



## PLUNGING INTO THE BATTLE AGAINST HEALTH DISPARITIES

Geisel students, faculty, and staff took a mid-winter swim to raise money for the Center for Health Equity.

**O** N A COLD DAY IN FEBRUARY, DOZENS OF GEISEL STUDENTS, faculty, and staff took a stand—and a dive—for an important cause. As part of Dartmouth’s Winter Carnival, they plunged into the frigid waters of Occom Pond to support the proposed founding of the Center for Health Equity. The center, which recently received final approval, will combine several existing programs under one roof, including the Rural Health Scholars and Urban Health Scholars, and lead to the development of new opportunities for medical students.

Lisa Adams (’90), the director of the Center for Health Equity and the associate dean for global health at Geisel, says that it was primarily the students who drove the creation of the center. She notes that students will be able to find guidance on how to become involved in working with underserved populations, whether they are looking for their first

exposure or have years of experience and want help integrating such work into their career path. “It’s meant to be a resource center, a place for students to explore and ensure they are well prepared to undertake such opportunities,” she says.

Another part of the center’s mission will be to help connect students with faculty who are involved in projects related to health equity. “The more students can work with our faculty who are engaged in these kinds of projects, the more enriching the experiences will be,” she says.

The center will also facilitate research related to providing care to underserved populations, in part by bringing together researchers from

many different disciplines. “We know that the approaches that we’re going to have to take to address health inequities and reduce health disparities are complex,” Adams says. “Therefore the solutions are going to have to be multidisciplinary, so I would really love to see some opportunities for working across the campus with students and faculty from the college and the other professional schools.”

Adams believes that the experiences students gain through working with underserved populations will help them throughout their career, regardless of their field. “In most if not all patient interactions, there are cross-cultural differences that one should be aware of and attentive to,” she says. “We want our students to be very reflective about how they are approaching this interaction.”

Adams was among the members of the Geisel community who took part in the dive to support the center. “It was a great bonding experience,” she says. For the students who plunged into Occom Pond, taking the next step in contributing to health equity should be easy in comparison.

### NEWSBRIEF



#### A CONTINUING EFFORT

Three years after a devastating earthquake struck Haiti, dozens of health-policy experts, government officials, and others from Haiti met with faculty and students from across Dartmouth to assess ongoing development efforts and discuss future initiatives.

## NEWSBRIEF



## FOCUS ON POVERTY

As the keynote speaker at the annual Martin Luther King, Jr., celebration in January, Roy Wade ('07) urged medical students to consider how poverty plays a role in contributing to health disparities. In early February, some Geisel students made clear that they already take this lesson seriously, as they organized a conference on the connections between medicine and poverty. The conference included a talk by Jim Withers, the founder of the Street Medicine Institute, who discussed his work with the homeless in Pittsburgh.

# PAVING THE WAY FOR A NEW CURRICULUM

**IN MARCH, THE CURRICULUM REDESIGN WORKING GROUPS RELEASED** the initial draft of the framework for the revised medical curriculum, part of the process of preparing the new curriculum for its launch in 2015.

Tim Lahey, the project leader and an associate professor of medicine, says that the draft is far from a finished product but does reflect the major goals of the redesign effort. Those goals include an increased focus on active learning, further integration of basic science and clinical work, the addition of a longitudinal element to the clinical experience, and the inclusion of an elective master's program in health-care evaluation and innovation.

"I'm proud of it," he says. But, he adds, "there's still a long way to go."

Lahey notes that faculty members have raised a number of important questions about how the curriculum will be implemented. "A natural response that people have had is, 'Where am I on that plan?'" Lahey says. "'How do I get engaged?'" Another common question has been to ask for more details about the integration of clinical and basic science elements of the curriculum. Lahey and other members of the redesign working groups are listening to those and other concerns and will use them to create a revised draft, which will be circulated for additional discussion, building toward votes by the medical education committee and the full faculty.

Although there is a lot of work left to do, Lahey believes the draft marks an important step toward implementing the curriculum in 2015. He adds that the recent site visit made by surveyors from the Liaison Committee on Medical Education (LCME) affirmed that the redesign is headed in the right direction. "They were really impressed with Geisel, but they did have some specific areas for improvement that they mentioned," Lahey says. "They talked specifically about moving away from an emphasis on lectures to emphasizing more active, engaged approaches that stimulate clinical thinking on the part of our students, which is clearly a part of this proposal."

