Dean's Newsletter
May 9, 2011

Table of Contents

Dr. Sam Gambhir is Appointed Chair of the Department of Radiology

I am very pleased to announce that Dr. Sam Gambhir has agreed to serve as the next chair of the Department of Radiology. Dr Gambhir will succeed Dr. Gary Glazer, who has served with great distinction since 1987 and who created one of the most outstanding academic radiology departments in the world. Among Dr. Glazer's many accomplishments was the recruitment of Dr. Gambhir to Stanford in 2003 to serve as Director of the then newly created Molecular Imaging Program at Stanford (MIPS) as well as Chief of the Division of Nuclear Medicine in the Department of Radiology.

Dr. Gambhir graduated from the Medical Scientist Training Program at UCLA, where he obtained his PhD in Biomathematics and MD in 1993. He trained in Nuclear Medicine at UCLA and is a Diplomate of the American Board of Nuclear Medicine. To call Sam Gambhir's subsequent career trajectory anything but meteoric would be a major understatement. At UCLA he quickly rose from trainee to being Director of the Crump Institute for Molecular Imaging, Vice Chair of the Department of Molecular and Medical Pharmacology and Professor of Molecular and Medical Pharmacology. Since joining Stanford in 2003, Dr. Gambhir has developed a leading program in molecular imaging that developed unique collaborations and interactions across Stanford and the nation. He also designed and opened the new Nuclear Medicine & Molecular Imaging Clinic in late 2010 that brings state-of-art clinical care to adult and pediatric patients.

Dr. Gambhir's honors and awards for his work are exceptional and include the Taplin Award (2002), Holst Medal (2003), AMI Distinguished Basic Scientist of the Year Award (2003), Doris Duke Distinguished Clinical Scientist Award (2004),

Hounsfield Medal from Imperial College London (2006), Election to the Institute of Medicine of the National Academy of Sciences (2008), Tesla Medal (2008), and an RSNA Outstanding Researcher Award (2009). Since 2004, he has also served on the NCI Scientific Advisory Board. He has over 400 publications, has edited several leading textbooks in the field, has 30 patents granted or pending, and has received over $75 million in NIH funding as a principal investigator. He also continues to actively engage the local community, and he raised significant funds to open the Canary Center at Stanford for Cancer Early Detection in 2009.

Dr. Gambhir is internationally recognized for his incredible scientific contributions and for training and educating the new generation of physicians and scientists focusing on molecular imaging. In gathering information about Dr. Gambhir for his appointment, I heard from virtually everyone I contacted that he is an individual of enormous talent and vision who will almost certainly reshape the future of imaging from both a scientific and a clinical perspective. His leadership skills are equally notable. While there is also no doubt that the field of radiology and imaging will change dramatically in the years ahead, Stanford is clearly fortunate to have Dr. Gambhir carrying on the tradition of excellence in radiology and imaging science already established at Stanford.

I also want to thank Dr. Bobby Robbins, Thelma and Henry Doelger Professor of Cardiac Surgery II, Chair of the Department of Cardiothoracic Surgery and Director of the Cardiovascular Institute, for his exceptional commitment and leadership as chair of the Search Committee. The Committee worked diligently for over a year to bring forth an incredible slate of candidates and finalists, and we all owe them a debt of appreciation and gratitude. This distinguished Committee included Drs. Ranjana Advani, Owen Aurelio, James Brooks, Robert Dodd, Sarah Donaldson, Sabine Girod, Sherril Green, Mike Longaker, Neyssa Marina, Ruth O'Hara, Jay Pasricha, Natalie Rasgon, Stephen Smith, Kevin Tabb, and Alan Yeung. I also want to thank Ms Kendra Baldwin for her exceptional role in staffing and coordinating the work of the Committee and the search process. She did this wonderfully well, and she won the respect of the candidates as well as the committee.

I also want to acknowledge the close collaboration we have had with the Stanford University Medical Center in bringing Sam Gambhir's appointment to completion. In particular I want to thank Amir Rubin, President and CEO of Stanford Hospital & Clinics, Chris Dawes, President and CEO of the Lucile Packard Children's Hospital, and Dr. Larry Leung, Chief of Staff at the VA Palo Alto Health Care System. I also want to thank Marcia Cohen, Senior Associate Dean for Finance and Administration, for her exceptional work in helping to bring the many threads of the recruitment to successful alignment.

Please join me in thanking Dr. Gary Glazer for his decades of service and leadership to radiology and to Stanford and join me in welcoming Dr. Gambhir as the next Chair of the Department of Radiology at Stanford.

Remembering and Celebrating the Life of Dr. Emma Bakes

When Emma Bakes entered Stanford School of Medicine in 2005 she envisioned learning medicine as a student and then, as a physician, caring for and learning from those whom she served. She could not have known that her deepest knowledge of medicine would come from her own personal experiences as a patient and that her legacy would be inspiring colleagues, teachers and friends about human dignity and compassion in the face of incredible adversity. Emma Bakes died of cancer on February 28, 2011 just shy of her 43rd birthday. She had hoped to attain her Doctor of Medicine degree this June, having filled all the requirements even when struggling with the pain and suffering of illness. We are working to be able to present her MD degree posthumously to fulfill her wish and that of her family but also to help celebrate her incredible life – a life that now lives on in her four-year old son Titan and her partner Donald Mendoza.

