

Dean's Newsletter

September 12, 2011

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An Important Message from Stanford Hospital and the Lucile Packard Children's Hospital About Assuring the Continuity of Patient Care

Among the many reasons underscoring the need for healthcare reform is confusion about the extent of coverage inflicted on patients by insurance companies – particularly when a patient is facing a serious medical need or challenge. Every individual facing a medical illness wants to know that they can receive the best possible care and treatment from an institution or physician whom they trust and value regardless of whether their healthcare costs are covered by public or private insurers. Confusion can arise when insurance companies are negotiating fees with hospitals and physicians – as is the case presently for both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH). With the goal of informing patients (and their employers) that they will continue to receive care at SHC and LPCH during the contract negotiations, the leaders from SHC and LPCH have asked me to include in this Newsletter the message they are providing to patients and employers. The overarching goal is to assure patients that they are valued by our hospitals and medical staff and that they will not be abandoned or refused care and services. The message SHC and LPCH are posting and sharing with patients and employers is as follows:

Stanford Hospital & Clinics is in contract negotiations with Anthem Blue Cross. Lucile Packard Children's Hospital is in contract negotiations with

Anthem Blue Cross and also Blue Shield of California. During negotiations, both hospitals are still seeing patients who are insured with both of these health plans. All patients can continue to be seen regardless of their insurance benefit design, procedure or authorization status.

**We encourage all patients and families with questions to call us at the following numbers:
1-877-519-6099 or 650-736-5998**

We look forward to continuing to provide patients and families with our world-class care.

The School of Medicine Welcomes Back Ms. Martha McKee as Its Ombudsperson

We are delighted to announce that Martha McKee, former Ombudsperson for the School of Medicine, has rejoined the School in this role. Martha previously served as the School of Medicine Ombudsperson from December 1996 to June 2007, when she left Stanford to relocate with her family to Arizona. We are very pleased that she is now returning to the Bay Area and that we have the opportunity to have her back at the Medical School.

During her tenure at Stanford, Martha successfully managed the Office of the Ombudsperson for the School of Medicine, providing confidential and neutral problem solving expertise for faculty, post docs, students and staff in our competitive, complex and highly charged environment. She successfully mediated and facilitated the resolution of hundreds of disputes which otherwise might have involved the University and others in costly litigation. This position reports directly to the Dean of the Medical School and participates as a team member with the Office of the General Counsel and the School's Human Resources group in training and other programs designed to improve the climate of the Medical School.

Before being appointed Ombudsperson in 1996, Martha was employed by the Office of the General Counsel, Stanford University. She was assigned to the Risk Management Department where she served as an attorney for the Hospital and Clinics.

Martha holds a J.D. from Santa Clara University School of Law, and an A.B. from Smith College. She is a frequent speaker and trainer at conferences of The Ombudsman Association and the Smith College Club of the Peninsula. She is a member of the California State Bar and is a Certified Mediator.

We are delighted that Martha has returned to Stanford. She can be reached at her office in MSOB X301, phone 498-5744, and email at mmckee@stanford.edu

Please join us in welcoming Martha back to Stanford!

An Important Update on Housing Benefits for School of Medicine Clinician Educator Faculty

Medical School faculty who are in the Clinician Educator Line are extremely valued members of our community and are integral to our success as an academic medical center. Since the inception of this faculty line in the medical school in 2002 we have been seeking ways to make its members feel that they are important (I would add essential) to the mission of the Stanford Medicine. This is best evidenced by the work that these physicians do in the care of patients, the education of students and trainees, and in the participation of collaborative scholarship. At the same time, we have been quite aware that members of the CE line have not had access to some of the benefits available to other faculty, perhaps most notably housing benefits. With that in mind we have been working to remedy this for some time. I am pleased to say that a task force led by Dr. Ron Pearl, Richard K. and Erika N. Richards Professor and Chair of the Department of Anesthesia, has worked collaboratively and successfully on this issue with the Finance and Administration group in the Dean's Office, the leadership of Stanford Hospital & Clinics and the Lucile Packard Children's Hospital, the Provost's Office and the Stanford Faculty Housing Office. Based on their efforts I am pleased to announce the implementation of new housing assistance programs for eligible Clinician Educators at the rank of Clinical Assistant Professor, Clinical Associate Professor and Clinical Professor.

