Dean's Newsletter
March 21, 2011

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The 2011 Stanford University School of Medicine Match Results

Milestone events can be transformative. Life choice milestone events are usually carefully weighed and calibrated, and most of us balance the pros and cons of each choice. In medical education and training one milestone event stands in contrast – the Annual National Residency Match. While students in the Match in this and other countries will have individually weighed their choices, preferences and even dreams as they constructed and then submitted their personal "match list" in February, they all found out on March 17th at exactly the same time (calibrated to the same moment around the country and around the world) which residency program they matched to – and where they will begin the next phase of their training in June and July. The Match has been in place since 1952, originally at the request of medical students, and is the result of a computerized mathematical algorithm that aligns the preferences of the applicants with the preferences of residency programs at US teaching hospitals – to create "the Match."

Across the US, the 2011 Match offered 23,421 first year and 2,737 second year residency program positions – 95% of which were filled. Those taking the positions include graduates of US allopathic and osteopathic medical schools as well as "off-shore" and international schools. Overall 30,589 individuals applied to the 2011 Residency Match. Slightly more than 94% of graduates of US medical schools matched to a first year residency program (the total being just over 15,558), and 81% of these students matched to one of their top three choices.

At Stanford 91 students participated in the Match, and I have included the results below for those who have given permission to share the news publicly. From our perspective, the outcome of this year's Match was wonderfully successful. Overall, 86% received one of their top three choices (a patterns that has been similar in past years). Approximately 30 of the students will be staying at Stanford for their residency, 9 will

move slightly north to UCSF and 8 will make the sojourn to one of the Harvard teaching hospitals. While students will relocate to some 14 states, nearly 80% will be in California, Massachusetts, New York, Washington or Maryland – with the vast majority staying in California.

On a national level, recent trends for specialty selections have continued, with dermatology, orthopaedic surgery, otolaryngology, plastic surgery, radiation oncology, thoracic surgery and vascular surgery being among the most competitive fields. For the sixth year in a row the number of seniors pursuing emergency medicine increased, this year by 7%.

For our 91 Stanford students, the most frequent choices for residency are Internal Medicine (21 students), Radiology (10 students), Emergency Medicine (8 students) and Anesthesia (7 students). But as you can see from the list that follows, our students have chosen a wide variety of medical specialties to pursue in the next phase of their careers.

Stanford students are also distinguished by the fact that many pursue training and research opportunities in addition to an MD degree and thus spend more than the 4 traditional years in medical school. This year 59% of our graduating students have spent 5 or more years at Stanford.

Stanford University School of Medicine
2011 Residency Match Results

Banka, Gaurav	UCLA Medical Center-CA	Internal Medicine
Bennett, Frederick Christian	Stanford Univ Progs-CA	Psychiatry
Berbee, James Gerard	U Wisconsin Hospital and Clinics	Emergency Medicine
Bisinger, Alexa Dorothea	UC San Francisco-CA	Emergency Medicine
Bokoch, Michael Paul	UC San Francisco-CA	Anesthesiology/Research
Brennan-Krohn, Thea Charlotte	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Caceres, Wendy	Stanford Univ Progs-CA	Internal Medicine
Carter, John Carl	U Washington Affil Hosps	Pediatrics-Preliminary
	U Washington Seattle-WA	Child Neurology
Castillo, Tiffany Nicole	Stanford Univ Progs-CA	Orthopaedic Surgery
Chan, Keith Ted	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	U Washington Affil Hosps	Radiology-Diagnostic
Chan, Lauren Shui-Sum	CA Pacific Med Center	Medicine-Preliminary

