

# Dean's Newsletter

## December 13, 2010

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### **Happy Holidays and Winter Break**

Amazingly, we are once again in the midst of the winter holiday season. Thanksgiving, Al-Hijira and Hanukkah have just passed, and Christmas and the New Year celebrations lie ahead. And there are many other unnamed holidays members of our community celebrate at this time of year. Whatever they are, I wish you and your family the best for the season!

For the past couple of years the School of Medicine has joined with the University in having a two-week winter closure, which this year begins on December 20<sup>th</sup>. We will reopen on January 3<sup>rd</sup>. Of course I am fully cognizant that many of us will be working during that time – carrying out experiments, caring for patients, catching up on papers, etc. But one of the great joys – or is it dividends - of the university-wide winter closure is the virtual shutdown of email and other distractions. I have heard from so many of you that you relish this break from the constant onslaught of email and related communications. Accordingly, I would like to encourage all of you (including me, of course) to refrain from initiating email communications beginning December 18<sup>th</sup> and continuing through January 2<sup>nd</sup>, unless a communication is really important. Obviously that is left to your discretion. I am sure everyone will use their best judgment – but the collective view is that this natural break in electronic communications is one of the best gifts one can receive during the holiday season. So, enjoy, silently and respectfully.

### **Some Reflections on 2010: A Time of Ups and Downs**

At least in things professional I am an optimist. In fact I often relish challenges that seem insurmountable or which require persistence and endurance. As most of you know, that is the focus I have brought to my now nearly ten years at Stanford. Each day and passing year has been filled with opportunity and excitement.

As I think back on this past year I am reminded of the unfolding events and debates that will now shape the fabric of science and healthcare as well as the future of our communities and, indeed, the very integrity of our nation. Individually and collectively we have all ridden the ups and downs of expectation and disappointment over the past twelve months. And while some may feel a foreboding, I believe that we can rise above the challenges ahead and emerge successfully. To a great extent, my positive view is the result of the hard work that you have been doing during the past year(s) and that has positioned Stanford Medicine quite well for the future we now face. In previous communications I have opined that it has long been my hope that Stanford would become a role model for the future of academic medicine. I believe we will – and that we must.

The year began with expectations that healthcare reform might actually become a reality and that research funding (especially because of the American Recovery and Reinvestment Act of 2009[ARRA]) was making a difference (see: <http://med.stanford.edu/stimulus/>). As of December 1, 2010 Stanford had received 275 ARRA “Stimulus” grants for a total of \$131, 458, 547 (or 1.5% of the total awards), which is notable since this figure does not include large facilities grants. The ARRA research funding has been a significant help to many of our faculty, especially after the shrinking NIH budget between 2003-2009. Unfortunately, the continued economic downturn in the USA and the political battles now raging in Washington, DC and beyond almost surely forecast a decline in federal funding for research with the expiration of ARRA.

We have known this was coming for some time. Most recently, I heard serious concerns about future NIH funding during the NIH Directors’ Leadership Forum I attended on November 29<sup>th</sup>. A major worry for the NIH has been the growth of the biomedical community nationally – in many ways it now exceeds the pipeline of available funds. Part of the problem is that many medical schools sought to increase their stature by rising in the ranks of NIH funding and thus recruited more faculty and built more research facilities to house them. I have long felt that using total NIH funding as a record of success is an incorrect metric since it emphasizes quantity over quality. Unfortunately, many academic leaders subscribed to the value of growth, and this is now becoming an increasing liability for many centers. I know this sounds harsh – but race for national “stature,” made worse by the US News and World Report rankings, which emphasize size over quality – has contributed to this problem.

Thankfully, at Stanford we have prized quality – in our faculty and students – and we have emphasized excellence over “size.” Indeed, we remain among the smallest medical schools in the nation, but we are fortunate in having among the strongest research faculty – and more funding per faculty member than any other school. We have

a disproportionately larger percentage of our full-time faculty who are members of the Howard Hughes Medical Institute or who have been elected to the National Academy of Sciences (NAS) or the Institute of Medicine of the NAS. While there is no doubt that the years ahead will be also challenging for Stanford faculty, I am confident that as a community we will fare well. We haven't overbuilt and we have been thoughtful and strategic in our investments in faculty, departments, centers and institutes. We are continuing to recruit exceptional faculty, while still keeping our numbers lean and focused. And while the changes in our physical landscape have been notable (e.g., the Li Ka Shing Center for Learning and Knowledge, Lorry Lokey Stem Cell Research Building/SIM1), we have been judicious in space allocation and utilization. Again this is a tribute to our faculty and staff – for it is their success that makes this possible.

