

# Dean's Newsletter

## August 31, 2009

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### **New Beginnings: The 2009 Incoming Class Arrives**

On Monday August 26<sup>th</sup> we welcomed 86 new medical students to Stanford. They were selected from an overall applicant pool of 6567, which was approximately 15% of the total applicant pool to USA medical schools. I want to begin by thanking Dr. Gabe Garcia and the Admissions Committee for the excellent job they did in bringing another outstanding group of students to our School of Medicine. We continue to have slightly more women than men among our admitted students, who also represent broad geographic and ethnic diversity. While the majority of students (41) have a permanent home address in California, 18 other states, Canada, the Bahamas and Zimbabwe are also represented. In addition, the birthplace of our students includes 20 countries across North and South America, Europe, Asia and Africa. They come from 26 public and private colleges and universities, and co-incidentally majored in 26 different undergraduate majors. Of note, 12 members of the incoming class also have Masters Degrees and 8 have PhDs. Four have done fellowships at the NIH, two have completed Fulbright Fellowships and 24 already have at least one peer-reviewed publication on their CV. As members of a global community, 27 have worked outside the USA. And needless to say, they are enormously talented outside of the classroom, with a wide array of accomplishments in community service, the performing arts and athletics. Quite an accomplished group!

Orientation was led by Dr. Charles Prober, Senior Associate Dean for Medical Education, and orchestrated by Char Hamada, Zera Murphy, Suzanne Bethard, Julia Tussing and other members of the Office of Educational Programs and Services. In addition to learning about Stanford and about the breadth and depth of educational requirements and opportunities, students also learned about our unique Educators for C.A.R.E program, the Advising Programs, and Student Life and Support programs as well as financial aid and the practical nuts and bolts of becoming a medical student. Also featured were sessions on Advocacy and Global Health, Health Disparities and Multi-Cultural Practice and the Search for Meaning in a Medical Life. Many of the students had an opportunity for “bonding” during a backpacking trip (more or less) on the weekend prior to orientation, and everyone participated in a number of shared dinner events – including a BBQ hosted by the Stanford University Medical Center Alumni Association,

where the new students met their “big sibs” from upper medical school classes. I am also pleased that students enrolled in the Masters in Medicine program also participated in the orientation and will begin their program as well.

Two events culminated the week. The first was the beginning of classes on Thursday August 27<sup>th</sup> – marking the conversion from “incoming” to officially “in place” and immersion into the academic program. The second was the celebratory Stethoscope Ceremony and Dinner that was held on Friday night, August 28<sup>th</sup>, at which parents, family and friends joined the students to acknowledge and celebrate this important transitional moment. Unlike the “white coat” ceremony held at most medical schools, we have chosen the stethoscope as a more important symbol of the physician, since it provides a means to connect the physician to her or his patient and to open the doors to compassion, professionalism and patient care. In addition to other speakers, Agnieszka Czechowicz, President of the Stanford Medical Student Association and a 4<sup>th</sup> year MD/PhD student, shared her important reflections on being a student at Stanford and offered advice to her new colleagues about how they should optimize their education as well as their personal well being.

A new academic year begins. Please join me in welcoming another stellar group of medical students to Stanford.

## **The Context for Medical Education in 2009**

Entering medical school begins a life-altering journey filled with unanticipated opportunities, challenges and surprises. The beginning of the journey is daunting since the volume of new knowledge and its very language and culture are unique and are different from any expectations students might have ahead of time. Although “orientation” can help, the reality is that new students are parachuted into a roiling sea of facts and figures, and it simply takes a while to learn where shores and safe havens might be found. Moreover, it is simply not possible to assimilate all the knowledge that is being conveyed and, more importantly, it is necessary to prepare for a lifetime of learning. While this is exciting (in the long run) it can be overwhelming at the start, since it does truly feel like “drinking from a fire-hose.” For this reason, among others, it is important to seek the big picture and to try to put medical knowledge in an historical context that presages future learning opportunities.

