

Dean's Newsletter

August 27, 2012

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The MD Class of 2012 Arrives at Stanford

We welcomed the incoming MD class of 2012 on Wednesday, August 22nd for their official “transition” to the Stanford University School of Medicine. This year’s entering class is our largest. For many years we have admitted 86 students to the MD (and combined MD/PhD) program. We had planned to increase the medical student class size to 90 students for the class entering in 2012, but we actually will be matriculating 92 students – a record size for Stanford, albeit happily so. These 92 students were selected from an applicant pool of 6810 and are a remarkably talented group. More than half are women and 13 come from communities underrepresented in medicine. Twenty-five were born outside the US; their countries of origin include Australia, Canada, China (including Hong Kong), Ghana, Germany, India, Indonesia, Pakistan, the Philippines, the Russian Federation, Saudi Arabia, Taiwan and the United Kingdom.

Although 70 of the incoming students come from a relatively small number of colleges and universities (17), with the largest contingent (also 17) coming from Stanford), 39 different undergraduate programs are represented. In addition, 14 students have also completed either a Masters or a Doctorate in addition to their undergraduate degree. Nine students join Stanford’s MSTP (Medical Science Training [MD/PhD] Program) and at least an equal number will elect to pursue a PhD degree in addition to an MD over the next year or two. Many others will elect to pursue joint degrees with one of the six Stanford Schools where we have joint programs or with UC Berkeley for an MD/MPH degree.

Our incoming students join Stanford with many other accomplishments, talents and interests beyond undergraduate and graduate degrees. Some 30 percent of the incoming students already have peer-reviewed publications, nine have been varsity athletes and twenty have spent at least three months working outside the US.

The vast majority of the incoming students joined with some 25 rising second year students led by Lindsay Sceats and Megan Roosen-Runge for a three-day “SWEAT” (Stanford Wilderness Experience Activity Orientation Trip) Camping Trip from August 18-21 just prior to attending orientation to medical school. This has proven to be a great entry to Stanford – fostering new friendships and shared experiences. The orientation

culminated with the “Stethoscope Dinner” on Friday evening, August 24th, which is co-sponsored by the Stanford University Medical Center Alumni Association (SUMCAA). This annual event represents a wonderful opportunity to celebrate the entry of our new students, along with their families, into our Stanford community and family. Dr. Charles Prober, Senior Associate Dean for Medical Education, served as a wonderful “master of ceremonies.” Dr. Linda Clever, Associate Dean for Alumni Affairs, in her welcoming comments, made the analogy between the new community of students and families and redwood trees, which exist in groves, share common roots and help support each other – each is stronger as a member of a community than standing alone. The importance of being part of the new Stanford family and community was echoed elegantly in the welcoming comments of Roxana Daneshjou, President of the Stanford Medical Student Association and SMS 4.

In my welcoming comments at the Stethoscope Dinner I highlighted three points. First was the relevance and symbolic importance of the stethoscope and why we celebrate it at the beginning of medical school. As you likely know, Rene Laennec, a French physician, invented the stethoscope in 1816 to improve the diagnosis of chest conditions. While it is distinctly unusual for any invention or innovation to last for as long as the stethoscope (and indeed there are a number of more precise tools available to clinicians today), this device still has practical and symbolic importance in medicine and, I think, at Stanford specifically. Discovery and innovation are the underpinnings of our missions and efforts at Stanford, and the stethoscope is evidence of the transformative potential of invention. Equally importantly, the stethoscope connects the physician to the patient, compels touch as a symbol of humanism, and also underscores the importance of listening – to the sounds of illness and their verbal and nonverbal expressions in those we serve. Connecting innovation and discovery with humanism and professionalism is at the heart of Stanford Medicine, and the Stethoscope celebration – including giving a new stethoscope to each of our students as part of the entrance to medical school – helps underscore our core values and our aspirations for our future students.

