The Dean's Newsletter: September 27, 2010

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COME TO THE DEDICATION OF THE LI KA SHING CENTER FOR LEARNING AND KNOWLEDGE ON SEPTEMBER 29TH

Wednesday, September 29th will be a historic day in the history of the School of Medicine. At 10 am the official dedication of the Li Ka Shing Center for Learning and Knowledge will be held on the Alumni Green (next to the Clark Center and in front of the Fairchild Science Building) and at the Li Ka Shing Center for Learning and Knowledge (bordered by Foundation and Discovery Walks). The dedication ceremony will be led by President John Hennessy and Board of Trustees' Chair Leslie Hume. In addition to officially opening the Li Ka Shing Center for Learning and Knowledge, the event will honor Mr. Li Ka Shing who will be present for the dedication. I hope you will participate in this festive event and also take the opportunity to visit the Li Ka Shing Center for Learning and Knowledge during its Open House reception from 11:00 am – 12:30 pm. I hope to see you at the dedication. This is truly a once in a lifetime event! If you wish to attend, please respond to drealaz@stanford.edu no later than 5 pm on Tuesday, September 28th.

Welcome to the 2010 Graduate Students

This past week we welcomed 109 students joining one of Stanford's 13 bioscience PhD programs. This outstanding group of students was selected from over 1550 applicants and includes individuals ranging in age from 17-41 (average is 24 years). Students enter programs that are large (e.g., Biology has 26 new matriculates) as well as small (Molecular & Cellular Physiology and Structural Biology each have one new student). Nineteen of the 109 are international students and, overall, students represent 18 different countries of birth. Women

constitute 56% of the incoming class, and15.9% are underrepresented minorities. Students received their undergraduate degrees from 66 colleges and universities, with Brown, MIT, Rutgers and Stanford topping the list for the number of graduates joining our PhD programs. Not included in this list are the 23 students entering the joint School(s) of Engineering and Medicine Bioengineering program. They come from 388 applicants, ten of whom are international. Their average age is 23, and 23% are women.

This year also brought a new welcoming event for our incoming PhD students -- the "White Lab Coat Ceremony" that was held on Friday evening September 24th. As I described in my August 30th Newsletter the "Stethoscope Ceremony" has become a tradition in welcoming new MD students to the profession of medicine. This year our Stanford Medical Center Alumni Association had the vision to suggest a parallel ceremony for incoming PhD students, and I hope that the "White Lab Coat Ceremmony" will become just as much of a tradition as the Stethoscope Ceremony.

Clinical and Translational Science at the Stanford University School of Medicine

When we launched the School of Medicine Strategic Plan nearly a decade ago we established it under the umbrella of Translating Discoveries (see: http://medstrategicplan.stanford.edu/). Based on that foundation we determined that our goal was "*To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovation in patient care, education and research."* Since then we have made considerable progress in fulfilling a number of the Plan's core objectives in our interrelated missions of education, research and patient care. An important component has been putting into place the programmatic support and infrastructure to facilitate and enhance clinical and translational research. These include our NCI-designated Cancer Center, which is under the leadership of Dr. Bev Mitchell, Professor of Medicine, and our NIH Clinical and Translational Science Award (CTSA), led by Dr. Harry Greenberg, Professor of Medicine and Senior Associate Dean for Research.

At the September 17th Executive Committee Dr. Greenberg gave an update on the Stanford CTSA, one of 55 funded centers nationally (the goal of the NIH is to expand this number to 60 by 2012 as part of a national consortium). The Stanford CTSA is now in its third year of a five-year funding cycle. While the initial budget proposal to the NIH was for $54 million, cutbacks in program support resulted in an overall NIH five-year award of $29.6 million. In order to help the CTSA reach its potential, the School has committed up to $17.5 million over the five years so that most of the critical programs can go forward. As you may recall, the Stanford Center has a unique organizational structure for the School in that it functions as an independent university center, reporting the Vice Provost and Dean of Research (Dr. Ann Arvin). In this role it supports 12 programs across the university, including one that reaches beyond the university and focuses on community engagement . The Stanford CTSA is called ***Spectrum*** (see http://spectrum.stanford.edu/). It is overseen by an External Advisory Board, as well as by a Strategic Advisory Board, which I chair.

