When Chris Krajewski was hospitalized last summer, she met third-year medical student Jenny Cohen, who was on an inpatient rotation. “From the time she introduced herself, I’ve been really closely in touch with Jenny,” says Krajewski. “She’s been the most incredible advocate for me, and working with her has made a huge difference in my medical care.”

The fifth grade teacher was eventually diagnosed with pulmonary hypertension, a serious condition that makes it difficult for the heart to pump blood through the lungs. In the months since their first meeting, Cohen has participated in most of Krajewski’s medical care, assisting during visits to her primary care physician, accompanying her to pulmonology, cardiology and hematology appointments, and touching base by phone or e-mail several times a month.

“Now that I have these different conditions that are pretty serious, they all get parcelled out to specialists,” says Krajewski. “As a patient, it can feel scattered and disjointed, but having someone who helps you pull it all together is really great.” She says that Cohen reads every doctor’s note and test result in her chart, and translates the information from “medical-speak” to plain English. “She’s also shown a lot of care for me as a person,” says Krajewski. “It’s really touching, and has an impact on how you feel.”
While the public discourse about healthcare reform has garnered much of the national headlines, the movement to reform medical education – led by many of the UCSF’s Department of Medicine’s faculty, students and trainees – will have a significant impact on the public’s healthcare experience.

People who decide to become doctors come from a wider array of backgrounds than ever before. We welcome this development as it matches the growing diversity of our patient population. But the complexity of modern medicine, the focus to have the experience more patient centered and the desire to not have medical education be a one-size-fits-all approach necessitated changes be made in how we educate our students and develop our faculty.

A surprise to no one familiar with the Department’s extraordinary body of talent, the Carnegie Foundation invited Molly Cooke, MD, David Irby, PhD, and Bridget O’Brien, PhD, to prepare a new report which outlines a vision of improving medical education. This report resulted in a book, *Educating Physicians: A Call for Reform of Medical School and Residency* and represents just the second comprehensive review of the medical education system.

Some of the best practices that Molly, Dave and Bridget observed nationally at 14 medical schools across the country were brought back to UCSF and developed into new educational programs here in the Department. Two of these programs, PISCES and Pathways, are profiled in our cover story. An in depth look at other innovative educational programs will be part of an ongoing series in future *Frontiers of Medicine* issues.

In the Department’s strategic plan, one of the goals in the educational priority is “…to develop a new model of medical education, based on coordination across sites and programs, applications of learning theory, exposure to subspecialties and career pathways.” The programs mentioned above are clearly in line with these goals and we were happy to learn in January that the San Francisco Veterans Affairs Medical Center was one of five VA Medical Centers nationally to receive a grant to establish a Center of Excellence in Primary Care Education. Part of VA’s New Models of Care initiative, the centers will utilize VA primary care settings to develop and test innovative approaches to prepare physician residents and students, advanced practice nurse and undergraduate nursing students, and associated health trainees for primary care practice in the 21st century. This will give the Department an opportunity to work with the other professional programs across UCSF, particularly in the School of Nursing.

Grants like those offered by the Department of Veterans Affairs to establish the Center for Excellence are unfortunately few and far between. Good medical education involving individual mentoring and hands-on teaching is an expensive enterprise. The innovative programs we offer enable the UCSF Department of Medicine to maintain its national preeminence in attracting the best and brightest students, residents and fellows. Your generous support will help us continue to foster the kind of educational excellence that makes UCSF consistently rank among the top medical schools in the country.

Sincerely,

Talmadge E. King, Jr., MD
Chair, Department of Medicine
JULIUS R. KREVANS DISTINGUISHED PROFESSORSHIP IN INTERNAL MEDICINE
We sometimes assume that we are providing very good care, but we can’t improve what we don’t know,” says Niraj Sehgal, MD, MPH, the Department of Medicine’s associate chair for quality improvement and patient safety. “By focusing on quality and safety, we’re trying to assess the care we’re providing in order to improve it. That requires data and a feedback mechanism to understand what we’re doing well, and where the improvement opportunities are.”

As part of an academic medical center, the Department has the opportunity to teach trainees how to improve the health systems they work within. This dovetails with a core recommendation for medical education reform promoted by the recent Carnegie Foundation for the Advancement of Teaching report (see p. 7): cultivating habits of inquiry and improvement, such as engaging learners in initiatives focused on population health, quality improvement (QI) and patient safety.

The Department has launched its first Quality and Safety Innovation Challenge. “We hope this initiative encourages trainees, faculty and staff to work together to develop effective, innovative and patient-centered solutions to real-world challenges in healthcare delivery,” says Sehgal. More than 20 teams have formed, including more than 50 medical trainees. Each team has identified a problem or gap in care delivery, and is designing and implementing a result-oriented improvement project.

