

## Dean's Newsletter

### October 8, 2007

#### *Table of Contents*

- Should the Medical Student Curriculum Be a Flexible Five?
- What You Can Do about SCHIP
- Big Steps Forward for Stem Cells and California
- New Policy on Faculty Searches
- NIH and the Continuing Resolution
- Time to Register for Epic Training
- Stanford Clinical Trials Registry
- Faculty Fellows Program
- Recent Events
  - Opening of the Immune Monitoring Center
  - Welcome Breakfast for New Faculty
  - Visit from Shantou University School of Medicine
  - Digestive Disease Center Annual Retreat
  - Center of Excellence
- Upcoming Events
  - The Jonathan King Lecture, Wednesday, October 10<sup>th</sup>
  - Music and Medicine, Tuesday, October 30<sup>th</sup>
- Awards and Honors
- Appointments and Promotions

#### **Should the Medical Student Curriculum be a Flexible Five?**

When the School of Medicine moved from San Francisco to the Stanford University campus in 1959, a new program for medical student education called the “*Five Year Plan*” was launched. Students were accepted to the medical school with the expectation that they would spend five years in a flexible blend of course work, clinical rotations and research. Some entering students who had not yet completed their undergraduate degrees were able to take courses in other parts of the university along with their medical school curriculum. Within a short time the Stanford University School of Medicine became distinguished as a center for education and training for aspiring physician-scientists. The education programs were seen as unique, and generations of outstanding academic leaders were trained, many of whom are still in leadership positions in academic medical centers across the nation. Over the years the program morphed into a “flexible curriculum” and the “Five Year Plan” lapsed even though a majority of Stanford students spent more than four years completing their MD degrees – a pattern that continues today.

In the Fall of 2003 we launched the *New Stanford Curriculum*. It features a blending of basic science and clinical medicine into a more streamlined and optimized course sequence consisting of Foundations of Medicine, Human Health and Disease and the Practice of Medicine, plus a set of “[Scholarly Concentrations](#)” that include didactics,

mentoring and research. When the curriculum was being revised we had considerable discussion about whether to reinstate a required five-year program but decided to continue it as a four- to -five -year (or longer) course of study and research. In retaining the option to complete the MD degree in four years we were acutely aware that accomplishing a “Scholarly Concentration” of value and significance would be difficult in four years. Now that four years have passed since the initiation of the *New Stanford Curriculum* it is time to reconsider whether we are on the right path or whether we should move more intently to a required five-year program.

Because this is an important issue with many ramifications and consequences, I am interested in soliciting comments and feedback from you about your thoughts and recommendations. I have broached this important topic with groups of students and, at our Executive Committee on Friday, October 5<sup>th</sup>, I asked Dr. Charles Prober, Senior Associate Dean for Medical Student Education, to lead a discussion on it. As background, Dr. Prober reported that more than 70% of students pursuing an MD degree (exclusive of MD-PhD graduates) spend 5 years at Stanford before graduation. On average, students spending five years were more likely to receive research grants than those who completed their MD in four years (83% vs. 66% respectively) and had more publications (53% vs. 22%). But these are best seen as trends only since the data are limited and not rigorously analyzed.

There is no question that our shared goal is to provide the very best education we can for our students. And for those pursuing an MD degree there should be no doubt that we have a unique focus and goal. We wish to train tomorrow’s leaders across the domains of medicine and science and, in doing so, to optimally utilize and engage the unique resources available at Stanford University. We are fortunate in having outstanding applicants, and the students who join our program are unique. Accordingly, we want our education programs to be flexible enough to accommodate the variegated backgrounds and goals of each student. Many enter with advanced degrees, others seek combined degrees once arriving at Stanford, and many others only begin formulating their future career trajectories during their initial years as medical students. Further, we are fully committed to seeking the most diversified student population possible, since we believe this enriches the overall educational experience and permits us to educate students who are multidimensional and who will serve a wide range of institutions and communities.

The question is whether our students can optimally achieve the educational goals and the opportunities available at Stanford in less than five years, given the importance of the Scholarly Concentration to their individual development. Currently students are pursuing a range of Scholarly Concentrations including: Bioengineering (29 students), Biomedical Informatics (6 students), Biomedical Ethics & Humanities (26 students), Clinical Research (44 students), Community Health (41 students), Health Services & Policy (12 students), Molecular Basis of Medicine (30 students) and Independent Study (3 students). In addition, a number of students are also exploring their Scholarly Concentration in defined applications including: Cardiovascular/Pulmonary (19 students), Immunology (14 students), Neuroscience (17 students) and Women’s Health (12 students). While there is no doubt that our medical students are highly talented, the issue

is whether they can gather in-depth experience in their Scholarly Concentrations while still fulfilling all the other requirements for an MD degree.

