

internal mammary artery (IMA) or from a vein in the leg. The graphs chart mortality associated with various factors; both DHMC's and NNE's mortality rates compare favorably to national norms.

And even though DHMC's patients are older and sicker than they used to be, "I'm happy to say that we have not seen a bump in mortality," notes Nugent.

In addition to being shared with the section, the data is also used for DHMC's quality reports website, where mortality rates, infection rates, patient satisfaction, and other such measures are reported to the public (to see these reports, go to <http://www.dhmc.org/> and click on the "Quality Reports" link).

Public: Why the need to generate all this data and make it public? One reason, says Likosky, is that insurance companies, accreditation organizations, and other stakeholders want to know a hospital's clinical outcomes. And it "holds us . . . accountable to our patients."

In addition, he says, "I think it holds us accountable internally [when] we don't measure up the way we want to."

Staff do take the data seriously. The information Likosky marshals has shown, for example, that IMA grafts have lower mortality than leg vein grafts. "Less guesswork. Less art," says Nugent of how he now decides which kind of graft to use.

"It doesn't mean you can't impart your own stamp," he explains. It just means doing so based on the data.

MATTHEW C. WIENCKE

CLINICAL OBSERVATION

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

Douglas Goodwin, M.D.
Associate Professor of Radiology and of
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Goodwin is director of musculoskeletal radiology at DHMC. He specializes in magnetic resonance (MR) imaging of articular, or joint-related, cartilage, bone mineral analysis, and foot and ankle imaging. He's been on the DMS faculty since 1994.

What are your clinical interests?

I am particularly fascinated by osteoarthritis. In other words, I look at images of bones and joints and see how we all fall apart as we age.

What has changed in your field over the past 10 years?

In musculoskeletal MR imaging, the biggest advance has been improved spatial resolution. We are now able to image structures we couldn't see 10 years ago. I find myself constantly relearning anatomy, with emphasis on smaller and smaller structures. Trying to determine the clinical relevance of injuries to some of these smaller structures is a challenge. For example, I frequently see small injuries of articular cartilage, yet in most cases I am not sure if the lesion is associated with pain and disability or if it is likely to get worse with time. We simply haven't been able to study joint degeneration this way long enough to understand the natural history.



What famous person, living or dead, would you most like to spend a day shadowing?

Probably most of the people I admire weren't much fun to be around. Who wants to watch Lincoln brooding in the Oval Office? If I had only a day, I'd want to be with someone who was not only creative and intelligent but also enter-

taining. Mark Twain or Buster Keaton would be a couple good choices, I think.

What's your favorite non-work activity?

Watching television. I just got cable so I could watch the World Cup soccer games. It's been so long since I've seen anything but PBS that it's like a brand new world. I feel as though I'm taking a crash course in popular culture. But a lot of it is just ridiculous, so I'll probably get rid of it again in another month or two.

What's the last movie you saw?

Werner Herzog's documentary *Grizzly Man*. I like documentaries because they are less constrained by what fits in the story. Herzog is outstanding in presenting this story of a complex and troubled man. I admired his restraint, compassion, and ability to avoid the sentimental. He allows the subject to tell his own story while giving the viewer a necessary broader perspective.

What about you would surprise people who know you?

I bought a cell phone this year. Half of the people who hear this are surprised that I didn't have one before, and the other half are surprised that I finally broke down and got one.

What advice would you offer someone entering your field?

I frequently remind medical students that evaluation of the patient begins with the history and physical examination. Nothing else, including diagnostic imaging, is nearly as important. And for a radiologist, I think it is crucial to recognize that the technology will change quickly. Therefore, it is imperative to know the basic anatomy, physiology, pathology, and physics.

Have you mellowed with age?

What is the opposite of mellowed? I think I have done some of that.

Finish this sentence: If I had more time I would . . .

Only waste it—so instead, I would rather give it to my colleague Yvonne Cheung. She would make better use of the time (and would probably give me some cookies in exchange!).

