



Dartmouth
GEISEL SCHOOL OF
MEDICINE

Office of
MEDICAL STUDENT
RESEARCH

Weekly Newsletter

Aug 6, 2026

The Student Research Office is actively supporting medical students throughout their research journey, serving as a central resource to help navigate onboarding requirements and connect with opportunities across departments. The office regularly shares active research projects and offers guidance on how to get involved.

Students are strongly encouraged to visit the office at **Remsen 230** for any research-related information and to begin their research journey.

Contact: Medical.Student.Research@dartmouth.edu



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Occupational and Environmental Medicine Research



- Case Series: Eidetic Memory Reprocessing (EMR) for trauma recovery and return to work
- Outcomes of Chinese Medicine Training to Treat Long-COVID
- Languages used in New England state employment resources (can partner with an M3 working on this)
- Developing a Return to work workbook for clinicians

Healthcare Cybersecurity & Technology Research



Research projects in The Dartmouth Institute for Security, Technology and Society on Healthcare Cybersecurity & Technology

Projects focused on rural healthcare cybersecurity, disaster modeling, IT training effectiveness, and medical device security.

Co-PI: Malcolm Schongalla, MD

and Return to work workbook
for patients

Interested ? Contact office of
medical student research

- **NEW! Medicaid Work**
Requirement best practice
toolkit for clinicians (training,
quick guide, patient resources)

PI : **Karen Huyck**, MD, PhD, MPH,
FACOEM
Department of Medicine

Interested ? Contact office of
medical student research.



Connect and collaborate at 2026 ASCO Quality Care Symposium takes place Oct 16-17, 2026 at the Hynes Convention Center in Boston, Massachusetts, and online, addressing the quality, safety, and efficiency of cancer care delivery.

<https://www.asco.org/quality>

New England Endocrine Alliance (NEEA)Annual Meeting 2026
Saturday September 19, 2026

<https://www.newenglandendoalliance.org/event-6701986>

Registration Now Open!

NEEA Annual Meeting 2026

Saturday September 19, 2026

7:00am - 4:00pm

The NEEA Board of Directors is delighted to present this accredited educational opportunity

Faculty and Topics:

Gender Affirming Care - Dr Michael Irwig

Diabetes in Pregnancy - Dr. Florence Brown

Menopause and Perimenopausal Therapy - Dr Clare Flannery

Osteoporosis - Dr Benjamin Leder

Pheos and Paraganglioma - Dr Lauren Fishbein, MD

Venue:

Hilton - Boston Woburn
2 Forbes Road, Woburn MA 01801

Exceptional Educational Sessions
Trainee Poster Session and Oral Presentations
Business Meeting and Networking

Interested in exhibiting?

Contact [NEEA 2026](#)



DARTMOUTH HITCHCOCK MEDICAL CENTER

Annual Medical Student Research Fair 2026

Join us for the 2nd Annual Medical Student Research Fair, featuring representatives from departments across Geisel and DH, including both foundational and clinical sciences.

DATE: THURSDAY, SEPTEMBER 3, 2026

TIME: 5 PM - 7 PM

LOCATION: DHMC (CHILCOTT ATRIUM ON LEVEL 4 AND WILLIAMSON LOBBY ON LEVEL 3)

Refreshments and foods will be provided.



American College of Physicians
Leading Internal Medicine, Improving Lives

New Hampshire Chapter

ACP New Hampshire Chapter Annual Meeting – Call for Abstracts

Abstract Submission Deadline: September 8, 5:00 PM

The American College of Physicians (ACP) New Hampshire Chapter Annual Meeting will be held on October 23 at the Hilton Garden Inn, Lebanon, NH. The meeting features the annual Resident and Medical Student Poster Competition with monetary awards. The top poster winner will receive support to present at the ACP Internal Medicine Meeting 2027 in Los Angeles.

It is a requisite for the first author to register as an ACP member to submit an abstract. Geisel students to their Internal Medicine Interest Group co-leaders, Aidan Tice-Raskin or Demetrios G. Garbis if they have questions about registering with ACP. Please note that the first author must be an ACP member to submit an abstract. Geisel medical students with questions about ACP membership may contact the Internal Medicine Interest Group leadership. Please submit your abstract online at <https://webforms.acponline.org/form/new-hampshire-abstract-form> [webforms.acponline.org] **NO LATER than 5 PM Tuesday, September 8th.**

More Info :

<https://www.acponline.org/about-acp/chapters-regions/united-states/new-hampshire-chapter/news-meetings#2026>

47th Annual NNE CO-OP PCBRN Meeting

(Practice & Community Based Research Network)

January 22 - 24, 2027, at the Equinox Resort in Manchester, VT

This year's theme is: *Addressing Social Drivers of Health in Primary Care*

We welcome submissions for:

- Oral Presentations
- Lightning Talks
- Research Posters
- Workshops

 **Submission Deadline:** August 31, 2026

 **Submit here:** <https://redcap.link/47COOPMeeting>

 Student Volunteer Scholarship: <https://redcap.link/Indbmt94>

Note: Oral presentations should align with this year's theme. All other submission types are welcome across a broad range of topics in primary care.

Upcoming Events

Annual Medical Student Research Fair 2026

Date/Time : September 3, 2026 at 5-7 PM

Venue : DHMC (Chilcott Atrium on Level 4 and Williamson Lobby on Level 3)

Co-curricular interdisciplinary seminars

Date/Time : Sep/10/2026 at 7-8 AM at Chilcott Auditorium

Topic - How to Start Clinical Research by Dr. Tim Gardner

The Geisel School of Medicine Events Calendar

Students are encouraged to check the Events Calendar to stay updated on upcoming research talks and Grand Rounds sessions.

