

Looking back +

moving forward

GEISEL BOARD OF OVERSEERS MEMBER DR. BONNIE HENDERSON (D'89, MED'93) ASKS DEAN WILEY "CHIP" SOUBA ABOUT HIS FIRST TWO YEARS AT DARTMOUTH AND HIS VISION FOR THE MEDICAL SCHOOL.

Q: It's a pleasure to see you again, Chip. Thanks for having me come up to beautiful Hanover in the fall. Has it really been two years that you've been here?

A: Two years as of October 1st.

Q: What are some of the most important accomplishments from your first two years here?

A: I think we've taken a number of steps that bring us closer to our goals. One important step was getting the senior associate deans appointed. I think we have a fabulous group. We now have four senior associate deans: Duane Compton for research; Leslie Henderson for faculty affairs, Gregg Meyer for clinical affairs, and Richard Simons for medical education. All of them are dynamite. That team is so important because they oversee the various missions.

We're also starting to get clarity and a shared understanding of what we're trying to accomplish through the strategic plan, which we call the Geisel 2020 plan. The Geisel Board of Overseers has been supportive of the plan. The Dartmouth Board of Trustees has endorsed the plan. So we have direction, and direction is critical when you've got thousands of people who want to know which mountain we're going to climb.

We made it a priority to put our students at the front of our agenda. We're improving their educational experiences and have deliberately included them on our curricular redesign task force, on our strategic planning committee, and on our Biomedical Research Council. Dr. Simons has lunch with our students every month in order to provide a forum where they can share issues and offer input.

As important as anything has been the partnership with Jim Weinstein and the hospital. That has been hugely positive. The hospital and the Medical School

are working well together. Although we're two different institutions, it's very clear to everybody here that our missions are inextricably linked. The way you improve patient care is through innovations in research and education. We can't have a great medical school without a great teaching hospital. And we can't have a great teaching hospital without a great medical school. And, really, we can't have a great Dartmouth without a great medical school and a great teaching hospital.

I think we're starting to shape the culture into one that people are willing to own. Culture is not the first thing you change; it's the last thing that changes when you execute your strategies. We had a period of time when morale was not good, but I think in the past year it's started to turn around. It's very important to me that the faculty and staff experience Geisel as a fulfilling place to work, and that they feel that they're making a difference in the lives of the people we serve.

Q: Could you talk more about the 2020 plan and explain some of the most important aspects of it?

A: The plan is the result of thinking about where Geisel can really make an impact, and it's centered around the notion that we have a responsibility to the people we serve. We think Geisel can be a leader in educating

students and faculty to be leaders of change in making the world better. That sounds like a bit of a cliché, but it's true. That's not to say that we're not going to focus on the research enterprise. Part of making the world a healthier and better place is to have a great research enterprise so that you have fundamental discoveries that can be translated into services that improve the quality of life.

We have three overarching goals in the strategic plan. One is to play a leading role in reforming medical education. A second is to develop distinctive research programs that have a real impact on science and medicine. And a third is to take on the most important challenges facing the health-care system.

Underneath those goals is the aspiration of becoming a top-20 medical school. We call it Geisel 2020 because by 2020 we want to be a top-20 school. I'm the first to say that we don't want to focus just on the rankings. People around here get that. On the other hand, you can't ignore the rankings. The students and the faculty that come here look at the rankings. They have choices about where to go. So we can't ignore that.

Regarding medical education, there's a lot of room for improvement. We still, for the most part, educate students today like we educated them in the 1990s. Much of the first two years of any medical school around the country is going to class and sitting through

a lecture. There are aspects of that education that we absolutely want to preserve. I think at Dartmouth what is so special is the sense of community and intimacy and the access that the students have to top thinkers. But we're behind in technology. Just about every school is behind in technology.

Q: What do you mean by that? What do you mean that we're lagging in technology?

A: There are opportunities now for students to learn smarter and more quickly. This year, for the first time, we provided iPads to all the first-year students. The iPad provides a way of essentially putting the entire curriculum in a digital format. It's amazing. Today publishers are disaggregating all the chapters in a textbook. You can buy whichever chapters you want. Students can take the chapter on histology and as they read the chapter the tables and the figures can be interactive. You can look at a CAT scan from the front, sideways, from the back. You can build in testing, interactive learning, and feedback.