Students entering medical school in 2009 face a very different knowledge base than the one encountered by those who began in 1959, the year Stanford opened its doors to new students on the Palo Alto campus and inaugurated the “Five Year Plan” in its medical curriculum. The changes that have occurred during the past 50 years are truly extraordinary in nearly every dimension and domain, and they speak deeply to the importance of science and innovation as transformers of medical care. Although my own entry into medicine didn’t commence until nearly a decade later, I too have witnessed some of the incredible changes that provide a context for the foundations of medicine that our new students will begin learning in 2009. Importantly, they also frame some of the

future directions that will shape the types of medicine and healthcare that they will practice in the decades ahead.

For example, it is interesting to recall that Stanford opened its doors in 1959 (notably, in the same classrooms in which our students began their orientation and classes this week) just three years after the polio vaccine was introduced and at a time when smallpox still was a cause of major global morbidity and mortality. Over the past decades immunizations have changed the face of medicine – but for those entering the profession today, illnesses that existed in my own childhood or during my education and career in medicine are easy to forget. In addition to polio and smallpox, these include measles, rubella and mumps as well as hepatitis B (which I acquired by a needle stick injury as a fellow prior to the time when the vaccine was available), varicella, rotavirus and HPV, all of which have been controlled or eliminated with immunization. Further, diseases like *H. influenza* or *S. pneumonia*, which were major causes of morbidity and mortality, particularly in children, have been largely eliminated due to immunization.

Except for their historical significance, our new medical students are unlikely to see these infections in their medical practice, but it is important for them to know how the face of illness can be changed through science and innovation. And it is important to remember that changing societal norms and beliefs – even when not founded on fact – can reverse important advances. For example, as parents “opt out” of vaccines because they believe that these diseases are no longer a threat or because they erroneously believe that vaccines are responsible for autism or other ills, they run the risk of having these infections return and result in outbreaks that impact vulnerable populations.

Just as some diseases have been controlled or eliminated, others that were not even known when the School opened in Palo Alto in 1959 now represent global challenges. Among the most notable is HIV/AIDS – which was not part of my medical school curriculum, but which came onto the scene with a major morbidity and mortality in the 1980’s. And then there are the cyclical infections that, while known in the past, appear in new forms due to mutations, like influenza and the most recent pandemic of H1N1. In addition, there are diseases affected by society (and marketing) that can rise and fall in incidence and impact – such as smoking, which is finally ebbing in the USA due to tobacco elimination and control programs but which is still a major global cause of morbidity and mortality. Ironically, while obesity was more sporadic in 1959, it now represents an ever growing (no pun intended) cause of morbidity across the world and will be part of the 2009 curriculum.

Advances in research and innovation have improved the outcomes for a host of human ailments. Stanford has featured prominently in many of these advances including the treatment and cure of childhood cancer and a number of adult malignancies; dramatic advances in the treatment of stroke and vascular malformations, epilepsy and motor disorders; innovations in cardiovascular surgery (including minimally invasive and endovascular approaches) as well as the heart transplantation and other solid organ transplantation; new devices to replace joints or treat arthritis and vasculitis; new imaging

and diagnostic procedures. Of course this is just a sampling, but it speaks to the evolution of knowledge and clinical practice that is easy to forget or overlook.

Even more important than the progress made in the past is where the future of medicine is heading. Students entering in 2009 have a much deeper understanding of the fundamentals of the biosciences than existed in 1959, and, in many ways, many of the basic assumptions and underpinnings of human biology have been radically transformed. It is interesting to recall that students entered Stanford in 1959 just six years following the publication of Watson and Crick that forecast the structure of DNA, and right in the midst of understanding the critical roles of DNA and RNA in transcription, translation and genetic regulation. And this was prior to discovery of recombinant DNA, genetic engineering and the explosion in biotechnology that was created by Stanford scientists. To say that our knowledge of human genetics has since changed radically would be a gross understatement. Looking forward, technology and innovation will further radically transform human genomics and open the doors to “personalized medicine” (hopefully with more scientific grounding than exists today). It is clear that Stanford will lead the way in the creation of this new science and that some of our medical students entering in 2009 will participate directly in these new discoveries.

