

## **Dean's Newsletter**

### **March 20, 2006**

#### ***Table of Contents***

- Dr. David Stevenson Appointed Vice Dean
- Match Day 2006
- Support for the NIH: Specter and Harkins Rise to Advocacy
- Official Report from the LCME
- Updates from Stanford Hospital & Clinics
- Judith Cain Appointed Assistant Dean for Academic Affairs
- Awards and Honors

#### **Dr. David Stevenson Appointed Vice Dean**

I am very pleased to announce that Dr. David Stevenson, Senior Associate Dean for Academic Affairs, has accepted my invitation to take on the additional role of Vice Dean of the School of Medicine. It has been my privilege to work closely with Dr. Stevenson since my arrival at Stanford five years ago. He has done a wonderful job in his current role and has led initiatives that have resulted in significant improvements in the organization and responsibilities of the professoriate, in improved clarity around the appointments and promotions process, and in a heightened commitment to enhancing diversity and improving the quality of life of our faculty and staff. He has also played a pivotal role in dealing with challenging faculty issues – and has done so with a sense of fairness and transparency.

As we build on the agenda of Translating Discoveries that we have developed during the past several years, it is clear that a focused effort is needed to bring all of our plans to realization. Dr. Stevenson will work even more closely with me to help this happen and to meet the important challenges we face in such areas as aligning the medical center, furthering the development of the Stanford Institutes of Medicine, supporting and developing additional leaders and improving our connectivity with the University. These challenges will be even more notable as we embark on an ambitious capital campaign in the next several years. It goes without saying that Dr. Stevenson has a deep love and commitment for Stanford and a strong desire to help our School, Medical Center and University succeed in every way possible. I look forward to working even more closely with Dr. Stevenson and I am very pleased that he is willing to take on even more responsibilities.

Please join me in congratulating Dr. Stevenson in his new role as Vice Dean and Senior Associate Dean for Academic Affairs.

#### **Match Day 2006**

On Thursday, March 16<sup>th</sup>, at the same time across the nation (corrected, of course, for geographic time zones), more than 15,000 graduates of US allopathic medical schools opened their envelopes to find out where they “matched” and would begin their residency training this summer. Approximately 94 Stanford students participated in the 2006 Match. Overall some 26,715 applicants participated in this year’s match, which is run by the NRMP (National Residency Match Program). 11,707 of these were physicians who had already graduated from medical school or students from osteopathic or non-USA schools. The latter group has been increasing, as I noted in a recent Dean’s Newsletter story regarding the relative decrease in graduates from allopathic schools of medicine.

Overall, internal medicine attracted the largest number of graduates (22%). An important trend seems to be changing in general surgery since all but one of its positions nationally were filled. This was the first year for a match in Otolaryngology. As in recent years “lifestyle” specialties fared well with all dermatology positions filled (93% from USA medical schools), and anesthesia had 97% of its positions filled. In contrast, primary care specialties have shown declining interest in recent years.

Looking nationally, 84.6% of students matched to one of their top three program choices (60.1% to their first choice). At Stanford, our still preliminary data show that 92% matched to one of their top three choices and 80% of our graduating students matched to their top choice – which is quite excellent.

The top residency selections among our Stanford students include Internal Medicine (19.6%), Pediatrics (11.9%), Emergency Medicine (7.6%) and General Surgery and Orthopedic Surgery (each at 6.5%). In the aggregate, 33.7% of our graduates have chosen residency training in Internal Medicine, Pediatrics or Med/Peds programs, and 29.3% chose General Surgery or Surgical Specialty programs.

The list of residency programs to which our Stanford students matched (for those who agreed to share their results) follows. Please join me in congratulating all of our students – who will graduate in 90 days!