That's one area where we want to get up to speed. That will allow us to decrease the number of hours in the classroom, because quite frankly the students can get that on their own. And they tell us they want to get it on their own. The idea is that students

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"We have a responsibility to the people we serve," says Dean Souba.

come to class having become proficient in the material. Then they use the classroom time to do problem-solving and critical thinking.

Q: It sounds like you're making the students more responsible for learning the material.

A: Yes. So the students will study the lecture on glucose metabolism and then come to class where there's a case study on a diabetic. One of the goals is to much more tightly integrate the basic and clinical sciences. We want to provide more application of students' learning early on in their education. Related to that, we're also looking at how to revisit basic pathophysiology in the third and fourth years. So say you have a patient as a third year who has congestive heart failure. How do you reintroduce the Starling curve as a refresher?

Q: That's interesting.

A: That's the curricular part of it. In 2014 we hope to introduce our dual-degree pilot that offers the M.D. and a master's for students who choose that. Students would choose a pathway where they want additional expertise, such as global health, health-care delivery science, or innovation in translational research. We believe that we absolutely have a responsibility to prepare the finest physicians, and I think we do that. But we also believe that preparing top-notch physicians means preparing them with these other competencies.

We're never going to compromise our training of doctors. But we know from talking to students that they not only want to be great physicians, they also want to be great physicians who can impact health care in Peru or Rwanda or Haiti. They want to provide the best care for the patient in the right place at the right time. They understand that care is moving out of the hospital. Telehealth is here. Smartphones are going to be used to share information and monitor and deliver care.

Q: So this is what you mean when you say that this program is geared toward training leaders in health care?

A: Yes, absolutely. When I talk about preparing physician-leaders or scientist-leaders, I don't mean that we want all our students to end up the head of a hospital or something like that. What we mean by leadership is having the requisite skills and knowledge to make an impact wherever you're working—leadership in the sense of moving your clinic or your global-health program forward in a way that better serves people.

I was in Peru six weeks ago with three of our medical students and four of our undergraduates. We want those kinds of experiences to be robust enough so that when the students go there they can actually lead or be intimately involved in a project that makes a difference. Right now almost all global-health experiences for students across the country are mostly about observing. They're very valuable experiences. But we want to take it a step further, to prepare our students so that they can actually lead a project that can add some value.

Q: That's exciting. I'd like to matriculate again.

A: And the students vote with their feet. They love this.

Q: To move on, have there been unexpected challenges in your first two years here?

A: Not to state the obvious, but funding for higher education and for health care is increasingly challenging, and it's going to continue to be challenging. That wasn't a surprise, but—

Q: Is it getting harder?

A: It is getting harder, and it's getting harder for everyone. But in some ways Dartmouth is blessed. Dartmouth has been very clear that Geisel is a critical part of its future. We're blessed with a healthy endowment, and the College has made a commitment to Geisel in terms of some early investment and as an important priority, which means a great deal. But if we're to reach the aspirations of our 2020 plan and do more to improve lives, we need to accelerate external research funding and also philanthropy.

One thing that I found a little bit surprising is the sense among some people that we won't be able to recruit top talent to come here because of the location. Well, I've been here two years now and my take is that Hanover is a gem. This is a great place to live and raise a family and work. We've shown that there are lots of great people who want to be here.

One of the things you have to learn in these jobs is to be comfortable with a certain level of ambiguity and uncertainty. If you're a dean or a department chair who can't deal with the unknown, you're not going to be happy. I know there's a lot that we don't have much say over, but there's a lot that we do.

Q: Speaking of unexpected changes, what about the relationship with the College and the departure of President Jim Kim? How has that affected the Medical School?

A: I was disappointed when Jim left, but I would be the first to say that he had to take that job, and it's just a huge opportunity for him, for the World Bank, and at the end of the day it will be great for Dartmouth. Jim was very supportive of the Medical School, very vocal about the health sciences needing investment. But I've gotten clear and consistent messages from Carol Folt [the president of Dartmouth], Steve Mandel [chair of the Dartmouth Board of Trustees], and Bill Helman [chair of the Geisel Board of Overseers] that Geisel and the Medical Center are top priorities, and that has been my experience. So we're moving forward.

Q: How is the Medical School helping to take on the nation's health-care challenges?