Similarly, the field of stem cell biology and regenerative medicine has evolved at Stanford and beyond to the point where it is poised to play a major role in the future of medicine. Many Stanford students are already contributing to this field and will surely be joined by those now entering medical school. Many other fields, including human immunology, cancer biology, bioengineering, and molecular imaging, are similarly poised to play a transformative role in redefining how we diagnose, treat and prevent human disease. Our New Curriculum, which has built on the Five Year Plan of 1959, still enables our students to be both learners and discoverers and to help shape the future of science and medicine.

While the opportunities in 2009 are exciting and different from those in 1959, some new and old challenges remain. Support for scientific research is highly dependent of federal sponsored research, which has undergone dramatic swings during the past decade. This has been enjoined by changing and, at times, negative perceptions of the value of science which, thankfully, appears to be on a better footing in 2009 than was the case just a couple of year ago. And while support for NIH bioscience research has been stimulated by the 2009 American Recovery and Reinvestment Act (ARRA) it remains to be seen whether this support will be sustained in FY11 – which will have implications for the careers of our students in the years ahead.

Common to 1959 and 2009 is the lack of an organized healthcare system in the USA. Attempts to organize American healthcare failed during the Truman administration, a decade before Stanford Medical School moved from San Francisco to Palo Alto. Sadly it has failed in all subsequent efforts since and while there was hope that 2009 could be a year of change, this now seems more uncertain because of the incredible polarization and political fighting now dominating Congress and being cast across the nation – often with misinformation. Unfounded rhetoric has become more common than facts, and this is

taking the focus away from the most important issue – improving the health of our nation – and putting it onto ideological struggles and battles. Every day features new accusations and commentaries. In the past week, I tried to offer a more fact based commentary in the LA Times (see: <http://www.latimes.com/news/opinion/opinionla/la-oe-w-pizzo18-2009aug18,0,6235286.story>) and Richard Whyte, Professor of Thoracic Surgery offered an important perspective in the San Jose Mercury News (see: [http://www.mercurynews.com/ci\\_13171826](http://www.mercurynews.com/ci_13171826)).

As I conveyed to our new medical students, the perception of the doctor in society has also changed during the last decades. I suspect that when students entered in 1959 (as was the case when I began medical school a decade later) medicine was still seen as a service and profession. In a number of unfortunate ways this perception has changed considerably over the ensuing decades as medicine has become more of a business and since all the perverse incentives that now negatively reflect on the medical profession – broadly defined – have assumed more center stage. It has been my hope that one benefit of healthcare reform would be to rebase the doctor-patient relationship as well as the roles that physicians play in medicine and society. With that in mind I offered some guidance to our incoming students.

First was to recognize the importance of science as the underpinning of medicine and to seek to draw connections between the two throughout their education and subsequent careers. Our New Curriculum fosters these connections and the Scholarly Concentrations create an opportunity to drill down on an area of interest with vigor and passion in an analytic and research-driven manner. I also encouraged our students to keep the patient at the center of their efforts and, in doing so, to think about the ways in which innovation and discovery can impact the lives of their patients (as has been the case over the decades). I also encouraged our students to place the quality of the care they learn about, along with its safety, cost and service at the forefront of their efforts. I encouraged them to think of their clinical work as part of a team and to avoid the trap of placing one discipline at a higher level of importance than another – particularly the relevance of primary and specialty care.

I reminded our students that, regardless of the area of medicine they ultimately pursue, learning and knowledge acquisition will go on for a lifetime – something I am reminded about virtually every day. I underscored that, in addition to being excellent physicians, a Stanford education should prepare them for broader roles as leaders and transformers – in whatever area of science or medicine they choose to concentrate. And, equally important, I reminded them that they should be open to change as new opportunities presented themselves, sometimes unexpectedly. Indeed, one of the most incredible things about a career in medicine is the prospect of pursuing new pathways at different stages of one's career. That has certainly been part of my own career, which has included roles as a scientist, clinician, administrator and advocate. Finally, I stressed that, despite the amount of work they will face (which has always been a feature of medicine), they should try to sustain the big vision and view toward the long run. A career in medicine is not a sprint, nor is it the acquisition of a static knowledge base. It is constantly changing and evolving – as is evident in the past 50 years of Stanford

Medicine and will surely continue to be so in the decades ahead. And I emphasized the importance of self-care and of keeping one's own body healthy while they are pursuing the acquisition of cognitive and related skills.

