



ON TARGET: Dr. Edward Merrens, chief of hospital medicine at DHMC, got to tour Turin as a physician for the U.S. Olympic biathlon team. Biathlon is cross-country skiing combined with rifle sharpshooting; Merrens was a cross-country skier in college.



MARK WASHBURN

Joe O'Donnell, left, has recruited especially articulate patients like Holly Field, right, to talk with medical students, as one of many ways to help them realize the power of relationships.

professionalism, human values, and conduct and what they actually see and learn in the medical setting.

The conference came on the heels of DMS's preparations for a reaccreditation site visit last year, in which all aspects of medical education were evaluated.

Lack: The School had learned from a student-run survey that below the surface, students feel surprisingly high levels of loneliness, isolation, and inadequacy and a lack of approachable role models. DMS is known for having a collegial and supportive atmosphere and a humanistic faculty and student body, so administrators were surprised by these findings. O'Donnell was determined to respond—to become “the best in the world” at caring for those who study and work within its walls.

Students say they don't know “who to go to,” says O'Donnell. “There's no place for them to show vulnerability.” This is not unusual for medical students at other schools, but O'Donnell

appreciation, a sense of belonging, and values in their own lives before they can transmit these qualities to students, each other, and their patients.

The DMS team brought to the meeting ideas gleaned from many years of experience working with students. Those who joined O'Donnell in Indiana were Dr. Lori Arviso Alvord, associate dean of student and multicultural affairs at DMS; Sue Ann Hennessy, assistant dean of student affairs at DMS; Tommy Woon, associate dean of pluralism and leadership at Dartmouth College; and Dr. Nan Cochran, an associate professor of medicine who has worked on RCC efforts with O'Donnell.

The challenge of implementing RCC is a huge one, yet success is measured in small, human ways. The DMS team returned to campus with ideas they hope to implement soon. They range from the broad and formal—for example, to get the whole School to adopt the values of RCC—to the informal and per-

sonal—to show joy in their work, to show empathy everywhere, to know each other better, to say thank you.

The meeting in Indiana could have been called a physician-heal-thyself session, since one precept of RCC is that caregivers need to themselves experience self-knowledge,

sonal—to show joy in their work, to show empathy everywhere, to know each other better, to say thank you.

The team has decided to use three new student societies, formed to foster cooperation across all four years, to carry the RCC message. O'Donnell and the other mentors of these societies hope that will give students the “feel-safe place” they lacked.

“Bringing RCC into the societies,” O'Donnell says, “brings more connectedness to each other and to the School. . . . We've got our feet in the water, but we have to go a little deeper.”

Lessons: Armed with stories, poems, and life lessons, the Indiana conferees summed up their experiences by writing about the difference this unusual conference had made in their commitments to each other and to their profession.

One wrote this: “I sat and looked at the microphone at the end of the meeting, flooded with thoughts and feelings. Joe just used the word ‘ripple waves’ as I felt this flood. Tom talked about bringing our whole self into life and our work life. . . . I have been a reflective and emotional person, I guess forever. In my professional life I have adopted a ‘quiet’ life. . . . Often I tell myself I am satisfied with my quiet accomplishments, but in some ways the concept over the past few days has made me realize that I can take my ‘quiet’ skills and inject them into the culture of medicine. . . . take the risk and hope that I can leave an impact that will be ‘heard.’”

ROSEMARY LUNARDINI

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Spring 1986 issue of this magazine:

Dr. Ross McIntyre, then director of Dartmouth's Norris Cotton Cancer Center, wrote about a 1985 visit to the Soviet Union: “I learned that there were more than twice as many hospital beds per capita in the U.S.S.R. as in the United States . . . but that the percentage of the gross national product devoted to health was about one-fifth that of this country. The apparent discrepancies in statistics were resolved by the comment made by one observer that hospitals in the Soviet Union were ‘dormitories’ for people who didn't feel well.”



Today, Russia spends 6.2% of its gross domestic product on health care, compared to 14.6% in the United States.

TEEN TIME: Through the Rural Health Scholars program, DMS students have been volunteering weekly at Lebanon, N.H., High School. They discuss health issues the teens will face as they become independent of their parents, such as health insurance.



THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1970 Mary Hitchcock Memorial Hospital annual report:

In 1970, the MHMH Business Office had “close to 40 people taking care of” all financial services, using “machines that turn out hundreds of thousands of punch cards, giving us information we once had to write by hand.” Especially in the area of patient accounting, the report explained, “we’ve come a long way. . . . When private insurance was first introduced, it caused a flurry! . . . It has taken a lot of ingenuity to keep up with the paperwork required by third parties.”



Health-care finances, and the institution, are far more complex today; the same functions require 220 full-time-equivalent positions.

Policy-makers get a look at how decisions play out

In January, nine New Hampshire policy-makers donned white medical coats and spent a day learning what it’s like to be a doctor at DHMC. They weren’t allowed to actually treat patients, of course, but they got to shadow physicians during inpatient rounds, outpatient visits, and even in the operating room. They were participating in Project Medical Education (PME), designed to give legislators and other policy-makers a better understanding of the complexities of academic medicine.

“One of our key goals in doing this is really demystifying the process of medicine,” said Dr. Stephen Spielberg, DMS’s dean, at the program’s welcoming dinner. At a post-dinner “graduation,” the policy-makers were all given a white coat, a statement of their medical school “loan debt,” and a “residency assignment” for the following day.

The participants were excited and a bit nervous as they began their nearly three-hour clinical experience the next morning. But the real medical residents who were their hosts quickly put them at ease. Afterward, the policy-makers were eager to offer feedback about PME to DHMC officials.

Watching: “I expected maybe they wouldn’t be too happy to have a politician watching them,” said New Hampshire State Senator Robert Clegg. “It was just the opposite. Of course, surgery was interesting. The attending physician was more than happy to treat me like I was real-

ly a resident and explain everything he did.”

“The one thing that stood out for me is how much attention these patients were getting,” said Darwin Cusack, chief of staff to one of New Hampshire’s U.S. Congressmen, Charles Bass. Cusack was also impressed with how well the physician he shadowed explained a patient’s situation to a family member. “He went over it in technical terms first and then went over it all again in terms she could understand and made sure that she knew exactly what the state of play was and answered all of her questions.”

Code blue: “I learned that you don’t take the elevator” when responding to a code blue, said New Hampshire State Representative Fran Wendelboe. She described needing to hustle up the stairs as her team rushed to the aid of someone who had gone into cardiac arrest.

In addition to shadowing res-

idents, the policy-makers learned about the complexities of financing graduate medical education, visited several labs, heard from physician-scientists about the important role research plays in patient care, and were introduced to the daunting process of diagnosing a puzzling case.

Act: DHMC’s PME was based on a program of the same name run by the Association of American Medical Colleges (AAMC). It’s designed to give policy-makers information so they can make insightful decisions on issues that affect academic medical centers. The AAMC program began in the wake of the Balanced Budget Act of 1997, “which posed the most serious threat to federal support for our missions in recent memory and which heightened a long-standing concern about the meager understanding most policy-makers have of academic medicine,” according to Dr. Jordan Cohen, the president of the AAMC.

Legislators and government officials typically underestimate



MARK WASHBURN

Only one of these white-coated individuals is a physician (Dr. Worth Parker, fifth from the left). But all of them have an impact on health care—the others as New Hampshire policy-makers. They attended a recent shadowing program at DHMC.