

Dean's Newsletter

July 27, 2009

Table of Contents

- Evolving Criteria for Clinician-Scholar/Clinician-Investigator Faculty
- The State, the Nation and Higher Education
- Update on Facilities
- Important News on Privacy and Medical Records
- 2009 McCormick Faculty Awards
- 2010 Faculty Fellows Program
- Innovations in Patient Care Program 2009 Grant Awards
- Awards and Honors
- Appointments and Promotions

Evolving Criteria for Clinician-Scholar/Clinician Investigator Faculty

In 2003 two major events helped shape the faculty tracks that comprise the School of Medicine professoriate today. The first was the redefinition of the faculty tracks to better align them with the diverse roles that physicians and scientists play in academic medicine. This occurred prior to and following our first Strategic Planning Leadership Retreat, which was held in January 2002. At that time, a Work Group led by Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, redefined the academic professoriate to include Investigators (aka “University Tenure Line” or UTL), Clinician-Scholars/Clinician-Investigators (aka “Medical Center Line” or MCL) and Clinician-Educators (previously known as “Staff Physicians”). An important component of this redefinition was the approval by the University Academic Senate of a policy revision that allowed Clinician-Scholars/Clinician-Investigators (or MCL faculty) to serve as Principal Investigators (PIs) on grants and contracts. This change was important in elevating the perceived value of the MCL faculty within the Stanford community. The second major event in 2003 was the establishment of a “faculty cap” by the Provost that set the upper limit of full-time faculty at 900 (exclusive of Clinician-Educators).

Both of these changes continue to evolve and impact our professoriate. While the changes made in the Clinician-Scholar/Clinician-Investigator line have been helpful, they have not been uniformly adopted throughout our clinical departments. In addition, they did not pay sufficient attention to formal evaluation of clinical performance or to the opportunities for scholarship that MCL faculty should anticipate, given that scholarship is expected and evaluated as part of their academic performance. Accordingly, at the Executive Committee meeting on July 17th, Dr. Stevenson presented further changes in the “Criteria and Guidelines for Appointment, Reappointment and Promotion in the Medical Center Line (MCL)” that will soon be available for review in the Faculty Handbook. I want to give you a preview of what is forthcoming since it has a number of implications – which I view as important, relevant and favorable to our faculty and the evaluation process. These changes also emanate from antecedent issues and decisions – a topic I covered in the summary of my introductory comments at the 2009 Strategic

Planning Leadership Retreat entitled “Creating a Culture that Fosters Faculty Development and Success.”

The overarching goals of the planned changes are to help Clinician-Scholar/Clinician-Investigator (MCL) faculty achieve and be recognized in the context of each individual’s balance of scholarship, teaching and patient care activities. This includes assuring that faculty have protected time for scholarship and that they have a sufficient overall amount of time to define, delineate and demonstrate their proficiency as excellent academicians as well as excellent physicians.

A pervasive view among our clinical faculty is that the demands of clinical care activities do not leave sufficient time for scholarship and that this time is not necessarily protected and sometimes not even acknowledged by the home department. Second, it is recognized that the vast majority of Clinician-Scholars/Clinician-Investigators will be involved in clinical and translational research, frequently as part of a team, and that this type of research may require a longer time to reach fruition than individually directed basic science projects. Thus, protecting time for academic development each year and, in addition, having a sufficient number of years to achieve meaningful results before coming up for reappointment or promotion are important issues.

There is also a strong desire on the School’s part to do what is possible to foster work-family balance and to recognize the needs, demands and expectations that affect faculty on the basis of their area of medical specialty and expertise as well as the course each has charted for personal and professional development. We also appreciate that the proportion of contributions to the missions of patient care, education and research will vary by individual and also over the span of any single faculty member’s career. At the same time it must be recognized that patient care will almost always be the most important part of the Clinician-Scholars/Clinician-Investigator role and, while the proportional balance of this can change over time, clinical proficiency, quality, service and excellence should always be at the highest possible level. With that in mind, evaluating performance as an outstanding patient care provider has not been assessed as carefully and fully as should be the case – and this requires remediation.

Based on these observations and guiding principles, the following was discussed with the Executive Committee on July 17th.