	Stanford Univ Progs-CA	Radiology-Diagnostic
Chang, Christine Ning	Santa Clara Valley Med Ctr-CA	Transitional
	Kaiser Permanente-Los Angeles-CA	Radiation-Oncology
Chang, Pearl Wen	Stanford Univ Progs-CA	Pediatrics
Chao, Christina Ka-Lei	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Chao, Mark Ping	Stanford Univ Progs-CA	Internal Medicine
Charalel, Resmi Ann	NY Hosp Med Ctr Queens	Medicine-Preliminary
	NYP Hosp-Weill Cornell Med Ctr-NY	Radiology-Diagnostic
Chen, Qian Cece	Barnes-Jewish Hosp-MO	Anesthesiology/4 yr
Craig, David Austin	Stanford Univ Progs-CA	Emergency Medicine
Frost, Alana May	Stanford Univ Progs-CA	Pathology
Fu, Teresa	Santa Clara Valley Med Ctr-CA	Transitional
	Stanford Univ Progs-CA	Dermatology
Galvez, Michael Gabriel	Stanford Univ Progs-CA	Plastic Surgery (Integrated)
Green, Gary Michael	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Gupta, Gaurav	NYP Hosp-Columbia Univ Med Ctr-NY	Neurological Surgery
Gyang, Elsie Ruth	Stanford Univ Progs-CA	Vascular Surgery
Hjorten, Rebecca Clarice	Einstein/Montefiore Med Ctr-NY	Pediatrics
Hong, Jennifer	Dartmouth-Hitchcock Med Ctr-NH	Neurological Surgery
Jones, Sha-Nita Evelyn	Loma Linda University-CA	Emergency Medicine
Klassen, R. Bryan Scott	UC San Francisco-CA	Anesthesiology
Knowles, Juliet Klasing	Stanford Univ Progs-CA	Pediatrics
	Stanford Univ Progs-CA	Child Neurology
Kumarasamy, Narmadan A.	Hosp of St Raphael-CT	Transitional
	Einstein/Montefiore Med Ctr-NY	Radiology-Diagnostic
LaRochelle, Flynn Christine	Oregon Health & Science Univ	Obstetrics-Gynecology
Larson, Barrett Jon	Stanford Univ Progs-CA	Trans/Anes Santa Clara
	Stanford Univ Progs-CA	Anesthesiology
Liebert (Perinetti), Cara Ann	Stanford Univ Progs-CA	General Surgery

Lin, Patrick S.	UC Davis Med Ctr-CA	Internal Medicine
Llewellyn, Michael Alan	Santa Clara Valley Med Ctr-CA	Transitional
	Stanford Univ Progs-CA	Radiology-Diagnostic
Lonyai, Anna	Stanford Univ Progs-CA	Pediatrics
Ma, Gene Kew	Stanford Univ Progs-CA	Internal Medicine
Macleod, Liam Connor	U Washington Affil Hosps	Surg-Prelim/Urology
	U Washington Seattle-WA	Urology
Margeta, Milica	Stanford Univ Progs-CA	Medicine-Preliminary
	Duke Univ Med Ctr-NC	Ophthalmology
McCann, Kelly Elizabeth	Oregon Health & Science Univ	Internal Medicine
Miller, Jennifer Ann	Stanford Univ Progs-CA	Internal Medicine
Miller, Julie JoAnn	Stanford Univ Progs-CA	Medicine-Preliminary
	Massachusetts Gen Hosp	Neurology/MGH-BWH
Min, Hye Youn Elise	Brigham & Womens Hosp-MA	General Surgery
Minear, Steven Cassidy	UC San Francisco-CA	General Surgery
Murakami, Yohko	UC Irvine Med Ctr-CA	Medicine-Preliminary
	Univ So California-CA	Ophthalmology
Myung, David	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Ophthalmology
Nguyen, Annie Quoc-Thy	Santa Clara Valley Med Ctr-CA	Internal Medicine
Oh, David Yoonsuk	UC San Francisco-CA	Internal Medicine
Parikh, Victoria Nicole	UC San Francisco-CA	Internal Medicine
Patel, Nina Persotem	UC San Francisco-CA	Family Medicine
Penner, Rebecca Rakow	Santa Clara Valley Med Ctr-CA	Medicine-Preliminary
	UC San Diego Med Ctr-CA	Rad-Diag/Research
Pianko, Matthew James	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
Pickard, Sarah Stephens	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Ponnusamy, Karthikeyan E.	Johns Hopkins Hosp-MD	Orthopaedic Surgery
Prabhu, Malavika	U Washington Affil Hosps	Obstetrics-Gynecology
Raj, Kristin Sharmila	Stanford Univ Progs-CA	Psychiatry
Raman, Bhargav	Santa Clara Valley Med Ctr-CA	Transitional

