

HOMETOWN NEWS: Milton and Fred Ochieng' (DC '04 and '05, respectively) were ABC News Persons of the Week in January. The brothers built a clinic in their Kenyan hometown while in medical school. See dartmed.dartmouth.edu/w08/v01 for the full story.



a standing ovation at the end of the day. "Some were almost ecstatic with having had a chance to [try] a procedure . . . they could [use] when they went to various houses around the state," says Bill Griffen, Joyce Griffen's husband and an SP himself.

Plans: Bartels and his group have many more plans for using SPs. They have developed a program called **Marion Grassi, at age 93, is the GEC's oldest standardized patient.** eGEM, which stands for Electronic Geriatric Education Module. The web-based modules show an SP who has assumed a given condition being interviewed by a physician, with training tips inserted at appropriate points. Third-year DMS students are now using eGEMs, followed by one-on-one interviews with SPs. Bartels is also designing eGEMs to help clinicians change their practice settings "to better accommodate older adults," he explains.

As far as Bartels knows, Dartmouth's GEC is the only geriatrics center in the U.S. that makes such heavy use of standardized patients. "We have specialized in the frail, older, at-risk person who has multiple complex problems that are challenging to diagnose . . . and evaluate in the real setting," says Bartels.

This is a "huge priority for us," he adds, and "is quite unusual." Marion Grassi, at age 93, is the GEC's oldest mock patient. Bartels is indebted to her and all the SPs. "They're all just inspirational—incredibly smart, talented people who bring such energy to the role and take it incredibly seriously," he says. "We're only as good as they are, and they are really good."

Grassi, however, makes the job sound like a snap: "You just use your wits," she says wryly.

MATTHEW C. WIENCKE

Trustees establish a department and two chairs

Drs. Gregory Holmes, a neurologist; Elmer Pfefferkorn, a microbiologist; and Paul Batalden, a pioneer in the field of health-care improvement, all had reason to celebrate after the November 2008 meeting of the Dartmouth College Board of Trustees. The Board—in addition to discussing the fiscal challenges facing Dartmouth as a result of the nation's crumbling economy—voted to confer department status on DMS's Section of Neurology and to establish named professorships honoring Pfefferkorn and Batalden.

Range: Dartmouth's neurology program was founded in 1939, with one neurologist, as a section within the Department of Medicine. Its programs have since grown to encompass treatment for, as well as research and teaching in, the full range of neurological disorders. Neurology today has 17 faculty members, 11 residents and fellows, five nurse practitioners, and seven postdoctoral researchers.

The department has plans to expand its outreach services in Manchester, N.H., and elsewhere and is also increasing its research collaborations with other institutions, including the Montreal Neurological Institute and the University College of London.

"As the patient population gets older, neurological disorders are becoming more and more important," explains Holmes. He has been chief of the neurology

section since coming to Dartmouth in 2002 from Harvard's Children's Hospital Boston, and he has been named chair of the new department. Holmes notes that neurology has department status at all but two of the nation's academic medical centers.



Gregory Holmes

The Trustees also approved two new endowed professorships at the Medical School—the Elmer R. Pfefferkorn, Ph.D., Professorship in Microbiology and Immunology and the Chair for Health Care Improvement Leadership, which will bear Paul Batalden's name upon his retirement.

"I'm honored to see established a chair in my name and deeply grateful to all who contributed to its endowment," says Pfefferkorn. He is a popular teacher of parasitology and virology and is also internationally recognized for his research on *Toxoplasma gondii*, a parasite that behaves like a virus.



Elmer Pfefferkorn

Pfefferkorn came to DMS from Harvard in 1967, chaired the Department of Microbiology and Immunology from 1980 to 1992, and has



ON THE BALL: Luckily, the coach of the Hanover High School girls' basketball team is Dr. Daniel O'Rourke, a DHMC cardiologist. When a player's dad suffered a heart attack at a recent game, he was revived thanks to O'Rourke, an EMT, and a defibrillator.

continued to teach even since attaining emeritus status in 1997. (For more about Pfefferkorn's career, see "An Amazing Human Being" in the Spring 2008 DARTMOUTH MEDICINE, at dartmed.dartmouth.edu/sp08/f01.)