1. Effective September 1, 2009, all Medical Center Line faculty will be expected to have at least 20% of their time reserved for academic scholarship and development.
2. Also effective September 1, 2009, the total number of years of initial appointment and reappointment in the Medical Center Line, which is now normally seven, will be ten. (*A plan is being developed to “grandfather” MCL assistant professors who are currently on a seven-year clock.*)
3. The initial appointment term will be four years for Medical Center Line

faculty. (A plan will also be developed to provide assistant professors in the University Tenure Line with an initial term of four years, followed by a reappointment of three years [as opposed to the current schedule of three years plus four years]).

4. At the beginning of the fourth year in rank, the department will initiate the reappointment review. After evidence has been compiled for the long form, the department will consider the faculty member's career trajectory and whether there is a realistic chance for promotion in the future on the basis of continuation of the candidate's work.
5. If the outcome is positive, the assistant professor will be reappointed for six years. (If the outcome is negative, the assistant professor may be eligible to receive a terminal year.)
6. During the seventh year in rank, the department chair (or designate) will prepare a written counseling memo, which will evaluate and document the assistant professor's performance in light of the criteria for promotion.
7. Initiation of the promotion review will commence at the beginning of the tenth year.
8. Under certain circumstances, MCL faculty who have made accelerated progress in clinical care, teaching and scholarship (or who have had prior years of faculty experience at their current rank) may be proposed for early promotion. Since, in many cases, the School and University are being asked to evaluate a person who may have a shorter track record, there should be *unequivocal* evidence that the quality of the faculty member's contributions meets the criteria for promotion to the higher rank. Early promotions will typically commence in one of the years following reappointment. In rare cases, however, promotion may be considered in lieu of reappointment (that is, at the beginning of the fourth year of appointment). There should be mutual agreement between the department chair (or designate) and the faculty member regarding the possibility of early promotion.

Consultation between the department and the Senior Associate Dean for Academic Affairs is essential prior to initiating a review process leading toward early promotion (with the Senior Associate Dean making the final decision). Unsuccessful candidates may be proposed again at the normal time if that remains desirable to the candidate and the department. However, in order to avoid potential awkwardness following a negative promotion decision, it is prudent to initiate an early promotion review only when a positive outcome can be anticipated with reasonable confidence.

9. MCL assistant professors will be ineligible for any extensions to their appointment that would take the total appointment time beyond ten years in

rank. (If the outcome of the promotion review is negative, the assistant professor may be eligible to receive a terminal year.)

10. Annual counseling will continue to be required to monitor progress toward reappointment, as well as the subsequent promotion review. Serious concerns regarding the faculty member's progress that could impede reappointment or promotion will need to be discussed with the Senior Associate Dean for Academic Affairs as soon as they emerge.

In addition to these changes, a new tool and methodology has been delineated to assess "Clinical Excellence Core Competencies" for MCL being considered for appointment (if the candidate is already at Stanford), reappointment or promotion. This new evaluation tool is based on input from referees from within Stanford, clinical trainees, health care providers who consult with or who refer patients to the candidate, nurse managers, clinic managers or senior clinical administrators and physician colleagues. Evaluators will be asked to score faculty on a five-point scale (and to comment where appropriate) on general clinical proficiency, communication skills, professionalism, systems-based practice and "overall clinical performance." These evaluations will serve as an important part of each MCL faculty member's appointment (if, as noted above, the candidate is already at Stanford), reappointment or promotion and will give value, weight, and importance to clinical performance as an important facet of the MCL faculty member's Stanford career.

A number of important comments and recommendations were raised at the Executive Committee about these planned changes for MCL faculty that will be discussed and considered as this process moves forward. As with all initiatives, it is best to consider this as a work in progress – but also as an effort designed to improve the ways we evaluate and support our clinical faculty. I am very appreciative of the leadership of Dr. Stevenson and the Office of Academic Affairs as well as the faculty who served on the task forces that developed these new recommendations.

