

Dean's Newsletter

May 24, 2010

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Dr. Edward “Ted” Harris Dies Following Long Illness

I am very sad to share the news that Dr. Ted Harris died on Friday May 21st. Dr. Harris joined Stanford in 1987 as the chair of the Department of Medicine and served the School of Medicine, the University and our nation in numerous and important ways. He was a noted scholar and academician and served as the editor of *Kelly's Textbook of Rheumatology* for each of its eight editions. He was also Executive Secretary of *Alpha Omega Alpha Honor Medical Society* and served as the Academic Secretary to Stanford University. He contributed significantly to the American Rheumatism Association/American College of Rheumatology, serving on the Scientific Committee, Fellowship Committee, Executive Committee, Nominating Committee, as Vice President/President Elect in 1984 and finally as President of the ACR in 1985. He received ACR's Presidential Gold Medal, the Society's highest honor, in 2007. He also served on the board of Governors of the American College of Physicians and was named a Master in the ACP. In addition to his personal contributions as a clinician, investigator, scholar and leader, Ted was the mentor to generations of physicians and rheumatologists, supporting their careers and personal development. He will be deeply missed by his family, children and grandchildren – as well as his family at Stanford. A memorial service will be planned for this summer and I will let you know the details when they are available. In the meantime, we offer our condolences to the many friends, family and colleagues of Dr. Ted Harris

Dr. Arnold Milstein Will Lead New Center on Clinical Quality and Effectiveness

The long debate on healthcare ultimately focused on and made some strides in health-insurance reform, but did relatively little to address healthcare delivery and its related costs. While it is almost certain that further legislation focusing on healthcare

reform is not likely to occur in the immediate future, there are opportunities for institutions and communities to explore avenues for innovation around the legislation that has just passed. While cognizant of the enormous challenges that lie ahead, I believe that the unique community of excellence that exists at Stanford offers special opportunities for helping to shape the future reform of healthcare delivery and beyond. Ultimately this will depend on individual leaders, innovative research and education, and important changes in culture that address how we care for patients in the hospital, ambulatory settings, at home and in their communities.

Within this broad context I am pleased to announce that in conjunction with Stanford Hospital & Clinics (SHC) we will be establishing a new initiative that will be led by Dr. Arnold Milstein, who will join Stanford on July 1st as Professor in the Department of Medicine and Director of the Clinical Excellence Research Center. Dr. Milstein is nationally recognized and acclaimed as an expert in healthcare policy and delivery and is a champion of the view that accelerating the rate of high-value clinical service innovations is the key to offsetting the cost-additive impact of population aging and valuable biomedical technology innovations.

An economics graduate of Harvard, Dr. Milstein received his MD degree from Tufts and then trained in Medicine and Psychiatry at UCSF. He also holds an MPH from UC Berkeley with a focus on health care evaluation. During his distinguished career, which has been recognized by his election to the Institute of Medicine of the National Academy of Sciences, Dr. Milstein has held a number of distinguished positions while anchored with the Mercer Consulting Group, where he has served in various capacities, including Chief Physician and US Health Care Thought Leader, since 1992. Among the numerous positions he has held, he has been Chair and Founding Steering Committee Member of the IHA Physician Group Pay for Performance Program, US Congressional Member to the National Quality Forum, Commissioner in the Medicare Payment Advisory Commission (MedPAC) to the US Congress, Board Member of the AHRQ National Quality Measures Council, Policy Advisory Committee to the RAND ACOVE Study, Co-Founder, Medical and Scientific Director for the Consumer-Purchaser Disclosure Project, Member of the National Quality Forum Strategic Advisory Council and Measure Priority Workgroup, and Co-Founder and Leaps and Measures Measurement Committee Chair of The Leapfrog Group. He has also served as an Associate Clinical Professor at UCSF. Of interest, his recent research led to the formulation and current multi-state testing of "ambulatory care ICUs" (A-ICUs) and "Dx-Rx Pairing." An A-ICU is a new form of ambulatory care expressly designed to prevent costly and dangerous health crises among patients with severe chronic illness. Dx-Rx Pairing tailors a patient's cost-sharing among medication options that offer an equally favorable expected health outcome based on the comparative cost-effectiveness of each medication in treating a patient's specific medical conditions. He is also a leader in the exploration of the value of extending such patient-specific tailoring to a patient's behavioral and genetic risk factors.

