

MUSIC TO THEIR EARS: DHMC is aiming to fill some nursing positions by offering an iPod digital music player as a signing bonus for new nurses. The nationwide nursing shortage clearly calls for unusual . . . well, measures.



BOOK DEBUT HAS DMS ROOTS

Though patients' experiences often end up in papers for medical journals, it's rare that they play a role in a literary career. But not impossible. Several years ago, Catherine Tudish—then a member of the DARTMOUTH MEDICINE staff and now one of the magazine's regular freelancers—visited the Norris Cotton Cancer Center infusion suite to write a story about a patient being treated there. "I was given a tour of the suite and was particularly struck by the children," Tudish recalls. "Those impressions stayed with me, becoming more powerful with time, until I had no choice but to write a story about a child with leukemia. That story was published in *Green Mountain Review* and read by Nat Sobel, who is considered one of the top New York agents." Sobel took Tudish on as a client; encouraged her to build a collection of stories around that first one—"The Infusion Suite"; and found a publisher for the book—titled *Tenney's Landing*.



"So DARTMOUTH MEDICINE played a key role in launching my literary career," Tudish adds, "though it's much too soon to actually claim a 'literary career.'" Hardly. The book was just released by Scribner, and a review in *Publishers Weekly* called it an "eloquent, emotionally authentic debut." A.S.

THE BIRTH OF A NOTION

Medical opinion in the U.S. regarding water births runs . . . well . . . hot and cold. As of 2001, the latest year for which figures are available, about 140 hospitals offered the procedure, but many did not. Dartmouth Hitchcock-Keene/Cheshire Medical Center strongly supports the concept and has done over 1,000 water births since starting a program in 1998.

DHMC in Lebanon offers underwater labor, but not water births. In England, though, feelings are far from lukewarm. In 1992, the House of Commons passed a resolution that all maternity services provide women the option of labor or delivery in water.

In a recent grand rounds presentation at DHMC titled "Water Births: Dolphins and Whales Do It—Should Humans?" Dr. Kisha Destin described complications associated with underwater births, such as neonatal waterborne infectious disease and cord rupture with neonatal hemorrhage. It's assumed that the rates of these complications are low, said Destin, but she noted that no large randomized controlled study has ever been done on the process. M.C.W.



Surgeon leads aneurysm screening campaign

Just below the kidneys runs a section of the abdominal aorta, a blood vessel about the size of a small garden hose. It's a workhorse, delivering blood to the whole lower half of the body. But after 50 or 60 years of use, its walls can weaken, sometimes creating a dangerous bulge known as an aneurysm. If the aneurysm gets too big and too weak, it can rupture.

Huge: "That's a calamity that most people don't survive," says Dr. Robert Zwolak, a vascular surgeon at DMS. "Of those lucky enough to get to the hospital alive, there is a huge emergency surgery," and about 50% of those who undergo emergency surgery don't survive. Some 15,000 people die each year in the U.S. of ruptured aortic aneurysms.

Zwolak was tired of seeing patients die from aneurysms that could have been detected by ultrasound and treated before they ruptured. So in February 2004, he helped the Society for Vascular Surgery found the National Aneurysm Alliance (NAA), an organization dedicated to reducing deaths from abdominal aortic aneurysms (AAAs). As the head of the NAA, Zwolak has been lobbying Congress since mid-2004 to require Medicare to cover ultrasound screening for those at risk of AAA—which includes everyone over 55 who smokes or has smoked, has high blood pressure, has evidence of atherosclerotic vascular disease, or has a family history of AAA.

Though screening for many diseases, especially cancer (see

page 40), remains controversial, the benefits of AAA screening are conclusive. "If we find an aneurysm before it's ruptured, we have a 95% to 98% cure rate," says Zwolak. And unlike cancer, there are clear benchmarks for what size aneurysms are likely to cause problems. "If it's a 'baby' aneurysm, you might follow it once a year with an ultrasound because that's how slowly they grow," Zwolak says. "If it's medium, say between four and five centimeters in diameter when it's discovered, you'd look with an ultrasound every six months. And then when it gets above five—in men we think five and a half is the magic number—that's the point at which the risk of the thing rupturing is significant enough that it's worth undertaking a fairly large-magnitude surgery to fix it."

Fix: AAAs can be "fixed" with open surgery or with a newer, less-invasive procedure. In open surgery, a piece of synthetic tubing is sewn in place of the weak segment. "In concept, it's incredibly simple," says Zwolak. But in practice, it's a "very big operation"; even when done on a nonemergency basis, 3% to 4% of patients don't survive.

