Dean's Newsletter
April 9, 2012

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Investment in Science is Great for the Future and for the Economy

There should be no question that investments in basic science research are among the most important and impactful that a nation can make. For example, the investments made over the past 50-60 years, largely by the National Institutes of Health (NIH) and other federal agencies, have made the US the world leader in the life sciences. Unfortunately, that investment is now at risk due in large part to the flat funding by the NIH over the past several years, which has resulted in decreased purchasing power for investigators. It is further compromised by the somewhat confusing message that the NIH leadership projects about its investment, saying on the one hand that it values basic research and on the other (often more loudly and persistently) that it seeks to overcome limitations in drug development by making NCATS (the recently formed National Center for Translational Sciences) its highest priority.

Of course, the connections between basic science and clinical and translational research, in all of its many dimensions, are essential for our future as a nation. But the mission of the NIH should focus on research and not become deflected – directly or by implication – to an attempt to overcome the deficiencies of the drug pipeline, which is the responsibility of industry. Rather, the NIH and our nation should make clear that drug development should be an industry expectation and priority – it is, after all, their business model. Suggesting or implying that the NIH will take a leading role in bringing new drugs to patients could confuse the public as well as NIH's congressional constituency, with potentially inadvertent consequences. This was a message I conveyed in a recent op-ed piece entitled "*Budget Super Committee's Failure Puts Medical Research at Risk.*"

The case for support for basic science research by the NIH was recently eloquently made by Dr. Suzanne Pfeffer, Professor of Biochemistry, who testified before the US House of Representatives Subcommittee of Labor, Health and Human Services of the Committee on Appropriations, in her capacity as President of the American Society of Biochemistry and Molecular Biology (ASBMB). In her testimony Professor Pfeffer

presented illustrations of the incredible progress that has been accomplished in science and medicine over the past decades but also commented that "*Unfortunately, in the decade since these aforementioned funding increases, Congress has funded the NIH at essentially flat levels. Consequently, the purchasing power of these funds has significantly decreased relative to the biomedical research and development price index (BRDPI) - the industry's standard measurement for inflation. As members of this subcommittee heard from the NIH Director during last week's NIH appropriations hearing, the prices for equipment, supplies and staff have increased by 18% over the past decade. In constant dollars, the FY 2012 budget and the President's proposal for FY 2013 are $4 billion lower than the peak year (FY 2003) and at the lowest level since FY 2001. The number of research project grants funded by NIH has declined every year since 2004. This decline is projected to continue in FY 2013 and beyond, when NIH will fund 3,100 fewer grants than in FY 2004. In FY2010, NIH made 8,765 new and competing renewal awards, 1,600 fewer than in FY 2003. Success rates have fallen more than 14 percentage points in the past decade and are projected to decline even further in FY 2012 and 2013. The NIH's investment in basic research has suffered as well.*

When setting budgetary priorities, it is important to remember that technological innovation will be a key component for our future economic security and international competitiveness. More than 80% of the investment this Congress makes in the NIH leaves the Bethesda campus and funds academic researchers across the country. Each NIH grant – on average – supports approximately seven high-tech, high-paying jobs. These are precisely the type of jobs each member of this committee would want to have in their own district. These are also the kind of jobs that contribute to a 21st century, technology and information- based economy. Additionally, analysis of the economic impact of your NIH investments indicates that for every $1 invested in the NIH, the economy derives a $2 return. Finally, investment in research will continue to modernize our nation's research laboratories and facilities, spur innovation, and provide an immediate boost in employment for our nation's workforce."

The economic impact of biomedical research is clear and well documented in a number of sources, including a May 2011 report from United for Medical Research entitled *"An Economic Engine: NIH, Research, Employment, and the Future of the Medical Innovation Sector"*. A recent update from United for Medical Research observed that, based on Department of Commerce 2011 data, NIH invested $23.7 billion in extramural support to 50 states (down from the 2010 level of $26.6 billion, which contained ARRA support). This support directly and indirectly supported 432,094 jobs. Notably, in California alone this funding created 63,196 new jobs. Clearly, whether measured by the creation of new knowledge, translation of new discoveries, or creation of new jobs and stimulation of the economy, investments in NIH and sponsored research are meritorious and important for our communities and our nation. We need the NIH to remain focused on its primary mission.