**Stanford University School of Medicine**  
***2006 Residency Match Results***

Adams, Winifred	Stanford Univ Progs-CA	Urology
Alemi, Farzad	UC San Francisco-CA	General Surgery
Alvarez, Antonio Granados	Kaiser Perm-Santa Clara-CA Rhode Island Hosp/Brown U-RI	Medicine-Preliminary Radiology-Diagnostic
Bari, Ali Sina	Stanford Univ Progs-CA	Plastic Surgery
Bartolotta, Roger	Mt Sinai SOM/Cabrini-NY NYP Hosp-NY Cornell-NY	Medicine-Preliminary Radiology-Diagnostic
Becker, Rob Jurgen	Santa Barbara Cottage Hosp-CA	Medicine-Preliminary

	Stanford Univ Progs-CA	Anesthesiology
Bekkers, Erik Jan	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiology-Diagnostic
Bhakta, Nirav Rati	UC San Francisco-CA	Internal Medicine
Bowman, Kendra Gayle	U Michigan Hosps-Ann Arbor-MI	General Surgery
Brown, Katherine Kristine	Stanford Univ Progs-CA Northwestern McGaw/NMH/VA-IL	Medicine-Preliminary Dermatology
Bruce, Benjamin Guerard	Rhode Island Hosp/Brown U-RI	Orthopaedic Surgery
Caadium, Suzanne Cowley	UC Davis Med Ctr-Sac-CA	Psychiatry
Cayley, Mary	Orlando Reg Healthcare-FL	Emergency Medicine
Chan, Joanna Lai-Hwa	Kaiser Perm-Santa Clara-CA U Texas SW Med Sch-Dallas-TX	Medicine-Preliminary Dermatology
Chang, Grace C.	Santa Clara Valley MC-CA Massachusetts Eye&Ear Infrmry-MA	Transitional Ophthalmology
Chinosornvatana, Nina	Mt Sinai Hospital-NY	Otolaryngology
Corcoran, Ryan Bruce	Massachusetts Gen Hosp-MA	Internal Medicine
Cornidez, Eric Guillermo	U Arizona Affil Hosps-AZ Mayo Graduate SOM-AZ	Surgery-Preliminary Anesthesiology
Daly, Megan Eileen	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiation-Oncology
Dermon, Jamie Dubois	U Arizona Affil Hosps-AZ	Emergency Medicine
Devine, Walter Patrick	UC San Francisco-CA	Pathology
Eneriz-Wiemer, Monica V.	Stanford Univ Progs-CA	Pediatrics
Epstein, Noah	Stanford Univ Progs-CA	Orthopaedic Surgery
Felix, Roberto	Stanford Univ Progs-CA	Internal Medicine
Flyckt, Rebecca Lynn Rakow	Case Western/U Hosps Clevlnd-OH	Obstetrics-Gynecology
Flynn, Darin Mark	Arrowhead Reg Med Ctr-CA Stanford Univ Progs-CA	Transitional Anesthesiology
Garcia, Jamie Edwardo	UC Irvine Med Ctr-CA	Internal Medicine
Gladysheva, Ekaterina S.	Massachusetts Gen Hosp-MA	Internal Medicine
Golzari, Mana	UC San Francisco-CA	Pediatrics-Primary
Griffiths, Courtney Elizabeth	Stanford Univ Progs-CA	Pediatrics
Heninger, Carly Anne	Stanford Univ Progs-CA	Pediatrics
Hirsch, Karen Genevieve	Stanford Univ Progs-CA	Medicine-Preliminary

