

**Dean's Newsletter**  
**March 30, 2009**

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**Dr. Mike Snyder Will Join Stanford as Chair of Genetics**

I am extremely pleased to announce that Dr. Mike Snyder, Professor of Biology and Director of the Yale Center for Genomics and Proteomics, has accepted our offer to join Stanford as Chair of the Department of Genetics. Dr. Snyder was selected through a national search led by Dr. Lucy Shapiro, Ludwig Professor of Developmental Biology and Director of the Beckman Center.

Dr. Snyder received his PhD from the California Institute of Technology and did a postdoctoral fellowship at Stanford with Dr. Ron Davis in the Department of Biochemistry. He joined the Yale faculty in 1986 where he also served as Chair of the Department of Molecular, Cellular and Developmental Biology (1998-2004). He has had a highly distinguished career and is the recipient of numerous awards and honors. He is the author of over 240 publications and is highly recognized for his leadership in genomics and genetics. In addition to serving as Chair of the Department of Genetics, Dr. Snyder will lead a new Center of Genomics and Personalized Medicine, which will provide a broad umbrella for school and university efforts in genomics and their application to diagnosing and managing human disease. Stanford is fortunate in having outstanding faculty in genomics and proteomics and we hope that this new Center will create opportunities for interdisciplinary research and education.

I have received enormous support and enthusiasm for Mike Snyder's recruitment to Stanford from faculty across the university as well as throughout the country. I feel confident that he will bring enormous energy, important skills and a strong commitment to foster the careers of students, post docs and junior faculty. Mike plans to join Stanford in early July and will "hit the ground running." Please join me in welcoming Mike and also in thanking Dr. John Pringle, who has served as the Interim Chair of Genetics since the departure of Rick Myers (in addition to carrying out his responsibilities as Senior Associate Dean for Graduate Education and Postdoctoral Affairs).

## **2009 National Advisory Council Annual Review**

The National Advisory Council (NAC), which advises the President and Provost on the strategic and related initiatives of the School of Medicine, met on Monday, March 16<sup>th</sup> for its 2008-2009 review. The chair of the NAC is Dr. Ed Benz, President of the Dana Farber Cancer Institute, Harvard Medical School, and its members include: Elizabeth Blackburn (UCSF), Tom Boat (Cincinnati Children's Hospital), Mariann Byerwalter (Stanford Trustee), Ying-Ying Goh (Stanford Trustee), Jennifer Rubin Grandis (University of Pittsburgh), Daniel Lowenstein (UCSF), Mary Cranston (Stanford Trustee), Trudy Mackay (North Carolina State University), James Madera (University of Chicago), David Nichols (Johns Hopkins), Arthur Rubenstein (University of Pennsylvania), William Stead (Vanderbilt) and Michael Zinner (Brigham & Women's Hospital, Harvard Medical School).

I provided the NAC with a comprehensive overview of the School of Medicine's current efforts in education, research and patient care and how these are being affected by known and anticipated internal and external forces. I focused on the impact of the global economic downturn on medical school and university resources and how these will continue to be impacted by changes occurring at the national, state and community level. More specifically, I addressed the likely effect of the American Recovery and Reinvestment Act (ARRA) on Stanford's research funding and our efforts to communicate with and assist faculty applying for research, equipment and facilities support. I also proffered my views about how changes in healthcare might impact funding for patient care and education, especially through the entitlement programs of Medicare and Medicaid. In addition, I reviewed the impact of state funding for healthcare (MediCal) and particularly for stem cell research, in light of the \$42 million California deficit and its impact on bond sales to support the California Institute of Regenerative Medicine (CIRM).

I also commented on how our local communities are affecting important decisions about the future of Stanford Medicine, especially the renewal projects of Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. The future of these projects has important implications for the clinical care, education and research programs of the School of Medicine, and they appear to be highly valued by Palo Alto residents, based on various opinion polls. However, a number of the City of Palo Alto Council members appear to be out of touch with the community and express views that are antithetical to the incredible value that the medical center brings to this community. Sadly, if their views prevail they might jeopardize clinical care programs of enormous importance to current and future generations of Palo Alto and our surrounding communities.

In addition to outlining the various challenges we face, I shared with the NAC the numerous steps we have taken and will continue to take in response to the economic, programmatic and political forces that are unfolding. Some of these are detailed below; they are consonant with the dramatic shifts occurring at universities and medical centers

across the United States. The NAC was interested in how further – and continuing – changes in the economy would impact the medical school and medical center and how we would accommodate to those changes – which would truly threaten significant programmatic investments.

In addition to a focus on the state of the school and medical center, the NAC heard an update on the school's efforts in career planning as well as our efforts in fostering leadership and diversity. Presentations were given by Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership; Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs; and Dr. Gary Schoolnik, Associate Dean for Senior Faculty Transitions. Dr. Valentine shared the progress that has been made in the last four years in retention and career development as follows:

*Increases in women faculty Stanford compared to national data:* comparing 2003-04 to 2008-09 data, the increase in women faculty (50%; 118) exceeded the relative increase in men faculty (20%; 122). For the three faculty ranks combined the proportion of women faculty at Stanford increased 4.6%: Assistant 5.6% (37.9% to 43.5%); Associate 2.6% (31.5% to 34.1%); Professor 4.6% (16% to 20.6%). These increases in women faculty at Stanford were considerably higher than nationally reported data from the 126 US accredited medical schools during the same time period: Assistant 2.1% (38.3% to 40.4%); Associate 1.5% (27.5% to 29.0%); Professor 1.9% (15.5% to 17.4%). These data indicate that at Stanford, the percentage of women faculty at each rank is currently higher than nationally, particularly at the rank of full professor, suggesting that our interventions have been effective in expanding gender diversity in the Stanford faculty.