2012 Employee Recognition: Our Staff Make Stanford Great

I suspect that we have all had a similar experience. You pass someone in the hall or on a walkway, perhaps wave a greeting, but you know little about the individual with whom you just made contact. Just a gesture of friendliness in our Stanford community.

Or, you make a judgment, sometimes admittedly stereotyping, about the life experience of someone who has followed a different career path – becoming an administrator or a laboratory technician or a grants manager or any of the hundreds of positions that comprise a complex institution like Stanford School of Medicine. What amazes me is how superficial one's assumptions can sometimes be and how much richness, depth and knowledge one finds in individuals when we get better acquainted with those who have pursued different career paths. That is one of the reasons why I find the Employee Recognition Program so valuable and important. Each year (and as a consequence many times in the intervening days, weeks and months) I am amazed by the extraordinary range of knowledge, skills and experiences that our outstanding staff provide to Stanford Medicine.

In 2011, the School of Medicine had 2707 non-academic staff members, of which 2416 were in full-time positions, from administration to communications to facilities to healthcare services to human resources to information technology services to research to student services and many more. It turns out that the composition of our staff is largely women (2019 of the 2707) and that the average years of service number 7.7 years. Our staff works in basic and clinical science departments, institutes and centers and central administrative units. Together they contribute enormously and deeply to our missions in education, research, patient care, community service and beyond. Staff provides the foundation of what makes Stanford such a great institution - offering long-term stability, intellectual contributions and dedication to all that we do and have accomplished. While faculty and students are featured in the public arena for their exceptional contributions and discoveries – each well deserved – almost none of these successes would have been possible without the thoughtful contributions of staff members in research laboratories, classrooms, clinical settings and in the countless array of positions that comprise what we affectionately call a "research intensive academic medical center."

On March 29th we had the opportunity to thank staff who have worked at the School of Medicine (or elsewhere at the University) for five or more years – including six individuals who have been with Stanford for 35 years. As we have done over the past couple of years, an "Employee Recognition" website has been constructed to feature all of our staff celebrating an anniversary year of employment (from 5 to 35 years) as well as the Spirit and Inspiring Change Leadership Awards (see: http://med.stanford.edu/employeerecognition/). I was deeply impressed by the experiences and contributions of staff who have been part of Stanford for the past three and more decades and, in particular, by the important roles each has played in the institutional excellence we share and celebrate today. The six staff members celebrating their 35th Anniversary are highlighted on the website. They are:

Barbara Meehan, Stanford Blood Center
Wayne Moore, Herzenberg Lab, Department of Genetics
Hung Pham, Laboratory Manager (currently for the James Chang lab)
Diane Rapacchietta, Department of Radiation Oncology
Sergio Raygoza, Veterinary Service Center
Yin-Gail Yee, Division of Nephrology, Department of Medicine

I also want to thank and acknowledge each of our staff – and especially those who have been part of the Stanford Medicine community **for 25 or more years**. Our appreciation and gratitude is deeply felt to all but I list here those with 25 years of employee service to Stanford:

Ruth Burns, Department of Comparative Medicine
Phyllis Bussey, Department of Medicine/Oncology
Debra Czerwinski, Department of Medicine, Oncology
Mayling Dixon, Department of Pathology
Madelleine Garcia, Department of Neurology
Anne Gordon, Department of Microbiology & Immunology
Debra Hiraki, Department of Pathology/Blood Center
Diana Laurent, Department of Medicine and Immunology & Rheumatology
Ellen Lewanda, Department of Obstetrics & Gynecology
Pauline Luu, Department of Psychiatry
Abera Metaferia, Department of Educational Programs and Services
Siv Modler, Department of Pediatrics
Christine Scholberg, Department of Medicine/ Prevention Research Center
Sheila Siegel, Department of Medicine/Family & Community Medicine
Patty Winningham, Department of Pathology
Margaret Wootton, Department of Medicine

In addition I want to offer congratulations to our employees with 30 years of service:

Pamela Bernstein, Department of Dermatology
Susan Bryson, Department of Psychiatry
Marita Grudzen, Department of Medicine, Family & Community Medicine
Joan Heberg, Department of Genetics
Robin Holbrook, Department of Microbiology & Immunology
Mahmonir Keyhan, Department of Microbiology & Immunology
Nancy Lennartsson, Department of Medicine/Biomedical informatics Research
Margaret Malone, Department of Communications & Public Affairs
Karen Mulkey, Department of Research Management Group
David O'Brien, Department of Institutional Planning
David Parks, Department of Genetics
William Roden, Department of Informational Resources & Technology
Georgette Stratos, Department of Medicine
James Taskett, Department of Visual Art Services
Eva Vasquez, Department of Educational Programs and Services
Claudia Weber, Department of Genetics

At Employee Recognition event we also had the opportunity to acknowledge the recipients of the **School of Medicine Spirit Award**. This is the 12th year this award has been given. Each year it has recognized two individuals who give evidence of consistent dedication, initiative, motivation, a positive attitude and exemplary service, support and

interactions. This year's Spirit Award winners are (see also http://med.stanford.edu/employeerecognition/awards/2011-spirit.html)

> ***Ross Colvin***, Program Administrator, Neurosciences Interdisciplinary Program
> ***Kerry Garcia***, Administrative Assistant, Department of Obstetrics-Gynecology.

We also had the opportunity the **School of Medicine Inspiring Leadership Award** (see: http://med.stanford.edu/employeerecognition/awards/2011-inspiring-change-leadership.html) The 2011 recipient is:

> ***Felicia Gentile***, Project Manager, Department of Comparative Medicine-Veterinary Service Center

Please join me in congratulating our award winners and also our staff employees who contribute, each day, to making Stanford such an extraordinary institution. I have been deeply honored to get to meet so many wonderful staff during my tenure as dean and have deep respect for their wonderful contributions.

Medical Education: Change is in the Wind

Changes and sometimes "relative" revolutions (albeit really more gradual evolutions) in medical education are commonplace and are really part of an ongoing process – but they are also steeped in tradition and, at times, limited in their creativity by certification requirements and accreditation bodies. In many ways medical education is not a seamless process but a loosely interconnected array of education and training experiences that begins with premedical requirements - a number of which have quite limited relevance to medical education and can be quite limiting in making opportunities available to students to explore when they are in college. (We are considering doing something significant about these.)

College is followed by medical school, which traditionally follows two minimally connected components affectionately referred to as preclinical and clinical, each two years long and both relatively unchanged, at least conceptually, in more than a century. The Liaison Committee on Medical Education (the LCME) oversees all aspects of medical school education programs. Stanford had its last LCME review in 2005 and is beginning preparations for its next major review, which will occur in 2013. A separate oversight organization, the *Accreditation Council on Graduate Medical Education (ACGME*) and its specialty based *Residency Review Committees (RRC*) establish the criteria for training, accreditation of programs and certification of residents and fellows. Each program has proscribed lengths of training, required rotations, etc. In recent years we have witnessed some flexibility in RRC requirements, including at Stanford, where residency programs in cardiovascular surgery, vascular surgery and others have changed thanks to the vision and endurance of their leaders.

Still, the end result is a quite long duration of education and training – the merits of which (including each component) have advocates and detractors. A number of

individuals, organizations and institutions have advocated for better alignment among the premedical, undergraduate medical and graduate medical components of medical education – focusing on ways of reducing the overall duration and better integrating its various components. This was one of the major themes that emerged from our Think Tank on Transforming Medical Education that we held in August. The prospects for shortening the duration of medical training from 14 to 10 years was also recently covered in an interesting Viewpoint article by Zeke Emmanuel and Victor Fuchs in the March 21st issue of the *Journal of the American Medical Association* (see: http://jama.ama-assn.org.laneproxy.stanford.edu/content/307/11/1143.full.pdf+html).

In his annual address to the Medical School Senate on March 21st, Dr. Charles Prober, Senior Associate Dean for Medical Education and Professor of Pediatrics, reviewed the ongoing progress in further revising our current medical student curriculum. The last major revision of our MD curriculum began in 2003, and it has shaped the education and training of a generation of Stanford Medical Students. While many schools certainly make this claim, I think that it is true that Stanford's approach to medical education is unique in that it fosters scholarship and research in tandem with the foundations in preclinical and clinical education. In fact, nearly 70% of Stanford medical students take 5 or more years to graduate – although nearly all do so with a rich and deep experience in Scholarly Concentrations, Med Scholars or combined degree programs. Of course this lengthens the duration of training and does raise the important question of where economies of scale might be achieved.

