

ventilators,” says Timothy Elliott, associate media producer for IML. “Obviously, having them be able to learn from their mistakes in a virtual environment is a lot better than having them do it for real.”

The grant for V-MIMI is actually the second one awarded to the IML by the Department of Homeland Security. Three years ago, the agency funded the creation of the Virtual Terrorism Response Academy, a training program for first-responders that is expected to be available for distribution early next year.

**Interactive:** The IML—whose 13-member team includes an art director, medical illustrators, graphic designers, programmers, and editors—takes terrorism-response training very seriously. But, as Nelson points out, “the fact that this program is interactive and fun to use gives it a tremendous advantage over a video or a lecture. It means people will want to use it.”

Another important advantage of V-MIMI, which is expected to be ready for distribution through Homeland Security by 2008, is that computer-based interactive programs are a convenient and cost-effective way to disseminate training across the country, from major cities to remote towns. “Every community in the nation has medical personnel who may find themselves in the hot seat,” Elliott observes. “And these people are already very busy. With V-MIMI, you get the advantage of training millions of people anytime, anywhere.”

ANN PATTERSON

## MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was a DHMC pediatrician. “*The Ring* was one frightening flick,” began a recent *Newsweek* story. “But to **James Sargent**, the scariest part was all the smoking by stars like Naomi Watts. . . . In the next issue of *Pediatrics*, Sargent and his colleagues



report on a survey they conducted of 6,522 kids between 10 and 14,” the article continued. “The researchers calculated that 38 percent who’d tried smoking did so because of their exposure to smoking in movies.” Dozens of other news outlets covered the study, too, from major papers like the *Chicago Daily Herald* and the *Los Angeles Daily News* to international outlets like the *Hindustan Times* and Agence France Presse. “Anytime a director directs someone to light a cigarette,” Sargent told *Forbes*, “anytime an actor lights a cigarette, they should understand that they’re partially responsible for the teen smoking epidemic.”

“Honey, have some smokes. Do you like smokes? I like smokes.” This quote from “an unnamed six-year-old offering pretend cigarettes to a doll” in another DMS study also caught *Newsweek’s* eye—earning a spot on the magazine’s “Perspectives” page. Though neither DMS nor the researchers were named in the item, more complete coverage of the study showed up in papers worldwide. “Preschool children pretending to shop for a Barbie doll’s social evening bought alcohol and cigarettes if their parents smoked or drank wine or beer,” the *Irish Examiner* wrote. “Parents who watched from behind a one-way mirror,” the *Washington Post* noted, “were surprised by their children’s choices, said **Madeline Dalton** of Dartmouth Medical School, a coauthor of the study.” (See page 7 in this issue for more on the study.)



A DMS study about variations in end-of-life care in California drew varying headlines: “LA leads in costly care for the dying” in the *Los Angeles Times*, and “End-of-life care in Sacramento region

praised” in the *Sacramento Bee*. “Providers serving Los Angeles relied much more on inpatient care, aggressive use of intensive care units, and medical specialists and frequent referrals, while care in the Sacramento region was characterized by greater reliance on primary care and parsimonious use of inpatient care, physician visits, and referrals,” said Dr. **John Wennberg**, director of Dartmouth Medical School’s Center for the Evaluative Clinical Sciences,” to the *Bee*.

“Birds do it, bees do it, even human beings do it,” began a recent *Baltimore Sun* piece. “We all follow



the internal clock that keeps us ticking.” To explain how important circadian rhythms are, the *Sun* quoted a DMS expert. “There’s no limit to the role these rhythms play,” said **Jay Dunlap**, chair of genetics at Dartmouth Medical School, who studies circadian rhythms in fungi. “There’s enormously rich biology behind this phenomenon.”

The *Los Angeles Times* reported on an increasingly popular therapy for people with severe mental illness: employment. “Helping people with mental illness find work can be a major step in their recovery and an important part in helping them develop a healthy psychological life,” said **Deborah Becker**, a research professor at Dartmouth Medical School and a national expert on employment issues with the mentally ill,” to the *Times*. The article continued: “Becker predicts up to a third of the 8 million Americans with a severe mental illness may eventually work alongside the general public. Currently 5% to 10% hold jobs.” (See page 3 in this issue for more on her work.)