Medicine was not Emma's first career. She joined Stanford as an accomplished astrophysicist and scholar. Inspired as a young girl by Carl Sagan, she followed a path that included a PhD in astrophysics, positions at Princeton and Vassar, and research positions at the NASA Ames Research Center (ARC) and the SETI (Search for Extraterrestrial Intelligence) Institute. Her scholarship included peer reviewed publications and a book entitled "The Astrochemical Evolution of the Interstellar Medium." Emma was highly admired by her community at the NASA ARC and the SETI Institute, but she also yearned to have a human impact in addition to pondering life in the universe. That led her to a new journey and ultimately to Stanford Medical School, where she transformed her identity from teacher to learner and expert to student with a renewed sense of mission and commitment. Even when she was diagnosed with cancer as a medical student she persisted in her quest for knowledge and humanism. Her style was unique and ebullient as well as vulnerable because of her life's journey and the new impact of disease. But her commitment to her son, partner, family and friends was deep. A glimpse of her spirit is captured in an essay she wrote just months before her death entitled "The Shore of the Cosmic Ocean: A confluence of Humanity and Science" (see: http://scienceblogs.com/SETI/2011/02/the_shore_of_the_cosmic_ocean.php).

On April 28th a Memorial Service was held at the SETI Institute to commemorate Emma's life. It was organized with care and love by her partner, Donald Mendoza (also Titan's father), along with Judy Martelli, and it brought together friends and colleagues from the cross-sections of her life that were intertwined into the special network that Emma had weaved by her very personal way of connecting science and humanism.

While we can celebrate the contributions she made as a scientist and scholar, we cannot help but mourn the fact that generations of patients will not benefit from her ministrations as a caring physician. Her memory will certainly be sustained in her family and all who came to know Emma. We plan to further sustain the memory of Emma Banks through a scholarship in her name and the hope that her story will inspire future generations of students to love and care for the links between humanism and science.

Annual Visit by the School of Medicine National Advisory Council

On Monday May 2nd the School of Medicine National Advisory Council (NAC) conducted their annual review. After a day packed with presentations, discussions and reflections, they offered their preliminary findings and recommendations to John Hennessy, President of Stanford University. The NAC has played an important role in making sure that the medical school's strategic compass is directionally correct and that its path is sound and excellent.

The NAC members included a wide range of experts in medicine, science and academia. The chair of the NAC is ***Dr. Ed Benz***, President of the Dana Farber Cancer Institute, Harvard University. NAC members include: ***Dr. Huda Akil***, Co-Director of the Molecular and Behavioral Neuroscience Institute and Professor of Neurosciences, University of Michigan; ***Dr. Tom Boat***, Professor of Pulmonary Medicine and Executive Associate Dean, University of Cincinnati College of Medicine; ***Dr. Jennifer Rubin Grandis***, Vice Chair of Research and Professor of Otolaryngology and Pharmacology, University of Pittsburgh School of Medicine; ***Dr. Helen Hobbs***, Director, McDermott Center for Human Growth and Development and Professor of Internal Medicine and Molecular Genetics, UT Southwestern Medical Center; ***Dr. Larry Kaiser***, Senior Executive Vice Present and Dean, Temple University School of Medicine and CEO of the Temple University Health System; ***Dr. Dan Lowenstein***, Professor of Neurology and Director of the Physician Scientist and Education Programs at UCSF School of Medicine; ***Dr. Trudy Mackay***, Professor of Genetics, North Carolina State University; ***Dr. Betsy Nabel***, President of the Brigham & Women's Hospital; ***Dr. Arthur Rubenstein***, Executive Vice President and Dean, University of Pennsylvania School of Medicine; and ***Dr. Bill Stead***, Director of the Informatics Center and Associate Vice Chancellor for Health Affairs, Vanderbilt University Medical Center

The issues and topics comprising the annual NAC visit agenda have varied over the years from singular themes to a more varied agenda. This year's meeting fell into the latter category. It began with a "State of the School" overview that I delivered. In my remarks I updated the School's overall performance (e.g., financial recovery in consolidated revenues, profits, endowment income, reserves, patent income, gifts) as well as our success in research grants and clinical income. While both of these sources of revenue represent major immediate threats, we have done well in the past couple of years, with research expenditures (outside of ARRA funding) up by about 10% for the past two years and clinical income rising (up 7% this past year). However, given the economic conditions impacting support for research and the uncertain impact of healthcare reform, a considerable feature of my opening presentation and the discussion that followed was about how Stanford is preparing for the challenging times that are ahead.

One aspect of this important institutional preparation is the integrated planning we have been doing with both the Lucile Packard Children's Hospital and the Stanford Hospital & Clinics (SHC). Accordingly, an important presentation to the NAC was on our integrated clinical and academic planning – focusing on the School and SHC. ***Drs. Alan Yeung***, Li Ka Shing Professor and Clinical Chief of the Division of Cardiology in the Department of Medicine, and ***Dr. Bobby Robbins***, the Thelma and Henry Doelger Professor and Chair of the Department of Cardiothoracic Surgery and Director of the

Cardiovascular Institute, presented updates on the status of planning in the Cardiovascular Institute (CVI). They described the comprehensive integrated plan for the CVI that has emerged from an effort lasting nearly a year. It addresses several key disease management centers that cut across inpatient and ambulatory centers and that include both treatment and prevention strategies along with key efforts in innovation and technology. An important feature of this integrated planning has been the coordination of services (e.g., cardiology, cardiovascular surgery, vascular surgery), each traditionally existing in silos but now connected into a more integrated model of care and disease prevention and research.