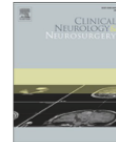
<https://geiselmed.dartmouth.edu/calendar/index.php?y=2026&m=8&v=m>

Scholarly Manuscripts by Geisel Students

Geisel students continue to drive innovation through research, contributing to peer-reviewed publications across clinical medicine, global health, and more. Their scholarly work reflects a deep commitment to scientific inquiry and advancing patient care. Each year, our students co-author numerous manuscripts, showcasing their passion for discovery and academic excellence.

<https://geiselmed.dartmouth.edu/student-research/research-papers-by-geisel-students/>

Students are requested to submit their published manuscripts to be archived in the Student Manuscript section of the website.



Full Length Article

Impact of rurality on inpatient outcomes in neurofibromatosis: A National Inpatient Sample study

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ARTICLE INFO

Keywords:

Neurofibromatosis
Rural-urban disparities
Neurosurgery
Inpatient outcomes
National Inpatient Sample
Regionalization

ABSTRACT

Objective: Rural patients face well-documented disparities across neurosurgical care, yet whether these extend to neurofibromatosis types 1 and 2 (NF1 and NF2), rare conditions whose neurosurgical care is concentrated in urban centers, remains unknown. We performed a national analysis of rurality and inpatient outcomes in neurofibromatosis (NF).

Methods: Using the 2016–2021 National Inpatient Sample, we identified adult discharges with NF1 or NF2. Survey-weighted multivariable regression examined rural residence and rural hospital location against inpatient outcomes across all NF, surgical, and neurosurgical discharges. Outcomes included in-hospital mortality, non-home discharge, interhospital transfer, length of stay, and total charges. Temporal trends and NF versus non-NF cranial tumor resection were also evaluated.

Results: Among a weighted 25,000 NF discharges, care was highly centralized, with over 99% of neurosurgical discharges at urban hospitals. Rural patients had markedly higher adjusted odds of interhospital transfer, an association that escalated with care complexity, from threefold across all NF discharges to more than eightfold among neurosurgical discharges (both $p < 0.001$), while rural hospitals were far less likely to receive transfers. Despite this, rural residence was not associated with higher mortality, non-home discharge, length of stay, or charges in any cohort.

Conclusion: Neurosurgical care for NF is heavily centralized, leaving rural patients disproportionately dependent on interhospital transfer. Yet this did not translate into worse inpatient outcomes, suggesting centralization may act less as a barrier than as a costly pathway routing rural patients to appropriate centers, with implications for other rare and complex neurosurgical conditions.

1. Introduction

Neurofibromatosis types 1 and 2 (NF1 and NF2) are autosomal dominant genetic conditions that are characterized by lifelong, multi-system involvement with high morbidity [1]. Both diseases carry a substantial neurosurgical burden: NF1 patients may require management of intracranial, spinal, and plexiform neurofibromas, while patients with NF2, a more severe phenotype, often need intervention for bilateral vestibular schwannomas, meningiomas, and ependymomas [1–3]. Because of their chronic nature, severely affected patients can require repeated complex neurosurgical interventions over their lifetime.

Patients with either NF1 or NF2 require multidisciplinary care involving neurosurgeons, neurologists, dermatologists, oncologists, pain

management specialists, and genetic counselors [1,3]. Given the complex and progressive nature of these conditions, specialized resources are often centralized at major academic medical centers. Dedicated NF clinic networks have been established to improve coordinated multidisciplinary care; however, these resources remain geographically concentrated [4,5]. Patients who do not reside near these centers can face significant challenges in routine monitoring, timely interventions, and follow-up care [4,5].

Rural patients in particular face structural barriers to specialized neurosurgical care. Rural hospitals typically have fewer specialized physicians, less advanced imaging equipment, and fewer postoperative rehabilitation services [6–9]. Consequently, rural residence has been associated with worse perioperative outcomes, higher rates of transfer, and reduced access to neurosurgical interventions across multiple

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Student Spotlight



Peter Palumbo, MD-MBA Class of 2027

Peter Palumbo is in the final year of the MD-MBA program and has spent his time at Geisel pursuing research that moves medicine towards a more rigorous, ambitious, and human future. He has investigated how AI can be used to increase guideline concordance in oncologic treatment plans, demonstrated the success of CAR T-cell therapy administration in a rural context, examined alternative pathways to financing groundbreaking research, and explored barriers to physician wellness.

He is currently investigating why some clinically successful drug candidates still fail to advance in trials and looks to blend his scientific and business backgrounds to best enable research to progress from bench to bedside. He welcomes curiosity and collaboration and can be reached at peter.a.palumbo.med@dartmouth.edu with any inquiries.



Dartmouth Library Curated Database and Citation Resources

A variety of research support services provided by the Dartmouth Medical and Health Sciences

Libraries including information on data searching and management, systematic reviews and analysis, and data sharing and visualization.

For more information :

<https://researchguides.dartmouth.edu/medlibresources/home>



Systematic and scoping review service

The Medical and Health Sciences Libraries (MedLib) Libraries offer systematic and scoping review support for Dartmouth and DHMC faculty, staff, and students. Services include consultation, training, and librarian collaboration, with priority options available for grant-funded projects. Capacity is limited, so requests are accepted on a first-come, first-served basis.

Learn More :

<https://www.library.dartmouth.edu/medlib/research-support/systematic-review>



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