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During the summer months the Dean's Newsletter will depart from its every other week schedule to a more irregular reporting schedule. Regular biweekly issues will resume after Labor Day.

Commencement

On Saturday, June 12th, the School of Medicine held its celebration and diploma awarding event on the Dean's Lawn. The University Commencement Ceremony, was held on Sunday morning, June 13th. This year, the School presented 23 Master of Science degrees, 70 Doctor of Philosophy degrees and 90 Doctor of Medicine degrees.

Please join me in extending our personal congratulations to each and every graduate and to their parents, families and friends. What a wonderful accomplishment by all.

I would also like to take this opportunity to especially thank Char Hamada, Zera Murphy and others in Student Affairs for all of their painstaking efforts that made this year's commencement a tremendous success. Also thanks to Sharon Olsen, Lorena Najarro, JoAnne Berridge, Robin Casey, Nancy Cubit, Ann Davis, Kathy Fitzgerald, Peter Gallo, Doug Monica, Velessa Peairs, Cassandra Sooter, and Rebecca Wyse for helping to set up Saturday's great event. Raag Airan and Kevin Wei (both first year med students, about to become second year medical students) volunteered their time on Saturday to carry the flags.

Address to the Graduates

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One of the traditions of the School of Medicine Commencement is a presentation by an elected member of the Graduate and Medical Student graduating class. This year, Cris Niell, Ph.D., a Candidate in the Neurosciences Program, and Kristin Clague Reihman of the 2004 graduation class in Medicine, spoke to the graduates and guests. They each gave compelling and inspiring remarks.

PhD Student Speaker, Cris Niell, PhD Candidate in the Neurosciences Program

I'd like to thank you for the opportunity to speak this afternoon. When I first found out I had been selected, I had no idea what I ought to say. Usually a graduation speaker is expected to give some type of sage advice – unfortunately, I'm not sure people would take advice from a grad student, particularly when there are much more sagacious people up here behind me now. I'm probably also supposed to be entertaining, but since my sense of humor generally consists of a string of obscure Simpsons and Big Lebowski quotes, I'll try to suppress that.

I did start thinking about what kind of unique perspective I might have to offer. I was at Stanford for undergrad as well, which means I arrived here on the Farm 13 years ago – so I guess I can offer the perspective of someone who has been here far too long. However, I did take off three years in between undergrad and starting grad school, and a lot changed in between. When I came back, suddenly I was one of those “sketchy” grad students, speeding around campus with my bike helmet on and lurking in the coffee house.

But one of the biggest changes – this was 1998 when I came back to Stanford – was the whole dot-com thing. When we graduated, many of my friends went to work at little companies like yahoo or paypal and a lot of them were doing really well for 25-year olds. In fact, I have several friends who are still “retired” as a result of their success back then. So while my friends were living in nice places, buying new cars, and had plenty of disposable income, I was trying to live off a stipend that was half the definition of poverty level for the bay area, and living with three people in a “stuffed” double in luxurious Escondido Village.

Of course, within a couple of years it turned out that my decision wasn't so misguided financially speaking. However, I think all of us in grad school ask ourselves why we willingly choose the life of a student. After completing 22nd grade, I'm making less money than in summer jobs during high school, and I'm still living in a dorm a quarter mile from where I lived freshman year.

The simple answer to why we came to grad school is that we like science. However, grad school is definitely not the fastest way if you want to learn things about science – you can learn a lot more reading a book about science than actually doing research.. In research, you do learn things about how the world works – you just learn them a little dribble at a time. The difference, though, is that you're learning things that nobody knew before.

This is the beauty of research, and probably the thing that pulls all of us in, the ability to learn new things and make discoveries. I can look back over the past few years and think of several of those “aha” moments, when all of a sudden you understand how things work. One night, I was in lab late looking at a bunch of timelapse movies of neurons growing and forming connections, and I noticed there was a particular pattern to how they were growing. Of course, it took a lot of further work to back up this insight, but I think those moments of discovery are really what science is about.

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Another great benefit of research, and grad school in particular, is the freedom that you have, both in terms of your schedule - you can come in late, you can take off in the middle of the week to go snowboarding – but also intellectually, in that you get to choose the problem that is interesting to you, and figure out how you want to go about answering it. And for the most part, there's not a real constraint on what you choose – it doesn't have to make money for someone, or appeal to the 18-35 age demographic. You get to spend your time trying to answer the question that fascinates you. The tough part about grad school is that it turns out that both of these great aspects – the thrill of discovery, and the freedom – are double-edged swords. While it's a great feeling when your experiments work and you're discovering new things, most of the time, you're doing something much more banal, like pipeting clear liquids back and forth, or cleaning fish tanks. A lot of time things aren't working at all and you feel like you're banging your head against a wall. Or even worse, you can make negative progress – one wrong move and you've undone several weeks worth of work. In fact, I think the intermittent rate of success - like Homer Simpson said, “the dizzying highs, the terrifying lows, the creamy middles” - is part of what makes research so addictive, yet so painful at times. It's like a study that was done on rats – when they press a little lever, they get some food or other reward. If they get the reward every time, they'll just press the lever every once in a while, when they're hungry. If they never get anything for pressing the bar, they give up pretty quickly. However, if they only get the reward every once in a while, they press the bar like mad, because they never know when it's going to work. It's pretty easy to get caught up like this in research. Those times when everything comes together and you get real results are intermittent – if the experiment was easy, someone would have done it already - so you can drive yourself crazy in the quest for that occasional breakthrough.

The other aspect – the freedom and autonomy - also has its liability. The fact that you're working for your own benefit means that if you take vacation for a week or spend all day surfing the web, there's no Principal Rooney to hunt you down, it just means you're going to be here a week longer. Likewise for the intellectual freedom – if you choose the wrong experiments to do, it's your fault – rather than the company making 1% less profit, you don't get the answer to your question, and you start to get that sinking feeling that you're never going to graduate.

These kind of gumption traps, as Robert Pirsig calls them, can be fairly demoralizing at times, and I think they're part of what leads to the familiar “bitter grad student” phenomenon. One solution to this, the Lebowsky answer, is that sometimes you just have to let it go – “forget it, let's go bowling” – and realize that you can't always be struggling for that light at the end of the tunnel.

But the real thing is realizing that we're here doing what we want to do. When I was a kid, if somebody told me I would get to play with computers and lasers and build microscopes, figuring out how the brain works, it would seem like a dream job. And if I had some other job now, this would probably be my hobby. However, once you have to do it, and graduation and progress in life depends on it, it's easy to forget that this is actually what you wanted to do in the first place. For the past few years, although we've been paid a pittance, living the student life that most of our friends left behind in college, sitting around trying to figure out why the laser isn't lasing or your PCR didn't work, we've been given the chance to make our hobby into our life, and hopefully along the way we've been able to figure out something new about how living things work.

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I'd like to thank all of you for allowing me to get up here and blather on. Good luck with all the future endeavors!

MD Student Speaker, Kristin Clague Reihman

It is an incredible honor to be speaking to you all today, and I thank you for the opportunity to do so. A month ago, I moved to Pennsylvania for residency and the first thing I did there was to take up yoga. You may wonder why I waited until I *left* California to cultivate my inner yogi. Maybe it was the fact that I was traveling East. Perhaps it's been my effort to extend my California membership, in absentia, just a little bit longer. At any rate, I find I am really liking Yoga—maybe because it reminds me so much of medical school. In yoga, much like in med school, you often find yourself feeling hopelessly underprepared for the challenging positions you are asked to assume, and feeling that everyone else around you could probably teach the class. And every practice includes the greeting “namaste,” which roughly translated means “the goodness in me sees the goodness in you.” I know, not exactly what you heard every day on morning rounds—so the analogy somewhat breaks down here. But still, I think there is a comparison to be made, because I am learning that all I really needed to know about balance, strength, and flexibility I'd already learned...at Stanford Medical School.

