

# Four Years

# Four Lives

Text by Rosemary Lunardini  
Photographs by John Douglas

**Impressions about life as a medical student abound —  
there's time only for study; the competition is cut-throat;  
it's a dehumanizing experience. Is the stereotype true?  
Four students reveal what their lives are like, and what  
they are like, in each of the four years of medical school.**

**A**dmission to medical school is so competitive that one could expect to reach into any DMS class, pick any name, and find a person who is intelligent, poised, energetic, self-assured, ambitious, and humane. And that's about what DARTMOUTH MEDICINE did. With a few suggestions from two deans, we pretty much picked four names — one from each class — and asked the students to talk about their lives. In some ways, each of these students reflects what all medical students are like and what their lives require of them. But each is unique, too.

In her first year of medical school, Jane Auger knows



both her strengths and weaknesses. She uses her considerable talent in singing

and teaching for the benefit of others, even as she studies harder than she's ever before had to. She's given up a lot in prestige, security, and salary to be in medical school.

Ben Gardner, a second-year year student, has four



children — the eldest of whom will graduate from high school the year he graduates

from medical school. Gardner admits to studying just enough to meet his goal of staying in the middle of his class. Life holds much else for him besides becoming a doctor; just ask any Hanover or

Norwich teenager who knows "Coach" Gardner.

Tony Murat in year three is doing what he has to do —



surviving one clerkship after another — and loving it. He is poised, confident, and

comfortable around patients and has a sort of "doctor" aura about him already. He is intensely serious about his chosen profession and right now has little time for anything in his life but work.

Angela Erdrich will be an M.D. by the time this issue



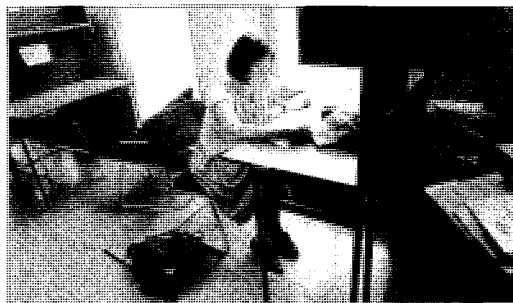
goes to press. Erdrich is forthright about how she thinks she needs to develop

as a physician. Also a talented artist, she has an inner strength that she feels she has to learn to convey to be effective and professional.

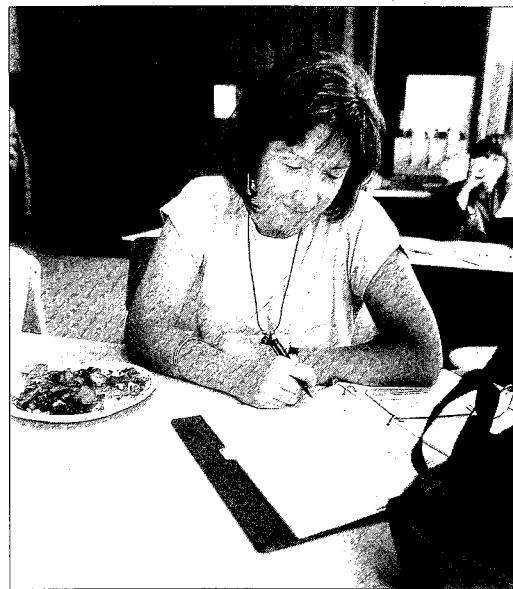
These four students portray a picture of medical studenthood that departs somewhat from convention. They do not seem to be sharply competitive. They have not all wanted to be doctors forever (the fact that Auger is over 30 and Gardner over 40 reflects the rising age of medical students). They are not likely to let medicine determine the whole shape of their lives. Nor are they so self-assured after all. One perfectly human quality stands out: they all seek self-knowledge. To paraphrase the old dictum, each might say, "Physician, know thyself."



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Schoolwork without a doubt consumes a lot of time for first- and second-year students, whether it is **1** perusing the Student Affairs bulletin board to check out the week's events; **2** hitting the books in a carrel in Dana Library; **3** going over lecture notes during a quick lunch at Mrs. Ou's Chinese cafeteria; or **4** staining slides in microbiology lab. But even during years one and two, students find time for other activities. For Jane Auger, those include **5** leading a medical student singing group called the Dermatones and **6** taking bi-weekly dance lessons (here, she does the swing in ballroom class). **7** She has also volunteered regularly in a classroom in Claremont, N.H., teaching health to third- and fourth-graders; on this last day of the program, Auger has prepared a lesson on healthy snacks — with plenty of samples for her pupils. She also manages to squeeze in time for **8** gardening and **9** walks with her 12-year-old German shepherd, Gus.

