Dean's Newsletter
October 22, 2007

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Updating the Trustees on School of Medicine Diversity Programs

On October 8th Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, presented an update to the University Board of Trustees on the status of the School of Medicine's efforts to further enrich the diversity of our student and faculty community and to promote leadership and career development. As a medical school community we are committed to improving our educational and research opportunities by fostering and supporting as diverse a community as possible. This includes the recruitment and retention of diverse faculty, students, trainees and staff who are representative of the communities in which we work and live. This commitment has led Dr. Valantine and her colleagues to establish a series of strategic goals, and I am pleased to say that they have made progress in each. Their goals and accomplishments include the following:

1. **Goal*: Develop and monitor policies, strategies and resources for the recruitment of a diverse faculty.***
    a. *Accomplishments include*: The Office of Diversity and Leadership (ODL) has become increasingly engaged with faculty search committees. As a result, the search process, composition of search committee itself and applicant pool and short lists are being enriched with a greater diversity of candidates. This increase is aided by outreach and personal contacts and the use of existing data bases for women and underrepresented in

medicine minority candidates. In addition, a "Search Tool Kit" has been developed that addresses such topics as the issue of unconscious bias as it relates to faculty searches and interviewing recommendations and guidelines.

2. **Goal:** ***Develop and monitor policies, strategies and resources for the retention of a diverse faculty.***
    a. Accomplishments include:
        i. Faculty development workshops that address grant writing, preparation of scientific publications, negotiations and the processes involved in "Appointments and Promotions" – with the objective of making these processes as transparent and understandable as possible.
        ii. Research Awards to foster faculty diversity or to promote career development and balance for women faculty (including the newly formulated McCormick Award for junior faculty).
        iii. Attention to the facilitation of flexible work arrangements, childcare and community building events.

3. **Goal**: ***Identify and develop individual leadership potential at an early stage of faculty careers and develop a menu of leadership opportunities that become available to meet individual needs***.
    a. *Accomplishments include* the School of Medicine Faculty Fellows Program, which was launched in February 2006 and which provides a forum for junior faculty to learn leadership skills and benefit from mentoring, coaching and career planning assessment. To date 30 faculty have enrolled in the Faculty Fellows Program, of whom 50% have been women and 25% underrepresented minorities (URM). Approximately 25% of the Faculty Fellows have come from basic science departments. The participating faculty have been nearly evenly split between Assistant and Associate Professors.

       One of the outcomes of this program I am most pleased with is the community building that is fostered among the Fellows, who come from different basic science and clinical science disciplines and departments and who learn from and teach each other in the Program. Equally impressive is the fact that the senior faculty members who serve as mentors in the program and who come from both basic research and clinical departments, are equally effective – and engaged – in guiding basic and clinical faculty, thus underscoring how we can truly be one community of excellence.

    b. In addition to the Faculty Fellows Program the School has partnered with Stanford Hospital & Clinics (SHC) in a Physician Leadership Program that seeks to build skills in quality improvement as well as provide opportunities for network building. To date 56 faculty have graduated

from the School of Medicine-SHC program. The 2007-2008 program is focusing on division chiefs and chairs of smaller departments. In addition, a number of the Pediatric Faculty have participated and benefited from the leadership training programs being sponsored by the Lucile Packard Children's Hospital.

We have seen progressive changes in our faculty demographics over time – and in particular since the inauguration of our Office of Diversity and Leadership. During this period 55 new faculty were appointed to the School of Medicine, including 17 women and 4 URM, resulting in net increases in women and minorities. While admittedly a small step, it is measurable progress that reflects the efforts of department chairs and faculty across the School. True, we have a distance to travel – but it is also true that we are making progress along the way.

For additional information on the Office of Diversity and Leadership and its various activities I would encourage you to visit its new website. I particularly want to bring to your attention the fact that Dr. Valantine and Dr. Claudia Morgan, Associate Director of ODL, are currently soliciting nominations for the next Faculty Fellows Program, which will begin in February, 2008. Faculty must be nominated by their division chiefs or department chairs. Nomination information may be found at the ODL web site. I encourage interested faculty to seek nomination to this fine program.

