

Welcome

to the 2021 Geisel School of Medicine
Alumni Reunion



 Dartmouth-Hitchcock



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GEISEL SCHOOL OF MEDICINE

ALUMNI REUNION
weekend



Where are you joining us from today?
Tell us in the chat!

Did You Know?

**More than 70% of the licensing
royalties Dartmouth receives
originated with medical school
discoveries**



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Did You Know?

**70% of research grants and contracts
at Dartmouth are obtained by Geisel
Faculty**

Have you made your reunion gift?

2020 Reunion Class Giving

Class Year	Total
1960	\$71,195
1965	\$30,175
1970	\$305,338
1975-76	\$7,250
1980	\$16,495
1985	\$36,474
1990	\$7,015

Class Year	Total
1995	\$155,832
2000	\$10,048
2005	\$1,800
2010	\$3,710
2015	\$122
2020	\$3,753
OVERALL	\$649,207

Thank you!

Have you made your reunion gift?

2021 Reunion Class Giving

Class Year	Total
1961	\$101,814
1966	\$272,500
1971	\$5,858
1976	\$2,500
1981	\$19,536
1986	\$7,268
1991	\$7,135

Class Year	Total
1996	\$5,906
2001	\$3,239
2006	\$3,628
2011	\$1,600
2016	\$100
2021	\$135
OVERALL	\$431,219

Thank you!

Medical Education for Today's Practice

Friday, September 17, 2021



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Disclosure

Accreditation:

Dartmouth-Hitchcock is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Dartmouth-Hitchcock designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Outcome Statement:

At the conclusion of this activity, participants will be able to describe research methods and concepts in general topics that may affect many patient interactions and treatments such as racial bias in research, mental health of students and physicians, and compassionate equitable care for vulnerable populations.

Conflict of Interest Disclosure:

The following activity director(s), planning committee member(s), speaker(s), author(s) or anyone in a position to control the content for have reported the following financial interest or relationship with various companies/organizations. The Speaker role was validated by independent peer review by the Activity Director and determined to be free of commercial bias. All potential conflict(s) were resolved.

Lisa Adams, MD ~ was a consultant to Oxford Immunotec.

Other planning committee member(s), speaker(s), activity director(s), author(s) or anyone in a position to control the content for this program report no financial interest or relationship with any company(ies) or organizations whose product may be germane to the content of their presentations. There were no individuals in a position to control the content who refused to disclose.

Claiming Credit

Claiming Credit:

Please track of your attendance at this educational activity.

You must complete the online evaluation **within 30 days** after the activity to claim credit for attending this educational activity. The evaluation will be available the day after the event.

Important Notice: If you are a faculty speaker, you must deduct your presentation time from your total amount of credit to be received.

Attended √	Time Frame	Session Title	Credit Amount
	1:00-1:30 PM	Healthy Students and Physicians	0.50
	1:45-2:15 PM	How Centering Whiteness Influenced U.S. Health Services Research	0.50
	2:30-3:00 PM	Equity, Partnership, and Service in Medicine	0.50
		TOTAL FOR THE PROGRAM (1.5)	

Claiming Credit

SUCCESSFUL COMPLETION

In order to successfully complete the program, you must attend the event or session(s) and complete the online evaluation. The evaluation must be completed and submitted within 30 days after the activity for credit to be awarded to your online transcript.

Partial credit may be awarded for attendance; however, you must attend the entire session in order to claim full credit for the session.

ONLINE FOLLOW UP CREDIT CLAIMING/EVALUATION

<https://app.smartsheet.com/b/form/3ef05637ae04496289c1f592344e64f6> This is the link to claim your credit. Please use the Attendance Tracking Worksheet to calculate the number of credits for the sessions you attended. The information will be pulled one month post conference and credits assigned to your transcript.

The CME Office will pull information from the credit claiming process one week after the conference to send out the evaluations. The activity planners and the Center for Learning and Professional Development (CLPD) values your feedback regarding this program and furthers our ability to provide quality continuing education in the future.

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Healthy Students = Healthy Physicians

Alumni Reunion Weekend
September 17, 2021

Matthew Duncan, MD



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July 2, 2020

Resilience and Burnout Among Physicians and the General US Working Population

Colin P. West, MD, PhD^{1,2}; Liselotte N. Dyrbye, MD, MHPE³; Christine Sinsky, MD⁴; et al

Conclusions

In summary, in this national cross-sectional survey study in the US, physicians exhibited greater resilience than the general working population. Resilience was inversely associated with burnout symptoms. Although maintaining and strengthening resilience is important, physicians are not generally resilience-deficient and burnout rates are substantial even among the most resilient physicians. Additional solutions, including efforts to address system issues in the clinical care environment, are needed to reduce burnout and promote physician well-being.

Resilience Scale Score*

- **3.04** General working population
- **3.14** US Physicians
- **3.20** Geisel Medical students

*Connor-Davidson Resilience Scale



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December 6, 2016

Prevalence of Depression, Depressive Symptoms, and Suicidal Ideation Among Medical Students A Systematic Review and Meta-Analysis

Lisa S. Rotenstein, BA^{1,2}; Marco A. Ramos, MPhil³; Matthew Torre, MD^{1,4}; et al

Discussion

This systematic review and meta-analysis of 195 studies involving 129 123 medical students in 47 countries demonstrated that 27.2% (range, 9.3%-55.9%) of students screened positive for depression and that 11.1% (range, 7.4%-24.2%) reported suicidal ideation during medical school. Only 15.7% of students who screened positive for depression reportedly sought treatment. These findings are concerning given that the development of depression and suicidality has been linked to an increased short-term risk of suicide as well as a higher long-term risk of future depressive episodes and morbidity.^{211,212}