Since its inception, Spectrum has had three major objectives:

1 ***Innovation:*** to develop programs that stimulate innovation in devices, drugs and comparative effectiveness and healthcare delivery research. Some of this is nucleated by pilot project funding.
2 ***Education***: to develop programs that foster knowledge and expertise in clinical and translational research beginning with high school students and extending all the way to faculty
3 ***Implementation***: to simplify, organize and make more accessible the key support services and resources needed to stimulate clinical and translational research -- and to measure and assess their outcomes.

During his Executive Committee report Dr. Greenberg detailed some of the accomplishments that have been achieved in various program areas. I will highlight a few of these as examples:

Study Design and Biostatistics (Dr. Phil Lavori is the Program Leader): Since 2008 there have been over 830 free consults by the Biostatistics Consultation Service. Over 30 major projects have been reviewed and a number of workshops have been conducted, including one that focuses on "difficult statistical challenges." In addition, this program has fostered yearly "intensive courses in clinical research," which have provided sophisticated and in-depth training on clinical trial design and methodology to approximately 125 trainees and faculty since 2006. I have participated in each of these sessions (including a another successful intensive pediatric program that was held over the past two weeks), and we have been very pleased by the depth of the content that is being offered and the outcomes achieved. In fact, nearly half of the graduates of one of the intensive courses have already submitted a research proposal and 80% of these have been funded. Quite a success story in its own right.

Informatics (Dr. Henry Lowe is the Program Leader): the STRIDE program http://clinicalinformatics.stanford.edu/services/clinicaldata.html has become increasingly integrated with hospital-based clinical electronic medical records (e.g., Epic at SHC and Cerner at LPCH), including pharmacy orders and radiology images. A more secure and operative database called REDcap is being introduced to replace less useful ones like Filemaker, Access and Excel. In addition, the informatics consultative progress has become more accessible and active, and it provided over 300 consultations since 2008. The Informatics program has also played a key role in developing the Spectrum Navigator and related websites.

Operations, Training and Compliance (Nick Gaich is the Program Leader): this program has had some significant accomplishments, including successfully negotiating a cost-based pricing for hospital associated clinical research (a breakthrough for clinical investigators) and other budget and billing enhancements -- including coordination with the Office of Sponsored Research and the Research Management Group. Of interest, a "study facilitator" service is available through the Study Navigator as of this month.

Clinical and Translational Research Unit (CTRU) led by Dr. Brandy Sikic: This program is the new version of the former GCRC (which the NIH is phasing out) and is largely an ambulatory research program. Research volumes are going up and the CTRU will be moving from Blake Wilbur to 1101 Welch en route to its final home at 800 Welch Road when the Jill and John Freidenrich Center for Translational Research is completed in 2012-2013. We are pleased that two inpatient beds have been approved for continuing location on H1 (the former home of the GCRC) for the indefinite future. As part of systems re-engineering, the CTRU/CTSA is collaborating with colleagues at the Graduate School of Business to evaluate process improvements in the cost accounting and efficiency of outpatient research.

Innovations and Pilots, led by Dr. Paul Yock, focuses on one of the fundamental underpinnings of the CTSA by awarding, in a competitive process, pilot and innovation seed grants. In 2009, 82 applications were received and 8 were funded for a range of diagnostic, therapeutic and device-based projects. The call for new applications was issued on September 1st (http://spectrum.stanford.edu/researcher-resources/other/funding-ops/pilot-grants/335-call-for-proposals.html). The SPARK and Biodesign Programs continue to thrive: SPARK has helped foster a successful ARRA Award in global health, and Biodesign has been a model for development at universities across the world.

Spectrum Supported Cores is led by Dr. Daria Mochly-Rosen and includes the Human Immune Monitoring Core (which is the brainchild of the Stanford Institute for Immunity, Transplantation and Infection), the High-Throughput Bioscience Center for drug and or target discovery, and the Tissue Microarray Histopathology Core.

Ethics, for which Dr. David Magnus is the Program Leader, has made important strides in courses and programs for ethics training for clinical investigators. This program also offers a consultative service that can be accessed through the Study Navigator.