In tandem with the update on integrated planning in the CVI we also shared the status of planning for the Cancer Institute. ***Dr. Bev Mitchell***, George Becker Professor and Director of the Stanford Cancer Institute, and ***Dr. Doug Blayney***, Medical Director of the Stanford Cancer Institute and Professor of Medicine, led the discussion with input from ***Dr. Sri Seshardri***, SHC Vice President for the Cancer and Cardiovascular Institutes.

Integrated clinical planning with SHC has become a major initiative and is highly supported by Amir Rubin, President and CEO at SHC. Indeed, in addition to the discussions with the NAC, recent presentations have been the focus of half day retreats with the clinical department chairs and, separately, with hospital and school staff administrative leaders. Amir Rubin and I have been at each of these sessions, and they represent a new level of collaboration between the school and the hospital. In addition to our focus on major themes like cancer, cardiovascular, neuroscience and transplantation, we have also had dialogue about our future efforts in primary care as well as network development. These integrated planning activities are a critical aspect of our preparation for dealing with the rapidly changing healthcare environment in California as well as nationally.

We also had the opportunity to engage the NAC in two other important discussions. The first was the important topic of developing novel and creative approaches to flexible career pathways for faculty across the entire span of the career. ***Drs. Hannah Valantine***, Senior Associate Dean for Diversity and Leadership and Professor of Medicine, and ***Christy Sandborg***, Chief-of-Staff at LPCH and Professor of Pediatrics, led this discussion. They and their colleagues have built on recent discussions (including one held at our January 2011 Strategic Planning Leadership Retreat to develop a novel proposal called "Academic Biomedical Career Customization." The NAC engaged in a thoughtful discussion of this intriguing project and offered a number of helpful insights and suggestions that will be considered as the pilot phase of this program begins this Fall.

A different focus of discussion with the NAC was a consideration of the future of biomedical libraries and knowledge centers in the age of information technology and rapidly changing financial models for controlling access to information development and flow. Following a presentation by ***Heidi Heilemann***, Associate Dean for Knowledge Management and Director of the Lane Library, and ***Dr. Henry Lowe***, Senior Associate Dean for Information Resources and Technology and Associate Professor of Pediatrics,

the NAC discussed the rapidly changing knowledge acquisition and sharing landscape and the need for new models to sustain the library of the future.

Following a tour of the Li Ka Shing Learning and Knowledge Center and, in particular, the Goodman Simulation Center led by ***Dr. David Gaba***, Director of the Center for Immersive and Simulation Learning and Professor of Anesthesia, the NAC heard presentations on the future of medical education led by ***Dr. Charles Prober***, Senior Associate Dean for Medical Education and Professor of Pediatrics. Dr. Prober and his colleagues updated the group on work that began with discussions held at our August 2010 Think Tank on Medical Education and was further developed at our the January 2011 Strategic Planning Leadership Retreat. Based on these earlier discussions, Dr. Prober has appointed four work groups that will examine different facets of medical education (from undergraduate to graduate and postgraduate training) in four interconnected areas: 1) Patient Centered Learning; 2) Knowledge Retrieval and Integration; 3) Coaching, Mentoring, and Advising; and 4) New Learning Strategies and Pathways.

To help frame the discussion about the future of medical education, ***Matt Goldstein***, SMS 6+ MD/PhD student, reflected on his experience and how that might inform how medical education is conducted in 2021. Given their leadership roles in the committees mentioned above and their overall contributions to medical education, four faculty leaders contributed to the discussion. They included ***Dr. Clarence Braddock***, Associate Dean for Medical Education and Professor of Medicine, ***Dr. Henry Lowe*** (see above), ***Dr. Laura Roberts***, McCormick Professor and Chair of the Department of Psychiatry, and ***Dr. Abraham Verghese***, Professor and Senior Associate Chair of the Department of Medicine. Several models for the future of medical education that ranged from evolutionary to revolutionary were discussed with the NAC. These will be further explored and discussed over the months ahead.

The final major theme of the NAC visit was a review and update on the Department of Bioengineering, which was established seven years ago. This department is unique in the University in being jointly sponsored by the Schools of Engineering and Medicine. ***Dr. Russ Altman***, Boston Scientific Chair and Professor of Bioengineering, Genetics and Medicine, provided an historical overview of how the department was formed, how it has been developed and where it is heading in the future in education and research as well as in translational medicine. ***Dr. Jim Plummer***, Dean of the School of Engineering, participated in the discussion.

As you can gather, the NAC visit was filled with a lot of exciting presentations. They reflected the range of important domains that comprise the School of Medicine – from education to research and patient care as well as support for faculty and for the resources that are needed to make us unique during times of change. They also represented a range of states of completion, from initiatives well on the way to implementation to those whose ideas are still under development. As noted above, the NAC shared their preliminary observations with President Hennessy and will provide a more formal report in the next months (as they have done in past years). They did seem

stimulated by the discussions and for that I thank our faculty, students and staff. I also extend my appreciation to ***Dr. Kathy Gillam***, Senior Advisor to the Dean, ***Mira Engel*** and ***Jana Baldwin*** for all the work they did in helping the NAC visit be so successful.