The State, the Nation and Higher Education

Over the past year I have written frequently in this Newsletter about the impact of the economic downturn on the University and the School of Medicine. As we are now just completing the Medical School budget for FY10, the negative effects of the past year's fiscal crisis on our overall portfolio are glaringly apparent. With major reductions in revenue from the endowment and other sources, we have had to reduce our general operating budget by nearly 15%. As you know from past communications, this is coupled with hiring freezes, layoffs, salary freezes, reduced amenities and other cutbacks. As we move through this process and anticipate future reductions that are likely to emerge from the much-needed healthcare reform, it is imperative that we first and foremost focus on our core missions and what we want to preserve and protect. Despite the many challenges we face I remain optimistic that with wise planning, cooperation and some shared sacrifice we will prevail – and perhaps even be stronger when we emerge in the future.

As difficult as our own challenges may seem, they also need to be placed into context. In recent months we have witnessed the impact of the housing and financial systems debacle on our national economy. Today we also see its impact on the State of California – made worse here by the political turmoil in Sacramento and a legislative and executive system that seems to have lost its directional compass. The \$26B state deficit has resulted in a budget crisis that will have an extraordinarily negative impact on what has been one of the world's most outstanding public education systems. I had the opportunity to hear some of the details of the planned cutbacks from leaders of both the California State University (CSU) and the University of California (UC) systems at the July 24th Board of Directors meeting of the California Healthcare Institute, on which I serve.

For the CSU system, the current operating deficit is \$580 million on a \$6.2 billion base. The operating budget deficit in general funds is approximately 20%. Similarly, in the UCs, which have an overall budget of approximately \$20 billion, there is a 24% reduction in general funds. Similar to private universities (which have lost significant amounts of endowment income and comparable losses of general fund support), the impacts are very significant. These will include hiring freezes, reduced numbers of faculty recruitments, compulsory furloughs of up to 24 days per year (depending on compensation levels). It will also mean increased student tuition fees and costs, larger class sizes, higher teaching loads for faculty and programmatic reductions or eliminations. While medical schools are less impacted than the rest of the public universities (because of federal funding support for sponsored research and clinical income), the UC medical schools (similar to Stanford) will also be reducing programs and recruitments, although these will vary school by school.

As is evident to each of you, the economic toll continues to mount. While evidence of financial recovery on Wall Street and a rising stock market give some hope for the future, the impact on states and communities remains enormous. With the added and exceptionally deep fiscal crisis now unfolding in California, the impact on social and human services, including education, is alarming.

Despite all the changes and challenges, I still remain optimistic about our future, although a number of important issues lie ahead. Among these is the future of funding for biomedical research once the ARRA stimulus funds have been spent, which will be just over a year from now. Clearly the FY11 budget for the NIH will be a strong harbinger of what lies ahead. And then, of course, the impact of healthcare reform and its necessary focus on cost containment will surely effect clinical revenues for hospitals and physicians – although the exact form this will take will likely be better defined in the Fall and Winter.

These external challenges continue to reaffirm why our internal planning efforts remain so important. We have continued to implement our strategic initiatives, first defined around “Translating Discoveries.” The ongoing challenge is to secure and preserve the fundamental underpinnings of this strategic plan while also adapting and modifying it to the changing external forces around us. This requires even more focused

and concerted interactions among faculty, between departments and institutes, with the hospitals and community and in partnership with the University. It won't be easy but it can be accomplished and it will be our job – together – to assure we are successful.

Update on Facilities

Progress is continuing on the School of Medicine's two major new facilities – the Li Ka Shing Center for Learning and Knowledge (LKSC) and the Lorry Lokey Stem Cell Research Building. In fact, the LKSC is nearly four months ahead of schedule, and it is currently anticipated that the construction project will be completed at the end of 2009. I toured both buildings this past week and am very pleased with the progress to date. If the schedule holds, the fit-out of the LKSC (which includes a very significant amount of AV equipment) will be done in the first several months of 2010 and, if luck holds, we could begin using the LKSC for official teaching and related functions late next Spring. That would be great news indeed. If you are interested, you can view the current status of the LKSC – as well as archived time line photos of the building's construction and evolution at:

<http://www.earthcam.net/users2/interface.php?i=0&id=1632&projectid=1010&clientid=778>)

Similarly, the Lorry Lokey Stem Cell Research Building is also on schedule and is expected to be completed by the summer of 2010. We hope to begin moving faculty into the Lokey Stem Cell Building in the Fall of next year. This will be great news as well. In addition to the construction of the LKSC and the Lokey Stem Cell Building, work is underway on the Academic Walk and Discovery Walk, which will create new corridors and pathways for the Medical School campus. With the completion of our major "Connectivity Project," deliveries to our Medical School buildings and related traffic are already being made through underground tunnels, leaving the future Academic and Discovery Walk(s) to pedestrian and bicycle traffic.

