October 20, 2019 marked the start of National Pharmacy Week, and in recognition we checked in with our team of pharmacy professionals to learn more about what they do. Join us in thanking our pharmacy teams for being an integral part of patient care!

ROSEANNE COHEN
Clinical Staff Pharmacist & Student Coordinator
24 Years at UVM Medical Center

Why I Work in this Field
I knew in high school that I wanted to be a pharmacist. I’d seen my grandmother go through leukemia, and the toll sorting out the medical information took on my parents. I wanted to be a resource for patients, and to help patients—and their caregivers—with difficult situations.

Life at UVM Medical Center
What I love to tell my students about UVM Medical Center is that, though it has all the nuts and bolts of a major medical center, it still feels like a tight-knit community. We are blessed with such a fantastic interdisciplinary network here. The physician outreach to the pharmacists, the nursing comraderies that we have, all of it is spectacular.

I really feel like our teamwork is what helps us accomplish the best care for our patient population.

Favorite Part of my Job
I pretty much learn something new every day, which lets me turn around and teach it to my students and my peers. I love helping better the practice of pharmacy so that we all have more knowledge to put forth.

JEFFREY GONZALEZ
Clinical Staff Pharmacist
6 Years at UVM Medical Center

Why I Work in this Field
I was fascinated by drug development, but as soon as I got into the bench work involved, I realized I wanted something else. Pharmacy let me take my interest in drugs and bring it to a clinical application.

Life at UVM Medical Center
I go on rounds with the Pediatric ICU team. I love working with patients and the team. In the PICU, it might just be the attending, the resident, a med student, and myself. It’s such a close-knit team. You get to know each other really well. Thanks to how long some of us have been here, you get to build a relationship between nursing and pharmacy that is fun and so rewarding.

Favorite Part of my Job
My favorite part is when you can make an intervention—big or small. In Pediatrics, it can be something as simple as changing a med flavor from cherry to grape. It feels minor, but it makes a big difference for the patient. And sometimes it’s critical, and we catch medication errors and interactions between meds before they can happen. It’s all rewarding.

continued on page 2
continued from page 1

**MATTHEW FLINT**
Outpatient Pharmacy Manager
2 Years at UVM Medical Center

*Why I Work in this Field*
I’ve always been interested in population health, and pharmacy offers a great opportunity to promote change. It ties into the threads of medication accessibility, affordability, and education—things that can make a huge impact on our patients’ lives and our community.

*Life at UVM Medical Center*
We’re always talking to doctors to make sure the medications they order are the safest and most effective options for patients. A lot of the doctors here rely on us as a second pair of eyes, one that can stay up-to-date on all of the new guidelines. We strive to be a valuable resource.

*Favorite Part of my Job*
My favorite part of the job is problem-solving with patients and our providers, to find win-win solutions. We consistently face affordability and accessibility challenges and it takes working as part of an interprofessional team, alongside our nurses, residents, and doctors, to be able to triage to find solutions in a timely manner. The best days are when someone who has been an inpatient for months comes to us in the pharmacy, and they are on their way out the door. Even if their discharge has been complex, when they walk out of the hospital, they are so happy to be going home, and that makes my day.

**SUSAN TOBIN**
Pharmacy Technician Specialist, Certified
17 Years at UVM Medical Center

*Why I Work in this Field*
In pharmacy, there’s a little bit of everything. One moment you have someone who needs a multivitamin, and the next, someone is having a stroke and I’m the one delivering the medication that is saving their life.

*Life at UVM Medical Center*
Everything is so amplified in the hospital. Knowing that we are on this team that is helping patients, even at their worst, is very rewarding.

*Favorite Part of my Job*
I really like using the many different technologies and applications we utilize to find solutions that impact our patients and our team.

