



AND ONE TO GROW ON: This spring, DMS marks the 10th anniversary of its Community Medical School with an eight-week public lecture series on “Great Discoveries Then and Now.” More than 5,000 people have attended since 1998.

WE’D ALSO LIKE TO THANK . . .

The editors of DARTMOUTH MEDICINE aren’t yet calling themselves “moviemakers,” but they no longer generate just words and still images. Two years ago, they began producing videos, podcasts, and other multimedia enhancements to DM’s online edition. These “web-extras” recently received the Association of American Medical Colleges’ top national award—the Award of Excellence—in the Electronic Communications, Rich Media category.



It’s not quite a gold statuette, but the staff is pleased by the recognition. (See page 2 for more on the genesis of the initiative.) The AAMC judges called DM’s multimedia “elegant” and “a top-notch job.” The web-extras are now a major draw on the DM website, which attracts over 1.5

million visitors a year. (To view them, go to dartmed.dartmouth.edu and click on any of the blue **WEB EXTRA** icons.)

The AAMC also gave the magazine’s print edition an Award of Distinction. The judges called DM a “classic of external magazines” and a “standard for the field.” They praised its design (“takes you through the magazine as a whole, not just through each story”), its writing (“one of the best-written publications in the bunch”), and its “great mix of harder and softer pieces.”

The awards are “a tribute to the magazine’s many collaborators and contributors,” says Editor Dana Cook Grossman. A.S.

VILLAGE IMPROVEMENT SOCIETY

A family in rural Ecuador might be able to raise \$250 to pay a surgeon to fix their child’s congenital heart defect. But add in the cost of lodging, transportation, and medical supplies, and surgery is impossibly expensive for most such Ecuadoreans.

So in 2005, Nicholas Ellis, now a second-year DMS student, founded Medicine, Education, and Development for Low Income Families Everywhere (MEDLIFE). The organization funds educational programs and health-care services for Ecuadorean villages and short-term treatments for villagers with serious health problems. “We trust in the Ecuadorean health system,” says Ellis. “That’s a point of pride for me.”



Ellis, left, examines an Ecuadorean child.

MEDLIFE—a recipient of Dartmouth’s 2008 Martin Luther King, Jr., Social Justice Award—recruits student volunteers from four different colleges. More than 100 have participated from Dartmouth. A.T.

DMS third-years: California, here they come

I think this is the beginning of a beautiful friendship,” says Humphrey Bogart to Claude Rains in the film classic *Casablanca*. Minus the international intrigue and Moroccan café, DMS has started a “beautiful friendship” of its own—an educational partnership with California Pacific Medical Center (CPMC), a major teaching hospital in San Francisco.

Diversity: Third-year DMS students now have the option of doing some of their required clerkships at CPMC, where they will see patients with “great diversity of medical diagnoses, backgrounds, cultures, and countries of origin,” explains Dr. David Nierenberg, DMS’s senior associate dean for medical education. CPMC is one of the largest private, not-for-profit teaching hospitals in California.

“There’s a much larger African American, Hispanic, and Asian [patient] community” at CPMC, says third-year Haitham Ahmed. He and classmate Carolyn Presley completed the first CPMC clerkship in psychiatry. Rotations in inpatient internal medicine began in March, and rotations in neurology will start in July.

The collaboration was initiated by CPMC. Dr. Warren Browner, vice president of academic affairs there, contacted Nierenberg and said that the California institution

had a strong research enterprise, solid residency programs, and “lots of faculty members enthusiastic about teaching,” but lacked a steady flow of medical students. The staff wanted to affiliate with a medical school—but one outside San Francisco, to avoid clinical competition with other Bay Area medical centers.

For Nierenberg, the timing was perfect. Most of DMS’s clerkships are in rural areas—northern New England, Arizona, Alaska—and DMS had actually been looking for large, urban hospitals with substantial cultural diversity to use as alternative training sites.