*Increases in underrepresented minority and Asian faculty:* Comparing 2003-04 and 2008-09 data, underrepresented minority faculty (Black, Hispanic, and Native American) increased by 56% (19; 34 to 53); Asian faculty by 111% (110; 99 to 209); and White faculty by 36% (204; 567 to 771). Overall, the Stanford School of Medicine faculty increased 54%, however the relative increase was greater for women compared to men: 103% versus 38% respectively. The percent increases for underrepresented minority groups (Black 55%; and Hispanic 57%) slightly exceeded the % increase in the faculty as a whole, and was greater than the increases reported nationally for each minority group.

To further support faculty retention, Dr. Valentine has taken two distinct yet complementary approaches: skills building workshops that provide faculty with the necessary skills for academic career advancement; and mentoring and building a sense of community through leadership programs. Dr. Valentine discussed the progress that has been made in the Faculty Fellows Program (46 faculty have now completed this program), and Dr. David Stevenson described the new Connections Program – also designed to help support and guide the careers of faculty new to Stanford.

The NAC also seemed to be pleased and impressed with the efforts on senior faculty transitions led by Dr. Gary Schoolnik. I have previously highlighted the work and recommendations of the Transitions Task Force. Affirmation of the impact of this effort was shared with the NAC during a working lunch discussion with several Task Force members including Drs. Harry Greenberg, John Boothroyd, Michael Levitt, James Mark, Linda Cork and Stan Shrier. The website delineating programs and resources to assist senior faculty will be available within the next month or so.

The National Advisory Council also heard updates on three school-wide initiatives: the Stanford Institute for Stem Cell Biology and Regenerative Medicine, the NCI-Designated Stanford Cancer Center and the Stanford Institute for Immunity, Transplantation and Infection. These presentations included updates on the recruitment, programmatic initiatives and capital programs for each of the Institutes.

- **Dr. Michael Longaker**, Professor of Surgery and Director of the Program in Regenerative Medicine, led the presentation about the broad initiatives of stem cell institute and was joined by Dr. Michael Clarke, Karel H. and Avic N. Beekhuis Professor in Cancer Biology; Associate Director, Institute for Stem Cell Biology and Regenerative Medicine, who reviewed Stanford program in cancer-stem cell biology, Dr. Renee Reijo Pera, Professor, Institute for Stem Cell Biology & Regenerative Medicine and Department of Obstetrics & Gynecology Director, Center for Human Embryonic Stem Cell Research and Education, on the development and characterization of embryonic stem cells and Dr. Marius Wernig, Assistant Professor of Assistant Professor, Institute for Stem Cell Biology & Regenerative Medicine and Department of Pathology, on induced pluripotent stem cells (iPS). In addition to the many scientific contributions being made by faculty in the Stem Cell Institute, they have had impressive success in competing for funding from CIRM – Stanford ranks #1, having received 33 research grants and 2 major facility grants (totaling \$101,245, 022) during the past two years (which is 21% more than any other institution). With the change in national policy for stem cell research recently announced by President Obama (<http://deansnewsletter.stanford.edu/#1> ) Stanford is poised for major future success – including and importantly in translating fundamental knowledge into clinical and translational research programs.
- **Dr. Bev Mitchell**, Professor of Medicine and Director of the Stanford Cancer, gave an update on recent progress in cancer research, education and patient care. I summarized some of the accomplishments she reviewed in a recent Dean's Newsletter. Dr. Mitchell and her colleagues are preparing for the submission of their grant to the NCI this May and we are hopeful (and optimistic) that we will receive a full renewal. As one illustration of the innovative work being conducted by members of the Sanford Cancer Center, Dr. Sam Gambir, Professor of Radiology and, by courtesy, of Bioengineering and Director of the Molecular Imaging Program at Stanford (MIPS), gave an exciting overview of the work he and his colleagues are conducting on early diagnosis and detection of cancer using an array of molecular, bioengineering and imaging technologies.

- **Dr. Mark Davis**, Avery Professor of Immunology and Director of the Institute for Immunity, Transplantation, Infection, along with Associate Directors Carlos Esquivel, Professor of Surgery, and Gary Schoolnik, Professor of Medicine, gave an update on the significant progress the institute has made in fostering interactive interdisciplinary research communities, in developing an outstanding volunteer leadership council and as a result generating impressive philanthropic support, and in developing the Immune Monitoring Center, which is generating an ever increasing number of collaborations with faculty across the medical school.

While it certainly appeared that the NAC enjoyed the program, presentations and interactions, their official report will be delivered to the President and Provost. It is incredibly important to receive outside critiques about what we are doing well and where improvements are in order. So, I look forward to receiving the report of the NAC after it has been reviewed by the President and Provost – and will be happy to share whatever news I can with you.

### ***AAMC Faculty Forward Program Begins***

As you know, faculty success and vitality has long been a priority at Stanford. The cumulative effects of faculty dissatisfaction are costly and can have significant impacts on institutional performance and culture in reduced morale.

To support more in-depth study about medical school faculty job satisfaction, the AAMC is launching a new initiative called *Faculty Forward* that will examine and attempt to improve upon faculty satisfaction, retention, and vitality. A centerpiece of this initiative will be a faculty satisfaction survey developed by the AAMC and the Collaborative on Academic Careers in Higher Education (COACHE) at the Harvard Graduate School of Education. The survey will provide an objective and standardized method to measure satisfaction levels among our faculty and will allow for comparisons and benchmarking with faculty satisfaction at other medical schools. The 3-year Faculty Forward initiative has an initial cohort of 24 U.S. medical schools. I am pleased to report that we are one of those first 24 schools.

Participation in the initiative will allow us to assess what drives faculty satisfaction at our institution, benchmark that information with peer institutions, and provide training and learning opportunities that will enhance our institution's ability to implement changes and improvements to make our school an even more vibrant place for faculty to do their work. Since Stanford participated in the pilot survey administered in 2007, we will also be able to assess changes over time.

In early April, the survey will open at our institution to all **assistant, associate and full professors** in all lines (UTL; MCL; NTL; CE). Faculty will receive a notification via electronic mail with a link to complete the survey, which will take 15 minutes to complete. Although we have asked faculty members to complete several other surveys in recent months, I encourage you to view this one as a special opportunity to share your opinions and insights about how we can make Stanford the best place for you

to accomplish your best work. Responses are confidential and only de-identified aggregate data are included in data reports. Through the survey process, we hope to refine our understanding of what drives job satisfaction among our faculty so that we can target our improvement efforts most effectively. Thank you for taking the time to complete the survey.