In his new position at Stanford, Dr. Milstein will establish a new research center dedicated to accelerating innovations in health care delivery in the US and globally that

improve the societal value of health care. Importantly, he will develop and lead a research collaboration of faculty from the university's business, engineering and medical schools as well as Stanford Hospital & Clinics that will focus on use of trans-disciplinary research teams to accelerate the discovery, testing and replication of high value innovations in health care delivery. The collaboratives will also focus on the discovery and refinement of clinical service innovations that produce more health and patient satisfaction and also lower annual per capita health care spending.

Dr. Milstein's appointment and the creation of the new Clinical Excellence Research Center, supported jointly by Stanford Medical School and Stanford Hospital & Clinics, comes at a time of incredible challenge and opportunity. In the wake of the first major legislation on healthcare, Stanford has the opportunity to be truly innovative. This comes at a time when the Medical Center has made considerable progress in its clinical quality initiatives (although much work remains) and is initiating new programs to address the patient experience in multiple dimensions. It also comes at a time when students and trainees are increasingly interested in and focused on the quality and delivery of care. And it comes at a time when major national academies – including the Institute of Medicine and the National Academy of Engineering – are exploring the ways that engineering and management science can contribute to health care delivery reform. Importantly, it also comes at a time when the National Institutes of Health has announced its commitment to support and fund new ventures in the science of health care delivery, and when support for clinical effectiveness research has reached a high-water mark.

With the interests and talents of our students and trainees and the creativity and knowledge of faculty across the University, the prospect that Stanford and our new Clinical Excellence Research Center can assume a leadership role is incredibly exciting. Having a thought leader and scholar such as Arnie Milstien at the helm of this new initiative offers promise of future insights and innovations that truly can help to transform healthcare delivery.

Navigating the Healthcare Reform Legislation

Much has been spoken, written, claimed, refuted and debated about the *Patient Protection and Affordable Care Act* that was signed into law by President Obama on March 23, 2010. Like many of my colleagues I have been involved in various aspects of this process – but like virtually all, I find the scope of what has been placed in legislation daunting to assimilate given its breadth and somewhat patchwork nature. It is still a stretch to say that this legislation defines a “healthcare system” for the United States. But it does focus on various aspects of health insurance reform – both public and private – and has major implications for virtually every component of the healthcare industry and enterprise that will unfold in its current or amended form between 2010 and 2015 and beyond. Except for the fact that new legislation requires most US citizens and legal residents to have health insurance and that it creates state-based “American Health Benefit Exchanges”, its wide-ranging components do not lend themselves to simplification or easy sound bites. Moreover it contains features and components that might not be expected or that are even surprising – consistent with the legislative process through which the bill was configured.

I doubt that many healthcare providers or leaders have (or will) fully read the legislation, or have a full command of all that is to unfold over the next years – in part because of its inherent intricacies and nuances and also in anticipation of the changes, modifications and amendments that are also likely to occur through the political and legislative process. That said, a helpful summary of the *Patient Protection and Affordable Care Act* has been put together by the *Kaiser Family Foundation* and is available on its website (see: <http://www.kff.org/healthreform/upload/8061.pdf>). The summary has helpful content for the various (and many) components of the legislation. To give you a greater sense of the range of topics and policies that are included in the legislation I will list the key headings (following the Kaiser Foundation summary) and include some of the subheadings. You can consult the website for additional details – but even this outline will give a greater sense of the scope of the topics that are included in the legislation.