Later this spring, teams will present their work at the first Departmental quality and safety symposium. Prizes will be awarded to teams based on the magnitude of the challenges and the innovations, how well these improvements could be shared within UCSF and beyond, thoroughness of evaluation, sustainability of results, and other criteria.

“The UCSF Department of Medicine has a longstanding tradition of innovation,” says Sehgal. “We can be a national leader not only in developing ways to improve quality and safety, but in disseminating these discoveries.”

**Quality and Safety Corner**

Quality and Safety Corner is a new column which highlights the latest developments in the UCSF Department of Medicine’s efforts to improve patient care.

**Volunteer Spotlight**

**Association of Clinical Faculty Honors Volunteer Dr. Howard J. Kline**

The Volunteer Clinical Faculty (VCF) are the true unsung heroes of the Department of Medicine. They actively volunteer to participate in the teaching of our medical students from year one to four as well as at all levels of post-graduate teaching from interns to subspecialty fellows.

This year Howard Kline, MD, received the Special Recognition Award from the Department of Medicine as a VCF for his over thirty years of service teaching our medical students. A recognized expert in cardiology, his students routinely praised his clinical acumen and compassion for his patients. He is noted for his outstanding mentorship skills and for treating each student with enormous respect.

The Association of the Clinical Faculty held its annual meeting and awards banquet on November 16, 2010 at the Concordia-Argonaut Club in San Francisco. The event honored the nearly 600 volunteer faculty who each contribute at least 50 teaching hours annually. Cardiologist Dr. Howard J. Kline (at left, with Dr. Lloyd Hollingsworth “Holly” Smith, Jr., the Department’s chair from 1964-1985) received a Special Recognition Award.

**Nina Ireland Bequests $48 Million to UCSF**

On October 7, 2010, Nina Ireland, a longtime supporter and friend of UCSF, passed away at UCSF Medical Center after a brief illness. Her generosity to UCSF spanned three decades and included establishment of the Nina Ireland Laboratory of Developmental Neurobiology; endowment of the Nina Ireland Distinguished Professorship in Child Psychiatry, currently held by John Rubenstein, MD, PhD; and funding of the Nina Ireland Distinguished Professorship in Pulmonary Medicine to support the work of Jeff Golden, MD.

Shortly after Ms. Ireland’s death, the University received word that she had left nearly her entire $48 million estate to UCSF in support of pulmonary medicine under Golden’s direction. This is the largest bequest ever left to UCSF and believed to be the largest gift to pulmonary medicine ever.

Preliminary plans are for The Center to be dedicated to advancing the understanding of the causes, prevention, and treatment of lung disease. In particular, the center will further enhance the role of UCSF in the field of advanced lung disease including lung transplantation and interstitial lung diseases. The Center will also be involved with developing pulmonary rehabilitation on the campus as well as innovative methods to help the underserved in the San Francisco Bay area and abroad. Such a Center would include endowed faculty positions, research fellowships and improved clinical services.
PISCES: Better Teaching and Care

Cohen is part of an innovative educational program called PISCES (Parnassus Integrated Student Clinical Experiences), which provides third-year students the opportunity to follow a cohort of about 80 patients for an entire year. In contrast to traditional block clerkship models, in which students spend four to eight weeks at a time learning about a single specialty, PISCES is an example of a Longitudinal Integrated Clerkship (LIC). Students spend half a day in one of 12 different medical and surgical specialty clinics during a repeating two-week schedule, punctuated throughout the year by six weeks on inpatient rotations or on call. Instead of moving to a new site every month or two, most of the students’ clinics are based on the Parnassus campus.

Because the PISCES rotations include one or two unscheduled slots per week, students can also accompany patients like Krajewski to other appointments. By observing multiple specialist physicians and other health professionals, such as dialysis nurses and nutritionists, students gain a deeper understanding of how health care teams can work together to treat complex illnesses. “To gain the perspective of these very highly trained, specialized physicians has been a real gift, which I don’t think I would have gotten if I hadn’t been in this program,” says Cohen.

Now in its fourth year, PISCES has 16 students, and is co-directed by Ann Poncelet, MD, and Maria Wamsley, MD. UCSF has become one of only a handful of schools to pilot the LIC model. In addition to PISCES, there are similar programs based at the San Francisco Veteran Affairs Medical Center, San Francisco General Hospital and UCSF Fresno. This spring, a new LIC based at Kaiser Permanente in Oakland will start, marking a new educational partnership between UCSF and Kaiser. Overall, about half of third-year medical students at UCSF choose to participate in LICs.