**MARILEE CHIARELLA JONES**
Precertification Associate, Medical Group Patient Access Center

*“Hope lies in the combined power of dedicated attention to detail, persistence, and consistent follow-through; creating enhanced quality of life as the ultimate ripple effect for each patient.”*

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**Telehealth: What it Means for Our Patients and Our Network**
Telehealth provides us with an opportunity to improve access for our patients. Learn more about this technology in a recent blog.
The Search for Our Next President and COO  

As chair of the UVM Medical Center Board of Trustees, I am pleased to communicate our plans to conduct a search for a President of the Medical Center.

After much debate, the Board recently unanimously voted to conduct a Network-wide internal search, utilizing a search committee comprised of 10 people I believe offer the breadth and diversity of opinions and perspectives necessary to help us make a good decision.

You may be wondering why we are moving forward with a search at all, or why there wasn’t a decision to pursue a search earlier this year when Dr. Steve Leffler was named to the role of Interim President.

At the time, Dr. Brumsted, then CEO of the Medical Center, opted to wait to conduct a search as he felt that what the organization needed was a little more stability in leadership and not further disruption. Several months later, the responsibility for hiring a president shifted from Dr. Brumsted to the Medical Center Board per a change in our bylaws. This shift was part of the evolution of the UVM Health Network that has changed the leadership structure at every affiliate over time. Today, all affiliates are led by a president/chief operating officer, and Dr. Brumsted is the CEO over the entire Network, but no longer CEO over any individual affiliate.

With hiring responsibility officially vested in the UVMMC Board, my colleagues and I took up the issue of how to approach finding the right leader to successfully guide UVM Medical Center to meet our mission of patient care, education and research.

To achieve this goal, we believe we have a responsibility to create a robust process to thoroughly vet all candidates to ensure we are making a wise choice. In addition, we believe we have strong internal talent, and we decided to give internal candidates first consideration. If at the end of this process we haven’t found the right candidate, we will move to a national search.

To strengthen our sensitivity to diversity and inclusion in our process, we will include a trained neutral observer who will observe our meetings and provide feedback to us about unconscious or unintentional bias.

The position has been posted and applications are due November 6th.

In closing, let me add a few comments about the importance of paying attention to the culture of our organization.

Events over the last 18 months have made the board very aware of the challenges that go with change. From the continually high census, to the labor strike, to leadership changes, to the move into the Miller Building, and the implementation of a network-wide electronic health record, we have heard a broad range of voices - voices of stress, voices of unity, voices of diverse opinion, voices that ask for recognition of effort, voices that remember the needs of patients and families. All of those voices can live within each one of us and often do.

The Board approaches this search knowing that we want to have a president who understands the many voices we all bring to work each day, someone who can harness our collective good will in service of the best possible care for each patient and for the betterment of the community in which we live.

As the search process unfolds, I will keep you updated.
At Your Service  Barry Opens Doors—Literally and Figuratively

Slicing deli meat at the local supermarket. Caddying at the country club. Stocking department store shelves. For Lobby Coordinator Kevin Barry, the trajectory that launched him from New Jersey to Vermont, from behind the deli counter to the front doors of an academic medical center, illustrates his belief that, as he says, “there’s great joy in service, and there’s great discipline and honor in how you serve.”

From his earliest days, growing up eight miles from the George Washington Bridge, he honed his natural work ethic. At Korvette’s Department Store he earned $2.35 an hour (after a raise). Following a series of similar jobs and a brief stint at Bergen Community College, there was an unexpected personal loss—the death of a close friend—which prompted some serious soul-searching and a five-week trip through Europe.

Soon after, he visited Burlington…and a spell was cast. A friend who was in medical school told him to think about a job at the hospital, so he trundled up the hill and saw an opening for Lobby Coordinator. “I can do that,” he thought.

Today, 18 years on, it’s hard to imagine who else could do it as well. An ever-present fixture at our front doors, you’ve no doubt seen him, a hint of a smile on his face as he tends to the many and varied needs of our patients and visitors.

Over the years, he’s heard tall and small tales; he’s extended a helping hand that reaches beyond our entrances; and along the way he’s made some deep and enduring friendships.

“People who come here are often nervous, they feel vulnerable. I let them know they can count on me, whatever they need.”

