

Department of MEDICINE

Clinical Innovation

**Easing Pain,
Restoring Lives
with Islet Cell
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CYSTIC FIBROSIS RESEARCH:

IMPROVING LIVES IN THE POST-MODULATOR ERA

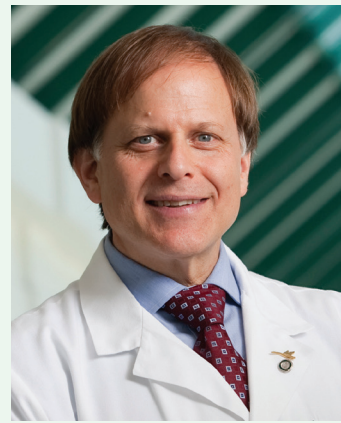


Cystic Fibrosis (CF) is a devastating, life-threatening, incurable genetic disease. It impacts the lungs and pancreas, clogging them with mucus and causing children and adults to suffer with chronic lung infections, difficulty breathing, an inability to digest food well, and potential infertility, diabetes, and bone problems. Children and adults with CF need daily lung-suctioning treatments, may require hospital care, and suffer emotional, medical, social, and financial challenges. While the average lifespan of someone with CF is now 37, recent research at Dartmouth-Hitchcock (D-H) and elsewhere offers hope for a better and longer life. **Continued on page 6 . . .**

MESSAGE FROM OUR CHAIR

DEBUT ISSUE

I am delighted to share this newsletter highlighting several areas of research, teaching, and patient care in the Department of Medicine (DoM). This inaugural issue presents some scholarly achievements of our faculty and trainees, and each newsletter will present different clinical and academic endeavors. We hope to provide a collection of snapshots that, taken together, will show you the journey of our department.



Richard Rothstein, MD
Chair, Department of Medicine

This issue describes cystic fibrosis research done at Dartmouth-Hitchcock (DH) by two outstanding clinician-investigators in our Section of Pulmonary and Critical Care Medicine. The department's educational leadership describes how the COVID-19 pandemic has dramatically changed the learning environment for medical students and residents. We describe a life-altering clinical program, "total pancreatectomy with islet cell autotransplantation," (TPIAT), which alleviates pain and preserves insulin production in selected patients. DH is one of only approximately a dozen academic medical centers to offer TPIAT.

When I became Chair of Medicine, nine years ago, we focused on several thematic areas within the largest department at DH and the Geisel School of Medicine at Dartmouth. A major goal was to better manage end-of-life issues, and we helped to raise funds for the Jack Byrne Center for Palliative & Hospice Care, a terrific achievement that now serves as a regional hub for palliative and hospice care, teaching, and research. Palliative Medicine Section Chief Kathryn Kirkland, MED'86, the Dorothy and John J. Byrne, Jr. Distinguished Chair in Palliative Medicine, and her interdisciplinary colleagues train and prepare our students, residents, fellows, and peers to foster important conversations with patients and families, to determine patient goals and preferences, and to provide top-notch, compassionate care at times of serious illness.

A second major goal for the department was to support the evolving issue of obesity and associated health conditions. We established an obesity medicine section and the Weight and Wellness Center—so named to emphasize improving cardiopulmonary fitness and overall health, rather than focusing on weight loss per se. The Center is now a nucleus for in-person visits and vibrant telehealth appointments with an interdisciplinary team of obesity medicine

specialists: physicians, associate providers, health coaches, clinical psychologists, and an exercise physiologist. There is an active Culinary Medicine program and direct interplay with the Bariatric Surgical program and metabolic endoscopy activities. Patients can participate in research studies that include genomic, microbiomic, psychometric, and demographic parameter analyses that may result in personalized predictive analytics for obesity management.

Increasing our involvement in global health and understanding and addressing health care disparities locally, nationally, and internationally was another early focus. Many DoM faculty and trainees work in community clinics, caring for those who would otherwise go without. An impressive number of faculty, trainees, students, and staff have supported longitudinal programs in Haiti, Tanzania, Rwanda, and varying international locations. In 2020, DoM appointed Erick Lansigan, MD, as the inaugural DoM Principal for Diversity, Equity, and Inclusion, launching multifaceted assessment and engagement efforts that include understanding regional healthcare disparities and examining how we recruit, develop, and retain a diverse and inclusive faculty and workforce.

