

APPLES FOR THE TEACHERS: Two of the 12 recipients of 2008 teaching awards at Harvard Medical School were DMS alumni—Drs. Hope Ricciotti '90 and Steven Schlozman '94—and one of the awards is named for Dr. Cynthia Kettyle, a DMS '69.



I'LL TAKE EYE EXAM FOR \$500

“What’s ‘escin?’” asks a pediatric resident of a panel of staff pediatricians. This isn’t a trainee who’s forgotten a bit of medical knowledge, but a round of “Bluff the Pediatrician” in DHMC’s annual Pediatrics Quiz Bowl.

During this portion of the fierce but good-natured competition, the staff team will try to stump the residents by giving one real response and two fake but convincing ones. “A critical protein missing,” fires back one of the pediatricians. “A CIS [Clinical Information Systems] shortcut,” says another. “A hemolytic substance derived from a horse chestnut,” comes a third definition. Now the residents have to guess which one is correct.

The Quiz Bowl also includes several rounds of “Rapid Response,” in which each team has two minutes to answer 10 questions. The categories are Saturday morning cartoons and the eye—or “You expect

me to do a fundoscopic exam on a screaming two-year-old?” Next is a round of “Name that Ye Olde Infectious Disease.”

So what is escin? After several moments of whispering, one of the residents guesses: “Number three?”

“Correct!” replies the staff team.

Now it’s the residents’ turn to try to fool the staff with fake answers. “What’s Holtzknecht?” comes their question. L.S.C.



ELECTIVE WAS SEW ENJOYABLE

Mix seven medical students interested in quilting (and in neonatal medicine) with a handful of experienced quilters, then bake for several weeks. That’s the recipe behind an unusual elective that two then-second-year students, Amity Burr and Sarah Dotters-Katz, organized last spring. Burr and Dotters-Katz are members of the Sunshine Quilters Guild in Grantham, N.H., which donated most of the supplies for the elective.

Experienced members of the guild “came to all of our classes,” says Dotters-Katz, which “was a nice opportunity to learn tricks and skills from truly great quilters.” The students turned out six pint-sized quilts (one is pictured above) and gave them to babies in DHMC’s intensive care nursery. The elective also included a tour of the unit and guest talks by parents and grandparents of babies in the nursery.

“During medical school, we study all the time,” says Dotters-Katz. “It is nice to have other skills to escape to.” J.D.



National pharm recommendations had DMS roots

A few years ago, in the middle of a lecture, DMS’s Dr. David Nierenberg felt a sharp pain in his side. “I literally jumped at the podium,” he recalls. Realizing almost immediately that he had a kidney stone, Nierenberg ended the class and drove himself to the DHMC emergency room. “The diagnosis wasn’t hard,” he says. “I walked in with the diagnosis.” The tricky part was how to treat the problem. Which drugs would ease his pain and help him pass the stone without conflicting with allergies or other medications?

Two: The two doctors who arrived to discuss his treatment options looked familiar to Nierenberg, the senior associate dean for medical education. Both, it turned out, were DMS grads who’d taken his required fourth-year pharmacology course. “I hope they know what they’re doing,” Nierenberg recalls thinking. The incident had a happy ending medically, and it also reinforced Nierenberg’s belief in the importance of teaching medical students how to be competent prescribers.

“We are graduating medical students who will turn into the doctors who will be treating us and our families,” he says. “If we don’t train them well, they will not take care of us well.”

Strong: Nierenberg has been encouraging the nation’s medical schools to update their pharmacological curricula since he arrived at Dartmouth in 1981. The training at DMS is quite strong, he says, but many other schools still lag behind. So he was thrilled to be asked to chair a panel convened last year by the Association of American Medical Colleges (AAMC) to examine the problem. In July, the group issued its report, “Education in Safe and Effective Prescribing Practices,” the 10th in a series of reports on medical training published by the AAMC.