The new programs, which are intended to assist eligible CE's in their efforts to purchase a home in the local qualifying area, include the following:

1. **The Clinician Educator - Arranged Mortgage (CE-AM)** program is administered by the Stanford Federal Credit Union (SFCU). The maximum CE-AM loan, which is based on the lesser of 50% of the purchase price or 50% the appraised fair market value of a qualifying residence, is \$600,000. The payments on the CE-AM are fixed at interest only for the first 5 years and adjust to both principal and interest in years 6 through 20 with a balloon payment due ~~in~~ at the end of year 20. This loan sits in second position behind a qualifying 1st mortgage loan that the CE can obtain from any mortgage lender.
2. **The Clinician Educator Deferred Interest Program (CE-DIP)** is a non-amortizing zero current interest loan with a deferred interest feature. The maximum loan amount, which is based on the lesser of 20% of the purchase price or 20% of the appraised fair market value of a qualifying residence, has been increased for Clinician Educators to a maximum of \$150,000 and is now the same as for Faculty. This loan would normally sit in third position behind a qualifying 1st mortgage loan that the CE can obtain from any mortgage lender, and after the CE-AM loan obtained from SFCU. Stanford University Faculty Staff Housing (FSH) administers the CE-DIP loan.

3. **The Clinician Educator Housing Allowance Supplement (CE-HAS)** is a taxable fringe benefit that provides additional compensation for first time home buyers within the qualifying area. The program, which is now the same as for Faculty, utilizes an academic 9-month salary, and is administered by Stanford University Faculty Staff Housing (FSH).

These programs are available to eligible Clinician Educators who are first time home buyers purchasing within the qualifying area applicable to Stanford housing programs. The home must be a single-family home, condominium or other dwelling unit suitable for housing one family. *Prior to making an offer on a property for which the eligible Clinician Educator plans to use University housing programs, he or she must contact the Stanford University Faculty/Staff Housing Office to review his or her eligibility and to complete a loan application.* Housing benefits are available to eligible Clinician Educators after eligible employment begins. Similar to the process for becoming pre-approved for a loan from a private mortgage lender, the Stanford University loan application, credit approval check and eligibility determinations must be planned for and completed well in advance of beginning the search for a home to avoid any complications. More information on these new programs, which are effective on September 1, 2011, is available on the Faculty Staff Housing website at <http://fsh.stanford.edu/CE/index.shtml>.

Stanford Physician-Scientists and Scholars Past, Present and Future

One of the distinctive features of Stanford Medical School is its commitment to the education, training and career development of physician-scientists and scholars. We have had the chance to witness the importance of this mission in the past couple of weeks through the historical portrait of a distinguished member of our faculty and by celebrating the contributions of present and future physician-scholars who are members of the Stanford Society of Physician Scholars along with those who are current medical students and alumni.

Thanks to the incredible efforts of Dr. Jason Gotlib, Assistant Professor of Medicine (Hematology), we had the wonderful opportunity to view a remarkable documentary film about Dr. Stan Schrier, Professor of Medicine (Hematology) Emeritus at Stanford entitled “The Mozart of Hematology” (see: <http://lane.stanford.edu/biomed-resources/medgrandrounds.html>). Stan Schrier has been a member of the Stanford faculty for 50 years – virtually for as long as the Medical School has been on the Stanford campus. This wonderful tribute not only reflects on the life and contributions of one of the giants in medicine to the field of hematology and science – but also provides a unique perspective into the changes that have taken place in medicine during the past five decades and the important role that physician-scientists like Stan Schrier have had in contributing to the progress that has been achieved. I can’t help but believe that such a story is inspirational to the new generation of students and trainees who will help further elucidate the scientific underpinnings of medicine and through their discoveries and innovations help create the future – even one that we can barely or not even imagine. This is what Stanford is about and is what makes us unique.