Although the data and comments I have presented above and in prior communications focus on faculty and students, I do want to underscore that we are equally committed to assuring diversity among our staff as well. At a recent Dean's Staff meeting, Ms Cori Bossenberry, Director of Human Resources for the School of Medicine, provided an update on the 2,416 individuals who comprise the "non-academic staff", 76% of whom are women and 32% a self-identified minority (ethnicity was not defined in 28% of the total). We are fortunate in having a largely stable and dedicated staff with an average turnover of approximately 400 individuals. The reasons for turnover vary but are primarily relocation, career change or advancement, a return to school or an inadequate salary. In response to exit survey questions most departing staff indicate that they experienced positive relationships with co-workers and enjoyed the teaching, learning and research environment of the university. Notably, nearly 80% indicate that they would recommend employment at Stanford to others. While these are encouraging findings, it is important for us to put as much effort as possible into promoting an environment that fosters staff development and retention and that values men and women equally as well as individuals from the broad spectrum of socioeconomic and ethnic backgrounds.

Pediatrics Mentoring Program Launched

Dr. Christy Sandborg, Professor of Pediatrics, Director of the Child Health Research Program (CHRP) and Interim Chief of Staff at LPCH, has let me know that the Department of Pediatrics recently launched its 2008 Pilot Pediatric Mentoring Program (PPMP). This one-year pilot, which was conceived by the Career Development Subcommittee of CHRP, is dedicated to the academic success and career-development of

thirty-five Assistant Professors and Instructors in the Department of Pediatrics. A key component of the program is an eight-member "stable of mentors" who are supplemental to the mentees' primary mentors. Each mentor is loosely assigned one of four development areas: Clinical/Teaching, Research, Work/Life Balance, and Academics. The program is funded by the Department of Pediatrics, CHRP, the School of Medicine, and the Lucile Packard Foundation for Children's Health. The mentors will work with the planning committee going forward to develop tools for the program. Mentors and mentees will take pre and post program surveys as part of the program's performance measurement.

The PPMP planning committee consists of Dr. Christy Sandborg, Linda McLaughlin, Mary Chen, Dr. Hannah Valantine, and Pam Grier. More information can be found at http://med.stanford.edu/chrp/PPMP.html. This initiative promises to be an excellent addition to the career development activities for junior faculty in Pediatrics, and I look forward to hearing more about it in the months ahead.

Clinical Quality Improvements, Programs and Challenges

I have called attention in recent Newsletters to our commitment and focus on quality performance and its importance to our current and future success as an academic medical center. Like our efforts to improve diversity and enhance leadership, improving quality performance will be an ongoing effort. We will be judged and compared to our peers locally and nationally, and patients will almost certainly choose whether to come to Stanford on how well we do on national metrics and norms. As I have also noted, performing simply to the metrics or public standards, while important, is insufficient. Thankfully, a number of efforts are underway – at the Medical Center level as well as by departments and groups of faculty and staff. Earlier this year a Work Group on Quality Improvement was initiated under the leadership of Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, and Dr. Kevin Tabb, Chief Quality Officer for SHC. This Work Group, which included a number of Clinical Department Chairs as well as hospital leaders, brought forth 16 initiatives, approximately 60% of which have now been fully implemented.

Among their accomplishments and works in progress are new communication vehicles, physician and departmental quality performance profiling, annual goals to improve quality set by departments, an Executive Oversight Committee on Patient Safety that meets bi-weekly, a task force to develop metrics on quality and clinical performance to be used in the promotion of faculty with clinical responsibilities, and the development of a Center on Quality Performance and Effectiveness. As I have also noted previously, major efforts on quality performance have been underway – and continue with renewed focus – at the Lucile Packard Children's Hospital.

While these broad institutional efforts are truly important, the greatest success will come when a culture of quality performance, based on the unique aspects and challenges of different clinical disciplines, is embedded in each department and indeed in each faculty member. I am pleased that this cultural shift is not only underway but accelerating. For example, I am aware of successful efforts in the departments of

Orthopaedics, Otolaryngology, Obstetrics/Gynecology, Urology and others. I was also pleased to be invited to the Department of Surgery's Grand Rounds on October 16th for the inauguration of monthly presentations on quality and outcome presentations that are data driven and based on the efforts of surgical faculty, trainees and staff. Dr. John Morton, Associate Professor of Surgery and Director of Surgical Quality, presented a thoughtful update on a broad range of research and clinical activities aimed at improving patient quality, including the establishment of the Stanford Center for Outcomes Research and Education. I was particularly gratified to learn that programs will be directed at surgical residents, fellows and students – a key to truly creating a broad culture on quality.