### **Further Updates on School of Medicine Financial Planning**

On Friday, March 20<sup>th</sup>, Marcia Cohen, Senior Associate Dean for Finance and Administration, provided the latest in our series of updates on how the economic downturn is affecting the School of Medicine. I know this is a topic that is on everyone's mind, particularly with my announcement in the last issue of the Dean's Newsletter ([url](#)) that compensation will be frozen for faculty and staff in FY10 (which begins September 1, 2009). I want to underscore that we are doing all that we can to preserve programs and positions, and I am very aware that there is considerable anxiety about whether there will be layoffs in the medical school. Of course our primary goal is to minimize layoffs as much as possible, and to reduce expenses first that do not impact employment, but some layoffs will be necessary to bring our expenditures into balance with our resources.

The reality is that we are experiencing the worst economic downturn in more than 50 years. Not only is the endowment now down more than 30%, but also the impact of its rapid decrease will be experienced for a decade. That is, unless the conditions change (i.e., further voluntary reductions in the endowment payout are made now to preserve its principal or a dramatic economic recovery takes place, which seems implausible), the annual endowment payout to the School will be less than in 2008 until approximately 2018. Looked at this way it is clear that the current economic downturn is having not only an immediate impact but one that will endure for nearly a decade. And even that scenario is contingent on some economic recovery by 2010. Should that fail to happen - or if conditions worsen - then even these serious projections will worsen still.

And while these scenarios are very distressing, I want to point out again that compared to other schools at Stanford, the medical school is less dependent on income from endowment - since a much greater proportion of our revenues comes from sponsored research and clinical income. Accordingly, the programmatic reductions or changes we will be making are less immediate than what is happening across the rest of the Stanford campus. That said, it is imperative that we plan carefully and responsibly - and that we anticipate that the situation we are in can worsen (even while we hope that it improves).

Let me give you some sense of the immediate impact on our current and projected financial status based on the presentation that Marcia Cohen gave to our Executive Committee. For FY09 (the current budget year) the consolidated income for the School of Medicine, from all sources, was \$1.12 billion. For budgeting and planning purposes we generally compartmentalize the school into three groupings: the central activities sponsored by the Dean's Office (e.g., student services, research management, information technology, facilities management, development, etc.), the basic science departments and the clinical science departments. For perspective, the Dean's Office's revenues in FY09

are \$272 million - or about 25% of the school's income. Based on changes already in play, we now project that we will experience a \$22.2 million reduction in Dean's Office revenue for this current fiscal year (which we are now half way through), and there will be an additional revenue shortfall of \$14 million for FY10 - and an even larger impact on the Dean's Office programs because of the combination of lost revenue and increased expenses. In fact, for FY10 we now are forecasting a \$28 million negative impact on the Dean's Office operations.

As you know from prior reports, we have already instituted a number of budget savings measures, but they will not be enough given the continued negative impact we are experiencing. Accordingly, we will be putting into place a number of other cost reductions and programmatic changes - a number of which will be spread through the school. These will include some simple things, such as the frequency of mail delivery, housekeeping, landscaping, etc as well as reduction of services (e.g., library hours) or events (even though we have already been careful with events and fully recognize that it is important to hold some for morale, community building, fundraising, etc.). One important thing we can all contribute to is energy savings. For example, simply being more conscious of switching off lights and computers, swapping out old for newer freezers, etc, could have a significant impact - and is good for the environment in any event.

We are working hard to sustain commitments that we have made to faculty, chairs, departments and programs - but we will need to lengthen the time during which they are paid out. We will also need to delay a number of capital projects and be particularly mindful of reducing or minimizing debt funding. We are currently planning reductions in the operating dollars we distribute to departments, institutes, centers and programs - likely by around 7%. We also discussed with the Executive Committee the fact that the Dean's Office will not be able to cover some of the faculty housing benefits it has historically borne and that these will be shifted to the responsible departments. We project that the impact of these changes on our academic departments will be a negative \$3.7 million in FY09 and \$10 million in FY10.

As a result, we have asked our administrative units, Institutes and Centers to accelerate the budget preparation process for FY10 and to propose further budget reductions, including potential reductions in workforce. We will not have the final decisions and budget approvals from the University until late May. However, I want to inform you of the seriousness of the possibilities related to these budget reductions and the significant impact of the economic downturn on the School of Medicine. We are mindful that any decisions to reduce staff through layoffs will have a profound impact, and we want to be thoughtful and fair in considering such decisions. The School is most fortunate to have a very hard-working, talented and dedicated staff. We will not make decisions to reduce the workforce lightly, and I recognize that we are asking much from faculty and staff who are already working diligently to contribute to our missions. As we eliminate some positions, we are equally aware of the effect of layoffs on the morale and engagement of the staff who remain and the need to support remaining staff. That said, administrative layoffs due to budgetary constraints will be informally communicated to

all affected individuals at the very end of May with formal notification on June 1<sup>st</sup>. For those individuals receiving layoff notice, the last workday of paid notice will be August 31<sup>st</sup>. The University has enhanced the layoff benefits for all Stanford employees laid off during this notice period and that will provide some additional support to these employees.

What is not yet clear is how increased funding from the NIH stimulus will affect our budget forecasts. Knowing the total amount of NIH dollars that will be allocated to research (\$8.2 billion) and the historical share of NIH dollars that Stanford has received, we have done some projections of the levels of funding that might be anticipated. There is no doubt that this funding will be of enormous support to faculty and to the school in the short run - through 2010. But it would be unwise and imprudent to forecast a significant increase in sponsored research beyond 2010. More importantly, we need to anticipate – at least for planning purposes - that our funding will decline after that time. Should that change, we can reforecast – but it is much wiser to be fiscally conservative in our forecasts at this point, given all that has transpired in the past six months and that could remain the same or even continue to decline over the next year or more.

