

**EXTRA! EXTRA!: On November 8, Dartmouth rated what may be the 2010 version of a banner headline: a Google home-page link. The browser's tribute to the x-ray linked to a Wikipedia entry citing Dartmouth as the site, in 1896, of the first medical x-ray in the U.S.**

## Mirza knew in his bones that DH was a good fit

**D**r. Sohail Mirza's recruitment to Dartmouth-Hitchcock began with a three-word e-mail: "Can we talk?" That was all Dr. James Weinstein, then chair of orthopaedics, wrote. Weinstein knew about Mirza's research in spine surgery outcomes and liked his approach to medicine. He'd also been a scientific reviewer for several of Mirza's National Institutes of Health grants. And, as editor of the journal *Spine*, Weinstein had published several of Mirza's papers.

Likewise, Mirza knew a lot about Weinstein. The leader of the \$15-million Spine Patient Outcomes Research Trial, the nation's largest study of back pain, "Weinstein is the leading figure in changing orthopaedics," says Mirza. So when he got that brief e-mail, his first thought was "What trouble did I get into?"

**Spine:** Mirza soon learned that Weinstein was looking for someone to replace himself when he stepped down as chair to make more time for his role as director of the Dartmouth Institute for Health Policy and Clinical Practice. But Mirza, who specializes in cancer of the spine, was happy at the University of Washington, where he had trained and been on the faculty for 19 years. He had little desire to uproot his practice, his research, and his family for a position in rural New Hampshire.

That changed when he visited Dartmouth and attended the orthopaedics department's weekly meeting. "The entire faculty in orthopaedics and all of the

residents were in the room," recalls Mirza, and they were "talking about clinical cases and asking big questions. What is the right treatment here? Does the patient know all the choices? I hadn't seen that [before]."

**Lots:** He found the emphasis on delivering the right care, not just on increasing clinical production, "very refreshing." Lots of institutions talk about patient-centered care, says Mirza, "but the way it was actually lived out in this institution was inspiring for me." So he joined the department in 2008 and became its chair in 2010.

Mirza wants to build on the foundation Weinstein left and do no less than "change the world of orthopaedics for the better," he says. That means measuring outcomes for every procedure, making sure all patients are informed about their

choices, and developing systems that incorporate those practices efficiently and routinely.

"Nobody has been able to do that," says Mirza. "The general assumption is that you can't do all these things and still run a busy practice that is successful as a business. . . . Our challenge is to show how it can be done."

Mirza is also working with neurology, radiation oncology, and palliative care to build an interdisciplinary spine cancer program—a service lacking in the region, he says, and thus "a huge opportunity." Another "huge opportunity" he sees is working under the leadership of Weinstein, who is now also co-president of DH; Dr. Wiley Souba, the new dean of DMS; and Dr. Jim Yong Kim, the president of Dartmouth College.

"I wouldn't have considered [moving] to any other place," says Mirza. "Only Dartmouth."

JENNIFER DURGIN

**The emphasis on delivering the right care was "very refreshing."**



**Sohail Mirza, intent here in the OR, is also intent on his new role as chair of ortho.**

MARK WASHINGTON

## Union between Uruguay and the Upper Valley passes 10-year mark

**M**edicine no longer recognizes national boundaries," says Dr. David Roberts, a DHMC neurosurgeon. "We are all part of the same global effort." Perhaps no one at Dartmouth-Hitchcock embraced that philosophy more enthusiastically than the late Dr. Peter Williamson, a longtime professor of neurology. He traveled the world helping to treat patients and train clinicians.

**Field:** On a visit in 2000 to Montevideo, Uruguay, Williamson found a group of surgeons poised but not equipped to improve their diagnosis and treatment of epilepsy—a field in which Williamson was an international leader. Uruguay had excellent residency programs in neurology and neurosurgery but needed more sophisticated instrumentation and training in the latest techniques.

Mark Natola, DHMC's manager of neurodiagnostics, was a member of the first team to visit Uruguay, in 2001. His challenge? To make American equipment compatible with foreign electrical circuits and computer networks. On that trip, the team brought monitoring instruments and taught Uruguayan clinicians the fundamentals of developing an epilepsy program; they also identified six patients who could benefit from surgery.

Another DHMC team, including Roberts, Williamson, and Natola, returned in 2002. Working with Uruguayan neurosur-