- ***Individual Mandate***
 - Requirement to have coverage
- ***Employer Requirements***
 - Requirements to offer coverage
 - Other requirements
- ***Expansion of Public Programs***
 - Treatment of Medicaid
 - Treatment of CHIP
- ***Premium and Cost-Sharing Subsidies to Individuals***
 - Eligibility
 - Premium credits
 - Cost-sharing subsidies
 - Verification
 - Subsidies and abortion coverage
- ***Premium Subsidies to Employers***
 - Small business tax credits
 - Reinsurance program
- ***Tax Changes Related to Health Insurance or Financing Health Reform***
 - Tax changes related to health insurance
 - Tax changes related to financing health reform
- ***Health Insurance Exchanges***
 - Creation and structure of health insurance exchanges
 - Eligibility to purchase in the exchanges
 - Public plan option
 - Consumer Operated and Oriented Plan (CO-OP)
 - Benefit tiers
 - Insurance market and rating rules
 - Qualifications of participating health plans
 - Requirements of the exchanges
 - Basic health plan
 - Abortion coverage

- ***Benefit Design***
 - Essential benefits package
 - Abortion coverage
- ***Changes to Private Insurance***
 - Temporary high-risk pool
 - Medical loss ratio and premium rate reviews
 - Administrative simplification
 - Dependent coverage
 - Insurance market rules
 - Consumer protections
 - Health care choice compacts and national plans
 - Health insurance administration
- ***State Role***
- ***Cost Containment***
 - Administration simplification
 - Medicare
 - Medicaid
 - Prescription drugs
 - Waste, fraud, and abuse
- ***Individual Quality/Health System Performance***
 - Comparative effectiveness research
 - Medical malpractice
 - Medicare
 - Dual eligibles
 - Medicaid
 - Primary care
 - National quality strategy
 - Financial disclosure
 - Disparities
- ***Prevention/Wellness***
 - National strategy
 - Coverage of prevention services
 - Wellness programs
 - Nutritional information
- ***Long-Term Care***
 - CLASS (community living assistance services and supports) program
 - Medicaid
 - Skilled nursing facility requirements
- ***Other Investments***
 - Medicare
 - Workforce
 - Community health centers and school-based health centers
 - Trauma care
 - Public health and disaster preparedness
 - Requirements for non-profit hospitals
 - American Indians

- **Financing**
 - Coverage and financing
 - Sources of information: www.democraticleader.house.gov/

Although there are many provisions in the recently passed legislation, there are also significant gaps that will need to be addressed over the coming years. One of these is healthcare delivery reform, an important topic that I have addressed earlier in this Newsletter. Further, it is important to be aware that even the legislation that has been passed will be phased in over five or more years. Even though a number of insurance reforms and changes in Medicare and Medicaid go into effect in 2010, more are phased in over the next several years. The Kaiser Family Foundation chronology is also helpful on this timeline and can be viewed at: <http://www.kff.org/healthreform/upload/8060.pdf>

Dr. Atul Gawande will be the 2010 Medical School Commencement Speaker

I am very pleased to announce that Dr. Atul Gawande will be the School of Medicine's 2010 Commencement Speaker on Saturday, June 12th beginning at 2 pm on the Dean's Lawn under the "big tent." While the University Commencement ceremony will be held on the morning of Sunday, June 13th, we have found it important to hold our certificate event on Saturday since a number of our graduates leave for residency orientation sometime over the weekend.

Given that 2010 is the year of "healthcare reform," the fact that Dr. Gawande will be our commencement speaker is particularly relevant and meaningful. A number of his writings have played a major role in the healthcare debate, particularly his June 2009 article in *The New Yorker* magazine entitled – "The Cost Conundrum," which was recommended as required reading by President Obama (see: http://doclibrary.com/MS149/DOC/Cost_Containment_Article_NewYorker_6.1.092050.pdf).