A range of opinions, reflections and recommendations came forth in the discussion at the Executive Committee about whether we should have a mandatory five-year MD program at Stanford. The distillate of that dialogue is that we should have a “Flexible Five Year Program.” That is, we should make it clear that we believe that to optimally benefit from the Stanford experience, medical students should ideally plan to spend five years. Of course this is exclusive of those pursuing an MD-PhD, who by definition will spend more than five years. That said, we fully recognize that a required five years would not be appropriate for some students, and thus we would prefer to consider our MD program as a Flexible Five Year Program. For example, a number of students may have already done an advanced degree or have had considerable prior research experience and may be eager to begin their future careers. Others may find that their individual goals are better satisfied with four years of study – even though this will not permit optimization of their overall experience. Importantly, our discussion brought forth concern that a mandatory five year program might discourage highly talented students from applying to Stanford simply because they hadn’t yet had the opportunity to define their future career paths. Most notably there was concern that a mandatory five-year program could negatively impact on the broad diversity our medical student body.

Given these important considerations, I would like to frame our current views as supportive of a *Flexible Five Year Program*. In such a program we would encourage most students to take a full five years of study (or more if necessary) and we would work out the funding accordingly. However, we would be flexible for students for whom five years is either unnecessary or incompatible with their needs and goals. I am interested in your thoughts about this issue as well.

## **What You Can Do About SCHIP**

On October 3<sup>rd</sup>, as many of you know, the President vetoed the SCHIP bill (State Children’s Health Insurance Program), which had achieved broad support from Congress. In doing so he drew a line in the sand on whether medical care should be privately or publicly funded. Sadly the line was drawn over children, most lacking health care insurance, whose voices will not be heard but whose lives may be adversely impacted. Some 10 million children would benefit from SCHIP, a program that has achieved considerable success since it was instituted in 1997 and that has wide bi-partisan support in Congress as well as among state governors.

Two issues are at the heart of the veto: first, the view that SCHIP represents an expansion of government supported medical care compared to privately run health care and second, the fact that it would be funded in part by a tax increase on cigarettes. Clearly these frame the larger debate on health care that is currently drawing national attention, due largely to the increasing costs of health care and the perceived need to reform the health care system. But the routes to reform are excessively driven by powerful constituencies. These include: the insurance, pharmaceutical and device industries; hospital associations and medical professional groups; political leaders;

industries for whom the burden of health care costs have become increasingly onerous; citizens for whom health insurance is unaffordable or inadequate; and a public that has not fully come to terms with the true costs for the care they receive and that has expectations that may not always be compatible with either good or affordable medical care. These forces will shape the health care debate that will surely unfold during the upcoming presidential elections and that will figure prominently in the domestic agenda of the next administration.

Any health care reform in the USA will require compromise and is likely to be incremental – even though major revisions are needed. All that said, is it appropriate to take a position that compromises some 10 million children when the child health bill the President vetoed was approved in the Senate by 67 to 29 and in the House by 265 to 159? While there are sufficient votes in the Senate to override the veto, this is not the case in the House of Representatives – where approximately 15 votes are needed. Regardless of where one falls on the health care debate, from my personal point of view it is not appropriate to act on one’s views in a way that compromises children. This view was well expressed by the medical and resident staff at Stanford and at the Lucile Packard Children’s Hospital in a rally that was led by Dr. Lisa Chamberlain, Assistant Professor of Pediatrics, and that has helped to organize pediatricians and children’s hospitals across the nation (see: <http://news-service.stanford.edu/news/2007/october3/med-schip-100307.html>) under the banner of “Stand Up for Children.”

You can help make your voice heard to Members of Congress on behalf of children who cannot do so. If you wish to do and desire more information on SCHIP you can find it at <http://www.childrenshospitals.net/nach/schip>. If you are willing to write your Member of Congress you can do so by going to: <http://capwiz.com/nach/issues/alert/?alertid=10383886&type=CO> . Under action alert enter your ZIP code (for students and those who have out of state residences, use that address) and then send a personalized message. It will just take a couple of minutes and it can make a big difference in assuring that you are heard – both on behalf of yourself and our nation’s children.