If you haven't been over to the new Science and Engineering Quad (SEQ2) for a while, you might want to take a walk to that construction site, which is also progressing magnificently. The Y2E2 (aka the Jerry Yang and Akiko Yamazaki Energy and Environment Building) that borders Via Ortega and Panama Avenue has been open for a year – but the Engineering Center and Nanotechnology Buildings are also progressing very nicely. Highly relevant to the Medical School will be the fourth building on the SEQ2 – the BioEngineering/Chemical Engineering Building. The School of Medicine is working closely with the School of Engineering on the design and planning for the Bioengineering Building, the construction of which should begin in 2011. It is another exciting opportunity to help support our faculty, students and staff.

We are also continuing to make progress on the design and plans for the Jill and John Freidenrich Center for Translational Medicine, which will be constructed on the site of 800 Welch Road and which will house the NCI-designated Cancer Center, Spectrum (the home of Stanford's NIH-funded Clinical and Translational Science Award [CTSA]) and other key supports for clinical and translational research.

We will also be resuming our planning for Foundations in Medicine 1 (FIM1), which we have put on hold during the past 10 months due to the profound fiscal downturn. The planning will permit us to move the design of this important facility forward, recognizing that two important obstacles will need to be overcome before we can move from design and programmatic planning to construction. One is the resolution of the “entitlement approvals” for this facility, since it is located in the City of Palo Alto and, as a result, is part of the hospital renewal process. That process has been confounded by the incredible demands of the City Council that have slowed down the hospital reviews. At this point, we do not expect that an entitlement agreement will be reached until 2010. Of course, once that is accomplished, the second major challenge will be the funding for FIM1 – which, like our other facilities, will require a combination of philanthropic support and School financing. Needless to say, fundraising for major capital projects is particularly challenging at this time, but we are hopeful that this will change as the economy improves. We have a compelling and exciting story to tell about FIM1 that I believe will ultimately enable us to be successful.

In addition to the continued development of our facilities on campus, we are also engaged in a number of regional “off-site” facilities discussions that are presenting some unique opportunities and that will be the topic for a future discussion.

Important News on Privacy and Medical Records

In the December 15, 2008 Dean’s Newsletter I informed you about two new laws that were going into effect in January 2009 and that had serious consequences for physicians, nurses and other professionals with access to medical records. Because of the importance of these new laws I am taking the liberty of noting them again as an extra reminder. They include:

Senate Bill 541 authorizes the California Department of Public Health (CDPH) to investigate unlawful or unauthorized access to, or viewing, use or disclosure of, patient information. This bill requires the hospital to report any such unauthorized access, viewing, use or disclosure of patient information within five days of its detection to CDPH and to the patient. Hospital fines for failing to prevent unauthorized access are up to \$25,000 per patient whose medical information was breached, maximum \$250,000 per reported breach.

Assembly Bill 211 authorizes a new California state office, the Office of Health Information Integrity (OHII), to investigate and enforce existing medical privacy laws and to investigate individuals and assess penalties against individuals for unauthorized access to or viewing, use or disclosure of patient information. The fines to individuals range from \$2,500 to \$250,000 for violations. No defense or indemnity coverage is provided by the hospital’s insurance policies for fines that are incurred by individuals due to violations. The fines are the personal responsibility of the individual. SB 541 requires the hospital to report individuals who violate patient privacy laws. Additionally, this new law authorizes OHII to report such violations to an individual’s licensing board for disciplinary action

through the licensing board, and the licensing board is required to investigate such referrals.

As was previously noted, AB 211 places the financial burden directly on the individual provider and mandates that they personally pay whatever fines are assigned. Importantly, SB 541 mandates that hospitals monitor and report any unauthorized activity. The first evidence of material impact of these new laws was recently reported in the LA Times (see: <http://www.wired.com/threatlevel/2009/07/health-breaches/>) and in the *Journal of the American Health Information Management Association* (<http://journal.ahima.org/2009/07/07/cas-new-privacy-laws/>). So far it appears that over 800 reports of intentional and unintentional breaches of privacy have been recorded between January – May 2009, with full investigations conducted in 122 cases and 116 confirmed as breaches. Notably, 230 other cases are currently under investigation, and 460 are pending further investigation. Financial penalties have also been imposed.