The less-invasive procedure has much better outcomes—just 1% to 2% mortality. It involves only a small incision in an artery in the leg. A device about the diameter of a pen is then fed up into the abdominal aorta. Once in place, the device deploys a stent graft that spans the length of the aneurysm and descends



ALFRED FEINCOLLA, M.D.

“Me and my shadow” is mantra for a new medical student elective

Good doctor-nurse relationships are essential for good health care. But such relationships—often forged in a hectic and stressful environment—have historically been a little rocky. DMS recently established a nurse shadowing program that aims to help medical students build strong relationships with nurses, so they can collaborate more effectively.

The elective course was started by Joseph O’Donnell, M.D., senior advising dean at DMS, and Ellen Ceppetelli, R.N., director of nursing education at DHMC. They got the idea when they co-taught a session of a DMS course called Health, Society, and the Physician. “One of the things that we realized as we were talking to the fourth-year students,” says O’Donnell, “was that they really didn’t have a good picture of what nurses did and how they added to the health-care team.”

Caring: “I started thinking in my mind how could we get these wonderful, caring, holistic young people to think about what role a nurse plays in health care,” adds Ceppetelli.

O’Donnell and Ceppetelli wanted the program to be as collaborative as a real doctor-nurse relationship should be. So it was left to the nursing directors, nurses, and participating DMS students to determine how best to structure the shadowing experience. “I think we were afraid of

Zwolak: now a political “operator,” too.

into the iliac arteries. Now, says Zwolak, “more than 50% of [elective AAA surgery] patients at Dartmouth—and I think that’s pretty representative of major medical centers across the country—are getting these minimally invasive grafts.”

Though lobbying is a new role for Zwolak, he’s found it relatively easy because, he says, he “can obviously speak with great sincerity and experience.” He and the NAA got a boost in their campaign when earlier this year the U.S. Preventive Services Task Force endorsed AAA screening for men aged 65 to 75 who smoke or have smoked. “For . . . men smokers they got it right on the nose,” says Zwolak. “But I really think they dropped the ball for women,” he adds, and “for people with family histories that are positive.”

Soon: But armed with that recommendation, and bipartisan support, the NAA hopes to get its legislation before Congress soon. “We’re cautiously optimistic that before they go home for Christmas this year, we’ll get this passed,” Zwolak says.

JENNIFER DURGIN

ROLE CALL FOR MENTORS

It was unusual as student gripes go: these fourth-year Dartmouth medical students weren’t belly-aching about their course load or bemoaning a boring lecture. Instead, they were lamenting, “Isn’t it sad that really good role models sometimes don’t get recognized?” Each year, the DMS graduating class picks two faculty members and one resident to receive teaching awards at Class Day, but these students wanted to show their appreciation for the *many* clinicians whose bedside manner and compassionate care they seek to emulate. “So then I said, ‘Why don’t we recognize them somehow?’” recalls Julie Young, DMS ’05.

Initially, the group intended to honor just a few clinicians, but when they opened the idea up to the entire class, the nominations swelled. Not wanting to turn it into a competition, the students chose to honor all of the nominees—25 attending physicians, four residents, and one optometrist. “Thank you for your part in our educations,” the students wrote in a memo explaining their Outstanding Physician Role Model Award. “Due to your efforts, we have had plenty of wonderful people who have shown us how to become ‘good docs.’”

J.D.



TEACHING TECHS IN THE LAB

There isn’t a day I go home that I can’t say I learned two new things,” says Jill Polito. A technical specialist in DHMC’s clinical laboratory, she’s speaking to a group of University of New Hampshire (UNH) students who are visiting DHMC. Next, Polito helps the students gaze through a multiheaded microscope, so they can see slides of spinal meningitis and acute leukemia. Playing an important role in patient care by helping to make such diagnoses is what Polito “loves about being a med tech,” she adds.

Polito was one of several DHMC technologists who met recently with UNH sophomores to cultivate their interest in the field of medical laboratory science. The two institutions collaborate to offer a degree in the field, with UNH providing the classroom work and DHMC the clinical training in a six-month internship. During the internship, students complete rotations in the four subsections of the clinical pathology lab—the blood bank, hematology, chemistry, and microbiology—and become integrated into the often hectic workflow. “‘Stat’ is one of [the students’] major words,” Polito noted.

J.D.