This inaugural edition presents some annual departmental academic achievements including promotions, faculty appointments, research, and Scholarship Enhancement in Academic Medicine (SEAM) and Department of Medicine-Advisory Council for Education (DoM-ACE) awards. Future newsletters will highlight additional achievements in these areas and myriad others. It is our pleasure to share these stories and dreams with you. Please share yours with us, too—write us at dom.newsletter@hitchcock.org. We want to connect and show you what the Department of Medicine at Dartmouth-Hitchcock/Geisel has been doing of late and learn about your journeys as well.

TRANSFORMING LIVES

EASING PAIN AND RESTORING LIVES WITH ISLET CELL TRANSPLANTATION



MARK WASHBURN

Drs. Kerrington Smith, Tim Gardner, and Sushela Chaidarun

Some patients face life with severe, constant, disabling pain from inflammation in their pancreas, a condition known as chronic pancreatitis. Imagine a 16-year-old boy who has extreme daily pain and cannot go to school, play sports, or socialize, all because of a hereditary genetic disorder. Chronic pancreatitis causes such misery that in the worst cases, doctors must remove the entire pancreas to relieve pain. But because the pancreas produces hormones, including insulin, patients with no pancreas become "brittle diabetics" who face a very poor quality of life due to uncontrollable diabetes.

A procedure called a total pancreatectomy with islet cell autotransplantation (TPIAT) can transform life for patients with pancreatitis. During a TPIAT, surgeons first remove a patient's inflamed pancreas, then isolate and preserve the hormone-producing cells (islet cells) located within it. Subsequently, the patient's own islet cells are transplanted back into the liver where—remarkably—they "seed" and regrow, producing insulin just as they did in the pancreas. The goal of the TPIAT is to remove the

patient's pain, while preserving his or her ability to make insulin and preventing or minimizing the degree of diabetes.

Tim Gardner, MD, HS'2000-07, (gastroenterology), Kerrington Smith, MD, (surgical oncology) and Sushela Chaidarun, MD, PhD, (endocrinology) lead a multidisciplinary team at Dartmouth-Hitchcock (DH) that frequently saw patients with severe chronic pancreatitis who were good candidates for the TPIAT. However, until 2012, only a few centers in the country were performing this procedure. "To isolate cells, you need a full islet cell laboratory, which cost millions of dollars to set up," says Gardner. They looked for a solution that would allow them to offer the TPIAT at DH. The first idea they tried worked out well for patients, but the process entailed both dramatic action and risk.

Says Gardner, "In 2012, after much planning and with tremendous support from DH leadership, we performed our first TPIAT at DH. Because we could not yet isolate islet cells, we began a program

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THE DEPARTMENT OF MEDICINE

SCHOLARSHIP ENHANCEMENT IN ACADEMIC MEDICINE (SEAM) AWARDS PROGRAM

The SEAM Awards Program supports academic “dreams.” Successful proposals may include innovations in teaching, discovery/research, publication/presentation, practice improvement, and/or digital scholarly communications, ultimately with the goal of enhanced quality of patient care. The SEAM Awards funding to date (2018-2020) totals nearly \$1 million.

Academic Year 2021 SEAM Awards List—Round 1: Fall 2020 Awards

Building a Culture of Diversity, Education, Inclusion, and Belonging in the Department of Medicine: A Cross-sectional Reform to Lead the Way

Project Leader:

Frederick (Erick) Lansigan, MD

Staff Physician, Hematology/Oncology, DoM, DHMC
Principal for Diversity, Equity and Inclusion, DoM, DHMC
Cutaneous Lymphoma Program Director, Norris Cotton Cancer Center (NCCC), DHMC
Medical Director of Inpatient Cancer Services, NCCC, DHMC
Director of Clinical Trials in Hematology, NCCC, DHMC
Associate Professor of Medicine (Hematology/Oncology), Geisel School of Medicine at Dartmouth

Qualifying the Experience of Underrepresented Minority Trainees in a Rural Academic Medical Center

Project Co-Leaders:

Anais Ovalle, MD

Infectious Disease Fellow, Leadership Preventive Medicine Resident, DoM, DHMC

Natasha Dhawan, MD

Hematology and Oncology Fellow, DoM, DHMC

Odeth Barrett-Campbell, MD

Hematology and Oncology Fellow, DoM, DHMC

COPD and Rural Health: Identifying Environmental Exposures Associated with Adverse Outcomes

Project Leader:

Laura Paulin, MD, MHS

Staff Physician-Scientist, Pulmonary and Critical Care Medicine, DoM, DHMC
Assistant Professor of Medicine and Epidemiology, Geisel

The Effects of Touch on Pain and Anxiety during the Bone Marrow Biopsy Procedure

Project Leader:

Anna Schaal, RN, BSN, NP, ARNP

Hematology Nurse Practitioner, NCCC, DoM, DHMC; Instructor in Medicine, Geisel

Project Co-Investigators:

Jacob Pushee, BSN, RN

Medical Intensive Care Unit Nurse, DHMC

Natasha Dhawan, MD

Hematology and Oncology Fellow, DoM, DHMC

Kelly Dixon, LNA

Licensed Nursing Assistant, OSC Tech 2, NCCC, DHMC

Anne Quimby, LNA

Licensed Nursing Assistant, OSC Tech 2, NCCC, DHMC

Targeting Type I Interferon Response in Dermatomyositis Skin

Project Leader:

Sladjana Skopelja-Gardner, PhD

Scientist, Section of Rheumatology, DoM, DHMC
Assistant Professor of Medicine, Geisel

Improving Understanding and Outcomes of Gender Affirming Medical Care

Project Leader:

John H. Turco, MD, HS'1974-77

Staff Physician, Endocrinology, DHMC
Co-Director, Transgender Medicine Clinic, Endocrinology, DoM, DHMC
Professor of Medicine, Geisel

Project Co-Leader:

Rachel A. Moses, MD, MPH, HS'2001-17

Staff Surgeon, Urology, Department of Surgery, DHMC
Assistant Professor of Surgery, Geisel

Three Research Studies of the Immune Response to COVID-19 Infection

Project Leader:

Peter Wright, MD'65

Staff Physician, Infectious Disease and International Health, DoM
Professor of Pediatrics, Geisel

Since the SEAM Program's inception, the following faculty and trainees have won SEAM awards

2019

Mary Chamberlin, MD, HS'2003-06
Jay Buckley, MD, HS'1995-96
Richard Comi, MD
Cheryl Elinski, PA
Jessica Salwen-Deremer, PhD
Lynn Butterly, MD
Alex Gifford, MD, HS'2003-10
Suzannah Luft, MD'14

Early 2020

Joseph Anderson, MD, MHCDS
Marcus Shaker, MD, MSc'08
RongXiao Zhang, PhD
Megan Coylewright, MD, MPH
Amogh Karnik, MD, MSc
David Haughey, MD
Auden McClure, MD'99,
HS'1999-04, MPH'08
Erin Reigh, MD, MS
Brian Remillard, MD

The March 26, 2021 DoM Medicine Grand Rounds will feature Scholarship Enhancement in Academic Medicine (SEAM) Awards Academic Year 2020 Project Reports.

Continued from page 3 . . .

TRANSFORMING LIVES

of removing the pancreas at D-H, and then driving the pancreas to Massachusetts General Hospital (MGH), which had a lab to isolate the islet cells. Our patient at D-H, following surgery, would be stabilized with an open abdomen for several hours while their pancreas traveled to Boston. As the transport team drove back from Boston with the patient's islet cells, they would call D-H when they crossed the state line into New Hampshire on I-93, giving us one hour's notice to return the patient to the OR to transplant the islet cells into their liver. Of course we worried that things could go wrong—a flat tire, or a snowstorm—and we could not use the D-H helicopter to

transport islet cells. It was also hugely expensive to use the MGH lab. So, from the time we started the program in 2012, our ultimate goal was to figure out how to isolate islet cells at D-H and avoid the Boston trip.”