The bottom line is that we continue to experience unprecedented fiscal challenges. To date I think we have dealt with them thoughtfully and responsibly - and we have done our best to support our faculty, students and staff first and foremost. At the same time, we need to be vigilant and prepared to make additional and even unwelcome choices. Further, we need to stay focused on preserving and sustaining our missions so that we can preserve the great things about Stanford for future generations.

## **Responding to the Stimulus**

I recognize that you have been receiving lots of communications about the funding opportunities being announced virtually daily by the NIH as part of the American Recovery and Reinvestment Act (ARRA) of 2009. While the sheer volume of these announcements is certainly daunting, we are doing the best we can to make you aware of opportunities, their timelines and ways that we might assist you. This past week Mario Garcia and Jeanne Heschle from the Research Management Group put together what I think is an incredibly helpful resource. They summarized all of the offerings by NIH Institute that are part of ARRA and provided links to the NIH website to help facilitate, organize and simplify your access to critical information. This spreadsheet was distributed broadly in the past several days, and it is available at <http://med.stanford.edu/rmg/funding/>. Importantly, Jeanne informs me that it will be updated regularly as new information becomes available.

Given all that is going on, I hope and anticipate that a large number of our faculty will be successful in one or more of these opportunities. But with success will come an unprecedented level of accountability – in this case to the public, the NIH and the White House as part of the reporting required through <http://www.recovery.gov>. The website notes that federal agencies will be reporting their competitive grants and contracts on May 20, 2009 and that recipients of federal funding will begin reporting on their use of funds starting July 15, 2009.

While the actual information required will be established by each agency (in this case the NIH or NSF), there will be certain basic requirements. Based on information from the Office of Management and Budget (see: [http://www.whitehouse.gov/omb/assets/memoranda\\_fy2009/m09-10.pdf](http://www.whitehouse.gov/omb/assets/memoranda_fy2009/m09-10.pdf)), we understand that quarterly reports containing the following data elements, as prescribed by the Recovery Act, will be required:

- The project and Principal Investigator
- Evaluation of the completion status of the project (NB – this has not been further defined as of yet)
- Estimate of the number of jobs created and the number of jobs retained by the project
- Reports of any subcontracts

We are told that the quarterly reports will be quite detailed, but the complete content has not yet been made public. That said, one of the most important features will be the number of jobs created or retained, as noted above. Because our success as a national scientific community in utilizing the ARRA support – and how this impacts on the economy in new or retained jobs – will almost surely affect future funding from NIH, it is imperative that we do the best job possible with the reports as well as with the scientific achievements.

### **Public Transparency on Industry Relations**

I have had numerous communications with you regarding academic-industry relationships and the steps we have taken to create transparency and integrity, for individuals as well as institutions. Stanford has been in the forefront in developing policies that address academia-industry relations in education, research and patient care (see: <http://med.stanford.edu/coi/>). In addition to doing all we can to assure the integrity of our programs in these areas, we have tried to foster and renew public trust in Stanford Medicine. Transparency is a key feature of ensuring the trust of our community – including our students, fellow colleagues and all whom we serve. The importance of transparency was evidenced by the recent events at Harvard Medical School (see <http://www.nytimes.com/2009/03/03/business/03medschool.html?scp=1&sq=harvard%20medical%20school&st=cse>), where students became concerned about whether the content of faculty presentations were free of bias due to undisclosed industry relationships.

Our faculty are required to disclose all financial relations with industry on an annual and transactional basis. Recently a number of pharmaceutical and device companies have announced that they will voluntarily post all payments to doctors for speaking, consulting and related activities on publicly accessible websites. This has been legislated in some states (e.g., Minnesota and Vermont), and Senator Charles Grassley (R-IA) is sponsoring legislation (the Physician Sunshine Act) that would require the pharmaceutical and device industries to disclose all payments to doctors. This has been driven, in part, by allegations and evidence that some physicians have either failed to

disclose or have incompletely disclosed their financial ties with industry – an issue that has been widely reported in the media.

In December 2008 the Cleveland Clinics took the additional step of indicating that it would disclose the financial ties of its 1800 doctors and scientists on its web site ([www.clevelandclinic.org](http://www.clevelandclinic.org)). This was widely covered in the press, including the December 2<sup>nd</sup> New York Times (see: [http://www.nytimes.com/2008/12/03/business/03clinic.html?\\_r=1&scp=2&sq=cleveland%20clinic%20and%20conflict%20of%20interest&st=cse](http://www.nytimes.com/2008/12/03/business/03clinic.html?_r=1&scp=2&sq=cleveland%20clinic%20and%20conflict%20of%20interest&st=cse)). This was a bold step, and it prompted Dr. Harry Greenberg, Senior Associate Dean for Research and me to assess the value and utility of this approach. This involved discussions with Dr. Guy Chisolm, Chair of the Conflict of Interest Committee at Cleveland Clinics, and others about the feasibility of adopting a similar level of transparency at Stanford.

At Stanford, thanks to the Community Academic Profile (CAP) web-based system developed by Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, and his colleagues (see: <http://med.stanford.edu/irt/web/cap.html>), the academic and clinical profiles of our faculty (and now post-doctoral fellows) are publicly searchable through the School of Medicine as well as Google search. For example, my profile is: [http://med.stanford.edu/profiles/Philip\\_Pizzo/](http://med.stanford.edu/profiles/Philip_Pizzo/). If you are in the School of Medicine your profile can also easily be found. The CAP system has been a great resource for the university community and the public to find areas of research and clinical interest and expertise. It also serves faculty by automatically searching the literature for new publications and updating their bibliographies.

