

IN A WORD: Dartmouth linguist Lewis Glinert studied the names of common cancer drugs and concluded that they often contain sounds associated with lightness, smallness, and speed. He thinks this may have a subtle effect on patients.



HALF A CENTURY OF HELPING

When Rachael Bergeron took her first job at Hitchcock as a typist, it was the summer of 1956 and she'd just graduated from Lebanon, N.H., High School. Soon after, she became one of six medical secretaries who scheduled all outpatient appointments. As the institution grew, she joined the Department of Rheumatology—and is still working there to this day. She is only the second employee in DHMC's history to reach the 50-year milestone.

Because she was so skilled at helping patients, Hitchcock even established a "Call Rachael" phone line, which was advertised locally from 1986 to 1991; she would often use her bilingual capability to help French-Canadian patients.

"She's just an absolutely wonderful person," says Dr. James Morgan, a DHMC rheumatologist who had Bergeron as his secretary from 1975 to 2005. "I think everybody who interacts with her knows that. Hopefully we will have a lot more people who will follow in Rachael's footsteps. I think she's going to work another 20 years. She loves working at DHMC—it's like her second family."



M.C.W.

A FAST BOAT TO CHINA

It's rare for an athlete to participate in Olympic games that are 16 years apart. But Dr. Kristine Karlson, a sports medicine physician at Dartmouth, competed as a member of the U.S. Rowing Team at the Barcelona Games in 1992, and she'll be at the summer 2008 Games in Beijing—not as a competitor but as a team physician for the U.S. Rowing, Canoe/Kayak, and Triathlon Teams.

While Karlson is ready to treat anything from sore throats to injuries to infectious diseases, she's especially concerned that Beijing's poor air quality may be a problem for the athletes. She and her medical colleagues have considered packing carbon filtration masks, but they remain hopeful that the city will reduce the pollution sufficiently before the summer.

Karlson, who was the first woman to win two World Championship gold medals for sculling and has been a member of the DMS faculty since 1997, will help the competitors cope with mental stress, too. "I can certainly understand the mind of an athlete," she says, "because I've been there."



V.H.

Fostering cross-disciplinary communication

In 1999, the Institute of Medicine released an alarming report blaming 98,000 deaths a year nationwide on medical errors. Ever since, there's been stepped-up attention to health-care quality and patient-safety issues. One cause of errors can be poor communication among providers, especially those in different disciplines.

Reduce: "Increasingly, we are seeing the call for more inter-professional communication in health care . . . to improve quality, enhance patient safety, and reduce waste and redundancy in the system," says Susan Reeves, a vice president at DHMC as well as chair of nursing at Colby-Sawyer College in New London, N.H. "The problem is we do very little in health-profession education—medicine, nursing, pharmacy . . . to actually teach students how to best communicate among the various disciplines."

A number of academic medical centers, including DHMC, have started tackling the communications problem head-on. They are encouraging students to work together in interdisciplinary teams so they can learn to communicate effectively with one another.

Case: For the past three years, Dartmouth has sent a team to a national contest at the University of Minnesota called the Clarion Interprofessional Team Case Competition: A Systems-Based Practice. The organization has

hosted local competitions since 2002 and national ones since 2005. The Dartmouth teams include one student each from DMS's M.D. program, DMS's health-policy program, Colby-Sawyer's nursing program, and the University of Connecticut's pharmacy school.

The members of the Dartmouth team used to be chosen by DMS faculty. But this year, Dr. Greg Ogrinc, director of the Office of Research and Innovation in Medical Education, ran a local contest to give more students a chance

to work together. In February, five interdisciplinary teams presented, to a panel of judges, an analysis of the causes of a typical medical error—and their recommendations for systems changes to prevent future such errors. The test case, a composite of several real cases, involved a suspected overdose at an Arizona hospital.

The winning group—M.D. student Sharon Silveira, master's of public health student Kumkum Sarkar, nursing student Taylor Forsberg, and pharmacy student Jonathan Reynolds—was

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A 1999 report blamed 98,000 U.S. deaths a year on medical errors. Better communication among providers in different disciplines may be one solution.

one of 12 teams at the Minnesota competition, held in April.