It’s not always easy. Sometimes people are not their most pleasant. Often, it’s difficult to hear their stories. But most of the time, he says, “I love all the personalities I get to know. Whatever I give, I get so much more back.”

Further, he enjoys working alongside people whose focus is on helping others. He’s inspired by how our patients and families cope with the trials that have brought them here. “I often find myself wondering: could I walk in their shoes?”

That perspective guides him through his busy days.

“Sometimes,” he says, “I look around and I think, ‘jeez, how did I get here?’ But you know what—I feel so fortunate to be doing what I do.”

“People who come here are often nervous, they feel vulnerable. I let them know they can count on me, whatever they need.”

Kevin Barry, Lobby Coordinator.

MICHAEL STUTZMAN, MD
Internal Medicine Resident, Graduate Medical Education
“The best thing you can do for people who depend on you is simply to be thoughtful and present...a good laugh goes a long way too.”

FACES of The University of Vermont Medical Center
Robotic-assisted Knee Surgery Debuts

When he performs a knee-replacement surgery, Nathaniel Nelms, MD, now has a new, state-of-the-art assistant at his side. The hospital’s Mako Robotic-Arm Assisted Surgery System offers pinpoint accuracy and reliable consistency, and it could mean faster recovery times for patients and greater access to partial knee replacements.

MEETING A GROWING NEED

The addition of the robotic arm system comes as the need for joint-replacement surgeries is growing. Claude Nichols, MD, chief of our Orthopedics and Rehabilitation Health Care Service, expects more joint-replacement demand due to increasing incidences of knee and hip arthritis.

“Those are the two main growth areas,” he says. “And it’s primarily due to patients who have active lifestyles in their younger days, injure their knees and have what we call post-traumatic arthritis. And the other is just the result of the aging population.”

To meet the growing demand, the robotic arm used by Dr. Nelms will soon expand to the practice of orthopedic surgeon Michael Blankstein, MD, and potentially other UVM Health Network orthopedic surgeons to follow.

HARNESSING INNOVATION

“When you’re training residents, teaching medical students and treating patients, one of our goals is to use technology that has been tested and is effective and also keeps you on the cutting edge,” says Dr. Nichols, who is also a professor and chair of the Department of Orthopaedics and Rehabilitation at the UVM Larner College of Medicine.

Our new Mako Robotic-Arm Assisted Surgery System allows surgeons to see a 3-D model of a knee before operating.

Dr. Nelms, a UVM assistant professor of orthopaedics and rehabilitation, who performed our first robotic arm-assisted surgery this past summer, says the three-dimensional model puts him “worlds ahead of where we used to be” before he even enters the operating room.

The robotic arm system is designed to be an essential tool both before and during surgery, starting with a CT scan that assists with pre-surgical planning.

“From that information, a 3-D model of the knee is created, and that allows us to plan the implants to fit right where they should,” says Dr. Nelms. “So it effectively allows us to make a custom implant out of a more traditional implant and to make adjustments to soft tissue tension in real time.”

Once surgery begins, the system sets “haptic boundaries” that won’t let a surgeon inadvertently stray from the plan. “There’s been some research that’s starting to show less soft tissue damage as a result, because the saw is staying within these particular boundaries,” says Dr. Nelms. “That, I think, is a huge safety factor.”

That doesn’t mean a robot is conducting the operation—a common patient concern. Dr. Nelms makes sure his patients know he is still at their side during surgery, with ultimate control of the system’s robotic arm.

“It’s truly a robot, and it’s also truly in the surgeon’s hands.”

continued on page 6
The system also allows for better adjustments and refinements during an operation. “That’s how I might be able to do fewer saw cuts,” says Dr. Nelms. “There’s less in the way of re-cutting the bone, which is risky.”

Precision is the key attribute, which has a variety of benefits: For instance, it’s easier in some cases to retain the posterior cruciate ligament during a total knee replacement.

Another advantage is the ability to use a “press fit” knee implant, which doesn’t require cement to adhere to the bone. There’s some thought that cementless implants could last longer, making them more appealing for younger patients.