A: One of the things that's distinctive about the Medical School is we have this long history, beginning with Jack Wennberg, of trying to be a leader in understanding health care's most pressing problems. There are problems around cost, quality, and access. We want to be both an academic leader and a leader in implementation. We are absolutely working in our curriculum reform to make sure that our students understand those dynamics. I think we're ahead of most schools in exposing our students to what it means to deliver high-value care. We

“We want to have a health-care system that works for everybody.”

believe that you are not going to accomplish health-care reform without at the same time accomplishing educational reform.

In addition to getting health-care delivery into the curriculum, it's going to be one of our signature research programs. So we have a plan for TDI [the Dartmouth Institute for Health Policy and Clinical Practice] to recruit faculty and to grow the impact that we have in measuring health-care outcomes.

I think there is broad agreement, including among the Board of Trustees, that Dartmouth has the opportunity to be a leading force in moving this forward. It's a huge need. You see that every day in your practice. We want to have a health-care system in this country that works for everybody. It works for some people today. It doesn't work for everyone.

Q: It seems like candidates for office could use this sort of work. They're going to need that type of advice as they work on the health-care system. This is not just a local problem. It's a national issue.

A: It's a huge national problem, and it's a complex problem. I think we're finally beginning to get a shared understanding of the problem—that it doesn't make any sense to have a country where 50 million people are underinsured or uninsured. People are starting to understand that a healthy society is good for everybody. That's a big step forward.

Q: It is. More locally, part of the strategic plan is increasing the faculty and the research funding. Could you talk about the plans for how to do that?

A: We're blessed that we have some really top research programs here. If you look across the Medical School, and across Dartmouth, for that matter, we're small. And part of being able to have a research impact is critical mass. We want to recruit in the areas where we can really have an impact. The goal is to create a large enough cohort of basic scien-

tists, physician-scientists, graduate students, postdocs, medical students, and undergraduates who are from very different disciplines but who are interested in similar problems.

Q: You're balancing so many different things on so many fronts. Is there a top priority, or a few top priorities, over the next few years?

A: One of the big ones is to push the curriculum reform forward. I really think we can have a distinctive impact in shaping the way the nation prepares its medical students.

Another priority is getting our two new buildings completed on time and on budget—the Williamson Translational Research Building and the new North Campus Academic Center. If you're going to grow the faculty you have to have places to put them. Those are big projects. They're on track but we want to deliver them in 2015. They're going to be great for the institution.

For me personally, it's important to make sure that we have a Board of Overseers that cares deeply about Geisel—I have no concerns about that—and can provide me with feedback and strategic input and can be stewards of the school. That's critical. I've been very pleased at the quality of the people who have joined the board. I think we've got the best board in the country.

Then, we need to continue to nurture the partnership with the hospital. Most of our faculty are physicians, and most of them work at the hospital. It's very important to me that all of our faculty feel like they're a critical part of Geisel, even though they may be at Dartmouth-Hitchcock or practicing in Keene. I hope that they take pride in Geisel and know that Geisel takes pride in them.

Q: I'll ask you one last question, a more personal one. What is your favorite spot on campus, the spot that you find most beautiful or inspirational?

A: The College Green in front of the library is probably my favorite place because it's where students, faculty, alums, and staff connect in the broadest sense. Connecting hearts and minds is one thing that makes Dartmouth special. For me that sense of tranquility is grounding. Academic medicine, and medicine in general, is confused, a little lost, and turbulent. With the work that we do, it's important to be able to pause momentarily and get anchored in what I consider to be the fundamentals. Connecting hearts and minds is pretty fundamental.

The most important thing to me—and I didn't have this clarity as a younger person—is to live a life that I love living. And the only way that works for me is if the future I'm living into is a future that's bigger than me. If the future is only about me—if it's about more money, more power, another car—that's doesn't work for me. But when it's about the students or the patients or improving the lives of the people we serve—I can get excited about that future.

You really have to be clear about what you care about. If I'm clear about the future and I'm committed to it, then regardless of what comes along that might trip me up, I'm not going to check out.

Q: That's great advice. I hope you give that advice to your graduates, because that's actually something that you don't learn early on. You're so stuck in the day-to-day, in what's going on today, that you don't see the bigger picture.

A: Very true. Thank you so much for your time, Bonnie. ■

Bonnie Henderson is a partner at Ophthalmic Consultants of Boston and an assistant clinical professor of ophthalmology at Harvard Medical School.