	Santa Clara Valley Med Ctr-CA	Radiology-Diagnostic
Ricardo-Gonzalez, Roberto Rafael	Brigham & Womens Hosp-MA	Medicine-Preliminary
	UC San Francisco-CA	Derm-2+2/Scientists
Robinson, Makeda Lucretia	UC San Francisco-CA	Internal Medicine
Rolnick, Joshua Alexander	Stanford Univ Progs-CA	Internal Medicine
Rubin, Jamie Elyce	University of Hawaii	Transitional
	Massachusetts Gen Hosp	Anesthesiology PG 2-4
Sachdev, Sean	UC San Diego Med Ctr-CA	Medicine-Preliminary
	Northwestern McGaw/NMH/VA-IL	Radiation Oncology/4 yr
Sin, Jessica M.	Greenwich Hospital-CT	Medicine-Preliminary
	Stanford Univ Progs-CA	Radiology-Diagnostic
Smith, Kierann Elizabeth	Mid-Hudson Fam Health-NY	Family Medicine
Stack, Shobha Williamson	Stanford Univ Progs-CA	Internal Medicine
Stein, Mary Lynette	Stanford Univ Progs-CA	Pediatrics-Anesthesiology
Stern-Nezer, Sara Jessica	Santa Clara Valley Med Ctr-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Neurology
Stewart, Jessica Kelly	Harbor-UCLA Med Ctr-CA	Transitional
	Duke Univ Med Ctr-NC	Radiology-Diagnostic
Stewart, Leslie Anne	Hosp of the Univ of PA	Internal Medicine
Szabo, Katalin Anna	San Mateo Bhvrl Hlth & Recovery Svcs-CA	Psychiatry
Tan, Xiao	Beth Israel Deaconess Med Ctr-MA	Internal Medicine
Telleria, Jessica Jewel	U Washington Affil Hosps	Orthopaedic Surgery
Tieu, Meghan Minh Hien	Kaiser Permanente-Oakland-CA	Medicine-Preliminary
	Stanford Univ Progs-CA	Anesthesiology
Tom, Sabrina Marie	UCLA Medical Center-CA	Emergency Medicine
Trivedi, Amar Dinker	Northwestern McGaw/NMH/VA-IL	Internal Medicine
Troke, Joshua John	UCLA Medical Center-CA	Emergency Medicine
Tsai, Emily Bao	New York Univ-NY	Medicine-Preliminary
	UCLA Medical Center-CA	Radiology-Diagnostic

Van Arnam, John Simon	Kaiser Perm-Santa Clara-CA	Medicine-Preliminary
Velez, Mariel Marques	Stanford Univ Progs-CA	Med-Prelim/Neurology
	Stanford Univ Progs-CA	Neurology
Venteicher, Andrew Sean	Massachusetts Gen Hosp	Neurological Surgery
Vial, Ivan N.	UPMC Medical Education-PA	Plastic Surgery (Integrated)
Vorhies, John Schoeneman	Stanford Univ Progs-CA	Orthopaedic Surgery
Wang, Aaron S.	Riverside Methodist-OH	Transitional
	Johns Hopkins Hosp-MD	Ophthalmology
Webster, Jonathan Allen	Johns Hopkins Hosp-MD	Internal Medicine
Wei, Kevin Shao-Ang	Brigham & Womens Hosp-MA	Internal Medicine
Woodard, Gavitt Alida	UC San Francisco-CA	General Surgery
Zambricki, Elizabeth Anne	Stanford Univ Progs-CA	Otolaryngology

Of course Stanford teaching hospitals also host the Match for a diverse array of residency programs and attract outstanding students from across the nation – in addition to our own Stanford graduates. Reports from each of the programs indicate outstanding results – not only in the quality of the students who will be joining us in June and July but, importantly, in their diversity. This makes the results even more wonderful.

Changes Coming in Graduate Medical Education

Graduate Medical Education (GME), which includes residency and clinical fellowship training, is one of the most important learning experiences for doctors. It also helps differentiate medical school graduates into the complex array of primary and specialty care providers. Depending on the specialty, GME adds anywhere from a minimum of three years to upwards of 8-10 years of additional training beyond medical school. It is often viewed as one of the most intensive experiences of training in the life of a doctor, and it is a period filled with history and tradition as well as complex balance of service versus education. Over the years, the proportionality of many residency programs has shifted too strongly toward service obligations, with long hours of inpatient care coupled with often intense and not infrequently competing demands and expectations. Hospitals, training program directors, clinical faculty, resident and fellow trainees and students have quite different perceptions about GME. In addition, the perceived values of GME are confounded by the economics of healthcare delivery, the role that residents play in the care and management of complex patients and the amount of time devoted to their education and professional development.