Greater Continuity

Dramatic changes in the practice of medicine have contributed to the need for new educational models, says Karen Hauer, MD, director of internal medicine clerkships. “Long ago, students in the traditional block clerkships worked with a one-month continuous team of an attending (supervising faculty physician), some residents and interns, and patients that stayed in the hospital for a week or two,” she says. “These days, all that is on fast forward.”

Attendings have shorter stints in the hospital, residents turn over more frequently because their workweeks are now capped at 80 hours, and patients in the hospital tend to be sicker, while their hospital stays are shorter. Also, the majority of today’s health care occurs in the outpatient setting, rather than the hospital. “When it comes time for students to be evaluated, they feel like everyone saw them in a snapshot, but nobody really knows how they are developing over time,” says Hauer.

To address this shortcoming, PISCES students work closely with seven faculty preceptors, gradually taking on more clinical duties as their knowledge develops during the year. “In my own students, I see a very nice development of understanding how to work within the system to bring information from one doctor to another, and to the patient,” says Hauer, who serves as Cohen’s internal medicine preceptor. “A big reward for these students comes when their patients start to call upon them and appreciate them. They feel more like doctors, and like they’re really having an impact.”

“My attendings have done a stellar job of gauging my level, and slowly ramping me up,” says Cohen. For example, initially her family medicine preceptor observed as Cohen took a patient’s history, and would always stay for the full discussion at the end of the appointment. “Now we’ve gotten to a point...
These attendings and patients.”

“I feel like one of the luckiest students instead of a depleting one,” she says. “We have the chance to have a meaningful and enriching experience, such positivity, and made it a very meaningful and enriching experience, instead of a depleting one,” she says. “I feel like one of the luckiest students out there to be able to work with these attendings and patients.”

Better Patient Understanding

Krajewski says she has benefited from the relationship as well. “Jenny is the person who is most on top of what’s going on with my health,” says Krajewski. “She’s really smart, has a great memory, and has done research on questions that I have, helping me to be educated and informed. I think Jenny will be really exceptional, and I hope I can have her as my doctor when she finishes medical school.”

Getting to know patients over the course of a year also brings depth to the relationship with patients. When accompanying patients to specialty appointments, Cohen has spent an hour or more in the waiting room with them, and learns about their jobs, struggles with insurance companies, and the difficulties of raising children while struggling with medical issues. “We often have the luxury of time to let things unfold, and to let these relationships develop,” she says. “Stories often take more than one or two office visits to start unraveling.”

The program is not without its challenges. “I constantly feel guilty if I don’t go to a patient’s appointment in order to study or chart notes,” says Cohen. “With flexibility comes a lot of difficult choices. We all have to triage our time and use it wisely.”

Yet the payoffs are substantial. “The amount of consistent, incredible teaching I get from my attendings has imbued my third year experience with such positivity, and made it a very meaningful and enriching experience, instead of a depleting one,” she says. “I feel like one of the luckiest students out there to be able to work with these attendings and patients.”

Another educational innovation at UCSF is the Pathways to Discovery program, which provides in-depth training that goes beyond the routine practice of medicine to prepare medicine’s future leaders and innovators. The five Pathways – Global Health, Health and Society, Molecular Medicine, Clinical and Translational Research, and Health Professions Education – offer curriculum, intensive mentorship and the opportunity to conduct research or scholarly or community-based projects with real-world impact.

“A fundamental precept of the Pathways program is that we want them to be acquiring skills while doing something that’s needed in the world, whether it’s in the lab to answer some fundamental question, or in Zimbabwe or in the Bayview neighborhood in San Francisco,” says Louise Aronson, MD, MFA, who directs the program. “This is about starting to change the world now, and developing the relationships and skills you’ll need to be a leader.”

Some current projects include screening and management of viral hepatitis in Sudan; studying genetic ancestry, socioeconomic status and disease characteristics among Hispanics with systemic lupus; and developing a flow chart and curriculum for appropriately referring elderly patients to community resources.

Now in its third year, Pathways evolved from the former Areas of Concentration and Areas of Distinction programs for medical students and residents. While many other institutions have similar areas of scholarly concentration, UCSF’s Pathways program is distinctive because it is open to learners at all levels, including medical students, residents, and fellows, as well as trainees in the schools of dentistry, nursing and pharmacy. Rather than functioning as a standalone elective or advocacy, leadership or research experience, Pathways seeks to provide trainees with long-term professional development, and cultivate health professionals who are not only outstanding clinicians, but become leaders in their fields.

“In order to make a difference in health and health care, we need to address the entire spectrum – from the level of the cell to the level of the individual patient, the community and the country,” says Aronson. “We give people opportunities to succeed as scholars, leaders and advocates throughout the spectrum. Pathways also helps us capitalize on the diversity of who comes to UCSF, helping them figure out, ‘What makes me excited, and where I can really make a difference in the world?’