Ah, the “hidden curriculum.”

Throughout medical training, much attention is paid by medical students to strength, in particular as it relates to the concept of being a “strong medical student.” Feyza Marouf's moving speech last year focused on this very subject. And whether we buy into it or not, strive to achieve it or not, we all know who gets labeled “strong” and who doesn't. And balance is not, according to the prevailing definition, part of being a strong medical student. One of the required reads for one of the harder clinical rotations, a book called *Surgical Recall*, gives some ludicrous description of the “strong” medical student as a “high speed, low drag, hardcore hammerhead... with a steel bladder, a cast iron stomach and a heart of gold.” I recall reading that just before the rotation started, and immediately needing to both eat, and pee. But even as this description is laughable, it remains part of a set of tacit expectations that seem to offer us the “permission to abandon ourselves,” as Barry Rosen has so aptly put it. Not heeding them can have equally disastrous results: a friend of mine learned this the hard way, when she failed to pass her medicine rotation solely because she “did not abuse herself enough.”

So I would like to offer a counter-definition of “strength.” Later in my surgery rotation I witnessed a conversation between an attending and a second year resident, who I knew was 4 months into awaiting the birth of his first child. He had not spoken much of this momentous event to come, but at some point in the five hour surgery, wry, pithy comments gave way to easy conversation and my resident asked our attending: “So, you have kids, right? How do you find the time to, well, uh...” and at this point he trailed off, apparently uncomfortable with the direction he was going. I understood. In my experience, the topic of family was always a loaded one in the surgical suite. As the chief of surgery at Kaiser pointed out to me, “you're never gonna lie on your death bed wishing you'd done just one more Whipple procedure.” And everyone claims to agree with this, yet, for many, it seems so difficult a thing to do less for your career, and more for everything else you care about. This is, of course, one of the inherent dangers of our chosen profession, as I'm sure you've

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noticed. Anyway, the resident started up again with: "...well, I mean, do you ever feel like you're not advancing in your career the way you could without a family?" We all grew uncomfortably quiet and awaited the response. "Well," our attending began, "I passed up a promotion to Chief of Surgery in arguably the finest surgical institution in the country because my eldest daughter said, 'Forget it, Dad, we'd never see you again.'" We all laughed tensely, but he continued. "No, I'm serious. Imagine the most interesting and challenging case you could ever possibly do. I would take pushing my kid on the swing over that any day. *Any day.*" This man's willingness—and strength—to speak his own, personal truth, and to be an example of balance for this budding surgeon and new father, touched me deeply.

As for flexibility, we have spent the past several years in something akin to the lotus position. This training has placed enormous demands, not just on our intellect, but also on our integrity, our physical selves, our personal lives. Like many of you, I chose Stanford for medical school because it offered a flexible curriculum unique among medical schools. The possibility of a 5, or 6, or even 10 year plan was something I felt could help me to meet the anticipated demands with as much personal strength, balance, and clarity of purpose possible. I wanted to start a family, maintain a close relationship to my husband, develop my teaching skills, and get in an occasional swim--all while becoming a doctor. Thanks to a flexible curriculum and supportive community, I was able to accomplish those things. The rest of you made use of Stanford's culture of personally-directed achievement in a multitude of ways, pursuing an impressive array of interests to a variety of depths and degrees. Several of you engaged in research, writing papers that ended up in *Nature* and *Science* and *Cell*. Others made films and published books documenting the extraordinary process of becoming a physician, or trained athletically, fulfilling life-long dreams to compete at local, national and international events. Some of you worked to bring us new electives, and speakers in under-represented topics, or to guide us through the morass presented by too many of our pre-clinical courses. A few even started special-interest groups when there was a need, and sat in on CCC meetings trying to effect positive change in our curriculum. Some of you did extra coursework in subjects that were of interest, such as poetry, Spanish, wind-surfing and advanced-level genetics--some even obtaining advanced degrees, in law, anthropology, public health, in the humanities, in business, in the sciences. A few of you tended gardens, had babies (or baby-sat mine), played instruments, or published first novels. Some traveled to far-off lands to study other cultures, languages, systems of healing, or to provide consulting and resources to less privileged areas, building partnerships and sustainable solutions to endemic problems. Others sought to effect social change closer to home, in East Palo Alto, teaching elementary students about science and painting murals with middle school students, or bringing health care to the homeless and uninsured, and education to the incarcerated. And the list goes on. And on. And on. The spirit of flexibility here at Stanford encouraged each of us to experience medical school as whole people, in whatever ways felt meaningful to us. And that was a gift.

Now for the bad news: residency was not designed like Stanford Medical School. Many of us have already gotten a taste of this, when we returned our carefully thought-out holiday request forms only to have them completely ignored. But we are Stanford students! We are tempted to cry. You can't treat us this way! Some of us may already have attempted to page Dr. Wolfe. But the fact of the matter is, we have led very, very privileged lives here. We have been allowed to make choices for ourselves that other medical schools do not afford their students; we have been wearing long coats from day one, both literally and figuratively. We have gained practice being strong in our

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selves, we understand the importance of balance, and we have been entrusted with the flexibility to cultivate it. We are the yogis of med students. And as such, we have a responsibility to continue the tradition into the next phase of our journey. If we find that residency is not nurturing us enough, let us work to change our residencies. Start a residents' support group. Go part time. Join the residents' union and, if there isn't one, start it up. True, we may find that change does not come easily in our intern year, or the next, or even the next, but let us not despair—there will be a time when we will be the ones making the decisions, and we will keep a good list. In the meantime, we must take care of ourselves. Learn to be present with our own needs--physical, emotional, spiritual—and then, seek to meet those needs. Don't skip meals just because it's inconvenient for the team. Everyone, it turns out, needs to eat. Continue to find ways to make your soul sing, and then do those things. Find something beautiful in every day, and something to love in every patient. Do not be afraid to admit your own ignorance, or to hold a patient's hand, or to cry in front of your attending when your patient dies. It is the little choices like these that inform who we are and who we become as doctors, and as people, and we have the chance to make them every single day. Above all, let us not be afraid to be human beings, to be our true selves, and to continue to choose our own path. Let us teach the world that doctors can be strong, balanced and whole people, and let us change the face of medicine.

Thank you. And namaste.

2004 Commencement Speaker

Paul Michael Glaser, M.A., Honorary Chairman of the Elizabeth Glaser Pediatric AIDS Foundation

When Dean Pizzo asked if I would speak at your commencement, I was complimented, given that,...as much as a part of me may have wanted to have been a Doctor or a researcher at one time,...apart from spending a fair amount of time with Doctors and researchers over the past fifteen years, I had little knowledge of the journey to becoming a Doctor, or a researcher. In college, where I received a B. A., majoring in English Lit and Theatre, I had friends who were pre-med. Their curriculum was intimidating. I failed Chemistry and only passed Biology because I had had a very rigorous teacher of the subject in High School. I went on to three semesters of graduate school while my doctor-in-training friends proceeded on their journey through med. school, internship and residency. The closest I ever got to that world was playing the role of a Doctor. Peter Chernak on the soap opera, "Love of Life." He fought the establishment, slept on a cot in his lab, cooked polish sausages over a bunsen burner, and seduced the nurses. Not bad. He also had the ability to heal people whenever the writers felt like it.

