



RYING SQUIRREL GRAPHICS

Jessica Ash, left, was one of the nurses shadowed by medical students like, here, Rusty Phillips and Laura Shively.

it being too structured—that it would almost be a barrier,” Ceppetelli says.

In the course’s first offering, this past spring, each medical student had six shadowing experiences—each one lasting between two and four hours. After every two experiences, all parties involved met to share information and reactions.

“The biggest asset a physician has is a wise nurse by their side,” says Donna Brown, R.N., nursing director of medical specialties, who helped recruit nurses to take part in this initiative. “The nurses were extremely thrilled to know that young med students would be interested in learning about the work of a nurse.”

Side by side: Students observed the range of duties that a nurse performs, from monitoring the condition of patients to ascertaining when a palliative-care team should be brought in. “The medical students were encouraged to work side by side with the nurse and to ask as many questions about what was happening with the patients as well as [about] the processes . . . in-

involved in nursing,” says Brown.

Students had a variety of reasons for enrolling in the elective. First-year student Laura Shively was aware of poor doctor-nurse relationships. “I come from a family of doctors and nurses so have heard experiences from both sides,” she explains.

“I knew it was going to be clinical time in the hospital, and so I wanted to be able to interact with patients,” says Shively’s classmate Rusty Phillips. Normally, first-year students don’t have a chance to work with hospitalized patients.

Upon completing the six experiences, all participants attended a dinner hosted by emeritus professor Frances Field, M.N. “She was the first nurse on the faculty at DMS and has always been a great advocate of nurses and doctors working together to produce good outcomes,” says O’Donnell. “At the dinner, I was blown away by the comments the nurses and students made.”

“There was no negative, absolutely no negative—they were just delighted because they had this opportunity to work together,” says Ceppetelli.

“I thought it was very useful. I would like to see it as a part of a [required] class versus part of an elective,” says Shively.

The nurse shadowing experience will be offered again next year as an elective. “You cannot collaborate with people unless you see them as competent,” says Ceppetelli. “This is an opportunity to communicate with people and develop trust.”

SION E. ROGERS

DMS memorial service makes the news on NPR

Each spring at Dartmouth Medical School, first-year students hold a memorial service for the families of the cadavers they’ve studied all year. It’s a way of honoring the body donors who’ve become the students’ silent teachers.” The voice saying these words was familiar—Scott Simon, host of *Weekend Edition* on National Public Radio (NPR), was introducing a segment reported by Susan Keese of NPR’s Vermont affiliate.

“During the months they spend dissecting the cadavers,” Keese explained, “the students know only their age and cause of death. In the spring, when the cremated remains are returned to the relatives, they learn more.”

Held in Dartmouth’s Rollins Chapel, the service was attended by students, faculty, and friends and families of the donors. “This memorial service is in recognition of your loved ones’ generosity and in celebration of their lives,” read the program. “We en-

courage you to remember your loved one by lighting a candle at the front of the chapel.” As family members filed up to light candles, the evocative sounds of Pachelbel’s Canon in D Major echoed through the chapel.

“I cannot put into words how much we have all learned, benefited, and grown from the contributions of your loved ones,” began Nathaniel Link, a first-year student. Next at the lectern was Dr. Martha McDaniel, chair of anatomy. She told the families a little about the students, pointing out that although the service is obviously meaningful to the families, it’s amazing how important it is to the students, too.

Poignant: Heather Sateia, the first-year student who organized this year’s ceremony, read a work by Henry David Thoreau. The poignant words told of completing a cycle and returning to something greater—like a blade of grass to the earth.

Next was a time for reflec-



ANDY NORDHOFF

Sateia, in yellow, and Link pause amid the crowd after the service in Rollins Chapel.



A HELPING HAND: In FY04, DHMC provided \$16.7 million of financial assistance to under- and uninsured patients, plus \$70.9 million in care uncompensated by government insurance (mostly Medicare and Medicaid).

tion. The students had encouraged family members to submit memories of their loved ones ahead of time. Six students came forward to read excerpts. Some passages were light-hearted recollections of feeding birds and handcrafting rugs, while others told of fleeing the Nazi regime and traveling the globe. The students interspersed these tales with mentions of their own experiences, their gratitude, their admiration for the donors.