Since our annual faculty reporting of conflict of interest disclosures is also a web-based system, we determined that it would be possible to import disclosed industry relations from this system to each individual's CAP profile. This would permit the School of Medicine to make publicly transparent all of the disclosed industry relations of its faculty. As noted, this can be done automatically from the annual disclosure each faculty member is already required to make. The proposal to publicly disclose all faculty financial ties with industry or other entities related to their professional activities that are greater than \$5000 using the CAP profile was presented to the Executive Committee on March 20<sup>th</sup> and received strong endorsement. We will now proceed to implement this public disclosure process, and I wanted to make you aware that this will happen in the next several months. Faculty will shortly be asked to file their required annual disclosure – which will include all relations with industry, including membership on an advisory board or service on a board of directors, consulting (including medical legal/expert witness, investment companies), executive or employee positions and payments by industry to a spouse or domestic partner. This information will serve as the source for information included in the faculty CAP.

We are finalizing the format for how this information will appear in CAP. Currently we anticipate that there will be a boilerplate statement (see below) followed by the specific disclosure information. While not yet final, the likely language for the boilerplate will be something like:

*Stanford physicians and scientists may interact with the pharmaceutical, biotech, or medical device industries to help develop new medical drugs, devices or diagnostics or to provide medical education about health care related topics of mutual interest. These interactions are reviewed annually as part of Stanford University School of Medicine policy. It is our policy to disclose payments to physicians and scientists employed by Stanford University for speaking, consulting, and other interactions of \$5,000 or more, and any equity, royalty or Board of Director relationships with companies or other commercial entities with which they interact as part of their professional activities. In providing this information, Stanford wants to be as informative and transparent as possible concerning its faculty's interactions with industry. The following relationships have been reported with the companies listed below during the calendar year 2008. To learn more about Stanford's policies on collaborations with industry go to <http://med.stanford.edu/coi/>*

This will be followed by faculty specific disclosures in the following categories

**Consulting:** *Dr. \_\_\_ receives fees of \$5,000 or more per year as a paid consultant or speaker for the following companies:*

**Royalty Payments:** *Dr. \_\_\_ has the right to receive royalty payments for inventions or discoveries related to the companies shown below:*

**Equity:** *Dr. \_\_\_ owns stock or stock options in the following companies for activities as a founder, inventor, or consultant:*

**Board of Director Role:** *Dr. \_\_\_ serves in a fiduciary capacity, such as an officer or director, for the following companies or other entities:*

It is our hope that in addition to engaging the public trust, this proactive public disclosure practice will permit faculty to avoid false perceptions or allegations – as recently discussed by the editors of JAMA (see: [http://jama.ama-assn.org/misc/jed90012pap\\_E1\\_E3.pdf](http://jama.ama-assn.org/misc/jed90012pap_E1_E3.pdf)) or that led students at Harvard Medical School to speculate about the integrity of their teachers and educators. Since the information we will be posting is comparable to what faculty would disclose for an educational program or for a journal publication, it is appropriate to make it publicly available and accessible. In my opinion, this is the right thing to do – a position that is shared by our School leadership.

### **The 2009 Match**

On Thursday, March 19<sup>th</sup> some 29,890 applicants to the National Resident Matching Program (including 83 from Stanford) learned where they will begin their internship and residency this summer. This was the largest “match” in history, and the applicants included 15, 638 from US medical schools. The remaining applicants were

from international medical schools (10,874), osteopathic schools (2,015) and physicians who previously graduated from medical school (1,222). Collectively these applicants applied for 22,427 first year residency positions available through the Match.

Of our 83 Stanford graduating students who took part in the Match, 30 will graduate in four years and 53 (64%) in five or more years. The residency choices of our students vary from year to year and reflect, in part, national trends. This year 16 students will begin their residency in internal medicine (including one in a combined medicine/emergency medicine program and one in a combined medicine/preventive medicine residency). Ten students selected diagnostic radiology, six chose pediatrics, six, emergency medicine (including the one in combined medicine/emergency medicine program); five chose ophthalmology, orthopaedic surgery or dermatology, and four chose otolaryngology or neurological surgery. Three each matched in radiation oncology, psychiatry or anesthesia and two each in obstetrics/gynecology, family medicine or pathology and one each in general surgery, physical medicine & rehabilitation or plastic surgery.

The choices of our students mirrored, in part, those of US graduates – of whom a fifth chose internal medicine through the Match. The “most competitive” specialties on a national basis were dermatology, neurological surgery, orthopaedic surgery and otolaryngology. How students make these choices is the topic of a new report from the Robert Graham Center, with support from the Josiah Macy Jr. Foundation, entitled “*Specialty and Geographic Distribution of the Physician Workforce: What Influences Medical Student and Resident Choices?*” (see: <http://tinyurl.com/cq28nv>). It seems hard to leave California and the Bay Area, as evidenced by the fact that 39 (47%) of our graduates will stay in the Golden State, including 21 in various Stanford programs. Eighteen students will move to New York (8), Massachusetts (7) or Maryland (3). Following is the list of students and the residencies they will be pursuing. I have listed in bold the final destination; for those who need to first do a preliminary or transitional year, which I’ve noted in italics.

I want to congratulate our 2009 graduating students. They have done superbly in the residency programs they have selected for the next phase of their training. In addition I also want to congratulate all of the Program Directors and Chairs of our Clinical Departments for the outstanding success they have achieved in their Match at Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital.

### Stanford University School of Medicine 2009 Residency Match Results

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<i>Achrol, Achal</i>	Stanford Univ Progs-CA	<b>Neurological Surgery</b>
<i>Agbo, Chioma Ada</i>	Brigham & Womens Hosp-MA	<b>Emergency Medicine</b>
<i>Andrews, James Scott</i>	UC San Francisco-CA	<b>Internal Medicine</b>
<i>Bababegy, Simon Ronen</i>	Harbor-UCLA Med Ctr-CA	<i>Transitional</i>