Of course, going forward we have lots of space challenges – a number of which I addressed in my November 22<sup>nd</sup> Newsletter. But at least to date we have been successful in renewing facilities while incurring very little debt – which also highly differentiates us (and positively so) from nearly all of our peers. That said, preserving and enhancing our research faculty is among our highest priorities. Excellence in discovery and innovation and especially in fundamental basic science is what continues to distinguish Stanford – but sustaining that excellence will require constant investment and renewal. While this will surely be challenging, it is something we can be even more focused on. Indeed, among my highest priorities is to raise additional gift support for faculty career development – in the form of professorships, directorships and the like. Hopefully as the economic climate improves we will have greater success in this incredibly important effort.

As you also know from many prior communications, I (along with countless others) worked to help facilitate healthcare reform. But the political rancor that surrounded the final phases of the healthcare debate, all the way through the signing of the Affordable Care Act of 2010, left most of us in the medical profession, as well as the wider public, confused and concerned about what actually had been accomplished and whether the essential components of reform would actually happen. Indeed, the sense of excitement when President Obama signed the ACA on March 23, 2010 was not (as had been hoped) a prelude to relief and acceptance by the broader public – but rather the entree to even more debate and concern, frequently with biased information or misinformation. In some ways this whole episode culminated in the rhetoric that resonated throughout the midyear elections this November. I will refrain from a political commentary and only say that regardless of one's frame of reference, we have to move forward in reshaping healthcare delivery in the USA and in championing the support of science and its impact on the future of medicine.

No matter the pace or process of healthcare reform nationally, we have an obligation to assume a leadership role in our community – with the equal goal of addressing healthcare delivery with a level of excellence that is seen as valued among our academic peers. As I have stressed in prior communications, this means focusing on “patient-centered care.” This means having physicians who are highly regarded in our community serving as resources for patient care as well as innovation and discovery.

And we need to devote much greater attention to professionalism and compassion in the practice of medicine. These efforts should be further enhanced by the integrated clinical planning efforts we have initiated with SHC around clinical service lines. This process will continue through 2011.

We also need to stay focused on delivering the highest quality of evidence-based patient care and to do so in an effective manner as measured in comparative terms. This is an area where we have made considerable progress in the past several years. Furthermore, we need to do all we can to improve the experience of the patients receiving care at Stanford – from physicians and nurses to all members of the healthcare team. This is an area that needs work but where are we now putting considerable energy and where I also believe we will make greater strides with the recruitment of Amir Rubin as the SHC CEO. His track record in improving the patient experience at UCLA has won accolades and is something we all hope to benefit from when he joins Stanford on January 3<sup>rd</sup>.

And finally, we have to demonstrate the “value-added” of our academic medical enterprise in a manner that makes the cost of care “worth the price” based on the excellence, quality and delivery compared to alternatives. Achieving these and additional goals means putting significant attention into improving the excellence of healthcare delivery and will require re-engineering our health delivery models, something in which academic medical centers can play a major role. Indeed, the recruitment of Dr. Arnold Milstein this past summer to lead our Clinical Excellence Research Center catalyzed our efforts in this area. I am convinced that, by working with the hospitals, School of Medicine faculty and faculty in the Schools of Engineering and Business, we can make a difference in how we deliver clinical care. This won’t happen instantaneously – but I am confident it will take place over the next several years and that, as a result, we will play an important role in leading the future of healthcare delivery reform.

In addition to our important roles in research and patient care, we have also begun the journey of examining and seeking ways to improve our education programs – for medical and graduate students as well as residents, clinical fellows and postdoctoral scholars.

I have detailed some of the starting points in these recent newsletters and note here that the next step will take place at our Annual Strategic Planning Leadership Retreat on January 21-22<sup>nd</sup>.

By being proactive and finding ways to shape the future of academic medicine, rather than just reacting to the financial, programmatic and policy changes that now abound, we have an opportunity to lead rather than follow. I will speak more to this agenda as we begin 2011. In the meantime, I wish you all well for the coming winter break and hope you arrive refreshed in January and ready to take on the many important opportunities and challenges that lie ahead.