“You opened your heart and home to many Dartmouth students and gave them the ultimate gift, your remains, to help them in their life work. You will be with us always,” said Sateia.

Then the donors’ names were read aloud, one by one, before a moment’s silence in their memory. Again music swelled and everyone sang “Amazing Grace” as the candles burned brightly.

“After the service,” reported Keese, “the future doctors and the families mingled and talked. The students recalled how hard it was at first to take apart a human body.”

As the NPR segment ended, music filled the airwaves. “The students say that knowing that the donors wanted their bodies to be used in this way makes the lab work easier, but often a hint of red nail polish or a tattoo reminds them that someone special is in their hands. For NPR News, I’m Susan Keese.”

“A lot of my friends,” recalled Sateia a few days after the event, “went into the ceremony not expecting to become emotional—but found themselves crying.”

SION E. ROGERS

Joint class on law and lead looks for solutions

Say the words “lawyer” and “doctor” and most people probably think “malpractice.” But law and medicine intersect for other reasons, too, often in the public’s interest.

“We look to the public-health community in my profession to tell us what’s wrong,” Boston attorney Neil Leifer told DMS and Vermont Law School (VLS) students at a joint class during spring term. (Leifer, of the law firm Thornton and Naumes, is best known for leading Massachusetts’s successful fight against the tobacco industry.)

Cases: Litigation “doesn’t start with the lawyers. We don’t dream up the cases—despite what the doctors are taught in medical school,” he joked.

For several years, Leifer and Dr. James Sargent, a Dartmouth pediatrician, have co-taught a class on lead poisoning for VLS environmental law students. More recently, Sargent began lecturing on the topic in a course on environmental and occupational health for Dartmouth M.P.H. students. By combining the lectures into one joint session, Sargent reasoned, VLS and DMS students would have a chance to interact and gain more from the experience. The course directors at both schools agreed, and the session was combined for the first time this past spring.

“I hope this becomes an annual event to go back and forth and look for ways to build on the really rich aspects of this topic for public health and environmental law,” noted Dr. Carolyn

Murray, chief of occupational medicine at DHMC and codirector of the DMS course.

Leifer lectured the class on the history of lead paint in the United States from the late 1800s through the 1970s, when it was finally banned. He is currently representing Rhode Island in a lawsuit against the paint industry, which continued producing paint with lead long after its toxic effects on children were known. The difficulty of such litigation, Leifer explained to the students, is proving causation—that children’s disabilities are a direct result of the industry’s actions, or lack thereof. To do this, Leifer must rely on medical experts like Sargent.

“The goal of a medical expert is not to impress jurors with credentials,” Leifer explained, “but to educate them.”

Sargent then talked about the toxicity of lead; the effects of lead poisoning—such as anemia, abdominal pain, brain damage, and, in extreme cases, encephalopathy; and the first national lead-screening programs.

In the 1970s, when the Centers for Disease Control and the Public Health Service “started screening kids, they found out that lead was pervasive in the cities, especially in the ghettos—the inner cities of the eastern seaboard,” Sargent told the class. Today, the average human lead concentration is about 2 micrograms per deciliter of blood, according to Sargent, but in the 1970s, inner-city kids were averaging 25 to 30 micrograms per



This 1910 ad—which cheerily touts the benefits of lead paint—was Exhibit A in a recent joint DMS-Vermont Law School class focused on lead poisoning.

deciliter. “Why was lead so pervasive?” Sargent asked. Substandard housing with lead paint was partly to blame, but the bigger culprit was the lead being added to gasoline to increase octane counts. It took 23 years, from 1973 to 1996, for the U.S. Environmental Protection Agency to completely phase out leaded gasoline for on-road vehicles.

“Now lead poisoning is not a pervasive exposure; it’s a point exposure,” said Sargent. “It’s the exposure of a kid that happens to live in a house where the lead paint’s deteriorating.”

Exposure: When Sargent has a patient who tests positive for lead poisoning, he counsels the parents on how to reduce or eliminate the child’s exposure to lead paint. Sometimes, the best solution is for the family to move, but many families cannot afford to do so. Even though in most states, lead poisoning is a violation of sanitary codes, enforcement programs often lack sufficient funding, so property owners are rarely pressured to