The panel discussed what



DMS’s David Nierenberg, right, delivering some one-on-one teaching, headed a national panel that made recommendations about teaching pharmacology in U.S. medical schools.

medical students need to know by the time they graduate in order to be effective prescribers, and how best to teach them that information. The skills mentioned in the report include being familiar with the long list of drugs available today, knowing how to find up-to-date information, and communicating to patients the risks and benefits of potential treatments.

To ensure that these skills are taught, the report recommends increasing the amount of training students receive in prescribing. Now, Nierenberg says, most schools require a course in basic pharmacology in the first or second year; he'd like to see a course in the fourth year, too, similar to the one he teaches at DMS. "What I love about the fourth-year course is that it's a capstone course," he says. "It integrates everything that's happened in the first three years."

However, Nierenberg realizes there are reasons that not every medical school has followed DMS's lead. Some resist adding required courses in the fourth year; others may not have the faculty needed to teach such a course. "Where do you get the time and resources?" he asks. "That's really the problem."

Essential: Still, given the changes in medicine over the years, Nierenberg believes that the report's recommendations are essential. "There weren't too many drugs 50 years ago that could kill you fairly quickly if they weren't used properly," he says. "But now we have a lot of drugs that can do that."

AMOS ESTY

CLINICAL OBSERVATION

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

Misty Blanchette Porter, M.D.
Associate Professor of Obstetrics and Gynecology
(Reproductive Endocrinology) and of Radiology

Porter, a gynecologist and infertility specialist, is the medical director of DHMC's Assisted Reproductive Technologies and Infertility Program. A 1989 graduate of DMS, she joined the DHMC staff in 1996.

How did you get interested in your specialty?

When I read about the birth of the world's first IVF [*in vitro* fertilization] baby—Louise Brown, in Great Britain, in 1978—I knew I wanted to be a reproductive endocrinologist. I was awestruck by Drs. Patrick Steptoe's and Robert Edwards's abilities to combine basic science with clinical skills and give the gift of a child to a family.

Before you were 12, what did you think you wanted to be?

A large-animal veterinarian. When I was growing up, I spent much of my free time riding and showing horses.

If you could live in any time period, when would it be?

I would love to have a chance to see what the Hawaiian Islands were like before the 1950s. I grew up in Honolulu. When I go home now, I see large housing developments where there were once acres of sugarcane and pineapple. I grew up snorkeling the reefs off Oahu and wonder what they must have looked like before there was so much development and runoff.



What kinds of things do you enjoy doing outside of work?

My husband and I are both divers and like to go to remote reefs on vacation. I've also just run my first half marathon. At home, I read cookbooks instead

of novels, and I bake with my kids. I love to cook and take cooking classes. It is from other chefs that you can learn to appreciate how a dish should look and smell when it is prepared properly.



What about you would surprise people who don't know you very well?

I will dive down to 150 feet, but you won't find me higher than a few feet up in a tree. I am afraid of heights.

If you could trade places with anyone, real or imaginary, who would it be and why?

Claude Monet. I would love to see the details of the world through the eyes of a talented artist.

What do you like most about your job?

The variety in what I do. Every day is different. Each week I spend a day in the OR and split the rest of my time between seeing patients in the clinic and doing ultrasounds.

What is the greatest challenge in your work?

Supporting those who are grieving when they don't conceive.

And the greatest joy?

Seeing the children I helped patients conceive out in the community with their families.

Of what professional accomplishment are you most proud?

I am currently an oral board examiner for the American Board of Obstetrics and Gynecology.

What do you admire most in other people?

I admire careful decision-makers. Successful leaders seem to dissect a problem into components before trying to solve it.

What's the funniest thing that ever happened to you?

I'm an ob-gyn but nearly had my third child outside the ER at DHMC. We left the car running and the doors open, and I barely made it into a labor and delivery room before he was born. Despite having delivered hundreds of babies, I didn't believe I could have a three-hour labor.