## Year One

## Jane Auger

## Teacher turned student

"I've always been a busy person. I don't relax very well," says Jane Auger, whose idea of relaxation is to work in her garden. In fact, one of the first things she did on moving to Lebanon, N.H., last fall was to plant bulbs in front of the little house she'd rented. This spring, the blooming irises made it seem more like her own house in Rhode Island, the state where she'd lived all her life until last year. As a student in the Brown-Dartmouth program, she'll be at Dartmouth Medical School for one more year before returning to Rhode Island to complete the last two years of her M.D. program at Brown.

"I rent this house and live as cheaply as possible on a student's budget," says Auger, who finds that as a first-year medical student there is a big drop, both in finances and prestige, from her previous career teaching radiologic technology. She had chaired her department at Massasoit Community College for five years, and before that directed the program at Goddard Memorial Hospital in Stoughton, Mass., for three years.

"I'm 37. I've had a career where I was well-respected, and I had built-in authority. I thought of myself in a certain way. Then when I came here as a first-year student, I was definitely on the low end of

the totem pole, knowing that when I talk nobody is going to listen."

As her first year ends, Auger finds herself just as busy — but no busier, she emphasizes — than she ever was as a teacher, in spite of a list of time-consuming student activities. She is teaching in the "Partners in Health" program one afternoon a week at the Bluff School in Claremont; dancing — both contra and ballroom — with other medical students two nights a week; and singing with two groups — Dartmouth's Handel Society Chorus and an *a capella* group she started in the fall with several classmates. The "Dermatones" were soon in demand to perform for patients at the Hospital and at special events of the Medical School.

At first she wasn't sure if she could find the time for all the practices and performances, but singing is an important part of her life. She has always sung in choruses, and last summer she directed *The Pirates of Penzance* for the Ocean State Light Opera Company in Providence.

"I never had to do anything this intensely," Auger says of medical school. "When I was preparing myself to come back to school, I was busy with teaching and all the other things I did, [but] I still only had to do



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one or two courses at a time as opposed to having everything due all at once. I now have to study four or five things at a time and don't have the leisure to study as I used to. Everything goes at such a clip that you have to learn it the first time through. You don't have a lot of time to review and assimilate the stuff," she says. "Biochemistry has been the hardest for me. It was like learning a whole new language."

Auger's greatest confidence lies in the opposite direction from that of many medical students. She believes her clinical skills are better than her academic skills, so she was not as eager as some students are to work with patients right away. "I didn't want to rush into that, knowing I had a disadvantage with my studies. . . and I feel confident in my patient skills because I used them for so many years."

In the eyes of Associate Dean Joseph O'Donnell, Auger is a "great person." She has a quiet manner that exudes helpfulness and determination. Sure, it was a big step to leave her teaching job, where she, in her own words, "was used to being a productive member of society" and to suddenly become a medical student, "waiting for the financial aid check to come in." But she has no second thoughts about the decision. "I thought this was a good investment, and that I would just try to do it. I figured I would just take one step at a time."

She has been able to keep her house in Rhode Island because the rental income covers the mortgage payments. She figures that her salary as a resident in another three years will make her at least as well off financially as she was teaching radiologic technology. Being a medical student, she emphasizes, is now her "primary job."

Although she'll be just over 40 when she graduates, Auger says age made no difference in her decision to become a doctor. "I may as well be 41 and doing something I really enjoy, not saying to myself after having taught 10 years, 'Gee, I wonder if I could have done that.' So for me this was a challenge to get out of my complacent place where I was good and having a good time."

Auger started the year thinking nobody was going to listen when she talked, but as her classmates have gotten to know her better, they have come to respect her a lot. "I taught people the age of many of my classmates, so for me to relate to them on a different level is taking a little practice. I'm doing okay," she says. "I've lived long enough that I don't take a black-and-white position. Sometimes they'll purposely ask my opinion because they know that. They want to widen themselves a little. . . I get some feedback from them — they'll say, 'Gee, I never thought of it that way.'"