The Continuing Evolution of Interdisciplinary Research, Education and Patient Care

In December of 2002 we established the first of our Stanford Institutes of Medicine. Today we have five formal institutes (see: <http://med.stanford.edu/institutes/>), each of which is designed to bring together faculty, students and staff from across the university to address challenging and compelling questions that bridge our missions in education, research and patient care. In 2006 we further codified the organizational template and guidelines for the Stanford Institutes of Medicine (see: <http://med.stanford.edu/institutes/guidelines.pdf>), and in the years since then the Institutes have continued to evolve and shape our agenda in a number of important ways. Perhaps most importantly they have helped bring together broad communities of faculty and students across Stanford and, along with other initiatives like BioX (see: <http://biox.stanford.edu/>), have fostered a unique interdisciplinary and transdisciplinary environment that really distinguishes Stanford from nearly all of its peers.

Over the past two weeks three separate events or presentations have demonstrated how much interdisciplinary research has evolved at Stanford and how much this is contributing to translating discoveries with the goal of improving the care of adults and children.

First, on September 8-9, the Byers Eye Institute at Stanford and the Stanford Institute for Neuro-Innovation and Translational Neurosciences (SINTN) hosted a symposium on “New Approaches to Understand and Treat Vision Loss” that brought together faculty from throughout Stanford (and other centers) to address important themes in vision science, its loss and restoration. Themes from basic science, engineering, regenerative medicine, gene therapy and others were coupled with discussions on academic-industry relations, development of new therapeutics and translational medicine. The cross-dialogues and fertilization illustrated in a significant way the power of interdisciplinary science and medicine. I also quickly add that this symposium is a direct outcome of the vision of Dr. Mark Blumenkranz, Professor and Chair of the Department of Ophthalmology, who led the development of the Byers Eye Institute – along with the wonderful contributions from Brook Byers and his family that have made this initiative possible. The collaboration between the Byers Eye Institute and SINTN is further evidence of the evolution of interdisciplinary collaboration at Stanford (also see below).

In a separate effort, the Cardiovascular Institute (CVI) held its annual retreat on September 9th with over 150 faculty, students and trainees attending scientific presentations, poster discussions and interactive dialogues. Thanks to the leadership of Dr. Bobby Robbins, Thelma and Henry Doelger II Professor and Chair of the Department of Cardiothoracic Surgery and Director of the CVI, the Institute and its impact on the Stanford Medicine community have continued to evolve. Of particular note is the important strategic planning process that has helped shape the future of cardiovascular

health at Stanford into a set of specific initiatives that link the School of Medicine and Stanford Hospital & Clinics. Perhaps most importantly, this plan brings together interdepartmental clinical services as well as research and education programs among cardiothoracic surgery, cardiology and vascular surgery – thanks to the shared leadership of Dr. Robbins along with Dr. Alan Yeung, The Li Ka Shing Professor of Medicine and Dr. Ron Dalman, Walter Clifford Chidester and Elsa Rooney Chidester Professor of Surgery.

Finally, at the September 2nd meeting of the School of Medicine Executive Committee, Dr. Gary Steinberg, Bernard and Ronni Lacroute-William Randolph Hearst Professor in Neurosurgery and Neurosciences, Chair of the Department of Neurosurgery and Director of SINTN, provided an update on the status of the Institute. I include below Dr. Steinberg's summary of his presentation.