The complete revised curriculum will not be implemented until 2015, but some components of medical education at Geisel are already changing. Over the past year, a pilot program in the first-year On Doctoring course tested a longitudinal component. In another new initiative, the Class of 2016 received iPads upon arriving at Geisel for use in their coursework, which will continue with the Class of 2017. The iPads have already allowed for the introduction of new elements into the teaching of first-year courses. Additional active-learning components have also been added to the medical pharmacology course taken by second-year students. These and other new elements of the curriculum are helping to pave the way for additional changes to be made in the coming years.

## Worthy of Note



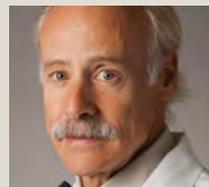
**CLIFFORD BELDEN, MD**, an associate professor of radiology and of neurology, was appointed chair of the Department of Radiology. He had served as interim

chair since 2011. Belden's research interests include head and neck cancer and translating emerging imaging technology to clinical practice. He is a senior member of the American Society of Neuroradiology.



**C. FORDHAM VON REYN, MD**, a professor of medicine and director of DarDar International Programs at Geisel, received a Lifetime Achievement Award from

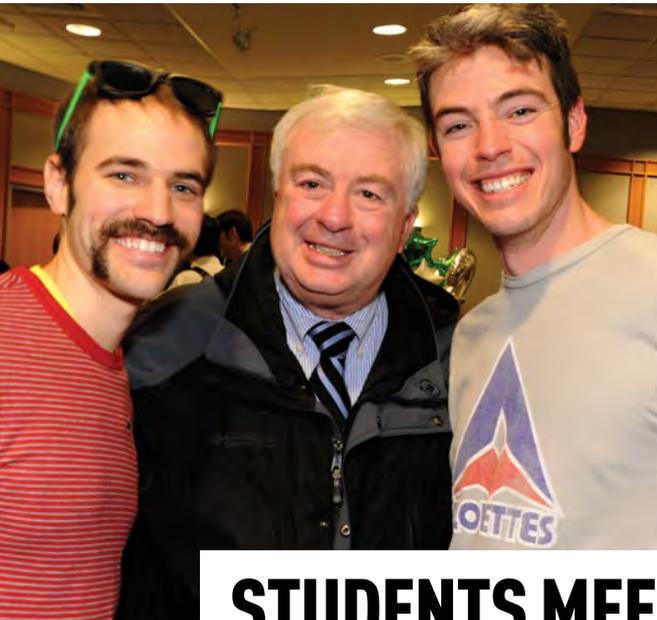
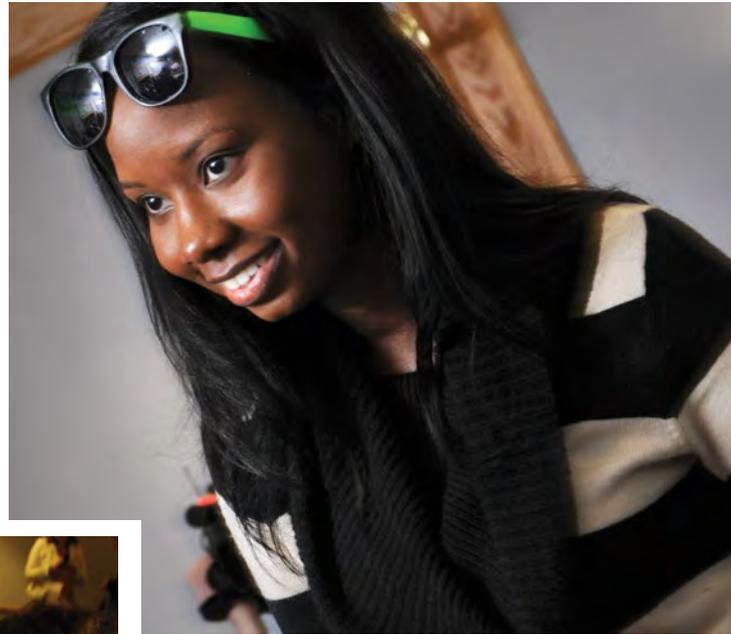
the International Union Against Tuberculosis and Lung Disease. The International Union honored von Reyn for developing DAR-901, the first new vaccine in 85 years shown to be effective against tuberculosis. In a large randomized controlled trial in Tanzania, DAR-901 reduced the rate of tuberculosis among HIV-infected patients by 39%. The Union also recognized von Reyn for his leadership of the Section of Infectious Disease and International Health at DHMC.