This summer, she'll work at DMS with radiologist Michael Bettman and anatomy professor Michael Binder. With Bettman, she will be investigating the placement of a stent device in the livers of pigs, and with Binder she will be digitizing x-ray images into a computer-learning program for medical students.

It has been 18 years since Auger got her associate's degree in radiography. It is natural, given all her experience in the field, that her thoughts would turn first to radiology as a specialty. If she had to choose today, it would be radiology, but she knows that the clerkship experiences starting in third year could pull her in other directions.



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The Gardner ménage is a busy place, even forgetting the fact that Dad is a medical student. **1** Pausing for a family portrait are, left to right, Ben; 6-year-old Sarah; 14-year-old Abigail; Ben's wife, Judy; 12-year-old Tyler; and 16-year-old Ryan — plus Ben's DMS classmate Scott Clough, a regular at the Gardner dinner table. Family activities such as **2** tending to kitchen chores or **3** collecting bottles to bring to the recycling center are important in Gardner's life. **4** Of course there's time for studying, too. In fact, Ben has taken over the whole dining room table with his books. **5** And then there's the time he gives to coaching, here of the Hanover High lacrosse team — including **6** his older son, #16, **7** as well as his service on the DMS Student Government, which holds its meetings over lunch. **8** Gardner puts in a lot of classroom time now, but that will soon give way to clinical rotations. **9** Withal, he hasn't found returning to school in his 40s to be too much of a shock.

## Year Two

## Benjamin Gardner

## Father of four

**W**e thought I'd be holed up in some library and not see the family," says Ben Gardner, a father of four. "The fact of it is, in the morning I can take my youngest to the babysitter. I can pick her up from school. I can have lunch with my wife. I can coach teams with my kids. I can have a fairly normal life while going to medical school."

After two years at DMS, Gardner is not sure why everything is fitting perfectly into place. Did he and his wife, Judy, plan so well? Are the kids pitching in that much? Is it just luck? In large part, it is probably Gardner's own can-do attitude. Yes, becoming a full-time medical student at the age of 43 with four young children was a serious undertaking, but Gardner brought to it the wisdom and experience of 20 years of success at everything he'd ever tried.

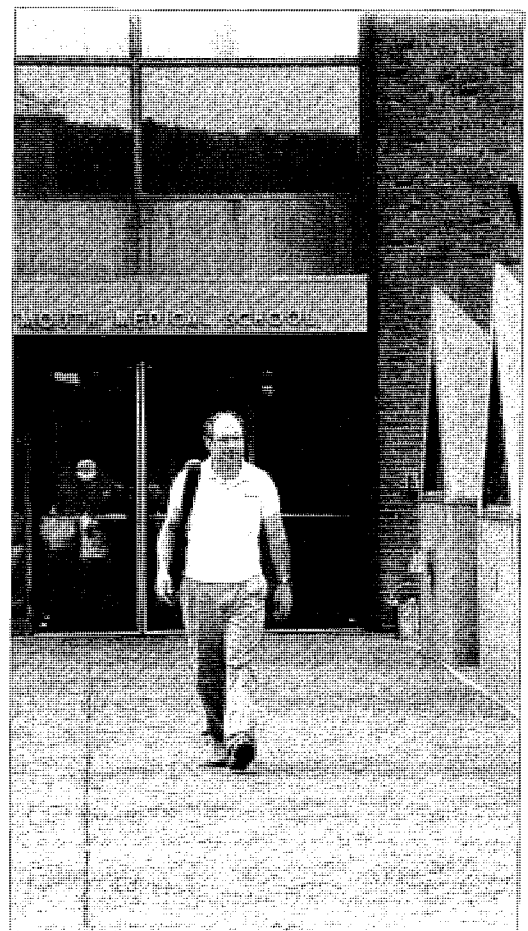
He arrived in Vermont in 1971, fresh out of the Navy and set on finding a way to make money. That turned out to be as a developer, and over the next 20 years he built vacation homes, hotels, and inns in central Vermont. During these years, he and his family lived in Killington. As the real estate market took a serious downturn in the late 1980s, he reconsidered his options. He could keep on trying to do more of

what he had done, or he could do something entirely different.

