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is a direct result of his participa-
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program for DMS graduates who
establishing a loan forgiveness pro-
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field is quite dynamic. The
analysis of longitudinal data and techniques for
computing missing data are two of the more re-
advances. Deleting from a statistical analy-
is missing can lead
to errors of bias and
loss of precision.

What clinical areas do
you specialize in?
I spend some of my
clinical time in-
olved with pedia-
tric anesthesia and some involved with ultra-
sound-guided regional anesthesia.

If you hadn’t become a medical scientist, what would you
like to be?
Probably a high school math teacher. I was a
telephone solicitor for a summer, and I know
that I wouldn’t do that again.

What’s the last book you read?
I recently read Flyboys and Flags of Our Fathers,
both written by James Bradley. I am in awe at
what those men did and what they endured
as pilots and soldiers in World War II.

Funding: In New Hampshire, funding for DHMC is in jeop-
dardy partly because people don’t understand what graduate med-
ical education is, explains Gina Balkus, DHMC's director of gov-
ment relations for New Hampshire. Balkus organized the
PME program along with Dr. Worth Parker, DHMC’s director of
graduate medical education, and Frank McDougall, vice pres-
dent of government relations for the Medical Center. It was such
a success that they plan to offer it again in June.

“Legislators who took part in
the program now understand the challenges we face as an acade-
medical center,” says Balkus. In fact, Senator Clegg, who is the
chamber’s majority leader, has expressed an interest in estab-
lishing a loan forgiveness pro-
gram for DMS graduates who
agree to practice in New Hamp-
shire’s underserved areas. “This
is a direct result of his participa-
tion in the PME,” says Balkus.

Laura Stephenson Carter

In this section, we highlight the human side of
biomedical investigation, putting a few ques-
tions to a researcher at DMS-DHMC.

Michael Beach, M.D., Ph.D.
Associate Professor of Anesthesiology

Beach, a medical statistician as well as an anesthes-
ologist, studies the impact that movie exposure has
on adolescent smoking behavior. His other research
interests are pediatric sedation safety and screening
in underserved populations.

What made you decide to go into statistics?
It’s fascinating—it has just the right amount of
complex mathematics, computer programming, and application to real problems. And while
many people think that statistical techniques
haven’t changed since the publication of Eu-
clid’s Elements, the field is quite dynamic. The
analysis of longitudinal data and techniques for computing missing data are two of the more re-
advances. Deleting from a statistical analy-
is missing can lead
to errors of bias and
loss of precision.

What professional accomplishment are you most proud of?
I have had the good fortune to volunteer with Interplast (www.interplast.org), an organization that provides plastic surgery to patients in develop-
ing countries. I help provide the anesthesia care
for children who primarily are having cleft lip or
cleft palate repairs. These are children who po-
tentially would grow up as adults with a facial
deformony that we just don’t see in this country
because every child who has it gets it repaired.
With Interplast, I have traveled to Nepal, Bangladesh, Timbuktu, and Vietnam.

What advice would you offer to someone contemplating
going into your field?
I think the ability to read the medical literature
critically demands that every physician have an
understanding of some basic statistical concepts
—not advanced methods. Almost all “statisti-
cal” mistakes are in the interpretation of the par-
ticular model that was used or test that was per-
duced on the data of interest.

What’s your favorite nonwork activity?
I’ve been trying over the last two years to get my
private pilot’s license. It’s been a slow go, but I’m
almost there. I also like to scuba dive, but I pre-
der very warm oceans rather than very cold lakes.

Laura Stephenson Carter