A moving target

By Seth Crockett

SUZANNE BEHN

We are blessed with a talented student body, a wonderful faculty, a state-of-the-art facility, and a uniquely collaborative environment. But I have a few suggestions for the future.

As I traveled across the United States this past year, interviewing for residencies in internal medicine, I found myself unconsciously comparing each academic medical center I visited to DMS and DHMC. Most of the time Dartmouth was the clear victor. I believe that we are blessed with a talented student body, a wonderful and committed faculty, a state-of-the-art medical facility, and a uniquely collaborative and nurturing environment in which to study, work, and live.

But as I prepare to leave DMS after four wonderful years, I have a few suggestions regarding its future. Health care is changing rapidly. Advances in technology and biomedicine are colliding with diminishing reimbursements, a declining economy, and increasing numbers of uninsured people. I hope DMS will continue to grow in these uncertain times.

International health: As a second-year student, I cochaired the student-run Dartmouth International Health Group. We distributed fellowships to medical students who were working on international health projects. One of those fellowships helped to fund a trip I took to Ecuador. We also organized monthly talks by physicians and others who captivated us with tales of their experiences working in international health.

But student groups like ours are limited in what they can do. With the increasingly global market for health care, it is crucial that medical schools teach students to practice culturally sensitive medicine, both in the U.S. and abroad. DMS does encourage students to do cross-cultural rotations within this country, and there are some opportunities for international work. But I would love to see DMS expand its international programs and even create an international health institute that would capitalize on the experience of the many DMS physicians already involved in international projects.

The evaluative clinical sciences: Founded in 1989, the Center for the Evaluative Clinical Sciences (CECS) is the only program of its kind anywhere and it is truly a jewel in DMS's crown. CECS Director John Wennberg's *Dartmouth Atlas of Health Care* is a seminal work on the geographic variation in health-care expenditures in the U.S. The CECS faculty is an interdisciplinary team of epidemiologists, psychologists, sociologists, economists, and physicians who study the health-care system, the distribution of health-care resources, and differences in patient perceptions of health care. CECS has granted numerous doctoral and master's degrees over the past 14 years. This year, the first candidates for master's of public health degrees were to graduate from DMS. And an M.D.-M.P.H. program is in the works. But I would love to see DMS take better advantage of the CECS program by integrating more evaluative clinical sciences coursework into the M.D. curriculum.

Curricular change: Overseeing the curriculum of a medical school is a challenging business, as I have come to realize in my two years serving on DMS's Medical Education Committee. Although DMS does an excellent job of preparing its students for residency positions, I think it could do still more. The School needs to have a more flexible and innovative curriculum in order to keep pace with the rapid changes in the practice of medicine and the needs of modern physicians.

DMS also needs to adopt new technology more quickly, too—many of our peer institutions are ahead of us in their use of computer-based instructional tools for basic science courses and clinical clerkships. In addition, DMS should improve faculty teaching and reward excellence in clinical and basic science teaching in the same way it rewards excellence in research—with academic promotions.

A definitive home: Dartmouth Medical School was founded in 1797 and has the proud distinction of being the nation's fourth oldest medical school. Ever since Nathan Smith was roaming about northern New England, our School has had a rich and colorful history. DMS was even the site of the first building erected specifically for the study of medicine in the United States. The "New Medical House" as it was called, was built by Nathan Smith in 1811 with a $3,450 grant from the New Hampshire legislature. This historic building, which will be forever emblazoned on the DMS crest, served as the Medical School's primary building for over 150 years. Sadly, it was razed in 1963. Since the destruction of this building, the students of DMS have lacked a definitive home.

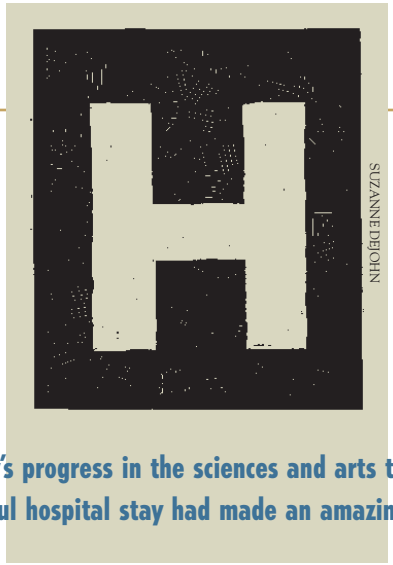
Needless to say, there are both psychological and logistical benefits that come from having a recognizable "front door" to your institution. It would bring me great joy to see DMS construct a well-defined portal for the Hanover campus that would serve to better identify and unite the Medical School.

I have thoroughly enjoyed my time here, and there is no doubt but that this was the best medical school for me. I believe it to be an excellent educational institution, but I also understand that excellence is a moving target. I anticipate that DMS will continue to grow under the leadership of the new dean, Dr. Stephen Spielberg, and I look forward to hearing in the years to come about progress and increasing recognition for the students and faculty of Dartmouth Medical School and Dartmouth-Hitchcock Medical Center. ■

"Student Notebook" shares word of the activities or opinions of students and trainees. Crockett is the 2002-03 president of the DMS Student Government, though the opinions he expresses here are his own rather than the Student Government's. A member of the M.D. Class of '03, he will be doing his residency in internal medicine at Stanford.