These reports serve as a reminder to pay careful attention to privacy and to not access or open any medical record for which one is not a defined medical care provider or where there is no clear authorization from the patient that permits access. If you have any questions or concerns please communicate them to: PrivacyOfficer@stanfordmed.org.

Put another way, here is some advice from Ann James, Senior University Counsel:

Privacy of patient information is central to the care provided at Stanford. As a general rule, no physician can access any patient record unless he or she (a) has treatment responsibilities for the patient or (b) has another permissible need to know (such as supervision of your residents or quality-of-care reviews). This applies whether the individual is a friend, a colleague or even a family member; it is mandatory that every physician has either specific documented permission or a treatment or other permissible need to know before accessing the record.

If a physician is not on the treatment team, but a family member or friend requests that the physician access his/her medical record, the family member or friend should go to the Release of Information (ROI) desk, located in the basement of SHC. Elena Miller, Administrative Director for Health Information Management Services (HIMS) suggests that Genise Burgess, the manager of the area, be asked to assist, to ensure that the form is completed accurately. There the family member or friend will complete the authorization form. The family member or friend will authorize the physician's access to the medical record; while ordinarily such authorization can be limited, HIMS will require full access in this case, because HIMS cannot filter what the physician is viewing through EPIC. If the individual wants the physician to see only a component of the record, then HIMS will need to print the release and deliver it to the physician. The signed form will be maintained by HIMS in the record. Every authorization has an expiration date established by the patient, so if short-term or ongoing access is requested, the patient indicates that on the form. Hospital compliance is developing a policy

summary that will, in one place, address all these access and privacy issues, but that policy is not yet completed. In the meantime, this is the current process.

Under a new state law, if the Hospitals detect impermissible access to patient information, they are required to report it immediately to the State and to the affected patient(s), even if the person who accessed the record does not tell anyone else but viewed the record without a permissible reason. New federal law extends these reporting requirements to the School of Medicine (and any other part of the "HIPAA Covered Entity"); accordingly, privacy and security breaches will also need to be reported to the U.S. Department of Health and Human Services and to the affected patient(s). These laws are designed to increase the transparency of the practices of both institutions and individual health care providers, and, when a breach affects numerous patients, the affected hospital and the School will be required to report it to the media.

Every physician should be sensitive to and aware of the need for privacy for records and for patients themselves. It is important for faculty to emphasize this to residents, fellows, students and all trainees, because the consequences can be quite serious. If you have any questions about permissible access to patient information, please review the HIPAA privacy policies (found at http://hipaa.stanford.edu/policy_privacy.html)

or contact Todd Ferris, School of Medicine Privacy Officer (tferris@stanford.edu).

2009 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2009 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at jscanlin@stanford.edu by 5pm on August 31, 2009. Further information can be obtained at: http://med.stanford.edu/diversity/faculty/09mccormickcall_apps.html

2010 Faculty Fellows Program

The Office of Diversity and Leadership has announced the launch of the 2010 School of Medicine *Faculty Fellows Program*. Now commencing its fifth year, the program will focus on a select group of Assistant and Associate Professors as Faculty Fellows for the 2009-2010 academic year. The purpose of the Faculty Fellows program is

to identify and develop a diverse group of faculty with the potential to become our future leaders.

During the yearlong program, Fellows attend monthly dinner meetings with key University leaders including President John Hennessey, Provost John Etchemendy and Dean Philip Pizzo. Each speaker shares their “Leadership Journey” and engages fellows in a discussion about their leadership philosophy, strategy and style. In addition, Fellows participate in small monthly mentoring groups led by a senior Professor; and in a structured Career Development Planning process with their division chiefs or department chairs to craft a specific, career development action plan which the fellow will implement over the subsequent year.