Spectrum Continues to Make Progress

Thanks to the leadership of Dr. Harry Greenberg, Senior Associate Dean for Research and Joseph D Grant Professor in the Department of Medicine, and his colleagues, Spectrum (aka the Stanford Clinical and Translational Science Award) continues to make progress. This message was conveyed clearly on Tuesday May 3rd at the annual visit of the External Advisory Board, which reviewed progress in bioinformatics; operations, training and compliance; the clinical and translational research unit; innovations and pilots; and community engagement. The early feedback has been extremely positive.

In addition, Spectrum trainees have been successful in their participation on the national stage, nine of whom gave presentations at the 2011 Clinical and Translational Research and Education Meeting in Washington D.C. The presentations included:

- ***Lilian Lam***: Characterization of Nontyphoidal Salmonella Strains Isolated from Patients in South Africa
- ***Hiwot Araya & Ehete Bahiru***: A retrospective Study of Mortality and adherence among HIV/Aids patients at Alert Hospital
- ***Benjamin Seligman***: Postsixty Mortality and Transition in the Global Burden of Disease
- ***Shushmita Ahmed***: How does Motivation Affect Postoperative Weight Loss?
- ***Kathryn Sepelyak***: Patterns of Verbal Defects in Children with Chromosomal Abnormalities
- ***Aditi Mallick***: Chronic Stress and Salivary gene expression
- ***Rashmee Shah, MD***: Atrial Fibrillation Ablation Outcomes
- ***Roxana Daneshjou***: Whole Exome Analysis of African Americans in High- and Low –Doses of Warfarin

The Emerging Debate About Graduate Education

During the last year we have had a number of discussions about the education of medical and graduate students as well as postdoctoral fellows. In October 2010 we convened a think tank on PhD education, and we continued to discuss issues raised there at our January 2011 Strategic Planning Leadership Retreat. Our focus has been broad. It has included a dialogue about our goals, objectives, expectations and funding for graduate students coupled with the realization that there are not enough academic positions to accommodate all PhDs being trained – along with expressions by a number of students of interest in other career pathways and opportunities outside of academia. Our discussions have been far ranging but our actions, to date, have been relatively limited. That said, our current reflections on PhD education have been timely in light of recent commentaries, position statements and national task forces that are challenging assumptions about the viability of graduate education – in the US and globally.

For instance, the April 21 issue of Nature featured several provocative commentaries with titles like "*The PhD Factory*"(see: http://www.nature.com/news/2011/110420/full/472276a.html) and *"Rethinking PhDs*" (see: http://www.nature.com/news/2011/110420/full/472280a.html). The dominant theme is that too many PhDs are being produced around the world for a shrinking job market – in academia, industry and elsewhere. This is consistent with comments we heard during our internal discussions, but our viewpoint was tempered by the reality that opportunities for PhD graduates are impacted by where they received their degree and how they were educated – clearly not all PhDs in science are equal. Needless to say, we are fortunate at Stanford to have incredibly talented students in our PhD programs – but even for them opportunities are still limited, either by what is available or by the choices they make along the way.

Even though we began our discussions about rethinking the future of graduate education as a Stanford initiative, it is clear that others are thinking similarly, and some agencies will likely drive agendas that could affect graduate education. Among the most important is the recently announced panel sponsored by the NIH that will look into the future of graduate education. Dr. Shirley Tilghman, President of Princeton University and a highly respected scientist, will chair the panel (see: http://news.sciencemag.org/scienceinsider/2011/04/nih-panel-tackles-makeup-of-the.html). According to a recent interview, Tiglhman note that "the root of the problem" is the overproduction of PhDs. She adds: *"As a consequence, there are too many people chasing too few jobs and too few grant dollars. This problem will only get worse in the next decade, given the current federal budget. I believe there could be changes made to the structure of the typical biomedical research laboratory. The typical lab consists of about 10 trainees, a technician, and a principal investigator. The majority of those trainees will not become principal investigators, because those jobs are not multiplying. And at the moment, there aren't enough career alternatives to capitalize on the time investment of these trainees. So I think we need to change the scenario.*
From years of being a mentor, I know that not all students want a career running their own lab and raising money. Instead, they want to do what they love: research. Perhaps more members of a lab could be permanent employees, and fewer could be trainees. We need to explore such options."

While our Stanford discussion on graduate education will continue, it seems inevitable that whatever emerges from our deliberations will be affected by the work of the NIH panel. Clearly both are worth following.

University Faculty Senate Approves New Degree Programs

On April 28th, the Senate of the Academic Council of Stanford University approved a new School of Medicine PhD program on Stem Cell Biology and Regenerative Medicine, perhaps the first of its kind in the US (see: http://med.stanford.edu/ism/2011/april/stem-phd.html). The decision to proceed with this degree has been the focus of considerable and thoughtful review and is ultimately based on the assessment that this is a unique and clear discipline – and one where Stanford can

provide leadership. Special thanks and commendation must be given to Dr. Renee Reijo Pera, Professor of Obstetrics and Gynecology and Director of the new PhD program, and Dr. Theo Palmer, Associate Professor of Neurosurgery and Co-Director of the doctoral program.