During this past week of welcoming and “orienting” our new students one cannot help but recognize that they are beginning journeys of learning and contributing in which they will, both individually and collectively, transform medicine. For all of our sakes – including future generations – we wish them every success.

### **The Future Generation**

Just as our new medical students began their orientation, some important Stanford summer programs came to an end, but only after inspiring a number of high school and college students to pursue careers in science and medicine. Hopefully, some will be future MD or PhD students at Stanford. The notable summer programs included the Stanford Medical Youth Science Program (led by Judith Ned and Marilyn Winkleby), the Stanford Summer Research Program-Amgen Scholars Program (led by William Talbot and Tenea Nelson) and the Stanford Institutes of Medicine Summer Research Program (led by PJ Utz). Each of these outstanding programs brought promising high school and college students to Stanford – many from minority or socially impoverished settings – to spend their summer in mentored research and educational experiences. The success of these programs has been remarkable, and we owe a deep debt of gratitude to the programs leaders and to the staff, faculty and students who make the summer experiences so enriching and inspiring. At a time when the pipeline for future scientists and physicians needs help, these programs provide a critical and valuable role. Thanks to all.

### **The Closing of the Fiscal Year and Some Challenges for the Year Ahead**

On August 18<sup>th</sup> we submitted our Consolidated FY10 Budget to the University. As you certainly know, this past year has been enormously challenging for our school and the university – as well as our community and nation. The economic downturn that began a year ago had immediate and enduring impacts on our financial well-being and led to many changes. I recently wrote to our Executive Committee about the impact of the FY09 budget along and want to share some of these summary thoughts with you for context.

“... this has been an unprecedented time for virtually every sector of the national economy and resulting in major financial challenges. You also know from presentations made by the President and Provost of Stanford University that the past year has witnessed the most significant impact on university resources and endowment in history that has decimated a number of funds and put others “under water”. We have apprised you of a number of these dramatic changes at various Executive Committee meetings and departmental budget discussions. I have also communicated more broadly about a number of these financial challenges in various Dean’s Newsletters (see: March 16, 2009 (see: [http://deansnewsletter.stanford.edu/archive/03\\_16\\_09.html](http://deansnewsletter.stanford.edu/archive/03_16_09.html)))

March 30, 2009, and May 26, 2009. You will also recall the presentations by Marcia Cohen, Senior Associate Dean for Finance and Administration, one of which occurred on March 20<sup>th</sup>, 2009, where she provided a series of updates on how the economic downturn was affecting the School of Medicine as well as plans considered for mitigating the financial impact that encompass some of the concerns that the clinical chairs communicated to me some weeks ago.

Through these newsletters and meetings, we have outlined our significant financial challenges, their impact on the School and the Departments, and discussed the plans and actions taken to preserve our programs and core missions, while at the same time reducing our overall expenses. The reality, as shared with you in these many interactions, is that not only is the endowment down approximately 30%, it is clear that the economic downturn is having both an immediate impact and one that will endure for nearly a decade despite recent suggestions of slowing of the recession.

To survive these enormous changes it is imperative that faculty, students and staff – along with departments, centers, institutes and schools – share in the sacrifices and solutions necessary to sustain Stanford as world leader and, in our case, leading academic medical center. With this goal in mind our central Office of Finance and Administration has been working nearly non-stop in the past months to complete the School of Medicine's FY09 Year End Projections, FY10 Budget, and our Ten Year Financial Plan. Each has required the attention of every member of our teams to meet strict timelines, and we appreciate the input and help from the Chairs and Department DFAs during these past months.