My second point was the importance of focusing on health and wellbeing and not simply on disease as we strive to renew and reshape our medical care systems in the US. This is essential to controlling the spiraling costs of the medical care we provide and, indeed, to the future of our nation. I also emphasized the importance of each student and future physician fostering and promoting her or his own health and wellbeing. A career in medicine is a lifelong journey – in fact, it is a linked series of marathons (really ultra-marathons) – and being as fit and able oneself serves as both a model for health and a means to ensure and enhance one’s ability to deliver care.

Finally, I emphasized the importance of Stanford students learning and taking positions of leadership in whatever career path they choose or community they join. The enormous challenges we face today – and will surely need to address in the future – requires leaders, advocates and champions who help create and discover knowledge, improve lives and care for individuals and communities. We have been part of a rich legacy of leaders coming from Stanford Medicine in the past and have every reason to hope that our new students will become the leaders of tomorrow.

I am pleased to share the names of our incoming 2012 class of Stanford medical students:

Muthuraman Alagappan

Stanford – BS, Biochemical Engineering

Noel Fahed Ayoub

UC Los Angeles – BS, Integrative
Biology and Physiology

Margaux Black

Harvard – BA, Psychology

Elena Brandford

Pomona College – BA, Public Policy
Analysis - Chemistry

Carson Burns

Whitman College – BA, Biochemistry &
Molecular Biology

Sebastian Caliri

Yale – BS/MS, Molecular Biophysics &
Biochemistry

Harvind Chahal

UC Berkeley – BA, MCB-Biological
Chemistry

Julia Chandler

Harvard/Pace – BA/MS,
Economics/Adolescent Education

Arhana Chattopadhyay

Harvard – BA, Chemical and Physical
Biology

Mei-Hsi Chen

U of Toronto – BS, Laboratory Medicine
and Pathobiology

Brian Cheung

U of Michigan – BS/MS/PhD,
Aerospace Engineering/Mechanical
Engineering

Bina Choi

MIT – BS, Chemistry

Raymond Deng

Washington St. Louis/Harvard –
BA/MPH, Biology, English
Literature/Health Policy

Anjali Dixit

Stanford/Columbia – BS/MPH,
Biological Sciences/Public Health

Christopher Dove

Truman State – BA, Biology,
Philosophy and Religion

Benjamin Dulken

U of Washington – BS, Bioengineering

Anne Erickson

Stanford – BA, Human Biology

Rogelio Esparza

Princeton – BA, Molecular Biology

Natalia Festa

Harvard – BA, Sociology

Alexander Fogel

CalTech – BS, Business Economics and
Management

Michael Fu

U of Pennsylvania – BS, Bioengineering

Trit Garg

UC Berkeley – BA, Public Health

Megan Garland

Boston U – BA, Chemistry,
Neuroscience

Gregory Gaskin

Stanford – BS, Science, Technology and Society

Benson George

MIT – BS, Biology

Yannick Goeb

UC Los Angeles – BS, Physiological Science

Angela Guerrero

CSU Los Angeles – BS, Biochemistry, Chemistry

Lichy Han

Johns Hopkins – BS, Applied Mathematics and Statistics, Biomedical Engineering

Harrison Hines

Duke – BA, Chemistry, Religion

Karen Hong

Johns Hopkins – BA, Public Health

Brian Hsueh

Princeton – BA, Computer Science, Engineering Biology, Neuroscience

Grace Hunter

Stanford/London School of Hygiene – BA/MS, Human Biology/Public Health

Michael Hurley

MIT/Stanford – BS/MS – Materials Science and Engineering/Epidemiology

Diana Huynh

Stanford – BS, Biology

Nadir Ijaz

Duke – BS, Chemistry

Zarah Iqbal

Columbia – BA, Neuroscience and Behavior

Joshua Jaramillo

Brigham Young U – BA, Latin American Studies

Rashmi Jasrasaria

Harvard – BA, Social Studies

Julia Jezmir

Boston U – BA, Biochemistry & Molecular Biology

Maxwell Kligerman

Duke – BA, Political Science

Anisha Kumar

Harvard – BA, Anthropology

Ami Kumordzie

Johns Hopkins – BS, Biomedical Engineering

Grace Laidlaw

Stanford – BS, Biology

Joyce Lee

UC Berkeley – BA, Molecular Biology

Alexander Li

Yale – BS/MS, Molecular Biophysics & Biochemistry

Matthew Li

