



Chief of Staff - Candidate Statements

Chief of Staff Candidates:

Bryan Bohman, MD
William Maloney, MD

Vice Chief of Staff Candidates:

Raymond Gaeta, MD
Camran Nezhat, MD
Geoffrey Rubin, MD
Rosaline Vasquez, MD

Chief of Staff Candidate Statement: [Bryan Bohman, MD](#)

This election process really began a few years ago, when some of us realized that all parties – the Hospital, School of Medicine, and the entire medical staff - would benefit greatly from a stronger voice of the bedside clinician in the clinical affairs of the hospital. A crucial aspect of that was to provide for self governance of the medical staff, including of course the fundamental principle of elected, rather than appointed, leaders.

This was a primary goal when I ran for Medical Staff VP just over two years ago, and is obviously coming now to fruition, but one result of that success is that the position of President is being transformed into the new COS position just as my two year term is beginning. I'm running now for COS because much work remains to be done, and because the first terms of this new office will define the nature of its role for the future.

In my view, the following are a few of the qualities and abilities that are most important in our first elected COS:

- A demonstrated sustained interest in medical staff affairs, with the ability and willingness to devote the time (35 – 50% FTE) and energy to do the job right. My performance in recent years amply demonstrates that I will make that effort.
- A passion for quality improvement, the single most important function of the medical staff organization. In this era of increasing public transparency, clinical quality is absolutely crucial – not just to the hospital and our patients but also to the continued success of our teaching and research missions. I've worked vigorously and successfully on our quality challenges in recent years, including organizing the highly successful first annual SHC Summit for Clinical Excellence.
- Finally, we need a COS who is accessible and who will truly listen to the entire medical staff and vigorously and steadfastly represent their interests, while at the same time working productively with other medical center leaders, which I have certainly done as VP and President. Details of my ongoing efforts to improve our ability to communicate our suggestions and concerns to hospital and medical staff leadership are in the January Medical Staff Update (<http://med.stanford.edu/shs/update/archives/JAN2008/president.htm>).

The service chiefs, deans and others who are already established in the power structure of the medical center have great influence on hospital affairs at many levels, and quite rightly so. But the medical staff organization is meant to be different – to stand, in part, outside those hierarchies as a more direct forum for the entire medical staff - those of us who do the clinical heavy lifting in this hospital and subsequently are often in the best position to know what changes are needed.

I've been at Stanford for over 25 years now, beginning with residencies in internal medicine and anesthesiology, and the fact that I am still here isn't *only* due to inertia; it also reflects a strong affinity with the institution and my colleagues. Our medical staff organization belongs to all of us, and we should elect leaders who listen, understand and respond to our ideas and needs. I believe I am doing that as your current Medical Staff President and I hope you'll give me the opportunity to continue this effort as Chief of Staff.

Please feel free to contact me anytime at bbohman@stanfordmed.org or pager 10166.

Chief of Staff Candidate Statement: [William J. Maloney, MD](#)

It is a privilege to be nominated for the newly defined chief of staff position at Stanford Hospital. If elected, my goal is to provide effective advocacy for issues of importance to the entire medical staff. As those of you who know me personally understand, I have been a champion for a strong and independent medical staff which plays an active role in helping to decide the major issues facing our medical center. Of paramount importance are our continued efforts in enhancing quality as well as the overall patient experience at Stanford. Achieving these goals is critical in not only maintaining but enhancing our regional and national reputation providing a high quality, user friendly environment for our patients and our medical staff. These efforts will require participation of physician leadership across the institution.

Although I am now chair of the orthopedic surgery department at Stanford, my years spent in practice at the Palo Alto Medical Foundation provide me with an appreciation for both university and community perspectives. While at the Palo Alto Clinic, I served on several hospital committees and was the elected deputy chief for orthopaedic surgery. My eight years at Washington University in St. Louis provides me with insights into how another leading medical center addresses similar challenges. Since returning to Stanford in 2004, in addition to redeveloping a busy surgical practice, I have been active in hospital affairs serving many committees including the OR committee, the credentials committee, the clinical management council and the medical executive committee (formerly the medical board).

In this first term of a newly created chief of staff position, I believe that I can help to define the role of this new leadership position as one of importance and influence. My broad background in leadership activities and program development has equipped me with the tools needed to represent the medical staff in a dynamic way.

Vice Chief of Staff Candidate: [Raymond Gaeta, MD](#)

Stanford University Medical Center is a renowned research intensive institution to which our patients often travel a great distance usually by referral for our expertise. The cutting edge treatments offered here are an attraction; however the clinical care provided to them is what leaves a more lasting impression. The experience of our patients and referring physicians must be improved from the point of initial contact with our referral centers until they are discharged from care and pertinent information about the care delivered is returned to the referring physicians.