Training Leaders

One example of the Pathways is the Health Systems and Leadership Track, one of two options within the Health and Society Pathway. “I fundamentally believe that leaders are bred, not born,” says Arpana Vidyarthi, MD, who co-directs the track with Read Pierce, MD. “Yet there is a tremendous dearth of leadership development training for physicians. We commit decades in structured training to teach clinical skills.
But even though our goal is to graduate leaders in medicine, we don’t approach leading and leadership training with the same rigor.”

“The residents in our Pathways Track graduate with a robust understanding of how to improve health care delivery processes,” says Pierce. “They learn techniques that are useful for analyzing organizational problems, identifying possible interventions, and creating pilots to test and then sustain useful change. Historically, clinical training programs have emphasized these skills far less than medical knowledge and biomedical research.”

“The Pathways program was a large part of the reason I came to UCSF,” says Krishan Soni, MD, MBA, now a third-year Medicine resident at UCSF. “Pathways gives you access to amazingly interesting people. Also, it’s a chance to stop and reflect on what we’re doing as residents, whether it’s teaching, clinical care, communicating or leading teams.”

Real World Impact

The group uses a public policy school model of applying tools to a client-based project. Last year, the group’s client was the Pacific Business Group on Health (PBGH), a nonprofit coalition of 50 major businesses — including Chevron, Intel and Safeway — which works to improve the quality and affordability of health care for its members. The Health Systems and Leadership cohort was charged with providing a physician perspective on ways to improve the value of health care delivery.

“It was in the midst of the health care debate, and I was very excited to work on something that was relevant and meaningful,” says Soni. “It was a little overwhelming to work on a topic that so many people have been thinking about for so long. However, we conducted research, interviewed very smart people, and drew on our own experience as residents of what we would want to change.”

Their research culminated in a presentation with PBGH’s executive team, followed by a lively discussion. Some of the residents’ recommendations included improving health information technology to reduce the need for different specialists to repeatedly order the same tests; providing financial and technical assistance to physicians to make it easier to implement changes that would provide better value; and developing timely, accurate and relevant “report cards” that physicians could use right away to improve their practices and care of specific patients.

“The UCSF residents’ analysis alerted PBGH leaders to important nuances in structuring shared savings between large employers, insurers and doctors,” says PBGH Medical Director Arnold Milstein, MD, MPH. “It’s an excellent demonstration of experiential learning for residents about how private sector policy affects health system performance. Society very much needs physicians who can meaningfully contribute to national and regional health policy setting in both the public and private sectors.”

The Health Systems and Leadership Track also has focused on improving quality and safety at UCSF Medical Center. Anticoagulants, or anti-clotting medications, are commonly used in the hospital to prevent clots and treat conditions such as heart attacks, but require precise delivery and careful monitoring to be used safely. Two years ago, residents analyzed vulnerabilities in the anticoagulant delivery system. They wrote a dummy prescription, and physically followed it through the hospital from the pharmacy to the patient, developing a comprehensive map of all the potential things that could go wrong. This year, the group is working on recommendations for reducing “door-to-floor” time — the period between a patient arriving in the emergency department, and being transferred to a hospital room if hospitalization is necessary.

“What we’re seeing in medicine is a tremendous need for physician leaders to embrace and effect change,” says Vidyarthi. “These are 12 incredibly bright residents who choose to spend their elective time in system analysis and developing their own leadership and teamwork ability. We give them mentoring and additional curriculum upon which they can build their skills. Out of this emerges brilliance.”
 Reforming Medical Education

In their new book, three UCSF faculty members say the future demands new approaches to shaping the minds, hands and hearts of physicians.

In 1910, when it was difficult to tell an elixir-shilling swindler from a legitimate physician, the Carnegie Foundation for the Advancement of Teaching commissioned Abraham Flexner to write a report on the state of medical education in North America. Flexner’s findings introduced revolutionary ideas, such as requiring four years of college as a prerequisite, creating a standardized four-year medical curriculum with two years of science courses followed by two years of clinical experience, and establishing an accreditation process.

Flexner’s recommendations were widely adopted, and within a decade, one-third of schools closed or merged with other programs. Yet these standards and structures have remained largely unchanged in the past century, creating a different set of challenges. Recognizing this, the Carnegie Foundation invited Molly Cooke, MD, David Irby, PhD, and Bridget O’Brien, PhD, to prepare a new report. The resulting book, Educating Physicians: A Call for Reform of Medical School and Residency, outlines a vision for improving the field.

“The key is knowing your learner, and helping them move from a very peripheral, observer status into an active, engaged leadership role,” says Irby. “You want to challenge the learner to step up to the next level of ability, with support.”

In addition to fostering clinical knowledge, that support also helps students grow into their role as physicians, as they learn skills like handling patient confidentiality and setting appropriate boundaries.