Gardner continues, “In 2013, we heard that Johns Hopkins had discovered a way to isolate pancreatic islet cells right in the operating room without the need for a standalone islet cell laboratory. We visited them to refine the technology and methods multiple times. Kerrington Smith and his lab colleagues took the lead in establishing the D-H protocols. Walter and Carole Young donated

money to help us start. We bought equipment and continued our collaboration with Johns Hopkins, whose transplant scientist flew into Lebanon to help with our first ten procedures.” In aggregate, including the procedures done with MGH, the D-H experience with islet cell transplantation now numbers almost 100 patients.

“We have been doing islet cell transplant by ourselves at D-H since 2015,” Gardner continues, “close to 50 times, for patients aged 16 to 68. Our joy in the work is seeing the benefit to patients, like that 16-year-old who turned into a new person ... the procedure giving him his life back. It has been a wonderful experience to work with dedicated and talented colleagues like Drs. Chaidarun and Smith, and to have the administrative and clinical support to perform islet cell transplantation at D-H.”

“Our joy in the work is seeing the benefit to patients, like that 16-year-old who turned into a new person ... the procedure giving him his life back.”

Tim Gardner MD, HS'2000-07

Continued from Cover . . .

CYSTIC FIBROSIS

Two physician-scientists in the Department of Medicine, Ali Ashare, MD, PhD, and Alex Gifford, MD, HS'2003-10, conduct active CF research.

"In the past ten years, advances in CF research have been phenomenal," says Ashare. "The major advance is development of 'CF highly effective modulator therapy.' " Modulator drugs regulate a protein that malfunctions in CF and causes the thick mucus. They temper that protein's function to rehydrate mucus, make the organs function more normally, and relieve CF symptoms. "Modulators can treat over 90% of patients, prevent a decline in lung function, decrease hospital stays, and improve quality of lives," says Ashare.

What modulators have not changed significantly is inflammation. Patients on modulators still have to clear mucus from their lungs. "We have shown that lung macrophages, the primary immune cell in the lung, are abnormal in patients with CF, don't kill bacteria well, and accumulate succinate, a substance that increases inflammation," says Ashare. Ashare's lab, which studies how lung immune-cell function impacts lung inflammation in CF, is seeking an anti-inflammatory agent to block succinate and potentially improve CF outcomes.

When asked how close this research is to producing a treatment to help patients with CF, Ashare replies, "We are close to identifying a target for CF inflammation, and hope to obtain grant funding within two years to investigate a novel therapy."

Ashare says, "Patients with CF are an inspiring group. They tend to be upbeat and most don't have much of a negative attitude." When asked how that is possible with a challenging disease, Ashare replies, "It is difficult; they spend several hours a day performing treatments. But they are living longer and better lives. They don't sweat the small things that most of us do."

Ashare has a grant from the National Institutes of Health to support her research while she mentors junior physician-scientists in the CF field. She is the site principal investigator on two anti-inflammatory clinical trials sponsored by the CF Foundation Therapeutics Development Network (TDN), whose involvement with D-H she spearheaded. "I decided that the biggest impact I could make on the largest number of patients was in the research arena," says Ashare.

Alex Gifford directs the adult CF clinical program at D-H, which the CF Foundation has recognized for providing outstanding clinical care. "D-H has a longstanding record of participating in TDN trials—we offer patients with CF cutting-edge therapies in Manchester and Lebanon, supported by a team of dedicated nurses and research coordinators," Gifford

says. Collectively, the D-H CF clinical trials test strategies to fight chest infections, reduce inflammation, and improve nutrition in CF patients. "Seeing many of the patients I care for enroll in clinical trials is truly inspiring and clearly reflects their selflessness and dedication to overcoming CF," says Gifford.

Gifford is one of three investigators leading a TDN-sponsored nationwide trial, SIMPLIFY, for CF patients taking the modulator drug Trikafta® to improve lung function and reduce symptoms. SIMPLIFY's aim is to test whether doctors can safely remove older drugs for patients on Trikafta®. Patients are assigned randomly to continue or stop one of two older CF mucus-thinning drugs, hypertonic saline or Pulmozyme, for six weeks. If SIMPLIFY demonstrates that lung function is statistically similar between these groups, then researchers will conclude that patients taking Trikafta® can safely stop taking one or both older medications.