27.2% Screen positive for depression

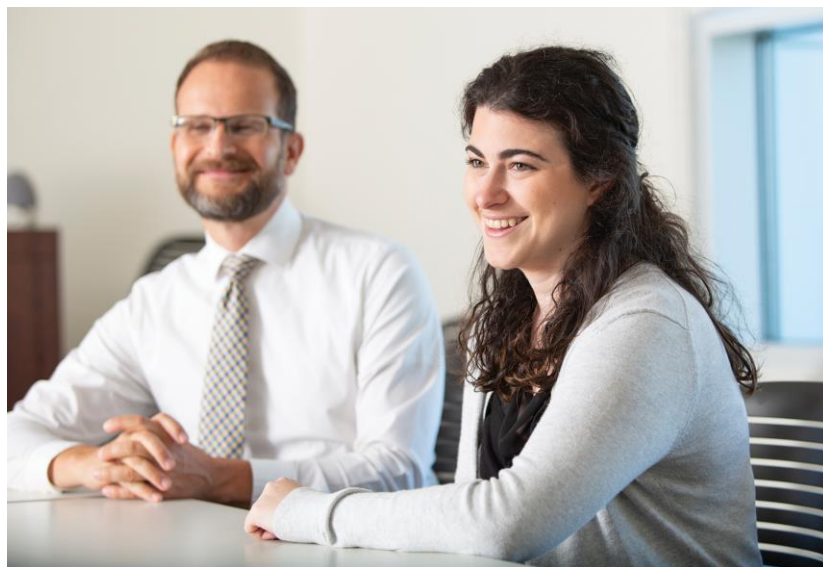
11.1% reported suicidal ideation in the past year

15.7% Sought treatment

March - April 2020

Swigart Ethics Fellowship

Julia Berkowitz MED '20



GEISEL WELL-BEING PULSE SURVEY (GWPS)

Academic Year



M2 and M3 STUDENTS EXPERIENCE THE HIGHEST RATES OF:

- BURNOUT
- PERCEIVED STRESS
- SLEEPINESS
- DEPRESSION

68% of M2's and 67% of M3's feel down, depressed or hopeless in the last month compared to 31% of M1's and 54% of M4's
81% of M3's and 68% of M2's feel medical school is hardening them emotionally compared to 35% of M1's and 57% of M4's

Sexual Orientation

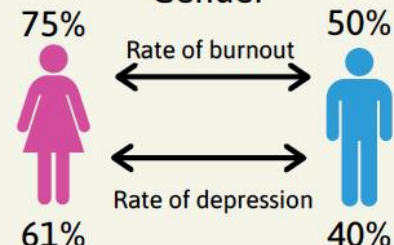


LGBTQ STUDENTS REPORT HIGHER RATES OF:
PERCEIVED STRESS
DEPRESSION
THAT MEDICAL SCHOOL IS HARDENING THEM EMOTIONALLY

69% of LGBTQ students report feeling down, depressed, and hopeless compared to 48% of their heterosexual peers.

NOTE: These trends were not statistically significant.

Gender



FEMALE MEDICAL STUDENTS EXPRESS HIGHER RATES OF:
BURNOUT
DEPRESSION
IMPOSTER SYNDROME

On a scale of 0 (not at all true) to 4 (true nearly all the time), female medical students report an average score of 2.42 while men had an average score of 1.63 for experiencing imposter syndrome.

Race



UNDERREPRESENTED MINORITY STUDENTS REPORT HIGHER RATES OF:
DEPRESSION
IMPOSTER SYNDROME

69% of URM students report feeling down, depressed, and hopeless compared to 49% of white peers.

NOTE: These trends were not statistically significant.

March - April 2021

Over the past month have you...

**Felt burned
out from
medical
school?**

Yes

75%

**Worried that
medical school
is hardening
you
emotionally?**

62%

**Felt down,
depressed,
or hopeless?**

47%

**Had little
interest or
pleasure in
doing
things?**

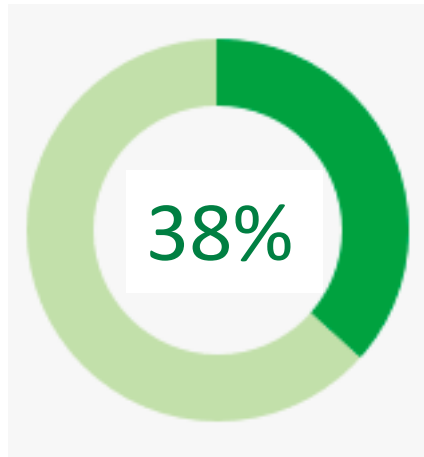
36%

HS=HP Program

- The Healthy Students=Healthy Physicians Program Pilot launched in Nov 2019
- HS=HP has initially focused on 3 main areas
 - Increased counselor access - Geisel Counseling
 - Identify students at risk - MH First Aid and ISP
 - Resilience skills groups- CBT elective M4 Panel