“These are all issues of professionalism, and how we aspire to be caring, compassionate, competent physicians,” says Irby.

Another example is the Pathways to Discovery program (see p. 5), which allows trainees to pursue their passions – whether they be global health, molecular medicine or medical education – and to individualize their learning experiences. “By engaging people in the processes of innovation and inquiry, we help develop lifelong habits of excellence that encourage people to read, improve, adapt, innovate and discover as they practice medicine,” says Irby. “One of the great things about UCSF is the depth of leadership in education, and the amount, number, type and diversity of educational innovations that occur here.”

— Tina Vu and Elizabeth Chur

key findings...

- Standardize learning outcomes and individualize the learning process.
- Integrate formal learning with clinical experience.
- Develop habits of inquiry and improvement into medical education at all levels.
- Focus on the progressive formation of professional identity.
The Cardiovascular Care and Prevention Center at Mission Bay opened in November 2010, providing more coordinated care for patients and bolstering collaborations between clinicians and scientists interested in cardiovascular health. Cardiology services had previously been provided in three separate buildings on the Parnassus campus.

The new Cardiovascular Care and Prevention Center at Mission Bay will foster more coordinated care for patients. From left: Ethan Weiss, MD, Jeff Olgin, MD, and William Grossman, MD, were closely involved with its inception and development.

The new center’s footprint is about three times as large, and consolidates most outpatient cardiology services on the ground floor of the Smith Cardiovascular Research Institute building. The upper four floors house lab researchers focused on cardio-vascular disease. “We didn’t want to take the same clinic and just put it within new walls,” says Jeff Olgin, MD, chief of the Division of Cardiology at UCSF Medical Center. “This was an opportunity to create a very user-friendly clinic that provides a one-stop shopping experience.”

Ethan Weiss, MD, has served as the point person for much of the design and implementation of the new center. Weiss, Olgin, and practice manager Brenda Mar met with six community medical practices to gather feedback on improving UCSF’s cardiology practice. Among other changes, the Division hired referral coordinators to help new patients navigate the UCSF system, and divided the cardiology practice into smaller teams. Each team has a care coordinator to facilitate communication among patients, referring physicians and UCSF cardiologists.

**Center for Prevention**

One of the teams is led by William Grossman, MD, and focuses on prevention. In 2008, he received a $10 million gift from the Charles and Helen Schwab Foundation to launch what is now the Center for Prevention for Heart and Vascular Disease. “The Schwabs were there for us at the very start, and they clearly understood the importance of prevention,” says Grossman. “They were also very enthusiastic about our efforts to extend prevention to vulnerable populations.”

For more details about the gift from the Charles and Helen Schwab Foundation, please see page 7 of the Spring 2009 issue of the *Frontiers of Medicine.*

The Mission Bay clinic allows Grossman and others to more easily consult with his colleagues on clinical matters. “Here, if I’m seeing a patient with a complicated arrhythmia problem, it’s likely that I’ll be able to show somebody else in the arrhythmia group the EKG right away and get instantaneous feedback,” says Grossman. “That’s a definite advantage.”

Having lab and test facilities onsite reduces red tape for patients. “I saw a patient today, and after her visit we were able to get her blood drawn, have her stress echocardiogram done right here, and get the results without needing her to come back, or to go to a different part of UCSF,” says Grossman. The center will also partner with the Division of Vascular and Endovascular Surgery to offer vascular testing onsite.

**Connecting Clinical and Lab Research**

About six years ago, Grossman – at that time the chief of the Division of Cardiology at UCSF Medical Center – first developed the idea of housing the Cardiovascular Care and Prevention Center in the Smith Cardiovascular Research Institute building with Shaun Coughlin, MD, PhD, director of the institute.

“Shaun’s idea was to have these big open spaces where scientists who are working on different projects could have lunch or coffee together,” says Grossman. “We’ve only been open a few months, but you can see it – it’s palpable.”

These frequent, serendipitous interactions will also support the translation of laboratory discoveries to patients, and speed the feedback loop back to researchers so they can refine innovations. As part of this effort, the Division of Cardiology has established a clinical research program, directed by Gregory Marcus, MD. “The new clinic will allow us to centralize clinical trials and data collection of clinical cohorts,” says Olgin.

For example, eventually all cardiology patients will have the opportunity to donate blood and DNA and provide detailed family histories, and their outcomes can be tracked over time to better determine what factors contribute to heart disease. The resulting patient database and repository of biological samples will provide an invaluable resource for other UCSF researchers conducting research on the genetics and biology of cardiovascular disease.