Education (led by Dr. Charles Prober) has a number of initiatives, some of which I have highlighted in recent Newsletter, including the Stanford Society for Physician Scholars.

Community Engagement is led by Dr. Marilyn Winkleby and Rhonda McClinton-Brown, and has developed a number of notable community partnerships (e.g., with the San Mateo County Department of Public Health, Kaiser Permanente, the Palo Alto Medical Foundation and a number of local community health center providers). This project provides technical assistance and career guidance; since the inception of the CTSA, it has engaged with 56 faculty and 46 community partners. Seed Project grants in community engagement are also being awarded, including five in July 2010.

Career Development and Diversity is led by Dr. Hannah Valantine and includes a number of novel programs such as the "Team Science Training Program," which has focused on topics ranging from conflict and negotiation to management of large

interdisciplinary teams. In March 2010 a "Clinical and Translational Networking Program" was launched to bring faculty, students and postdocs together to address topics ranging from career development to working with the media and with industry. This September the second round of the "Clinical and Translational Research Scholars Program" was launched. In this program 18 fourth-year medical students from underrepresented backgrounds from around the USA visited Stanford for a 4-week sub-internship as a means of introducing them to our institution. Selected students are also participating in the Spectrum Intensive Course in Clinical Research -- including the one that took place two weeks ago.

Spectrum Child Health is led by Drs. Christy Sandborg and David Stevenson and is seeking ways to increase the efficiency and operations of pediatric clinical research, including ways to interact with the community. A number of pediatric research or clinical innovation awards have been given during the past year, and efforts are underway to monitor and track the impact of these awards on future funding and career development.

In addition to these programs, efforts are underway to track and evaluate the impact of various programs and where possible to create alignments with the national community of CTSA Consortia. Clearly there has been a lot of activity through the Stanford CTSA over the past 2-3 years, and we can look forward to future programs that will enrich and enhance the environment and support for clinical and translational research at Stanford. There is no question that the value and importance of clinical research has risen and that unique opportunities exist for the future. One of these is the application of research methodology to improve the delivery of health care overall -- which we hope will be further enhanced by interactions with the new Stanford Clinical Excellence Research Center led by Dr. Arnie Milstein -- who joined Stanford this summer.

The Continuing Debate on Healthcare Reform

September 23rd marked the six-month anniversary of the signing of the Affordable Care Act (ACA), signed into law by President Obama on March 23, 2010. The lead-up to this historic legislation and the events surrounding its passage are topics I addressed with some frequency in past issues of the Newsletter. The ensuing months have been filled with rancorous debate and little expressed enthusiasm for the new legislation, despite the fact that it represents a rebasing of the frequently damaging practices of private insurance regarding denials for pre-existing illness, limits on coverage and soaring costs. Importantly, the ACA offers the provision of medical care to most Americans.

One of the reasons for the current discord on healthcare reform is that its true purpose and goals were not explained in a coherent manner by the administration and its advocates. Even more damaging, though, are the political chasms and gridlock that have characterized Washington in the past several years that has led to hyperbole and lots of misinformation.

Amazingly, the factual errors of those decrying healthcare reform were not adequately or promptly addressed, allowing them to alter perceptions of reality.

Over the last weeks and months the Administration and the Democrats have become amazingly silent on healthcare reform, and the Republicans are touting their plan to repeal or significantly limit the ACA. Together with the continuing loss of jobs, economic downturn and overall anger of the American public, the real and potential achievements on healthcare reform and the ACA have been muted at best. This is made worse by the fact that the ACA legislation is confusing to understand and the timelines for enactment makes promises too distant or too subject to future modification. Further, a continuing overriding concern is that the ACA does little to address cost control.

In the August 12th issue of the ***New England Journal of Medicine***, Peter Orszag and Zeke Emmanuel attempt to address this in the Perspective entitled "Health Care Reform and Cost Control" (see: http://www.nejm.org/doi/full/10.1056/NEJMp1006571). Among the notable comments in their perspective article is that the ACA is "an ongoing, evolutionary process requiring continuous adjustment." This would seem to be an understatement.