Increased Access - Geisel Counseling



Geisel Student Body N = 411

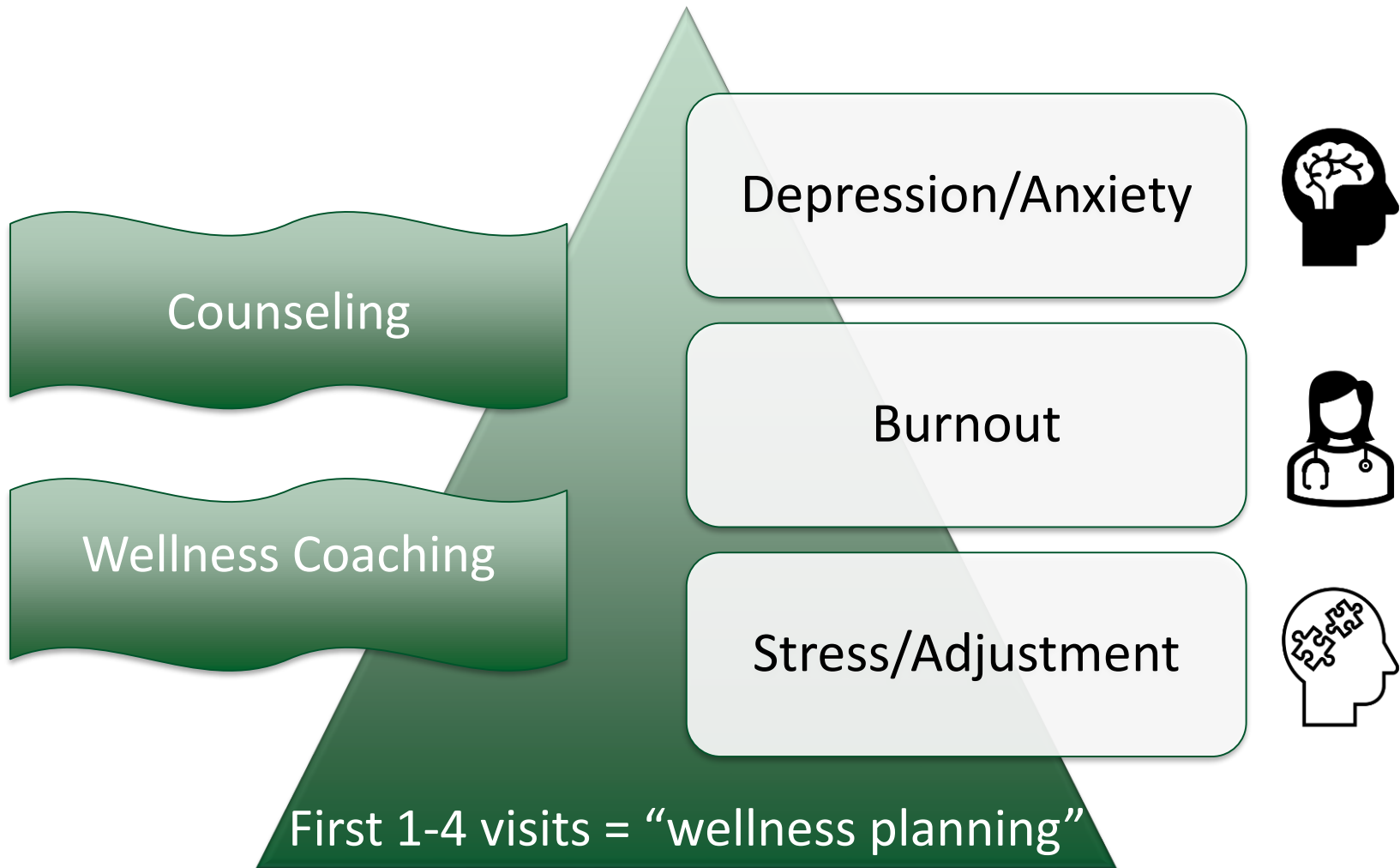
155 Students have accessed individual services through Geisel Counseling

When asked, on a scale of 0-10, "How likely would you be to refer a classmate to Geisel Counseling"

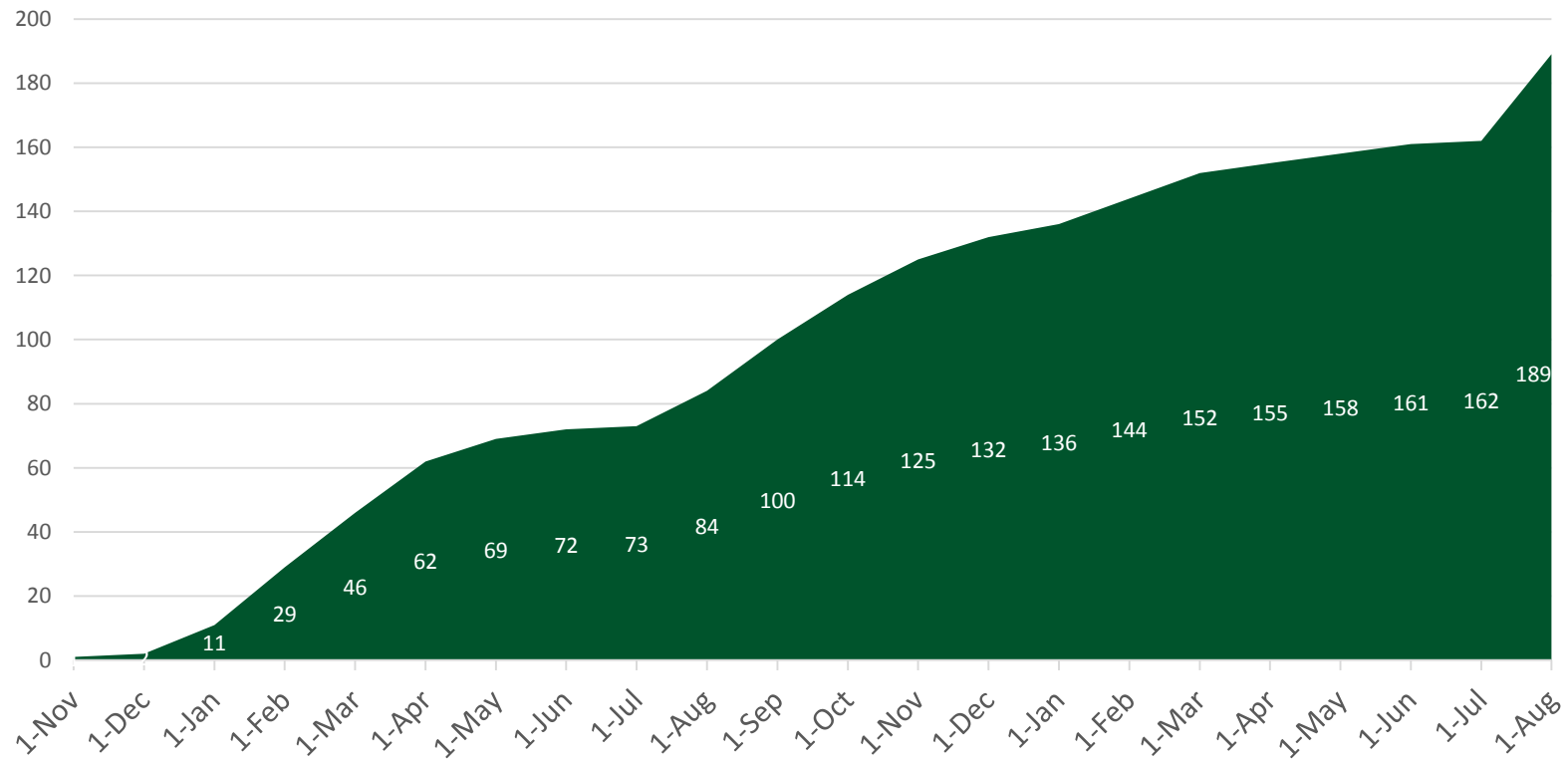
average score = 9.43



Preventive and Reactive Planning



Unique Students Served To Date



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Early Identification

- Mental Health First Aid certification
- N= 47 students, staff and faculty
- Next sessions: Fall 2021

— COMING SOON —

IN RESPONSE TO COVID-19,
**MENTAL HEALTH
FIRST AID**

COURSES TO BE AVAILABLE

VIRTUALLY

LEARN MORE. ▶

The Interactive
Screening Program
**connects students
anonymously** with
campus mental health
services before
crises emerge.



AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org

Why do medical schools need ISP?

Those who need help the most are often least likely to seek help on their own. In fact, only 1 in 5 of those struggling with mental health concerns seeks the support they need. For physicians, medical students and residents, the rates of seeking help are even lower. Burnout and depression are highly prevalent, and this increased distress is associated not only with medical errors and poorer patient care, but if left undetected and untreated, can lead to the tragic outcome of suicide.

Listed in the [Best Practice Registry for Suicide Prevention](#) and the [Accreditation Council for Graduate Medical Education's Tools and Resources for Physician Well-Being](#), ISP is connecting thousands of people to help they would not have sought otherwise.



American
Foundation
for Suicide
Prevention



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Resilience Skills Groups - CBT

Session Topics:

- Introduction to CBT
- Identifying triggers and coping styles
- Cognitive Restructuring and Rescripting
- Addressing False Core Beliefs
- Time Management Techniques
- ACT Inspired Techniques



CBT-based skills for medical students
Enrichment Elective

Co-led by Cassie Kosarek, MD (GSM '20) and Gloria Whaley, PhD

Tracking outcomes: Perceived Stress Scale, PHQ-8, GAD-7, Geisel Wellbeing Survey

Next: Fall 2021

Resilience Skills - Student Panel

- Caroline Dodge M4
- Melissa Ley-Thomson PGY2
- Reduce Stigma
- Increase Help Seeking



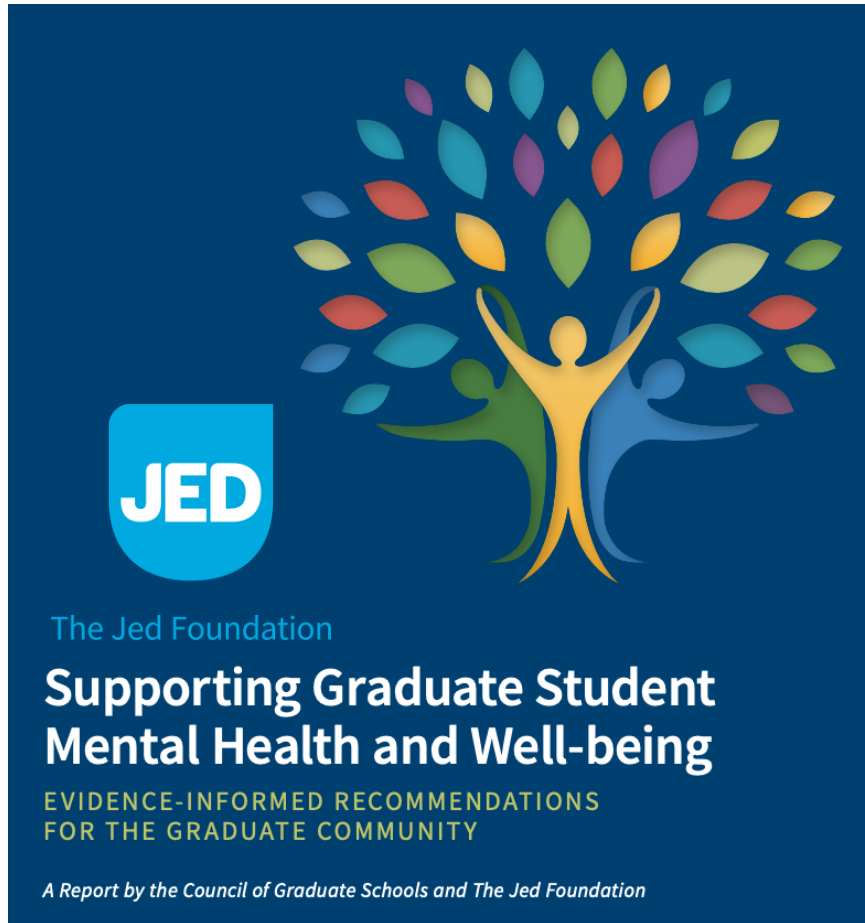
MENTAL HEALTH IN MEDICAL SCHOOL: A PANEL DISCUSSION

Panelists: Raina Jain, Jake Perlson and Caroline Dodge
Moderator: Matt Rasmussen, MD
Sponsored by: Healthy Students = Healthy Physicians

Tuesday, May 18 | 6-7 pm EST on Zoom

Join us to hear from fourth-year Geisel students about navigating mental health challenges in medical school.

Please note that this event is open to students only.



Student Comments

My wellbeing as a medical student has been concretely improved by this program. It has been designed so thoughtfully and I feel very supported by both the school and my specific counselor here.

Thank you so much for providing this service to students- I can't tell you how much I needed it.

I appreciate so much that this is available to us and have already encouraged others to reach out if they feel like it would be useful. Personally, I am very happy with the support I feel I'm getting both in terms of the in-office visit and the readiness of the provider to schedule follow up appointments of whatever intervals I feel is necessary.

I came in feeling extremely anxious and stressed and afraid, but after the sessions I feel much better. I have tangible tasks I can work on and learned some techniques to help me with my stress/anxiety and these are things I wouldn't have learned otherwise.

It was so easy and confidential. Sometimes on rotation you do not know when you will have free time until a day or so before, so the fact that this service is so flexible and accommodating makes a world of difference; I would never be able to access counseling right now if I had to know my schedule weeks in advanced.