Update on the Stanford Institute for Neuro- Innovation and Translational Neuroscience

“SINTN was designated on October 1st, 2008 by Dean Pizzo to reorganize the Neuroscience Institute (NIS) at Stanford, which was created in 2003. The main goal for this newly formed Institute was to foster strong collaborations between the > 150 basic, translational and clinical neuroscientists at Stanford and enable translational efforts. We decided to focus on areas that present unique opportunities for development or expansion. We created five initiatives with two to three centers in each: Neural Plasticity and Repair, Neurodegeneration and Regeneration, Neurobiology of Cognitive and Developmental Disorders, Neuroengineering, and Neuroscience and Society. In all these areas we are aiming to advance our understanding of normal brain and spinal cord function and elucidate pathomechanisms underlying malfunction of the nervous system following injury or neurologic and psychiatric disease. A major mission of SINTN is to pioneer innovative techniques to manipulate the nervous system, with the ambitious goal of translating these new discoveries into novel therapies that improve quality of life for patients with CNS disorders over the next 5-10 years.

General highlights:

The institute has had a successful three years in terms of achieving its visions and goals thanks to the SINTN Executive Committee and a number of dedicated individuals who have worked diligently to accomplish this. We have secured over \$ 56 million in gifts and grants and have recruited 5 outstanding new faculty: Tom Sudhof (2008), Giles Plant (2010), Lu Chen (2010), Xinnan Wang (2011), Jun Ding (2011). We are in process of recruiting 3 additional faculty in the coming year in the areas of pain/addiction, behavior and vision. These recruits will comprise a unique, broad range of new expertise from molecules to neural circuits to behavior at Stanford. Moreover, we have created and supported 3 university core service centers in the areas of behavior, imaging and vector/virus production, as well as supported the MCP-SINTN Engineering Core, in order to sustain the key needs of our faculty. These core facilities have also have provided services to other institutes within the SOM and to other faculty in the university. We were

awarded an NIH NINDS P30 center core grant (the first ever at Stanford) to help fund these cores over the next five years. These core facilities are supporting more than 200 projects each year and work leading to many high impact publications. Furthermore, SINTN has subsidized the Neuroscience Graduate Program (IDP), weekly seminar series, symposia and the annual Neuroscience retreat. SINTN has also provided three Neuro-Innovation fellowships (\$125,000/each) and for the first time supported the 3rd year neuroscience graduate students through SINTN Frances B. Nelson Predoctoral awards (22 students so far). Importantly, we have awarded 34 Faculty Neuro-Innovation Seed Grants across the university since 2008, to stimulate collaboration between basic and translational research areas.

Program highlights

Stanford Partnership for Spinal Cord Injury and Repair: Dr. Giles Plant was recently recruited as the director of research in this new program, who has started to establish multidisciplinary preclinical projects and the infrastructure necessary to execute translational studies. At the clinical level, we are one of 7 centers nationally participating in the Geron Phase I Trial using human embryonic derived oligodendrocyte precursor cell transplant in subacute complete spinal cord injury patients. We are also organizing an international spinal cord injury and repair symposium that will take place in 2012.

Vision and Blindness Prevention Center: We have supported two symposia bringing nationally recognized vision scientists and clinicians together on the Stanford campus. We also were awarded for the first time an NIH NEI T32 Vision Research Training Program Grant (\$800,000/4 years) for postdoctoral fellows. We are currently launching a faculty search for a vision scientist.

Parkinson's disease and Movement Disorders Program: This program has been supported by the Blume Foundation (\$2.8M) during the last 3 years. We have funded our faculty with numerous seed grants and have also recruited a new faculty member, Jun Ding, to join this team in 2012.

Pain and Addiction Program: This program has supported three seed grants to our faculty in different departments. In addition, we are in the final phases of a search to bring a preclinical scientist to join our program.

Stem Cells, Tissue Engineering and Neurotransplantation Program: This program, lead by Gary Steinberg, received a \$20 million CIRM grant to conduct preclinical development with human embryonic-derived neural stem cells for treatment of motor deficits following stroke. In addition, this program is currently supporting the Stanford/SanBio clinical trial as the first clinical trial in the U.S. to test intraparenchymal stem cell therapy for stroke patients.