## **A Time for Resolutions**

The ending of one year and beginning of the next is frequently a time for personal resolutions – often ones dealing with health and well-being. Often “smokers” resolve to give up tobacco use in the “new year.” As you know, in 2007 the School of Medicine gave up tobacco by instituting a “No Smoking Policy” throughout its campus. This policy was subsequently extended to both Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital – so that the Stanford Medical Center is now completely smoke free. This is both a good policy and a good message for promoting health. Accordingly, I was pleased to receive an unsolicited email from a member of our community about the personal impact of the smoking ban. With permission I share the email with you:

“Dear Dean Pizzo,

Never thought I would say this, but thanks for helping me be smoke free after 20 years. Three years ago I went to the hospital to smoke when you banned it on school grounds....how ironic. But when the ban went up at Stanford Hospital at the end of last year, I resented it...but took it as a sign. Time to stop. After Thanksgiving of last year I quit smoking and have been smoke free since. I still see some of my fellow smokers from time to time in passing and the question always comes up? Where do you go to smoke? I can say at least 4 folks have told me they have quit as well. Not bad Dean!

Apparently making smoking socially unacceptable works. Thanks for the excuse to not to smoke anymore.

Here's to a longer, healthier life! Happy Holidays and New Year!”

Of course it is not as simple as a policy and signage. Giving up tobacco requires support, courage and fortitude. The smoking cessation programs offered at Stanford Hospital (see: <http://stanfordhospital.org/forPatients/patientServices/smokingCessation.html>) or as part of the Be Well@Stanford, and other programs as well, can provide the tools and resources to stop smoking. My hope is that other members of the Stanford community will follow the same path as the individual who sent me the email recorded above. Every individual who gives up smoking or tobacco use makes a positive affirmation for health. And promoting health is a primary mission of Stanford Medicine – this year and for all that follow.

### **A Time for Affirming Our Industry Interactions Policy**

Although it seems implausible, I suppose it is possible that a Stanford faculty member might still be unaware of the School of Medicine Policies on Academic Industry Relationships. These policies are listed on our available website (see: <http://med.stanford.edu/coi/siip/>), have been widely disseminated, and I have communicated about them frequently as changes have taken place over years. Here’s just a sampling of some of those communications over years:

*Academic-Industry Guidelines Coming Soon*

*Moving Toward a Final Resolution of a Medical Center Policy on Stanford-Industry Interactions*

*Engaging in a National Dialogue on Conflict of Interest*

*Getting the Facts on Conflicts of Interest*

*Industry Relations and Conflicts of Interest*

*Professional and Personal Ethics: A Continuing Discussion*

*COI Features Prominently at the Annual Meeting of the AAMC*

*Updating Policies on Stanford Industry Relations*

*A New Policy on the Use of Industry Support for Continuing Medical Education (CME)*

*Public Transparency on Industry Relations*

*The Institute of Medicine and Conflict of Interest: Catching Up to Stanford University*

*Stanford and Industry Relations*

*Public Disclosure of Academic Industry Relations*

*We Value and Appreciate our Adjunct Clinical Faculty*

*Conflict of Interest and Professional Societies*

*Conflict of Interest in Clinical Care Policies Further Codified by the AAMC*

*Advancing Innovation Through Dialogues with Academia, Regulatory Agencies, Industry and the Public*

Why am I focusing on this issue and some of my past communications about academic industry relations now? In 2010, the Congress passed legislation that requires pharmaceutical companies to disclose all payments to doctors by 2013. Seven pharmaceutical firms are now doing so, and the databases for these companies are publicly available. *ProPublica*, an independent, non-profit online investigative newsroom that produces journalism in the public interest, has been utilizing these

databases and is running a series entitled, *Dollars for Docs, What Drug Companies are Paying Your Doctor* (<http://www.propublica.org/topic/dollars-for-doctors>).

We have been informed that very shortly, ***ProPublica*** will be releasing a new investigation about how pharmaceutical firms have paid academic researchers and clinicians to participate in speakers' bureaus that market their products. Unfortunately, a small number of our faculty will be highlighted in this article.

Our preliminary investigation suggests that some of the individuals likely to be reported by ***ProPublica*** had understandable reasons for confusion about Stanford's policies and have already addressed them and ceased activities like "speakers' bureau" participation. Others, though, offered explanations why their activities continued that are difficult if not impossible to reconcile with our policy, and here we have concerns. I am fully cognizant that changes of the type we have witnessed in academic-industry relations and related conflicts of interest take time to disseminate and also to result in changes in behavior and activity. But, as noted above, there have been a lot of prior communications about the policies at Stanford and many stories in the lay and medical press about the problems associated with physicians serving in marketing roles. This is unacceptable, certainly for anyone with a Stanford title.