**MARC ERNSTOFF, MD**, a professor of medicine and associate director for clinical research at the Norris Cotton Cancer Center, was appointed to

the O. Ross McIntyre Endowed Professorship at the Norris Cotton Cancer Center and the Geisel School of Medicine Dartmouth. The professorship is named in honor of longtime NCCC director O. Ross McIntyre.

**ANNA TOSTESON, ScD**, a professor of medicine and of community and family medicine, was appointed the James J. Carroll Professor in Oncology at the Norris Cotton Cancer Center and the Geisel School of Medicine. Tosteson's research is in clinical and health policy issues in cancer and musculoskeletal diseases.



## STUDENTS MEET THEIR MATCH

**A**T THE MUCH ANTICIPATED ANNUAL MATCH DAY EVENT, 103 students at Dartmouth's Geisel School of Medicine learned where they will start their residency training after graduation. Nationally, more than 17,400 graduating medical school students participated in this year's match program.

"I couldn't be more proud of our students," says Dean Chip Souba. "I know that as they begin their residencies across the U.S., they will be superb physicians and great leaders."

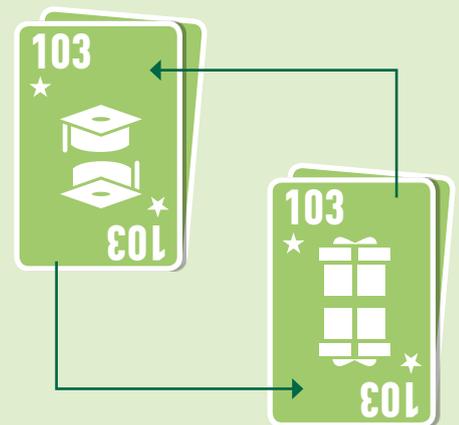
Reflecting a national trend this year, primary care (family medicine, internal medicine, and pediatrics) was the most

popular specialty choice among Geisel students, with 44 choosing to go into that field. Emergency medicine and anesthesiology were next most popular specialties, with 12 and 9 students respectively. Massachusetts was the most popular destination, followed by New York, California, and Pennsylvania.

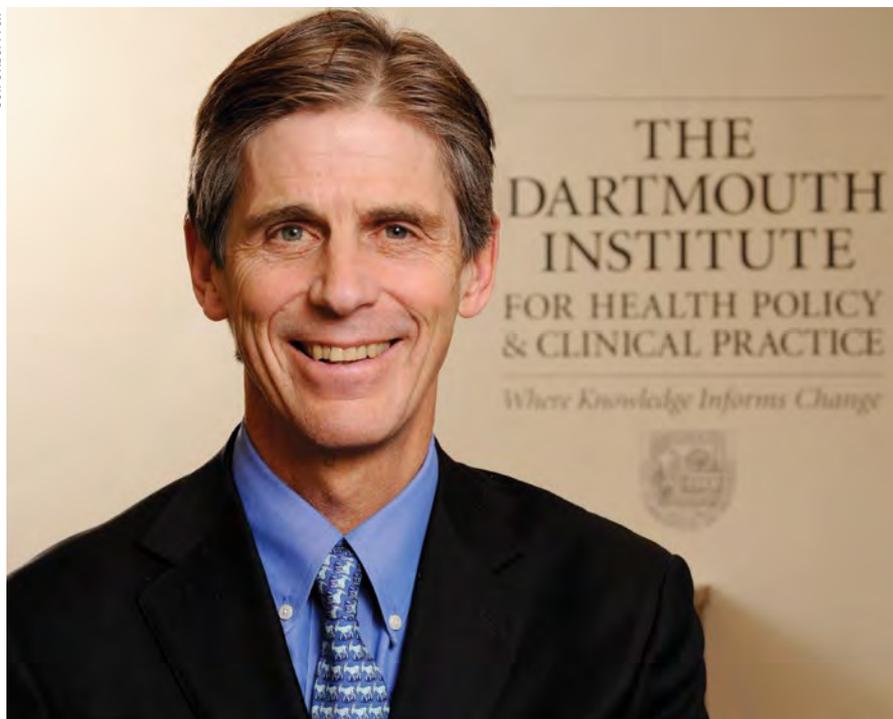
Above, clockwise from top left: Jill Kaspar discovers she'll be heading to Oregon; Melissa Jackson is one of 44 students who matched in primary care; Rebecca Scully and Carolyn Koulouris stay cool; and Nicholas Barnes (*left*) and Patrick Hattan ('12) celebrate with senior advising dean Joe O'Donnell. Photos by Jon Gilbert Fox.