Medical interests had also occupied a large part of his life in those 20 years — from being a member of ski patrols, to teaching EMT courses (that's how he met his wife), to heading up the board at Rutland Hospital during a period of expansion. "It was seeing the other end of medicine that was perhaps the biggest spur," Gardner says of his second-career decision. "I got frustrated being the layman, and it again rekindled the idea that I could do the other side, yet remember the insurance, the patient, the hospital side." He adds, "I laughed at suggestions I was going into medicine for the money, since in my case I could make more money if I were not going into medical school."

A few years ago, the Gardners moved to Norwich, Ben started taking premed courses as a special graduate student at Dartmouth, and his wife — a nurse who had stayed home with their children till that point — got a job at Dick's House, the campus infirmary. "My wife works reasonably long hours while we still have a little one," Gardner says. "She was home working when the others were that age. We believe in that, but it just doesn't fit."

What fits now is what works. "I do more care of



the children, especially in the evenings, because half of Judy's shifts are 3:00 to 11:00," Gardner says. "For the first month, I went to the library to study and the house fell apart. The kids — then 14, 10, 12, and 4 — were capable of putting together a dinner and getting themselves through the evening, but they were clearly suffering. I'm not sure we went a month with that before I changed my study habits. I study right after dinner, but at least one parent is in the house to stop the fights or insure they get to bed."

Perhaps the most amazing thing about Ben Gardner is not that he came late to medical school, that he's gladly suffering a drop in income, or even that he's a father of four, but that he is able to spend so much of his time coaching and managing sports programs — a big bite out of anybody's schedule. For the past several years, he has been president of the Hanover-Norwich hockey association — that's 17 teams, 230 kids, 40 coaches, and 500 parents, Gardner explains. He's also assistant coach of varsity lacrosse at Hanover High School, where he can be found every spring afternoon from 3:00 to 5:00.

"Coaching is a way of having time with your own children, in addition to being able to contribute to the community," Gardner says. "Lacrosse gets me through medical school. Everyone needs an escape." If medical students don't have something like this, he adds, "I'm not sure how broadened their outlook will be when they finally get into the world."

True to form, Gardner is not apprehensive about his studies, his upcoming board exams, or the clerkships that will begin this summer. He learned good study habits taking premed courses. Now, he's right in the

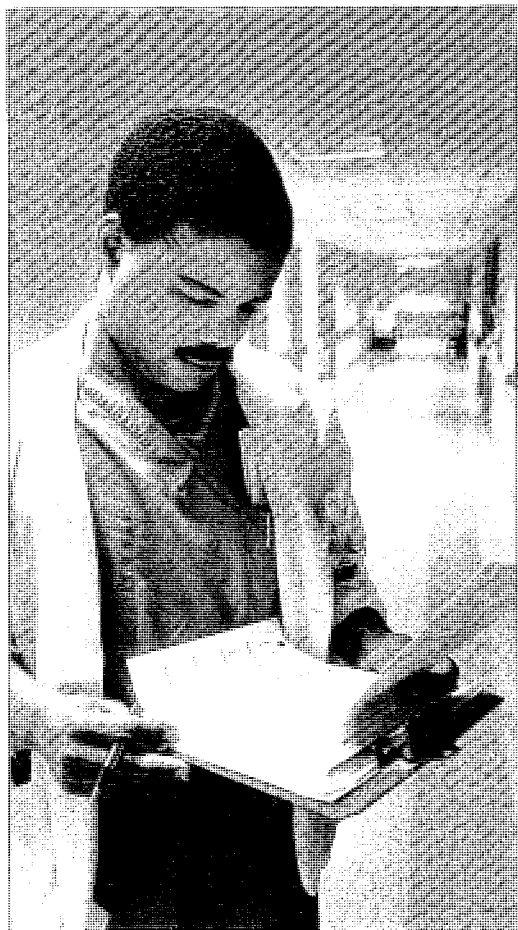
middle of his class grade-wise, and that's just where he wants to be. It's typical of his honesty that he says he doesn't aim to go into a specialty that requires top marks.

A big surprise for Gardner is that he has been able to make friends with other students although he is almost as old as many of their fathers. "I'm not the older brother or father to the class, but I think — just like other students who bring diversity to the class — I do, as well.