Neuroengineering: Our neuroengineering team is engaged in some very exciting and novel research. Krishna Shenoy and Jaimie Henderson's team was awarded a SINTN seed grant to support a clinical trial of their brain-computer interface for using neural signals from the brain to directly control external electronic devices, such as a computer cursor and robotic hand. This project plans to implant a quadriplegic patient in the next 3 months.

The Center for Compassion and Altruism Research and Education (CCARE) applies rigorous scientific methods to define the neural basis for compassion and

altruistic behavior. They have raised \$3.3 million in gifts and grants and have funded various projects throughout the university. Additionally they planned and sponsored a very successful 2-day international conference in 2010 on Compassion, Science and Society that included His Holiness the Dalai Lama. **The Stanford Interdisciplinary Group on Neuroscience and Society (SIGNS)** investigates the effects of the revolution in neuroscience on our society, beyond the strictly medical results, as well as the consequences for law, education, business, politics, and religion. A quarterly panel discussion series covers stimulating topics like Neuroscience in the Courtroom.

Significantly, the neurosciences at Stanford are united in its efforts. For the first time ever, various Stanford neuroscience groups including SINTN, Neuroventures (a Bio-X program), the Center for Neurobiological Imaging, the Clinical/Basic Science departments in the School of Medicine and across the University, as well as Stanford Hospital and Clinics and Lucile Packard Children's Hospital are working together towards common goals which we hope will be an important part of the final phase of the Stanford Challenge.”

Taken together these efforts give evidence of the continuing evolution of interdisciplinary collaboration – which we all hope will benefit Stanford and serve our community, the nation and the world in the years ahead.

Preparations Begin for the Campaign for Stanford Medicine

At the September 2nd Executive Committee, Ms. Michele Schiele, Senior Vice President for Development, and I gave an update on the planning that is now underway for the Campaign for Stanford Medicine. We hope to begin this campaign at the start of 2012, as the Stanford Challenge winds down. Over the next months we will work with faculty, department chairs, institute and center directors and our new combined office of medical and hospital development to define the capital and programmatic goals we hope to achieve over the next 5-7 years. These will include such major projects as the support for Stanford Hospital as well as for School of Medicine facilities. Also included will be support for graduate and medical student education, faculty support and professorships, clinical program support and a number of important new initiatives. We are planning to coordinate this effort between the leadership of SHC and the School and to have more detailed discussions about it at our Strategic Planning Leadership Retreat in January 2012. Obviously lots more to follow.

In the meantime, the School of Medicine completed its FY11 fundraising efforts at the end of August and even with the current economic climate we demonstrated progress over FY10. There are various metrics that are used to assess the year-end results but here are some important ones:

- With an FY11 fundraising goal of \$140 million, we have raised (cash received) \$157,139,137 in the past year (112.2% of goal). This compares to the cash received in FY10 of \$124,208,231.

- In new activity we set a goal of \$160 million and as of August 31, 2011 we recorded \$157,169,814 (or 98.2% of the goal)
- Both cash received and new activity is significantly higher for FY11 than for FY10.

While this progress is notable, we believe we can do significantly better – especially now that we have the new joint development program combining SHC and SoM. Indeed, it is the expectation that both institutions will do much better united than apart – and that this new organization will serve the Medical Center and our community well during the years ahead.

Stanford Medical Center is Smoke Free – But So Are An Increasing Number Of Universities

In August 2007 Stanford School of Medicine became a smoke-free campus as part of its mission to promote the health and wellness of its community. This policy was extended to the Stanford Hospital & Clinics and the Lucile Packard Children's Hospital in 2008 and today the entire Medical Center is smoke free. But that is not the case for the rest of Stanford University. This is notable since an increasing number of colleges and universities (now more than 530 across the US) have adopted smoke free or tobacco free policies over the past several years (see <http://www.cnn.com/2011/Health/08/31/smokefree.college.campus/>). While one can appreciate concerns about becoming too controlling and about infractions of choice and personal liberty, the evidence for diseases directly attributable to tobacco use is unequivocal and virtually unparalleled by other environmental risk factors.