Dr. Arnold Relman, former Editor of the ***New England Journal of Medicine*** and a noted authority on healthcare and medicine more broadly, published a valuable contribution in the September 30th edition of the ***New York Review of Books*** (see: http://www.nybooks.com/articles/archives/2010/sep/30/health-care-disquieting-truth/). Using his review of John Wennberg's "Tracking Medicine: A Researcher's Quest to Understand Health Care," Relman focuses on the geographically variegated costs of Medicare expenditures and their dissociation from quality outcomes -- the focus of the Dartmouth Atlas that Wennberg and his colleagues have brought to public attention. While there is debate about the validity of these associations and whether they are oversimplified, they do address the impact of provider practice on healthcare costs. The major drivers are technologies, drugs and expensive procedures, an issue highlighted in Atul Gawande's now well-known ***New Yorker*** (June 1, 2009) article entitled "The Cost Conundrum" (see: http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande).

Some of the features of the ACA are designed to address some of these cost conundrums. One is the Patient-Centered Outcomes Research Institute (PCORI), which is designed to empower physicians and patients with information on the effectiveness of medical technologies and interventions. The members of the PCORI were named this past week and include a number of highly regarded academics and thought leaders (see: http://www.gao.gov/press/pcori2010sep23.html). Another, albeit more controversial, committee will be the Independent Payment Advisory Board (IPAB), which will be charged with devising changes to Medicare's payment system, although some of these effects will not go into place until 2014.

At the annual meeting of the Association of Academic Health Centers (for which I have served as chair of the Board of Directors), which was held on September 23-24th, a number of these

issues were discussed under the banner of "New Ideas and Strategies in the Era of Health Reform." In a plenary session Dr. Kavita Patel, now Director of Health Policy Programs at the New America Foundation, spoke of her role and that of the White House in devising and developing the ACA. She noted in passing that since the passage of the legislation most of the groups she has addressed have become less clear and often more distressed about the legislation -- partly because of its uncertainty, long phase-in and the intense politics and rancor that have seized Washington and much of the country, especially with the economic downturn. That said, it was abundantly clear that our academic health center peers around the country are all bracing for coming changes even though the nature and their timeline is a matter of uncertainty.

Common wisdom shared at this national forum is that payments to providers from Medicare and private payers will decrease in the coming years, that incentives will be more aligned to outcomes and less to volume, that payments to hospitals for high-end services and care will be altered and that the focus will be on population based care and management. Most academic medical center leaders noted the importance of engineering efficiency and avoiding wherever possible expensive capital costs or hospital bed expansion. And a key observation is that medical centers will need to be more aligned and integrated -- a challenge even more acute for academic centers that have missions in education, research, patient care and community service.

These are challenges that we are well aware of and that we have addressed in part -- but have much more work to accomplish. As I have noted in prior communications we need to be outstanding in discovery and innovation, and provide outstanding patient care, the highest possible quality, excellent patient services and low and competitive costs. While we do well in some of these areas we have much work to do in enhancing the patient experience and in reducing costs. We cannot wait for healthcare reform to mandate these changes -- we need to assume leadership now. I believe the integrated clinical planning that we are now pursuing with Stanford Hospital & Clinics (and that has already been achieved with the Lucile Packard Children's Hospital) is an important step. So are the improvements in focused attention on quality outcomes and, more recently on improving patient care. But high cost is a still major challenge and has to be an increasing area for focus now and in the future -- in both programmatic and capital expenditures. And I am optimistic that we could make progress and even assume a leadership in improving models of efficiency and effectiveness as the new Stanford Clinical Excellence Research Center gets underway.

Despite the challenges that lie ahead, the opportunities for improving Stanford Medicine and making it of even higher value to all the communities we serve is exciting and is a goal well worth our shared efforts.

Communication on Consulting from Provost Etchemendy

At our recent School of Medicine Executive Committee it became apparent that a recent communication from the Provost regarding faculty-consulting relationships had not been widely noted despite its broad dissemination. Because the communication is important we asked our department chairs to share the Provost's communication with their faculty. To

further that dissemination, I am copying the Provost's September 1 message below. The new document discussed by the Provost may be found in the Research Policy Handbook at http://rph.stanford.edu/4-3A.html.