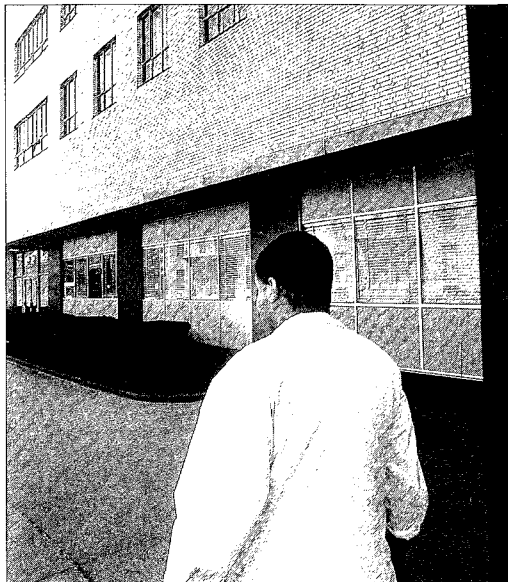
"About 20 in my class have gotten to know my kids," he adds. "They can see a household other than their own. That's been useful to them, I think, as they ultimately build their own families." Classmate Scott Clough is one friend who likes the family lifestyle at the Gardners.

Other medical students also know Gardner as someone who brings his natural forthrightness and broad experience to problems in student government. "It's sometimes difficult for people in the class to say what's on their mind for fear they're going to offend someone. . . . Probably a lot of time that's good, but I'm not sure it's always good. It tends to stifle discussion," Gardner says.

As he heads into clinical clerkships, Gardner will find the next two years a lot different from the past two. He'll be staying closer to home than many students. If he didn't have a family, he says, he'd love to do a rotation in Alaska. His clerkships away will be done during the summer, when his wife works days only and can be home at night with the children. All in all, Gardner says of medical school, "Generally, it's like a job. It's a little easier than a job actually. . . . It's hardest on my wife, though — probably harder than it is on me, and much harder than it is on the kids."



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Right now, there's time for little else in Tony Murat's life besides school.

**1** In third year, that means clinical rotations — here, surgery at Hartford Hospital in Connecticut. **2** Murat's days in Hartford start with a short walk from the student dorm across the street from the hospital. **3** Breakfast is a Danish and coffee in the still-nearly-empty hospital cafeteria. His days are filled with going on rounds, observing surgery, and following up on "his" patients. **4** Here, he checks in at the nursing station on the status of several patients, then **5** logs onto the computer to find out their latest lab results. **6** Later in the day, he runs into the daughter of a patient who'd just had gall bladder surgery, and he pauses to let her know that her mother is doing fine. **7** After leaving a message for his chief resident, **8** Murat heads off to the cafeteria again for lunch — usually with a group of surgery residents. **9** The end of the day finds him back in his dorm room, reading up on the next day's cases.

## Year Three

## Tony Murat

## Surgeon for eight weeks

**J**oseph Anthony Murat (known as "Tony" by all his friends) is a third-year student, but he's as hard to find these days as any surgeon. That's because he's been hanging out with surgeons in the operating room for long stretches of time and keeping the kind of hours they do. Finally, he was free late one Saturday afternoon when he was on call during his surgery clerkship at Hartford Hospital. Tony could sit down and talk about what his day had been like so far.

"This morning at 6:00 I rounded off on my patients, and I rounded with my chair about 7:00. After that, we admitted a new patient, and I had to do a history and a physical exam on her and check her lab results. Then we had a patient admitted who had to have his packing changed in the OR. He is a diabetic with gangrene. He's in bad shape. We do it every other day. Then I had lunch, and I'm in the library right now.

"I've been at Hartford three weeks. I think it's great. I'm seeing at least three surgeries a day. During the surgery, the doctors will ask me questions about the pathogenesis of the disease, the symptoms, how the patient presented, what I found in the exam, and the reason why they're doing the surgery. They will ask me some questions about the procedure itself,

about complications and stuff like that. . . . They will let me put in a few stitches and tie them. It's a good way to start off."

Murat is an extremely serious young man. He doesn't mind the nearly-constant work that each of the two, back-to-back, four-week surgery clerkships has required. Nor does he mind picking up and traveling to another city every four weeks. On this particular weekend, because he is on call on Saturday, he will spend Sunday in Hartford. If he has a full weekend off he usually goes to Boston, where he has friends and family.