A couple of years ago, I was asked to address a conference of Surgeons by a Doctor who wanted to promote collaboration amongst this rare breed of specialists. I found myself remembering a surgeon who had worked on me after I had had a terrible accident when I was a young man. His name was Edgar Holmes. He was tall, white haired, a New England Yankee. Quiet and very imposing. And then I thought on when, as a boy, I had gone hunting with my bow and arrows,...and the first animal I shot was a squirrel. I shot him right through his mid-section. And when I picked him up, skewered, still alive, clawing at, gnawing on my arrow, I felt sick to my stomach. It was as if I was holding mortality, his and mine, on that feathered shaft. And then I thought on the stories I had

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heard of young doctors in training, experiencing their first cut, be it frog or cadaver, or more to the point, that first brush with their vulnerability to death and it's ensuing fear. And I thought of how my Yankee Dr. Holmes along with these men and women had gone on, as we all do, distancing themselves, inuring themselves to that moment of vulnerability, seeing this as a necessary thing to do in order to 'maintain the objectivity' to be a good doctor, a good surgeon. For, to go into the fear, to relive the fear, the vulnerability with every cut, every opening of the human body every exposure to mortality would be unthinkable, destructive. How could a person survive the emotional stress? Maintain control of their lives? Continue to be creative?

'Maintain control.' 'Be creative?' The first is a conceit that labors in the illusion that control is achievable. The second, 'being creative,' ironically requires a 'loss' of control. I have spent the last six years reinventing my career, studying writing. And many is the time that I will sit down with a specific task or objective in my head as to where I want to go, what I want to say, and try as I may, I can't make it happen. Then I remember that what **is** happening for me in that moment, right then, is, in fact, the **only** thing I know. And if I allow myself to write from that place, acknowledging what is, surrendering my need to control it's outcome, design its direction, I will discover what it is I and my characters want to say and do. The fear, of course, is that it will have nothing to do with what I am trying to write. And my experience,...always, without fail, is that when I have faith in what is, when I own what is, then my characters immediately join me in my journey, my search. And since the story is coming from me, my characters can then take me by the hand and lead me through it. They can talk to me. When I have faith.

When I direct actors, I often try to put them in a place where they have no control, where they are most scared and have to experience themselves naked, in the moment, only able to cope with what is. And when it happens, and they realize they're not going to die from it, they experience a high. A re-affirmation of faith. A connection with something larger than themselves to which they can cede all control. This 'connection' with something larger is what one might call '**being creative.**' Whether it is acting, painting a sunset, telling a story, inventing a new piece of software, selling a new line of dresses, discovering a cure, or affecting a dialogue between mortal enemies,...it is what we, as human beings, are about. We live to commune. We live to create. Our enduring biological and spiritual drive is to create, to live in the act of becoming. It is not a choice. It is not something over which we have any control. It is our experience of our existence. Our **choice** is what we do with our **minds**, with our **fear**.

When my life got caught up in the AIDS epidemic, Doctors were no longer an occasional visit for a physical or some passing concern, researchers no longer magicians I read about in magazines and newspapers. In my journey of losing a wife and daughter to AIDS, and then chairing the Elizabeth Glaser Pediatric Aids Foundation, I found myself talking to, listening to, watching Doctors and researchers. I got to see their humanity, often guarded, hidden behind their white coats, stethoscopes and microscopes. I got to see how they dealt with what they knew and what they didn't know. I got to feel their frustration, see their defense against their fear of being powerless. I got to experience their humanity, their hope, their need to find, to do, to be, to heal. Those that were creative, and those that were reactive and functional, incurious plumbers and electricians, unable to hear ,...listen to the quiet screams for help coming from our common struggle with life and death. Those that saw themselves as **still** learning, searching for themselves in the plight of others, and those whose priority was the financial success, security and need for an identity as being valid, someone

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of importance. One of the interesting aspects of age is perspective, getting to see how human behavior cuts across all walks of life, allows us, if and when we choose, to see ourselves as having more in common with our fellow man than we would like to believe. It gives us who are traveling only **slightly** ahead of you, the advantage of hindsight, of seeing our youth in you, knowing what you don't, can't: that we really **have** been there, felt and known everything that you have felt and known; the sex, the drugs, and yes, the rock and roll, as amusing or unappealing as that may appear to you,....And that we really have experienced so much of your struggle.

However, our hindsight doesn't give us **your** perspective of this world you're inheriting. Of the greater amount of information **you** process each day. Of how it feels to be in **your** skin, living cheek to jowl, so much closer through television, computer technology and airplane travel to your fellow man. Of how it feels to hear so much more acutely the howling vacuum of anonymity. And of how it feels for you to know consciously or subconsciously that we are, for the first time in the history of mankind living with an awareness that this planet, this mother earth, our host, is a provider of **finite** resources; is being overpopulated, polluted and used up. And we can only **imagine**, when we are not in our own soup, how you deal with the dawning awareness that in your world there is less of everything. Less wealth concentrated in fewer hands. Less education, less opportunity, less hope for our children, for our children's children to secure a future. And in the balance of the universe, of life, where there is less, there is always more. More fear, more violence, more disease. A greater gulf between those that have and those that do not. A greater need to hold on to what we have, to deny it to others, to hide behind religious and political philosophies, belief systems that temporarily comfort us with the illusion of feeling powerful, righteous, right and in control, because the alternative; to acknowledge how fearful we ALL are, is just too damn scary, too damn chaotic.

Dean Pizzo wanted me to speak to my experience for the necessity for research and advocacy in the world of science and medicine.

We are living in an age where more and more our choices have to do with the practical exigencies of our existence, – securing a place in the world for our selves, our families, paying the rent, putting food on the table, providing an education, a future. Research doesn't often provide for such security. In the world of pediatric medicine, for example, there are other applications of one's scientific and medical training that are far more lucrative.

I could speak to you of the importance of seeking, searching and re-searching, - of how much of a difference advocacy has made in AIDS, as well as so many other areas. I could also speak to the stagnation of research, of how our fear of change, fear of the unknown causes us to accept, even defend the status quo – avoid the tough questions to which there seem to be no answers. I could speak to you of the lack of progress in impacting AIDS the world over and the dearth of researchers in our schools and hospitals. However, today I want to speak to that part of us that allows us to help ourselves and each other in the face of our fear. That part of ME, that in the beginnings of this AIDS pandemic that hit my family, embarked on a journey wherein, following the death of my daughter and impending death of my wife, I was given a choice: to either be a victim in my perceived powerlessness to do, affect anything, - and in that place to become a bitter old man, or to find in my helplessness and fear a way to honor my journey, find my heart, learn and grow. I was fortunate to be shown that choice.

It is said that only those that have experienced their own mortality through the loss of a loved one or a near death experience of their own can know that choice, because that is the greatest experience of our fear of helplessness; our mortality. I would venture to say that, while we may go to great lengths to deny it, we are quickly approaching a time when this fear, this extreme helplessness is showing

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itself in more and more ways as it bubbles, roils beneath a surface that we are ever determined to keep calm, controlled, and in place. Our fear is an anathema to us, and we go to great lengths to avoid it – to the detriment of our creativity, of our very act of being, and we sacrifice our ability to search, and in the accepting of the status-quo, to re – search, to rediscover, to re – attach to that body of knowledge of which we are all a part. To re-member that which we all knew at the moment of our birth. We sacrifice our experience of ourselves to be created, and to be creative. All in the name of security. We make choices away from our hearts, away from our real needs as individuals, and as a civilization.