From Provost John Etchemendy: As you know, Stanford encourages research relationships with other entities as a way to foster the transfer of knowledge gained through University research and scholarship for societal benefit. We also recognize, however, that our concern to preserve openness in research may be at odds with the need of for-profit companies to keep research information and materials proprietary. With these differences in mind, I would like to review Stanford's policies governing two types of agreements that faculty enter into without direct University oversight. These are personal consulting agreements and non-disclosure agreements (NDAs). As a Stanford faculty member, it is your responsibility to know the principles and policies that must be followed when entering into such agreements.

If you enter into a consulting or non-disclosure agreement with a commercial entity, a copy of the attached summary of **STANFORD UNIVERSITY REQUIREMENTS FOR FACULTY CONSULTING ACTIVITIES AND AGREEMENTS** *must be provided to the company.*

Consulting:
Any consulting agreements with outside entities should carefully delineate and separate your university responsibilities from consulting responsibilities. Specifically, these agreements must not involve or address Stanford University, or its resources and people, including students, postdoctoral scholars and staff. You are responsible for making sure that your consulting activity and the terms of any written agreements are consistent with requirements of the faculty Conflict of Commitment and Interest policy (http://rph.stanford.edu/Chpt4.html) and your university obligations related to inventions and other intellectual property (http://rph.stanford.edu/5-1.html). The School of Medicine also prohibits consulting that is solely or primarily for commercial marketing purposes (http://med.stanford.edu/coi/siip/policy.html). To avoid confusion, correspondence and agreements related to consulting activities must not use Stanford letterhead or appear to be Stanford documents. Finally, facilities and services of the University may not be used in connection with your consulting, except in a purely incidental way.

Non-Disclosure Agreements:
In their capacity as University employees, Stanford faculty and staff may not engage in confidential work for an entity other than Stanford. Confidential work for another entity may only be pursued during time allowed for consulting.

Any confidential information received for research purposes at Stanford must be incidental to University research activities and may not interfere with the participation of anyone at Stanford in the intellectually significant portions of the research activity (Openness in Research Policy; http://rph.stanford.edu/2-6.html). Within these important limits, if it becomes necessary for you to share confidential information with, or receive information from, another entity for your work at the University, you may personally sign a Confidentiality Disclosure Agreement (CDA) or

Non-Disclosure Agreement (NDA). The agreement must state clearly that you are signing in your individual capacity and covers only your own activities. If it is necessary for those you supervise to receive confidential information, they must separately sign a confidentiality agreement, but only if the confidential information to be received is incidental and with approval of your school dean.

Some CDAs or NDAs presented to faculty for signing may contain intellectual property provisions impacting Stanford's rights in patents, copyrights, or patentable technology or copyrightable works. Faculty may not sign any agreement that could affect Stanford's or other Stanford researchers' rights in intellectual property or your Stanford obligations related to intellectual property.

The CDA/NDA must not include Stanford University as a party. Individual researchers, faculty members and other employees have no authority to sign CDAs or NDAs on behalf of the University, their school or department, or any other division or department of the University. Stanford generally does not sign CDA/NDAs on behalf of the University, because there is no institutional mechanism to ensure the confidentiality of information received.

NOTE: The summary of Stanford's policies will be available for downloading on the Research Policy Handbook website (http://rph.stanford.edu), the Office of Technology Licensing website, and from your school dean's office.

Please contact your school dean's office or the office of the Dean of Research to discuss any questions that you may have concerning consulting agreements; the Industrial Contracts Office will advise about CDA/NDAs.

For the School of Medicine, Dr. Harry Greenberg, Senior Associate Dean for Research, would be pleased to address any questions or concerns you have. You can reach Dr. Greenberg at: harry.greenberg@stanford.edu.