Change, change, change

By Willem Lange



I can summon up that face yet, though I saw it 54 years ago for only a few seconds: A middle-aged nurse with a white, starched uniform; a green snood covering her hair; rimless bifocals; her mouth pursed and eyes narrowed in disapproval as she shook her head and muttered something about the worthlessness of "young people these days."

She was cleaning up a mess that I had made in my hospital bed. I felt awful about it, but I was simply unable to heed her order to "Clean this up yourself!"

Half a century's progress in the sciences and arts that contribute to a successful hospital stay had made an amazing difference.

Unmentionable: So I felt awful. But what'd they expect? They'd put me to sleep for an operation (tonsils and adenoids) with an ether enema, which had produced the two expected effects. I suppose if I'd been a toddler, she'd have lifted one ankle up in the air and pitched right in. But I was 14, and . . . well, you really had to live during the first half of the 20th century to appreciate how far we've come from considering our bodies and their functions to be unmentionable.

By contrast, my experience with surgery earlier this year was like a trip through the Tunnel of Love. Half a century's progress in all the sciences and arts that contribute to a successful hospital stay had made an amazing difference. Everybody I had anything to do with was terrific: committed to his or her job, happy to be doing it, and apparently devoted to making me feel better about what was happening right then and to knowing better how to handle what would come next.

Clearly, there's been a successful wedding of technology and people considerations. There's no way an institution the size of Dartmouth-Hitchcock could keep things straight without major-league computers and wizards to run them. By the same token, anyone who deals with the customers—not just nurses and doctors, but housekeepers, transporters, and maintenance workers, too—all of them act as if they're delighted to have had you drop in to get your problems mitigated, if not solved. I almost wanted to stay an extra day.

Atmosphere: The atmosphere has brightened in other ways, too. Used to be, they shut you off solid food almost a day before you had to show up. Something to do with the dangers of general anesthesia, I guess. Now you can eat till midnight the night before and drink juice or coffee before you present yourself at dawn. And every desk I came to, they were expecting me.

Sitting in the little curtain-shrouded room where I doffed my duds and switched into a horrid hospital gown (that's one of the things that hasn't changed over the years), was like old home week. One of my wife's former kitchen-design clients checked me in; the surgeon, whom I'd known years ago as a Dartmouth undergrad, showed up to ask if I had any questions; the anesthesiologist was a guy who sits a couple of pews behind us in church; and a semiretired orthopaedic surgeon who worked on me 30 years ago stopped in to chat.

After we'd agreed on the method of anesthesia, the anesthesiologist placed something damp and warm—it felt like a baby wipe that had been in the microwave for maybe 10 seconds—near the base of my spine. That's the last thing I remember until a few hours later, when a person dressed in blue wheeled my bed through many automatic doors to Room 326.

The next four days, like any hospital recuperation, were a running gunfight between the desire to lie still in order to avoid pain and the need to get moving in order to restore mobility. When I had my knees replaced seven years ago it was "up and at 'em"—take up thy crutches and walk! This time, there were constant cautions about the danger of overloading my beautiful new ball-and-socket too early or of bending it inappropriately. You dislocate that thing or tear a muscle, everyone warned, and you'll have to baby it forever.

Advice and rules: It's hard to internalize all that advice right away, so naturally I forgot—once. The evening after the operation, I rose from the lounge chair in my room to get into bed and dropped something on the floor. I'd been given an aluminum picker-upper with a claw on the end. I tried to use that but dropped it, too. So while the bystanders screamed, "Stop!" I ignored four rules: (1) Don't bend more than 70 degrees from the plane of your legs; (2) Don't reach below your knee; (3) Don't reach down and across your body so that you stretch the new joint; (4) When lifting, keep your toes and your belly button pointed in the same direction. Without going into further detail, I can assure you I'll never forget those rules again!

Other than that incident and its aftermath, it was a lovely four days. The nurses were great. One heard me grousing that my TV remote changed the channels in only one direction. A few minutes later, with a conspiratorial wink, she slipped me a different one that went both ways and, I discovered, even controlled my roommate's TV! Martha Ussler, a dynamic physical therapist whom everybody calls "Martha the Unforgettable," hovered around me like a horsefly till I swore I'd faithfully execute every exercise she prescribed, and no more. The night nurses pretended to believe me when I said I could shower at 5:00 a.m. with no problem, then hung around to dry off and put back to bed the inevitable quivering wreck that resulted.

The whole experience was fascinating. How I wish that that long-ago nurse in Albany Children's Hospital could have seen it. She'd be amazed that the "young people" had made such progress in medical technology . . . and in medical care. ■

"Point of View" provides a personal perspective on some issue in medicine. Lange is a carpenter in Etna, N.H.; the author of six books about rural life; a commentator on Vermont Public Radio; and a columnist for the Valley News, *in which this essay first ran.*