Geisel Counseling



Betsy Harrison,
MA, LCMHC



Gloria Whaley, PhD, LP,
LSP, NCSP



Ming Jiang, MS



Phoebe Manchester,
MS, LCMHC, NCC



Chance Simonton, MS



Counseling Center @ Dick's House



Call 603-646-9442

- Discussion-

Amber Barnato

HOW CENTERING WHITENESS INFLUENCED US HEALTH SERVICES RESEARCH



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Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Oct. 13, 2020

Black Indigenous



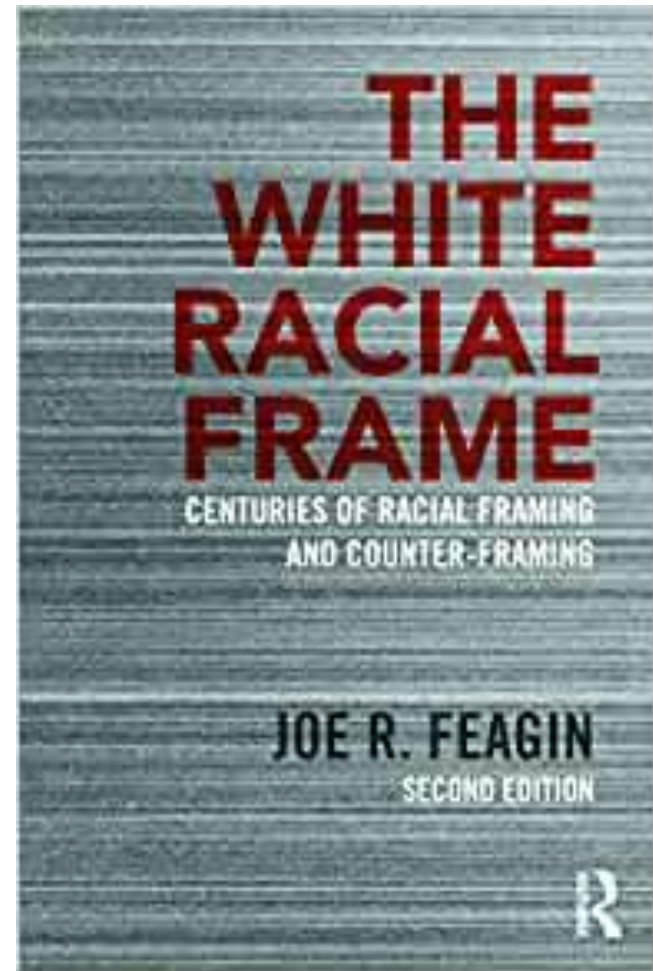
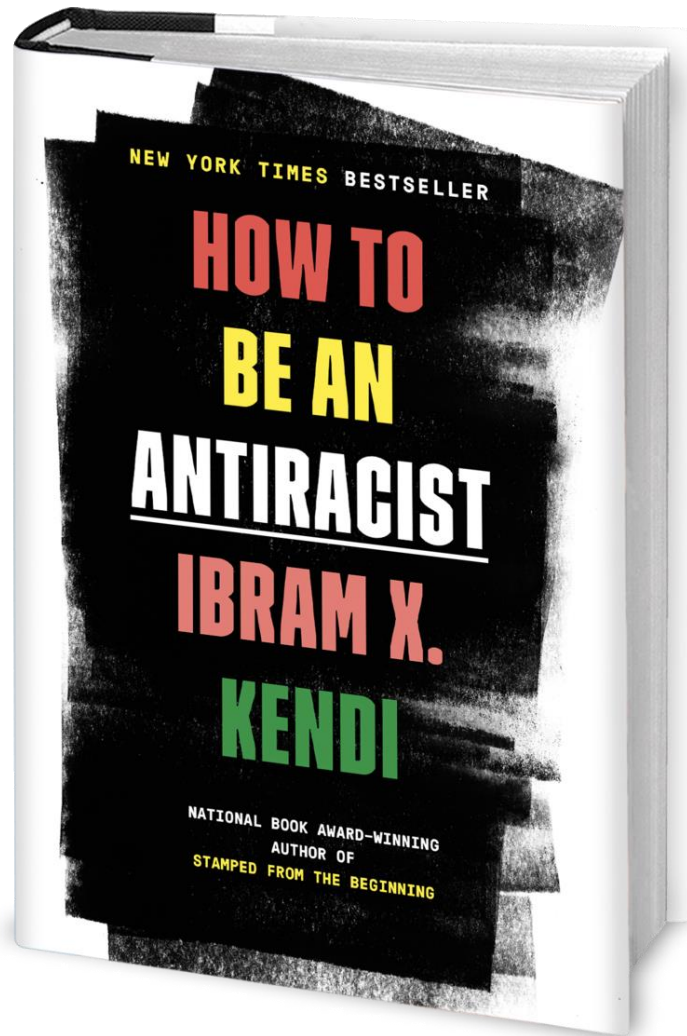
Note: All intervals are not include Hawaii, &
Source: APM Research