With this question in mind as well as a clear goal of developing education modalities that are more suitable and appropriate for the learners of today and tomorrow, Dr. Prober and his colleagues are addressing a series of themes to further "revolutionize" medical education. The overarching guiding principle is to produce graduates who are outstanding clinicians, physician scholars and future leaders in medicine. One of the themes being pursued is making education milestones competency-based, in tandem with defining the fundamental knowledge and skills that would allow students and learners to then differentiate along variegated pathways. A major goal is to use and refine emerging learning technologies, which will likely reduce or even eliminate lectures while promoting more interactive learning environments in science, in clinical medicine and in their integration.

Hopefully these new tools, technologies and interactive learning environments will blur the lines between college, undergraduate and graduate medical education. They should also promote early differentiation, since our goal is to produce students with unique skills and knowledge – and to avoid developing a single program or, worse, creating a "trade school mentality." Quite the opposite: it is important that science, innovation, discovery and evidence-based analytic thinking serve as the underpinnings for our medical students – and that this approach continue into graduate, post graduate and continuing life learning.

The case for change in medical education cannot simply be about its duration or in developing a standard approach to teaching and learning. For Stanford it must be about

educating and training physicians who will be truly transformative in science and clinical medicine as well as in a wide spectrum of career paths. That does require time – but it also requires a careful examination of how to more effectively coordinate and integrate education across the continuum of knowledge acquisition. I fully expect that we will be leaders in this important quest.

Continuing Medical Education: The Funding Profile Continues to Change

On October 1, 2006 we published the *Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry") (see http://med.stanford.edu/coi/siip/policy.html).* This policy, which was revised most recently on July 22, 2010, has had a major impact on our education and clinical care programs at Stanford and has helped to shape the impact of industry marketing on the education of students and trainees across the US. It cast a bright light on the difference between faculty engagements with industry for the purpose of promoting research (which we strongly endorse) and faculty participation, knowingly or unwittingly, in marketing for industry (which we do not permit). With this policy Stanford was an early leader in what has become a transformation in eliminating gifts, meals and financial influence on our medical community for teaching as well as clinical practice.

Whereas industry once spent nearly $20 billion annually on marketing to doctors and hospitals, and while a very large majority of physicians in practice or on the faculty of academic medical centers have admitted receiving industry gifts and inducements, in recent years the situation has changed dramatically – at least at medical schools such as Stanford and many others across the US. The public scrutiny of the not infrequent damaging news reports about large industry payments to physicians has had other consequences. For instance, the Physician Sunshine Act, which mandates that all industry report payments to doctors annually on publicly searchable databases, was included in the Affordable Care Act of March 2010. Even before that, faculty at a number of major medical schools, including Stanford, began reporting their financial relationships with industry to their institutions (see http://med.stanford.edu/coi/) and, at Stanford, in the public domain in Community Academic Profiles (CAP) system– (see: http://med.stanford.edu/profiles/).

These policies appear to be having an impact, as seen in a reduction in industry's "drug rep" sales force and even a decrease in expenditures on "free drug samples" (really a marketing strategy) from $8.4 billion in 2007 to $6.3 billion in 2011. There are a variety of complex interrelated factors contributing to these changes, including the financial challenges many pharmaceutical industries are experiencing, the fact that many blockbuster drugs are now going off patent and a changing culture inside the pharmaceutical industry. Overall this is some progress – to which we contributed.