Atul Gawande is no stranger to Stanford, having been an undergraduate and Rhodes Scholar from the Farm. Following his studies at Balliol College, Oxford he attended Harvard where he received an MD degree as well as an MPH. He trained in surgery at the Brigham and Women's Hospital and is currently an Associate Professor of Surgery at Harvard Medical School as well as an Associate Professor in the Department of Health Policy at the Harvard School of Public Health. His range of knowledge and talents is broad and legendary and include clinical medicine, quality and effectiveness and health policy and global health. He has served as an advisor to presidents and national leaders and has won national acclaim for his thought-provoking writings and essays and highly regarded books including "*Complications: A Surgeon's Notes on an Imperfect Science*" (2002), "*Better: A Surgeon's Notes on Performance*" (2007) and "*The Checklist Manifesto: How to Get Things Right*" (2009). He became a MacArthur Fellow in 2006.

Of course commencement is about our graduating students and their families and they should be our primary focus and cause for celebration. But I am confident their experience will be enriched by Dr. Atul Gawande's commencement address and its relevance to emerging landscape of health looming before us.

The CEO Position for Stanford Hospital & Clinics

As you know, the search is underway for the President and CEO of Stanford Hospital & Clinics (SHC) to succeed Martha Marsh, who is retiring from her position on August 31st after more than eight years of service. The Search Committee is being co-chaired by Mariann Byerwalter and John Scully, both members of the SHC Board of Directors (Ms. Byerwalter is chair of the Board and they are both University Trustees). Among the search committee members are Dr. Steve Galli, chair of the department of Pathology and Dr. Bill Maloney, chair of Orthopaedic Surgery who were chosen to represent the clinical chairs. I also am serving on the Search Committee.

The Search Committee has defined some of the key characteristics of the future CEO position – based on input from leaders across the hospital, medical staff, university and community. Recently, the SHC Chief of Staff Bryan Bohman distributed some of these fundamental characteristics to the SHC Medical Staff. For completeness, I am communicating to you the same “major elements” of the position that were distributed to the medical staff this past week. They include:

The general role of the SHC CEO, reporting to the SHC Board of Directors is as follows:

- The CEO will be challenged by a highly competitive market, a dynamic health care environment and the responsibility for achieving a standard universally associated with the Medical School and the University at large;
- It is anticipated that the new executive will initially focus on: leading the development and implementation of a well-defined strategic plan that is coordinated with the School of Medicine and charts a path for clinical excellence in its local and extended market while meeting objectives related to education, research and community service; continuing to maintain or exceed a level of financial performance required to meet the hospital's on- going obligations across its broad mission; overseeing the successful completion of the new hospital; and building productive relationships with all key stakeholders.
- Some of the specific responsibilities that have been identified for the position include:
- Working closely with the Board, Medical School Leadership, Medical Staff Leadership and Senior Management, develop an integrated strategic plan for SHC, which plan should include a definition of the organization's position in

the local and extended market and the development of associated strategies aimed at achieving annual and long-term quality, service, and financial performance;

- Create, communicate and reinforce a vision for operations that emphasizes the delivery of quality clinical care, service, and integrity;
- Maintain and continue to improve SHC's operational and financial performance;
- Provide leadership to the organization's fundraising efforts and build strong and trusted relationships with a complex array of institutions and individuals;
- Continue to identify opportunities to advance the culture of service and clinical excellence by setting the highest standards for all personal interactions and care;
- Create and execute strategies that persuade key stakeholders to take actions that will advance strong interests and business goals;
- Align communications, resources, and processes to ensure that strategic priorities yield sustainable results;
- Participate in the successful identification and implementation of business development initiatives to increase/improve volume, financial performance and patient service opportunities;
- Work with the Dean of the School of Medicine and Clinical Leadership to expand centers of excellence in clinical care and research;
- Work with community physicians and Medical Staff leadership to ensure the continued access of community physicians and their patients to SHC on an equal basis with faculty physicians;
- Establish and effectively manage on-going relationships with primary constituents;
- Attract, retain and develop top talent;
- Communicate openly and effectively, internally and externally, with a wide variety of constituents to ensure their needs are being met and to ensure the enhanced reputation of SHC.