THE COVID ECONOMY

The covid-19 recession is the most unequal

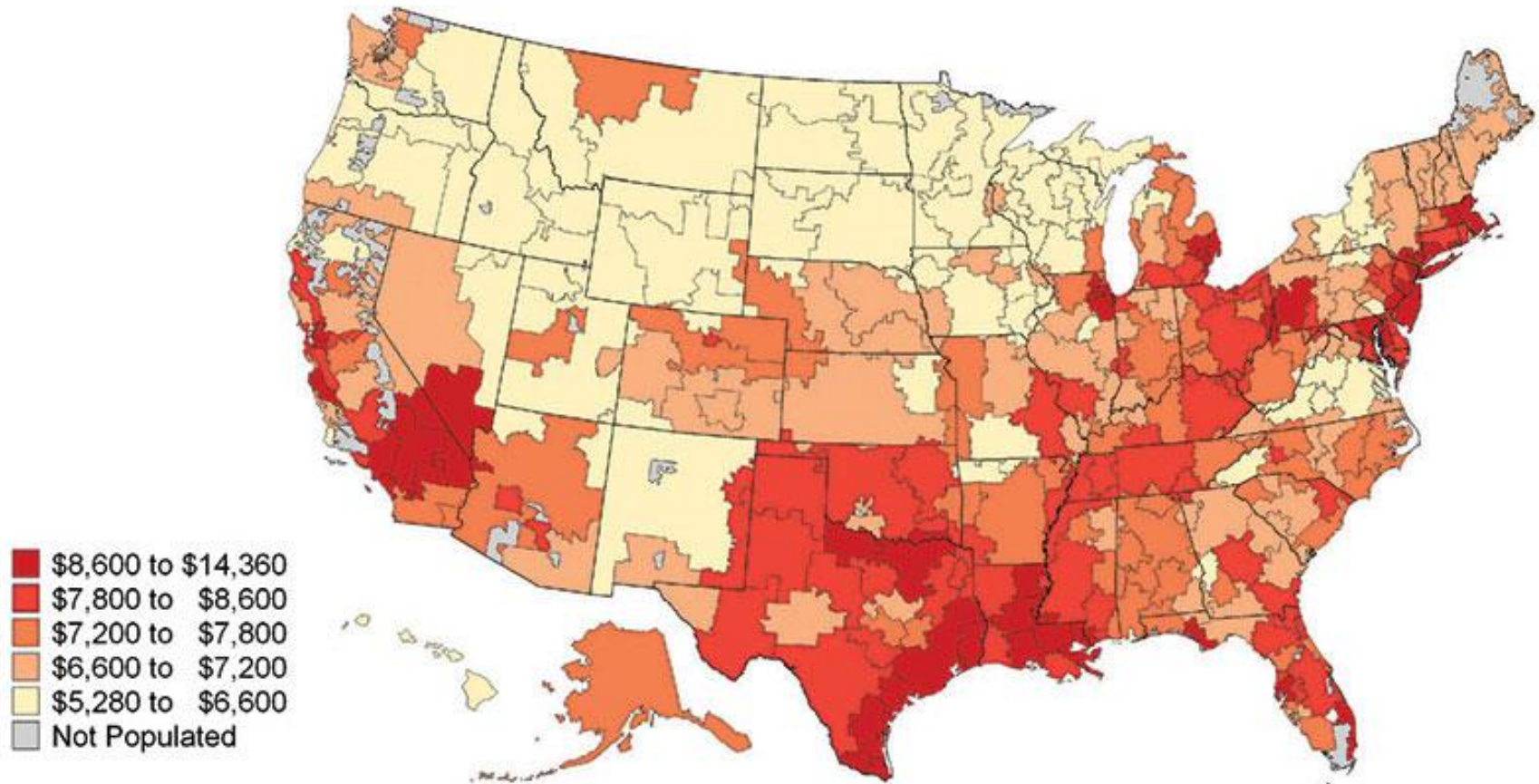
Job losses from
most. Sev
of school-





Problem identification

Variation in spending



Intent versus Impact



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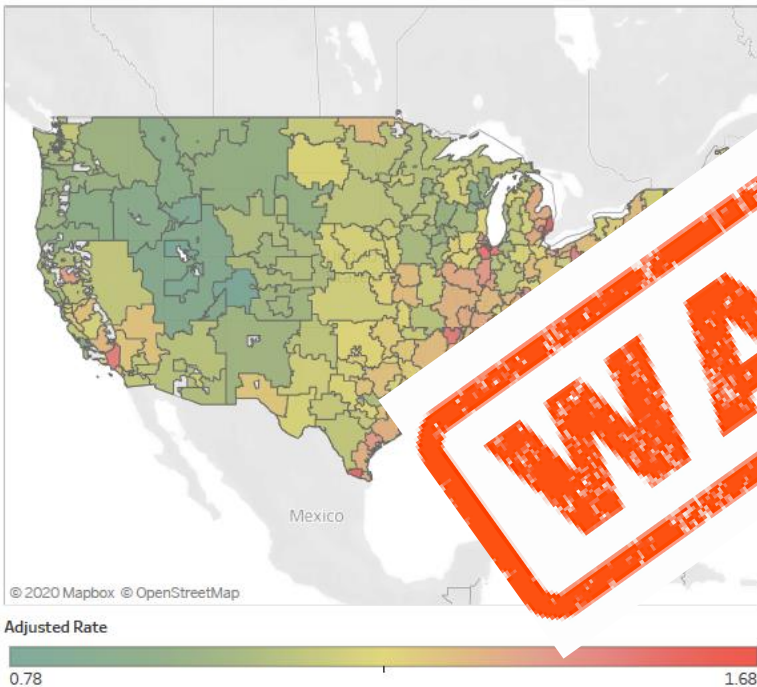


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Identifying waste in the health system

Map: Hospital Admissions per Decedent during the Last Six Months of Life, by HRR (2017)



Total Reimbursement per Patient during the Last Two Years of Life - Total Reimbursement per Patient during the Last Two Years of Life - Total Reimbursement per Patient during the Last Two Years of Life



Data Source: Dartmouth Atlas Data - Care of Chronically Ill Patients during the Last Two Years of Life (2017)

Waste → Redistribution



Perverse impacts of policies we inspired

US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Report to Congress: social risk factors and performance under Medicare's value-based purchasing programs. Published December 21, 2016. Accessed July 1, 2019. <https://aspe.hhs.gov/pdf-report/report-congress-social-risk-factors-and-performance-under-medicares-value-based-purchasing-programs>

Gilman M, Hockenberry JM, Adams EK, Milstein AS, Wilson IB, Becker ER. The financial effect of value-based purchasing and the hospital readmissions reduction program on safety-net hospitals in 2014: a cohort study. *Ann Intern Med*. 2015;163(6):427-436. doi:[10.7326/M14-2813](https://doi.org/10.7326/M14-2813) [PubMedGoogle ScholarCrossref](#)

Rajaram R, Chung JW, Kinnier CV, et al. Hospital characteristics associated with penalties in the Centers for Medicare & Medicaid Services Hospital-Acquired Condition Reduction Program. *JAMA*. 2015;314(4):375-383. doi:[10.1001/jama.2015.8609](https://doi.org/10.1001/jama.2015.8609) [ArticlePubMedGoogle ScholarCrossref](#)