In September 2008 Stanford introduced new policies on industry support for Continuing Medical Education or CME (see: http://cme.stanford.edu/policies/commercialsupport.html), and once again we were a national leader and pacesetter in the important area of industry interactions. While limiting gifts, meals and financial inducements from industry was embraced by faculty and students, the restrictions on how industry support could be received and used for CME was more contentious – although they are now very much a part of accepted practice at Stanford. This is not necessarily the case at peer institutions, where rules regarding CME are still quite lax. That said, industry support for CME is also changing, as reported recently in a Perspective article by Michael Steinman, Seth Landefeld and Robert Baron in the March 22nd New England Journal of Medicine (see: http://www.nejm.org/doi/full/10.1056/NEJMp1114776) entitled *"Industry Support of CME – Are We at the Tipping Point."*

These authors note that industry support for CME grew significantly from 1998 to 2007, from $301 million to $1.2 billion per year, accounting for 59% of the revenues of CME providers (if advertising and exhibit payments are included). By 2008 (interestingly, the year Stanford's policies on CME became official), industry support began to decline and by 2010 it had fallen 31% from its peak three years earlier. Again, there are many contributing factors – including institutional policies (which for CME include relatively few institutions) and moves away from resort hotels to academic institutions as venues for CME programs and courses (something we are increasingly doing at Stanford). Also, faculty are increasingly aware that participating in industry funded CME requires public reporting and, as a result, carries the risk of potential embarrassment.

At the same time, because marketing to doctors has proven so beneficial to industry (in drugs sales, changes in prescribing practice, use of devices) it is clear that other venues will be sought – including nonaccredited medical education venues and satellite symposia at professional meetings. The story is far from over, and it is important that we define the principles guiding interaction with industry for education and training and also that we educate and guide our physicians, students and trainees. This will be a continuing education process in its own right. It is also plausible that new venues for education, including novel IT based systems, could disrupt traditional CME as we know it today into a whole new arena.

Indeed, the very model of learning at medical conferences is open to question, as was recently shown in a "Viewpoint" article by John Ioannidis, Director, Stanford Prevention Research Center and C. F. Rehnborg Professor in Disease Prevention in the School of Medicine and Professor of Health Research and Policy and, by courtesy, of Statistics in the April 4th issue of JAMA entitled *"Are Medical Conferences Useful? And for Whom?"* (see: http://jama.ama-assn.org/content/307/12/1257.full.pdf+html). Dr. Ioannidis offers provocative and appropriate questions about the benefits and costs of medical conferences, including the motivations of industry to fund many of them. He too notes that new and rapidly evolving information technologies can provide new venues for education that will be less expensive, more convenient and likely more informative.

These are exciting possibilities, but they will likely occur more slowly than desired given the stakeholders and financial interests that are engaged. But change is inevitable – and Stanford has helped to catalyze some of the changes to improve the value of education and enhance the public trust in medicine as a profession.

Marching Toward the Launch of the Campaign for Stanford Medicine

I previously commented on the upcoming Campaign for Stanford Medicine, the first phase of which will be formally launched during the week of May 7th with the three events described below. This phase of the Campaign will last approximately two years. The second phase will be organized when a new dean arrives and has the opportunity to carry out an additional needs assessment for Stanford Medicine in collaboration with our colleagues at Stanford Hospital & Clinics. The launch events are as follows:

Monday, May 7: Campaign Launch Reception for donors, volunteers, and Stanford leadership to celebrate the official launch of the campaign and to announce a major fundraising goal. President John Hennessy will lead this event, along with Amir Dan Rubin, CEO of Stanford Hospital and Clinics, and myself. It will be held on the Alumni Green in front of the LKSC under a "big tent."

Thursday, May 10: Partners in Medicine: a lecture and dinner that I will host along with Amir Rubin. We will be joined by Drs. Abraham Verghese and Beverly Mitchell for a panel discussion, moderated by Paul Costello, entitled *The Promise, the Hope, the Challenge: Creating the Future of Health Care.* Guests invited to this event include volunteers and donors to Stanford Medicine.

Saturday, May 12: Healing Matters**:** an open house from 8:00 am – 1:00 pm. This event will provide attendees an opportunity to learn about Stanford's leadership in clinical care and to hear about the latest breakthroughs in biomedical research. After the opening plenary by Ron Johnson, Stanford Trustee and CEO of J. C. Penney, attendees will have the opportunity to go to breakout lectures or take walking tours of new buildings on the medical center campus, all presented by School of Medicine faculty. Amir Rubin and I will lead the closing plenary, *The Time Machine: Our Health Care in 2018*. Please see below for details.