Although the full extent of the changes in GME that are on the horizon is yet to be defined, it is clear that changes are coming, some quite fast. During the past decade, considerable focus has been placed on the consequences of medical errors related to sleep

deprivation – an issue linked to the historically long on-call schedules of residents. These have evolved over the years – from the every-other-night and sixty consecutive hour in-hospital on-call schedule that existed when I was in training (of course, now decades ago) to every third and then every fourth night of call. This changed dramatically in 2003 when the Accreditation Council for Graduate Medical Education (ACGME) mandated a maximum average of 80 hours per week for residents' work hours. While this began to change the schedule of training, an equally dramatic shift is about to unfold this summer with additional changes, many emanating from the 2008 Institute of Medicine (IOM) report on Resident Duty Hours: Enhancing Sleep, Supervision and Safety (http://iom.edu/Reports/2008/Resident-Duty-Hours-Enhancing-Sleep-Supervision-and-Safety.aspx).

While the IOM report was broadly debated, the ACGME has now issued its new approved duty hours, which become effective in July 2011 (see: http://www.acgme.org/acwebsite/dutyhours/dh_index.asp). Among the most dramatic of these is the new standard specifying that interns (first year residents) cannot work longer than 16 consecutive hours – making the traditional "overnight on-call" schedule obsolete. Residency programs across the nation – including at Stanford – are about to undergo major changes in how and where residents work and learn. Several of the models being proposed were discussed at the Medical School Faculty Senate on Wednesday March 16th; each has broad institutional and individual impacts and implications. While there is no question that these regulations must be followed, systems to assure effective "hand-offs" between multiple physician care providers (including residents, attending physicians and other care providers) constitute an important challenge that must be successfully met to assure patient care and safety. Coupled with this is the need to assess the impact of these changes on resident education – as well as the locus and types of care, service and education they will experience.

In tandem with the changes in resident duty hours are even bigger potential changes in the assessment and expectations for GME. These include the balance of training programs in primary care and subspecialties, whether care should move from the in-patient to other sites of care (ambulatory, community) and also how the balance between education and service should be determined. Equally important is the need to assure that the principles of quality, safety and patient satisfaction – along with evidence based outcomes – are better incorporated into GME. The emerging issues of healthcare delivery, including its costs, will need to be incorporated into the future of GME. Also underpinning the debate is the cost for GME – which today is largely paid for with public dollars through Medicare or discretionary federal funds for children's hospitals. Needless to say, with the economic pressures facing the nation, including its entitlement programs, there is increasing scrutiny on the public funding of GME and questions about whether this funding should be continued. The consequences of these debates have enormous implications. No decisions have yet been made, but it is certain that major changes are forthcoming.

A number of national organizations have come forth with recommendations for changes in graduate medical education. Notable among these is the recent report from the

Josiah Macy Jr. Foundation in conjunction with the Association of Academic Health Centers (see: http://www.josiahmacyfoundation.org/), whose recommendations will almost certainly impact the future of GME in important and considerable ways. The major recommendations of the Macy/AAHC Report include:

1. An independent external review of the governance and financing of the GME system (A specific recommendation is that the Congress should charge the Institute of Medicine to perform this critical review.)
2. Enabling GME redesign through accreditation policy. (Specifically, the external review of GME should make recommendations to the ACGME to ensure that the accreditation process is structured and functions in a way that best serves the interest of the public, the training programs, and the trainees.)
3. Ensuring adequate numbers and distribution of physicians: implications of GME. (Specifically, the review should address how GME is currently financed and make recommendations about how it can be better structured to meet the broad challenges of GME and healthcare.)
4. Providing trainees with needed skill sets: innovative training approaches and sites.
5. Ensuring a workforce of sufficient size and specialty mix.

It seems clear that, with the changes proposed above and many others that are being considered, GME will evolve considerably in the years ahead. While it seems likely that there will continue to be a Resident Match in the years to come, it also seems likely that the experiences, education and career pathways of future residents and the medical facilities responsible for them, will change considerably – and hopefully for the better.