And yet we have a great need to experience our fear on some level. We tell cataclysmic stories, movies like ‘The Day After,’ where we get to experience our **common** fear as well as our ability to **overcome** that fear. For that is the sociological and spiritual function of our story-telling; to reaffirm our ability to overcome our fear of death. Yet, how is it that in our daily lives we create whatever aversion we **can** to our fear; be it over-indulgence in food, drugs, work, or our dependence on judgements that assure us that we are right, they are wrong, they are weak, we are strong, they don’t know, we do,...our way is best, theirs isn’t. How is it that our fear is an anathema to us? That we go to extreme lengths to keep our fear at bay and only allow ourselves the experience of it in the relative comfort and security of our stories, our religious rituals, our movies, our music, and the heroic exploits of our sports heroes? What is this fear that won’t go away, try as we may, try as we may? This fear that lurks in the shadow of our lives, always there whether we want to acknowledge it or not? The Great Creator of Denial? And as it has been said; that is no river in Egypt.

The great Masters,...Jesus, Bhudda, Muhammed, and others studied and spoke to this fear. They spoke to this fear of our mortality and our seeming powerlessness to do anything about it, powerlessness to affect the inevitability of the death of our animal selves. They studied and taught that our fear is not our **enemy**, not something to be avoided at all costs, contrary to the romantic notion that “ There is nothing to fear but fear itself.” That when we experience our fear, when we say the words...“I am scared,” we have the **choice**, the ability to acknowledge that being ‘scared’ is not **who** we are. It is not our identity. And while there is a **part** of us that **is** scared, there’s also a part of us that **isn’t** scared. That we can choose to identify the location and parameters of our fear as well as those parts of us that are not experiencing the fear. I feel fear in my belly, or my chest, or my throat,...but right then, I do not experience it at the top of my head, in my little finger, at my elbow. How is that? And where am I making this observation from? What part of me is able to see my pain as something apart? See my fear as something **apart**? Is that **part** of me the same part that allows each one of us, as if suspended in the air and looking down from above, to see ourselves, me see myself standing here, talking, you see yourselves sitting there, listening, bored, interested, or confused, -- Is that the same part of us that’s able to watch ourselves think and feel? Is that place, from which I am seeing all of this who I **really** am: my awareness, my consciousness, that knowing place that is a part of all knowing,...to which we are all a part of?

And when we are able acknowledge this , see our fear and pain from this place apart, to not say “I am scared” as if that was who I was, we then have the opportunity to say: “ Boy, this is really difficult being a human being. Difficult knowing at a cellular level, a biological level that once conceived, our clock is ticking, our dying has begun, and we have no control over that.” And from this witnessing place in us, we have the opportunity to watch our egos, our minds, whirring and burning in an effort to create some illusion that we **do** have some control, some power. We have the opportunity to see how our minds create belief systems, illusions of ownership, judgements of

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what is good, bad, true, false, beautiful, ugly.....AND that none of it changes the basic truth of the death of our lives in the constancy of change. And in that opportunity to witness our plight as human beings in the presence of our fear of our mortality, we can choose to hate ourselves, or we can choose to feel compassion for ourselves. And when we choose compassion for ourselves, we can find compassion for others. And at that moment, we can know in our hearts, in our beings that we all indeed, are one. What the Masters learned and practiced is that it is necessary to know our fear, to acknowledge, sit with our fear, in order to know our hearts. That our acknowledgement of our fear is the path to our compassion, the path to our capacity for love. We need our fear,.....in order to find our love. They go together. Ying and Yang.

Are we living in the greatest level of fear known by mankind to date. Are there more without than with in the world today? In this country today? Is the gulf between rich and poor widening? Is there less education for the masses? Less taught? Does that leave more and more with less and less options, choices, hope for a future, for their children's future? Yes. Does today's world offer so little to these people that only an afterlife seems a plausible answer? Yes. Has the world become so materialistically saturated in the wake of our American way of life and so spiritually bereft that extreme fundamentalism is growing stronger and stronger, not only in Islam, but in Christianity and Judaism? Do we know this extremism in our own country, our own government? And are we really asking why so many are laying down their lives, lives bereft of hope for a future, and taking others' lives with the weapons we have sold them, profaning the dreams we have sold them? And then taken away from them? All in the name of 'Democracy' when what we really mean is 'capitalism,' exploitation, and ownership. All in the name of 'human rights,' when we have grossly violated the rights of so many humans in pursuit of our own material interests? All in the pursuit of control?

Are our arms tightening around what we own? Grasping onto what we have, what we think we need to control? Isolating ourselves from ourselves from our own humanity as well as the world's? Where will we in this country be in ten, fifteen years when China is the financial juggernaut of the world and we have only a massive cache of weaponry to maintain a reactive control over a disappearing marketplace and a presence in a world where others have chosen to trade their goods elsewhere? Are we truly so blind to historical perspective because our leaders either cannot read, or are too proud and narcissistic and afraid to read, and refuse to see the bloody writing on our walls? How much larger do we have to make those letters so that our leaders will heed the lessons of those who came before?

How are we to find our hearts in this time. How are we to find our creativity? Our compassion? Our humanity? How are we to grow when so much around us is dying?

To be a good doctor, a good researcher is to be one who can listen, assimilate and diagnose information from without, but can also listen and hear what is being said from within themselves. Committed to sitting with their own fear and vulnerability in order to **learn** from themselves in the effort to heal, to discover. Committed to pursuing the acknowledgement that we are all the same, all one. Committed to looking beyond what they think they want to find, to know. To expand the parameters of what they deem feasible, controllable. To seek, to learn where it is not safe and comfortable, but to have faith in the wider perspective where all disease, all life are part of the 'one.' Connected, and as connected, collaborative. And that to learn from this collaboration, that we must collaborate ourselves, must work together as one. Learn and feed off each other's

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humanity, each other's fear, hope, and faith. Experience our compassion and creativity in each other.

We live our lives to die. With each exhalation. Each letting go. Each moment of release, . . . we seek, as lemmings to the sea, to die into the 'one,' the 'all,' the 'everything' of existence. We practice this in the way of our lives. We worship it in our heroes, who, in the face of great adversity and symbolic or very real death, are able to stay present, acknowledge their fear, and from that other place of awareness, of consciousness, are able to achieve heroic results. We rejoice in it when we stand with our hero to home plate, bottom of the ninth, bases loaded, score tied, two outs, last game of the world series and he hits the home-run. We rejoice in it in the well hit golf ball or tennis ball. In the transcendence of a performance, a great discovery, an heroic sacrifice, in the birthing of a child, in the communion with anything or any body that gives us our sense of being one. Of belonging. We seek and worship surrender to a higher good, . . . a place of peace and oneness. A state of being that is change, where we get to visit, pass through, pass from, and let go of. Today is but a moment along the way of your journey, your children's journey, the world's journey. The level of opportunity for compassion, for love, for the human-ness of our beings to evolve past our animal selves, is commensurate with the amount of fear and hate and destruction we are experiencing today on this planet. You can and will be cowed by it. It will constantly infect your lives, try to beat you down into apathy and cynicism, threaten to trample your hopes and dreams into regrets and self recriminations. It will want to seduce you into hate and anger, impatience and intolerance, harden you into judgment. **It will not** deprive you of your God given right to choose. Your divine right to gain strength and succor from the innate knowledge that we belong to each other, to the one, to all. That there is an irrefutable truth to our existence proved by our ability and choice to acknowledge our consciousness. This is your inheritance. This is what all the lives that have come before you have given you. This is what you can give to your children. To the world. That you have the choice of consciousness. You have the choice to practice that choice.