In addition, the Senate also approved the proposed MD-JD degree program that has been developed by leaders in the Schools of Law and Medicine. This provides yet another unique career path for Stanford Medical Students. Next in the pipeline is the MD-MPP (Master in Public Policy) joint degree.

The Art of Listening and Communicating with Patients

As we constantly discover new ways of caring for the patients we serve, it is equally important to reaffirm the importance of the way we communicate with our patients, listen to their concerns and show in our actions the value of the doctor-patent relationship. A brief commentary on this topic that I co-authored with Dr. Wendy Levinson, Professor and Chair of the Department of Medicine at the University of Toronto, appeared in the May 4th issue of the Journal of the American Medical Association (JAMA). The commentary is entitled "Patient-Physician Communication: It's About Time" (see: http://jama.ama-assn.org/content/305/17/1802.full). Our Office of Communication and Public Affairs pursues this topic further in its "5 Questions" series – see: http://med.stanford.edu/ism/2011/may/5q-pizzo-0509.html.

Department of Pediatrics Hosts its Second Research Day

Annual departmental retreats are an important feature in the life of virtually every basic science department at Stanford. They present opportunities for sharing new findings, fostering new ideas and developing community by bringing students, trainees and faculty together. Clinical departments also host retreats since they are also a great opportunity for networking, particularly when the faculty and trainee sizes are multiples of the basic science programs. The Department of Pediatrics held its Second Annual Research Retreat on Friday, April 22nd to feature and help celebrate the work of trainees, junior faculty and established investigators. Indeed 190 individuals participated in the Retreat, which was held at the Quadrus Conference Center. Awards were given to trainees and junior faculty for their research projects and included (for first and second place):

- **Pediatric Residents**: Jane Maclean, MD and Jason Bacha, MD
- **Clinical Fellows**: Anne Hsii, MD and Preston Lavinghousez, MD
- **Postdoctoral Fellows**: Paul Valdmanis, PhD and Scott Metzler, PhD
- **Instructor in Pediatrics**: Kara Davis, MD and Alexis Davis, MD

The "Rules of Practice" Are Updated for Stanford Faculty Physicians and Psychologists in the School of Medicine

Although revisions to policy in this area have been long in the making, we now have the final edition of the *Practice Policy for the Physicians and Psychologists in the School of Medicine*. This policy, which will be effective May 15, 2011, replaces the current *Rules of Practice for the Faculty Physician*. It addresses the clinical care activities and reviews generated by physicians – including the approved sites for clinical practice and the approved payment mechanisms for clinical services. It also addresses such issues as telemedicine and practice in states or countries outside the licensed jurisdiction, and it provides the process by which exceptions or clarifications to its provisions may be sought. It is important for all physicians and psychologists who have faculty appointments at the School of Medicine to be cognizant of this policy and adhere to it. If you have any questions please contact Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs (nrizk@stanford.edu), or Dr. Ann James, Senior University Counsel, Office of the General Counsel (anjames@stanford.edu).

Because this policy has not been revised for some time, I am including it below to ease your ability to review it. It is also available on-line in the School of Medicine Faculty Handbook (http://med.stanford.edu/academicaffairs/handbook/chapt10.html#practice).

PRACTICE POLICY FOR THE PHYSICIANS AND PSYCHOLOGISTS IN THE SCHOOL OF MEDICINE

I. Scope and Purposes

This Policy governs all physicians and psychologists in the School of Medicine involved in clinical care activities (Clinicians) and the revenue generated by such Clinicians. Every Clinician has made a written commitment to comply with the Rules of Practice for the Faculty Physician (Faculty Handbook 2.103, med.stanford.edu/academicaffairs/handbook/2.103.doc), and this policy updates and replaces these Rules. The clinical care activities and revenue of all Clinicians shall be governed by this Policy. Except as provided in this Policy, full-time Clinicians (as defined below) may not have or maintain a private practice of medicine.

II. Definitions

A. Individuals Covered by the Policy

All Clinicians who engage in patient care services as part of their employment at Stanford University are covered by this Policy. This policy excludes trainees (including trainee/instructors), who are covered under different policies but includes part-time faculty.

B. Practice Income

1. Practice income is all Clinician medical fee-for-service or contract income derived from direct, indirect or consultative patient care services requiring physician or other licensure, whether such activities are recurrent or non-recurrent in nature, provided by the Clinicians as part of their employment

by Stanford University, regardless of the source of payment for those services or the purpose for which the Physician service/opinion is rendered. In addition, income generated by adjunct Clinicians who engage in patient care may be practice income when performed as part of their Stanford duties. All practice income shall be assigned to Stanford Hospital and Clinics ("SHC") or Lucile Packard Children's Hospital ("LPCH") by all Clinicians who generate such income. Except as provided in this Policy, none of such persons shall have any right or title to such practice income. Nonclinical activities of individual Clinicians shall not be covered by this Policy.

2. Consulting on disputed medical claims or testifying as an expert witness on the medical condition or treatment of any person is excluded from practice income when the service meets all of the following criteria:

(a) Is based solely on a review of medical records (including x-rays, tracings, lab results and photographic material) of a person who is not a current patient of any Clinician or of SHC or LPCH, AND
(b) Does not involve use of any SHC or LPCH staff, laboratories or other facilities, AND
(c) Does not involve personally examining or interviewing the person.