"I am sure that having this chair will further strengthen an already well-funded and productive department," Pfefferkorn observes.

The second new chair, which will be based within the Dartmouth Institute for Health Policy and Clinical Practice (TDI), was established to recognize Batalden's pioneering work as a leader in health-care improvement strategies. Although he plans to retire this summer, Batalden will continue to teach at DMS. He will also remain active with TDI's Leadership Preventive Medicine Residency program, which provides training in outcomes measurement and in the leadership of change and improvement in health-care systems. A search is now under way for someone to hold the endowed chair as well as be the director of TDI's Center for Leadership and Improvement. (For more about Batalden's work, see "What System?" in the Summer 2006 issue, at dartmed.dartmouth.edu/su06/f01.)



Paul Batalden

"I'm sure the next turn of the work will build on what I've done," says Batalden. "I look for it to go much further."

LAURA STEPHENSON CARTER

Surgery center is under construction, off site

You haven't been able to eat or drink for hours. But just as the appointed time for your elective surgery finally approaches, you're told that you've been bumped to a later slot, to make way for an unexpected trauma patient.

That scenario happens more often than anyone at DHMC, patients or providers, would like. And it's not just inconvenient for the patient; it's also expensive for the Medical Center, which must pay overtime when the operating room schedule runs longer than planned.

Efficiency: So DHMC is building a new off-site Outpatient Surgery Center (OSC) to alleviate this all-too-common problem. Improving efficiency, convenience, and safety are the primary aims of the \$33-million facility, which is scheduled to be completed in the spring of 2010. It will contain four operating rooms (plus space for four more) that are equipped for various same-day procedures in orthopaedics, ophthalmology, otolaryngology, and plastic surgery, as well as other specialties.

Dartmouth currently has 26 operating rooms, which often function at maximum capacity. "We're out of places to put ORs at the current campus," says Dr. Michael Sparks, an orthopaedic surgeon and the medical director of perioperative services at DHMC. The number of operating-room procedures has been growing by 4% to 6% each year

for the past several years, according to Sparks.

Another reason behind the OSC, besides the addition of much-needed capacity, is the establishment of a training environment for surgical residents and fellows that mimics a private-practice surgical center.

"Most people who finish their residency don't go into an academic practice," says Sparks.

"We're out of places to put ORs at the current campus," says Sparks.

"They go into a private-practice world. And the things that drive private practice are different than the things that drive academic practice. Part of our goal here is to educate residents completely and to prepare them to deal with the environment that they're going to have to deal with. This is an important part of their world—an ambulatory surgery center."

Many outpatient surgery centers in other parts of the country are run by private physician

groups, and nonprofit hospitals often accuse such centers of skimming off desirable patients and performing only the most highly reimbursed procedures.

Nonprofit: But the Dartmouth OSC will be part of DHMC, which is nonprofit. "This is not a freestanding-for-profit," says Carol Majewski, nursing director of DHMC's perioperative services, even if its site is separate from DHMC's main facility.

Located on LaHaye Drive, the 40,000-square-foot OSC will incorporate many sustainable energy principles, such as passive solar heating and lighting.

Although construction of the building began earlier this year, the project can be halted if the economic recession becomes even worse than anticipated. But so far, "the recession has helped a little bit," says Majewski, because contractors have less work than usual.

Project: "Right now the project is under budget and on schedule," Sparks adds.

JENNIFER DURGIN



This artist's rendering gives an indication of what DHMC's new Outpatient Surgery Center will look like. It will be located on the right side of LaHaye Drive when approaching the Medical Center from the light at the top of the hill on Route 120.



Mock patient Marion Grassi, left, simulates someone with a drinking problem, as geriatrician Steve Bartels demonstrates techniques for interviewing such a patient.