Office of Medical Development Helps Prepare Faculty for Fundraising

On September 14th and 17th, Laurel Price Jones, Associate Vice President for Medical Development and Alumni Affairs, and Barbara Clemons, Assistant Vice President for Medical Development, coordinated two four-hour intensive workshops on philanthropy for faculty leaders. These interactive sessions were led by Mr. Joe Golding from Advancement Resources, a national leader in research-based development training for medical professionals. They enabled faculty leaders and staff from the development offices of the School of Medicine, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital to join together in discussions about "grateful patients and families" as well as ways to assess the mindset and intent of potential donors. Nearly 70 faculty members participated, and many have already shared their positive reflections on the value of this intensive exposure to fundraising and philanthropy.

We anticipate that Advancement Resources will launch a more in-depth seminar exclusively for academic researchers this spring, and our development team will be following up to assist interested faculty in expanding their fundraising efforts. Whether or not you attended one of these workshops, a development officer will be glad to speak with you. If you don't know who is assigned to your program, contact the Office of Medical Development (OMD) at 650-234-0600.

Based on the observations of attendees and organizers, some of the highlights and key lessons of the seminar included:

- Nearly 90% of all gifts come from individuals (including family foundations).
- Forty percent of donors who made gifts of $1M or more in 2009 had no knowledge of the organization seven years earlier.
- There is a big difference between a loyalty gift and a passion gift. The biggest gifts of a donor's lifetime are almost always the latter. *(Parenthetically, I would include some of the major gifts we received for the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building in the category of "passion gifts" based on a compelling and exciting vision and opportunity).*
- Fundraising is not about prying money from the reluctant; it's about providing opportunities for donors to realize their dreams, and sometimes even to start a healing process.

The three key roles for faculty in fundraising (note, asking for money is not on the list -- which is something I pointed out during my introductory comments):

1. **Articulate a compelling vision story.** Think big ideas -- they attract big gifts. Show the impact on people, not the institution. Paint a picture of how the future could look. Focus on only 3-5 goals. Describe your work in simple metaphors (e.g., a cancer stem cell's role as the queen bee in a beehive).

2. **Help get the donor's personal story on the table.** "Development magic" happens when the donor's personal story connects to an organizational initiative (project, program, vision story).

3. **Provide development referrals.** Bringing in a development professional changes the dynamic, uses your time most efficiently, and preserves the physician-patient relationship.

I noted in my August 30th Newsletter that the School of Medicine has now passed the $1 billion mark in the Stanford Challenge campaign, which is still underway. But we still have a long way to go to fulfill our many dreams, aspirations and critical needs -- and to do that we will benefit from the help and assistance of our faculty, a number of whom are now much better educated about fundraising and medical development. More to come (I hope in every way).

Emergency Preparedness: Earthquake (Drill) on October 7th

On October 7th, at an undisclosed time, Stanford University will conduct an emergency earthquake evacuation drill that will impact the *entire campus* (except for the hospitals) as well as a number of off-site facilities where School of Medicine faculty, staff and students are

located. In addition to all on-campus buildings, the off-site facilities that will participate in the drill include 1050 and 1070 Arastradero, 855 and 1501 California Avenue, 2700 Sand Hill Road and Stanford Menlo Park. The October 7th exercise is designed to simulate the immediate response to an earthquake (or similar emergency). Information about the drill is available at: http://evacdrill.stanford.edu.

The drill will begin with the outdoor AlertSU warning system which signals a continuous warning tone. This is what would happen during a true emergency. The siren is expected to last for about 45 seconds (but this could vary during an actual emergency). When the siren begins you should "duck, cover and hold" (see http://www.stanford.edu/dept/EHS/prod/general/erprep/2010_emer_evac_index.html for more details) until the siren stops. Specific instructions for faculty, students and staff are displayed. At that point you should gather your belongings (I would imagine your laptop and/or iPad will be among them) and report to your assigned Emergency Assembly Point (EAP). If you don't know where your EAP is located it would be a good idea to find out prior to the October 7th drill. Your department DFA can provide the location or you could check at the Environmental Health and Safety Website at http://www.stanford.edu/dept/EHS/prod/general/erprep/eap/.

- All staff and faculty should check in at their local EAP per departmental evacuation procedures.
- Students in residences should check in at their local EAP. All students will receive a message from the AlertSU mass notification system. Students should respond to the voice prompts from the system to check in electronically.