Most dialysis patients aren’t getting a relatively low-tech procedure that’s safer, cheaper, and more effective than other more high-tech options, the *Washington Post* reported in December. “Fewer than four in 10 dialysis patients nationwide have a fistula”—a surgically established connection between an artery and a vein, which strengthens the

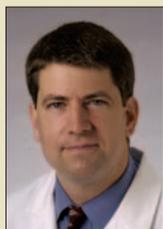
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vein so it can withstand needle insertions and heavy blood flow to and from a dialysis machine. Medicare reimburses surgeons more for the other procedures, the *Post* noted, “in effect, rewarding inferior care. . . . ‘What’s missing is the clinical value to the patient,’ said **Robert Zwolak**, a vascular surgeon at Dartmouth-Hitchcock Medical Center and an expert on the payment rules for dialysis access. ‘That’s not in there.’”

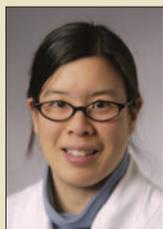


“It’s great ‘gee whiz’ technology that’s staggering in its complexity and promise,” a DMS surgeon said, in *Newsweek*, about a robotic surgery system that can be used for prostate surgery. “Dr. **Sam Finlayson**, an assistant professor of surgery and community and family medicine at Dartmouth Medical



School, says the question is whether the procedure has enough of an upside compared with established techniques like laparoscopic surgery,” the *Newsweek* article continued. “It’s not inconceivable that the threshold for operative intervention would be lowered by the introduction of this new technology,” says Finlayson.”

For advice on how “this little piggy” can be more than just a fun game, the magazine *Babytalk* consulted a DMS pediatrician. “You can start playing this game when your



infant’s just a few months old, suggests **Jennifer Shu**, M.D., instructor of pediatrics at Dartmouth Medical School . . . and coauthor of *Heading Home with Your Newborn*. . . . At about 12 months, start numbering each piggy—‘Piggy number one went to market, piggy number two stayed home’—to turn the game into a fun lesson in counting, recommends Dr. Shu.”

When a New Hampshire law that requires parental notification for minors seeking abortions was heard by the U.S. Supreme Court a few months ago, National Public Radio’s *Morning Edition* interviewed a DHMC ob-gyn, Dr. **Leslie DeMars**. DeMars commented on the fact that the law doesn’t include an exception for cases where the minor’s health is in jeopardy. “We don’t want to have to temporize or provide substandard care,” she told NPR, referring to ob-gyns in



general. Providing “urgent or emergent appropriate care” can sometimes prevent a woman from having a “lifelong complication or organ damage,” DeMars said. “In no other circumstance would we not be allowed to perform emergency medical care in the best interests of that teen.”

The founder of DHMC’s Spine Center and the chair of orthopaedics at DMS continues to be quoted, month after month, in articles about the pros and cons of back surgery. “There’s still no proof surgery works better than more conservative treatments or doing nothing at all, said Dr. **Jim Weinstein** of Dart-



mouth Medical School” to the *Chicago Sun-Times*. “But now Weinstein is wrapping up a landmark \$16-million study that should provide some badly needed evidence,” the *Sun-Times* added. The *New York Times* and a Chicago ABC affiliate also interviewed Weinstein recently.

“Teaching Doctors to Be Nicer” was the headline on a recent *Wall Street Journal* article about a movement among medical schools to add courses on professionalism, empathy, and communications. DMS was presented as a case in point. “Dartmouth Medical School has a new web-based system called Dartmouth Medical Encounter System where students enter their experiences

and encounters with patients,” the *Journal* wrote.

Dartmouth also “has created three societies . . . which pair students with mentors to promote ‘some hard-to-get material, like professionalism, the privileges and obligations that come with it,’ says **Joseph O’Donnell**, an oncologist and senior advising dean at Dartmouth Medical School.”



A vaccine against human papillomavirus (HPV), which causes most cervical cancer, may be on the market as soon as next year, *USA Today* reported. “‘Parents probably won’t be required to get their children immunized against HPV,’ says **Diane Harper**, a



Dartmouth associate professor. ‘Given that we don’t have tetanus as a mandatory vaccine, I don’t think we’ll ever get HPV as a mandatory vaccine,’ says Harper, who has been involved in clinical trials of both Glaxo’s and Merck’s HPV vaccines.” Harper was also quoted on *ABC World News Tonight*. (See page 16 for further details.)

In an article about housing for Hurricane Katrina survivors, the *Grand Rapids Press* looked at what can be learned from disasters elsewhere. “**Fran Norris**, a Dartmouth Medical School research professor specializing in disaster response, cites one such incident,” the 1999 floods and mudslides in Mexico, the paper wrote.



“‘It was very hard on [those who were evacuated], even though they were together,’ Norris said. ‘Their social routines were totally disrupted. So I’m concerned about separating people now out of their natural communities.’”