It is important to note that executive searches require a thoughtful process and a very high degree of confidentiality to protect institutions and individuals. Thus the specifics of the search process are confidential but I am certain that they will be

conducted with the highest professionalism, care, precision and timeliness

The School of Medicine Defines Its Presence, Opens Its Doors, and Celebrates Its History

On May 12th the doors to the Li Ka Shing Center for Learning and Knowledge (LKSC) opened to our Stanford community and to our students specifically (see: <http://med.stanford.edu/ism/2010/may/lksc-main-0510.html>). It was a grand celebration that brought years of planning, challenges and expectations to a notable and meaningful fruition. Certainly in my mind the LKSC creates a new presence for the School of Medicine and offers a multifaceted setting for learning and interaction that makes Stanford truly unique. It stands at the intersection between research and discovery and our major clinical programs and settings. Most importantly it creates a home for our medical and graduate students – for learning, knowledge-seeking, intellectual and social interaction, quiet reflection as well as physical and emotional health and well-being. The LKSC offers a new chapter in the history of Stanford Medicine and opens its doors to a world in which innovation, discovery, technology and humanism will merge to forge tomorrow's physicians and scientists.

While the LKSC is designed to look forward, it is also important to acknowledge and indeed celebrate the individuals, innovations and programs that have created our notable past. Although a number of institutions spend too much time focused on past accomplishments, Stanford almost ignores its past in its efforts to shape the future. While I certainly prefer looking forward, I also believe that some balance is needed to anchor that future. With that in mind, we are now also about to begin revealing the *Stanford Medical Narratives Project* that has been underway during the past couple of years. You will soon be able to visit and hopefully celebrate the history of Stanford Medicine that will be illustrated on some 347 black granite panels that will surround the planters and seating areas along the new Discovery Walk that runs in an east-west direction from the Clark Center past the Fairchild Science Building, the Li Ka Shing Center for Learning and Knowledge, the Beckman Center, through the Lorry Lokey Stem Cell Research Building (SIM1) and CCSR (the Center for Clinical Sciences Research) and beyond. The Medical Narratives Project features the stories, accomplishments and events that began with Elias Cooper in 1858 and that led to the founding of Stanford Medical School in 1908. Based on conversations and reflections from over 100 faculty, students and staff, the Medical Narratives Project details major events in Stanford's missions in education, research and patient care. The project has been developed and shaped by visual artist Susan Schwartzenberg, and landscape artist Tom Leader Studio. My hope is that it will add yet another dimension to our new landscape and evolving new campus, linking our past, presence and future.

Evolution of Academic Medicine in South America and Beyond

On May 20-21 the Association of the Academic Health Centers, where I serve as Chair of the Board of Directors, held its annual international meeting in Sao Paulo, Brazil. The goal of the AAHC International meetings is to bring together leaders of

academic centers from different cultures, nations and experiences to exchange experiences as well as opportunities and challenges. Past AAHC International meetings have been held in Asia and Europe. This was the first such meeting in South America and it focused primarily on Brazil along with selected participation for Ecuador and Mexico as well as Canada, the United Kingdom and Europe as well as Australia.

Of course there are major differences in the healthcare and academic systems in different nations and regions (including within the USA). And while it is true that academic medical centers in the USA have been well established (at least in principle) for over a century, it is also true that there is considerable variation in the size, scope, sources of funding, blend of missions and local, regional and national impact among the now 135 academic medical centers in the United States. I reviewed many of the fundamental elements of the USA experience in my plenary session, pointing out the unifying themes (education, research and patient care) but also how and why they differ from each other even within the USA. I also illustrated how academic centers are likely to evolve and change during the era of health insurance (and hopefully healthcare provider) reform, constraints on funding for research and a global down in economics.

At the same time, it was notable to learn at the meeting in Brazil that despite some dramatic differences and expectations, academic medical centers – whether in Europe, Latin and South America, Australia and the United States - share together a common struggle to balance the competing demands of teaching, especially clinical education, against the pressures of delivering patient care. Payment to clinical faculty for medical student and graduate education teaching is virtually always limited, and is counterpoised by pressures to generate patient volume, activity and clinical revenue. Outside of the USA, clinical faculty work part time for their university or teaching hospital, and spend the rest of their time in a private practice setting – with all the tensions and challenges one would expect between these competing masters.