In closing, I would like to share a favorite poem that I suspect many of you are already familiar with. To me, it's beauty is that it continues to reverberate in me, years after I first read it.

*Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;
Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,
And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.
I shall be telling this with a sigh*

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*Somewhere ages and ages hence:
Two roads diverged in a wood, and I-
I took the one less traveled by,
And that has made all the difference.*

Faculty Awards

In addition to congratulating our students for their accomplishments, commencement is also a time to honor faculty who have made significant contributions to their education. Accordingly, I am pleased to list the teaching awards that were announced at the School of Medicine Commencement.

The Arthur L. Bloomfield Award: In Recognition of Excellence in the Teaching of Clinical Medicine

Steven Guest, Associate Professor of Medicine

Myer Rosenthal, Professor of Anesthesia, Medicine ,
and Surgery

Barry Rosen, Clinical Associate Professor of Medicine

The Henry J. Kaiser Family Foundation Award: For Excellence in Preclinical Teaching

Gregory Gilbert, Clinical instructor, Surgery and Emergency
Medicine

John Gosling, Teaching Professor, Surgery and Anatomy

Elliot Wolfe, Director, Office of Medical Student Professional
Development

The Henry J. Kaiser Family Foundation Award: For Outstanding and Innovative Contributions to Medical Education

Julie Parsonnet, Associate Professor of Medicine (Infectious
Diseases)

The Henry J. Kaiser Family Foundation Award: For Excellence in Clinical Teaching

Barry Rosen, Clinical Associate Professor of Medicine

Myer Rosenthal, Professor of Anesthesia, Medicine, and Surgery

Thomas Krummel, Professor and Chair, Department of Surgery

The Franklin G. Ebaugh, Jr. Award: For Advising Medical Students

Theodore Sectish, Assistant Professor of Pediatrics

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The Lance Armstrong Award

Lars Osterberg, Clinical Instructor, School of Medicine

The Compassion in Medicine Award

Lars Osterberg, Clinical Instructor, School of Medicine

The Alwin C. Rambar-James B.D. Mark Award: For Excellence in Patient Care

Lorry R. Frankel, Associate Professor of Pediatrics (Intensive Care)

Stanford University School of Medicine Award for Graduate Teaching

W. James Nelson, Professor of Molecular and Cellular Physiology

Stanford University School of Medicine Award for Outstanding Service to Graduate Students

W. James Nelson, Professor of Molecular and Cellular Physiology

Congratulations to all.

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Graduates listed below are our 2004 graduates for the School of Medicine

MASTER OF SCIENCE

<i>Caroline Elizabeth Annis</i>	<i>Epidemiology</i>
<i>Jenifer Elizabeth Austin</i>	<i>Neurosciences</i>
<i>Ali Raza Awan</i>	<i>Biomedical Informatics</i>
<i>Joanna Eileen Boerner</i>	<i>Microbiology and Immunology</i>
<i>Elbert E. Chang</i>	<i>Molecular Pharmacology</i>
<i>Amit Garg</i>	<i>Biomedical Informatics</i>
<i>Michelle Lynn Green</i>	<i>Biomedical Informatics</i>
<i>Corinna Anke Haberland</i>	<i>Health Services Research</i>
<i>Matthew Leigh Huggins</i>	<i>Neurosciences</i>
<i>Stella Mai Huang</i>	<i>Epidemiology</i>
<i>Richard Brent Jacobsen</i>	<i>Neurosciences</i>
<i>Amit Kaushal</i>	<i>Biomedical Informatics</i>
<i>Esther Jean Hyung Lee</i>	<i>Epidemiology</i>
<i>Robert L. Lobato</i>	<i>Epidemiology</i>
<i>Surag Subhash Mantri</i>	<i>Biomedical Informatics</i>
<i>Zachary Scott Pincus</i>	<i>Biomedical Informatics</i>
<i>Erin Gourley Reid</i>	<i>Epidemiology</i>
<i>Christopher David Sundberg</i>	<i>Microbiology and Immunology</i>
<i>Jeffrey James Swigris</i>	<i>Epidemiology</i>
<i>Stream Su-Ching Wang</i>	<i>Developmental Biology</i>
<i>Kevin Gregory Williams</i>	<i>Genetics</i>
<i>Lisa Jun-Pei Wong</i>	<i>Biophysics</i>

DOCTOR OF PHILOSOPHY

Nadia Patrice Cheryl Allen

Biological Sciences

Networks of Protein Interactions at the Nuclear Pore Complex in Saccharomyces cerevisiae

Nizar Nooruddin Batada

Biophysics

Stochastic Aspects of Biological Signalling

Rebecca Restituto Begley

Molecular Pharmacology

Therapeutic In Vivo Applications for PKC-

Nicole H. Lazarus

Immunology

Chemokines and the Homing of IgA Antibody Secreting Cells: CCL25 and CCL28 Coordinate and Direct IgA Antibody Secreting Cells to Mucosal Sites

Mike Hsin-Ping Liang

Biomedical Informatics

Integrating Sequence and Structural Information for Detecting Functional Sites on Protein Structures

Augusto Eduardo Llosa

Epidemiology

Helicobacter Pylori Infection and Cancer

June 1, 2004

Modulating Intracellularly-acting Peptides

Jonathan Adam Bernstein

Genetics

*Global Analysis of mRNA Decay in Escherichia Coli
Using cDNA Microarrays*

Grace Y. Bhudhikanok

Epidemiology

*Race, reproductive history, and bone density in
adolescents and young adults*

Igor Brodsky

Microbiology & Immunology

*Role of Salmonella Virulence Genes in Bacterial
Resistance to Antimicrobial Peptides and Systemic
Disease*

Michael Joseph Byrnes

Biological Sciences

*Synthetic Lethal Analysis of S. cerevisiae CDC28 and
Its Role in Microtubule Function*

Carol Hsen-Fae Cain

Biomedical Informatics

*Representing and Reasoning About Contextually
Changing Organizational Behavior Using Simulaton
Models of Medical Work*

William H. Carr

Immunology

*Mechanisms of NK-cell Recognition of HCMV
Infected Cells*

Barry L. Lubarsky

Biochemistry

*Tracheal Tube Formation in Drosophila
melanogaster*

Kevin Michael Marks

Molecular Pharmacology

*Fluorescent Sensors and Effectors in Spatio-
temporal Studies of Cell Biology*

Tracey McLaughlin

Epidemiology

Michelle Leigh Monje

Neurosciences

*Irradiation, Inflammation and Adult Hippocampal
Neurogenesis*

John Isaac Murray

Genetics

*Diverse Gene Expression Responses to Stresses in
Cultured Human Cells*

Mala Murthy

Neurosciences

*Membrane Trafficking and the Drosophila
Exocyst Complex*

June 1, 2004

Helen Hyonhee Cha

Developmental Biology

Identification and Characterization of a Novel Gene, Halfback, Required for Somite Formation and Anterior-Posterior Patterning

Denise April Chan

Cancer Biology

Cellular Oxygen Sensing: Molecular Characterization of Hypoxia-Inducible Factor-1alpha Protein Stability

Kaman Chan

Microbiology & Immunology

Microarray-based Identification and Characterization of Genetic Loci Essential for Salmonella Pathogenesis