## **Big Steps Forward for Stem Cells and California**

This past week featured some giant steps for stem cell research in California. On October 2<sup>nd</sup>, State Treasurer Bill Lockyer called for individuals to participate in the \$250 million dollar bond sale approved by California voters in November 2004 under the California Stem Cell Research and Cures Act, or Proposition 71. As you know, the implementation of Prop 71 was held up by legal challenges that were, thankfully, dismissed this summer. With that, the California Institute for Regenerative Medicine (CIRM) is set to become the world leader in supporting and fostering stem cell research. If you are interested in buying stem cell bonds you can get additional information at [www.buycaliforniabonds.com](http://www.buycaliforniabonds.com).

The issue of the bonds and the recent selection of Dr. Alan Trounson as the new president of CIRM helped make the October 5<sup>th</sup> meeting of the Independent Citizens

Oversight Committee (ICOC), the 29 member board on which I have served since its inauguration nearly three years ago, a more ebullient event. The ICOC has worked diligently to create and develop the infrastructure to support the highest quality stem cell research possible. Thanks to interim funding from bond anticipation notes and advanced support from the Governor, the ICOC has already funded 136 training and research grants to institutions throughout California – and for which Stanford has competed in a highly successful manner. With the issuance of the bonds, new grant programs are forthcoming, including ones for the development of new pluripotent human stem cell lines as well as for support of multi-disciplinary teams of scientists in pursuit of therapies for specific diseases. CIRM will begin soliciting applications for planning grants later this fall. If you are interested, information is available at [http://www.cirm.ca.gov/meetings/pdf/2007/100307\\_item\\_9.pdf](http://www.cirm.ca.gov/meetings/pdf/2007/100307_item_9.pdf). The intent of the planning grants is “to provide relatively modest sums to scientists who will enlist team members to help prepare research and management plans for major, long-term grants for translational research leading to clinical trials” (see [http://www.cirm.ca.gov/meetings/pdf/2007/100307\\_item\\_8.pdf](http://www.cirm.ca.gov/meetings/pdf/2007/100307_item_8.pdf)). The much larger disease grants will be funded in late 2008. In addition to these important new grant programs, major facilities construction grants are currently being prepared by institutions, including Stanford, and will be reviewed early next year.

Clearly stem cell research is moving forward on multiple fronts, making this an exciting and important time for California – and as a consequence for the nation.

## **New Policy on Faculty Searches**

Perhaps the most important activity we conduct to enrich and renew the excellence of our faculty is to select them through rigorous and thoughtful search processes. This past year Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, chaired a Task Force on Faculty Searches that examined a number of important issues related to the faculty search process. It recommended that the Office of Academic Affairs develop a single, comprehensive document that would include School and University policies and processes relating to faculty searches; guidelines on search committee membership and responsibilities; best practices in the areas of advertising, outreach and networking activities; findings regarding unconscious bias; and current data on faculty demographics.

Based on that, a new issued [Guide to Faculty Searches](#) is now available online. Among the important changes are guidelines on reducing the length of the search process and on the composition of the committee. To further assure that searches yield the greatest degree of diversity, departments are encouraged to name one member of the search committee as the diversity officer. The overarching goals of the new Guide are to assure that searches:

- are conducted with integrity and transparency
- are thorough and comprehensive
- use all resources available to ensure and maintain a diverse candidate pool
- move expeditiously and systematically
- respect confidentiality

- provide candidates with access to information
- leave all involved with a sense of fairness
- provide the requisite information and administrative flexibility to enable a final decision by the department and a smooth appointment process
- result in the recruitment of an outstanding candidate who will flourish as a member of the Stanford Community and bring distinction to the School and University.

I am grateful to Dr. Stevenson and to Assistant Dean Judith Cain for their efforts as well as to all those who provided input on the format and content of the *Guide to Faculty Searches*. I encourage you to share your ideas with us about how we can make it the best possible resource for your search and recruitment activities. If you have any questions or comments feel free to direct them to Assistant Dean Cain at [jpcain@stanford.edu](mailto:jpcain@stanford.edu).