Overall, the transition to the new clinic has been very smooth, says Olgin. “Universally, patients have loved coming down here,” he says. “Parking is not an issue, and the space is really beautiful.”
Steering the Wheels of Change

I live to make health systems better, especially for vulnerable populations,” says Mitchell Katz, MD. After 13 years as the director of health for the San Francisco Department of Public Health (SFDPH), Katz became Los Angeles County’s health director in January.

After graduating from Harvard Medical School in 1986, Katz came to UCSF for his residency because of its outstanding primary care programs. He interviewed with Steven Schroeder, MD, founding chief of the Division of General Internal Medicine who is now the Distinguished Professor of Health and Health Care. “As soon as I met Steve, I thought, I’d like to work for him,” says Katz. “He is a mentor of mine to this day.”

Schroeder encouraged Katz’s interest in improving health care systems. For example, much of what physicians know about heart disease comes from the Framingham Heart Study, which has followed thousands of participants over three generations to learn about cardiovascular disease. “Steve looked at me and said, ‘Go do a Framingham study,’” said Katz. “Obviously, he knew it wasn’t cardiac disease that was my interest. What he meant was, figure out the best way to do something, and do it that way. That’s certainly had a very strong impact on me.”

“Mitch Katz was an outstanding resident: smart, intellectually curious, and with a great nose for what was relevant and could make a difference,” says Schroeder. “San Francisco has been blessed to have his leadership in the Department of Public Health, as he skillfully navigated treacherous political waters, dealt with never-ending budget crises, and implemented national model programs.”

Listen and Build Consensus

“Even though San Francisco is a very politically contentious place, it’s also filled with people who want to do the right thing,” says Katz. “I’m a big believer in bringing everybody in, showing them the best quality data, getting people focused on the outcome, and having them write pluses and minuses about different options. If you do that with an open heart, usually the choice becomes fairly clear.”

While working at SFDPH, Katz also served on the UCSF faculty and treated patients at San Francisco General Hospital and other sites; he hopes to care for patients in Los Angeles as well. Being a primary care doctor taught him how to listen closely, both to patients and constituents. “I believe in emotional intelligence,” he says. “Often, getting to the right decision depends on understanding how people feel about things.”

His residency experience also provides him with a sense of perspective. “I trained during the years when the death toll was heaviest from AIDS,” he says. “One of the things it taught me was, if the issue you are confronting isn’t death, then maybe it isn’t so bad.”

In Los Angeles, Katz hopes to strengthen the county’s health department and build a vigorous ambulatory care system. “I want to use the skills that I’ve garnered here in San Francisco to see whether I can make positive change on a broader level,” he says, noting that while San Francisco has about 80,000 uninsured people, Los Angeles County has between 1 and 2 million.

A devoted bicycle commuter who was sometimes mistaken for a bicycle messenger in San Francisco, Katz now gets around on four wheels as well as two. He and his partner, Igael Gurin-Malous, have two children, Maxwell and Roxie.

“I want to use the skills that I’ve garnered here in San Francisco to see whether I can make positive change on a broader level.”

— Mitch Katz, MD
in memoriam

Dr. Elliot Rapaport

Elliot Rapaport, MD, founder of the Division of Cardiology at San Francisco General Hospital (SFGH), died September 5, 2010 after a two-year battle with cancer. He was 85.

Rapaport was a gifted violinist, and debuted with the Los Angeles Philharmonic at age 12. He earned his medical degree from UCSF, and established SFGH’s Division of Cardiology in 1960, serving as its chief for 32 years.

“He really built it from the ground up to become one of the leading cardiology divisions in the country,” says Peter Ganz, MD, the division’s current chief. “All the credit for what this cardiology division is really belongs to Elliot.” Rapaport also served as associate dean of UCSF at SFGH from 1985-1998.

One of the most prominent cardiologists of the 20th century, Rapaport developed an assay for creatine kinase, a cardio-specific test still used today to diagnose heart attacks. He also helped develop the thermodilution method for measuring blood flow in arteries.

He served as president of the American Heart Association and the World Heart Federation, was the editor of Circulation for five years, and received some of the most prestigious awards in cardiology. Rapaport also lectured internationally and worked to support cardiology organizations in numerous other countries.

“He was a deep expert in virtually every aspect of cardiology, due to his encyclopedic memory,” says Ganz. Rapaport continued to serve on the cardiology consult service until three weeks before his death.

Rapaport is survived by his wife, Vivian; sons, Daniel and David, daughter, Diane McCarthy, brother, Samuel (a renowned hematologist); and six grandchildren.

To make a contribution in Dr. Rapaport’s memory, please contact Jennifer Hoffman at jhoffman@support.ucsf.edu or 415/476-6252.

Dr. Andy Choi

Andy Choi, MD, MAS, a nephrologist and expert in HIV-related kidney disease based at the San Francisco Veteran Affairs Medical Center, died on August 15, 2010 of sudden cardiac death. He was 34.