U of Alberta – BS, Biological & Physical Sciences

Grant Lin

Indiana U – BS, Biochemistry, Neuroscience

Emily Lines

U of Chicago – BA, Biological Sciences

Brian Liu

Johns Hopkins – BS, Biomedical Engineering

Lydia Maurer

Yale – BA, Political Science

Amar Mirza

University of Georgia – BS, Biochemistry & Molecular Biology

Leslie Modlin

Duke – BA, Program II: Biopsychosocial Health

Nuriel Moghavem

Columbia – BA, Neuroscience and Behavior

Tara Mokhtari

MIT – BS, Chemistry

Margaret Mumbi Mongare

Smith College – BA, Biochemistry

Alexander Morgan

Brandeis/Stanford – BA/MS/PhD, Physics, Biomedical Informatics

Michael Nedelman

Yale – BA, Film Studies

Thuy Nguyen

Stanford – BS, Biology

Michelle-Linh Nguyen

Tufts – BA, Anthropology

Colin O'Brien

Brown – BS, Human Biology

Janet Okogbaa

Stanford – BA, Human Biology

Albert Pedroza

Arizona State – BS, Biochemistry

Marcelina Perez

Stanford – BS, Biology

Noelle Pineda

Stanford – BA, Human Biology

Lauren Pischel

Brown – BS, Biology

Elizabeth Qin

Washington U St. Louis – BA, Biology

Meera Ragavan

U of Pennsylvania – BS, Business, Biology

Suchita Rastogi

Washington U St. Louis – BA, Biochemistry

Himabindu Reddy

Washington U St. Louis/Columbia – BA/MPH, Anthropology, Biology/Sociomedical Science

Caitlin Roake

Stanford – BS, Biology

Thomas Roberts

U of Virginia – BA, Interdisciplinary Studies

Scott Rodriguez

St. Mary's College/UCLA – BS/MS, Chemistry

Daniel Rogan

U of Arizona – BS, Molecular and Cell Biology

Janelle Ruiz

Loyola Marymount U – BA/BS, Biology/Psychology

Shyam Sathyamoorthi

Tulane – BS, Cell and Molecular
Biology

Zahra Sayyid

Stanford – BS, Biology

Afaaf Shakir

NYU – BS, Neuroscience

Timothy Singer

Carleton College – BA, History

Bernard Siu

U of Pittsburgh – BS, Bioengineering

Holly Stewart

Tufts – BS, Biology, Community Health

Sarah Stewart

Stanford- BS, Materials Science and
Engineering

Priscilla Sugianto

UC Los Angeles – BS, Biochemistry

Kenneth Tran

U of Virginia – BS, Biomedical
Engineering

Madina Tugizova

Stanford – BS/MA, Biology/Russian,
East European/Eurasian

Jessica Vernon

Stanford – BA, Economics, Political
Science

Ellen Wang

U of Pennsylvania – BA, Biology

Caitlin Winget

U of Michigan – BS/MS, Biomedical
Engineering

Diane Wu

UC Berkeley – BS,
Microbiology/Bacteriology

Swati Yanamadala

Yale – BA, Biology

Cissy Yang

Stanford – BS, Biology

Michael Zhang

Harvard – BA, Economics

Alex (Gefei) Zhu

Yale – BS, Chemistry

The Challenging Issue of Student Mistreatment

A commentary on student mistreatment directly following a welcoming of Stanford's 2012 incoming class of medical students is an ironic juxtaposition. All of us at institutions like Stanford – or any medical school – would like to believe that we always treat our students and trainees with respect and professionalism. Sadly, this does not seem to be the case. I raised this issue in the February 21st Dean's Newsletter in a commentary entitled "*A Respectful Learning Environment for Our Students,*" which included our published "Standards of Conduct for the Teacher-Learner Relationship at the Stanford School of Medicine." I revisited this topic in an April 23rd article "*More Thoughts About Our Learning Environment.*" Since then we have had a number of discussions and reviews with leaders, students and trainees about the disturbing realities that a number of our students perceive and experience, especially humiliation and particularly in clinical settings. These negative student experiences can come from interactions with clinical

faculty but also from residents, other healthcare professionals (most notably nurses) as well as from patients and other students. And they are not unique to Stanford. I have been engaged in a national dialogue about student mistreatment with members of the AAMC Council of Deans, since virtually every medical school is witnessing reports by students of mistreatment, mostly in the form of humiliation, in clinical learning environments.