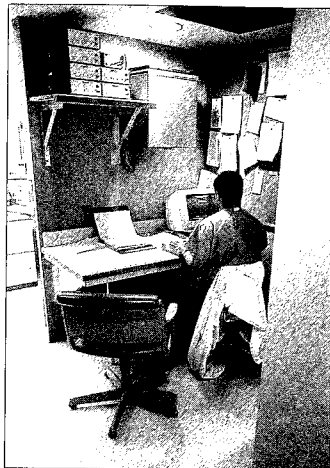
Murat, who came to the United States from Haiti, is a graduate of UMass, Boston, and worked for three years for a drug company in Cambridge while taking premed courses at Harvard. In Boston, he also played on a semiprofessional Haitian soccer team, until a knee injury ended his playing days, and he started a literacy and AIDS education program for Haitian immigrants, which his brother continues to run.

At this point, filled with the excitement of surgery, he thinks he might like to be a surgeon. It's the hardest clerkship in terms of hours, he believes, but not in terms of what he has to learn.

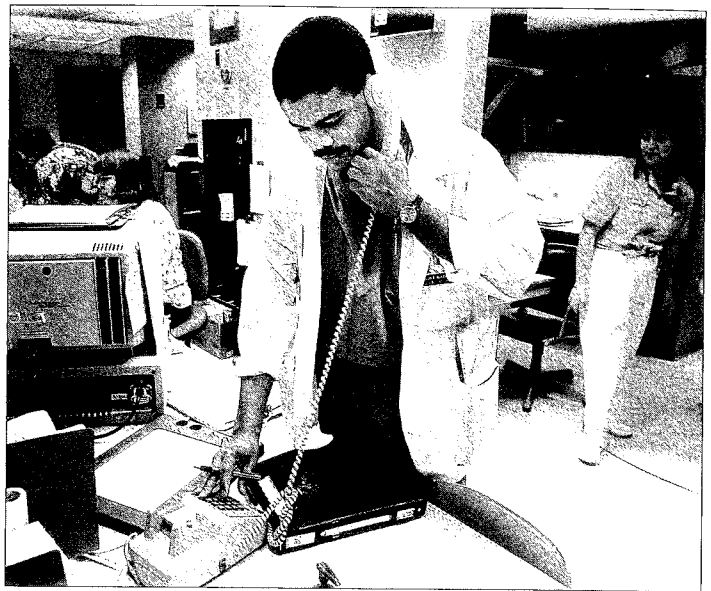
"I live in a dorm right across from the hospital,"



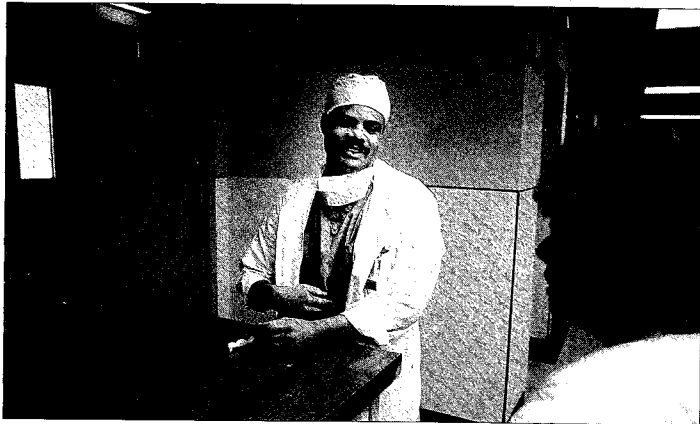
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he says, "so I'll stay here until about midnight — depending on what's going on. If they're busy, I'll stay over. If they're not busy, I'll just go to my room and sleep until 5:00 a.m. That's what I usually do."

Every free waking minute is spent in the hospital library preparing for the next day's surgery cases. "There's a general textbook of surgery I use, and an anatomy atlas for pictures of muscles and everything," he says. "We also have to present cases to the other students. I've presented twice and will again next Thursday. We pick a case we find interesting, something about the physiologic finding or the surgery itself. We usually have an attending present to make sure we are correct. . . . Finding time to study is the hardest part, but it's coming along okay."

How difficult is it to move so quickly from place to place and get to know people? "It's exciting," says Murat. "I find it enjoyable to see how people think in different ways about things. When I was a second year, when I was deciding how to do my clerkships — whether at Dartmouth or to go away — one of my worries was that I'm kind of reserved. I take my time to get to know people." But he says he found that not to be a problem. "I think I make friends faster now than before."