Choi earned his medical degree from New York University School of Medicine, and completed his residency at Mount Sinai Hospital in New York. He completed a nephrology fellowship at UCSF, where he also earned a master’s degree in clinical research. He joined the UCSF faculty in 2007.

Choi made important discoveries about how kidney disease develops and progresses in HIV-infected persons. In recognition of his efforts, he received three NIH grants, and was appointed to a national guideline panel on the topic.

“Andy was humble, thoughtful, and had a special talent for collaboration,” says Chi-yuan Hsu, chief of the Division of Nephrology at UCSF Medical Center. “He was generous with his time and expertise, no matter how many projects he was already working on.”

Choi received mentoring through the UCSF Center for AIDS Research, which has renamed its mentoring program in his memory. The Division of Nephrology and Department of Medicine have also established the Andy I. Choi, MD Memorial Scholarship to support fellows’ travel to a scientific meeting devoted to kidney disease or HIV. In addition, contributions can be made to help support his family.

Choi is survived by his wife, Nahyion Kim; two young daughters, Allison and Charlotte; his sister, Sandy; and his parents, Mr. and Mrs. Kon Young Choi.

To make a contribution in Dr. Choi’s memory, please contact Kevin McAteer at kmcateer@support.ucsf.edu or 415/502-2404.

recent appointments

Dr. Calvin Chou

“Many patients have a story about how communication with a physician has gone awry,” says Calvin Chou, MD, PhD. He hopes to change that dynamic through teaching residents improved communication skills, and was recently appointed as the inaugural holder of the Academy Chair in the Scholarship of Teaching and Learning to pursue those efforts.

The focus of his five-year term is to promote innovative and collaborative education at the residency level, and to strengthen linkages between outstanding teaching and excellent clinical outcomes for patients. An expert in patient-doctor communication, Chou will lead a group of junior faculty members from across the School of Medicine in developing curriculum to enhance residents’ communication skills and increase patients’ participation in their own care. Chou will also measure whether these interventions result in better patient outcomes. He plans to use funds from the chair to help underwrite costs of training participating faculty.

One useful communication tool is motivational interviewing, in which a provider uses active listening to find out what a patient likes and dislikes about a particular behavior, such as smoking. “Rather than telling a patient, ‘You need to stop smoking,’ I may ask, ‘Where do you think we should go from here?’” says Chou. “When the answer comes from the patients themselves, they own it.” Another element is shared decision-making, in which a physician presents explicit evidence about risks and benefits about a procedure or medication to arrive collaboratively at a treatment plan.

Chou earned his medical degree and a PhD in microbiology from Columbia University, and completed his residency at UCSF. He joined the UCSF faculty in 1997.

“The most common procedure that all doctors do is communicating with patients,” says Chou. “I’m thrilled for the opportunity to see whether the education of residents affects patient outcomes, and the potential benefit of connecting people across departments.”
Dr. Ralph Gonzales

Ralph Gonzales, MD, MSPH, has been appointed as associate chair for ambulatory care and clinical innovation within the Department of Medicine. Ambulatory or “out-patient” care makes up an increasingly large share of health care, as more people are living longer with chronic illnesses that are mostly treated outside of the hospital. Gonzales will take a leadership role in improving outpatient clinical operations with the ultimate goal of improving the quality and safety of care, as well as educational opportunities for trainees. He will also serve as Departmental liaison to UCSF Medical Center to enhance collaborations.

Gonzales completed medical school, residency and chief residency at UCSF. He completed a health services research fellowship and earned a master’s in public health from the University of Colorado Health Sciences Center. He joined the UCSF faculty in 2001, has received numerous teaching awards, and is an expert on appropriate use of antibiotics for upper respiratory tract infections in the ambulatory setting.

“I’ve spent many years developing and implementing health care interventions within delivery systems I have not belonged to,” says Gonzales, noting that successful implementation requires considerable effort for testing and fine-tuning. “I look forward to implementing internal and external innovations that improve quality, safety and efficiency.”

The Department’s initial priorities include developing better communication systems between primary care physicians and specialists. Gonzales will also lead a new fellowship program to test novel ways to deliver care. For example, with support from the California Health Care Foundation’s Innovations for the Underserved Program, Gonzales has been piloting the use of computer kiosks and iPad-like devices in the waiting room to fill out paperwork, gather health information, provide customized educational material, and arrange for same-visit preventative services.

Growing up, Gonzales and his siblings all worked in the Mexican restaurant started by his mother, a single parent. “Our restaurants succeeded because we worked as a family and as a team,” he says. “We always kept the customer the focus of our activities, and every employee felt they had a vested stake in the restaurant succeeding. That’s a concept I’m going to try to instill with our group.”