	U Southern California-CA	<b>Ophthalmology</b>
<i>Bachireddy, Pavan</i>	Brigham & Womens Hosp-MA	<b>Internal Medicine</b>
<i>Badillo, Diana</i>	NYP Hosp-Columbia Univ Med Ctr-NY	<b>Family Medicine</b>
<i>Benedetti, Nancy</i>	Kaiser Perm-Santa Clara-CA	<i>Medicine-Preliminary</i>
	UC San Francisco-CA	<b>Radiology-Diagnostic</b>
<i>Blauwet, Cheri</i>	Brigham & Womens Hosp-MA	<i>Med-Prelim/Brig</i>
	Harvard/Spaulding-MA	<b>Phys Medicine &amp; Rehab</b>
<i>Borges, Paula Marry</i>	Stanford Univ Progs-CA	<b>Otolaryngology</b>
<i>Briese, Beau Alan</i>	Stanford Univ Progs-CA	<b>Emergency Medicine</b>
<i>Cabral, Erik Stephen</i>	Santa Clara Valley MC-CA	<i>Transitional</i>
	Stanford Univ Progs-CA	<b>Dermatology</b>
<i>Chang, Emiley</i>	UC Davis Med Ctr-CA	<b>Internal Medicine</b>
<i>Chennupati, Sravana K</i>	Kaiser Permanente-SF-CA	<i>Medicine-Preliminary</i>
	Oregon Health & Science Univ	<b>Radiation-Oncology</b>
<i>Colbert, James</i>	Brigham & Womens Hosp-MA	<b>Medicine-Primary/BWH</b>
<i>Cortes, Rubi Delgadillo</i>	Kaiser Permanente-SF-CA	<b>Internal Med/Preventive Med</b>
<i>Cuellar, Jason Montgomery</i>	NYU School Of Medicine	<b>Ortho Surg/Hosp Joint Disease</b>
<i>Davies, Jason Michael</i>	UC San Francisco-CA	<b>Neurological Surgery</b>
<i>Dhatt, Harpreet Singh</i>	UC San Francisco-Fresno-CA	<i>Medicine-Preliminary</i>
	U Utah Affil Hospitals	<b>Radiology-Diagnostic</b>
<i>Downey, John Redmond</i>	Memorial Sloan-Kettering-NY	<i>Transitional</i>
	Stanford Univ Progs-CA	<b>Radiology-Diagnostic</b>
<i>Encarnacion, Betsy</i>	UC San Francisco-CA	<b>Obstetrics-Gynecology</b>
<i>Foltz, Cainan</i>	UC San Diego Med Ctr-CA	<b>Internal Medicine</b>
<i>Gabrovsky, Vanessa</i>	NYU School Of Medicine	<b>Ortho Surg/Hosp Joint Disease</b>
<i>Gipp, Melanie Sue</i>	Kaiser Perm-Santa Clara-CA	<i>Medicine-Preliminary</i>
	Stanford Univ Progs-CA	<b>Anesthesiology</b>
<i>Green, Eric M</i>	Brigham & Womens Hosp-MA	<b>Internal Medicine</b>
<i>Grunwell, Jocelyn Rebecca</i>	Emory Univ SOM-GA	<b>Pediatrics</b>
<i>Horak, Helena</i>	UCLA Medical Center-CA	<b>Emergency Medicine</b>
<i>Horoschak, Melissa</i>	Kaiser Perm-Santa Clara-CA	<i>Medicine-Preliminary</i>

<i>Hsu, Andrew Ray</i>	Univ of Chicago Med Ctr-IL	<b>Radiation-Oncology</b>
<i>James, Jocelyn</i>	Rush University Med Ctr-IL	<b>Orthopaedic Surgery</b>
<i>Kalani, M. Yashar S.</i>	U Washington Affil Hosps	<b>Medicine-Primary/Seattle</b>
<i>Knox, Kirstin Suzanne</i>	St Josephs Hospital-AZ	<b>Neurological Surgery</b>
<i>Krampitz, Geoffrey Wayne</i>	Hosp of the Univ of PA	<b>Internal Medicine</b>
<i>Kwon, Gina P.</i>	Stanford Univ Progs-CA	<b>General Surgery</b>
	U MD-Mercy Med Ctr	<i>Medicine-Preliminary</i>
	Johns Hopkins - Wilmer GBMC-MD	<b>Ophthalmology</b>
<i>LaBuz, Elizabeth</i>	Geisinger Health System-PA	<i>Medicine-Preliminary</i>
	Geisinger Health System-PA	<b>Dermatology</b>
<i>Lee, Bradford William</i>	University of Hawaii	<i>Transitional</i>
	U Miami/Bascom Palmer-FL	<b>Ophthalmology</b>
<i>Les, Jessica Tekla</i>	Sutter Medical Center of Santa Rosa	<b>Family Medicine</b>
<i>Levin, Yakir</i>	Emory Univ SOM-GA	<i>Transitional</i>
	Emory Univ SOM-GA	<b>Dermatology</b>
<i>Liu, Helen</i>	Santa Clara Valley MC-CA	<i>Transitional</i>
	Oregon Health & Science Univ	<b>Dermatology</b>
<i>Liu, Yueyi Irene</i>	Santa Clara Valley MC-CA	<i>Transitional</i>
	Stanford Univ Progs-CA	<b>Radiology-Diagnostic</b>
<i>MacLean, Jane</i>	Stanford Univ Progs-CA	<i>Pediatrics</i>
	Stanford Univ Progs-CA	<b>Child Neurology</b>
<i>Majure, Melanie Catherine</i>	Stanford Univ Progs-CA	<b>Internal Medicine</b>
<i>McGuire, Angela Raquel</i>	Stanford Univ Progs-CA	<b>Pathology</b>
<i>McGuire, Courtney Stritar</i>	Johns Hopkins Hosp-MD	<b>Pediatrics</b>
<i>Minta, Anna</i>	Johns Hopkins Hosp-MD	<b>Pediatrics</b>
<i>Morrell, Nathan Thomas</i>	U New Mexico SOM	<b>Orthopaedic Surgery</b>
<i>Nakao, Jolene</i>	St Lukes-Roosevelt-NY	<b>Emergency Medicine</b>
<i>Odegaard, Justin Iver</i>	Stanford Univ Progs-CA	<b>Pathology</b>
	NYP Hosp-Columbia Univ Med Ctr-NY	<b>Surgery-Plastic Surgery</b>
<i>Olorunnipa, Olushola Bidemi</i>		
<i>Oshinowo, Adeoti</i>		
<i>Efundademu</i>	U Michigan Hosps-Ann Arbor	<b>Obstetrics-Gynecology</b>
<i>Patel, Rena Chimam</i>	Stanford Univ Progs-CA	<b>Internal Medicine</b>

