

tor's okay—has meant that fewer patients have had to be transferred to the ICU.

DHMC also uses training on simulated patients, another concept borrowed from aviation. Dartmouth-Hitchcock recently opened an 8,000-square-foot, state-of-the-art Patient Safety Training Center, where employees can practice procedures on lifelike manikins that are programmed to respond just as real patients would. Their blood pressure and respiration change in response to interventions, for example, and they cry, drool, sweat, and bleed.

Try: Providers can try anything from lifting a patient safely to delivering a breech baby. Practice sessions on the manikins can also be videotaped and assessed afterward by trained evaluators.

And it's not just doctors, nurses, and students who make use of the training center. Security and housekeeping personnel can practice procedures there, too. For example, security officers can rehearse techniques for "helping with patient restraint when patients are delirious and combative," explains Blike. And housekeeping staff, he says, can learn techniques for "making sure resistant organisms are not left on guardrails [or] knobs, where a lot of bugs live."

But the training center—which Blike likens to a "crash-test" facility—is only part of the safety effort. Safety, he says, "starts with good people who are given the means to be successful and an organization that really values these things."

LAURA STEPHENSON CARTER

CLINICAL OBSERVATION

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

Donald Miller, M.D.

Assistant Professor of Surgery (Ophthalmology)

Miller specializes in cataract, corneal, and LASIK surgery and is medical director of the Laser Vision Center at DHMC. He joined the Dartmouth faculty in 2003 and is a 1991 graduate of DMS.

What got you interested in medicine?

I grew up surrounded by bankers and business executives. I never understood what they did. Medicine seemed much more interesting and fulfilling. And it didn't require that I sit at a desk, live near a big city, or travel all the time.

If you weren't a physician, what would you like to be?

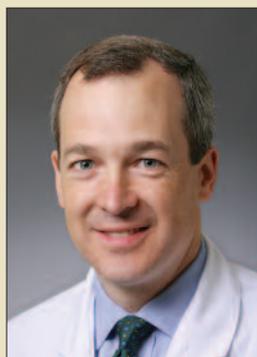
A high school science teacher. I did that for a year before medical school and enjoyed it tremendously.

What is the greatest frustration in your work?

Tending to all the bureaucratic requirements that accompany teaching and patient care.

And the greatest joy?

I am lucky to specialize in surgical procedures that have an immediate positive impact on people's quality of life—I get to help them see well.



They notice it literally seconds after I'm done. That's really cool.

What music do you listen to most?

Classic rock. My iPod is loaded with Grateful Dead. People smile when they learn this. I don't exactly fit the stereotype of a Deadhead. There are much more passionate fans than I, but I do love the feel of their music, especially the way they interweave the rhythms and motives when transitioning from one song to the next.

What was your first paying job?

During high school, I set up a summer business with a buddy. We weeded a zillion gardens. I bought a stereo with the money I earned.

What do family and friends give you a hard time about?

Two things: I lose track of time and I'm too fussy about the details of any project I do.

What's the hardest lesson you ever had to learn?

You can be really good at only a few things.

Who is your hero—from either fiction or real life?

Hero may be the wrong word, but I sure admire my father. Growing up poor and fatherless during the Depression, he worked his way through college, changed careers twice, and built a comfortable, secure, and fun life for our family. I never felt limited in pursuing my interests. I'd like to have my kids feel that way.

What historical event would you most like to have been present at in person?

With the recent inauguration, I've been thinking about the Constitutional Convention. It's amazing how those guys worked through their differences to create such a new and durable blueprint for government.

What advice would you give someone going into your field?

Be prepared to sweat the smallest details. For instance, we make clinical distinctions based on the characteristics of individual cells we observe floating in the fluid of the eye, whether they are white cells, red cells, or flecks of pigment. In ocular surgery, incisions and movements must be controlled to within a fraction of a millimeter. While this precision is not unique to ophthalmology, it is characteristic of most of what we do on a daily basis.

What do you think makes for a successful physician?

Ultimately, our medical school instructors were right. It is very tempting to pursue money, or convenience, or some other interest as the grind of a career plays itself out. But everything we do should be about what is best for our patients.