The case for the national event involved a young woman of limited financial means who had been diagnosed with lupus. She died in a hospital after several “hand-offs.” That’s the term for what happens when a patient is moved to another unit or turned over to other caregivers at a shift change; in the case of the woman with lupus, her providers failed to adequately communicate to each other the severity of her illness.

While the Dartmouth team didn’t win the national competition, the participants were nonetheless pleased by what they gained from the process. “I learned so much about interdisciplinary teamwork, both inside and outside the hospital,” says Sarkar, who did the financial analysis for the team’s presentation. “I also learned about the importance of the role of different types of health professionals for patient care.”

Core: “We recognize that this competition is not a substitute for true interprofessional teaching for our health-professional students,” says Ogrinc. “We’re working to make interprofessional teamwork a core part of our students’ learning.”

Even so, Reeves feels the competition is beneficial in its own right. “One could see that the students had gained an appreciation for each others’ contributions to the team,” she says, “as well as gained comfort in talking with—and disagreeing with—each other.”

LAURA STEPHENSON CARTER

CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Sarah Stearns, Ph.D.

Assistant Professor of Psychiatry and of Pediatrics

A pediatric psychologist, Stearns counsels children with acute or chronic medical problems and healthy children with behavioral or emotional difficulties. She also leads programs in effective parenting.

What made you decide to become a psychologist?

I don’t think I can pinpoint any single event. I have always liked hearing people’s stories, and I suppose that, coupled with a desire to help children, led me to explore the field. I remember, early on, thinking I didn’t want a job where I might be bored. It’s been a great decision in that respect—I am never bored!

If you weren’t a psychologist, what would you like to be?

Probably an elementary schoolteacher. Many members of my family have been teachers, and I have great respect for that profession.

What are your favorite books and movies?

It’s hard to choose. Off the top of my head, I’d say I have enjoyed reading (and rereading) *To Kill a Mockingbird* and *Ordinary People*. Both had good film adaptations of the novels, both novels presented some of the story from a child’s perspective, and both had at least one admirable adult character on whom the children relied.



What are your favorite nonwork activities?

I love being outside—gardening, canoeing, skiing, hiking, or playing tennis. I especially enjoy gardening. Planting bulbs in the fall is such an act of faith. I find it so exciting when they come up in the spring. I also collect Winnie-the-Pooh in different languages. I’m a beginning quilter. And I ran the

Chicago marathon a couple of times but have stopped running in the last three years.



What place would you most like to travel to?

I’d love to go back to Kenya, where I studied and lived for five months while I was a Dartmouth undergrad—I’m Class of 1990. I loved learning Swahili and speaking with my homestay families. I enjoyed all the things that were different—language, culture, food, clothing, wildlife—and yet I was impressed that despite all the differences, so much was similar. For example, on my most rural homestay, a little boy passed gas, and everyone laughed. I guess farting is funny for boys, no matter where they are from!

What three people would you like to have over for dinner?

Julia Child, Maya Angelou, and Roger Federer. All three seem to have a good sense of humor, and I think we’d laugh a lot. Julia could give me cooking tips, Maya would say a beautiful grace before the meal, and Roger could stay late for another cup of coffee.

What advice would you offer to someone new to your field?

It’s very important to find balance in your life. Find a good way to relax when you aren’t working, and be sure to protect your free time from the ever-encroaching demands of the job. Being a therapist is emotionally challenging on a good day and absolutely grueling on a hard day. It’s crucial to find time away from work in order to recharge your batteries.

Of what professional accomplishment are you most proud?

I haven’t had a particularly showy career. As a therapist, most of what I do happens one-on-one, in closed sessions, between me and my patients. I make my difference in the world one family at a time. But I am pleased that I have been able to make some useful programmatic changes, like developing skills-based groups, in several of the places I have trained or worked.

What about you would surprise most people?

I think the parents I work with might be surprised to know that I don’t have any children.