<i>Paterno, Josemaria</i>	Stanford Univ Progs-CA Massachusetts Gen Hosp	<i>Medicine-Preliminary</i> <b>Anesthesiology</b>
<i>Pau, Candace Yoong-Fong</i>	Stanford Univ Progs-CA	<b>Otolaryngology</b>
<i>Paulus, Yannis Mantas</i>	Memorial Sloan-Kettering-NY Stanford Univ Progs-CA	<i>Transitional</i> <b>Ophthalmology</b>
<i>Prakash, Saurabh</i>	Santa Clara Valley MC-CA Barnes-Jewish Hosp-MO	<i>Medicine-Preliminary</i> <b>Rad-Diag/Research</b>
<i>Price, Robin Owen</i>	Carilion Clinic-VA UC San Francisco-CA	<i>Transitional</i> <b>Radiology-Diagnostic</b>
<i>Rafii, Benjamin</i>	NYU School Of Medicine	<b>Otolaryngology</b>
<i>Ramachandra, Tara</i>	Vanderbilt Univ Med Ctr-TN	<b>Otolaryngology</b>
<i>Ramarajan, Naresh</i>	UCLA Medical Center-CA	<b>Medicine-Emergency Med</b>
<i>Riaz, Nadeem</i>	Stanford Univ Progs-CA Memorial Sloan-Kettering-NY	<i>Medicine-Preliminary</i> <b>Radiation-Oncology</b>
<i>Riboh, Jonathan</i>	Duke Univ Med Ctr-NC	<b>Orthopaedic Surgery</b>
<i>Sherman, Seth</i>	Harvard Longwood Psych-MA	<b>Psychiatry</b>
<i>Teng, Margie Shi-Shr</i>	Stanford Univ Progs-CA	<b>Emergency Medicine</b>
<i>Tong, Ricky</i>	CA Pacific Med Center UC San Francisco-CA	<i>Medicine-Preliminary</i> <b>Radiology-Diagnostic</b>
<i>Tran, Dung David N.</i>	Stanford Univ Progs-CA UC San Francisco-CA	<i>Surgery-Preliminary</i> <b>Radiology-Diagnostic</b>
<i>Vargas, Mauricio Enrique</i>	White Mem Med Ctr-LA-CA UCLA/Jules Stein/EyeSTAR-CA	<i>Medicine-Preliminary</i> <b>Ophthalmology</b>
<i>Vazquez, Luis Enrique</i>	Hosp Episcopal San Lucas-PR U Southern California-CA	<i>Transitional</i> <b>Ophthalmology</b>
<i>Veeravagu, Anand</i>	Stanford Univ Progs-CA	<b>Neurological Surgery</b>
<i>Wang, Marie E-Jen</i>	Stanford Univ Progs-CA	<b>Pediatrics</b>
<i>Wilhelm-Leen, Emilee Ruth</i>	Stanford Univ Progs-CA	<b>Internal Medicine</b>
<i>Winestone, Lena</i>	Stanford Univ Progs-CA	<b>Pediatrics</b>
<i>Zarafshar, Shirin Yasaman</i>	Stanford Univ Progs-CA	<b>Internal Medicine</b>

**Upcoming Event: East-West Alliance Conference on Longevity**

The East-West Alliance is a global network of ten institutions, including the Stanford University School of Medicine, that have been supported by the Li Ka Shing Foundation. The Alliance convenes annually at one of its member institutions to address significant scientific issues at a public conference. The School of Medicine is this year's host.

The focus for the 2009 conference is longevity across the life span. The Alliance, the Stanford Center on Longevity and the School of Medicine have brought together leading experts across a broad range of disciplines to address longevity-related topics in their fields. Session themes will include genetic considerations of longevity, stem cell connections to longevity, social correlates of longevity, longevity implications for the medical workforce, and economic correlates of longevity. Dr. Laura Carstensen, Professor of Psychology and Fairleigh S. Dickinson Jr. Professor in Public Policy; Director, Stanford Center on Longevity, will give a plenary address on "Longevity in the 21<sup>st</sup> Century." Session moderators will include Stanford faculty members Dr. Stuart Kim, Professor of Developmental Biology and of Genetics and, by courtesy, of Chemical and Systems Biology; Dr. Tom Rando, Professor of Neurology and Neurological Sciences, and Deputy Director, Stanford Center for Longevity; Dr. Paul Wise, Richard E. Behrman Professor in Child Health and Professor, by courtesy, of Health Research and Policy; Dr. Ralph Horwitz, The Arthur L. Bloomfield Professor of Medicine and Chair of the Department of Medicine; and Dr. John Shoven, the Charles Schwab Professor of Economics and Senior Fellow, by courtesy, at the Hoover Institution.

### **East-West Alliance 2009 Conference on Longevity**

#### **Wednesday, April 15**

1:30 pm – 4:30 pm  
Clark Center Auditorium

#### **Thursday, April 16**

8:30 am – 11:30 am  
1:00 pm – 5:00 pm  
Clark Center Auditorium

**Admission:** Free. Open to the public

**For more information** contact Mira Engel, [mengel@stanford.edu](mailto:mengel@stanford.edu)

### **Stanford Postdoctoral Mentoring Award**

The Stanford University Postdoctoral Association is pleased to announce that nominations for the 2009 Stanford Postdoctoral Mentoring Award will be accepted until April 24, 2009. The award aims to raise awareness of the importance of quality mentoring and will recognize faculty or scientific staff who are excellent mentors. Please nominate any Stanford University faculty member or scientific staff who has provided

beneficial mentoring to you during your postdoctoral fellowship, they need not be your primary advisor.

