I’ll Take Eye Exam for $500

What’s escin? asks a pediatric resident of a panel of staff pediatricians. This isn’t a trainee who’s forgotten a bit of medical knowledge, but a round of “Bluff the Pediatrician” in DHMC’s annual Pediatrics Quiz Bowl.

During this portion of the fierce but good-natured competition, the staff team will try to stump the residents by giving one real response and two fake but convincing ones. “A critical protein missing,” fires back one of the pediatricians. “A CIS [Clinical Information Systems] shortcut,” says another. “A hemolytic substance derived from a horse chestnut,” comes a third definition. Now the residents have to guess which one is correct.

The Quiz Bowl also includes several rounds of “Rapid Response,” in which each team has two minutes to answer 10 questions. The categories are Saturday morning cartoons and the eye—or “You expect me to do a fundoscopic exam on a screaming two-year-old?” Next is a round of “Name that Ye Olde Infectious Disease.”

So what is escin? After several moments of whispering, one of the residents guesses: “Number three?”

“Correct!” replies the staff team.

Now it’s the residents’ turn to try to fool the staff with fake answers. “What’s Holteknecht?” comes their question.

L.S.C.

National Pharm Recommendations Had DMS Roots

A few years ago, in the middle of a lecture, DMS’s Dr. David Nierenberg felt a sharp pain in his side. “I literally jumped at the podium,” he recalls. Realizing almost immediately that he had a kidney stone, Nierenberg ended the class and drove himself to the DHMC emergency room. “The diagnosis wasn’t hard,” he says. "I walked in with the diagnosis." The tricky part was how to treat the problem. Which drugs would ease his pain and help him pass the stone without conflicting with allergies or other medications?

Two: The two doctors who arrived to discuss his treatment options looked familiar to Nierenberg, the senior associate dean for medical education. Both, it turned out, were DMS grads who’d taken his required fourth-year pharmacology course. “I hope they know what they’re doing,” Nierenberg recalls thinking.

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We are graduating medical students who will turn into the doctors who will be treating us and our families,” he says. “If we don’t train them well, they will not take care of us well.”

Strong: Nierenberg has been encouraging the nation’s medical schools to update their pharmacological curricula since he arrived at Dartmouth in 1981. The training at DMS is quite strong, he says, but many other schools still lag behind. So he was thrilled to be asked to chair a panel convened last year by the Association of American Medical Colleges (AAMC) to examine the problem. In July, the group issued its report, “Education in Safe and Effective Prescribing Practices,” the 10th in a series of reports on medical training published by the AAMC.

The panel discussed what...
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.”

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