3. Practice income includes all medical direction income, including but not limited to income from serving as a medical director for any diagnostic or therapeutic facility, or any other nonprofit or for-profit enterprise where the medical director has responsibility for the quality of medical service(s) rendered.

(a) Payment for serving only as a member of an advisory board or governing board of such an organization is not practice income but is subject to disclosure as a possible conflict of commitment or interest.

(b) Any Clinician whose commitment to Stanford is part-time (that is, any commitment less than 100% or 1 FTE):

(i) If the Clinician receives no benefits from Stanford (generally meaning less than 50% time), a list of other employer(s) shall be provided to the Senior Associate Dean for Academic Affairs, to be included in the Clinician's personnel file

(ii) If the Clinician receives partial benefits from Stanford (generally meaning less than 75% time but more than 50% time), the Clinician must obtain an exemption from Practice Income for any clinical income which is unrelated to the Clinician's Stanford commitment. Such an exemption must be in writing, agreed to by the Division Chief and Department Chair, approved by the Senior Associate Dean for Academic Affairs, and documented in the Clinician's appointment letter or, for an already-employed Clinician, in an annual letter of agreement.

(iii) If the Clinician receives full benefits (generally meaning 75% time or more) but is less than 100% time, the Clinician must obtain an exemption from Practice Income for any clinical

income which is unrelated to the Clinician's Stanford commitment. Such an exemption must be in writing, agreed to by the Division Chief and Department Chair, approved by the Senior Associate Dean for Academic Affairs, and documented in the Clinician's appointment letter or, for an already-employed Clinician, in an annual letter of agreement.

4. No exception to this Policy will be effective unless such exception has been reviewed and approved in writing by the Chair and Division Chief of the relevant Clinician's Department and the Senior Associate Dean for Academic Affairs, and malpractice coverage has been agreed to by SUMIT or separate malpractice coverage is provided, is satisfactory to the School and to SUMIT, and is documented in writing.

5. Resolution of questions on whether specific types of payments are practice income or can be received as personal payments will be resolved by the Senior Associate Dean for Academic Affairs.

III. Approved Practice Sites

1. The approved practice sites for the Clinicians are the facilities of SHC and LPCH, and other hospitals and ambulatory care facilities, including the Blood Center, owned, or managed by, or under an affiliation or other agreement with the University or SHC or LPCH; and other health care agencies, institutions, and places designated by the Dean or his or her designee as sites of approved practice. The requirement to practice only in approved practice sites applies to all international as well as domestic locations. The specific practice site or sites for any individual Physician will be determined by the cognizant Chair or Division Chief.

2. No full-time Clinician may ever maintain a clinical practice outside of the approved practice sites. The practice location requirements for part-time Clinicians are defined in the individual's employment letter, as approved by the relevant Department Chair and the Senior Associate Dean for Academic Affairs, and, for international sites, the Senior Associate Dean for Global Health.

3. The provision of telemedicine services should be reviewed for licensure requirements on a case by case basis. State laws vary, and may change from year to year or as a result of litigation. Such practice should be governed under a contract for outreach and be confirmed for coverage with SUMIT prior to undertaking any services .

4. Provision of Clinician services at sites other than approved practice sites on a routine or non-recurring basis must be approved in advance by the Senior Associate Dean of Academic Affairs and the Department Chair and documented in writing. Any income derived from such activities shall be practice income. Rendering emergency care (a "good Samaritan" action) is an exception to such restriction on practice location.

5. Contact through the internet, whether by an affected individual, another clinician, or a family member of an affected individual, should be thoughtfully reviewed and, if an answer is deemed appropriate, may be provided with the following disclaimer: *"NOTE: My response to your question is not medical advice but my informal assessment of the [photo/description/] you have sent. My assessment is not a basis for any action or inaction for this individual, and, as with all medical issues, is not intended to nor does it replace the evaluation and determination of a medical professional who can make a diagnosis and render appropriate care. I have not had the opportunity to review the complete medical records nor had the opportunity to examine [you/the patient]; my assessment can only be based upon the limited information [you have/I have been] provided."*

IV. Malpractice Coverage

1. Malpractice coverage is provided only for patient-related activities performed by Clinicians as part of their official duties within approved practice sites, including outreach locations to which Clinicians are assigned as part of their duties.

2. SUMIT malpractice insurance has specific restrictions and provisions for coverage. Each licensed Clinician considering any clinically related activity outside an approved practice site should consult the Senior Associate Dean for Academic Affairs and the Insurance Manager for SUMIT. All questions or issues regarding coverage or any request for any exception should be resolved with SUMIT and confirmed in writing with SUMIT, the Senior Associate Dean for Academic Affairs and the Department Chair.

V. Unauthorized Practice of Medicine

Under no circumstances may any Clinician practice medicine outside of the location in which he or she is licensed. For example, a Clinician licensed only in California may not provide clinical care outside of California, whether in the United States or any other jurisdiction, barring the application of special circumstances allowing such practice. Any Clinician considering practice outside a jurisdiction of licensure should consult the Senior Associate Dean for Academic Affairs to determine whether any exception applies.

VI. Rights and Obligations of Clinicians

Clinicians shall have the rights and obligations respectively provided for them in their individual appointment letters, this Policy and all applicable University, School and Department rules, regulations, and policies. Each Clinician shall have the obligation to know and understand such requirements, and, if in doubt, shall be obligated to obtain answers from the cognizant Chair or the Senior Associate Dean for Academic Affairs.