More information: [www.stanford.edu/group/supd/award](http://www.stanford.edu/group/supd/award)

Nomination deadline: Friday, April 24, 2009

Award prize: Two prizes of \$2,500

### **Applications for the ARTS Program are Invited**

Current Stanford residents and clinical fellows interested in combining clinical training with advanced research training are invited to apply to the Advanced Residency Training at Stanford (ARTS) Program (see: <http://med.stanford.edu/arts/> for more details).

The ARTS program offers the opportunity to obtain a PhD degree during or upon completion of residency or clinical fellowship. The program begins with approximately 12-48 months clinical training toward board certification in any area of interest, followed by research training in a graduate program in the Schools of Medicine, Engineering or Humanities and Sciences at Stanford University. The ARTS program will provide tuition, stipend and health benefits to successful applicants. Dr. Sam Gambhir, Professor of Radiology and Bioengineering, is the Program Director. The application deadline is October 5, 2009 for applicants who seek to begin their PhD coursework in the Fall of 2010.

If you are interested please contact Dr. Gambhir ([sgambhir@stanford.edu](mailto:sgambhir@stanford.edu)) directly or the ARTS Program Office for more information. You can also call (650) 724-9139 or email: [sofias@stanford.edu](mailto:sofias@stanford.edu)

### **Awards and Honors**

- **Howard Hughes Medical Institute** has named three Stanford faculty as Early Career Scientists. This is a new award from HHMI for which 50 outstanding individuals were selected from more than 2000 applicants. The competition was enormously stiff and sought individuals who could develop their best ideas early in their careers with six years of funding from the HHMI. The three Stanford faculty selected for this highly prestigious award are:
  - **Howard Chang, MD, PhD**, Associate Professor, Department of Dermatology
  - **Karl Deisseroth, MD, PhD**, Associate Professor, Department of Bioengineering
  - **Tirin Moore, PhD**, Assistant Professor, Department of Neurobiology

That three of the 50 recipients of the HHMI Early Career Scientist Award are at Stanford is remarkable and reflects on the incredible talents of these individuals – and also on the wonderful environment that Stanford offers for innovative

science. Details about each of their areas of research can be viewed at: [http://med.stanford.edu/news\\_releases/2009/march/hhmi.html](http://med.stanford.edu/news_releases/2009/march/hhmi.html). Please join me in congratulating Drs. Chang, Deisseroth and Moore.

- **Dr. Howard Chang, MD,PhD**, Associate Professor, Department of Dermatology, has also been awarded one of the first two Creative Promise Prizes by the Vilsek Foundation. This Prize recognizes talented foreign-born artists and scientists who have demonstrated significant creativity and originality in the early stages of their careers. Congratulations to Dr. Chang (again!).
- **The Stanford Digestive Disease Center**, a long standing NIH-funded (P30) research Center program based at Stanford University and the Palo Alto VA involves investigators from ten departments in the School of Medicine and one in Engineering. Under its PI/Director, Dr. Harry Greenberg, the Center has chosen its five new Pilot/Feasibility and Named Investigator Awardees for 2009-10, after a highly competitive selection process.

The Pilot awardees are:

1. **Chang-Zheng Chen, PhD** -- Assistant Professor, Microbiology & Immunology (*Project: The Role of miR-181 Family Genes in Inflammatory Bowel Disease*)
2. **Shirit Einav, MD** -- Postdoctoral Fellow, Medicine/Infectious Disease (*Project: Novel Antiviral Targets in Hepatitis C Virus NS4B Protein*)
3. **Eric Humke, PhD** -- Postdoctoral Fellow, Oncology & Developmental Biology (*Project: A Novel Paracrine Hedgehog Signaling Loop in Pancreatic Adenocarcinoma*)
4. **Maxence Nachury, PhD** - Assistant Professor, Molecular & Cellular Physiology (*Project: The Primary Cilium: A Tumor Suppressor Organelle for Pancreatic Ductal Adenocarcinoma*)
5. **Juergen Willmann, MD, PhD** -- Assistant Professor, Radiology (*Project: Non-invasive Molecular Ultrasound Imaging for Diagnosing and Monitoring Inflammatory Bowel Disease Using Molecularly Targeted Microbubbles*).

The New Named Investigator is:

**Hanlee Ji, MD** -- Assistant Professor, Medicine/Oncology

- **Chandler Robinson**, a 2<sup>nd</sup> year medical student, is one of 37 Americans to be named a Gates Scholar by the Gates Cambridge Scholarship Program, which provides funding for one to four years of graduate study.

## Appointments and Promotions

- **Megan A. Albertelli** has been appointed to Assistant Professor of Comparative Medicine at the Veterinary Service Center, effective 3/01/09.
- **Valerie Berry** has been reappointed as Clinical Assistant Professor of Medicine, effective 7/01/08.
- **Ramin E. Beygui** has been appointed to Associate Professor of Cardiothoracic Surgery at the Stanford University Medical Center and at El Camino Hospital, effective 3/01/09.
- **Yair Blumfeld** has been appointed as Clinical Assistant Professor of Obstetrics and Gynecology, effective 7/01/09.
- **Walter Cannon** has been reappointed as Clinical Professor of Cardiothoracic Surgery, effective 10/08/08.
- **Chang-Zheng Chen** has been reappointed to Assistant Professor of Microbiology and Immunology, effective 6/01/09.
- **Eric I. Hsiao** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 1/01/09.
- **Sermsak Lolak** has been appointed as Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 5/01/09.
- **Christopher A. Longhurst** has been reappointed as Clinical Assistant Professor of Pediatrics, effective 4/01/09.
- **Padma Mallipeddi** has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 4/01/09.
- **Nhat M. Pham** has been promoted to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/01/08.
- **Jodie Trafton** has been reappointed as Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 4/01/09.
- **Brendan Visser** has been appointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System, effective 3/01/09.
- **Paul Wang** has been reappointed to Professor of Medicine at the Stanford University Medical Center, effective 3/01/09.

- *Dhyanne Warner* has been appointed as Clinical Professor of Psychiatry and Behavioral Sciences, effective 4/01/09.