Gifford partners with scientists in Microbiology and Immunology to study the clinical effects of abnormal iron handling in CF. "The airways of patients with CF are full of iron, which worsens chronic infections and lung function, and causes anemia," says Gifford, who studies genetic reasons for abnormal iron handling in CF via a Department of Medicine Scholarship Enhancement in Academic Medicine award. Gifford concludes, "Taking care of people with CF is rewarding, and being able to advance the science is one of the joys of an academic medical career."



MARK WASHBURN

Engineering professor Jane Hill (left) and pulmonologist Alix Ashare are developing a first-of-its-kind breathalyzer for patients with cystic fibrosis (photo taken pre-COVID-19 pandemic).

"Patients with CF are an inspiring group. They tend to be upbeat and most don't have much of a negative attitude."

Ali Ashare, MD, PhD

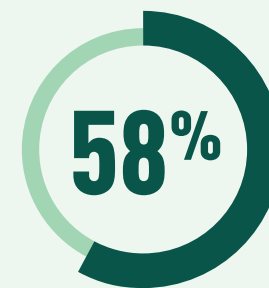
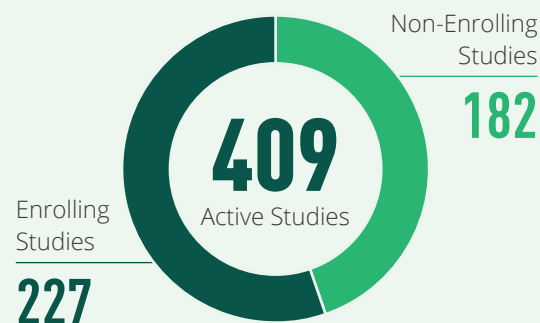
RESEARCH IN THE DEPARTMENT OF MEDICINE:

ADVANCING OUR DOCTORS' CAREERS, OUR PATIENTS' HEALTH, AND OUR INSTITUTION'S ACADEMIC PRESTIGE

The Department of Medicine has a strong commitment to academic success through research scholarship, under the leadership of Chair Richard Rothstein, MD; Vice Chair of Research Richard Enelow, MD; and Director of Research Operations Jessica Chevalier, BS, CCRP. In future newsletter editions, we will continue to highlight areas of active research by our faculty and learners.

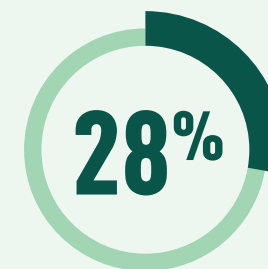
At right, we present some brief statistics on our DoM research portfolio including faculty activities in Medical Specialties, the Heart and Vascular Center, and the Norris Cotton Cancer Center.

RESEARCH STUDIES



TREATMENT TRIALS

58% of active studies are treatment trials



PARTICIPANTS

28% of enrolled participants in active studies are on treatment trials

40
GRANTS AWARDED



TOTAL AWARDED
\$11,037,170

Statistics based on calendar year 2020

FLEXIBILITY AND RESILIENCE

MEDICAL EDUCATION CHANGES IN RESPONSE TO THE COVID-19 PANDEMIC

The unprecedented global crisis of COVID-19 has had a profound impact on education, including the adoption of remote learning to ensure the safety of students and teachers. Dartmouth-Hitchcock (D-H) and the Geisel School of Medicine, with their longstanding commitment to excellence in medical education and patient care, faced the dual challenge of how to safely educate medical students and residents while delivering the top-notch care they provide for patients, with and without COVID-19.

“When COVID-19 arrived in New Hampshire early in the pandemic, we had to immediately—like the flip of a switch—develop new approaches to teaching students and residents how to care for patients,” said Kelly Kieffer, MD, MS’2011, HS’1996-00, Vice Chair for Education. “Clinical teaching is typically centered on hands-on work, at the bedside. It’s hard to substitute that with something else.”