“Robotic-assisted surgery is kind of the modern era in knee replacement,” Dr. Nelms says. “It looks like the direction that knee replacement is going. But not every health system offers that right now.”

**ENHANCING PATIENT BENEFITS**

The system was initially developed for partial knee replacements, which benefits patients who don’t have enough arthritic damage to merit a full knee replacement. Partial knee surgeries can be less invasive but are challenging for the surgeon—“more artwork than it is carpentry,” in Dr. Nichols’ words.

Dr. Nelms, who has performed some partial knee replacements manually, says the system will increase the accuracy and frequency of the procedure.

Overall, the expectation is that robotic-assisted knee surgery will lead to less time in the hospital, less pain and faster recoveries. Dr. Nelms is enthusiastic about the results he’s seeing.

“It’s not a black-and-white issue,” he said. “But I think really where the difference is—is the consistency in recovery.”

**TRAINING FUTURE PHYSICIANS**

The system is expected to make a difference in our research and educational missions. That could have a positive ripple effect on physician recruitment for our entire network orthopedic team.

“Being an academic institution whose focus is research and education, having the robotic arm system here will allow us to train residents in the use of the technology,” says Dr. Nichols. “It will also allow us to recruit faculty who are facile with the technology and can exploit its research potential.”
Sexual Orientation and Gender Identity: A Physician’s Perspective

Why collecting information about sexual orientation and gender identity matters

Kathy Mariani, MD, is a primary care physician at South Burlington Family Medicine. She describes why including information about sexual orientation and gender identity (SOGI) as part of the Epic upgrade will empower clinicians to provide the best care for our patients.

Q: What is your experience with SOGI issues and caring for LGBTQ+ patients?
A: I’m a cisgender woman—meaning I identify with the gender I was assigned at birth—and issues around SOGI were new to me at first. But during my eight years as the women’s health coordinator at the Center for Health and Well Being at the University of Vermont, I developed some confidence and competence around prescribing and caring for transgender students because there was a high need. It’s become one of the most rewarding things I’ve done in medicine, helping people to transition, feel supported and thrive.

Q: Can you share a specific example of how patient care will improve once SOGI information is available in Epic?
A: A woman friend of mine once asked me, “What’s with you doctors? Why is it that every time I go for an annual appointment, they ask me if I need birth control? I’ve been with a female partner for 15 years.” I told her it was a computer issue. There’s no way every doctor could remember everything about every patient. If your doctor had a medical record that very clearly stated your sexual orientation, you wouldn’t have that awkwardness every time you go to the doctor.

Q: You say it’s all too easy to make assumptions about SOGI. What experiences can you share?
A: One time, I was seeing twins who had just been adopted from overseas. I addressed both women in the room as if they were the moms. Halfway through the appointment, one of the women looks at me and points to the other: “This is the nanny. My husband couldn’t come today,” she said. I had assumed the wrong sexual orientation. Another time, I had a new young patient who was on testosterone for a medical condition. I didn’t have the electronic health record and assumed, wrongly, that they were transgender.

Q: You’ve said your nurses often have questions that collecting SOGI information will help answer. Examples?
A: When we’re giving the flu shot, we’re supposed to ask everybody who’s female if it’s possible they could be pregnant. Since we don’t know if somebody’s possibly a transfemale or transmale, should we ask everybody before we give the flu shot if they could be pregnant? That’s a really legitimate question. Epic will help us with the foundational information so we can start having these conversations with confidence.

Q: Who will ask patients about their sexual orientation?
A: Clinicians only. It’s important to make sure that our employees feel like they’re not being asked to invade somebody’s privacy. And it’s important that patients don’t feel like their privacy is being invaded. But asking about sexual orientation and partners is natural for primary care doctors as part of a routine visit.

Q: Who will ask patients about their pronouns and gender identity?
A: Any patient-facing member of our staff. Some of the check-in questions, both in person and over the phone, will be along the lines of: “Your insurance company identifies you with a pronoun. What would that be? Is that the one you use?” This is creating a cultural shift. If you

“...it’s life and death for LGBTQ+ people. The research shows they have a high risk for suicide. And the research also shows that a supportive environment makes all the difference.”
Language and Communication Access Expo Builds Audience

Over 500 employees and community members stopped by our second annual Language and Communication Access Expo in early October.