For more information on personal preparedness, visit any of the following sites:

- Ready.gov http://www.ready.gov/ 72 Hours.org http://72hours.org/
- The Great California Shakeout (October 21) http://www.shakeout.org/ http://www.shakeout.org/dropcoverholdon/
- Play "Beat the Quake" http://www.dropcoverholdon.org/

For questions or more information, send emails to preparedness@lists.stanford.edu

The Department of Anesthesia Celebrates Its 50th Anniversary

The Department of Anesthesia celebrated its first 50 years on September 24-25. The festivities included a wonderful scientific program and opportunities for social gatherings, reunions and renewals. The Department has grown in breadth and depth across all missions of education, research and patient care and has particularly thrived during the last decade under the terrific leadership of Dr. Ron Pearl, the Richard K Erika N Richards Professor of Anesthesia and Chair. The department now includes 150 current faculty members and 67 current residents as well as over 565 graduates. Its programs extend from the operating room to obstetrics, pediatrics, the intensive care unit, the pain clinic, and the ambulatory centers to the immersive learning center. To commemorate its anniversary, the department has produced a wonderful

publication entitled Stanford Anesthesia, Fifty Years of Excellence. From this I offer Dr. Pearl's conclusion to his opening letter to faculty, students, staff and alumni:

> *"Looking back on the first half-century of the department, we see a tradition of excellence in clinical care, research, education, leadership and service. Today these elements are integrated in a department which is leading the field and continuing to define the expanding specialty of anesthesiology and perioperative care. We can look forward to the next half-century with confidence and optimism as we celebrate what we have achieved over the first fifty years"*

I had the privilege to participate in some of the events surrounding the celebration and ask that you join me in congratulating the Department of Anesthesia and wishing it well for the future.

Stanford University Employee Survey to be Conducted this Fall

The School of Medicine's 3,800 staff employees are one of our most valuable resources. Our important research, education, and patient care activities could not be realized without the dedication, commitment, and day-to-day engagement of our staff.

This October, Stanford University is sponsoring a Stanford Employee Survey. The School of Medicine will be participating in this effort, which will give School employees the opportunity to provide confidential feedback to an external vendor about their experience in the SoM work environment, and will in turn give the school vital information to improve our efforts to make the School an ever better place to work.

The survey results will be shared -- in aggregate form -- with employees, supervisors, and managers. Supervisors and managers will then have the opportunity to hold discussions with their employees to understand the input and develop and implement action plans to address any issues or trends that surface through the survey process. The Human Resource Group will support supervisors and managers through the action plan process.

Other Stanford schools and business units are also participating in the survey. The process was inaugurated in spring 2010, with six schools and central areas participating. This fall, close to 6,000 employees will participate in the remaining schools, independent labs, and central areas.

An experienced outside vendor has been engaged to collect the data and prepare reports that will convey aggregate results; no results will be linked to any individual employee's name, and supervisors and managers will not be told which specific employees participated in the survey. Groups participating in the spring 2010 survey process gave feedback that the online survey was easy to use and took no more than 10-15 minutes to complete. The more employees who complete the survey, the easier it becomes to identify themes or trends across the School that, if strengthened, would help us become an ever better place to work.

More information about the survey and how to participate will be communicated in late September. We hope that all employees will take time to respond to the survey.

Awards and Honors

Dr. Paul Auerbach, Professor of Surgery (Emergency Medicine), was named the inaugural recipient of the Redlich Family Professorship at a celebration on September 14th. This professorship, the first in Emergency Medicine, is the result of a generous gift from Christopher Redlich. Of note, this is one of very few professorships in emergency medicine anywhere, and it brings distinction to the Division of Emergency Medicine, the Department of Surgery and Stanford. We are grateful to the generosity of Mr. Redlich and offer our congratulations to Dr. Auerbach.

Appointments and Promotions

Meenakshi Aggarwal has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 4/1/2010.

Ritu Asija has been reappointed as Clinical Assistant Professor of Pediatrics, effective 7/1/2010.
Profile: http://med.stanford.edu/profiles/Ritu_Asija/

Themistocles (Tim) L. Assimes has been appointed as Assistant Professor of Medicine, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Themistocles_Assimes/

Rebecca Blankenburg has been promoted to Clinical Assistant Professor of Pediatrics, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Rebecca_Blankenburg

Hollister P. Brewster has been reappointed as Clinical Professor (Affiliated) of Medicine, effective 4/1/2010.