Focused changes for learners at D-H and Geisel included:

- Telemedicine, which broadened the patient population that residents and students could safely care for
- Online learning, using a variety of platforms
- Individualized plans, to ensure that every learner who had an essential clinical experience interrupted due to COVID-19 was able to complete the core components of that experience once learners could return to patient care settings

Amanda Ratliff, MD, HS’1996-99, Director of the Inpatient Medicine Clerkship, sated “Geisel students demonstrated remarkable flexibility and goodwill as they were pulled from the clinical arena abruptly, consistent with national medical school guidelines.” The clerkship team brought together students initially assigned to clinical sites in New Hampshire, Vermont, and California, keeping in close contact virtually. Students joined online didactic clerkship and resident conferences, resident report, and

“Geisel students demonstrated remarkable flexibility and goodwill as they were pulled from the clinical arena abruptly, consistent with national medical school guidelines.”

Amanda Ratliff, MD, HS’1996-99

preclinical teaching; worked up video-based virtual medicine cases; shared presentations addressing clinical questions; and used virtual platforms to improve physical diagnosis skills.

Students were energized and eager to return to action when Geisel invited them back to the clinical arena in summer 2020. “Our team is so grateful for the wonderful attitudes demonstrated by the students and the true resilience we witnessed again and again as they continued to accommodate the changes against a backdrop of so many unknowns,” said Ratliff.



Left: (left-to-right) Resident Simrun Bal, MD, MED’19; Vice Chair of Education Kelly Kieffer, MD; and residents Cliff Locke, MD, PhD; and Bethany Feis, MD. Right: (left-to-right) Third-year medical students Divya Mishra and Britney Marguiles; and resident Kevin Diasti, MD.



PHOTOS: ALEX FIORENTINO, MD, CHIEF RESIDENT, PGY-4

In contrast to medical students, residents provided care from the beginning of COVID-19, as essential workers. “We had a dual role and responsibility – how do we keep residents safe, and keep their education moving forward?” sated Hilary Ryder, MD, MS’13, HS’2004-07, who served as Internal Medicine Residency Program Director during this time. Aside from these challenges, when the pandemic first arrived, the Department of Medicine had an unusual problem. “We had many quarantined residents, 42 of 65 total, and we had to figure out, how do we maintain our clinical footprint while dealing with reduced workers? Residents from other departments, including emergency medicine, psychiatry and surgery, and fellows in our subspecialty training programs, valiantly stepped up to provide collaborative patient care.” D-H provided personal protective equipment (PPE) and trained residents on its use, to keep them safe, to protect their patients at the hospital, and to protect their loved ones at home.

When clinics first reduced operations, residents on clinical ambulatory service were asked to stay home. “The at-home and quarantined residents provided night coverage remotely with access to EPIC, the D-H electronic medical record system. They called nurses, did work over the phone, and ordered electrocardiograms (EKGs), while the inpatient residents in the hospital would examine the patient, in a collaborative effort,” said Ryder. Residents, like medical students, could take advantage of virtual education, tele-learning, telehealth visits with patients, and two to four hours of conferences per day.

Residents are often in their late 20s and early 30s, living independently, with a partner, or in small families with young children. “We prioritized how to provide them with adequate wellness and emotional support, with frequent check-ins. Their concerns varied from staying safe to

making sure they would not graduate late,” says Ryder. She concludes, “Our residents are so committed to their profession, and willing to work very hard even when the level of uncertainty is so high.”

Kieffer said, “Since the pandemic began, our educational programs have adapted to shifting state and institutional policies on infection control. We are grateful to have robust testing processes at Geisel and DHMC, and reliable access to PPE, including for our learners. We have accommodated periodic needs for quarantine due to possible exposures, or for students needing to travel to complete clinical experiences.” Residents and students working in clinical settings have recently had full access to vaccines in New Hampshire’s distribution program.

“Each cohort of our learners has seen important milestones in their education impacted by the pandemic,” stated Kieffer. Graduation and match day for 2020 Geisel graduates were virtual, recorded events. A socially distanced graduation for residents was held at the Fairlee Drive-In Theatre. Interviews for residency and fellowship across the country, including in our program, were entirely virtual. Kieffer continued, “Our chief residents and program coordinators did an impressive job organizing interview days that allowed candidates to feel welcomed and experience our culture from afar.”

Resilience in the face of uncertainty was a key factor for the Department of Medicine’s successful management of the early crisis period of COVID, and has helped our teams continue learning and growing professionally. “You really see how remarkable and adaptable people are and how much they care for each other,” said Kieffer. “Seeing our medical students, residents, fellows, faculty, and staff rise to the challenge and work toward a common goal as a team has been amazing.”