Jeffrey Tien-Hao Chang

Biomedical Informatics

Using Machine Learning to Extract Drug and Gene Relationships from Text

Rodolfo Jose Chaparro

Immunology

Identification of Nonimmunologic Defects in Autoimmune Diabetes

Swaine Chen

Developmental Biology

Leveraging the Caulobacter crescentus Genome Sequence

Nam Kyoung Cho

Biochemistry

Developmental Control of Blood Cell Migration by the Drosophila VEGF Pathway and its Implications for Blood Vessel Evolution

Raymond Jaihyun Cho

Genetics

The Application of High-Density Oligonucleotide Arrays to the Interrogation of Biological Systems on a Genome Scale

Daniel Prudden Denning

Cancer Biology

The Compositional, structural and Evolutionary Flexibility of the Saccharomyces Cerevisiae Nuclear Pore Complex

Maximilian Diehn

Biophysics

Exploring Genomic Expression Programs in Normal

Cris Myers Niell

Neurosciences

Imaging neural circuit formation and function in the zebrafish visual system

James Noonan

Genetics

The Evolution of Protocadherin Gene Cluster Diversity

Brian Howard Null

Developmental Biology

Toward the Quantification of the Organism: Application of DNA Microarrays and New Technologies to the Development of Drosophila Melanogaster

Grace Park

Molecular Pharmacology

Characterization of PRAS40, a Novel Akt Substrate

Cris Myers Niell

Neurosciences

Imaging neural circuit formation and function in the zebrafish visual system

Rebecca Ann Piskorowski

Biophysics

How the Permeant Ion Affects Gating in Large-Conductance Calcium Activated Potassium Channels

Andrea Pomrehn

Genetics

The identification and characterization of mouse Ribosomal S6 Kinase 4 as an inhibitor of FGF-RAS-ERK signaling

Thomas Joseph Purcell

Biochemistry

Dissecting the Mechanism of Processive Motility in Single Myosin V Molecules

Kirthi Chandupatla Reddy

Developmental Biology

C. elegans HIM-17 Links Chromatin Modification and Competence for Initiation of Meiotic Recombination

Jason Robert Roosa

Neurosciences

Asymmetric Localization of mLin-7 and

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and Malignant Cells of the Immune and Central Nervous Systems

Frauke Drees

Molecular and Cellular Physiology

Reconstitution of Actin Cytoskeleton Assembly at E-cadherin Adhesion Sites

Rachel Alanna Freiberg

Cancer Biology

Chk2 Regulates Reoxygenation Induced G2 Arrest

Douglas Brian Fridsma

Biomedical Informatics

Organizational Simulation of Medical Work: An Information-Processing Approach

Dan Gilison

Genetics

Anna Katherine Greenwood

Neurosciences

Plasticity in the Neural Control of Reproductive Behavior and Physiology

Ilana Susie Hairston

Neurosciences

The Quality of Sleep is as Good as the Quality of Wake: Sleep in Development and Learning

David Riggs Halpin

Biochemistry

DNA Display: Genetic Manipulation of Combinatorial Chemistry Libraries for Small-Molecule Evolution

Erin Byron Harmon

Developmental Biology

TGF-BETA Signaling Regulates Foregut Patterning Pancreatic Development, and Beta-Cell Maturation

Tmirah Haselkorn

Epidemiology

Innovating Methods of Quantifying Risk and Insights Into the Epidemiology of Various Cancers

Daniel Robert Hostetter

Biochemistry

Regulation of Myosin II Bipolar Thick Filament

Associated Proteins in Mammalian Cortical Neural Progenitors

Ryan Blair Rountree

Developmental Biology

Genetic and Molecular Analysis of Skeletal Joint Development

Alok Jerome Saldanha

Genetics

*Genome Wide Transcriptional Comparison of Batch and Chemostat Nutrient Limited Cultures of *Saccharomyces Cerevisiae**

George Christopher Scott

Biomedical Informatics

Using Decision Models to Automate and Individualize Interactive Decision Support for Patients

Melissa Diane Scott

Biophysics

Interplay of folding and degradation: quality control of misfolded proteins in the eukaryotic cytosol

Stefan Kazimierz Siwko

Cancer Biology

Identification of Substrates of PKC Delta in a Breast Cancer Cell Line

Kryn Stankunas

Developmental Biology

Conditional Protein Alleles Using Knock-in Mice and a Chemical Inducer of Dimeization

Joshua Michael Stuart

Biomedical Informatics

Predicting Gene Function Using DNA Microarray Data From Multiple Organisms

Thomas Tan

Biochemistry

Regulation of the DDB2 Gene by p53 and the Role of DDB2 in Cisplatin-damaged DNA Repair

Jean Yuh Tang

Biophysics

Cellular Response to UV: Role of UV-DDB and Microarray Analysis of Skin Cancer

Tara Thiagarajan

Neurosciences

Global and Local Activity Dependent Regulation

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Assembly

Evan Harris Hurowitz

Biochemistry

Genome-wide Measurements of RNA Transcript Length by a DNA Microarray Analysis

Jerry Hsu

Cancer Biology

The Role of Human Emi1 in Cell Cycle Regulation and Cancer

Farhad Bryan Imam

Biochemistry

Genetic and Genomic Studies for GF Signaling and Development in Drosophila melanogaster

Jonathan Michael Irish

Cancer Biology

Signal Transduction Based Molecular Phenotyping of Cancer: Arrayed Flow Cytometry for Discovery of Tumor Initiation and Maintenance Mechanisms

Gregory Stephen Jefferis

Neurosciences

Wiring Specificity in the Olfactory System of Drosophila

Eric Jorgenson

Genetics

Genetic Analysis of Human Quantitative Traits

Julie Kerns

Genetics

Genetics o Pigmentation in the Domestic Dog

Charles Kim

Microbiology and Immunology

Salmonella Gene Expression and Regulation During In Vitro Modeling of the Intracellular Environment

Dennis Chun-Yong Ko

Developmental Biology

Studies on the Molecular and Cellular Basis of Niemann-Pick Type C Disease

Li-Yung Arthur Kung

Biophysics

Patterning Supported Lipid Bilayers and Developing Vesicle Fusion Assays

of the Synapse

Stephanie Jewel Toering

Biochemistry

Genetic and Biochemical Analysis of Drosophila Sprouty

Nathan Trinklein

Genetics

Transcriptional Regulation in the Human Genome

Olga G. Troyanskaya

Biomedical Informatics

Improving the Specificity of Biological Signal Detection from Microarray Data

Marija Vrljic

Biophysics

Translational Diffusion of Single MHC Proteins in the Plasma Membrane

Thomas Scott Wehrman

Molecular Pharmacology

Brian Anthony Zabel

Immunology

A Plasmacytoid Cell-Selective Recruitment Mechanism

Rebecca Ann Piskorowski

Biophysics

How the Permeant Ion Affects Gating in Large-Conductance Calcium Activated Potassium Channels

Andrea Pomrehn

Genetics

The identification and characterization of mouse Ribosomal S6 Kinase 4 as an inhibitor of FGF-RAS-ERK signaling

Thomas Joseph Purcell

Biochemistry

Dissecting the Mechanism of Processive Motility in Single Myosin V Molecules

Kirthi Chandupatla Reddy

Developmental Biology

C. elegans HIM-17 Links Chromatin Modification and Competence for Initiation of Meiotic Recombination

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Mark LaBarge

Molecular Pharmacology
Bone Marrow-Derived Myogenesis

Stacie Lynn Lambert

Immunology
Mechanisms of TCR Vaccine Induced Protection in a Murine T Cell Lymphoma Model