When he's meeting patients for the first time, Murat says he lets them know he's a medical student and tells them what he's doing. "They usually respond positively. When I'm doing a physical exam, I tell them why I'm doing certain things. I guess I feel if I were the patient, I'd be more comfortable knowing why the doctor is doing what he's doing."

At the end of the surgery clerkship, Murat and seven other DMS students who've been doing surgery at four different hospitals were

scheduled to take a test back at Dartmouth given by Dr. Arthur Naitove, a professor of surgery. It was expected to take at least three hours. "I'm not sure what it will cover, to tell you the truth," Murat says. "Right now, I'm trying to go through a book and read about types of general surgery I haven't seen."

It turned out that the test involved multiple-choice questions on case histories in surgery. Dr. Naitove says that during their clerkships students will not have seen everything that is on the test, but they are not expected to know it all. The test also serves to alert them, he adds, to what they need to study for the national board exams.

After his test, Murat — who had already said good-bye to the folks in Hartford — planned to head to Boston for the weekend before flying out to Los Angeles, where he would be doing an ob-gyn clerkship at Martin Luther King Hospital. "I'm looking forward to it," Murat says, in his typical, understated way. "I just wish surgery would last a little longer."

Two weeks later, reached at the hospital in Los Angeles, Murat reports, "It's different from everywhere else. Very different. I'm glad you called me before I came here. My answers would have been completely different. . . . My first weeks I almost called [Associate Dean] Martha Regan-Smith to pull me out."

Among his complaints is the fact that he has to run all over the hospital getting lab results, whereas he was used to being able to access them by computer. Another reason for his malaise, he admits, may be that he is so far away from home. Already, though, things were looking a little better. "I can adapt to any situation," he says.



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There are lots of things on Angie Erdrich's mind these days, as she prepares to head off to her residency in pediatrics — not least among them finishing her last rotations. **1** Here, on pediatric neurology, she checks the reflexes of a young patient under the watchful eye of Dr. Richard Nordgren. **2** Lunch is a turkey sandwich in the DHMC cafeteria, **3** on this day with Tina Duarte, a third-year student who's thinking about going into pediatrics. **4** Erdrich finds time to run at least three days a week, and creative pursuits are important to her, too — painting, **5** sewing, and **6** sculpture (here, a mahogany piece titled "The 218-Hour Girdle"). She has also been active in Native American affairs at Dartmouth. **7** Here, she chats at this year's Pow-Wow with fellow Big Greener Bill Bray, DC '89. **8** This year she was just a spectator, but in years past she has helped organize the event. **9** Then, one day soon, she'll be checking her student mailbox for the very last time.

## Year Four

## Angela Erdrich

## Bound for the IHS

**T**he last few weeks of medical school are comparatively calm ones for Angie Erdrich. Every day she checks off more boxes on her list of things to do: Make arrangements to move to Seattle. Call her residency program in pediatrics. Finish framing her watercolors at the wood-working shop. Cook dinner for undergraduate Native American students who want to be physicians. Work out in the gym.

Calm but busy. There is still a full day almost every day at Dartmouth-Hitchcock, seeing children who have severe headaches or epilepsy. Pediatric neurology is her next-to-last elective; the last one will be in ophthalmology. Then, one day in June, her parents, sisters, brothers, and nieces will begin arriving for graduation. For Erdrich, medical school graduation means the end of eight years — not just four — in the Upper Valley, since she graduated from Dartmouth College in 1987.

These winding-down weeks are certainly not typical of what the rest of her fourth year has been like. The past 12 months for Erdrich can be succinctly described with one word — travel. Her final year began last summer with clerkships in Los Angeles and Tuba City, Ariz., followed in the fall by two electives

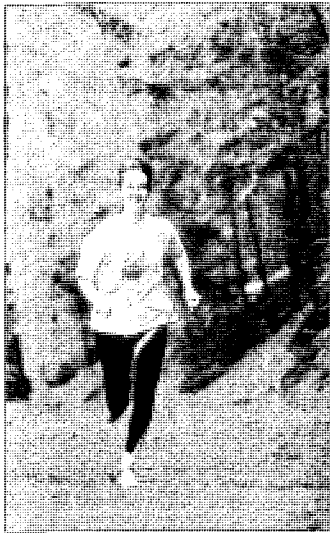
in Seattle, where her boyfriend is a resident in psychiatry (and where she was hoping to match). Fourth year is also a time, she says, to do something unusual, so in January she flew to Honduras to work at a rural clinic for the program "Americans Caring, Teaching, Sharing."