This issue has been recently addressed in two important articles in the July issue of *Academic Medicine* that further highlight the extent and depth of these issues along with recommendations for the tremendous cultural transformations needed to address and deal with them. I call both of these articles to your attention and encourage you to review them. They are: *A Culture of Respect, Part 1: The nature and Causes of Disrespectful Behavior by Physicians* (see:

http://journals.lww.com/academicmedicine/Fulltext/2012/07000/Perspective_A_Culture_of_Respect_Part_1_The.10.aspx) and *A Culture of Respect, Part 2: Creating a Culture of Respect* (see:

http://journals.lww.com/academicmedicine/Fulltext/2012/07000/Perspective_A_Culture_of_Respect_Part_2_.11.aspx). Of interest, the lead author on these two publications is Dr. Lucien Leape, who played a seminal role in highlighting the prevalence of medical errors in clinical settings and the call for a culture of safety in the 1999 Institute of Medicine Report “To Err is Human: Building a Safer Health System” (see: <http://www.iom.edu/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf>).

While student mistreatment and patient safety share some similarities in their ingrained social dynamics (among other behavioral factors), such as the fact that they have become very much a part of the fabric of medicine (including, ironically, medical education), there are also differences. Expectations between teachers and learners have surely evolved over the years, and behaviors that were once tolerated and even accepted as normative are now seen (even in retrospect) as unacceptable. Any review of the kinds of disruptive behaviors that occur throughout our medical system (including in education settings) would be seen as shocking to virtually any reasonable individual. Here is a list of examples of disruptive behavior that was included in the Leape article referenced above:

Examples of Disruptive Behavior

Inappropriate words

- Profane, disrespectful, insulting, demeaning, or abusive language
- Shaming others for negative outcomes
- Demeaning comments or intimidation
- Inappropriate arguments with patients, family members, staff, or other care providers
- Rudeness
- Boundary violations with patients, family members, staff, or other care providers

- Gratuitous negative comments about another physician's care
- Passing severe judgment or censuring colleagues or staff in front of patients, visitors, or other staff
- Outbursts of anger
- Behavior that others would describe as bullying
- Insensitive comments about the patient's medical condition, appearance, situation
- Jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance, or socioeconomic or educational status

Inappropriate actions/inaction

- Throwing or breaking things
- Refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care
- Use or threat of unwarranted physical force with patients, family members, staff, or other care providers
- Repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available
- Repeated and unjustified complaints about a colleague
- Not working collaboratively or cooperatively with others
- Creating rigid or inflexible barriers to requests for assistance/cooperation

I do not doubt that virtually every person in our community would find these kinds of behaviors unacceptable. Unfortunately they occur – across the nation and also at Stanford. I share this list and the articles cited above with you to call attention to this important issue and to the fact that we need to address it. As noted, a challenge is that this is very much of a systemic issue – expressed by physicians, trainees, nurses, patients and students. Addressing these challenges will need to be done in a multifaceted way and will require reflection and response by our community that will focus both on the way we might behave as individuals and on our tolerance for the behavior of others. We anticipate a number of discussions over the next months with leaders of our clinical departments, residency program directors and medical center leaders that will help us achieve our goals of a respectful learning environment. This is essential.