For context it is important to remember that to meet the rapidly escalating financial challenges, a number of significant steps needed to be taken expeditiously. These included a reduction of our central administrative workforce that ultimately resulted in a total of 40 staff who were affected either through a layoff or reduction in FTE. These layoffs and effort reductions were completed in early June and impacted approximately 7% of the non-departmental central administrative staff workforce. Reducing staff through layoffs has had a profound impact on all of us and these decisions were not made lightly. The elimination of these positions not only affected the individual employee and his/her family, but also deeply affects the morale and engagement of the staff who remain in their positions. And yet, as you are well aware, these unprecedented staff reductions in the central administrative staff were not sufficient to close the financial gap caused by these unprecedented fiscal challenges. As a result, and with the evolving financial situation, we implemented a number of other cost reductions, delays, deferrals, and in some cases the transfer of the responsibility for some faculty-related costs to Departments.... At the same time it is important to underscore that we have striven to honor and sustain the prior commitments for resources made to departments, centers and institutes, although in some instances these payments will occur over a longer time-line.

It is important to underscore that we have tried to focus the costs and reductions of staff, programs and resources within the central administration of the school and to spare, as much as possible, the impact on departments. But to preserve the integrity of our support for education and research, we have also had to share (aka transfer) some of the expenses to the departments – which we recognize is unpopular but for which there is no real choice.”

I also shared these thoughts with the President’s Executive Cabinet on August 28<sup>th</sup>. I also reflected with this group on some of the challenges we face during the next year(s) on a broad school wide level. Needless to say, there are many more issues we will need to face and reconcile, but I want to share some of the high-level ones with you as well. Please remember that this list is incomplete and does not specifically address faculty, departments, centers and institute issues *per se*. But it should give you an idea of some of the things I am focusing on in the months ahead.

- Sustaining and improving the School, Medical Center and University missions during a time of economic turmoil:
  - Preparing for the uncertainty regarding NIH funding in FY11
  - Anticipating the cost-containment that will result from whatever healthcare reform is passed
    - Impact on physician (faculty) compensation
    - Impact on payments to providers – including hospitals
  - Continuing to prioritize and make choices at the central level as well as choices and priorities at the departmental, center and institute level
  
- Leading and collaborating in integrated planning across the Medical Center, focusing on clinical program development and excellence according to the plans listed above
  - Initiatives to foster innovation as well as clinical and translational research
    - National Cancer Institute review of Stanford Cancer Center this Fall
    - Stanford’s Clinical and Translational Science Award (CTSA) – further development of programs and services
    - Establishment of the Center for Sleep Sciences and Medicine
    - Strategic Planning for the Office of Global Health
  - Clinical integration
    - Complete “Funds Flow Model” with LPCH to complement that at SHC
    - Clinical program coordination around:
      - Quality and effectiveness
      - Cost reduction
      - Patient satisfaction
    - Clinical planning and projections for primary care, specialty services and strategic services
    - Regional care and partnerships

- Potential new initiatives
    - Explore possibilities for a Hadron Center (Hadron is heavy ion radiation therapy, particularly proton and carbon).
- Maintaining morale and improving career development during challenging times – especially for clinical faculty
  - Seek ways to support (where possible) postdoctoral fellows and junior faculty during the national freeze on positions
  - Generate support for junior faculty and more advanced investigators in the basic sciences
  - Post-2009 School of Medicine Leadership Retreat department based action plans re: career development, role of clinical faculty, mentoring
  - Continuing to address diversity and leadership
- Recruiting outstanding faculty and leaders. At the end of the day it is the excellence of our faculty, students and staff that will make the greatest impact on our future. During the next several years a number of important leadership positions will need to be replaced – all with attention to assuring excellence, diversity and leadership.
- Continued work with Dean Plummer and the chairs to support the further development of the Department of Bioengineering
- Sustaining and enhancing medical development despite the economic slowdown for the School and our hospital partners
  - Coordination of efforts within the medical school and with the university
  - Generating support for graduate students and professorships
- Short and long term master facilities planning for both on campus and off-campus facilities:
  - Opening of the Li Ka Shing Center for Learning and Knowledge in 2010
  - Opening of the Lorry Lokey Stem Cell Research Building in 2010
  - Work with SHC and LPCH leaders on Hospital Replacement and Renewal
  - Work with Dean Plummer and SoE on the Bioengineering Building
  - Planning for the Jill and John Freidenrich Center for Translational Medicine
  - Major review of off-site leases
  - Planning for FIM1 and SIM2
- Improving leadership locally and nationally to advance Stanford Medicine – including my own roles that are engaged in working on funding for research, healthcare reform and the future of academic medicine.