The event included a Spanish clinic simulation, with none other than Francisco Herrera of Environmental Services playing a physician who also works as a translator; information about interpreting services and resources for New Americans; presentations on the latest in assistive technology; and information on communicating with people with developmental disabilities.

If you have questions or need more information about SOGI, please check out this intranet site or contact Ryan Polly at Ryan.Polly@uvmhealth.org. Remember to complete the Cornerstone course, “Transgender and Nonbinary Affirmation.”

Safe Mobility Training Coming Soon!

In January we will kick off a six-week training period for our Safe Mobility Program. The program will help us reduce injuries in our employees, while supporting our efforts to provide the safest possible care for our patients. Stay tuned to learn more.
LNA Expo

On October 10th we held our annual LNA Expo at the Windjammer Conference Center and Restaurant in South Burlington.

Congressman Welch Visits Dental and Oral Health

Earlier this month UVM Medical Center Dental and Oral Health Practice Supervisor Shannon Morton and Justin Hurlburt, DMD, gave Congressman Peter Welch a tour of their South Burlington practice, where their team provides comprehensive oral health care to people of all ages.

During their conversation they discussed our dental residency program and the increasing debt burden on graduating dental students.

Left: Vaughn Collins, Executive Director VSDS—Vermont State Dental Society, Peter Welch, Caroline Watts, DMD—Dental Resident; top right: Shannon Morton, Practice Supervisor, Peter Welch, Justin Hurlburt, DMD, Program Director—General Practice Dental Residency; bottom right: Peter Welch, Caroline Watts, DMD—Dental Resident.

COMPLIANCE & PRIVACY DEPARTMENT INFORMATION

The UVM Medical Center has established a confidential disclosure mechanism through its Compliance and Privacy Hot Line, a toll-free telephone line, to enable employees, residents, staff and patients to report instances of noncompliance and/or make inquiries on compliance issues. The Compliance Hot Line can be reached at: (800) 466-7131 or (802) 847-9430, or via email at ComplianceOfficer@uvmhealth.org.
Thank you to our teams that have completed Conversion Weekend and Scheduling Go-Live!

During Conversion Weekend, numerous employees, leaders and Epic resources gathered to take part in case conversion, converting all appointments currently scheduled for the November 9 Go-Live and later from the legacy systems into Epic.

While we are fully going live with Epic on November 9, we went live for scheduling on October 21 to ensure that all appointments are in the system and that pre-appointment and pre-case activities can occur as needed. During this three-week period, our people will be getting used to their new system and working in two systems. Thank you all for your coordinated effort!

FIND YOUR SUPER USER!

Super users will be providing at the elbow support during Go-live. Look for colleagues in bright yellow vests, or ask your manager to identify the super user in your area.

Countdown to EPIC Go-Live

MINDFULNESS TIPS FOR GO-LIVE

With Go-Live right around the corner, now is a good time to consider some wellness and mindfulness techniques to foster resiliency and reduce stress. Here are a few tips and tricks from our HiCOlab to help ease this transition.

- **Take 3 slow breaths.** Breathe in through your nose to the count of 6 (or 8 if you can get there), expanding your stomach. Breathe out to the same count, bringing your navel to your spine. Try closing your eyes while doing this.

- **Take a break for a quick stretch.** Get up and move your body. Do a yoga pose (mountain, eagle, tree, sun salutation are nice) or some other stretching exercise.

- **Show your appreciation for someone else.** Share with someone why they’re so great, and why you appreciate them for who they are and what they do.

- **Try Acupressure.** *He Gu:* This pressure point is located between the web of your thumb and index finger, at the highest point of the muscle. Apply pressure and massage the area for 5 seconds.
Infection Prevention is in Our Hands

Nurse educator Leilani Schnoor, RN, is well-versed in the importance of clean hands in preventing infection. She also knows from personal experience how difficult it can be to speak up when caregivers neglect to use hand sanitizer every time they should.