Stefan M. Larson

Biophysics
Large-scale Computational Protein Design

Jason Robert Roosa

Neurosciences
Asymmetric Localization of mLin-7 and Associated Proteins in Mammalian Cortical Neural Progenitors

Ryan Blair Rountree

Developmental Biology
Genetic and Molecular Analysis of Skeletal Joint Development

Alok Jerome Saldanha

Genetics
*Genome Wide Transcriptional Comparison of Batch and Chemostat Nutrient Limited Cultures of *Saccharomyces Cerevisiae**

Bojan Zagrovic

Biophysics
Simulating Protein Folding and Dynamics Using World-Wide Distributed Computing

June 1, 2004

DOCTOR OF MEDICINE

Afarian, Hagop Manuel

UC San Francisco,
Fresno, CA
Emergency Medicine

Agarwal, Shonul Minti

UC San Francisco,
San Francisco, CA
Pediatrics

Battat, Anna Claire

New York Presbyterian Hospital,
Cornell, NY
General Surgery

Berk, David Reuben

Stanford Hospital and Clinics,
Stanford, CA
Medicine-Preliminary
Barnes-Jewish Hospital,
St. Louis, MO
Dermatology

Beyer, Wendy McNear

Memorial Hospital of Rhode Island,
Pawtucket, RI
Family Practice

Beynet, David Pierre Alameda County

Medical Center,
Oakland, CA
Transitional
UCLA Medical Center,
Los Angeles, CA
Dermatology

Bhuvaneshwar, Chaya Guha

Massachusetts General Hospital,
Boston, MA
Psychiatry

June 1, 2004

Biswas, Subarna

University of Pittsburgh Medical Center,
Pittsburgh, PA
General Surgery

Bright, Isaac

Harvard University School of Business
Cambridge, MA

Campbell, Duane

Kaiser Permanenty Medical Center,
Santa Clara, CA
Medicine-Preliminary
Stanford Hospital and Clinics,
Stanford, CA
Neurology

Carranza, Sarah Nicole

San Jose Medical Center,
San Jose, CA
Family Practice

Chan, Keith

New York University Hospital for Joint
Diseases
New York, NY
Orthopaedic Surgery

Chavez, Edgar Alexander

White Memorial Medical Center
Los Angeles, CA
Family Practice

Chen, Swaine

Washington University,
St. Louis, MO
Molecular Microbiology

Cho, Nam Kyoung

Santa Clara Valley Medical Center,
San Jose, CA
Transitional
Stanford Hospital and Clinics,

June 1, 2004

Stanford, CA
Radiation Oncology
Choi, Paul Han-Bae
Kaiser Permanente Medical Center
Oakland, CA
Medicine - Preliminary
New York Presbyterian Hospital,
New York, NY
Psychiatry

Clark, F. Landon
University of California,
Berkeley, CA
School of Public Health

Conroy, Kathleen Nugent
Children's Hospital
Boston, MA
Pediatric Primary Care

Courtney, Brian K.
University of Toronto at Sunnybrook Hospital
Toronto, Ontario
Internal Medicine

Cox, Beverly Rodriguez
San Mateo County Mental Health Services
San Mateo, CA
Psychiatry

Crisostomo, Ralph Ambrose
Mayo Graduate School of Medicine
Rochester, MN
Physical Medicine & Rehabilitation

Day, Lukejohn Welch
University of California
San Francisco, CA
Internal Medicine

DeWalt, Kevin Christopher
Stanford Hospital and Clinics
Stanford, CA
Internal Medicine

DiDomenico, Paul

June 1, 2004

David Grant Medical Center
Travis Air Force Base, CA
Diagnostic Radiology

Diehn, Maximilian

Stanford Hospital and Clinics
Stanford, CA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Radiation-Oncology

Ecker, Phillip Marks

Gundersen Lutheran
LaCrosse, WI
Transitional
Mayo Graduate School of Medicine
Rochester, MN
Dermatology

Ehrlich, Jason Scott

Santa Clara Valley Medical Center,
San Jose, CA
Transitional
Stanford Hospital and Clinics
Stanford, CA
Ophthalmology

Espinosa, Leandro Ariel

Kaiser Permanente Medical Center
Santa Clara, CA
Medicine-Preliminary
University of Michigan Hospitals
Ann Arbor, MI
Radiology-Diagnostic

Fan, Ellen

St Vincent Hospital
Frankfort, IN
Family Practice

Farr, Sara

Lenox Hill Hospital
New York, NY
Internal Medicine

Farrahi, Farinaz

June 1, 2004

Kaiser Permanente Medical Center
Santa Clara, CA
Internal Medicine

Fielding, Krista Terese
Stanford Hospital and Clinics
Stanford, CA
Psychiatry

Froehlich, Wendy
Rhode Island Hospital, Brown University
Providence, RI
Pediatrics, Child Psychology

Ghaly, Michael Azmy
San Mateo County Mental Health Services
San Mateo, CA
Psychiatry

Gonzalez, Carlos
Tulane University School Of Medicine
New Orleans, LA
Orthopaedic Surgery

Grunstein, Itamar
Harbor-UCLA Medical Center
Los Angeles, CA
Emergency Medicine

Gupta, Ritu
University of California Medical Center
San Francisco, CA
Family Practice

Harrington, Cynthia Rebecca
Santa Clara Valley Medical Center
San Jose, CA
Transitional
University of Texas Southwestern Medical
School
Dallas, TX
Dermatology

Hatfield, Joanna Wagner
Fletcher Allen Health Care
Burlington, VT
Obstetrics & Gynecology

June 1, 2004

Hernandez-Zhang, Mary C.

Kaiser Permanente Medical Center
Santa Clara, CA
Internal Medicine

Ho, Michael Yen-Che

Stanford Hospital and Clinics
Stanford, CA
Internal Medicine

Ho, Wendy Wai Szeto

Stanford Hospital & Clinics
Stanford, CA
Psychiatry

Hope, Michael Douglas

California Pacific Medical Center
San Francisco, CA
Medicine-Preliminary
University of California Medical Center
San Francisco, CA
Radiology-Diagnostic

Hsu, Jerry Yung-Chi

Duke University Medical Center
Durham NC
Internal Medicine

Imam, Farhad Bryan

Children's Hospital
Boston, MA
Boston Combined Pediatric
Residency

Jacobson, Christine C.

Kaiser Permanente Medical Center,
Santa Clara, CA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Dermatology

June 1, 2004

Jensen, Brett Terry

Oregon Health Sciences University
Portland, OR
Emergency Medicine

Johnston, Paul

University of California Medical Center
San Francisco, CA
Surgery – Preliminary

Kim, Brian Sun

St Mary's Medical Center,
San Francisco, CA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Radiology-Diagnostic

Kim, Kubinne

Kaiser Permanente Medical Center
Santa Clara, CA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Dermatology

Kong, Jiang-Ti

Massachusetts General Hospital
Boston, MA
Medicine-Preliminary
Stanford Hospital and Clinics
Stanford, CA
Anesthesiology

Kush, Scott J.

San Francisco, CA
Consulting

Lai, Michelle

Good Samaritan Regional Medical Center
Phoenix, AZ
Transitional
University of Arizona Affiliated Hospitals
Tucson, AZ
Radiology-Diagnostic

June 1, 2004

Latif, Omar

Johns Hopkins Hospital
Baltimore, MD
Internal Medicine

Lee, Isabel Demos

University of California Medical Center
San Francisco, CA
Family Practice

LeGrand, Gordon C.