### **NIH and the Continuing Resolution**

I want to bring to your attention to the notice just published by the National Institutes of Health (NIH) that details how non-competing grants will be treated under the current continuing resolution. At this time Congress has yet to clear any of the fiscal year 2008 appropriation bills and accordingly agencies have been working under a continuing resolution (CR) since October 1st, the start of the federal government's fiscal year. The current continuing resolution is set to expire on November 16th. As it did in FY 2006 and 2007, NIH announced it will fund most non-competing awards at 80 percent of previously committed levels while it operates under the CR. When NIH receives its appropriation for fiscal year 2008, these awards will be adjusted. In FY 2007, once the final appropriations bill was enacted, NIH funded non-competing awards at an average of 97.1 percent of previous committed levels (or 2.9 percent below committed levels). If you are interested, the details of the NIH announcement are available at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-001.html>.

### **Time to Register for Epic Training**

On March 1, 2008, Stanford Hospital & Clinics will be going live with the new CIS-Epic electronic health record. All faculty and physicians are required to receive Epic training prior to that time. To register, go to <http://sumlms.stanfordmed.org/sumtotal> and follow the instruction to log into the LMS and complete the short tutorial. Your username is your dictation number. Your initial password is your *last name* – you will be prompted to change it when you log in for the first time. If you need help registering for LMS, stop by the registration kiosk in the SHC cafeteria on Mondays, Wednesdays, and Fridays anytime between 7 a.m. and 3 p.m. Learning Services staff members will be there to assist you. If you need a personal appointment or have a question, e-mail them at [CISLearningServices@stanfordmed.org](mailto:CISLearningServices@stanfordmed.org).

I strongly encourage you to begin your training early. It will be a problem if you

wait until the last minute – and if you haven't registered by February 29, 2008 you will not be able to practice medicine at SHC. Thank you for your cooperation.

## **Stanford Clinical Trials Registry**

Beginning Friday, November 9, 2007 all clinical trials conducted at Stanford and affiliated facilities must be registered in a single, comprehensive and publicly accessible database, the [Stanford Clinical Trials Web Site](#). The web site, developed and hosted by the School's Office of Information Resources and Technology (IRT), will be used to gather descriptive information about our trials for publication on other Stanford web sites and for automatic uploading to the [NIH-operated site](#)

This web site will provide appropriate, real-time descriptive information about all clinical trials conducted at Stanford, thus serving as a convenient central resource for investigators, research personnel, administrators, sponsors, study subjects, and the general public. This will include all trials where Stanford is the lead sponsor.

The following information regarding the Stanford Clinical Trials Web Site has been issued by the Stanford Packard Center for Translational Medicine (SPCTRM):

### **Why is this needed?**

Ever increasingly the web is used by patients and referring physicians as the primary mechanism to learn about clinical trials. To date, finding comprehensive information about studies at Stanford has been extremely difficult. By providing a single, easy to use web site with information about all trials at Stanford, this system will provide a means for the public to more easily discover our studies.

In addition, in 2005, the International Committee of Medical Journal Editors (ICMJE) initiated a policy requiring investigators to deposit information about trial design into an accepted clinical trials registry before the onset of patient enrollment. This policy aimed to ensure that information about the existence and design of clinically directive trials was publicly available. Response to the policy has been overwhelming with over 40,000 trials registered by April 2007 and with more than 200 new trial registrations now occurring each week. But as [clinicaltrials.gov](#) has grown, its utility as a means of disseminating information about clinical trials being conducted at Stanford has waned; thus the need for a comprehensive, Stanford-specific clinical trials database.

### **Which studies must be registered?**

In accordance with the policies of the ICMJE, Stanford requires registration of any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related

measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Those who are uncertain whether their trial meets this definition should err on the side of registration. After November 9, investigators must be able to affirm that a qualifying trial has been registered prior to enrolling any patients. In addition, failure to register qualifying trials prior to patient enrollment makes that study ineligible for publication in an ICJME journal (e.g., *Annals Internal Med*, the *Lancet*, *JAMA*, *NEJM*, and many others).

ALL new clinical trials meeting the ICMJE definition above, including Phase I trials, must be registered. As preparation for the public launch on November 9, SPCTRM and IRT have pre-loaded into [clinicaltrials.stanford.edu](http://clinicaltrials.stanford.edu) all Stanford trials that currently exist on [clinicaltrials.gov](http://clinicaltrials.gov), so there will be no need to re-register those studies. However, between October 18 and November 9, investigators and coordinators whose trials are not cancer studies should login to [clinicaltrials.stanford.edu](http://clinicaltrials.stanford.edu) to verify the accuracy of the information and provide any missing data. Detailed instructions will be provided at the October 18, 2007 workshop (see below) and are available from SPCTRM. [Please note that the Cancer Clinical Trials Office will continue to perform all web site-related tasks for all cancer studies.]