THE DEPARTMENT OF MEDICINE

2020 ADVISORY COUNCIL EDUCATION AWARDS

The Department of Medicine Advisory Council on Education (DoM-ACE) is pleased to support the development of new and innovative educational programs, as well as research that helps improve teaching and learning outcomes. DoM-ACE grants are awarded annually to Department of Medicine faculty and trainees through a competitive process.

The DoM-ACE grants awarded in December 2020 and their recipients are as follows:

Rise and Shine: Early Week Goal-Setting for Medical Students

Dineth Bandarage, MD — Resident, PGY-2

Spencer Ng, MD — Resident, PGY-2

Microlearning for Antibiotic Stewardship Education: Using the Podcast Medium to Educate Internal Medicine Housestaff Members

J. Henry Feng, MD — Resident, Leadership Preventive Medicine Residency

Utilizing Digital Education for Dartmouth-Hitchcock Internal Medicine Residents, with Emphasis on the Adult Learner and Micro-learning, in Reducing Adverse Glycemic Events

Sage Gale, DO — Resident, PGY-3

Development and Implementation of a Coaching Program for Internal Medicine Residents

Colleen Kershaw, MD — Staff Physician, Infectious Disease, DoM, Dartmouth-Hitchcock Medical Center (DHMC); Assistant Professor of Medicine, Infectious Disease and International Health, Geisel School of Medicine at Dartmouth (Geisel)

Previous DoM-ACE grants have resulted in enduring and impactful educational programming in the DoM. Recent selected examples include:

The Global Health Pathway in the Residency Program — 2015

Lisa Adams, MED'90 — Staff Physician, Infectious Disease and International Health, DoM, DHMC; Associate Dean for Global Health, Geisel; Director, Global Initiatives, Provost's Office, Dartmouth; Director, Center for Global Health Equity, Dartmouth; Professor of Medicine, Community and Family Medicine, and Epidemiology, Geisel

Manish Mishra, MED'05, HS'2006-09, MPH'09 — Lecturer, The Dartmouth Institute for Health Policy and Clinical Practice (TDI), Geisel; Interim Director of Student Affairs, TDI, Geisel; Director of Professional Education, TDI, Geisel; Clinical Assistant Professor of Community and Family Medicine and TDI, Geisel

Serious Illness Conversation Training for Residents and Faculty — 2016

Max Vergo, MD — Staff Physician, DoM, DHMC; Director of Education, Palliative Medicine, DoM, DHMC; Program Director, Interdisciplinary Hospice and Palliative Medicine Fellowship, Graduate Medical Education (GME), DHMC; Co-Director, Serious Illness Care Program, DHMC; Associate Professor of Medicine, Geisel

Amelia Cullinan, MD — Staff Physician, Palliative Medicine, DoM, DHMC; Director, Outpatient Palliative Care Services, DHMC; Co-Director, DHMC Serious Illness Care Program; Assistant Professor of Medicine, Geisel

Martha McDaniel, MED'77, HS'1977-82 — Professor of Medical Education and Community and Family Medicine, Geisel

The Care for the Underserved Program — 2015

Don Kollisch, MD — Staff Physician, Medicine, VA Medical Center, White River Junction, VT (DHMC affiliate); Associate Professor of Medicine and Community and Family Medicine, Geisel

Responding to Patients with Bias Simulated Patient Curriculum and Faculty Workshops — 2016 and 2018

Ellen Eisenberg, MD — Staff Physician, General Internal Medicine, DoM, DHMC; Assistant Professor of Medicine, Geisel

Opioid Risk Assessment Teaching for Providers Caring for Patients with Cancer — 2017

Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN — Nurse Practitioner, Palliative Medicine, DoM, DHMC; Scholar, Dartmouth Collaboratory of Implementation Sciences; Associate Professor of Medicine, Geisel

Transitions of Care Curriculum for Internal Medicine Interns — 2018

Marshall Ward, MD, HS'2013 — Staff Physician, Hospital Medicine, DoM, DHMC; Assistant Professor of Medicine and TDI, Geisel