VII. Duties of Clinicians

All Clinicians shall provide services to patients in the respective hospitals and other locations in which they serve, respecting and following all relevant policies, rules and regulations including but not limited to those related to patient care, billing and compliance.

VIII. Effective Date

This Policy is effective on May 15, 2011 and replaces the Rules of Practice for the Faculty Physician.

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Medical Students Advocate for Bike Safety

In past issues of the Dean's Newsletter and in other forums I have raised serious concerns about bicycle safety on the Stanford campus. Of particular concern is the fact that many students (or more appropriately bike riders) do not wear helmets (while there are more formal surveys, I generally count about only 1 in ten wearing helmets). An equally low number - or fewer - do not have reflective gear or lights on their bicycles – something I note virtually every night as I drive home. It is scary. And to make matters worse, a shockingly few number actually obey road traffic signs – including stop signs. While not wanting to be overly hyperbolic, I believe I have seen the potential for an accident virtually every time I drive home at night; it is only vigilance and extreme caution that saves the day – but that is no assurance that an accident will not occur in the future. This is all despite the enormous amount of work that has been done by the University and especially Ariadne Scott, who has put amazing programs in place to enhance education and safety on campus (see: http://transportation.stanford.edu/alt_transportation/BikingAtStanford.shtml). And while progress has been made, the lack of attention to bike safety – or its extinction over time by students – is notable and worrisome.

Now an admission of personal judgment. I often thought that the biggest problems in this area were among undergraduate students and that graduate students, faculty and staff would be more attentive to safety issues (or feel less omnipotent) and that students and trainees in the medical school would exercise greater attention to bicycle safety. This turns out to be false – as I have personally observed and others have recorded as well. So, before complaining further about the broader university, we clearly have work to do in the medical school.

Hence I was especially pleased when a group of first year medical students took leadership on bicycle safety and arranged a meeting with Ariadne Scott (from Parking & Transportation Safety) along with Dr Charles Prober and me. The SMS1 students are Anthony Kaveh, Sneha Shrestha and Nancy Yerkes. They expressed a commitment to help improve safety in the medical school first and then carry that to the university on a student-to-student basis. This is a terrific idea, and I share it to alert you once again to the

problems we have with safety and also to encourage you to work with our students and, of course, for our students to work with each other. Creating a culture of safety is hard – but it can be done, and we owe it to each other to help do that for our students, staff and faculty. Please help!

Stanford Hosts Western AAMC

On April 30 – May 3rd the School of Medicine hosted the annual American Association of Medical Colleges (AAMC) Western Regional Conference. Thanks to the diligence and hard work of faculty and student leaders, the event was a tremendous success by virtually every measure. Registration for the conference exceeded all expectations. Based upon prior meetings, 350 attendees were anticipated, but over 500 registered. Most participants were faculty, staff and students from medical schools, residency programs and undergraduate institutions. However, the conference also attracted professionals from schools of dentistry, podiatry, pharmacy, optometry, chiropractic, and traditional Chinese medicine.

The immediate feedback from attendees regarding the quality of the meeting has been outstanding. Compliments reflect on the organization of the meeting, the almost flawless events schedule and the venue, which featured the Li Ka Shing Center for Learning and Knowledge.

The success of this meeting also reflects the incredibly hard work of faculty and staff. I want to thank the three program chairs:

- Dr. Clarence Braddock, Associate Dean for Medical Student Education
- Dr. Gabe Garcia, Associate Dean for Medical Student Admissions
- Dr. Pree Besaviah, Director, Practice of Medicine

I also want to thank the great work of the individuals and teams that made the program so successful. They include Cindy Irvine (Assistant Dean for Medical Education) and Char Hamada (Assistant Dean for Student Affairs) along with Kim Osborn, Bahij Austin, Zera Murphy, Christine Solari, Brian Tobin, Juhn Verano, Ray Jackman, Tomiko Oskotsky and the terrific volunteers from Student Life, Admissions, Division of Evaluation, EPS Finance and Administration, Educational Technology, Simulation Program, Standardized Patient Program, Financial Aid, Registrar's Office, Medical Student Research and Scholarship, Medical Science Training Program and the Center of Excellence.

Stanford Medical School shined brightly at the Western Regional AAMC meeting – and for that we are all grateful.

Aligning Immersive Learning and Medical Education

In an effort to further align immersive learning with medical student education, the Center for Immersive and Simulation-based Learning (CISL) led by Associate Dean

David M. Gaba, MD has changed its administrative home from Information Resources and technology, under Senior Associate Dean Henry Lowe, M.D., to Educational Programs and Services under Senior Associate Dean Charles Prober, MD. This change was effective May 2nd. CISL includes the School of Medicine's programs of Immersive and Simulation Learning (ISL), the direction and management of the Hon Mai and Joseph Goodman Immersive Learning Center on the Ground Floor of the Li Ka Shing Center, and a Consortium of groups and facilities engaged in ISL activities in the Stanford family of institutions (SoM, SHC, LPCH, and VA Palo Alto HCS.

The Loss of Two Extraordinary Stanford Medicine Alumni

I noted above the tragic loss of our student Emma Bakes. Over the past week medicine lost two distinguished leaders – both graduates of the School of Medicine.