While we are making progress, there is much to be done. Ultimately our success as an institution will depend on the active participation and accountability of each and every care provider. This is a goal we must not simply aspire to – we must achieve it.

LPCH to Launch Phase 2 of the Clinical Transformation Program (CTP)

On November 4, 2007, Lucile Packard Children's Hospital will launch Phase 2 of the Clinical Transformation Program. Care Provider Order Entry (CPOE) and electronic clinical documentation will be implemented on the inpatient units at LPCH using LINKS (Lucile Packard Children's Hospital Information and Knowledge System). Phase 2 marks another milestone for the development of the patient-centric electronic health record at Lucile Packard Children's Hospital. It is a vital cornerstone for improving patient safety and making LPCH a highly reliable organization. All LPCH Medical Staff members are encouraged to complete training by November 4, 2007.

Vote on Medical Staff Bylaws

Members of the Medical Staff of Stanford Hospital & Clinics will soon be receiving a ballot for the revised Medical Staff Bylaws. These bylaws have been revised to reflect changes in governance for the Medical Staff and include the **new** position of elected Chief of Staff, a position that will have a two-year term. In addition there will also be a **new** Chief of Staff elect position as well as a role for the **past** Chief of Staff. These changes are important to meet the requirements of the Joint Commission and to reflect the governance recommendations developed by the Medical Board Executive Committee and its Special Committee on Governance. ***Please do not neglect to return your ballot and support these important revisions.*** Later in the year or early next year, Medical Staff members will have the opportunity to vote for the Chief of Staff and the Chief of Staff elect. These are critical positions and will convey considerable authority. Those elected to these roles will have agreed to make considerable time and effort commitments to carry out their responsibilities. Participation by the Medical Staff in that election will serve as an important affirmation of the interest and commitment of all Members of our clinical community to this important governing body.

If you are a Member of the SHC Medical Staff please review the materials you receive and please vote on the Bylaw changes. This is most important.

Medical Testing and Motherhood: Justice Prevails

Although it seems almost unbelievable, a case has been underway in Boston involving Sophie Currier, a Harvard MD-PhD student who was denied a petition to have an additional hour break (in addition to the allotted 45 minutes) during an USMLE exam so that she could pump the milk to breastfeed her 5-month old son. Amazingly, the National Board of Medical Examiners originally refused to grant her the time for pumping, creating a vigorous debate in the medical community. The denial of such an accommodation, which has medical consequences for the mother, seemed surreal – but actually made its way to the Massachusetts Appeals Court and to the State Supreme Court, where her petition was upheld – at least so far.

Construction Projects Progressing to the Next Phase

It is increasingly apparent that the first phase of the School of Medicine master facility plan is under construction. The so-called connectivity elements project, which is relocating utilities, creating a new loading dock and preparing underground delivery tunnels to current and future research buildings, is fully underway. At the Board of Trustees meeting on October 8th, design approval was given for the Learning and Knowledge Center (thus completing the architectural phase of this project), and site and concept approval was also granted for the Stanford Institutes of Medicine 1 building. As you will recall, the LKC will be housed on the current site of the Fairchild Auditorium, and SIM1 will be on the parking lot south of CCSR. To move to the next phase, further limitations on parking are occurring (sorry!), and, in the next couple of weeks, the Fairchild Auditorium will be fenced in, new temporary sidewalks will be constructed, and the process for the demolition of the Fairchild Auditorium will commence. Because the materials will be recycled, the demolition will be more of a dismantling process. During the winter break the Beckman bridge will be taken down, and by April of 2008 construction of the new LKC will commence – at last. It is scheduled for completion in late 2010.

In tandem, work on the design of SIM1 is moving forward rapidly with a goal of completing construction of this first of a series of new research buildings by mid 2010. As this project gets underway, we are already focusing on the FIMs (Foundations in Medicine buildings) that will ultimately replace the School of Medicine Grant, Alway, Lane and Edwards buildings.

In addition to our development and transformation of the Medical School campus we are also working with the University on the North Campus at Redwood City, which will ultimately house a significant number of administrative staff and others in what will be an exciting new environment. As part of this series of location and relocation projects, we have also taken a 15 year lease at 1070 Arastradero Road– an office building next to 1050 Arastradero Road, which currently houses parts of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and the Neuroscience Institute. This facility will house faculty engaged in “dry lab” research and will provide a nucleus from which to develop excellent and exciting programs.