We believe that the policy of the Medical Center helps promote health and wellness. One hopes that in time a similar policy will extend across the entire university – as it has in numerous colleges and universities in the US.

Celebrating the 2011 Dean's Medal Recipients

The contributions of Stanford Medical School to society begin with the creation of new knowledge and extend to discoveries and innovations that impact the lives of adults and children in health and disease locally and globally. While it is the creativity of scientists that initiates the process of discovery, novel work often requires support from donors that permits new ideas to become more viable candidates for sponsored competitive research funding. Increasingly this continuum extends to advocates and policy leaders who promote innovation in government funding for research and innovation. Without each of these essential ingredients, the US (and Stanford) could not sustain its leadership in innovation. This important continuum is well evidenced by the three distinguished individuals who received the 2011 Dean's Medal on Saturday, September 10th.

- ***Dr. CJ Huang*** has provided philanthropic contributions that have permitted important new research to be conducted in the School of Medicine, and the CJ Huang building will foster a community of excellence long into the future.
- ***Professor Stan Cohen's*** work has provided fundamental insights in how genes work and can be engineered and has spawned insights and discoveries that have directly affected the health of people in our community and worldwide.
- ***Representative Anna Eshoo*** has long been an advocate for scientific research and federal funding that enable outstanding discoveries to impact the US and world.

Each of the recipients of the 2011 Dean's Medal has made individual contributions of excellence to Stanford and our community and together they have helped Stanford improve the health of our nation and world. We are deeply appreciative of their efforts.

Thanks and Best Wishes to Dr. Kevin Tabb

Since Dr. Kevin Tabb joined Stanford Hospital & Clinics in 2005, faculty and leaders at the School of Medicine have developed a deep admiration and affection for him. He has won respect through his diligence and hard work in addressing with great integrity and transparency some of the most vexing problems of our medical center and of the rapidly changing face of healthcare. The range of his contributions include his important work in information technology that contributed significantly to the leadership role SHC now plays in the excellence of its Electronic Medical Record (EMR). His collaboration and commitment has also resulted in major improvements in SHC's quality and safety data – largely through his work with department chairs and faculty and with Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs. As the Chief Medical Officer at SHC, Dr. Tabb has been a thoughtful spokesperson for the work of physicians as well as Stanford's academic missions. In that regard he has served on a number of important search committees and has contributed thoughtful guidance and advice in a manner that garners respect and confidence. These skills have moved him into national prominence, which is now clearly evidenced by his selection to become the next President and CEO of the Beth Israel Deaconess Medical Center in Boston (see: http://articles.boston.com/2011-09-07/business/30123694_1_stanford-hospital-and-clinics-medical-data-harvard-teaching-hospital). Of course this is a great opportunity for Dr. Tabb, and, if past performance is any predictor for the future, he will do an outstanding job in Boston. He will be missed at SHC and Stanford and leaves an enduring impact on our Medical Center.

Please join me in congratulating Dr. Tabb and wishing him continued success.

Congratulations to the Stanford Center for Continuing Medical Education

Over the summer, our Stanford Center for Continuing Medical Education was informed by the ACCME (Accreditation Council for Continuing Medical Education) that they had attained not only full accreditation but Accreditation with Commendation. This outstanding accomplishment reflected the remarkable progress that has been made in our

CME program in recent years under the leadership of Dr. Rob Jackler, Associate Dean for Postgraduate Education, and Terry O'Grady, Executive Director of the Center. Congratulations to Dr. Jackler, Ms. O'Grady and the entire CME staff for this wonderful achievement.