	Johns Hopkins Hosp-MD	Neurology
Ho, Hoai-Ky Vu	Arrowhead Reg Med Ctr-CA Univ of So California-CA	Transitional Ophthalmology
Ho, Hong Hung (Hailey)	Alameda Co Med Ctr-CA Baylor CoM-TX	Transitional Ophthalmology
Hsiao, Leal Kang	Duke Univ Med Ctr-NC	Family Practice
Hua, Ying	Massachusetts Gen Hosp-MA Massachusetts Gen Hosp-MA	Surgery-Preliminary Urology
Jacobson, Lara Michelle	Johns Hopkins Hosp-MD	Pediatrics
Kao, Lily	Stanford Univ Progs-CA	Internal Medicine
Karamchandani, Jason Raj	Stanford Univ Progs-CA	Pathology
Kim, Donna Hyunchung	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Ophthalmology
Kobashi, Brent	UC San Francisco-CA	Medicine-Primary/UC
Kopelman, Andrew Michael	UC San Francisco-CA	General Surgery
Le, Phuoc Van	Massachusetts Gen Hosp-MA	Med-Peds/Harvard Cmb
Liess, Anna Marie	Brigham & Womens Hosp-MA	Internal Medicine
Ma, Trisha Jui-Hsia	Stanford Univ Progs-CA	Emergency Medicine
Maeda, Lauren Shizue	Stanford Univ Progs-CA	Internal Medicine
Martin, Gladys	NYP Hosp-NY Cornell-NY	Internal Medicine
Meade, Kristin Elinor	Duke Univ Med Ctr-NC	Medicine-Pediatrics
Mei, Hong	Yale-New Haven Hosp-CT	Medicine-Primary
Mendenhall, Matthew Lewis	Denver Health Med Ctr-CO	Emergency Medicine
Menon, Anil Samoilenko	Stanford Univ Progs-CA	Emergency Medicine
Meza, Francisco Ahuitzol	Kaiser Perm-Orange Co-CA	Family Practice
Minn, Ann Yuriko	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Radiation-Oncology
Miranda, Ana Elizabeth	UC San Francisco-CA	Medicine-Primary/SFGH
Moffett, Shannon Elizabeth	Alameda Co Med Ctr-CA	Emergency Medicine
Morrow, Ellen Hunt	Stanford Univ Progs-CA	General Surgery
Mosher, Pamela Jane	Rhode Island Hosp/Brown U-RI	Peds/Psych/Child Psych
Nguyen, (Marie) Huong Thien	U Washington Affil Hosps-WA	Internal Medicine
Nichols, Scott David	Stanford Univ Progs-CA	Medicine-Preliminary

Nomoto, Edward Kazuhisa	UCLA Medical Center-CA	Orthopaedic Surgery
Osuji, Obi U.	Howard Univ Hosp-DC	Orthopaedic Surgery
Otanez, Oscar H.	Stanford Univ Progs-CA	Pathology
Paquin, Marcela Marie	U Colorado SOM-Denver-CO	Pediatrics
Pate, Lisa Lee	Stanford Univ Progs-CA	Pathology
Patel, Jay Jitendra	UC Irvine Med Ctr-CA	Orthopaedic Surgery
Perez-Baron, Gina B.	Contra Costa Reg Med Ctr-CA	Fam Prac/Martinez
Prapong, Wijan	Stanford Univ Progs-CA	Internal Medicine
Rhee, Michelle Sang Min	O'Connor Hospital-CA	Family Med/San Jose
Richburg, Delene Adunni	Emory Univ SOM-GA	Pediatrics
Rieger, Kerri Elyse	Santa Clara Valley MC-CA Stanford Univ Progs-CA	Transitional Dermatology
Rivera, Frain Servando	Stanford Univ Progs-CA Stanford Univ Progs-CA	Trans/Anes Santa Clara Anesthesiology
Rivera, Kahealani K.	University of Hawaii-HI	Internal Medicine
Rose, Amy Elizabeth	NYU School Of Medicine-NY NYU School Of Medicine-NY	Surgery-Preliminary Urology
Rosenberg, Abby Rachel	U Washington Affil Hosps-WA	Pediatrics
Salles, Arghavan	Stanford Univ Progs-CA	General Surgery
Santarelli, Justin Gregory	Stanford Univ Progs-CA	Neurological Surgery
Schader, Elizabeth Merritt	San Mateo Co Mental Hlth Svcs-CA	Psychiatry
Serrano, Oscar Kenneth	Johns Hopkins Hosp-MD	General Surgery
Shah, Anup Ramesh	U Washington Affil Hosps-WA	Surg-Prelim/Urology
Shaw, Robert Bruce	U Rochester/Strong Mem-NY	Plastic Surgery
Simoneau, Tregory Claire	Childrens Hosp Boston-MA	Peds/Childrens Hosp
Singh, Naileshni Sanjinita	Santa Clara Valley MC-CA UC Davis Med Ctr-Sac-CA	Transitional Anesthesiology
Soller, Marie Valentine	San Mateo Co Mental Hlth Svcs-CA	Psychiatry
Stoltey, Juliet Elizabeth	Brigham & Womens Hosp-MA	Internal Medicine
Udani, Vikram	UCLA Medical Center-CA	Surg-Prelim/Neurosurgery
Warme, Bryan August	U Iowa Hosp/Clin-Iowa City-IA	Orthopaedic Surgery
Wong, Jenise Colleen	UC San Francisco-CA	Pediatrics
Wu, Peggy A.	Santa Clara Valley MC-CA	Transitional