It is possible that some readers of this Newsletter are still be engaged in activities that violate Stanford policies. Of course I hope that is not the case. Over the next year we anticipate that a number of additional drug and device companies will publicly report physicians whom they have paid for various activities. It is important to take notice now; if, for whatever reason, you are still engaged in activities that will be seen as violations of Stanford policy, it is important that you cease them immediately. I would also encourage you to voluntarily report any activities you think may be questionable to Dr. Harry Greenberg ([harry.greenberg@stanford.edu](mailto:harry.greenberg@stanford.edu)) or Barbara Flynn ([bflynn@stanford.edu](mailto:bflynn@stanford.edu)) so that you can receive assistance or guidance in how or whether to resolve them. Needless to say, violations of these policies can result in disciplinary actions. So, it is time to reaffirm a commitment, individually and collectively, to assuring the public trust in our relations with industry. We are eager to support productive and valuable scientific interactions with industry as long as they do not involve marketing, are fully disclosed and adhere to our policies.

## **Some Recent Notable Events**

- ***Under One Umbrella (Take Two)***: When our community unites around us, tremendous progress can be made. This is most certainly the situation with "Under One Umbrella," a campaign for the Stanford Women's Cancer Center that began last year with a benefit led by Nicole Kidman and Keith Urban. This year Ms. Kidman has served as Honorary Chair and an exceptional group of community leaders led by Ms. Lisa Schatz has brought a second wonderful "Under One Umbrella" event to fruition. The Committee of community leaders includes Deborah Berek, Fran Codispoti, Ann Doerr, Susie Fox, Jill Freidenrich, Lainie Garrick, Lisa Goldman, Laurie Lacob, Jillian Manus-Salzman, Debbie

Rachleff and Diane Taube. Through their efforts, the vision for treating and preventing cancer in women is being led by Dr. Jonathan Berek, Professor and Chair of the Department of Obstetrics and Gynecology, and Dr. Bev Mitchell, Director of the Stanford Cancer Institute and the George Becker Professor in the Department of Medicine. The Committee brought together hundreds of supporters who raised nearly \$1 million for the Stanford Women's Cancer Center and celebrated their commitment and success with a special concert by Trisha Yearwood and Garth Brooks. It was quite an event in its own right but most importantly, it was an affirmation that Stanford and the community it serves is committed to improving the lives of women facing the challenge of cancer. We are all "Under One Umbrella."

- ***A Step Forward on Principle Investigator Status for Young Physician-Scientists.*** Given the coverage in the Stanford Report you have likely heard this good news. But in case you haven't heard, I am very pleased to tell you that the University Faculty Senate, at its December 2<sup>nd</sup> meeting, approved a proposal from the Committee on Research that will allow a selected number of clinical fellows and postdoctoral scholars holding MD or MD/PhD degrees to apply, on a one-time only basis, to serve as principal investigators (PIs) on externally funded grants. The proposal is for a four-year trial period, during which the School's experience will be monitored. At the end of the trial period, a decision will be made about continuing this eligibility, expanding it to PhD postdoctoral scholars, or ending it. The December 6 online Stanford News story on the Senate discussion is quite informative, and I recommend it (<http://news.stanford.edu/news/2010/december/faculty-senate-four-120610.html>).

While this approval may look on the outside like a relatively minor change, it is actually quite significant. Perhaps some background would be helpful to understand why. Under current – and long-standing – Stanford policy, acting as PI on an externally funded research project is a privilege limited to members of the Academic Council and to the Medical Center Line faculty. The rationale for this restriction is the importance of PIs – as the Research Policy Handbook (<http://rph.stanford.edu/2-4.html>) says, they are “responsible for determining the intellectual direction of the research and scholarship and for the training of graduate students,” and this role appropriately belongs to these groups of faculty. However, the policy does make room for exceptions on a case-by-case basis.

Currently, there are four categories of exceptions: career development awards; specific projects that are part of large interdisciplinary programs; conferences, exhibits, workshops or public events; and other, rare, non-recurring situations subject to the approval of the dean of research. The proposal that passed the Senate extends the definition of "career development awards" to include an initial RO1-like grant "in order to enhance and advance the training and competitiveness of our clinical fellows and MD postdoctoral trainees as they seek their initial academic positions."