Thompson MP, Waters TM, Kaplan CM, Cao Y, Bazzoli GJ. Most hospitals received annual penalties for excess readmissions, but some fared better than others. *Health Aff (Millwood)*. 2017;36(5):893-901. doi:[10.1377/hlthaff.2016.1204](https://doi.org/10.1377/hlthaff.2016.1204) [PubMedGoogle ScholarCrossref](#)

Sankaran R, Sukul D, Nuliyalu U, et al. Changes in hospital safety following penalties in the US Hospital Acquired Condition Reduction Program: retrospective cohort study. *BMJ*. 2019;366:l4109. doi:[10.1136/bmj.l4109](https://doi.org/10.1136/bmj.l4109) [PubMedGoogle ScholarCrossref](#)

Ryan AM. Will value-based purchasing increase disparities in care? *N Engl J Med*. 2013;369(26):2472-2474. doi:[10.1056/NEJMp1312654](https://doi.org/10.1056/NEJMp1312654) [PubMedGoogle ScholarCrossref](#)

Karve AM, Ou FS, Lytle BL, Peterson ED. Potential unintended financial consequences of pay-for-performance on the quality of care for minority patients. *Am Heart J*. 2008;155(3):571-576. doi:[10.1016/j.ahj.2007.10.043](https://doi.org/10.1016/j.ahj.2007.10.043) [PubMedGoogle ScholarCrossref](#)

López L, Jha AK. Outcomes for whites and blacks at hospitals that disproportionately care for black Medicare beneficiaries. *Health Serv Res*. 2013;48(1):114-128. doi:[10.1111/j.1475-6773.2012.01445.x](https://doi.org/10.1111/j.1475-6773.2012.01445.x) [PubMedGoogle ScholarCrossref](#)

Perpetuating stereotypes and biasing research findings



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Age-sex-race adjustment



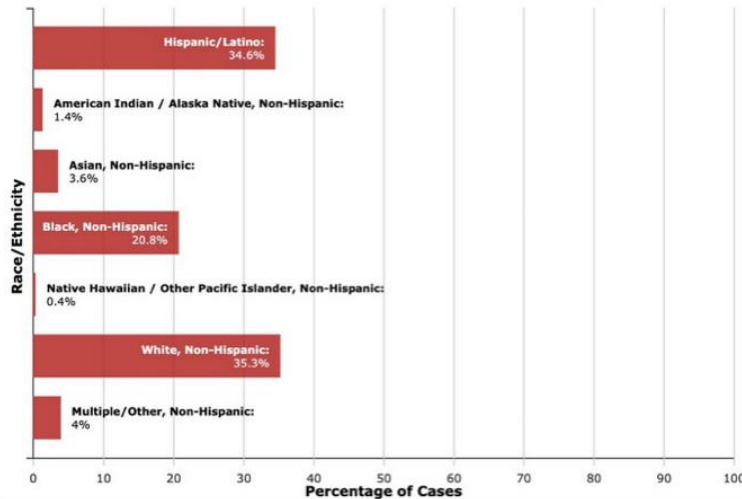


Statistical fallacies

Cases by Race/Ethnicity:

Data from 2,136,603 cases. Race/Ethnicity was available for 1,062,622 (50%) cases.

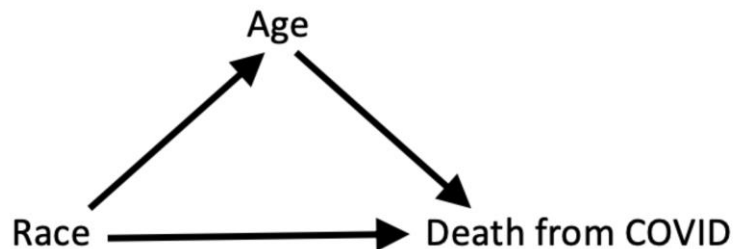
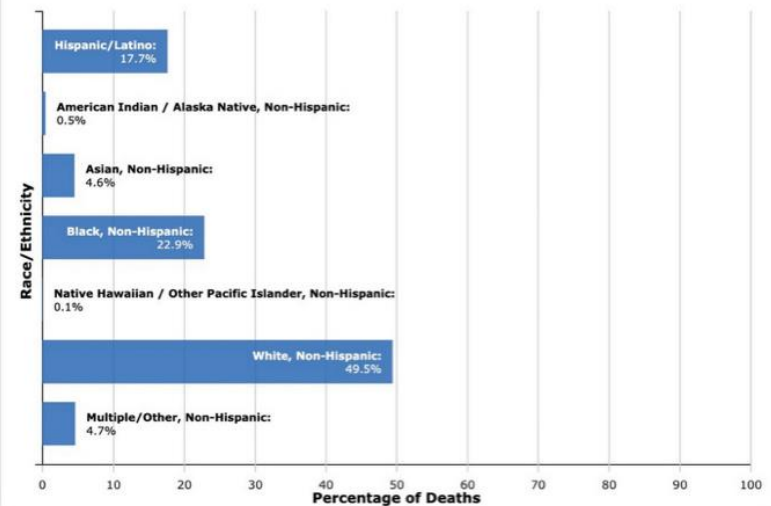
All Age Groups



Deaths by Race/Ethnicity:

Data from 101,312 deaths. Race/Ethnicity was available for 82,329 (81%) deaths.

