Dear Prospective Candidate:

The Dartmouth-Hitchcock Leadership Preventive Medicine Residency is the first preventive medicine residency in the nation to be offered jointly with a full spectrum of accredited clinical residency programs.

Earning the MPH degree as part of the residency curriculum and having the opportunity to translate this knowledge into a major patient care improvement project are the highlights of this program. A customized pathway for each clinical department will ensure that residents gain the knowledge of population health, health care improvement, and public health necessary to successfully navigate and lead the change and improvement of health care in the 21st century.

We welcome your interest in our residency and look forward to hearing from you.

Sincerely,

Wayne S. Dysinger, MD, MPH

Carolyn J. Murray, MD, MPH

**Associate Program Directors** Dartmouth-Hitchcock Leadership Preventive Medicine Residency

### FOR MORE INFORMATION



To learn more about the Dartmouth-Hitchcock Leadership Preventive Medicine Residency, contact either of the following individuals.

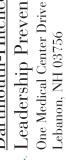
Associate Program Directors:

Wayne S. Dysinger, MD, MPH dhlpmr@hitchcock.org

Carolyn J. Murray, MD, MPH dhlpmr@hitchcock.org

Additional information can also be obtained at the program website:www.hitchcock.org/dept/dhlpmr

seadership Preventive Medicine Residency Dartmouth-Hitchcock Medical Center





# Martmouth-Hitchcock Medical Center

# LEADERSHIP PREVENTIVE MEDICINE RESIDENCY





CENTER FOR THE **EVALUATIVE CLINICAL** SCIENCES **DARTMOUTH** 

TO ATTRACT AND DEVELOP PHYSICIANS CAPABLE OF LEADING CHANGE AND IMPROVEMENT OF THE SYSTEMS WHERE PEOPLE AND HEALTH CARE MEET.



"Many seek better health care quality, safety and value. Yet, we know that every system is perfectly designed to get the results it gets. Different results require different systems. This program was created to prepare physician specialists who understand health care systems and can lead their redesign."

Paul B. Batalden, MD; Program Director

### PROGRAM OVERVIEW

We are excited to offer a new program that we believe will begin to provide select residents and fellows with the skills they need to redesign and improve the care of the individual patients, and populations of patients, that they serve.

The Dartmouth-Hitchcock Leadership Preventive Medicine Residency offers residents the opportunity to gain further knowledge and skills in the measurement of outcomes and the leadership of change and improvement in health care systems.

The program is only offered in conjunction with existing clinical residency and fellowship programs at Dartmouth-Hitchcock. Currently, the following programs offer training in both: Anesthesiology, Family Practice, Internal Medicine, Neurology, Obstetrics and Gynecology, Orthopaedics, Pathology, Pediatrics, Radiology, and Surgery. The program is the usual length of the resident's "home" specialty program plus two years.

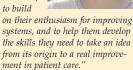
Designated department coaches provide close, ongoing, individualized coaching and mentoring throughout the experience, to assist residents in the identification, formulation, and completion of a practicum project, as well as to ensure continued integration with home clinical residencies.

#### **CLINICAL COMPONENT**

The clinical requirement is fulfilled largely by the resident's work in his or her own clinical residency area. However, this component also includes application of preventive medicine clinical leadership skills through structured rotations in the resident's home department. These clinical leadership application rotations are designed in conjunction with department coaches and help prepare residents for their practicum work.

This component also includes structured longitudinal experiences in a public health setting, as well as additional learning sessions focused on core preventive medicine and public health competencies.

"I jumped at the chance to coach bright and committed residents, to build



Kathy Kirkland, MD; Coach-Internal Medicine

### ACADEMIC COMPONENT (MPH DEGREE)

The academic component consists of a Masters in Public Health (MPH) from the Center for the Evaluative Clinical Sciences (CECS) at Dartmouth Medical School.

Established in 1989, the CECS is a locus of scientists and clinicianscholars from Dartmouth's medical and graduate schools who conduct cutting edge research on critical medical and health issues with the goal of measuring, organizing, and improving the health care system. Their collective research has important implications for medical practice and economics. At the macro level, the evaluative clinical sciences provide the basis on which to make rational policy choices and resource allocations; at the micro level, they hold the promise of reforming the doctor-patient relationships through shared decision-making and improving the quality and value of clinical care.

The CECS faculty is comprised of physicians, epidemiologists, psychologists, sociologists, economists, medical geographers, statisticians, and others.

The coursework for the MPH program is highly integrated with the clinical leadership application rotations, and will include classes in:

- Epidemiology and Biostatistics
- Continual Improvement of Healthcare
- Evaluative Clinical Sciences
- Design and Improvement of Clinical Microsystems
- Strategic and Financial Management
- Environmental and Occupational Health
- · Social and Behavioral Determinants of Health
- Electives

#### PRACTICUM COMPONENT

The practicum is the distinguishing feature of the program. Similar to the demands of a thesis requirement, resident activities during the practicum component include the following:

- Completion of a comprehensive patient care improvement project that focuses on enhancing the technical, service and cost excellence of care for individual patients.
- Application of systems based patient care approaches that include needs assessment, process analysis, project planning and implementation, and evaluation of change.
- Development of a final project result that clearly and scientifically documents the improvement of patient care and is publishable in a peer-reviewed journal.

"I view the practicum projects as a mechanism to change the voay we deliver care in the Dartmouth-Hitchcock system. Our hope is that these projects will demonstrate measurable improvement in the quality of the care we provide for our patients and in the systems in which we operate."

Thomas A. Colacchio, MD; President, Dartmouth-Hitchcock Clinic; Chair, Practicum Review Board



#### MONTHLY EVENING SEMINARS

Throughout the experience, residents gather for a monthly seminar to share the current status of their practicum projects and to receive comments and feedback from faculty and fellow residents.

Using the framework of the Accreditation Council for Graduate Medical Education's (ACGME) general competencies, invited guest speakers address topics related to health professional development and learning. These seminars cover a wide range of topics, including practical skill building sessions in leading change, public health, and population-based patient care.

"The Evening Seminars will provide residents, faculty and distinguished guests a chance to explore the



competencies that are the foundation of our program and to link this learning to the residents' ongoing work in leadership application rotations and practicum projects."

Tina C. Foster, MD, MPH, MS; Associate Director

## UNIQUE ASPECTS OF THE PROGRAM

The Dartmouth-Hitchcock Leadership Preventive Medicine Residency builds on a traditional preventive medicine residency program in several ways. It focuses on leading change in the small systems that connect patients and health care. Furthermore, it is based in active caregiving institutions and involves learning in a variety of settings and clinical specialties. Finally, the program offers masters-level learning at Dartmouth's Center for the Evaluative Clinical Sciences.

It is anticipated that graduates of this program will pursue a number of career paths, including: health professional leader of clinical care; teacher of change and improvement knowledge and skills to health professionals; health professional leader for small-to-large health organizations, including academic medical centers; and, life-long learner of the measurement and improvement of health care.