From Postdoc to Innovator

Dr. Rania Sanford, Assistant Dean for Postdoctoral Affairs, informed me of an exciting interactive forum sponsored by the postdoctoral leadership of AIMS (Association of Industry-Minded Stanford Professionals) in collaboration with the School of Medicine Career Center (see: http://med.stanford.edu/careercenter/). Dr. Sanford noted that on the evening of Wednesday, March 16th, over 120 postdocs gathered at the Clark Center to hear Chris and Pamela Contag's advice in a talk titled "*From Postdoc to Innovators*." The Contags, who co-founded Xenogen, gave an informative and lively talk, by invitation from AIMS, a new postdoc group with interest in entrepreneurship and industry (http://aims.stanford.edu). Many postdocs find themselves at a career juncture and wonder how to recognize and pursue the opportunities that might be available to them across a spectrum of life-long possibilities. AIMS and the Career Center have initiated informative programs by bringing to campus several of our former postdocs, now successful industry leaders and venture capitalists, to share their wisdom and insights with our current trainees. In addition to thanking the Career Center I want to also acknowledge some of the postdocs who have helped to launch AIMS, including Irfan Ali-Khan, Navaline Quach, Stéphane Boutet, Mambdidzeni Madzivire, Andrew Razgulin, Michael Kertesz, Keren Ziv, Tobi Schmidt, Hyejun Ra, and Shi Ming Xu. Look for future programs.

High School Students Get a Glimpse of Careers in Medicine

On March 18th, for the fifth consecutive year, the School of Medicine Office of Communication and Public Affairs, hosted Med School 101, which brings hundreds of local high school students to campus for a glimpse into medicine and science broadly and careers as a doctor more specifically. Berg Hall in the Li Ka Shing Center for Learning and Knowledge was filled with hundreds of eager and excited students – each of whom rapidly raised their hand when asked if they hoped to attend medical school. While certainly the career paths and choices will change for many, it is exciting to note that a career in medicine still captures and even inspires the rising generation. During the day-long event students interacted with each other as well as with faculty, students and residents to consider a range of different topics such as:

- Mind control – for better living
- To sleep, perchance to dream…but why?
- Young at heart; More than sad: Teens and depression
- The evolution of Darwin
- Virtual medicine: To the ER, STAT?
- So you wanna go to med school?
- Transformers: How stem cells are revolutionizing medicine
- Hot shots: the truth about vaccines
- Fit into your genes

It is our hope to continue to inform and inspire our community of learners about medicine and science. I am very grateful to the Office of Communication and Public Affairs for this annual program – and for our dedicated students, trainees and faculty for teaching and exciting the next generation of doctors.

The Dangers of Sharing Too Much Information

A recent event in which a student posted information on a blog that unintentionally compromised patient privacy prompts me to remind all of us about the vulnerability of sharing too much information in public and social media sites. In recent years the opportunities for social networking have been transformative, but they include the fact that the boundaries between personal and professional information are easy to blur at the edges. While virtually everyone in my family uses Facebook, I have avoided doing so for fear that information I would prefer to keep out of the public arena would not be protected. When a student or trainee becomes a "friend" on a social media network, there is a risk that information he or she shares about personal experiences with patients – even when anonymous – can be seen by others as infringing on their privacy.

According to Dr. Laura Roberts, Katherine Dexter McCormick and Stanley McCormick Memorial Professor and Chair of the Department of Psychiatry, who participated in the investigation of the student infraction, this is becoming a major issue in medicine – with big implications for all fields and perhaps in particular to mental

health. The main goal of my comment here is to heighten awareness of the importance of care and scrutiny of communications and information we share in any public media. Dr. Roberts indicated that her professional societies will be enacting recommendations regarding the benefits and risks of physicians and social networking – a topic that will certainly be before us for many years to come. Dr. Roberts also recommended a number of relevant articles for broad review and interest – a few of which include:

- Greysen, SR. Online Professionalism and the Mirror of Social Media. J Gen Inter Med. 2010: 24; 1227
- MacDonald, J. Privacy, Professionalism and Facebook: A Dilemma for Young Doctors. Medical Education 2010:44: 805
- Koch, T: The Ethical Professional as Endangered Person: Blog Notes on Doctor-Patient Relationships. J Med Ethics 2010: 36:371

This is an important matter and something we all need to consider and pay careful attention to. The slope can be slippery and can result in unintended harm – with potentially serious consequences to individuals and institutions.

The Annual Ranking by USNWR

Hardly a year has passed without a comment (and sometimes rant) in this Newsletter about the annual ranking of medical schools by USNWR (US News and World Report) and, in particular, the concern that the metrics that have been employed give too much weight to size over quality. This has been particularly true for the heavy emphasis on total NIH funding – which is influenced by faculty size and thus impacts negatively on smaller schools like Stanford. More importantly, I have expressed concern over the years that the focus on total NIH funds created the pursuit by many medical schools and university leaders to increase faculty size and research facilities so that they could "rise in the NIH funding levels" and thus do better in the annual USNWR rankings. My concern has been that such a focus on size over quality (better measured by the amount of peer-reviewed NIH funding per faculty member or principal investigator) could create a financial threat to medical schools when NIH funding becomes constrained – as is now the case. And indeed a number of medical schools that have simply stretched too far in the past decade in faculty recruitment and resource commitment are now facing serious economic challenges and, in some cases, serious deficits.