If you are interested in being nominated for this opportunity, ask your Department Chair or Chief to nominate you. Criteria to apply:

- Assistant or Associate professors
- Demonstrated interest in, and potential for leadership
- Respected by colleagues
- Has the ability to influence others
- Can advocate for change
- Values diversity
- Thinks strategically and systemically
- Interested in taking on leadership roles in the future

Further information, future meeting dates and application can be obtained at: http://med.stanford.edu/diversity/leaders/fellows_nominations2010.html

Innovations in Patient Care Program 2009 Grant Awards

The Innovations in Patient Care (IPC) Program at LPCH is pleased to announce that 10 proposals have been funded through their program, which is made possible by a grant from the Lucile Packard Foundation for Children’s Health (LPFCH) and has been supporting interesting and exciting research in patient care across all disciplines at LPCH since 1997.

This broad-based grant program seeks to enhance patient care research from all caregivers and clinicians at Packard, and provides funding of basic science, clinical, or systems creative ideas that represent significant departures from conventional thinking. Many funded projects have led to external funding and have changed clinical practice here at LPCH.

All LPCH employees and medical staff from all disciplines of patient care are able to apply for funding for their ideas, including first-time and new researchers. Proposals are encouraged to target many areas of patient care, including clinical care methods, patient education, error prevention, access to care, customer service, cost reduction, documentation, and many more.

The IPC Program is designed to fund original, well-developed and cutting-edge proposals which meet one or all of four major goals:

- Improve the quality of patient care at LPCH through innovative interventions
- Promote the efficient and appropriate use of resources and diagnostic/therapeutic services at LPCH
- Address issues of uncertainty or variations in patient care
- Control and/or reduce the cost of patient care while maintaining or improving quality

The 2009 IPC Committee is co-chaired by Anne Dubin, MD, and Annette Nasr, RN, PhD. For information contact: Gisela Hoelzl, IPC Coordinator 650-736-0068 giselaH@stanford.edu

Following is the list of grantees:

- **Julie Arafah, RN, MSN**, Obstetric Life Support (OBLIS): A Pilot Study
- **Sanjeev Dutta, MD**, Sutureless vs. Sutured Gastroschisis Closure
- **Jeffrey Feinstein, MD**, Getting it Right: Direct Measurement of Oxygen Consumption
- **Lynda Knight, RN**, Improving Code Team Performance: Implementation of Simulated Pediatric Resuscitations
- **Mendy Minjarez, PhD**, Innovative Interventions for Social Development in Children with Autism
- **Annette Nasr, RN, PhD**, Understanding the Long-Term Impact of Living-Related Liver Transplantation on the Pediatric Patient and Their Families
- **Paul Sharek, MD**, Implementation of a Renal Transplant Trigger Tool to Identify Transplant Related Harm
- **Andrew Shin, MD**, The CVICU Dashboard
- **Sandra Staveski, RN, MS, CPNP-AC**, Massage Therapy for Post-Surgery Cardiovascular Patients
- **Shannon Sullivan, MD**, Evaluation of DVD tool to enhance pediatric CPAP adherence

Awards and Honors

- **Richard A. Barth, M.D.**, Radiologist-in-Chief at LPCH, received the Outstanding Alumni Award in recognition of exceptional professional achievement from the University of California, San Francisco School of Medicine Department of Radiology and Biomedical Imaging on June 10, 2009 in San Francisco, California.
- **Phil Tsao, PhD** Associate Professor of Medicine, Cardiovascular, has been selected to serve as a member of the NIH Myocardial Ischemia and Metabolism Study Section, Center for Scientific Review, for the term July 1, 2009- June 30, 2013.
- **Rich Gaster and Drew Hall**, MSTP students and lab partners, have won two awards:

