Daniel Levin

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trained with in San Francisco in the early ’70s—called. John Brooks, M.D., then chair of pediatrics at Dartmouth, told Levin that DHMC was looking for a director of pediatric intensive care.

“He convinced me,” says Levin, “that the change to another environment—both geographical and to a different kind of hospital/university/medical school environment—but still doing the same kind of thing I was doing, just on a much smaller basis, would accomplish the things I wanted to and would be less stressful than becoming a director of a pediatric hospital or trying to work with industry.”

Levin arrived at Dartmouth in 1996 and helped to design and build a new, state-of-the art, spacious six-bed PICU that opened at the Children’s Hospital at Dartmouth in 1999. Plans are now underway to open four more beds. Staff as well as patient and family focus groups had a hand in the design of the unit; suggestions included putting daybeds and rocking chairs in each room and building a dormitory-style sleep area nearby, so parents could easily stay overnight with their sick children.

Currently, he is introducing to the PICU a new staff role—a pediatric advanced nurse practitioner—a model that he says is “reasonably new around the country.” He has also helped to reorganize the DHMC transport service and to establish a mobile intensive care unit.

“Some people have looked at it sort of funny—my coming from this huge program in Dallas,” says Levin. He points to a group photo on his office wall. “That was my section in Dallas . . . it was as big as the department of pediatrics here. Most of the other people who ran very big programs like that don’t do intensive care medicine any more.”

But coming to Dartmouth has allowed Levin to continue practicing pediatric critical care medicine—and spend time with his three college-aged children, as well as fly-fish, ski, and bike. “It’s a young man’s game—in intensive care,” Levin laughs. “But I’m almost 58, been in medicine for 31 years. I’ve been in intensive care full-time on a faculty level for 26 years and I’m still doing it.” And, clearly, still loving it.
End of an Era

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laboratory medicine. As I coped with these challenges, I noted with awe the manner in which Marsh Tenney moved among the new faculty recruits. He was incisive and decisive; I worried whether I’d pass when he got to me. Meanwhile, in the lab medicine course, I decided to invite the students to attend the weekly hematology conference for housestaff. Many students cooperated with this early attempt at integrating clinical teaching into the second year, but some played hooky—to their dismay when they discovered a question or two from the conference on the first exam. There were some very unhappy students. A week later, I looked up from the lectern during a conference and saw Marsh in the back row of Kellogg Auditorium. He listened as a student struggled to phrase a clinical question. When I looked up again, Marsh was gone. I awaited the summons to his office, but it never came. Slowly it dawned on me that I’d passed. Marsh was ever the teacher, the leader, the inspiration.

Worthy of note

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recommendations on the Certificate of Need process in New Hampshire.

James Aubuchon, M.D., a professor of pathology and of medicine, was named acting chair of the Department of Pathology, succeeding William Hickey, M.D. (See page 6 for details of Hickey’s new role.)

Joseph Meyer, M.D., an adjunct associate professor of surgery and program director of the DHMC-Concord General Surgery Rotation, received the Arthur Naitove Distinguished Teaching Award from the residents in the Department of Surgery.

Charles Hebble, a DHMC Trustee for 16 years, was honored by the New Hampshire Hospital Association for “exemplary performance in hospital governance.”

Mary Chaffee, R.N., a nurse at the White River Junction, Vt., VA Medical Center, was named the national Veterans Affairs Health-Care Giver of the Year.

Rita Odell, R.N., diabetes education coordinator, was named Diabetes Educator of the Year for 2000 by the New Hampshire Diabetes Educators Association.

Harry Kendrick, DHMC’s director of housekeeping, received the highest honor of the International Executive Housekeepers Association (IEHA)—the Margaret Barnes Diamond Award.

The Dartmouth-Hitchcock Clinic in Concord and Concord Hospital recently announced a partnership; it will include sharing management, equipment, clinic space, and staff and is designed to improve continuity of services between the organizations and to control costs. The agreement, which does not constitute a merger or acquisition, will be finalized over the next few months.

Myles Sheehan

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certain or they don’t know how to respond. And, you know, it’s so easy—all they have to do is be themselves. I think when they face people at the end of life, they get crazy about focusing on a narrow medical issue instead of just sitting back for two seconds and calming down and thinking, ‘Some day I’m going to be the person on the other side, and some day, or maybe now, someone I love is facing the doctor with something like this.’"

While Sheehan is sensitive and serious when it comes to dealing with other people’s end-of-life issues, he has a sense of humor when it comes to his own. He said to a colleague recently, “Do you ever have the feeling when you’re doing all this death and dying stuff . . . that maybe you could get excited and [not] have to die yourself?” Sheehan laughs as he retells the story. “But, no, that’s not what’s going to happen. So when I write my stuff I always go, ‘Gee, I wonder how I’ll feel about this later on.’”