Accordingly, I am pleased to note that this year USNWR has revised its metrics to give equal weight to total institutional NIH support and NIH support per faculty member. This is more similar to what has been done for Schools of Engineering. With that change, Stanford's rank in the 2011 USNWR ranking of research medical schools is #5 (where it is tied with Duke, UCSF and Yale). This is a major change from the 2010 rank – but this should not be viewed as a change in Stanford. While I would like to think that we get better year after year, such big swings in ranking only reflect the way the metrics are scored. Indeed, I reflected on this in the February 22nd Dean's Newsletter, where I referred to Malcolm Gladwell's amusing but insightful commentary on how rankings can be influenced by subtle changes in the metrics that are chosen and employed. You might

enjoy his article entitled "The Order of Things" in the *New Yorker* (February 14 & 21, 2011; Summary of article http://www.newyorker.com/reporting/2011/02/14/110214fa_fact_gladwell).

It would be disingenuous to say that I didn't care about rankings – since I am well aware that comparative scores impact our applicants, students, faculty and community. At the same time, I care more deeply about whether the metrics employed accurately reflect the attributes purportedly being measured and compared. That is why, for instance, I believe that the peer-reviewed funding per faculty member as well as other metrics that define the true peer reviewed academic success of students and faculty are much more important that institutional funding. Consequently, I am pleased that USNWR has changed its metrics to put a greater emphasis on quality, and I hope that this will stimulate all of us to make that our priority moving forward. It is the quality and success of our faculty and students that really distinguish an institution.

Leadership Changes in Medical Development

In December 2009 I was pleased to announce the appointment of Laurel Price Jones as our Associate Vice President for Medical Development. She joined Stanford officially in January 2010 and during the past year helped medical development achieve a number of important milestones – in annual giving, new activity and major gifts. At the six-month mark of the current FY11 fiscal year, OMD has booked more than half of our cash goal of $140 million and half of the new activity goal. We are grateful for these results, which reflects the work of our excellent staff and leaders in Medical Development. Thus it is with mixed feelings that I share the message Ms. Price Jones sent out this past week:

> I write with mixed feelings to let you all know that I am in the process of returning to Washington. I have enjoyed working with such a talented, dedicated, and collaborative group of development professionals, within OMD and beyond. The faculty and the leadership of the Medical School have been welcoming and supportive, and they bring transformational ideas to the table every day, making fundraising for Stanford Medicine so very satisfying. It has been an honor and a privilege to be associated with this great University.
>
> There is a confluence of forces that motivate my desire to return to the DC area. My husband Rhys continues to teach full-time at The George Washington University, having found only part-time work in this area. His weekly commute to Palo Alto is tiring and not much fun. Our home in Alexandria remains unsold and ready to go back into action as the family home. But, most important, our oldest daughter – who lives and teaches in Washington – is expecting twins (our first grandchildren) in early June; and our middle daughter has just accepted a position in New York and will move from Galesburg, Illinois, to Brooklyn – also in June.

Dean Pizzo has been aware of these forces and is supporting me in this process by providing a leave of absence. Barbara Clemons has agreed to act in my absence as the interim AVP from March 18. Also supporting my decision is the fact that Michele Schiele brings such a wealth of experience to our fundraising for Stanford Medicine. I will send an update when I have it; in the meantime, I want to thank each of you for your friendship and professional support.

I want to take this opportunity to thank Laurel Price Jones for her contributions and to wish her well in her personal and future life events.

I am pleased that Ms Barbara Clemons will serve as the Interim AVP – a role she has so ably filled in the past. During the next several weeks we will be working to further refine how to further optimize the future success of OMD and its conjoint work with the Offices of Hospital Development (at SHC), the Lucile Packard Foundation for Child Health and the Office of Development at Stanford University. Philanthropy and medical development are among the most essential underpinnings for our future success, and we will do all we can to make our programs as successful as we can.