	Barnes-Jewish Hosp-MO	Dermatology
Yeh, Iwei	Santa Clara Valley MC-CA	Transitional
	U Washington Affil Hosps-WA	Dermatology
Young, Kimberly Kristine	Oregon Health & Science Univ-OR	Family Practice
Zeman, Alenka Marie	Massachusetts Gen Hosp-MA	Pediatrics
Zink, Anne Braun	U Utah Affil Hospitals-UT	Emergency Medicine

In addition to the match results for our graduating medical students I am also pleased to note that all of the residency programs affiliated with Stanford Hospital & Clinics and the Lucile Packard Children's Hospital were also very successful. So overall, Stanford fared exceedingly well in the 2006 Match!

### **Support for the NIH: Specter and Harkins Rise to Advocacy**

In recent newsletters I have addressed with considerable concern the funding challenges that NIH and, as a result, extramural researchers are facing in a difficult federal budget. As I discussed in the January 23, 2006 Newsletter, this fiscal year NIH is operating under a budget that is slightly below last year's funding level. This represents the first funding cut NIH has experienced in over three decades. Furthermore, this year's budget continues a trend that has brought a third consecutive year in which NIH is funded at a level significantly below the Biomedical Research and Development Price Index (BRDPI). As many of you know, this circumstance has tangibly impacted researchers across the country. At Stanford we are trying to ameliorate the situation as best we can.

Last month the President presented Congress with a budget that recommended flat funding for NIH in the next fiscal year. In response, Senator Arlen Specter (R-PA) and Senator Tom Harkin (D-IA), with the support of both of our California Senators, proposed and fought for an amendment to add \$7 billion to the Senate Budget Resolution to increase funding to health and education programs that did not fare well in the Administration's budget proposal. This amendment specifically recommends an additional \$2 billion in NIH research funding. To support the proposal, a group of our peer institutions, professional societies and disease advocates banded together in an intensive campaign to communicate the urgent need to support the Specter/Harkin amendment. On Friday, March 17<sup>th</sup>, the Specter/Harkin amendment passed on the floor of the Senate with 73 votes. We owe great thanks to Senators Specter, Harkin, Feinstein and Boxer. I would also like to thank Ryan Adesnik, Director of Federal Government Relations at Stanford, for his tremendous leadership on this issue.

While the Specter/Harkin amendment is a very positive opening salvo, we have many remaining challenges in this year's federal budget process. The House of Representatives, where proposals to add funding face a higher political hurdle, must also pass a budget resolution. That House resolution would then have to be negotiated with the Senate. Issues like these are very hard to negotiate, especially in an election year, but the high level of Senate support for NIH will be very helpful. In addition, it is important

to understand that budget resolutions have had greater impacts in recent years, but they are still viewed as a general guideline for the appropriations process.

Another important issue I wish to bring to your attention is the extreme funding cut approved last year to the Title VII Health Professions Accounts at the Department of Health and Human Services (HHS). Title VII initiatives such as the Health Professions Training for Diversity Centers of Excellence and Health Careers Opportunities programs have supported some extremely successful work led by Fernando Mendoza and others at Stanford to encourage minority students from middle school through college to enter medical schools and to pursue careers in clinical practice and academia. In my opinion this funding cut is a very serious problem, and it represents a very unfortunate direction by the current Administration. Many leaders across the country are working very hard in what is clearly an uphill battle to restore these cuts – and I also want to acknowledge the advocacy role that a number of our medical students are playing in this effort as well. In the House of Representatives Congressman Charlie Norwood (R-GA) and Congresswoman Diana DeGette (D-CO) are circulating a letter in support of these programs. The letter has so far garnered signatures from 171 House members including our local Congresswoman, Anna Eshoo (D-CA). A companion Senate letter is currently in the works.