Opening Plenary:

Stanford Medicine + You = Hope Ron Johnson will lead the opening plenary session and engage the audience in a joint exercise of imagining future health care for our community. In addition, we will show a video in which Amir Rubin and I share our vision for Stanford Medicine.

Breakout Session One:

Transforming 300 Billion Points of Data into Diagnostics, Therapeutics, and New Insights into Disease

Atul Butte, MD, PhD

The Coming Epidemic of Dementia and How It Can be Diagnosed, Treated, and Prevented
Frank Longo, MD, PhD

Breast Cancer in the Genomic Age
Mark Pegram, MD

Clinical Trials at Stanford: A Walking Tour of the Jill and John Freidenrich Center for Translational Research
Beverly Mitchell, MD

Breakout Session Two:

Movement Disorders and What Can Be Done About Them
Helen Bronte-Stewart, MD

Sensing and Diagnosing Cancer Before It Becomes a Disease
Sam Gambhir, MD, PhD

Can Stem Cells Be Used to Repair Damaged Hearts?
Robert C. Robbins, MD

The Stanford Women's Cancer Center: A Walking Tour of the New Facility at Blake Wilbur
Jonathan Berek, MD

Closing Plenary:

The Time Machine: Our Health Care in 2018. Amir Rubin and I will lead a discussion on what the patient can expect when visiting Stanford Hospital in 2018 and how Stanford is navigating the economic and political challenges of health care delivery with the promises of technology, genetics, and biomedical innovation. The presentation will also feature a virtual "fly-through" tour of the new hospital.

To attend Healing Matters or for more information please contact Kim Armstrong, karm@stanford.edu. I hope to see you there.

Upcoming Event: Medicine and the Muse 2012

I am very pleased to announce the upcoming annual Medicine and the Muse: An Arts, Humanities and Medicine Symposium. This is a highly regarded and much celebrated event that features wonderful presentations by leaders and artists – including our very talented students.

This years Medicine and the Muse will be held on Wednesday April 11th

beginning at 5:30pm in Berg Hall at the Li Ka Shing Center for Learning and Knowledge. The featured speaker will be Medical School alumna, Dr. Sherri Fink, who received an MD and PhD at Stanford and who is a celebrated Pulitzer Prize winning journalist in investigative reporting. Dr. Fink's presentation is entitled *"Reporting in an Emergency: The Complex Trauma Narrative in the Age of the Tweet."*

In addition, this year's Medicine and the Muse will feature music, art and presentations by Stanford medical students. Also, the winners of the student Global Health Writing Contest will be announced at the event.

This event is free and open to the public. There will be a reception following the presentations to which you are invited. If you would like additional information please visit http://bioethics.stanford.edu/arts/

Educators-4-CARE Program

The Educators-4-CARE (E4C) program is now accepting applications for faculty positions. Introduced in 2008, the E4C program was established to enhance the development of medical students as skilled and compassionate physicians. E4C provides a formal curriculum aimed to foster the development of some of our core values – **C**ompassion, **A**dvocacy, **R**esponsibility, and **E**mpathy – from the beginning and throughout medical school. The E4C faculty will serve as a teacher, mentor and colleague for the duration of the student's time at the School of Medicine. Each E4C faculty is assigned five to six students per class year with the current average load being 24-30 medical students (including MD/PhD and other expanded students).

Faculty applications and additional program information including teaching responsibilities and other activities can be found at http://med.stanford.edu/e4c/e4capplication.html. If you have additional questions regarding the program please contact Dr. Lars Osterberg (larso@stanford.edu) or Bahij Austin (bahij@stanford.edu). Applications and all supplemental materials are due on Monday, April 30.

Canary Center Open House

You are cordially invited to an open house and reception at the Canary Center at Stanford, part of the Department of Radiology, where you will be able to tour the facility, learn about current research and meet center faculty and staff.

When: April 30th 5 – 7pm
Where: 1501 S. California Ave, Palo Alto

The Canary Center at Stanford is dedicated to early cancer detection research programs. The mission of the Center is to foster research leading to the development of blood tests and molecular imaging approaches to detect and localize early cancers.