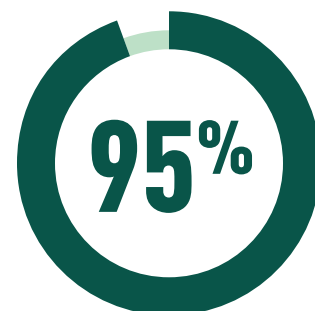
Stephen Liu, MD, HS'2000-05, MPH'05 — Staff Physician, General Internal Medicine, DoM, DHMC; Associate Professor of Medicine and TDI, Geisel

DEPARTMENT OF MEDICINE DEMOGRAPHICS BY ACADEMIC RANK

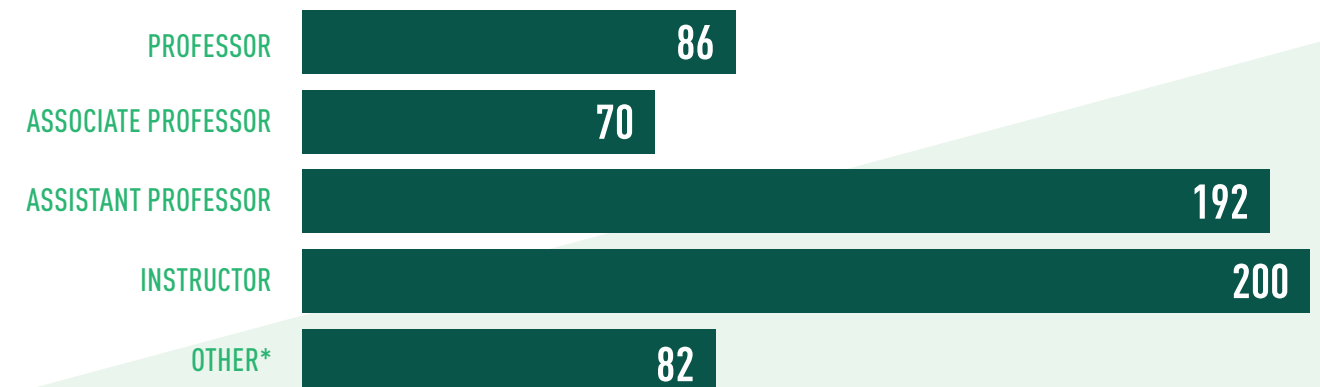
The Department of Medicine is a large, complex department, with 19 sections including those in Medical Specialties, Cancer, and the Heart and Vascular Center. Below we show current (2020) demographic information about our faculty and their academic ranking.

TOTAL FACULTY **630**

PRIMARY APPOINTMENT
The remaining 5% is comprised of secondary and tertiary appointments



FACULTY DISTRIBUTION BY TITLE



* Includes adjunct faculty, clinically modified faculty, and research scientists.

FACULTY PROMOTIONS

Our faculty members are the foundation of the Department of Medicine. Their dedication and commitment to our mission and their work is exemplary. Being recognized for academic achievement is an honor bestowed upon our clinician-scholars by their faculty peers.

We are excited to announce the following faculty promotions that occurred in calendar year 2020. **Congratulations to them all!**



Lisa Adams, MD, MED'90

Professor, Infectious Disease and International Health



Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN

Associate Professor, Palliative Medicine



Lynn Butterly, MD

Professor, Gastroenterology



Megan Coylewright, MD, MPH

Associate Professor, Cardiovascular Medicine



Harley Friedman, MD

Associate Professor, Hospital Medicine



Kelly Kieffer, MD, MS'2011, HS'1996-00

Associate Professor, General Internal Medicine



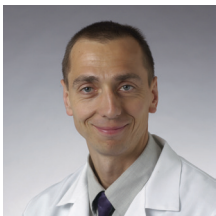
Patricia Lanter, MD, MS

Associate Professor, Emergency Medicine



Roshini Pinto-Powell, MD, HS'1992-94

Professor, General Internal Medicine



Heiko Pohl, MD, HS'1998-04

Professor, Gastroenterology



Philip Schaner, MD, PhD

Associate Professor, Radiation Oncology



Marcus Shaker, MD, MSc'08

Professor of Pediatrics and Medicine, Allergy



Max Vergo, MD

Associate Professor, Palliative Medicine

PHOTOS: MARK WASHBURN