Obviously, a lot is going on and I will be reporting regularly on new updates and changes as they emerge and develop.

Biodesign at Stanford

Although I missed the update on the Biodesign program that was given by Drs. Paul Yock, The Martha Meier Weiland Professor in the School of Medicine and Professor of Bioengineering,and Tom Krummel, Emile Holman Professor and Chair of the Department of Surgery, to the Executive Committee on October 19th due to my travels to Shanghai (see below), I am pleased to present this update from them for your information.

> "The Biodesign program is entering its seventh year with the mission of "training the next generation of leaders in biomedical technology innovation". The core of the program is the Biodesign Innovation Fellowship, a postgraduate training program that combines engineers and physicians in a year-long process of needs finding, invention and implementation. There are two teams of fellows this year, focusing on innovations in critical care and anesthesia. Ron Pearl (Chair of Anesthesia) and colleagues have assumed a key role in organizing the teams' clinical immersion experience. The clinical areas and partner departments for next year are under discussion. Over the past six years Biodesign fellow and student teams have invented a number of new platform technologies, leading to the formation of seven venture-backed companies, four of which have FDA-approved devices. A total of 3,500 patients have been treated so far by these inventions from Biodesign trainees.
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> A new branch of the program, Stanford-India Biodesign (SIB), will launch in January '09 in collaboration with the All-India Institute of Medical Sciences (AIIMS) and the India Institute of Technology (IIT) in Delhi. A new SIB center is under construction in Delhi and the first group of five fellows has been selected. SIB Fellows will spend a total of two years at Stanford and in Delhi and will focus on inventing new technologies for the medically underserved in India.
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> Biodesign is also working with the leaders of the new Stanford Center for Clinical and Translational Education and Research (SCCTER) to develop an "accelerator" program to assist faculty and students in technology transfer of new medical devices inventions."

Soliciting Views and Comments on the Length of the Stanford Medical Student Program

In the October 8th issue of the Dean's Newsletter I presented the pros and cons regarding the length of the medical education curriculum. In my discussion I focused attention on what I referred to as the Flexible Five Plan. An important reason for my commentary was to generate and solicit discussion among our students, faculty and staff

regarding the wisdom of promoting Stanford School of Medicine as a flexible five-year program, recognizing that more than 70% of our current students spend five or more years at Stanford. From my perspective the major advantage in formalizing a Flexible Five Year Plan is that it makes clear that we believe that more than a traditional four year experience is needed to benefit fully from the Stanford experience and ideally to acquire the additional skills and knowledge to promote a career path toward scholarship, research and leadership.

The concern about characterizing our curriculum in terms of five years is that it may inadvertently discourage highly qualified students from considering or applying to Stanford or in joining the medical school even if accepted, simply because their goals have been less defined or the uncertainties of an extra year prompt them to chose a more traditional four year program. In particular, there is the concern that this might selectively bias underrepresented minority students or women from considering Stanford – something that we can all agree would be a serious breach of our institutional goals and commitments. Even so, I do believe that Stanford is unique among medical schools and that we should celebrate this reality. We should also seek communication strategies that emphasize that the Stanford Medical School experience is transformative but also flexible in providing a panoply of learning and career paths. Clearly this must also be coupled with clear guidance on our website and in oral and written communications to potential applicants as well as in our mentoring and career guidance programs for our students. This clarity must also include more transparency about the financial burdens of medical education and more specifically how the Flexible Five Plan will not incur extra costs to students – and perhaps just the opposite. At the same time, we need to make clear that we will be supportive to students who wish to complete their medical education in four years and will strive to make that experience as meaningful and productive as possible.

Since my October 8th communication I have received a number of emails from students and faculty regarding the perspective I offered in the last Dean's Newsletter. With only a single exception, the comments received were supportive of the Flexible Five Plan, highlighting the merits of being clear about our goals but also flexible for individual students. Because students are now actively applying for the 2008 incoming class it is important to provide as much guidance to them as we can – but also to let them know that Stanford is a community that welcomes open dialogue, is willing to share individual viewpoints and has, as its most important objective, the goal of providing the very best learning experience to each and every student and trainee who joins our community.