#### **What this means for you:**

- o The ability to simultaneously publish trials in a centralized directory available from the School's home page and on any Departmental/Divisional School of Medicine web site.
- o Added recruitment value for potential research participants and investigators.
- o One-stop entry for both [clinicaltrials.stanford.edu](http://clinicaltrials.stanford.edu) and [clinicaltrials.gov](http://clinicaltrials.gov)
- o Greater visibility for both internal and external viewing of clinical research being conducted at Stanford.

#### **How to Learn More:**

Attend one of the two Training Presentations that will be held on the following dates:

- o *Friday, October 12, 2007, 12-1:30pm in CC2103-2105:* This program is only for those with cancer studies.
- o *Thursday, October 18, 2007, 12-1:30 pm in the Clark Center Auditorium:* This program is for investigators, coordinators and administrators whose studies **do not** involve cancer research.

#### **Who Can Help?**

The SPCTRM office will be the primary administrator to facilitate this process. Please contact Linda Walker at 498-7425 or [linda.walker@stanford.edu](mailto:linda.walker@stanford.edu) with any questions about trials that do not involve cancer research.

The Cancer Clinical Trials Office (CCTO) is providing registration services for all cancer trials. For questions or assistance on cancer study registration, contact Ellen DiNucci, CCTO Recruitment Specialist at 725-2839 or [edinucci@stanford.edu](mailto:edinucci@stanford.edu).

## **Faculty Fellows Program**

Dr. Hannah Valentine, Senior Associate Dean of the Office of Diversity and Leadership, has announced the launch of the 2008 School of Medicine *Faculty Fellows Program*. Now commencing its third year, this extraordinarily successful program will welcome a select group of Assistant and Associate Professors as Faculty Fellows for the 2007-08 academic year. The purpose of the Faculty Fellows program is to identify and develop a diverse group of junior faculty who have the potential to become our future leaders.

During the year-long program, Fellows will attend a monthly dinner with key University leaders such as President John Hennessey and Dean Philip Pizzo. Fellows will engage in discussion with these individuals about leadership philosophy, strategy and style—"Personal Leadership Lessons." Fellows will interact in discussion with colleagues and explore their own ideas on how to address leadership challenges as their careers develop. On a monthly basis they will also meet in small groups with a senior Professor, who will be their mentor. They will be guided in a Development Planning process to engage with their own division chiefs or department chairs in crafting and executing a personal career development plan.

We invite all Department Chairs or Chiefs to submit nominations. If you are interested in being nominated for this opportunity, ask your Department Chair or Chief or Dr. Hannah Valentine to nominate you.

Nominees should be Assistant or Associate Professors who have demonstrated interest in and potential for leadership roles in the School of Medicine. They should be respected by their colleagues and should have demonstrated an ability to influence others. In addition, they should be advocates for change and for increasing the diversity of the School of Medicine. They should have demonstrated the ability to think strategically and systemically, and should be interested in taking on leadership roles in the future. Fellows are expected to attend all dinner meetings and mentoring group meetings.

You may obtain a nomination form by contacting Jennifer Scanlin at [jscanlin@stanford.edu](mailto:jscanlin@stanford.edu) or at 5-0052. Nominations are due by November 21, 2007. The new Fellows class will be announced in January, 2008 and will begin meeting in February.