## *a perfect match*

**IN HONOR OF THE CLASS OF 2013**, alumni made 103 gifts to the medical school's annual fund during the month of March. Oge Young ('75) urged the Classes of 2003–2012 to participate in the Match Day Match Challenge by offering \$3,000 in matching funds. All told, these efforts brought in alumni gifts totaling \$23,000 in unrestricted funds—supporting scholarship, curriculum development, classroom and lab technology, and other vital needs. Thank you, Oge, and all who participated.



Jon Gilbert Fox



## FISHER NAMED DIRECTOR OF TDI

### ELLIOTT FISHER, WHOSE NAME IS FAMILIAR

both to Dartmouth and to health-care policymakers across the country, has been appointed director of the Dartmouth Institute for Health Policy and Clinical Practice (TDI). Fisher currently serves as director for population health at TDI and as the James W. Squires Professor of Medicine and Community and Family Medicine at Geisel.

Dean Chip Souba described Fisher as one of the nation's top thinkers in health policy and the science of health-care delivery. "Under Dr. Fisher's leadership, the faculty will continue to tackle the most important and vexing social problems confronting developed and developing countries," Souba said.

Fisher has accumulated a long list of accomplishments during his career, including leading groundbreaking studies showing that higher health-care spending does not necessarily lead to better health outcomes or better care. This research, along with other studies by Fisher and his colleagues at TDI, challenged—and eventually changed—conventional wisdom about health-care

Elliott Fisher is working to apply research he and others at TDI have conducted to improve the delivery of care. "It is an important moment in health care," he says.

spending. Fisher has also served as co-director of the Dartmouth Atlas of Health Care, which has disseminated research carried out at TDI through the publication of reports on variations in health-care delivery across the country.

In recent years, Fisher has applied new knowledge about health care to policy. As one example, he helped create the concept of the accountable care organization (ACO), a new model for the delivery and payment of health-care that moves away from the fee-for-service model long prevalent in the U.S.

Fisher is looking forward to the challenge of helping to improve the nation's health-care system. "It is an important moment in health-care," he said. "Rising health-care costs are now recognized as the major threat not only to federal, state and local budgets, but also to personal incomes. We know that much of that spending is wasted on high administrative costs, exorbitant prices, and avoidable discretionary services. Emerging models of payment and care delivery offer the promise of both better care and lower costs."

## Worthy of Note



**LESLIE FALL, MD**, a professor of pediatrics, was elected to the American Pediatric Society in recognition of her contributions as a physician-educator.

**JOSEPH O'DONNELL, MD**, a professor of medicine and of psychiatry, received the Holly Sateia Award as part of Dartmouth College's 2013 Martin Luther King, Jr., Social Justice Awards.



**SURACHAI SUPATTAPONE, MD, PhD**, a professor of biochemistry and of medicine, was elected a fellow of the American Academy of Microbiology.



**GREGORY TSONGALIS, PhD**, a professor of pathology and director of molecular pathology at DHMC, received the 2013 American Association for

Clinical Chemistry and National Academy of Clinical Biochemistry Award for Outstanding Contributions to Clinical Chemistry.

**JESSICA FRIED** ('14) was elected Chair-Elect of the Association of American Medical Colleges' Organization of Student Representatives.

**KRISTEN JOGERST** ('16) was selected to the inaugural Education Committee of the Consortium of Universities for Global Health.

### NEWSBRIEF

#### ON THE BRAIN

On April 5th, Dartmouth held its 27th annual Neuroscience Day, which featured talks by a number of Geisel graduate students and postdocs and DHMC residents.