In May, she found herself here in a semi-private room by the bedside of a family member who was admitted for a medical emergency. It was the middle of the night. Tired and shaken by the events of the evening, Schnoor watched as a member of the clinical staff neglected to “foam in” before donning gloves. She also observed a caregiver using the computer and then touch the patient without cleaning hands.

“It was surprising because I consider hand hygiene to be a very sacred part of patient care,” she says. “And in that moment, I really didn’t know how to say, ‘Can you pause and go over and use the gel dispenser.’”

The Centers for Disease Control and Prevention (CDC) urges patients to “Speak up for clean hands” as part of its hand hygiene campaign. Compliance is an ongoing issue at hospitals nationwide. The CDC estimates that health care providers might need to clean their hands as many as 100 times per 12-hour shift, but that on average providers perform proper hand hygiene only half the times they should.

Patient Family Advisor Brian Harwood agrees that it’s “uncomfortable questioning a caregiver.” About eight years ago, he was a patient here for an aorta replacement surgery. He observed his overnight nurse finish working with another patient, skip cleaning his hands after removing the sterile gloves, type on the computer, then begin caring for him.

“It was surprising because I consider hand hygiene to be a very sacred part of patient care,” she says. “And in that moment, I really didn’t know how to say, ‘Can you pause and go over and use the gel dispenser.’”

Harwood didn’t speak up for clean hands at the time. But, he says if he had been encouraged to do so from the outset of his stay, “I think I would have felt empowered to say something.”

Kathy Brown, LNA, says she has encountered “some nasty infections” during her 21 years working at the medical center and she is very serious about the “see something, say something” approach to hand hygiene. She is one of several Infection Prevention Advocates whose observations of hand hygiene practices around the UVM Medical Center inform the hospital’s compliance data.

“I will take the hand sanitizer bottle right off the wall and hand it to someone if I see they haven’t cleaned their hands,” she says. She doesn’t worry about getting the phrasing just right—everyone gets the message. “I do it with everybody who cares for patients—LNAs, nurses and physicians. It’s every patient’s right to have someone touch them with clean hands.”

CLEAN HANDS COUNT

FOR SAFE HEALTH CARE

We all play a vital role in preventing the spread of germs by cleaning our hands and asking others to do the same.

IT’S OKAY TO SPEAK UP FOR CLEAN HANDS!

CDC estimates that health care providers might need to clean their hands as many as 100 times per 12-hour shift, but that on average providers perform proper hand hygiene only half the times they should.
When the Professional Meets the Personal

Nurse Shares Weight Loss Journey

Nurses understand the power of empathy. But for Corey Bennett, RN, her empathy for her postsurgical bariatric patients on Baird 6 is uniquely personal — because she has had bariatric surgery herself.

Growing up the youngest of four sisters, Corey had always been overweight. Despite the usual feelings of self-consciousness, though, she was raised in a very accepting family. “I was raised to embrace who I am, and I learned not to be offended by the f-word.”

At her heaviest, 5’6” Corey weighed 280 pounds. It was a Christmas morning photo that served as a wake-up call. “I looked at a picture of myself carrying my one-year-old son downstairs, and I was shocked by what I looked like.”

The very next day she requested information from the bariatric team. Then, she waffled for a few months. Her husband and other family members initially had mixed feelings about the idea. But ultimately she decided she’d lost and regained weight often enough to know that surgery was her best option.

Bariatric surgery requires a comprehensive approach that addresses psychological readiness, behavioral support and nutritional education. Leading up to her surgery date, Corey was required to lose 5-10% of her body weight. She completed the three-day liquid diet challenge and the 14-day pre-op full liquid diet in preparation for her post-surgery diet. Through it all, the bariatric team, led by Dr. Abu-Jaish, was there to guide and advise her.

Today, after seeing a much healthier and happy Corey, her family is fully supportive of her decision. And today, Corey wants to share her experience to help others. “There’s so much stigma around being fat — and more still around having bariatric surgery. I want people to know it’s something that can really improve your life in so many ways.”