Separately, the Senate also approved on March 16<sup>th</sup> the Feinstein-Mikluski-Collins Amendment to provide an additional \$390 Million for cancer research and prevention programs in the FY07 budget. This amendment would impact the NIH, CDC (Center for Disease Control) and HRSA (Health Resources and Service Administration).

We will remain extremely active in the coming months in support of NIH and Title VII programs. If you have any questions or suggestions please do not hesitate to contact me or Ryan Adesnik, our Director of Federal Government Relations, at [radesnik@stanford.edu](mailto:radesnik@stanford.edu).

## **Official Report from the LCME**

The official report from the Liaison Committee on Medical Education (LCME) was sent to President John Hennessy in early March. It is something we should all be proud of – certainly compared to prior reports. The final 205-page report represents the work of the Site Review Committee that visited Stanford on October 16-19, 2005, coupled with a review by the LCME Council at its February 22-23 meeting. Based on the review we received a full eight-year accreditation, and our next full site review will take place in 2013-2014. In their official communication, the LCME identified some areas of strength (i.e., those that are above and beyond the expectations of the LCME) along with some areas that require continued attention during the years ahead. I share these comments with you in an unedited fashion in order to provide the greatest degree of transparency in this very important matter.

As stated in the letter to President Hennessy, the LCME concurred with the Site Review Committee in their assessment of areas of institutional strength, including:

1. Dean Philip Pizzo has demonstrated his commitment to medical student education in a number of concrete ways, including making significant financial and other resources available and taking an active role in the conceptualization and planning of the new curriculum. Dr. Pizzo is recognized by faculty and students as a catalyst for bringing about curriculum change.
2. There is a climate of collegiality among faculty that transcends departmental boundaries. This is exemplified by significant amounts of cross department and inter-school teaching and research.
3. Average medical student debt is less than one half that of other private schools. This is made possible, in part, by endowment income that is committed to scholarship support. Students also receive comprehensive debt counseling.
4. The medical school has made a major investment in information technology to support the medical education program. This permits the utilization of innovative computer based applications in the teaching and evaluation of medical students.
5. The medical school, through the leadership of the library staff, has created a “library without walls” allowing students and faculty to have access to information from any location. Library staff are widely involved in curriculum planning and in medical student education.
6. The medical school has committed significant resources, such as funding and personnel, in a targeted and coherent way to facilitate educational program change. The system to allocate funding to departments for teaching activity has facilitated the participation of faculty in teaching. A number of administrative positions, which are filled with talented and committed individuals, have been added to support medical education.

In addition, the LCME identified a number of transitional areas that will require close monitoring as well as three issues that require specific attention. The so-called “transitional issues” – which can obviously become strengths or weaknesses – include, in the words of the LCME:

1. The medical school is working to resolve scheduling conflicts between medical school courses and required courses in the scholarly concentrations. In this context, a system to monitor student workload will be necessary.
2. The Committee on Courses and Curriculum has been examining the teaching of clinical skills across the curriculum, based on concerns about student performance in the final clinical skills examination and student concerns about the level of clinical skills teaching during clerkships.

3. The system for student advisement, including academic and career counseling, has changed in recent years. Student satisfaction with and utilization of the new advisory system are mixed.
4. A plan has been approved for a new medical school education building (the Learning and Knowledge Center) with groundbreaking scheduled for 2007.

I agree with these issues and know that each area is currently being worked on by the Medical Education group and student services. In addition to these transitional issues, the LCME stated three areas of concern, as follows:

1. At the time of the survey visit, departments were in the process of implementing a mid-clerkship review of patient encounter data but the process had not been completed in all departments.
2. The implementation of a more systematic process to ensure formative feedback during the surgery and obstetrics-gynecology was underway at the time of the survey visit.
3. Faculty diversity currently is limited and does not approach that of the student body.

Based on this, the LCME wishes to have follow-up addressing the following important areas in 2007: a) Monitoring patient encounters; b) Providing formative feedback; c) Promoting faculty diversity; d) Coordinating student schedules; e) Teaching clinical skills; f) Advising students; g) Constructing the Learning and Knowledge Center.

Overall this is a terrific report and I want to thank again the many dozens of faculty, students and staff who worked so hard to bring this to fruition. While we have important issues to address, we have made major progress and the LCME had praised us for these accomplishments. More importantly, regardless of LCME oversight, each of the areas identified represent issues that we ourselves want to address in our efforts to make Stanford as outstanding as it can be – for our students and for the nation.

