medical students need to know by the time they graduate in order to be effective prescribers, and how best to teach them that information. The skills mentioned in the report include being familiar with the long list of drugs available today, knowing how to find up-to-date information, and communicating to patients the risks and benefits of potential treatments.

To ensure that these skills are taught, the report recommends increasing the amount of training students receive in prescribing. Now, Nierenberg says, most schools require a course in basic pharmacology in the first or second year; he’d like to see a course in the fourth year, too, similar to the one he teaches at DMS. “What I love about the fourth-year course is that it’s a capstone course,” he says. “It integrates everything that’s happened in the first three years.”

However, Nierenberg realizes there are reasons that not every medical school has followed DMS’s lead. Some resist adding required courses in the fourth year; others may not have the faculty needed to teach such a course. “Where do you get the time and resources?” he asks. “That’s really the problem.”

Essential: Still, given the changes in medicine over the years, Nierenberg believes that the report’s recommendations are essential. “There weren’t too many drugs 50 years ago that could kill you fairly quickly if they weren’t used properly,” he says. “But now we have a lot of drugs that can do that.”

Amos Esty

---

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Misty Blanchette Porter, M.D.
Associate Professor of Obstetrics and Gynecology (Reproductive Endocrinology) and of Radiology

Porter, a gynecologist and infertility specialist, is the medical director of DHMC’s Assisted Reproductive Technologies and Infertility Program. A 1989 graduate of DMS, she joined the DHMC staff in 1996.

How did you get interested in your specialty?
When I read about the birth of the world’s first IVF [in vitro fertilization] baby—Louise Brown, in Great Britain, in 1978—I knew I wanted to be a reproductive endocrinologist. I was awestruck by Drs. Patrick Steptoe’s and Robert Edwards’s abilities to combine basic science with clinical skills and give the gift of a child to a family.

Before you were 12, what did you think you wanted to be?
A large-animal veterinarian. When I was growing up, I spent much of my free time riding and showing horses.

If you could live in any time period, when would it be?
I would love to have a chance to see what the Hawaiian Islands were like before the 1950s. I grew up in Honolulu. When I go home now, I see large housing developments where there were once acres of sugarcane and pineapple. I grew up snorkeling the reefs off Oahu and wonder what they must have looked like before there was so much development and runoff.

If you could trade places with anyone, real or imaginary, who would it be and why?
Claude Monet. I would love to see the details of the world through the eyes of a talented artist.

What do you like most about your job?
The variety in what I do. Every day is different. Each week I spend a day in the OR and split the rest of my time between seeing patients in the clinic and doing ultrasounds.

What is the greatest challenge in your work?
Supporting those who are grieving when they don’t conceive.

And the greatest joy?
Seeing the children I helped patients conceive out in the community with their families.

Of what professional accomplishment are you most proud?
I am currently an oral board examiner for the American Board of Obstetrics and Gynecology.

What do you admire most in other people?
I admire careful decision-makers. Successful leaders seem to dissect a problem into components before trying to solve it.

What’s the funniest thing that ever happened to you?
I’m an ob-gyn but nearly had my third child outside the ER at DHMC. We left the car running and the doors open, and I barely made it into a labor and delivery room before he was born. Despite having delivered hundreds of babies, I didn’t believe I could have a three-hour labor.