## **CAP and Disclosures**

On August 26<sup>th</sup> Dr. Harry Greenberg, Senior Associate Dean for Research, sent the following message to our faculty. Because this topic is of broad interest and importance I want to share it with our entire community. Here it is:

“As you may recall Dean Pizzo announced in his March newsletter our intention to create a new section on everyone's CAP profile to list Industry Interactions which are related to their professional activities and are over \$5000/year. The information shown on an individual's profile was to be taken directly from each individual's annual OPACS form filled out earlier this year.

I am happy to let you know that after a great deal of hard work from the team in IRT this new feature of our faculty profiles system was launched today. Information submitted in the 2008 OPACS survey has been pre-loaded onto your CAP profile and going forward appropriate information from your annual OPACS survey will flow directly onto your CAP profile the day following final submission. You will not be able to edit information from OPACS directly within the CAP system so if you identify mistakes or inaccuracies in your own profile information, please contact Barbara Flynn (bflynn@stanford.edu) who will be responsible for ensuring this information is corrected and accurate.

For now, we plan to update the Industry Interaction information annually at the time you fill out your annual OPACS disclosure and this section of the profile will only show if relationships are reported that fit the minimum criteria. We think this new component of CAP will make our faculty profiles even more informative for our academic and industry colleagues, and for the practicing physicians among us and their patients as well.

## **Centennial Time Capsule Placed in LKSC**

As you may recall, part of our Centennial celebration that took place in Spring 2008 included the collection of items for the Stanford University School of Medicine Time Capsule.

Last week our Centennial Time Capsule was placed underneath a classroom floor on the ground floor of the Li Ka Shing Center for Learning and Knowledge now under construction. Once the building is finished, a plaque will be put on the wall indicating that the capsule resides in the room and that it is to be opened in the year 2058. The original plan was to keep the capsule sealed for 100 years. However upon further research we discovered various reasons to move the opening up by 50 years. Perhaps some of our current students will be able to attend the unveiling in 2058! Additionally, the Stanford University School of Medicine Centennial time capsule has been registered with the International Time Capsule Society.

You can read more about the Centennial Time Capsule placement at:  
<http://med.stanford.edu/ism/2009/august/capsule.html>.

## Upcoming Event

### Obesity Summit – Friday September 18<sup>th</sup>, Arrillaga Alumni Center

All members of the research community are invited to attend an Obesity Summit co-chaired by Dr. John Norton and Dr. Chris Gardner. As you know, obesity is the leading public health issue threatening to consume life expectancy and finances alike. Obesity researchers from a wide range of fields will present their work from surgery and microbiology to economics and the environment. In addition, the school of medicine is applying to become an NIH/NIDDK Nutrition Obesity Research Center (NORC – P30), one of fourteen in the country. This forum will give us an opportunity to discuss how a NORC can facilitate further obesity research at Stanford.

Please contact [Kattc@Stanford.edu](mailto:Kattc@Stanford.edu) for further questions and if you are interested in attending.

## Awards and Honors

- **Jason Bartos**, a rising fourth year medical student has been named one of ten recipients of the AMA Foundation's Physicians of Tomorrow Scholarship – which carries a scholarship award of \$10,000 to defray the cost of medical school education. Congratulations to Jason.

## Appointments and Promotions

**Ronald C. Albucher** was promoted to Clinical Associate Professor of Psychiatry and Behavioral Sciences (Vaden Health Center), effective 9/01/09.