Up to ten MD postdocs per year may submit an application under this



exception. They must have two or more years of research training, and they must have the written agreement of their faculty mentor, department chair and the Dean's Office. Also, the faculty mentor and department chair are required to document that the individual will be assigned the appropriate space and other resources necessary to support the work described in the grant application for the duration of the grant period, should it be awarded. Specific instructions for submission are being developed and will be available early in the new year.

The rationale for focusing on MD postdocs for this trial period relates to the special challenges faced by physician scientists headed toward academic careers as well as the diminishing number of physician scientists nationally, which is a growing concern. I have discussed these issues in previous newsletter articles.

- ***A New View on Secondary Faculty Appointments in the Medical School:*** Secondary appointments are used in the School of Medicine as a way of encouraging and acknowledging significant interactions that faculty have with departments other than their home department. Unlike true joint appointments, in which a faculty member's billet and salary are split between two departments (as is done in other parts of the University), in the School of Medicine the billet and salary remain in the home department for those holding in secondary appointments. However, the faculty member is still viewed as a *bona fide* member of the secondary department and has the right to vote in that department as well as in the home department. The courtesy appointment is yet a third category of affiliation. It recognizes an important connection with another department but does not confer voting rights.

You will not be surprised to learn that these distinctions are interpreted differently in different departments and over time – and that these appointments are valued differently across the school. In fact, early in my tenure as Dean and as long ago as 2003, we discussed at an Executive Committee Meeting some of the advantages and disadvantages of these appointments. In a nutshell, these types of appointments can foster the kinds of interdisciplinary interactions that we want to enhance. On the other hand, especially in small departments, secondary appointees, if they constitute a significant percentage of the voting faculty, can alter the department's decision making in ways that might not be consistent with the primary faculty's views. They may also be seen to dilute the focus of the department. Even so, there are many fruitful and longstanding secondary appointment arrangements in the School, and we certainly want to continue to encourage them when appropriate.

Earlier this year the Executive Committee took up this topic again. At the March 19 meeting, Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, clarified the definitions of these appointments. He noted that, currently, secondary faculty vote in some departments and not others and that, when asked, some secondary appointees did not know whether or not they

had voting rights. The question was raised of whether secondary appointments should carry voting rights at all. There is also some confusion about what courtesy appointments entail.

Dr. Stevenson also noted that secondary appointments for senior faculty are like their primary appointments in that they have no end date. He raised the question of whether secondary appointments should be for terms of years. This would give the departments an opportunity, on a periodic basis, to reassess the ongoing involvement of the faculty member and determine whether a secondary appointment was still appropriate or whether a courtesy appointment would be preferable.

The Committee had further discussion of this question early this fall, and the Office of Academic Affairs surveyed secondary appointment holders for their input. At the December 3<sup>rd</sup> meeting, Dr. Stevenson presented a proposal that reflected the Committee's prior discussions as well as the results of the survey. The Executive Committee endorsed the proposal, which has the following elements:

- **Secondary appointments**
  - ***Voting***: the voting privilege will be preserved, since it is valued highly by many faculty
  - ***Defining secondary appointments***: Departments should define an expected level of involvement that is significant enough to merit voting rights and determine whether current (and potential) secondary faculty meets that threshold. In cases where engagement with the secondary department is less substantive and the programmatic need less compelling, appointment to a courtesy position should be considered as an option.
  - ***Term appointments***: In order to provide departments with maximum flexibility, the School will be proceeding with instituting five-year renewable terms for tenured faculty or those on continuing term. Exceptions will be granted on a case-by-case basis.
- **Courtesy appointments**: Formally (that is, in all appointment documents), the title should include the "by courtesy" designation. In everyday usage, this designation may be dropped.

The Office of Academic Affairs has communicated with department chairs and with each holder of a secondary appointment about these changes and the timeline for their implementation. I am pleased that we now have greater clarity about these types of appointments and a department-based process for assuring that faculty engagement across departments reflects their contributions. My

thanks to Dr. Stevenson for taking the lead on this important but sometimes contentious issue and to the Executive Committee for their thoughtful deliberations.