---

Dr. Don Ganem Moves to Novartis

Professor Don Ganem, MD, a viral expert and co-director of the UCSF Institute for Molecular Medicine, has departed UCSF to become global head of infectious disease research for the Novartis Institutes for Biomedical Research. In his new position, he will lead efforts to develop new therapeutics for serious viral and bacterial infections.

“The decision to leave was a really hard one, because I was the happiest man alive at UCSF,” says Ganem. “I’m going to miss my colleagues and the students I’ve taught. But it’s not often that you get a chance to do something completely new when you turn 60. Over the years, I was more and more drawn to the idea of having my science influence medicine, not just microbiology. This move to Novartis is an opportunity to actually develop therapeutics that can be used in the treatment of patients.”

Ganem earned his medical degree from Harvard Medical School, and trained with two Nobel laureates – James Watson, PhD, at Harvard, and Harold Varmus, MD, at UCSF. Ganem joined the UCSF faculty in 1982, and was named a Howard Hughes Medical Institute Investigator in 1991. His research has included detective work on how hepatitis B replicates, and how human herpesvirus 8 causes Kaposi’s sarcoma, a cancerous lesion often associated with AIDS. In collaboration with Joseph DeRisi, PhD, he has been involved in the discovery of a number of new viruses that cause respiratory and intestinal infections in human and animal hosts. He has been recognized with many honors, including election to the National Academy of Sciences, Institute of Medicine and the American Academy of Arts and Sciences.

“He’s really been a role model as a physician-scientist for all of us,” says Arthur Weiss, MD, PhD, chief of the Division of Rheumatology at UCSF Medical Center. “He’s an outstanding physician, a spectacular scientist, and he brings science and medicine together beautifully and makes them fun. His medical grand rounds on rabies featured a clip from ‘Old Yeller’ which I’ll never forget.”

Coinciding with Ganem’s hiring at Novartis, the company will shift the headquarters of its infectious diseases unit from Cambridge, Mass. to Emeryville. At Novartis, Ganem will eventually lead a team of about 100 biologists and 30 chemists. “It’s a big team with a lot of resources, but a big mandate,” says Ganem. “There hasn’t been a new class of antibiotic for 25 years, and most of the drugs we use today are descendants of drugs developed decades ago. This is one the hardest things to do in drug development, but there are few things that are more important. I’m really looking forward to the challenge.

Congratulations to Feroz Papa, MD, PhD, who was elected to the American Society for Clinical Investigation. (We apologize for omitting his name in the Fall 2010 issue, page 10.)
James W. Ostroff, MD, the Lynne and Marc Benioff Endowed Chair in Gastroenterology, has been named the first faculty member to hold the Kenneth Rainin Distinguished Professorship in Gastrointestinal Disease. Ostroff, the director of the endoscopy unit and gastrointestinal consultative service at UCSF Medical Center, will hold both endowed positions.

An exceptional inventor and entrepreneur, Kenneth Rainin founded the Rainin Instrument Company at the age of 25, which initially distributed laboratory instruments and supplies. He is perhaps best known for securing the rights to sell a line of laboratory pipettes, making design improvements that built the Pipetman into the dominant brand of pipettes used in laboratories.

Rainin, who passed away in 2007, also suffered from ulcerative colitis – one of the two most common forms of inflammatory bowel disease (IBD). The disease causes diarrhea, abdominal pain and fatigue; current treatments can help patients go into remission, but there is not yet a cure.

The care he received at UCSF from Ostroff and others inspired him to make several major gifts during his lifetime. After his passing, Rainin also made an $18 million gift to the UCSF School of Medicine through his trust. Three million went to the Department of Neurology – Rainin received care at UCSF for a stroke late in life – and $15 million to the Division of Gastroenterology.

As part of that gift, the Kenneth Rainin Distinguished Professorship in Gastrointestinal Disease was created, and Ostroff, Rainin’s gastroenterologist for many years, was appointed as the inaugural holder of the position.

“Dr. Ostroff provided outstanding care for my father, and our family is delighted that he was appointed as the inaugural holder of the Kenneth Rainin Distinguished Professorship in Gastrointestinal Disease. We hope this endowed position will help to support discoveries that will improve the lives of many other people in the years to come.”

“I was extremely honored to be proposed for this position,” says Ostroff. “Mr. Rainin was a brilliant and innovative man who had an unusual knack for seeing into the future in perfecting technologies. We hope that this gift will help us advance gastroenterology in the spirit that he had, particularly in the realm of non-optical imaging in endoscopy, which we regard as the future for surveillance and the prevention of neoplasms.” We also have a large group of patients with impending liver failure as a consequence of the immunological effects of inflammatory bowel disease. We hope that this professorship will also help us use technology as a more effective bridge towards liver transplantation.