> ***Dr. Jim Mongan*** was a 1967 graduate of the School of Medicine. His life was dedicated to public service in many venues across the US and world. His commitment to improving the world characterized the journey of his life. He served in the White House under President Jimmy Carter, was later president of the Truman Medical Center in Kansas City and then served as president of the Massachusetts General Hospital and finally as president and CEO of Partners HealthCare. He played a major role in the landmark health care reform that has occurred in the Commonwealth of Massachusetts. In addition to his enormous range of professional accomplishments, Jim Mongan was an incredibly genuine and caring individual of great integrity and commitment. He is deeply missed by all who had the honor to know and interact with him.
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> ***Dr. Jack Griffin*** was a 1968 graduate of Stanford Medical School and was to receive the Wallace Sterling Award with his wife Diane Griffin, also an incredibly accomplished scientist, in just a few weeks. Jack Griffin was an internationally acclaimed neuroscientist and was the founding director of the Johns Hopkins Brain Science Institute and former Director of the Department of Neurology at Johns Hopkins, where he served on the faculty for several decades. His accomplishments in science and medicine were remarkable and from them he won deep respect and admiration around the world.

Certainly every death and loss is important and has an impact on families, communities and organizations. These two Stanford Medicine alumni had incredibly distinguished careers in very different ways – but they epitomize what we value most – individuals who seek to make a difference and live their lives doing so. They will be missed but surely not forgotten.

2010 McCormick Faculty Awardees

The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2010 McCormick Awards. These awards provide research/project funding to junior faculty women pursuing advancement, or to junior faculty men or women who support the advancement of women in medicine and/or

medical research. The awards are supported by the McCormick Funds, which were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. This year 18 applications were submitted and the winners were chosen by a review committee that included: Ray Gaeta, Anne Brunet, Kari Nadeau, and Hannah Valantine. Three award winners each year will receive $30,000 per year for two years.

This year's McCormick Award winners include:

- Katrin Chua, MD PhD, Assistant Professor in Medicine: **SIRT7: linking chromatin regulation to oncogenic transformation**

- Joyce Liao, MD PhD, Assistant Professor in Ophthalmology: **Laser-Assisted Stem Cell Transplantation to Treat Adult Vision Loss**

- Fan Yang, PhD, Assistant Professor in Orthopedic Surgery: **Combinatorial Development of Microarrays for Understanding Stem Cell Fate Regulation in 3D**

Congratulations to each.

Awards and Honors

- On May 3rd, 72 scholars from the US were elected to the National Academy of Sciences, one of the most prestigious honors in science. Of these eight were from Stanford University and three are School of Medicine faculty, with two others having joint appointments or associations with the medical school. The three School of Medicine faculty members elected to the NAS are:
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    - ***Dr. David Kingsley***, Professor, Department of Developmental Biology
    - ***Dr. Brian Kobilka***, Professor and Chair, Department of Molecular and Cellular Physiology
    - ***Dr. Rob Malenka***, Nancy Friend Pritzger Professor of Psychiatry and Behavioral Sciences and Co-Director, Stanford Institute for Neuro-Innovation and Translational Neuroscience

    Also elected to NAS from Stanford with close ties to the School of Medicine are *Dr. Sue McConnell*, Susan B. Ford Professor in the Department of Biology (and also on the Executive Committee of the Stanford Institute for Neuro-Innovation and Translational Neuroscience) and *Dr. Keith Hodgson*, the David Mulvane Ehrsham and Edward Curtis Franklin Professor of Chemistry and Associate Lab Director for Photon Science at SLAC.

- ***Dr. Bill Newsome***, Professor of Neurobiology and Investigator in the Howard Hughes Medical Institute, is one of 28 US scholars and leaders who was elected to the American Philosophical Society (APS) on April 29, 2011. Founded by Benjamin Franklin in 1743, the APS is the nation's oldest learned society and "promotes useful knowledge in the sciences and humanities through excellence in

scholarly research, professional meetings, publications, library resources, and community outreach."

- ***Dr. Alan Schatzberg***, Past Chair Kenneth T. Norris, Jr Professor of Psychiatry and Behavioral Sciences, received the *Doctor Honoris Causa* from the University of Vienna, the oldest university in Austria.

- ***Dr. John Ioannidis*** was installed as the third incumbent of the CF Rehnborg Professorship on April 21st. Dr. Ioannidis joined Stanford this past year to lead the Department of Medicine's Stanford Prevention Research Center. The prior two incumbents of the Rehnborg professorship were Dr. Jack Farquhar, who founded the SPRC, and Dr. Steve Fortmann, who was the second director, preceding Dr. Ioannidis.

- ***Dr. Preetha Basaviah,*** Clinical Associate Professor, has received the Society of General Internal Medicine National Award for Medical Education.
- ***Dr. Axel Brunger,*** Professor of Molecular and Cellular Physiology, of Neurology and Neurological Sciences, of Photon Science and, by courtesy, of Structural Biology, has been named the winner of the American Society of Biochemistry and Molecular Biology's inaugural DeLano Award for Computational Biosciences.

Congratulations to all.

Appointments and Promotions

Mildred Cho has been promoted to Professor (Research) of Pediatrics, effective 5/01/11.

Cheryl Koopman has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/11.
Jianghong Rao has been promoted to Associate Professor of Radiology, effective 5/01/11.