
UVM College of Medicine

### **Family Medicine Faculty Meetings:**

Meetings are scheduled for the first and third Wednesdays of each month in HSRF 200 from 7:30-8:40 a.m., unless otherwise noted.