Montefiore Medical Center
Bronx, NY
Montefiore Medical Center
Bronx, NY
Psychiatry

Leiva, Claudia Nuria

Kaiser Permanente Medical Center
Santa Clara, CA
Obstetrics-Gynecology

Lobato, Robert L.

Residency to begin in 2005
Anesthesiology

Lopez, Lisbeth

Yale-New Haven Hospital
New Haven, CT
Medicine-Primary
Massachusetts General Hospital
Boston, MA
Anesthesiology

Mac Dermed, Dhara

University of California at San Francisco
Fresno, CA
Internal Medicine
University of Chicago Hospitals
Chicago, IL
Radiation-Oncology

Martinez, Anna Lilia

Alameda County Medical Center

June 1, 2004

Oakland, CA
Transitional
University of Southern California Health
Sciences
Los Angeles, CA
Anesthesiology

Milligan, Brian David
Mayo Graduate School of Medicine
Rochester, MN
Neurological Surgery

Molander, Rachel
University of Wisconsin Hospital and Clinics
Madison, WI
Psychiatry

Monje, Michelle Leigh
Stanford Hospital and Clinics
Stanford, CA
Medicine-Preliminary
Massachusetts General Hospital and
Brigham and Women's Hospital
Boston, MA
Neurology

Nichols, Tonya Marie
Emory University School of Medicine
Atlanta, GA
Emergency Medicine

Pageler, Natalie Michelle
Stanford Hospital and Clinics
Stanford, CA
Pediatrics

Pappas, George
Massachusetts General Hospital
Boston, MA
Harvard Combined Orthopedics Program

Patel, Ketan Hasmukhlal
Stanford Hospital and Clinics
Stanford, CA
Emergency Medicine

June 1, 2004

Raychaudhuri, Soumya
Brigham & Women's Hospital
Boston, MA
Internal Medicine

Reihman, Kristin Clague
Lehigh Valley Hospital
Allentown, PA
Family Practice

Rubashkin, Nicholas
University of California Medical Center
San Francisco, CA
Obstetrics-Gynecology

Saket, Ramin R.
Stanford Hospital and Clinics
Stanford, CA
Surgery-Preliminary
University of California Medical Center
La Jolla, CA
Radiology-Diagnostic

Samorano, Rogelio S.
University of California Medical Center
La Jolla, CA
Psychiatry/Family Practice

Sanchez, Jaime
Alameda County Medical Center
Oakland, CA
Transitional
Oregon Health Sciences University
Portland, OR
Anesthesiology

Schilling, Peter Leif
Stanford Hospital and Clinics
Stanford, CA
General Surgery

Scott, George C.

June 1, 2004

University of California Medical Center
La Jolla, CA
Internal Medicine

Shankar, Leena Lakshmi
Kaiser Permanente Medical Center
Woodland Hills, CA
Family Practice

Sinha, Seema Sanzgi
Stanford Hospital and Clinics
Stanford, CA
Internal Medicine

Stoll, Malaika Sarit
Lehigh Valley Hospital
Allentown, PA
Family Practice

Suen, Andrew W.
William Beaumont Hospital
Royal Oak, MI
Radiation-Oncology

Thomas, Adrian Jefferson
Hospital For Special Surgery
New York, NY
Orthopaedic Surgery

Tierney, Emily Patricia
Carney Hospital
Boston, MA
Medicine-Preliminary
Brigham & Women's Hospital,
Boston, MA
Anesthesiology

Tsuji, Stuart Yukio
University of Hawaii
Honolulu, HI
Transitional
University of California Medical Center
San Francisco, CA
Radiation-Oncology

June 1, 2004

Valenzuela, Glenn Abano
Cambridge Health Alliance
Cambridge, MA
Transitional
Stanford Hospital and Clinics
Stanford, CA
Anesthesiology

Warren, Adam Paul Carter
University of California Medical Center,
San Francisco, CA
Orthopedics

Weintraub, Rebecca Lynn
Brigham & Women's Hospital
Boston, MA
Internal Medicine

Williams, Deborah Merrill
Santa Clara Valley Medical Center
San Jose, CA
Transitional
Virginia Mason Hospital
Seattle, WA
Anesthesiology

Xing, Fay
New York Presbyterian Hospital
New York, NY
Obstetrics-Gynecology

Yalamanchi, Naveen
University of California Medical Center
Los Angeles, CA
Orthopaedic Surgery

Zhang, Andrew Yuan
Stanford Hospital and Clinics
Stanford, CA
Plastic Surgery

June 1, 2004

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Other Honors and Awards

Ann Arvin, Lucile Salter Packard Professor of Pediatrics, Microbiology and Immunology, has been awarded the Albion Walter Hewlett Award. This prestigious award recognizes physicians of care and skill who are committed to discovering and using biologic knowledge, wisdom and compassion to return patients to productive lives. Dr. Arvin is the sixteenth recipient of this award and joins a very impressive list of predecessors.

Joseph Hopkins, Clinical Professor of Medicine, recently received the Master of Medical Management Degree from the Marshall School of Business, University of Southern California. This degree, offered by only three universities, is specifically tailored for physicians seeking advanced leadership and management skills needed to address the challenges of the evolving health care delivery system. Dr. Hopkins currently is the Associate Director of the Center for Education in Family & Community Medicine, Director of Primary Care, and Associate Chief of Staff of Stanford Hospital and Clinics.

Neil Risch, Professor of Genetics, and of Statistics and of Health Research and Policy, was awarded the Curt Stern Award. It is given by the American Society of Human Genetics, the leading human genetics society worldwide and is awarded in recognition of outstanding contributions to human genetics over the past ten years.

Congratulations to all.

Announcements

Preview the New Lane Library Website: Simplified access and smarter searching is what drives the new Lane Medical Library website. A preview is now available to these new features: 1) new clinician and researcher views that include a clinical core or a bioresearch core search across multiple resources; 2) a single eResources search to find any eJournal, eBook, database and more; 3) a new "article finder" search that finds any online journal at Stanford, not just biomedical titles; 4) a new article linker in PubMed@Stanford that will match all our online journals or provide a lookup for print availability or an interlibrary loan form if not on campus; 5) off-campus access to all content directly and authentication using SUNetID; and 6) new colors and graphics that match the SOM design. The site is a joint development effort of the IRT group. The preview link is highlighted on the current website at <http://lane.stanford.edu>.

Lane Medical Library TECH Desk Pilot ends June 11th: The IRT TECH Desk, a drop-in laptop and software support service program that offered in-person expert advice on a variety of computing, networking, multimedia and instructional technologies located at Lane Medical Library, ended on June 11 after a 6 month trial. Data gathered during the course of the pilot will help IRT shape the course of the School of Medicine's evolving desktop support strategy. Lane and IRT are interested in feedback about the service; why you used it, the quality of the service, why you didn't use it, etc. If you have comments or suggestions, please email them to: laneinfo@lanelib.stanford.edu.

June 1, 2004

Appointments and Promotions

- ***Lawrence Chu*** has been appointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- ***Michael Kaplan*** has been appointed to Professor of Otolaryngology and Professor, by courtesy, of Neurosurgery at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2009.
- ***Timothy McCulley*** has been appointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- ***John Morton*** has been appointed to Assistant Professor of Surgery (General Surgery) at the Stanford University Medical Center, effective 6/1/2004 to 5/31/2007.
- ***Stephen Roth*** has been appointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 6/1/2004 to 5/31/2009.