In December, she made several trips to interview for residency programs in pediatrics, a specialty she decided on when she was impressed by the program in Tuba City. "I've always wanted to work for the Indian Health Service [IHS] — it's why I went to medical school," says Erdrich, who grew up in North Dakota and is a member of the Turtle Mountain Band of Chippewa.

"I've traveled a lot during medical school," she notes, partly to do electives and partly to see her boyfriend. "Continental Airlines upgraded me to first-class travel for all my residency interviews. That was kind of nice."

In the fourth year, Erdrich explains, "a lot of your time is spent thinking about your career and making a lot of arrangements. At the beginning, you're gearing up for interviews and doing rotations. But the rotations are mostly outpatient experiences. You're not sleeping in the hospital or on call. . . . You follow up





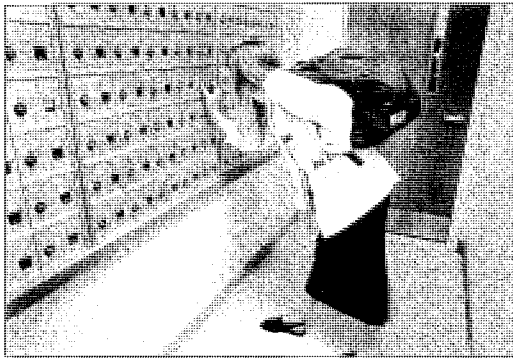
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on patients. You don't just see the real sick presentation. You get more of a feel for what it's like to be a doctor, and you see more common problems. In third year, you only see the end stage of what brought patients into the hospital."

She also feels more comfortable around doctors by now. "If there's a change, it happens as you go through match and after you're matched. You're just not as intimidated. You *might* call some people by their first names," she adds. "There's a feeling of being more free. You just do your best and don't worry much about grades or anything."

These spring evenings, Erdrich is finding time to frame a lot of the paintings she has done over the years at Dartmouth. Whereas her sister, Louise Erdrich, a Dartmouth '76, is a poet and novelist, Angie Erdrich says, "I'm not a creative writer. I'm more into the art part."

Some of her watercolors will be in an arts and crafts exhibit the graduating class is presenting in the rotunda of the Medical Center. As an undergraduate art major at Dartmouth, she started a sculpture in mahogany under artist Fumio Yoshimura; now she's trying to finish the work, titled "The 218 Hour Girdle," in time to go in the student exhibit.

If anything in her life has fallen behind during Medical School, it is art. "I've painted a lot less. I do a few watercolors a year now. . . . I want to do a children's book. I have ideas but haven't started anything."

Summing up her experience at DMS, Erdrich says, "Mostly, everything has gone very well for me, and I've found a career I'm going to be happy in. But one thing that's hard is being aware of my weaknesses, having them confront me every day on the wards. Realizing that in a lot of ways I have

to change. In order to be listened to and come across professionally, I have to build up my self-confidence."

Self-confidence is something that, she has observed, other women also have to work on. "Our class has a bunch of really strong women, and academically we do very well. [But] somehow, we always let the men speak for us. The women are kind of buying into it, not pushing themselves." Selecting a student speaker for the Medical School's Class Day ceremonies was a recent example. The class chooses a speaker from ideas submitted by those who wish to speak. This year, no women offered suggestions. "Women should take the responsibility and speak up," Erdrich says. "It's just something to work toward."

On the personal side, she and boyfriend Fred Coler, DMS '93, have had a long-distance relationship for three and a half years. She had been hoping to match in Seattle so they could be together. Since she made that decision, however, she has become less certain about their relationship.

But two things about Erdrich's future remain clear. She will be a pediatrician, and she will work with Native Americans. After completing her residency in pediatrics, Erdrich will be serving a "payback" period with the Indian Health Service in return for the scholarship that put her through medical school.

"I know there are a lot of places that are understaffed — where people are extremely overworked," she says, "my own mom's reservation included." Erdrich, however, is not looking just to do the minimum payback time with the IHS. "My goal would be to work for them my whole career," she says. ■