She also wants people to know that she couldn’t have done it without the support of the bariatric team. “I felt very comfortable with them. They really made all the difference. It’s a very caring environment—it truly is a patient-centered approach.”
Get Your Flu Shot!

Flu season is approaching, which means it’s time to get your flu shot. It’s our responsibility as health care professionals to be as healthy as we can—for ourselves, our coworkers, our patients and their families.

Here’s how you can get your flu shot:

- **Free flu vaccination clinics:** Bring your badge and stop by one of our on-site vaccination clinics. Clinics begin this Tuesday, November 5!

- **At your convenience:** Beginning November 18, employees and volunteers can get a free flu shot at any of our Outpatient Pharmacies (the Main Campus, Fanny Allen and 1 South Prospect). Bring your employee/volunteer badge with you.

**IMPORTANT**

We are required to report influenza vaccination status for our employees to the CDC.

- If you received your vaccination elsewhere (your primary care provider, a community pharmacy, etc.) OR you are declining vaccination, please complete this short survey to report your status.

- If you receive the vaccine after completing the survey, please contact Employee Health to update your record.

- If you received your vaccination elsewhere (your primary care provider, a community pharmacy, etc.) OR you are declining vaccination, please complete this short survey to report your status.

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Every Friday afternoon, Noorin Damji and Kristina Valentine, both second-year medical students at UVM Larner College of Medicine, set off from campus to pick up the well-stocked mobile outreach van owned by a local nonprofit. Together, they drive north to Franklin County communities like Swanton, St. Albans and Enosburg and deliver free packs of sterile hypodermic syringes, fentanyl testing strips and Narcan to people who inject drugs.

This effort is known in public health as harm reduction. Damji and Valentine provide clients with access to tools and instruction aimed at reducing their risk of infection and fatal overdose. Information about recovery programs is also available, but only if clients show an interest in receiving it.

“A super-important tenet of harm reduction is letting people choose their own level of intervention,” says Damji, who learned an appreciation for “meeting people where they are” while volunteering for a similar program as an undergraduate at UC Berkeley. “The idea that people who inject drugs don’t care about their health just isn’t true. I think participating in harm reduction is our social responsibility as physicians.”

Damji and Valentine, both named 2019–20 Schweitzer Fellows by the New Hampshire/Vermont Albert Schweitzer Fellowship chapter, are continuing the project launched in 2018 by Schweitzer Fellow for Life Katrina Thornburgh, now a third-year medical student at Larner. Fellows receive a small stipend and conduct year-long projects that address the health needs of underserved populations.

Thornburgh was interested in pursuing a harm reduction project with Vermont Committee for AIDS Resources, Education & Services (CARES) because most new HIV infections are the result of injection drug use. She conceived the idea to help expand and sustain the non-profit’s mobile syringe access service and, when her Fellowship ended, recruited Damji and Valentine to take over. An internship is now in the works to involve additional Larner students when the current Fellowship project ends.

Theresa Vezina, associate director of Vermont CARES, has played an essential role in the project as a community partner and mentor, making sure the students are competent and comfortable in their work. “Theresa has guided me through many mini-crises,” says Thornburgh. “From the time I couldn’t find the gas tank in the van and was out of gas somewhere in Enosburg to when I had a difficult client encounter and she helped me find a way to rebuild trust in the relationship.”

This year, Damji and Valentine see one or two clients per week from an overall caseload of about 30. The meetings are held in public places, like shopping center parking lots.

“We have a lot of clients who are younger men who are picking up supplies for themselves and their friends and partners,” says Damji. Clients are encouraged to take as many supplies as they need, and to take some more to share. About 85 percent of the syringes they distribute are returned for safe disposal. Adds Valentine: “Overwhelmingly, people are super grateful.”

Nobody comes to the van wanting to quit, says Vezina. And that’s OK. This program is about staying alive and as healthy as possible: “We want to make sure they know that any time they’re into treatment they can let us know.”