All Age Groups



Focusing on the wrong problem

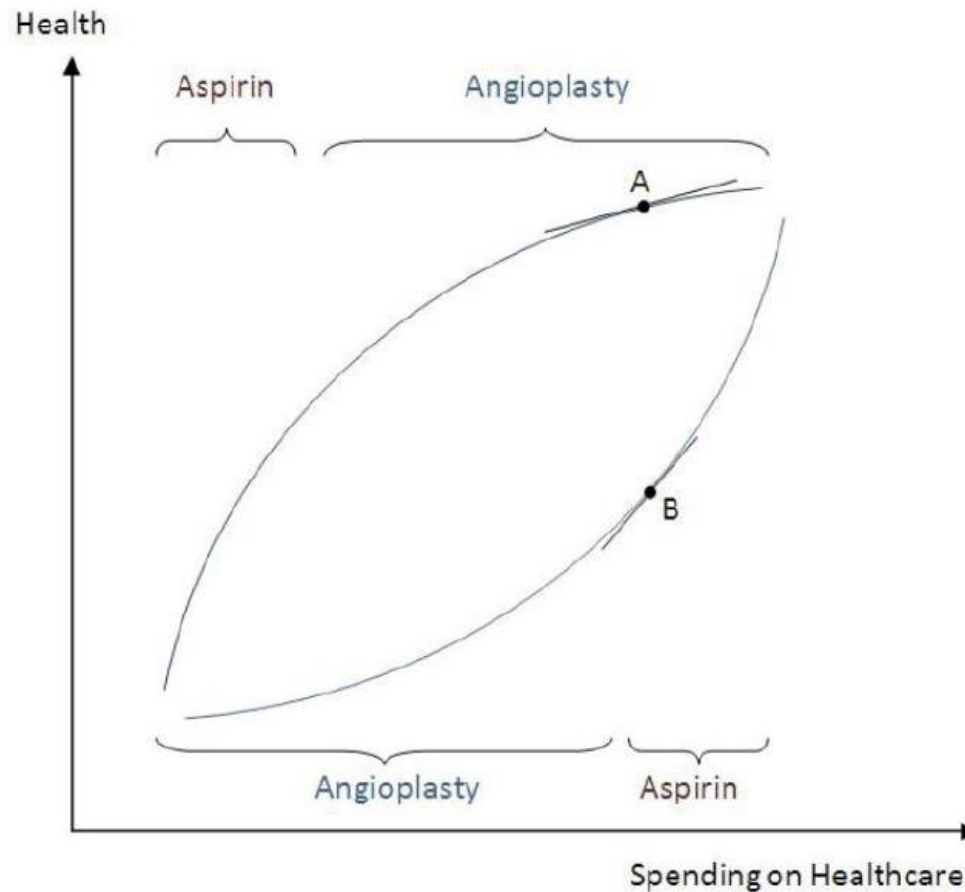


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Productive efficiency - health care resources are put to the best use possible and produce as much health as they can



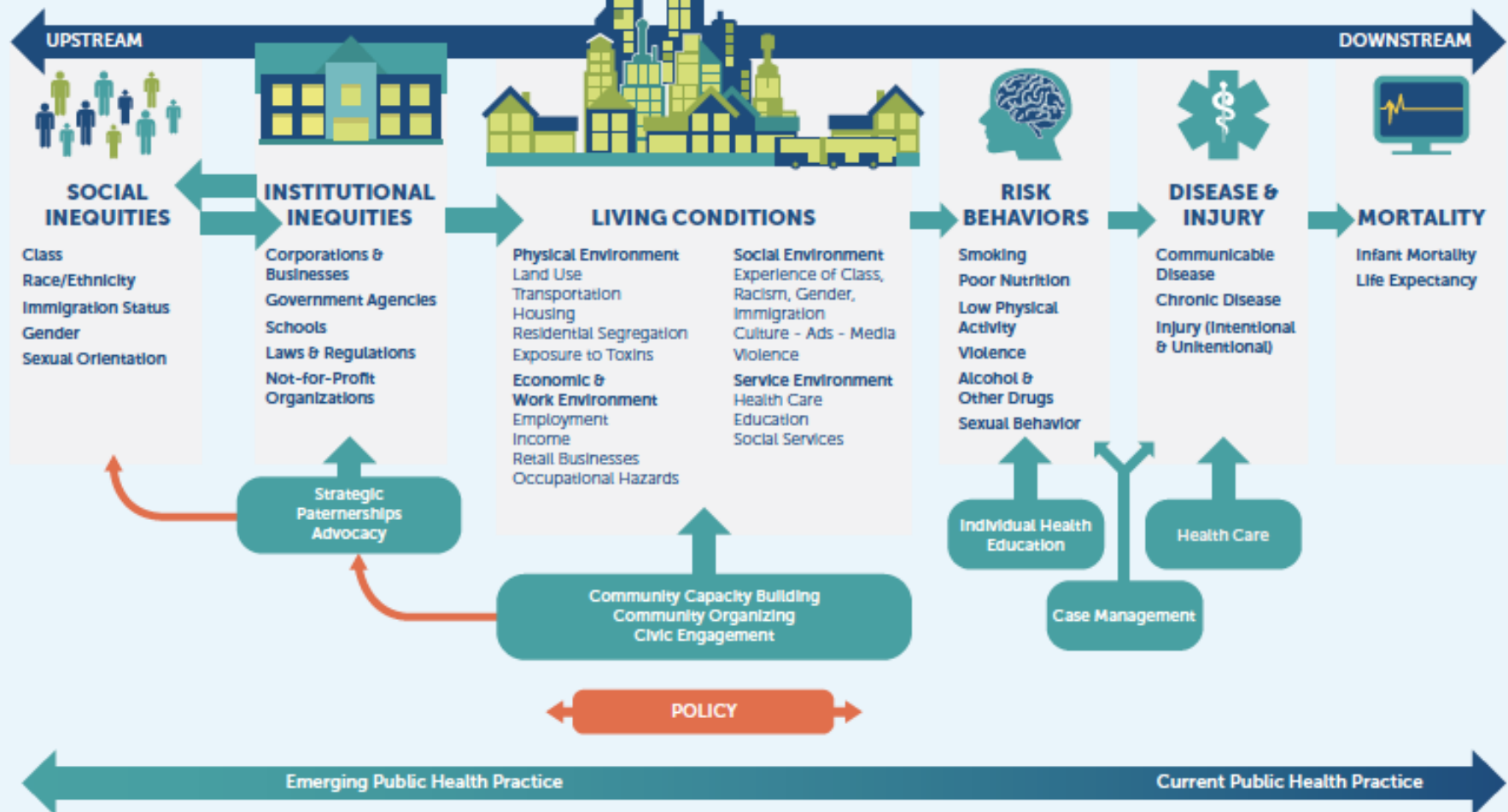
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A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Allocative efficiency - the right share of resources is being devoted to health care versus other goods in the economy.

Inequities in health care are salient contributors to inequities in health. Structural racism and economic hardship, and health care's contribution to each, are particularly important.

Source: Bay Area Regional Health Inequities Initiative (BARHII)