Dr. Allen Dietrich said his objectives as a faculty member were "to establish a personal research agenda on preventive health care, to develop a strong family practice and primary-care clinical thread throughout the four years of the DMS curriculum, and to build a model family practice center... I believe it is one of Dartmouth's obligations to teach its medical students... a person-oriented approach to medical care, not just a disease-, procedure-, or organ system-oriented approach."

Trustees call for a doubleheader at DHMC

The Roman Republic did it. Hewlett-Packard did it. Goldman Sachs did it. Now Dartmouth-Hitchcock Medical Center is doing it—proving that two heads are better than one.

Structure: A new co-leadership structure for DHMC—to be known as the Office of the Presidents—was endorsed by the relevant Boards of Trustees two months ago, and Nancy Formella, R.N., M.S.N., was named president of Mary Hitchcock Memorial Hospital and of the Dartmouth-Hitchcock Alliance. Formella had been in that role in an acting capacity since the retirement last year of long-time MHMH-DHA president James Varnum. And the shared presidential structure—a collaboration between Formella and Dr. Thomas Colacchio, president of the Dartmouth-Hitchcock Clinic and a professor of surgery at DMS—had also been in place unofficially for the past year.

DHMC is following in the footsteps of companies like Hewlett-Packard, Goldman Sachs, Intel, TIAA-CREF, and other enterprises that have made shared leadership work. Even the early Republic of Rome thrived for 400 years with consuls and other magistrates who served as co-leaders. But DHMC may be one of the first academic medical centers to function in this way. "We’re kind of leading the way," says Formella. "And my background as a nurse is in care provision, and being a manager and an executive in a hospital. So, together, that’s a pretty powerful package—that kind of clinical depth of knowledge with administrative knowledge."

Process: Their personal characteristics are complementary, too. "I would say my strengths are very much in the arena of building relationships and inviting conversation and group process kinds of things," says Formella. And "Tom’s strengths are in sifting through a lot of information and a lot of data and getting to the conclusion and being more direct in the decision-making."

The co-equal nature of the leadership structure was underscored by the Trustees’ announcement that Formella and Colacchio will be paid the same salary—$600,000 each. The Trustees said they were impressed by what the two leaders have accomplished so far, citing “the remarkable progress made by Dartmouth-Hitchcock over the past 12 months in its financial performance and in the setting of a set of ambitious priorities for the future.”

Formella sees challenges ahead, however. "This is an organization that is wedded to the status quo," she points out.

“We’re not where we need to be or where we want to be, and we haven’t been particularly passionate about changing it.”

Until now. Under Formella and Colacchio’s leadership, DHMC is taking a systematic look at all its processes and functions. “Things like patient ac-
Too much coursework? Try some hair of the dog!

For medical students whose "chief complaint" is intense coursework, a proven cure seems to be more courses. Courses, that is, that they've designed or on subjects that they've chosen.

Electives organized by students let them "follow their passions and not lose parts of themselves" to the rigor of medical school, says Dr. Joseph O'Donnell, senior advising dean. And students are often "way ahead on societal trends," he adds, so it's not unusual for elective subjects to later be absorbed into the formal curriculum.

O'Donnell likens such electives to "letting a thousand flowers bloom." Students discussed the idea that science itself is culturally mediated," Ratzan says, "and this must be kept in mind when interacting with patients who do not hold the same set of beliefs."

The art elective had its genesis when Daniel Kaser took a one-year leave from DMS to pursue his interest in art (see dartmed.dartmouth.edu/fall06/html/student_notebook.php). This experience reinforced his belief in the importance of art in healing. Upon his return to DMS, he organized a course combining studio work with classes led by an educator at Dartmouth's Hood Museum of Art. "Students are encouraged not only to draw, but to talk about what they have drawn," Kaser says. "Further, we look at objects in the Hood galleries . . . and discuss what we see. This practice of observation and oral presentation is critical to medical encounters."

Wake: O'Donnell likens such electives to "letting a thousand flowers bloom." He sees them as part of the constant renewal of the formal curriculum. For example, he says, international health is a subject on which "the institution is coming along" in the wake of student interest.

See http://dms.dartmouth.edu/admin/elads/enrichment.shtml for more about the enrichment electives.

James DiClerico