Our physicians, both community and faculty, must lead the way in improving the quality of the patient care that can be embraced by our nurses and staff. Patient safety is paramount; however, our improvement should not only come in the JCAHO measured categories but also in other meaningful ways to enhance the patient experience. Our patients will always recognize our research expertise, but should want to be treated at Stanford because it is where the best care is given. It is the place where they will send their friends and loved ones because it is the best and most compassionate place to be treated.

Often, I have heard that we should strive to provide service like the Ritz-Carlton Hotels. We are much more complex than the hotel industry and it is our challenge to integrate the multiple working pieces of our institution into a more user friendly environment for our patients, staff, nursing and physicians alike. I believe that the essential ingredients for our continued renaissance are at hand. Our magnificent discoveries coupled with our wealth of experienced physicians bode well for us as we train the next generation of physicians.

I have served at the medical center as President of the Medical Staff and as Chair of the Faculty Senate. I continue on the Well-Being Committee as well as on several of the committees of the senate. I have seen first hand the creativity and the initiative of our staff and the need to be inclusive and integrative of all our constituents if we are to succeed. The experience of our patients and referring physicians can improve while making Stanford a desirable place for our clinical staff to care, teach, and investigate. The pride in this institution should be readily evident to all who cross our path.

The medical staff will lead the way and I look forward to working with the administration and medical staff to make it happen.

Vice Chief of Staff Candidate Statement: [Camran Nezhat, MD](#)

My primary goal in seeking the position of Vice-Chief of Staff at Stanford University Hospital is to assist the physicians on the Stanford faculty and in the community to overcome the increasing difficulties encountered in the practice of our profession, ultimately making our work more enjoyable, fruitful and associated with less bureaucracy.

I would be dedicated to continuing the excellent work of Dr. Bohman, particularly emphasizing the improvement of the quality of patient care, as well as, staff and faculty morale. Ultimately, the attitudes of the faculty and staff reflect on Stanford as an institution and lead to the outstanding care and educational missions of the Hospital. I will analyze currently available data and collect new data on factors that contribute to job satisfaction and faculty retention. I would fully encourage breakfast and lunch meetings for all physicians which would provide a platform for meaningful discussions about ways to improve the working environment and unite members of the staff in a shared purpose.

I was recruited to Stanford University Hospital more than 14 years ago to share my knowledge on Minimally Invasive Surgery, which I had pioneered and developed with other disciplines of surgery. As Director of the Stanford Endoscopy Center for Training and Technology, I collaborated with Gastro Intestinal Surgeons, GU Surgeons, Neurosurgeons, Cardiothoracic Surgeons, Vascular Surgeons and Gynecologic Surgeons. We transformed Stanford University Medical Center into one of the first and foremost academic centers in the world to embrace Minimally Invasive Technology to become one the leaders in this discipline in the world.

During this period I have been spending 4-5 days out of the week operating and collaborating with different disciplines (both on the faculty and community side) of medicine and surgery caring for patients. I have been teaching students, residents and fellows as clinical professor of Surgery and OBGYN and now as adjunct clinical professor of Surgery and OBGYN. I have been a member of the OR and QA committee, was Deputy Chief of the Dept. of OBGYN and a member of the Medical Executive Committee, thus enabling me to become thoroughly familiar with the hospital procedures, processes and preferences of treatment which directly affect the medical care provided by the practicing physicians.

On the national level I have experience on numerous committees as a Board member or a member including but not limited to By Laws, education committees, etc. in different societies. Also I have experience as Past President, President, Vice President and Board Member of the largest multi disciplinary Laparoscopic Society in North America. I have been the forerunner of performing more than 20 new Laparoscopic procedures. I have co-authored three text books, published more than 500 Peer reviewed abstracts, scientific articles, book chapters, editorials, etc.

I have been involved in numerous academic areas and I am confident my experience and dedication in these areas will enable me to continue serving my profession, the university and the community, both doctor and patient.

I am humbled by your consideration of me for this position.

Vice Chief of Staff Candidate Statement: [Geoffrey Rubin, MD](#)

The newly established Chief-of-Staff and Vice Chief-of-Staff positions offer a tremendous opportunity to set a precedent for active medical staff leadership by shaping the relationships among the new VPMA, service chiefs, deputy service chiefs, SHC leadership and our clinicians. The medical staff faces challenges, including a new medical information system, enhancing focus on clinical quality and service and navigating the challenges of major building projects throughout the SUMC campus. With a critical focus of reaching out to faculty and community physicians alike, I believe that the Chief of Staff must consistently represent the academic nature of our medical center to SHC leadership, so that our clinical enterprise is in synch with our mission of innovation in patient care, education and research.