## **Recent Events**

- ***Opening of the Immune Monitoring Center:*** On Wednesday September 26<sup>th</sup>, we celebrated the official opening of the [Stanford Human Immune Monitoring Center](#), an innovative and important resource being provided by the Stanford Institute for Immunity, Transplantation and Infection. The Center has been made possible by a generous gift from the HEDCO Foundation along with the Sidney E. Frank Foundation and the Russell Family Foundation. It will provide a broad array of immunological, genomic and other studies as a means of characterizing the plethora of human diseases that may have a primary or secondary immune component or dysfunction. The original concept for the center was stimulated by Dr. Gary Fathman, Professor of Medicine and has been supported by Dr. Mark Davis, Director of ITI and the Burt and Marion Avery Professor of Microbiology and Immunology. Dr. David Hirschberg serves as the Director of the Center.
- ***Welcome Breakfast for New Faculty:*** On September 24<sup>th</sup> I joined Drs. David Stevenson and Hannah Valentine in welcoming faculty who have joined the School of Medicine during the past year. This served as an opportunity for new faculty to meet each other and learn more about the Stanford community. In welcoming them I encouraged each of them to embrace and utilize the resources available across this incredible university. I also encouraged them to focus on the big issues and questions that could be transformative – and that could help to transform Stanford and our community, locally and globally.
- ***Visit from Shantou University School of Medicine.*** On October 1<sup>st</sup> and 2<sup>nd</sup> we hosted a delegation led by the Provost and Dean from the Shantou University and its School of Medicine in China, along with senior representatives of the Li Kai-Shing Foundation. This provided an opportunity to share our efforts in medical and graduate student education as well as interdisciplinary research in medicine and bioengineering. It was an extremely fruitful exchange and I am particularly grateful to Alan Yeung, Professor of Medicine, who has played an important role in our interactions with Shantou University and the Foundation. We each learned a lot from the other. I also want to thank the faculty and students from Stanford who contributed their valuable time to make this visit so successful.
- ***Digestive Disease Center Annual Retreat.*** On Saturday September 29<sup>th</sup>, Dr. Harry Greenberg, Senior Associate Dean for Research and Training and Professor of Medicine, hosted the annual Digestive Disease Center Retreat. Held in the Clark Center Auditorium, the Retreat brought leading faculty and trainees from around the nation to an excellent scientific exchange. Part of the program consisted of presentations by the 2007 DDC Pilot Awardees, including Dr. Ting-Ting Huang, Assistant Professor of Neurology and Neurological Sciences, Dr. Rajat Rohatgi, Postdoctoral Fellow, Department of Medicine (Oncology) and Dr. Steve Galli, Professor and Chair of the Department of Pathology.
- ***The Center of Excellence,*** which has played an important role in helping to foster diversity through programs in education, mentoring and community service, gathered to thank the faculty and students who have made such important

contributions during the past year(s). While the federal government has unfortunately canceled the funding for this program, its leaders will seek ways to continue its important efforts at Stanford. Dr. Fernando Mendoza along with Drs. Ron Garcia and Gabe Garcia, among others, played pivotal and important roles in making the Stanford COE so successful over the years, and I am very appreciative of their efforts.

## Upcoming Events

Dr. Audrey Shafer asked me to alert you to two important upcoming events:

*The Jonathan King Lecture will be given by Arthur Caplan, PhD* from the University of Pennsylvania on Wednesday October 10<sup>th</sup> at 5 pm in the Clark Center Auditorium. The title of Dr. Caplan's presentation will be ["Show No Mercy? The Ethics of Access to Experimental and Novel Treatments."](#)

*Music and Medicine: An Interactive Concert and Lecture by Robert Kapilow and the St. Lawrence String Quartet* entitled ["From Sickness to Health: Narrative in Beethoven's Heiliger Dankgesang"](#) will be held in the Clark Center Auditorium on Tuesday October 30<sup>th</sup> at 6 pm.

## Awards and Honors

- The Institute for Health Policy Studies in conjunction with the Office of the Chancellor and Dean at UCSF held a Symposium to celebrate the 35<sup>th</sup> anniversary of the Center and to honor **Dr. Philip Lee** for his remarkable career and extraordinary contributions in medical education and health policy during his distinguished leadership positions at UCSF and in the federal government. Dr. Lee has also been an important teacher in Human Biology and is one of the most important figures in American Medicine. I was pleased to witness part of his wonderful and well-deserved celebration.
- **Dr. Oscar Salvatierra, Jr.**, Professor of Surgery and Pediatrics, Active Emeritus and Advising Dean for the School of Medicine, will be honored as the 2007 recipient of the Albion Walter Hewlett Award at Medical Grand Rounds on Wednesday, October 17<sup>th</sup> in the Braun Auditorium. The Hispanic Business Magazine ranked Stanford as the second best medical school in the nation (behind UT Southwestern Medical Center) for educating and training Hispanics.
- **Dr. P. Joanne Cornbleet**, Associate Professor Emeritus in the Department of Pathology, is one of six individuals who were honored on October 1<sup>st</sup> with the 2007 College of American Pathologists Lifetime Achievement Award.
- **Dr. James F. Fries**, Professor of Medicine has been named a 2007 Honorary Fellow in the Society for Public Health Education in celebration of his lifetime contributions in public health and health education.

Congratulations to all!

