

VA- CECS Outcomes Fellowship
A joint program of the White River Junction VA
And the Center for the Evaluative Clinical Sciences
Dartmouth Medical School

*A two to three year post-graduate training program for physicians
Interested in careers in academic medicine and health care research.*

Goals

The program provides the opportunity to obtain two fundamental prerequisites for successful research careers:

- *Research skills.* Fellows learn the basic skills required to evaluate the effectiveness and quality of health care – skills that are best obtained through course work and collaboration with established investigators.
- *Personal motivation.* Fellows are also provided the opportunity to explore broadly the issues and challenges facing health care today, in order to discover an area of sufficient personal interest to motivate a professional career.

Curriculum

During the first year, fellows generally enroll in the CECS Master of Science Program in the Evaluative Clinical Sciences. It includes coursework in biostatistics, epidemiology, health policy, clinical decision-making, survey research and quality improvement. Fellows design a research project and carry it out under the direction of faculty.

During the second year, fellows focus on research and the completion of one or more independent projects. They also serve as teaching assistants for one course in the Master's program and are advised on how to seek and obtain an academic appointment. A third year of support can sometimes be provided.

Throughout the two years, fellows participate in the weekly Outcomes Group Seminar, where fellows and faculty present and discuss their own research as it unfolds. To allow sufficient time for research, clinical responsibilities are intentionally limited (<20%) and vary according to the specialty and interest of the fellow.

The success of the fellowship in achieving its goals is demonstrated in the track record of its fellows. 28 fellows participated in the program between 1990 and 2002. Nineteen have academic positions and many are pursuing research careers. Almost all published their fellowship research (selected examples are provided overleaf).

The Directors

H.Gilbert Welch, MD, MPH is a general internist whose research focuses on the implications of efforts to detect disease early. He has worked to clarify the effects of advancing the time of diagnosis: more of us are labeled as "sick", and some are exposed to unnecessary (and perhaps harmful) intervention. This work takes on new importance given the increased enthusiasm for screening and the advent of genetic testing.

Lisa Schwartz, MD, MS is a general internist whose research focuses on improving the communication of medical information to patients, physicians, journalists and policymakers. She has worked to address two important barriers to good communication: (1) many patients and providers are limited in their ability to interpret medical data; and (2) exaggerated and incomplete health messages are common. Her career has been devoted to creating and testing practical solutions to enhance the communication of medical data (e.g. a NIH sponsored workshop for journalists, working with the FDA to improve the data in direct-to-consumer drug advertisements, and developing materials for patients to help them understand "numbers in health").

Who is eligible and what is the level of financial support?

Physicians who have completed their residency training in a clinical specialty and are board certified are welcome to apply. They must be willing and able to provide clinical services within a VA health care system (board certified with a full medical license), agree to serve as teaching assistants during their second year, and must commit to the minimum of two years required for the fellowship. Fellows receive a stipend (\$40,000-\$55000 based on prior training) and receive a waiver of tuition for the Master's program. If physicians don't want to spend two years in the fellowship, but are still interested in the CECS Master's degree, they should apply for the Master's degree only. In this case, there will be no stipend provided.

The application process

Physicians interested in the program should contact Jennifer Snide at 802-296-5178 or email at Jennifer.Snide@dartmouth.edu to receive an application for the VA-CECS Outcomes Fellowship. The application requires a copy of the candidate's CV, a personal statement and three letters of recommendation. If the application receives a favorable review, candidates will be asked to schedule an interview in Hanover/White River Junction. Two positions are available each year and are accepted on a rolling basis although candidates are encouraged to have their applications in by December of the preceding year (generally between January 1 and March 31). New fellows begin work July 1.

RECENT FACULTY PUBLICATIONS

- Welch HG, Schwartz LM, Woloshin S. Are changing five year survival rates evidence of progress against cancer? JAMA 2000; 283:2975-2984.
- Woloshin S, Schwartz LM, Welch HG. Tobacco money: Up in smoke? Lancet 2002; 359: 2108-2111.
- Schwartz LM, Woloshin S, Baczek L. Media coverage of scientific meetings: Too much, too soon? JAMA 2002;287:2859-63
- Woloshin S, Schwartz LM, Welch HG. Risk charts: Putting cancer in context. J Natl Cancer Inst 2002; 94:799-804.
- Fisher ES, Wennberg DE, Stukel TA, Gottlieb DJ, Lucas FL, Pinder EL. The implications of regional variations in Medicare spending. Part1: the content, quality and accessibility of care. Ann Intern Med 2003; 138:273-87.
- Schwartz LM, Woloshin S, Fowler FJ, Welch HG. Enthusiasm for cancer screening in the United States. JAMA 2004; 291:71-8.
- Sirovich BE, Welch HG. Cervical cancer screening among women without a cervix. JAMA 2004; 291:2990-93.
- Woloshin S, Schwartz LM, Welch HG. The value of benefit data in direct-to-consumer drug ads. Health Affairs 2004; W234-245.
- Welch HG. Should I be tested for cancer? Maybe not and here's why. University of California Press, 2004.

Editorials

- Welch HG. Informed choice in cancer screening. JAMA 2001;285:2776-78.
- Fisher ES. Medical care - is more always better. N Engl J Med 2003; 349(17):1665-1667
- Schwartz LM, Woloshin S. The media matters: A call for straightforward medical reporting Ann Intern Med 2004; 140: 226-228.

RECENT FELLOW PUBLICATIONS

- Finlayson EV, Birkmeyer JD. Operative mortality with elective surgery in older adults. Eff Clin Pract. 2001; 4:172-7.
- Dimick JB, Welch HG, Birkmeyer JD. Surgical mortality as an indicator of hospital quality: the problem with small sample size. JAMA 2004; 292:847-51.
- Liu J, Woloshin S, Laycock W, Rothstein, RI, Finlayson S, Schwartz LM. Validating the GERD Assessment Scales(GAS): Measuring the symptom and treatment burden of GERD. Arch Intern Med 2004; 164:2058-2064.
- Larson RJ, Fisher ES. Should aspirin be continued in patients started on warfarin. J Gen Intern Med 2004; 19:879-886.
- Caudill-Slosberg M, Schwartz LM, Woloshin S. National trends in office visits and analgesic prescriptions for musculoskeletal pain: 1980 vs 2000. Pain 2004; 109:514-19.
- Pohl H, Welch HG. The role of overdiagnosis and reclassification in the marked increase of esophageal adenocarcinoma incidence. J Natl Cancer Inst 2005;97:142-6.
- Larson, R, Schwartz LM, Woloshin S, Welch HG. Advertising by Academic Medical Centers. Arch Intern Med. 2005; 165:1-7.