I was also struck that regardless of the culture or region of the world, there is considerable discussion underway on how to better assure the commitment to professionalism, compassion and humanism of students entering the medical profession. Most every country uses standardized metrics to determine admission to medical school (except in certain Latin American countries where “open enrollment” is in place). But all seek to balance factual learning with the imbuing skills of professionalism and humanism and, in concert, work to identify individuals who are likely to engage in unprofessional conduct of behavior. While there is no easy formula, it was of interest to take note that medical schools large or small from different world regions are seeking ways to elevate the practice of medicine and its value to the community. That is very encouraging indeed.

Berry Fellowship Applications

Applications are now being accepted for the Walter V. and Idun Berry Postdoctoral Fellowship for 2010-2011. In establishing the fellowships, the Berrys sought "to benefit humanity through advancing and expanding the understanding of children's health and disease in both the clinical and basic medical sciences." Over the

past twenty years, this has been a highly successful program with a specific focus on children's health. The fellowship provides an annual support of up to \$55,000 over twelve months as either stipend or salary, guaranteed for the first of a three-year award period. Funding may be used for health insurance coverage. An additional sum of \$5,000 per year is awarded to offset fellow-related laboratory expenses.

Applications are accepted from individuals interested in pursuing post-residency or postdoctoral training in the clinical or basic medical sciences aimed at advancing and expanding our understanding of children's health and disease as defined in the broadest sense, under the mentorship of a faculty member at the Stanford University School of Medicine. Information about the fellowship, including eligibility, application guidelines, selection process and funding policy may be found online <http://postdocs.stanford.edu/berry/>. The deadline for applications is June 15, 2010 at 12 noon.

Awards and Honors

- **Dr. Richard A. Barth**, Professor of Radiology, received the Presidential Recognition Award of the Society for Pediatric Radiology, recognizing outstanding contributions to the Society for Pediatric Radiology. The award was received in Boston, MA, on April 17th. Dr. Barth was also elected Second Vice President of the Society for Pediatric Radiology in 2010, and is in line to serve as the Society President in 2013.
- **Dr. Patrick Brown**, Professor in Biochemistry, is the recipient of the 2010 Association of Biomolecular Resource Facilities (ABRF) Award in recognition of his pioneering work in the development of microarrays, and the diverse applications of this technology in genetic research.
- **Dr. Linda Clever**, Associate Dean for Alumni Affairs as received a number of notable awards including the American Medical Women's Association's Elisabeth Blackwell Medal "for the most outstanding contributions to the cause of women in the field of medicine." This is a wonderful honor and while notable in its own right, Dr. Clever's contributions have been even more transcendent. Please join me in congratulating her.
- **Dr. Steve Galli**, The Mary Hewitt Loveless, MD Professor and Chair of the Department of Pathology has been selected by the University Diversity Committee to receive the Stanford University President's Award for Excellence Through Diversity. During his tenure as department chair and member of the faculty, Dr. Galli has been a true leader in promoting diversity and in mentoring and guiding faculty and trainees. He is an exemplary role model and it is wonderful that his contributions are being recognized and awarded by the University. Please join me in congratulating Dr. Galli.

- **Dr. Daniel Herschlag**, professor of biochemistry, chemistry and chemical engineering, has been awarded the 2010 American Society for Biochemistry and Molecular Biology William C. Rose Award in recognition of his outstanding contributions to biochemical and molecular biological research and a demonstrated commitment to the training of younger scientists. He presented an award lecture titled, “How enzymes work,” in April at the 2010 annual meeting in Anaheim, Calif. Congratulations to Dr. Herschlag for this honor.
- **Dr. Beverley Newman**, Associate Professor in Pediatric Radiology, was elected to the Nominating Committee of the Society for Pediatric Radiology in recognition of her national stature and leadership in the field of pediatric radiology.
- **Dr. Suzanne Pfeffer**, Professor in Biochemistry, has been elected president of The American Society for Biochemistry and Molecular Biology (ASBMB), and will serve a two year term from July 2010-June 2012.
- **Dr. Shreyas Vasanawala**, Assistant Professor of Radiology, received the GE Healthcare 2010 Thought Leader award at the Annual Meeting of the International Society for Magnetic Resonance in Medicine in Stockholm, Sweden on May 7th, 2010, for innovation in pediatric MRI.
- The Stanford University Post-Doctoral association (SUPD) announced the two winners of the third annual SUPD Postdoctoral Mentoring Award:
 - **Professor Krishna Shenoy** in the department of Electrical Engineering, School of Engineering, and
 - **Professor Anne Brunet** in the department of Genetics, School of Medicine