New Spectrum website eases the trials and tribulations of clinical and translational research

Stanford has launched a new website that guides and supports biomedical researchers through the complex process of conducting translational and human-subject research studies. Developed by Spectrum, the Stanford Center for Clinical and Translational Education and Research, this online portal is part of an ongoing effort to streamline the infrastructure that supports this type of research across the university. Funded with the help of a Clinical and Translational Science Award from the National Institutes of Health, it represents an important milestone in the Spectrum team's mission to accelerate the flow of discoveries from university investigators to health practice.

Ripping a page from physician-scribe Atul Gawande's book, *The Checklist Manifesto: How to Get Things Right*, the website provides Stanford biomedical researchers with helpful to-do-lists for the four stages of running a clinical study — design, set-up, management and close-out. Easy-to-follow lists provide researchers with online links to essential clinical trial resources, such as funding websites and custom online budget workbooks.

Within the Spectrum website, researchers also can access Study Navigator 2.0, a new release of Stanford's clinical trial project tracker and collaboration tool. Since its launch in March, the development team has folded in user feedback to enhance research team workflow, especially in the area of documentation management.

“The Spectrum website will ultimately be the front door to all of Stanford's clinical and translational resources, including a variety of CTR training programs and pilot funding opportunities supported by Spectrum. It will help investigators focus on the research, not the administrative overhead of running a study,” said Harry Greenberg, MD, Spectrum's director

The new Spectrum website is available at <http://spectrum.stanford.edu/>

Awards and Honors

- **Karl Deisseroth, MD, PhD**, Associate Professor of Bioengineering and of Psychiatry and Behavioral Sciences, is the 2011 recipient of the W. Alden Spencer Lecture and Award. The Columbia University College of Physicians and Surgeons, the Department of Neuroscience, and the Kavli Institute give this award each year for Brain Science. Congratulations to Dr. Deisseroth.
- **Phil Beachy, PhD**, Investigator, Howard Hughes Medical Institute Ernest and

Amelia Gallo Professor, Stanford University School of Medicine Department of Biochemistry and Institute for Stem Cell Biology and Regenerative Medicine, is the co-recipient of the Keio Medical Science Prize 2011 for his work on the “Identification of Hedgehog, a key molecule in development, and its medical applications” (see: <http://www.ms-fund.keio.ac.jp/prize/>). This prize recognizes researches who have made outstanding contributions to medicine or the life sciences. Past recipients are enormously distinguished and Dr. Beachy well deserves to be among them. Congratulations to Phil Beachy.

Appointments and Promotions

Sumaira Z. Aasi has been appointed to Clinical Associate Professor of Dermatology, effective 9/1/2011.

Peter Barelka has been promoted to Clinical Assistant Professor (Affiliated), effective 9/1/2011.

Sumit Bhargava has been appointed to Clinical Associate Professor of Pediatrics, effective 10/1/2011.

Laura Brodzinsky has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 9/1/2011.

Alice Chiao has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/2011.

Cynthia L. DeTata has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/2011.

Shirit Einav has been appointed to Assistant Professor of Medicine and of Microbiology and Immunology, effective 9/01/2011.

Neal B. Frager has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011.

Michael Haberecht has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/1/2011.

Michael Laufer has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2011.

James S. Lin has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 9/1/2011.

Robert M. Menard has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 4/1/2011.

Catherine A. Miller has been promoted to Clinical Assistant Professor of Pediatrics, effective 1/1/2012

Kapilkumar Patel has been appointed to Clinical Assistant Professor of Medicine, effective 9/1/2011.

Giles Plant has been appointed to Associate Professor of Neurosurgery, effective 9/01/2011.

Gail A. Prichard has been reappointed to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2011.

Elizabeth H. Raphael has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2011.

Wendye R. Robbins has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/2011.

Joseph L. Ryan has been promoted to Clinical Associate Professor of Surgery, effective 9/1/2011.

Mary J. Sanders has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 6/1/2011.

Jodie A. Trafton has been promoted to Clinical Associate Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 8/1/2011.

Jeffrey Young has been promoted to Clinical Assistant Professor of Orthopaedic Surgery, effective 9/1/2011.