## **Appointments and Promotions**

- **Janelle Aby** has been promoted to Clinical Associate Professor (Pediatrics), effective 10/1/07.
- **Fred Ackroyd** has been appointed to Clinical Professor (Affiliated) (Surgery), effective 9/1/07.
- **Manuel R. Amieva** has been reappointed to Assistant Professor of Pediatrics and of Microbiology & Immunology, effective 10/1/07.
- **Joanna Badger** has been reappointed to Clinical Assistant Professor (Dermatology), effective 10/1/07.
- **Stephen Baccus** has been reappointed to Assistant Professor of Neurobiology, effective 10/1/07.
- **Andrea Cervenka** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 11/1/07.
- **Alan G. Cheng** has been appointed to Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 10/1/07.
- **Glenn Chertow** has been appointed to Professor of Medicine (Nephrology), effective 10/1/07.
- **K.S. (Casey) Crump** has been appointed to Clinical Assistant Professor (Medicine), effective 10/1/07.
- **Corinna Darian-Smith** has been promoted to Associate Professor of Comparative Medicine, effective 10/1/07.
- **Glen R. Elliott** has been appointed to Clinical Professor (Affiliated) (Psychiatry and Behavioral Sciences), effective 10/1/07.
- **Neal B. Frager** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Edward E. Graves** has been reappointed to Assistant Professor of Radiation Oncology, effective 11/1/07.
- **Peter Gregor** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.
- **Liliana Hamlett** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Shoshana Helman** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.
- **Bradley Hill** has been reappointed to Clinical Assistant Professor (Affiliated) (Surgery), effective 10/1/07.

- ***Ting-Ting Huang*** has been reappointed to Assistant Professor (Research) of Neurology and Neurological Sciences, effective 10/1/07.
- ***Michele Hugin*** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- ***Evaleen Jones*** has been promoted to Clinical Associate Professor (Medicine), effective 9/1/07.
- ***Kathleen Kenny*** has been reappointed to Clinical Assistant Professor (Medicine), effective 9/1/07.
- ***Calvin Kuo*** has been promoted to Associate Professor of Medicine (Hematology) effective 11/1/07.
- ***Lawrence Kwan*** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 8/1/07.
- ***Peter Lee*** has been reappointed to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.
- ***Laura McClellan*** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- ***Bohdan Makarewycz*** has been appointed to Clinical Assistant Professor (Affiliated) (Otolaryngology - Head and Neck Surgery), effective 9/1/07.
- ***Yvonne A. Maldonado***, has been promoted to Professor of Pediatrics (Infectious Diseases), effective 10/1/07.
- ***David B. Miklos*** has been reappointed to Assistant Professor of Medicine (Blood & Marrow Transplantation and Immunology & Rheumatology), effective 10/1/07.
- ***Ahn T. Nguyen*** has been promoted to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- ***Lily Nguyen*** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- ***Song L. Nguyen*** has been promoted to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- ***Mark R. Nicolls*** has been appointed to Associate Professor of Medicine (Pulmonary & Critical Care Medicine and Immunology & Rheumatology), effective 9/1/07.
- ***Seiji Nishino*** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/1/07.
- ***Ruth O'Hara*** has been promoted to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 10/1/07.
- ***Dushyant Oza*** has been reappointed to Clinical Assistant Professor (Pediatrics), effective 9/1/07.
- ***Pankaj J. Pasricha***, has been appointed to Professor of Medicine (Gastroenterology & Hepatology), effective 10/1/07.

- **Thomas N. Robinson**, has been promoted to Professor of Pediatrics (General Pediatrics) and of Medicine (Stanford Prevention Research Center), effective 10/1/07.
- **Julien Sage** has been reappointed to Assistant Professor of Pediatrics (Cancer Biology) and of Genetics, effective 11/1/07.
- **Vanila Singh** has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/1/07.
- **Mamta Thukral** has been promoted to Clinical Assistant Professor (Anesthesia), effective 9/1/07.
- **Michelle Young** has been reappointed to Clinical Assistant Professor (Affiliated) (Obstetrics and Gynecology), effective 9/1/07.
- **Nancy Yuan** has been promoted to Clinical Associate Professor (Pediatrics), effective 8/1/07.
- **Maria Zelenko** has been promoted to Clinical Assistant Professor (Affiliated) (Psychiatry and Behavioral Sciences), effective 10/1/07.
- **Gary Zhao** has been promoted to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/1/07.