Shanghai and Stanford

On October 18-19th I had the opportunity to help celebrate the anniversary of the Shanghai Jiao Tong University School of Medicine by delivering a keynote address on the history of American medical education. During the visit I also had the pleasure of meeting a number of distinguished medical and university leaders (some with Stanford connections) and also to visit two of the Medical School's 12 major affiliated teaching hospitals – the Rujin Hospital and the Shanghai Children's Medical Center. While there are striking differences between China and the USA, I was quite struck and interested in

the commonality of interests between what we are attempting to achieve at Stanford and the goals of the faculty at Shanghai Jiao Tong University. Specifically, we share an interest in and commitment to excellence in both science and medicine and to the training of physician leaders who have an orientation to academic medicine and research.

While there are differences in the scope of our resources, I was impressed by the quality of the research facilities and the work being conducted. But I was particularly impressed by the differences in the size and scope of the programs – especially the hospital facilities and the faculty who staff them. For example, there are 12,000 inpatient beds among the 12 affiliated hospitals, and each year some 13 million outpatients are served and over 140,000 operations performed. Of course, the size of these programs relates to the population of Shanghai, which numbers over 18 million – and which continues to grow dramatically in people, infrastructure and facilities. Among Shanghai Jiao Tong's major affiliated hospitals, the Rujin Hospital, which just celebrated its 100th anniversary, is very much a teaching and academic facility with new research and education facilities. The Shanghai Children's Medical Center, which has over 400 beds, is among the finest pediatric facilities in Asia and has numerous programmatic collaborations and interactions with children's hospitals throughout the world – particularly in the USA. While I hope I was successful I sharing some insights about our approach to medical education, research and patient care, I also learned a tremendous amount about the aspirations and achievements underway in Shanghai – affirming once again how global our community is becoming and why Stanford's mission to reach out to our international colleagues is so timely, relevant and important.

Legislators Begin Setting the Bar on Gifts

During the past couple of years, I have written frequently about the interactions of the pharmaceutical and device industries with academic medical centers in general and with physicians and biomedical scientists specifically. On the one hand, institutions like Stanford are eager to forge close partnerships with industry to develop research programs to bring treatments, diagnostic products or useful concepts to the public and are committed to bringing these collaborations to fruition. This is in many ways an integral component of our overarching mission in ***Translating Discoveries***.

On the other hand, the excessive use of marketing by industry through "free lunches" gifts and other inducements – generally aimed at getting physicians or scientists to promote more favorable prescribing patterns or device utilization – has been increasingly scrutinized. In 2006 Stanford, along with Penn and Yale, provided leadership by banning a number of these marketing strategies. Our Stanford Industry Interactions Policy web site is clearly explicated about this. It prohibits our faculty, students and staff from engaging in such marketing tactics and provides other, related guidelines. These have been emulated by academic centers and teaching hospitals across the nation and are becoming more of the standard. That said, state legislators in Minnesota have set a high bar that has opened the door for additional state or even federal legislation – a process that is already underway. Specifically, in Minnesota pharmaceutical industry sales representatives are prohibited from giving doctors more

than $50 per year worth of food or gifts – dramatically curtailing the marketing activities that were previously used by industry. In addition, Minnesota now requires industry to report all consulting payments made to physicians through a publicly accessible registry. Similar actions have occurred in Maine, Vermont and West Virginia and, as I mentioned in the August 20th Dean's Newsletter, efforts are underway to make this a federal legislation.

Of course, industry has responded by shifting the groups they solicit – moving from doctors to nurses and, of course, to patients, through direct advertising. And while we can all understand and appreciate the need for industry to market its products, it is essential that as professionals we are not complicit in that process. Rather, our recommendations must remain objective, data driven and free of entanglements that confuse behavior or policies. Needless to say, this issue is very much part of the public domain, and one can envision numerous other regulations being imposed – in part because as a profession we have often failed to take on these responsibilities ourselves. I hope that can change as well.

Faculty Elected to the Institute of Medicine

On October 8th the Institute of Medicine of the National Academy of Sciences announced its newly elected members for 2007. Of the 65 newly elected members, four currently hold Stanford academic appointments and one is slated to become a member of the Stanford community next year. The newly elected members bring the current number of IOM Members at Stanford to 56. They are:

- ***Dr. Ronald Levy***, Robert K and Helen K Summy Professor of Medicine
- ***Dr. Michael Longaker***, Deane P and Louis Mitchell Professor of Surgery
- ***Dr. Matthew Scott***, Professor of Developmental Biology and Genetics and Bioengineering
- ***Paul C. Tang***, Consulting Associate Professor and Vice President and Chief Information Officer, Palo Alto Medical Foundation

In addition, Dr. Tom Sudhof, currently Chair of Neurosciences at the University of Texas Southwestern Medical Center, is anticipated to join the Stanford Community in 2008.