### **Updates from Stanford Hospital & Clinics (SHC)**

At the SHC Board of Directors meeting on Tuesday March 7<sup>th</sup>, two important updates were provided. First, the Board approved a 5- year plan to support the implementation of the Epic clinical information technology. This plan is designed to transform SHC's current systems and provide an important segue to developing an Electronic Medical Record System. The process that was followed to achieve this decision was engaging and timely and, over time, should significantly improve the satisfaction of patients, faculty, community and referring physicians, and employees as well as improving hospital and clinic operations. Many of our faculty were involved in the selection process for Epic. Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, provided School leadership and worked closely with Ms.

Carolyn Byerly, the SHC Chief Information Officer, and Dr. Kevin Tabb, SHC Chief Quality & Medical Information Officer. This investment by SHC, while enormously costly, is a huge step forward and will ultimately have a major positive impact on the quality and delivery of patient care.

Second, the Board meeting was held at the new North Campus facility in Redwood City.. This site, which was purchased by SHC in December 2005, will be a major ambulatory facility. A number of the School's clinical departments (including Orthopedics, Dermatology, the Pain Clinic, Spine Program and an Imaging Center) will move to the North Campus when renovations are completed in 2008. This will be a wonderful site for patient care and will represent a new paradigm for the School and SHC as we strive to deliver outstanding clinical services at both the Medical Center and this new and exciting North Campus facility.

### **Judith Cain Appointed Assistant Dean for Academic Affairs.**

I am pleased to announce the appointment of Ms. Judith Cain as Assistant Dean for Academic Affairs. Ms. Cain will work with Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, to develop School policy and practices that support and promote our increasingly complex faculty and organizational structure. Of overarching significance in this area are the appointment and promotion process and the support of faculty career development. Judith joins our School's senior management team and, among many other projects, will be working on the implementation of the recommendations of the Appointments and Promotions Task Force, including the development of FastFac, a web-based system designed to improve the speed of long form assembly and review that was recommended by the task force chaired by Dr. Rob Jackler.

Judith comes to the SOM after serving the Deans of the School of Humanities and Sciences since 1990. For the last three years, she was Senior Advisor for Faculty Affairs and from 1995-2003, she served as Assistant Dean for Faculty Affairs. Judith brings a wealth of experience to the Office of Academic Affairs and a reputation for being a trusted advisor and colleague to Deans, Chairs, faculty and staff alike.

Congratulations and welcome Judith!

### **Awards and Honors**

**Karl Blume**, Professor of Medicine, Emeritus, has received the Lifetime Achievement Award from the American Society of Blood and Marrow Transplantation. This is their highest honor, and we congratulate Dr. Blume!

**Sarah Donaldson**, the Catharine and Howard Avery Professor of Radiation Oncology, was recently elected to the Board of Directors for the Radiological Society of Northern America (RSNA), the world's largest radiology professional society. In the role as liaison-designate for science, Donaldson will be able to participate in the research component of the annual scientific program, work with the Research & Education Foundation and help formulate the research and development, along with the scientific direction of the Society. Congratulations to Dr. Donaldson!

**Robert Negrin**, Professor of Medicine (Bone Marrow Transplantation), has been recently instated as the President of the American Society of Blood and Marrow Transplantation Society at their annual meeting in Honolulu, Hawaii. Congratulations to Dr. Negrin!

Medical student **Sepideh Saber** has been awarded a 2006 Carolyn L. Kuckein Student Research Fellowship by the Alpha Omega Alpha Honor Medical Society. The Fellowship will support her research on "Progenitor cell dysfunction and impaired vasculogenesis in diabetic complications." Congratulations, Sepideh!

**John D. Scandling**, Professor of Medicine (Nephrology), received the National Kidney Foundation of Northern California's highest honor, the Champion of Hope Award, for his contributions to that organization, including Chairmanship of the Medical Advisory Board and to the care of patients with kidney disease. This is the fourth consecutive year the Kidney Transplant Service at Stanford has ranked first in the nation. Congratulations, Dr. Scandling!