**John W. Ashford** was appointed as Clinical Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 9/01/09.

**Walid S. Ayoub** was reappointed as Clinical Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 8/01/09.

**Martin Bronk** was appointed as Clinical Associate Professor of Surgery (General Surgery), effective 8/15/08.

**Francis P. Chan** has been promoted to Associate Professor of Radiology at the Stanford University Medical Center, effective 8/01/09.

**Jane T. Chueh** was promoted to Clinical Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), effective 9/01/09.

**Tami Daugherty** was reappointed as Clinical Assistant Professor of Medicine (Gastroenterology and Hepatology), effective 8/01/09.

**Laurel G. Dawson** was reappointed as Clinical Assistant Professor of Medicine (General Internal Medicine), effective 9/01/09.

**Timothy Dawson** was promoted to Clinical Assistant Professor of Anesthesia (Adult Pain), effective 9/01/09.

**Gayle Deutsch** was promoted to Clinical Associate Professor (Affiliated) of Neurology, effective 8/01/09.

**Yasser Y. El-Sayed** has been promoted to Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 8/01/09.

**Paul G. Fisher** has been promoted to Professor of Neurology and Neurological Sciences and of Pediatrics, and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 8/01/09.

**Hayley Gans** has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 8/01/09.

**Victoria Fong** was reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 2/01/09.

**Francis Brendan Garrett** was appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 8/01/09.

**Nicholas J. Giori** has been promoted to Associate Professor of Orthopaedic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 8/01/09.

**Michelle C. Holmes** was appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 9/01/09.

**Kristin Jensen** has been reappointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 8/01/09.

**Michelle Jordan** was reappointed as Clinical Assistant Professor (Affiliated) of Pathology, effective 8/01/09.

**Madelyn Kahana** has been appointed to Professor (Teaching) of Pediatrics and Anesthesia, effective 9/01/09.

**Ahmad Kamal** was promoted to Clinical Assistant Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 9/01/09.

**Peter Karzmark** was promoted to Clinical Associate Professor (Affiliated) of Neurology, effective 8/01/09.

**Richard Kramer** was reappointed as Clinical Associate Professor (Affiliated) of Medicine (Gastroenterology and Hepatology), effective 9/01/09.

**Yueh-Tze Lan** was promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 7/01/09.

**James S. Lin** was appointed as Clinical Assistant Professor (Affiliated) of Surgery (Emergency Medicine), effective 7/01/09.

**Artis Montague** was reappointed as Clinical Assistant Professor of Ophthalmology, effective 8/01/09.

**Darius Moshfeghi** has been promoted to Associate Professor of Ophthalmology at the Stanford University Medical Center, effective 8/01/09.

**Peter Moskowitz** was reappointed as Clinical Professor of Radiology, effective 7/01/09.

**Edwin Petrossian** was reappointed as Clinical Associate Professor of Cardiothoracic Surgery (Pediatric Cardiac Surgery), effective 7/01/09.

**Nalini Raju** was appointed as Clinical Assistant Professor of Surgery (General Surgery), effective 7/01/09.

**Erich Schwartz** has been reappointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 8/01/09.

**Subhro Sen** was appointed as Clinical Assistant Professor of Surgery (Plastic and Reconstructive Surgery), effective 9/01/09.

**Christopher Sharp** was promoted to Clinical Associate Professor of Medicine (General Internal Medicine), effective 5/01/09.

**Dennis Siegler** was promoted to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 9/01/09.

**Manjula Tamura** has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/01/09.

**Simon Tan** was promoted to Clinical Assistant Professor (Affiliated) of Neurology, effective 8/01/09.

**Hua Tang** has been promoted to Associate Professor of Genetics, effective 9/01/09.

**Robyn S. Tepper** was reappointed as Clinical Assistant Professor of Medicine (Family Medicine – Vaden Health Center), effective 9/01/09.

**Wendy T. Thanassi** was promoted to Clinical Assistant Professor of Surgery (Emergency Medicine), effective 9/01/09.

**Raziya Sunderji Wang** was promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences (Vaden Health Center), effective 9/01/09.

**Ian Whitmore** has been reappointed to Professor (Teaching) of Surgery, effective 10/01/09.