Congratulations to each of these distinguished faculty members.

Awards and Honors

- The Stanford Center for Clinical and Translational Research and Education (SCCTER) has announced the first awardees in its new program of support for pilot studies directed at two needs: improving methods for clinical trials and novel translational clinical trials. Funding of up to $50,000 per year for each of two years was available. Priority was given to junior faculty and those applications involving multiple departments or faculty. Funding for this program is provided by the T. Robert and Katherine States Burke Fund and the Stanford Center for

Clinical and Translational Education and Research (SCCTER). The successful applicants and the titles of their projects are:

Christopher Gardner, PhD, Assistant Professor of Medicine
"Improving Minority Recruitment for Randomized Clinical Trials Conducted at Stanford"

Richard Moss, MD, Professor of Pediatrics
"Addressing a Critical Bottleneck in Cystic Fibrosis Trials: An Integrative Tool for Small for Metabolite-Based Outcomes"

Richard Olshen, PhD, Professor of Health Research & Policy, and by courtesy, Electrical Engineering and Statistics
"The Design of Phase I and II Randomized, Double-blind, Vaccine Clinical Trials"

Irene Wapnir, MD, Associate Professor of Surgery
"A Pilot Study to Determine Radioiodide Accumulation and Dosimetry in Breast Cancers Using 124 I-PET/CT Imaging"

- ***Dr. Greg Albers***, Professor of Neurology, was installed as the first incumbent of the Coyote Foundation Professorship, which was made possible by a generous gift from Vincent and Susan Borelli. We had the opportunity to thank and acknowledge the Borellis along with some of their friends and colleagues at a wonderful event in the Cantor Art Museum on Wednesday evening, October 10th. This was also an opportunity to celebrate the work of Dr. Albers who, along with Dr. Gary Steinberg, Professor and Chair of Neurosurgery, developed one of the first and most successful Stroke Treatment Centers in the nation. I also want to thank Anne Longo, in the Office of Medical Development, and Frank Longo, Professor and Chair of Neurology, for their instrumental role in bringing this professorship to fruition. Please join me in congratulating Dr. Albers as the first incumbent of the Coyote Foundation Professorship.

- ***Dr. Stan Falkow***, Robert W. & Vivian K. Cahill Professor in Cancer Research, received the Infectious Disease Society of America 2007 Mentor Award for his remarkable and sustained role as a faculty mentor – in addition to being an extraordinary scientist.

- ***Trig Garg*** and ***Bonnie Wong***, two students from this past summer's CCIS/ITI Summer Program been named as National Semifinalists in this year's Siemens Competition, and are still in the running to make it to the National Finals.

  Congratulations to both on this fantastic accomplishment.

Appointments and Promotions

- ***Fritz Bech*** has been appointed to Assistant Professor of Surgery (Vascular Surgery) at the Palo Alto Veterans Affairs Health Care System, effective 10/1/07.
- ***Larry F. Chu*** has been reappointed to Assistant Professor of Anesthesia, effective 10/1/07.
- ***Margrit M. Juretzka*** has been appointed to Assistant Professor of Obstetrics and Gynecology, effective 10/1/07.
- ***Aya Kamaya*** has been appointed to Assistant Professor of Radiology, effective 10/1/07.
- ***Calvin Kuo*** has been promoted to Associate Professor of Medicine (Hematology) effective 10/1/07.
- ***Maarten Lansberg*** has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 10/1/07.
- ***John M. Morton*** has been promoted to Associate Professor of Surgery (General Surgery), effective 10/1/07.
- ***Jonathan Pollack*** has been promoted to Associate Professor of Pathology, effective 11/1/07.
- ***Justus E. Roos*** has been appointed to Assistant Professor of Radiology effective 10/1/07.
- ***George P. Yang*** has been reappointed to Assistant Professor of Surgery (General Surgery) at the Palo Alto Veterans Affairs Health Care System, effective 10/1/07.
- ***Yanmin Yang*** has been promoted to Associate Professor of Neurology and Neurological Sciences effective 11/1/07.