Chronic: During their psychiatry clerkship at CPMC, Ahmed and Presley worked both on the consult service and in the inpatient unit. Many psychiatry in-



Some DMS students have started doing clinical rotations at California Pacific Medical Center.

patients there are homeless or on state assistance due to chronic psychiatric disorders, and 25% to 30% have substance abuse problems, says Dr. Stephen Brockway, director of the clerkship.

Factors: Ahmed recalls one patient, admitted for alcohol withdrawal, whom he presented during daily rounds. “He would always say that he was suicidal or homicidal . . . because that was his cry for help. I think I learned a lot from that patient,” Ahmed says, “whether it was his socioeconomic factors—such as being homeless—impacting his clinical outcomes, or whether I was just learning about the physiology of alcohol withdrawal.”

Presley enjoyed her stint on the West Coast, too. “The nurses, occupational therapists, and social workers participate in rounds with residents, med students, and attendings,” she says. “I am very impressed with how easily the staff adjusted to incorporating a medical student into the team.”

Option: As clerkships are added in other specialties, Nierenberg anticipates that every DMS student will have the option to do a rotation at CPMC. “It could really broaden the horizons of our students . . . and I think they would end up being stronger physicians if they had the advantage of this additional experience, on top of the terrific training that they already get here at DHMC and the VA.

“This is not in any way to replace” current training sites, Nierenberg adds. “It’s like icing on the cake that’s already there.”

MATTHEW C. WIENCKE

INVESTIGATOR INSIGHT



In this section, we highlight the human side of biomedical investigation, putting a few questions to a researcher at DMS-DHMC.

William Rigby, M.D.
Professor of Medicine and of Microbiology and Immunology

Rigby studies the regulation of the immune response at the molecular level and runs rheumatology clinical trials; he also cares for patients with rheumatoid arthritis. He joined the faculty in 1987.

How did you decide to go into medical research?

I come from a family of physicians. My father would describe his operations at the dinner table. I considered almost every discipline in medicine, yet always knew research had a special attraction. However, few are prepared for the frequent failure that is innate to basic scientific research. I certainly wasn’t and failed multiple times before and during medical school. After working full-time as an emergency room physician, I decided to give research one more chance. I still remember the feeling of using a microscope on a cold, rainy April Friday in 1983 and realizing that there was something interesting going on down there.



What advice would you offer to someone contemplating going into your field?

Be sure that you love what you do and that you find happy people to work with. After that, it’s a piece of cake.

What activities do you enjoy outside your work?

Hiking, biking, skiing, cooking, gardening.

What historical event would you most like to have been at?

I’d probably pick the Battle of Britain during World War II, in order to witness the courage of a society inspired by great leadership.

What was your first paying job?

My first job was in high school in Los Angeles—working at A&B Chevy on Westgate and Wilshire. I became familiar with an impact wrench, a grease gun, and some truly memorable people.

What about you might surprise people?

There are so many things. How about that I worked on a kibbutz as a plumber’s helper and considered emigrating to Israel?

Where do you do your best thinking?

I wish I knew. I’d go there more often.

What is the greatest frustration in your work?

The ever-growing intrusion of regulatory bodies into nearly every aspect of medicine and medical education. Who regulates the regulators?

And the greatest joy?

Realizing that you have made a difference, whether it’s uncovering a scientific puzzle, taking care of a person, consoling a family member, or teaching a student or resident. And the greatest personal joy is family.

What is the accomplishment of which you’re proudest?

Raising two great kids.

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

Hurry less and enjoy the moment more.

What’s your favorite movie? Favorite poem?

My favorite movie is *Ferris Bueller’s Day Off*. And my favorite poem is “Forgetfulness” by the American poet Billy Collins.

Who was your scientific mentor?

Michael Fanger, Ph.D., who came to DMS in the early 1980s and catalyzed the growth of a great immunology program. He has played so many roles in my career, including teacher, editor, advocate, and friend.

What do you admire most in other people?

Personal warmth, a happy outlook on life, and an ability to elicit the same from others.