Updating the Facts on Conflicts of Interest

Issues regarding interactions with industry and potential conflicts of interest continue to abound and require ongoing communication, refinement and understanding. These policies are updated as needed (see: http://med.stanford.edu/coi/siip/policy.html), and attention is given to addressing common questions. Recently Dr. Harry Greenberg, Senior Associate Dean for Research, and his colleagues put together a "fact sheet" along with some background references that I share below. I urge all faculty to give careful attention to this information, which will be posted in the near future at the website noted above.

Q. How will I know if an industry sponsored talk I have been asked to give is promotional? Does SIIP apply to me?

There is no way to answer this question perfectly, and in the end, you must rely on your own good sense and judgment. Here are a series of questions to help you try to determine if the company is compensating you for a talk in a promotional capacity.

- Is compensation coming from the marketing division rather than the research division of the company?
- Is your compensation for giving the talk reasonable and customary?
- Is the company providing some/all of the content for the talk (slides, talking points, teaching aides, etc)?
- Is the company dictating the topic of the talk with any level of specificity?

- Does the company have any control over the topic/content talk? Do they review the talk contents prior to presentation?
- Is the company offering inducements to learners to attend the talk (e.g. meals, travel, gifts, lodging, honoraria, other)?
- Has the company asked you to attend a speakers training session?
- Is the venue for the talk more appropriate for a holiday or vacation than for a learning experience?
- The SIIP prohibition on engaging in educational activities that are promotional applies to all full time and part time faculty, including active emeriti, UTL, MCL, Clinician Educators, Adjunct faculty, staff, students and trainees
- When in doubt ask Barbara Flynn, Harry Greenberg, or your Department Chair.

Q. If I give a talk sponsored by industry that is allowable under SIIP what guidelines I should follow?

- Ensure that your financial support by industry is fully disclosed by the meeting sponsor
- Prominently disclose to the attendees that you are being paid by the company to give the talk
- Do not use the Stanford name in a non-Stanford event except to identify your title and affiliation
- Make sure you communicate to the audience that the content reflects your views and not the views of Stanford School of Medicine, Stanford Hospitals and Clinics or Lucile Packard Children's Hospital
- Provide a fair and balanced assessment of therapeutic, diagnostic or preventative options and promote educational material that is scientifically accurate

Q. How can some industry relationships derail education?

- Faculty who accept gifts from industry model this behavior for their students and trainees
- Pharmaceutical and device companies have a history of using educational talks by academic leaders to promote their products
- Industry support of many continuing medical education (CME) activities has been associated with programs that were geared toward promoting

their products in order to encourage sales rather than advancing knowledge

- In order to counter-act the effect of industry support on CME the Stanford School of Medicine does not accept direct support for its CME programs. Greater emphasis will be on education that targets outcomes and quality improvement:
    - takes advantage of emerging technologies
    - focuses more on the professional and technical development and education of the learner
    - based upon the best scientific evidence available
    - designed to change physician competence, performance-in-practice and/or patient outcomes

Q. Do free meals really influence us?

- "Food is the most commonly used technique to derail the judgment aspect of decision-making." [Katz]
- Gifts of food influence attitudes, a fact that has been documented by Social Science research for decades
- Experimental subjects were more likely to accept persuasive messages when accompanied by food [Janis]

Q. When is a gift not a gift?

- Gifts become a social contract that creates a sense of obligation called reciprocity [Cialdini]
- Even di-minimus gifts, such as pens, engender a sense of obligation and reciprocity on the part of the recipient [Wazana]
- Feelings of obligation to reciprocate are unrelated to the value of the gift
- Reciprocal giving is often unequal—the return gift may have a higher value (e.g. a pen vs. writing a prescription with that pen) [Cialdini]
- Gifts that are unwanted or unsolicited still create the sense of obligation to reciprocate. [Cialdini]
- Gifts produce a feeling of obligation even when the giver is disliked [Regin]

Q. Why would I believe that a gift could influence me?

- 61% of physicians reported that gifts don't influence them, but only 16% thought they don't influence others [Dana]
- The size or value of the gift does not directly correlate with its influence
- Medical students were significantly more likely to think that gifts were more problematic for public officials than physicians [McKinney]
- Physicians that attended an industry-sponsored seminar including travel to a resort location, increased their usage of the sponsor's drug but deny the seminar had an influence [Orlowski}

Q. Is it allowable for our department to receive grants from industry for scholarships or other educational funds for students and trainees?