Refreshments will be served. Please RSVP at:
http://www.surveymonkey.com/s/ZRGBRJH

Awards and Honors

- ***Dr. Mark Blumenkranz***, Chair of the Department of Ophthalmology has been named the inaugural holder of the HJ Smead Professorship. A celebratory event to commemorate this wonderful new professorship was held on March 22nd. This new professorship is in memory of the late Harold (Joe) Smead and is made possible through the generosity of the Smead family and the continuing support of Joe's wife Ann Becher Smead. Please join me in thanking the Smead family and in congratulating Dr. Blumenkranz for this lovely honor.

Appointments and Promotions

Neiha Arora has been promoted to Clinical Assistant Professor of Medicine, effective 4/1/2012.

Vinod Bhutani has been reappointed to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 3/1/2012.

Richard Bland has been reappointed to Professor (Research) of Pediatrics, effective 6/1/2012.

Todd J. Brinton has been promoted to Clinical Associate Professor of Medicine, effective 4/1/2012.

James D. Brooks has been promoted to Professor of Urology, effective 4/1/2012.

Helen Bronte-Stewart has been promoted to Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, at the Stanford University Medical Center effective 4/1/2012.

Ann M. Chen has been reappointed as Clinical Assistant Professor of Medicine, effective 1/1/2012.

Chang-Zheng Chen has been reappointed to Assistant Professor of Microbiology and Immunology, effective 2/1/2012.

Yoon-Jae Cho has been appointed to Assistant Professor of Neurology at the Stanford University Medical Center, effective 3/1/2012.

Benjamin I. Chung has been reappointed to Assistant Professor of Urology at the Stanford University Medical Center, effective 5/1/2012.

Alexander D. Colevas has been reappointed to Associate Professor of Medicine and, by courtesy, of Otolaryngology – Head and Neck Surgery at the Stanford University Medical Center, effective 6/1/2012.

Manisha Desai has been appointed to Associate Professor (Research) of Medicine, effective 3/1/2012.

Jorina Elbers has been appointed to Assistant Professor of Neurology at the Lucile Salter Packard Children's Hospital, effective 3/1/2012.

Michael P. Fischbein has been reappointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 3/1/2012.

Grace Gengoux has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 4/1/2012.

Scott Hall has been reappointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 6/1/2012.

Kimberly S. Harney has been promoted to Clinical Associate Professor of Obstetrics and Gynecology, effective 4/1/2012.

Vanessa L. Hsieh-Park has been promotion to Clinical Assistant Professor (Affiliated) of Surgery, effective 4/1/2012.

Yi-Chao Huang has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

David J. Kennedy has been appointed to Clinical Assistant Professor of Orthopaedic Surgery, effective 5/14/2012.

Kathleen Kenny has been promoted to Clinical Associate Professor of Medicine, effective 5/1/2012.

Alaina Kipps has been appointed to Clinical Assistant Professor of Pediatrics, effective 3/26/2012.

Sirisha Komakula has been reappointed as Clinical Assistant Professor of Radiology, effective April 14, 2012.

Albert Kuo has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 4/1/2012.

Leslie H. Lee has been promoted to Clinical Associate Professor of Neurology and Neurological Sciences, effective 7/1/2012.

Christopher Longhurst has been promoted to Clinical Associate Professor of Pediatrics, effective 4/1/2012.

Nathan Luna has been promoted to Clinical Assistant Professor of Pediatrics, effective 4/1/2012.

N. Grant Miller has been promoted to Associate Professor of Medicine, effective 4/1/2012.

Karen J. Parker has been reappointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/1/2012.

Lynn Peng has been reappointed as Clinical Assistant Professor of Pediatrics, effective 12/15/2011

Edward Plowey has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 3/1/2012.

Stephen Ruoss has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 3/1/2012.

Kathleen Sakamoto has been appointed to Professor of Pediatrics, effective 3/1/2012.

Christina Smolke has been promoted to Professor of Urology, effective 4/1/2012.

Simon Tan has been reappointed as Clinical Assistant Professor (Affiliated) of Neurology and Neurological Sciences, effective 8/1/2012.

Andrea Tom has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 12/1/2011

Glyn D. Williams has been promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 3/1/2012.

Greg Zaharchuk has been promoted to Associate Professor of Radiology, effective 3/1/2012.