This award is the first to recognize excellence in postdoctoral mentoring across Stanford University, and carries a cash prize of \$2500 for each winner. Seventy nominations were received in two rounds, and in addition to the two winners, **Professor James Spudich** in Biochemistry and **Professor Andrew Hoffman** from the Department of Medicine and the Palo Alto Veteran Affairs were recognized with honorable mentions.

The Stanford University Post-Doctoral association hopes that this award and recognition will inspire and encourage additional faculty members both at Stanford and in other universities to engage in effective mentoring and leadership for their students and researchers at all levels of education. For those interested in how to develop and evaluate a postdoctoral mentoring plan, a useful resource is provided in the mentoring plan of the National Postdoc Association: <http://www.nationalpostdoc.org/publications/mentoring-plans/mentoring-plan>

Appointments and Promotions

Suvarna Akki has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 4/01/10.

John F. Chardos has been appointed as Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 5/15/10.

James K. Chen has been promoted to Associate Professor of Chemical and Systems Biology, effective 5/01/10.

Curt P. Comstock has been reappointed as Clinical Associate Professor (Affiliated) of Orthopaedic Surgery, effective 9/01/09.

Dawn C. Duane has been reappointed as Clinical Assistant Professor of Neurology and Neurological Sciences, effective 5/01/10.

Jeffrey Englander has been promoted to Clinical Professor (Affiliated) of Orthopaedic Surgery, effective 5/01/10.

William F. Fearon has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 5/01/10.

Stephanie M. Harman has been promoted to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 5/01/10.

Jill A. Helms has been promoted to Professor of Surgery, effective 5/01/10.

Yasuhiro Honda has been appointed as Clinical Associate Professor of Medicine (Cardiovascular Medicine), effective 5/01/10.

Michael A. Horberg has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (Infectious Diseases), effective 8/01/10.

Gloria L. Hwang has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 5/01/10.

Tonya Kaltenbach has been appointed Clinical Assistant Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 3/01/10.

Patrick J. Kearns has been reappointed Clinical Professor (Affiliated) of Medicine (General Internal Medicine), effective 9/01/09.

Anna Lembke has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 5/01/10.

Michael Z. Lin has been appointed to Assistant Professor of Pediatrics and of Bioengineering, effective 5/01/10.

Ying Lu has been appointed to Professor of Health Research and Policy, effective 5/01/10.

Nubia Medina has been reappointed Clinical Assistant Professor (Affiliated) of Medicine (Primary Care – Family Medicine), effective 11/01/09.

Matthew A. Miller has been appointed as Clinical Assistant Professor of Orthopaedic Surgery, effective 8/15/10.

Sunita Pal has been reappointed as Clinical Assistant Professor of Radiology, effective 5/10/10. **Vyjeyanthi Periyakoil** has been promoted to Clinical Associate Professor of Medicine (General Internal Medicine), effective 5/01/10.

Lisa Ann I. Post has been reappointed as Clinical Associate Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), effective 6/01/10.

Kazuko L. Shem has been reappointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 9/01/09.

Manpreet K. Singh has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Lucile Salter Packard Children's Hospital, effective 5/01/10.

Jane C. Tan has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 5/01/10.

Zachary D. Vaughn has been appointed Clinical Assistant Professor of Orthopaedic Surgery, effective 8/15/10.

Greg Zaharchuk has been reappointed to Assistant Professor of Radiology, effective 10/01/10.