Promoting Health and Well Being in Healthcare Professionals

I commend the group of medical student leaders who have made the decision to join forces with *Doctors for America* to promote health and well being among physicians and professionals. This is part of national initiative known as DocsRun that will have its first “big event” being a group wide participation in the upcoming Palo Alto Moonlight Run on Friday evening, September 28th. The team includes medical students Rich Joseph, Hayley Wheeler, Nicole Arkin, Megan Roosen-Runge, Adam Daoud, Michael Yokell, Patrick Sullivan and Katie Ransohoff. In addition to promoting health they are also hoping to raise funds for the Stanford Cardinal Free Clinics – both highly meritorious activities. The Palo Alto Weekly Moonlight Run & Walk on September 2 features a 5K

walk that begins at 7:00 p.m. as well as a 10K run starting at 8:15 p.m. and a 5K run beginning at 8:45 p.m. For further details you can go to: www.dr sforamerica.org/docsrun. The team will also be hosting training sessions, the first of which will be on September 5th at 5pm on the LKSC lawn.

As a longtime and very dedicated runner I really support this program. While it is true that I have been a bit sidelined over the past couple of months I can still say without any equivocation that significant physical activity and exercise is an outstanding way to promote one's health, wellbeing, and endurance. I will likely have to take a rain check on this year's midnight run – but I will certainly be there in spirit and hope you get there in body and soul!

A Look Back To ARRA and a Case for the Future

As we enter the season of national acrimonious political debate and accusations of what has worked and not worked to improve the economic downturn that began in 2008, I was pleased to receive a recent analysis of the impact of ARRA funding on the Stanford University School of Medicine. You will recall that the American Recovery and Reinvestment Act of 2009 committed significant funding to the National Institutes of Health to promote discovery, innovation and job creation. Along with medical schools and academic health centers across the nation, Stanford faculty competed for ARRA funding. While we have assessed the impact of this funding at prior points in time, the most recent survey was done in 2012. It sought to assess the impact of ARRA funding on job creation and job retention and on the advancement of science.

The survey questionnaire was administered by our Office of Institutional Planning and was sent to the 141 Principal Investigators who had, in total, received ARRA funding for 241 grants amounting to \$123 million in support. The questionnaire had a 91% response rate. Overall some 21% of School of Medicine full-time faculty received an ARRA grant. The impact of the funding is notable: according to the PIs surveyed, 232 jobs were created – nearly 1.8 jobs per PI, and, of these, 180 have been retained. Also important is the fact that some 210 individuals already employed kept their jobs as the result of ARRA funding to Stanford PIs – the majority at Stanford (56%), the rest in other academic settings or in industry or government. Nationally, the NIH has estimated that some 50,000 jobs were created or retained as a result of ARRA funding.

In addition to creating or preserving jobs, the ARRA funding received by Stanford faculty had a tremendous impact on scientific productivity. Over 270 scientific publications in major journals (nearly 2.2 per PI) have resulted from ARRA funding. Further, work supported by ARRA has resulted in a number of inventions as well as the creation of new companies and has also led to follow-up funding from NIH and other granting agencies. Both in the creation of jobs and in the creation of new knowledge, ARRA has had a clear and important impact – on Stanford and our community, locally and beyond. This is not really a surprise, since a number of studies have demonstrated the impact of biomedical research on economic vitality as well as in the creation of new

knowledge and, over time, improvements in health and the treatment and prevention of disease.

Our nation's investment in biomedical research, largely through the National Institutes of Health, has made the US a world leader in the biosciences and medicine. Sadly, except for the ARRA funding, we are now approaching a decade of time during which NIH funding has been flat to declining– with major decrements in biomedical purchasing power. The long-term consequences of these declining investments in research are enormous and tragic, especially given the extraordinary opportunities that abound. Even for the most seasoned and successfully NIH funded faculty, concerns about the future are serious and highly worrisome. In addition to the amount of time spent in writing grants and exploring new funding sources, the ability to propose the most creative and innovative research becomes a question mark when study groups and research councils focus on more of what is achievable than what can be imagined. Of course, our broad institutional fears are heightened as we move toward the year's end and the prospect of a federal budget sequestration that could result in across the board reductions in research funding. If executed this will have a further damaging effect on our research mission – as well as our faculty and students.