- Yes, as long as receipt is compliant with SIIP. Support must be specifically for the purpose of education and meet the following conditions:
    - The School of Medicine (SoM – department, institute, program or division) selects the student or trainee
    - The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo"
    - The funds are provided to SoM and not directly to student or trainee
    - SoM has determined that the funded conference or program has educational merit

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4. Katz D, Caplan AL, Merz JF. All gifts large and small: toward an understanding of the ethics of pharmaceutical industry gift-giving. Am J Bioeth. 2003;3(3):39-46.
5. McKinney WP, Schiedermayer DL, Lurie N, Simpson DE, Goodman JL, Rich EC. Attitudes of internal medicine faculty and residents toward professional interaction with pharmaceutical sales representatives. JAMA. 1990;264(13):1693-7.
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8. Regin RT. Effects of a favor and liking on compliance. J Exp Soc Psychol. 1971;7:627-39.
9. Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? JAMA. 2000;283(3):373-80.

Ethics and Society

Issues about ethics and society are ever more important. Indeed the most recent issue of Stanford Medicine (see: http://stanmed.stanford.edu/2011spring/) is focused on important issues and challenges in bioethics. I hope you will review this either on line or in print. In addition to the ethical dilemmas that arise within medicine, there are others

that connect or arise from other fields but that have important messages for the medical community. The Center for Ethics and Society has sought to bring such issues to a wide audience and will do so on April 5th from 7-9 pm through a showing of the 2011 Oscar Award winning documentary film about the 2008 financial crisis, "Inside Job," in the Hewlett Teaching Center, Auditorium 200. This will be followed on April 6th by a panel discussion by Stanford faculty members from 4-6pm at the Bechtel Conference Center in Encina Hall (see: http://ethicsinsociety.stanford.edu/ethics-events/events/view/1216/?date=2011-04-05).

Awards and Honors

- Stanford has been the beneficiary of a number of Paul and Daisy Soros Fellowships for New Americans. Indeed 34 Stanford students have received this award since the program commenced. We have just learned that three additional students will be named as new Soros Fellows. They include:
    - ***Aadel Chaudhuri*** (MSTP student)
    - ***Deepa Galaiya*** (third-year MD student)
    - ***Daniel Solis*** (second-year MD student)

  Please join me in congratulating Aadel, Deepa and Daniel.

- ***Dr. Preetha Basaviah,*** Clinical Associate Professor and Director of the Practice of Medicine Course, is the recipient of the 2011 SGIM National Award for Scholarship in Medical Education. This will be awarded May 6th at the Medical Education Innovations Session of the SGIM Meeting in Phoenix, Arizona. Congratulations, Dr. Basaviah.

Appointments and Promotions

Eric Amesbury has been appointed to Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 2/1/2011

Lindsey Atkinson Ralls has been promoted to Clinical Assistant Professor of Anesthesia, effective 7/1/2011

Denis Bouvier has been reappointed as Clinical Associate Professor of Medicine, effective 1/1/2011

George Commons has been promoted to Adjunct Clinical Associate Professor of Surgery, effective September 1, 2010

Kellen Glinder has been promoted to Adjunct Clinical Assistant Professor of Pediatrics, effective March 1, 2011

Shoshana Helman has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 3/1/2011

Joanne Imperial appointed to Clinical Associate Professor of Pediatrics, effective 4/1/2011

Yvonne L. Karanas has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 3/1/2011

Beatrice Jenny Kiratli has been promoted to Clinical Associate Professor (Affiliated) of Orthopaedic Surgery, effective 4/1/2011

Kimberly L. Lee has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 3/1/2011

Benjamin Mandac has been reinstated and reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 9/1/2009

Song L. Nguyen has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010

Erna Nishime has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/2011

Radhamangalam J. Ramamurthi has been promoted to Clinical Associate Professor of Anesthesia, effective 4/1/2011

Alejandrina Rincon has been appointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 7/1/2011

Tracy A. Rydel has been promoted to Clinical Assistant Professor of Medicine, effective 4/1/2011

Anita Sit has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010

Lillian Soohoo has been promoted to Clinical Assistant Professor of Dermatology, effective 4/1/2011

Payam Tabrizi has been reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 4/1/2011

Sandra A. Tsai has been promoted to Clinical Assistant Professor of Medicine, effective 3/1/2011

Leon Wanerman has been promoted to Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective January 1, 2011

John H. Wehner has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2009

Brian P. Yochim has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 5/1/2011