Despina G. Contopoulos-Ioannidis has been appointed as Clinical Associate Professor of Medicine, effective 10/1/2010.

Alimorad G. Djalali has been promoted to Clinical Assistant Professor of Anesthesia, effective 10/1/2010.

Huy Do has been reappointed as Associate Professor of Radiology and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Huy_Do/

Amit Etkin has been appointed as Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Amit_Etkin/

Christian Eversull has been appointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 7/15/2010.

Lisa W. Wise-Faberowski has been appointed as Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Lisa_Wise-Faberowski/

Paul Ford has been reappointed as Clinical Associate Professor of Medicine, effective 8/1/2010.
Profile: http://med.stanford.edu/profiles/Paul_Ford/

Francois Haddad has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Francois_Haddad/

Catherine A. Heaney has been reappointed as Associate Professor (Teaching) of Psychology and of Medicine, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Catherine_Heaney/

Joyce Hsu has been reappointed as Clinical Assistant Professor of Pediatrics, effective 7/1/2010.
Profile: http://med.stanford.edu/profiles/Joyce_Hsu/

Andrei H. Iagaru has been appointed as Assistant Professor of Radiology at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Themistocles_Assimes/

John Ioannidis has been appointed as Professor of Medicine, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/John_Ioannidis/

Peter E. Kane has been reappointed as Clinical Professor of Radiology, effective 9/1/2010.

Jennifer Kao has been reappointed as Clinical Associate Professor of Radiology, effective 9/1/2010.

Mailhgan Kavanagh has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 7/1/2010.

Stephen King has been reappointed as Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/1/2010.

Sirisha Komakula has been appointed as Clinical Assistant Professor of Radiology, effective 10/1/2010.

Uri Ladabaum has been appointed as Associate Professor of Medicine at the Stanford University Medical Center, effective 9/1/2010.

Profile: http://med.stanford.edu/profiles/Uri_Ladabaum/

Maarten Lansberg has been reappointed as Assistant Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Maarten_Lansberg/

Matthew Mell has been appointed asAssistant Professor of Surgery at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Matthew_Mell/

Elizabeth D. Mellins has been promoted as Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Elizabeth_Mellins/

Alexander Moskovitz has been promoted to Clinical Assistant Professor (Affiliated) of Surgery, effective 8/1/2010.

Sujata Patel has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Sujata_Patel/

Zina Zarshenas Payman has been reappointed as Clinical Assistant Professor of Radiology, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Zina_Payman/

Rajesh Punn has been appointed as Clinical Assistant Professor of Pediatrics, effective 10/16/2010.
Profile: http://med.stanford.edu/profiles/Rajesh_Punn/

James V. Quinn has been promoted as Professor of Surgery at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/James_Quinn/

Vishnupriya Rajagopal has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Vishnupriya_Rajagopal/

Jessica Rose has been promoted as Associate Professor of Orthopaedic Surgery at the Lucile Salter Packard Children's Hospital and at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Jessica_Rose/

John Stevenson has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, 9/1/2010.

Chih Kwang Sung has been appointed as Assistant Professor of Otolaryngology -- Head and Neck Surgery at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Chih Kwang_Sung/

Christopher Talluto has been promoted to Clinical Assistant Professor of Pediatrics, effective 8/1/2010.
Profile: http://med.stanford.edu/profiles/Christopher_Talluto/

Julie Tinklenberg has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Julie_Tinklenberg/

Jarred W. Younger has been appointed as Assistant Professor (Research) of Anesthesia effective 10/1/2010.
Profile: http://med.stanford.edu/profiles/Jarred_Younger/

Michael M. Zeineh has been appointed as Assistant Professor of Radiology at the Stanford University Medical Center, effective 9/1/2010.
Profile: http://med.stanford.edu/profiles/Michael_Zeineh/

Ashwini M. Zenooz has been appointed as Clinical Assistant Professor (Affiliated) of Radiology, effective 8/1/2010.