Continuing our advocacy and support for basic research must remain at the very top of our goals and initiatives – and hopefully, it will for our national leaders as well. The case for support is clear and even though we face numerous economic challenges, investing in biomedical research has payoffs in every dimension, including our leadership as a nation in innovation and discovery.

Upcoming Events: Future of Health Care in American: New Hopes, New Fears

Friday September 14, 2012
2:30 – 4:00 P.M.
Rm. 130, Li Ka Shing Center
291 Campus Drive

This Stanford Health Policy Forum on [September 14](#), will focus on where our health care system is succeeding, where it is failing and where it is going in the future with speakers [Dr. Ezekiel Emanuel](#), the Chair of Medical Ethics and Health Policy at the University of Pennsylvania. This discussion will conclude with a dialogue with the audience. For more information, visit: <http://healthpolicyforum.stanford.edu/>

Awards and Honors

- ***Dr. Camran R. Nezhat***, Adjunct Clinical Professor of Obstetrics and Gynecology and of Surgery, is the 2012 recipient of the Mentor Award of the College of Obstetrics and Gynecology.

- **Dr. Mark D. Pegram**, Director of the Breast Cancer Oncology Program at the Stanford Women's Cancer Center, became the inaugural holder of the Susy Yuan-Huey Hung Professorship at a lovely ceremony on Monday evening, August 20th. This new professorship was made possible by an estate gift from Ms. Susy Hung, who died in 2010 and who was dedicated to education, medicine and cancer, along with a major gift from Jill and John Freidenrich. We are deeply grateful to the Hung family for their donation and continually grateful to the Freidenrich family, without whom this professorship could not have been established. The Freidenrich gift is even more meaningful in that they elected not to receive any naming acknowledgement in the professorship – allowing it instead to honor the memory of Suzy Yuan-Huey Hung. The Hung family and the Freidenrich family are united in their support for breast cancer research and treatment – which will now be further advanced by this new professorship. Thus, special thanks go to the Hung and Freidenrich families.
- Please also join me in congratulating Dr. Pegram and Dr. Nezhat..

Appointments and Promotions

Jennifer Andrews has been appointed to Clinical Assistant Professor of Pathology and of Pediatrics, effective 7/16/2012

Raffi S. Avedian has been reappointed to Assistant Professor of Orthopaedic Surgery, effective 10/01/2012

Mehrdad Ayati has been promoted to Clinical Assistant Professor of Medicine, effective 6/16/2012

Brooks A. Bahr has been promoted to Clinical Assistant Professor of Dermatology, effective 7/1/2012

Sowmya Balasubramanian has been appointed to Clinical Assistant Professor of Pediatrics, effective 8/15/2012

Courtenay Barlow has been appointed to Clinical Assistant Professor of Pediatrics, effective 9/1/2012

Juliana Barr has been reappointed to Associate Professor of Anesthesia, effective 7/01/2012

Sanjay Basu has been appointed to Assistant Professor of Medicine, effective 9/01/2012

Anne Benham has been appointed to Clinical Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

David A. Bergman has been reappointed to Associate Professor of Pediatrics, effective 8/01/2012

Nancy A. Bitar has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 5/1/2012

Brian Blackburn has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Mark Boddy has been appointed to Clinical Associate Professor of Obstetrics and Gynecology, effective 9/25/2012

Clark A. Bonham has been reappointed to Associate Professor of Surgery, effective 8/01/2012

Rondeep Brar has been appointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Maurice Buchbinder has been appointed to Clinical Professor of Medicine, effective 7/1/2012

Sang-ick Chang has been appointed to Clinical Professor of Medicine, effective 8/1/2012

Aarti Chary has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2012

Adam De la Zerda has been appointed to Assistant Professor of Structural Biology effective 8/01/2012

Jun Ding has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 8/01/2012

Robert Dodd has been reappointed to Assistant Professor of Neurosurgery and of Radiology, effective 8/01/2012

Katherine Eisen has been promoted to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 7/1/2012

Tarek El-Sawy has been appointed to Clinical Assistant Professor of Ophthalmology, effective 8/1/2012