- **Honoring Jill and John Freidenrich:** Since 1953 Stanford University has as awarded the Degree of Uncommon Man and Woman “to recognize rare and extraordinary service to the university.” The spirit of the award is derived from the remarks of President Herbert Hoover: “*Let us remember that the great human advances have not been brought about by mediocre men and women. They were brought about by distinctly uncommon men and women with vital sparks of leadership*”. On Friday December 10<sup>th</sup> President John Hennessy, on behalf of the Stanford Associates, conferred the degree of the Uncommon Man and Woman on **John, '59, LLB '63 and Jill, '63 Freidenrich.**

My wife Peggy and I were honored to be part of the evening’s festivities and events. Hundreds of family, friends, faculty and colleagues joined the celebration, each having their own personal perspectives and stories on John and Jill Freidenrich. For us, they are a truly remarkable and incredible couple, epitomizing the deep commitment and devotion to the university and medical center. In doing so, they carry out their work selflessly and never seeking attention or recognition. But they do so with the highest integrity, always seeking to make Stanford better and to help each of us become more effective and meaningful members of our community. We are inspired by them and are so pleased they have received this highest of recognition. True to form they directed the recognition to others and in doing so, continue to call us to a higher order, an uncommon one.

## **Awards and Honors**

**Dr. Ahmad Salehi**, Clinical Associate Professor (Affiliated) in the Department of Psychiatry and Behavioral Sciences, has just received the World Technology Award in the field of Biotechnology by the World Technology Network (WTN). Congratulations, Dr. Salehi.

## **Appointments and Promotions**

**Olga Albert** has been reappointed to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

**Cheryl Ambler** has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 11/1/2010.

**Robert T. Chang** has been appointed to Assistant Professor of Ophthalmology at the Stanford University Medical Center, effective 11/01/10.

**Samuel Cheshier** has been appointed to Assistant Professor of Neurosurgery and, by courtesy, of Neurology and Neurological Sciences at the Lucile Salter Packard Children's Hospital, effective 11/01/10.

**Talmadge (Ted) Cooper** has been to Clinical Associate Professor of Ophthalmology, effective 11/16/2010.

**Markus W. Covert** has been reappointed to Assistant Professor of Bioengineering, effective 1/1/2011.

**Lisa Diamond** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2010.

**Jennifer Domingo** has been reappointed to Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2010.

**Shahinoor Esmail** has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 12/1/2010.

**Gordon G. Gao** has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2009.

**Gus Garmel** has been promoted to Clinical Professor (Affiliated) of Surgery, effective 12/1/2010.

**Sara Goldhaber-Fiebert** has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

**Kathleen M. Gutierrez** has been promotions to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital effective 11/01/10.

**Aida Habtezion** has been appointed to Assistant Professor of Medicine, effective 12/1/2010.

**Paul A. Heidenreich** has been promoted to Professor of Medicine and, by courtesy, of Health Research and Policy, at the Veterans Affairs Palo Alto Health Care System, effective 11/01/10.

**Steven K. Howard** has been reappointed to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 11/01/10.

**Yusra Hussain** has been promoted to Clinical Assistant Professor of Medicine, effective 10/1/2010.

**Stephanie Kolakowsky-Hayner** has been appointed to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 12/1/2010.

**Vivekanand Kulkarni** has been promoted to Clinical Associate Professor of Anesthesia, effective 1/1/2011.

**Clete A. Kushida** has been promoted to Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 11/01/10.

**Parag Mallick** has been appointed to Assistant Professor (Research) of Radiology, effective 1/1/2011.

**Margaret Marnell** has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 10/1/2010.

**Yvonne Morris** has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 9/1/2010.

**Joel Neal** has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 11/01/10.

**Natalie Pageler** has been appointed to Clinical Assistant Professor of Pediatrics, effective 12/1/2010.

**Benjamin Pinsky** has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 11/01/10.

**George A. Poultsides** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 11/01/10.

**Ali Rezaee** has been reappointed to Clinical Assistant Professor (Affiliated) of Otolaryngology/Head & Neck Surgery, effective 1/1/2011.

**Chris F. Snow** has been reinstated to Clinical Professor (Affiliated) of Medicine, effective 6/1/2010.

**Scott G. Soltys** has been reappointed to Clinical Assistant Professor of Radiation Oncology, effective 9/1/2010.

**Naiyi Sun** has been promoted to Clinical Assistant Professor of Anesthesia, effective 1/1/2011.

**Maurene Viele** has been reappointed to Clinical Associate Professor of Pathology, effective 10/16/2010.

**Trevor Winter** has been appointed to Clinical Associate Professor of Medicine, effective 11/1/2010.