- First prize at the 2009 BMEidea competition sponsored by the NCIIA (National Collegiate Inventors and Innovators Alliance). The goals of this competition were to identify and recognize innovative, commercially promising medical devices and technologies developed by entrepreneurial
 - First Prize at the 2009 IEEE (Institute of Electrical and Electronics Engineers) Presidents' Change the World Competition. This competition was world-wide and designed to recognize students who identify a real-world problem, apply engineering, science, computing and leadership skills to solve it, and thereby, benefit humanity or their community. In addition to a monetary reward, in recognition of this achievement, they had a minor planet named for them by the LINEAR Program of MIT Lincoln Laboratory.
- Stephen Lin (3rd year medical student) has received a highly competitive scholarship from the Pisacano Leadership Foundation of the American Board of Family Medicine to promote future leaders in Family Medicine. Congratulations to Stephen
 - Three members from the **Mochly-Rosen Laboratory** won top awards at the recent International Society for Heart Research (ISHR) annual meeting in Baltimore. The ISHR North American Section established the annual award to recognize outstanding research by young investigators in the field of cardiovascular science.
 - **Grant Budas, PhD**, postdoctoral student, won the ISHR Heart Research Young Investigator Award for 2009, for his paper, *HSP90-mediated Mitochondrial Import of PKC is Essential for Cytoprotection*.
 - **Suresh Palaniyandi, PhD**, postdoctoral student, received an ISHR North American chapter annual prize designed to recognize outstanding papers published by early-career authors in the *Journal of Molecular and Cellular Cardiology* (JMCC), for his paper.: *Mast cells and PKC: A role in cardiac remodeling in hypertension-induced heart failure*.
 - **Julio Ferreira**, Graduate student, won an ISHR award for best poster at the North American meeting.

Appointments and Promotions

Ritu Asija has been appointed as Clinical Assistant Professor of Pediatrics (Pediatric Cardiology), effective 7/01/09.

Latanya Benjamin has been appointed as Clinical Assistant Professor of Dermatology, effective 9/01/09.

David B. Bingham has been reappointed as Clinical Assistant Professor of Pathology, effective 7/01/09.

Caroline Bowker has been reappointed as Clinical Associate Professor of Obstetrics and Gynecology, effective 9/01/09.

Clarence H. Braddock has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 7/01/09.

Gregory Bunke has been promoted to Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 7/01/09.

Rudolf Buntic has been promoted to Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 7/01/09.

Jeremy Collins has been reappointed as Clinical Assistant Professor of Anesthesia, effective 9/01/09.

Tri Do has been promoted to Clinical Assistant Professor (Affiliated) of Radiation Oncology, effective 2/01/09.

Mark DuLong has been reappointed as Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 5/01/08.

Jennifer Fang has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatology), effective 2/01/09.

Anna Finley Caulfield has been reappointed as Clinical Assistant Professor of Neurology, effective 8/01/09.

Mark L Gonzalgo has been appointed to Associate Professor of Urology at the Stanford University Medical Center, effective 7/01/09.

Terri Haddix has been reappointed as Clinical Assistant Professor of Pathology, effective 9/01/09.

Cathleen Hebson has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 2/01/09.

Chuong Hoang has been appointed to Assistant Professor of Cardiothoracic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 7/01/09.

Joyce Hsu has been appointed as Clinical Assistant Professor of Pediatrics (Rheumatology), effective 7/01/09.

Reza Kafi has been promoted to Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/01/09.

Vista Khosravi has been reappointed as Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/01/09.

Joshua Kirz has been reappointed as Clinical Assistant Professor of Anesthesia (Pain Management), effective 9/01/09.

Rachel Manber has been promoted to Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 7/01/09.

Robert E. Merritt has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 7/01/09.

Ronald G. Milliken has been reappointed as Clinical Associate Professor (Affiliated) of Surgery (Plastic and Reconstructive Surgery), effective 5/01/08.

Leo Montejo has been reappointed as Clinical Assistant Professor of Anesthesia, effective 9/01/09.

Amen Ness has been reappointed as Clinical Assistant Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), effective 8/01/09.

Reetesh Pai has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 7/01/09.

Douglas Rait has been promoted to Clinical Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 6/01/09.

Cybele Renault has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (Infectious Diseases), effective 6/01/09.

Tohru Sato has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 7/01/09.

Richard J. Shaw has been promoted to Professor of Psychiatry and Behavioral Sciences at the Lucile Salter Packard Children's Hospital, effective 7/01/09.

Baldeep Singh has been appointed as Clinical Professor of Medicine (General Internal Medicine), effective 7/01/09.

Diamond Tam has been appointed as Clinical Assistant Professor of Ophthalmology, effective 7/01/09.

Martin Vasquez has been reappointed as Clinical Assistant Professor (Affiliated) of Dermatology, effective 3/01/08.

Penelope Zeifert has been promoted to Clinical Associate Professor (Affiliated) of Neurology, effective 9/01/09.