William O. Faustman has been reappointed to Clinical Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/1/2012

Dean Felsher has been promoted to Professor of Medicine and of Pathology, effective 8/01/2012

Daniel C. Garza has been reappointed to Assistant Professor of Orthopaedic Surgery and of Surgery, effective 8/01/2012

Gregory H. Gilbert has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2012

Aaron Gitler has been appointed to Associate Professor of Genetics, effective 7/01/2012

Kevin Graber has been promoted to Clinical Associate Professor of Neurology & Neurological Sciences, effective 8/1/2012

Susan Hintz has been promoted to Professor of Pediatrics, effective 6/01/2012

Michelle Holmes has been reappointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2012

Robert Horowitz has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2009

Joyce J. Hsu has been reappointed to Clinical Assistant Professor of Pediatrics, effective 7/1/2012

James Kahn has been appointed to Professor of Medicine, effective 7/01/2012

Fahd R. Khan has been promoted to Clinical Assistant Professor of Neurosurgery, effective 7/21//2012

Sarita Khemani has been appointed to Clinical Assistant Professor of Medicine, effective 8/13/2012

Holbrook Kohrt has been appointed to Assistant Professor of Medicine, effective 8/01/2012

Michael (Zach) Koontz has been appointed to Clinical Assistant Professor of Medicine, effective 9/1/2012

Marc B. Lee has been reappointed to Clinical Assistant Professor of Neurosurgery, effective 9/1/2012

Peter Lee has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Steven Long has been appointed to Clinical Associate Professor of Pathology, effective 7/1/2012

Peter Li has been appointed to Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, 9/1/2012

Geoffrey Lighthall has been reappointed to Associate Professor of Anesthesia, effective 8/01/2012

Sermsak (Sam) Lolak promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 8/1/2012

Jennifer McNab has been appointed to Assistant Professor (Research) of Radiology, effective 10/01/2012

Katherine Mackenzie has been promoted to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 10/1/2012

Samuel A. Mireles has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2012

Erik Mittra has been promoted to Clinical Assistant Professor of Radiology, effective 8/1/2012

Kara Motonaga has been promoted to Clinical Assistant Professor of Pediatrics, effective 8/1/2012

Jose G. Montoya has been promoted to Professor of Medicine, effective 8/01/2012

Judith A. Murovic has been promoted to Clinical Assistant Professor of Neurosurgery, effective 8/1/2012

Donald M. Olson has been reappointed to Associate Professor of Neurology and Neurological Sciences, effective 10/01/2012

Charles Owyang has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 7/1/2012

Jonathan P. Palma has been appointed to Clinical Assistant Professor Pediatrics, effective 7/1/2012

Judith Prochaska has been appointed to Associate Professor of Medicine, effective 7/01/2012

Daryn Reicherter has been promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

Echo Rowe has been reappointed to Clinical Assistant Professor of Anesthesia, effective 9/1/2012

Erika Rubesova has been promoted to Clinical Associate Professor of Radiology, effective 8/1/2012

Jeannie L. Seybold has been reappointed to Clinical Assistant Professor of Anesthesia, effective 2/1/2013

Davud Sirjani has been reappointed to Clinical Assistant Professor of Otolaryngology – Head & Neck Surgery, effective 7/31/2012

Patrick David Soran has been reappointed to Clinical Assistant Professor of Anesthesia, effective 10/1/2012

Matthew Strehlow has been promoted to Clinical Associate Professor of Surgery, effective 7/1/2012

Christopher Ta has been promoted to Professor of Ophthalmology, effective 8/01/2012

Joyce Teng has been appointed to Clinical Associate Professor of Dermatology and of Pediatrics, effective 7/15/2012

Wendy T. Thanassi has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/2012

Allison L. Thompson has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

Chih-Hung (Jason) Wang has been appointed to Associate Professor of Pediatrics, effective 7/01/2012

William P. Wilkes has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 7/1/2012

Sanno E. Zack has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 7/1/2012

Michelle Zebrack has been promoted to Clinical Associate Professor of Pediatrics, effective 7/1/2012