I have been a member of the SHC medical staff for 20 years, initially as a resident and fellow in radiology, joining the faculty in 1993. In 1996 I founded the 3D Imaging Laboratory, which I continue to direct and provides advanced visualizations and analyses of imaging data to SHC patients with over 9,000 exams processed in 2007. I also founded the Section of Cardiovascular Imaging in the Department of Radiology in 2000, based upon the evolving role of non-invasive techniques for diagnosing and characterizing cardiovascular diseases. As the chief of this section, I work with a multidisciplinary team that includes members of the Department of Radiology and the Division of Cardiovascular Medicine. I care deeply about my clinical work and the welfare of all of our patients.

In 2005 I became Associate Dean for Clinical Affairs in the School of Medicine. In that role, I have been a member of the Medical Executive Committee for just over two years, during which time I have been a member and regular participant of a variety of committees and working groups of the medical staff organization, SHC, and the School of Medicine as follows:

- Quality Improvement Patient Safety Committee
- Care Review Committee
- Working Group for Clinical Quality
- Ad Hoc Committee on Medical Staff Governance
- Clinic Management Council
- Risk Management Alliance
- Clinical Information System Advisory Group
- Spheris Sponsors Group
- SHC-SOM Funds Flow Group
- Industry Interactions Task Force and Oversight Committee
- Continuing Medical Education Task Force

As Vice Chief-of-Staff and then Chief-of-Staff, I would focus on both the elements of the official job description and on the broader challenges of bringing greater definition to this new role. I want to make sure that the medical executive is a strong and independent voice, representing our diverse university- and community-based medical staff.

Vice Chief of Staff Candidate Statement: [Rosaline Vasquez, M.D., M.B.A.](#)

Stanford Hospital and Clinics (SHC) and its Medical Staff are at an important juncture. We are facing many critical challenges that will need to be addressed creatively and collaboratively. These challenges include: 1. We need to address and improve the results of many of the quality and patient safety measures which are publicly reported. 2. The adoption of Epic will require our flexibility and creativity to optimize its implementation. 3. The design and construction of a new hospital will require important and substantial input from the medical staff. 4. The payers of health care will increasingly reimburse us on pay for performance criteria. At the same time, as we address these and other challenges, we must ensure that SHC affords a positive and rewarding clinical environment for its medical staff and patients.

My long history at Stanford and extensive background in both clinical and academic medicine combined with my experience in health care administration, health care technology, quality and patient safety will allow me to address these challenges as Vice Chief of Staff and Chief of Staff. I also fully understand that the Medical Staff's diversity of academic interests, clinical practice styles and practice settings is a great asset but also poses significant challenges. I am committed to proactively identify issues that will improve the Medical Staff's day to day experience.

I arrived at Stanford as an undergraduate, longer ago than I care to admit, and have really never left. I continued at Stanford through medical school and Internal Medicine training, and spent a year on the full time faculty as part of the Departments of Internal Medicine and Emergency Medicine.

My subsequent education and experience include five years in full time Internal Medicine private practice, an MBA, and a wide variety of roles in health care administration, including consulting with health care organizations regarding health care technology, patient safety, quality, strategy, innovation and organizational assessment. I have also served as Vice President of Medical Affairs at Stanford's SKOLAR Inc. where we developed new approaches for physician education at the point of care.

I continue to be a part of the General Internal Medicine Adjunct Clinical Faculty. I have a weekly clinic at the General Internal Medicine Clinic and regularly do inpatient attending on the Internal Medicine service. I also have a consultative private practice where I see patients for second opinions and guide them through complex medical problems.

I have been quite involved with issues of Stanford's Adjunct Faculty and have served several times on the Bylaws Committee, where, most recently, we addressed the significant change in Medical Staff governance that led to these elections. I have already had the pleasure of working with many of you in the last several years as we collaborated with the Dean's office in addressing the issues facing the Adjunct Faculty and its role within the Clinical Faculty and the Medical Center.

I am confident that together we will continue to support Stanford's excellence in research, clinical medicine and teaching. I hope this give you a sense of my qualifications and perspectives. If I can answer any questions please feel free to contact me at rosvasquez@stanfordmed.org or rosaline.vasquez@verizon.net.