When you come face to face with patients who have a stroke because they couldn’t afford to pay for their blood pressure medicines, it can be very demoralizing,” says Alice Chen, MD, MPH, medical director of the Adult Medical Center at San Francisco General Hospital (SFGH).

She recalls teaching a resident who was shocked by a patient’s circumstances. “She said, ‘Is this right? Is this permissible?’ I told her, ‘It’s not right, but it is permissible. And how do you change something that’s not right, but permissible? You should write about it, and make a case for what should be done instead.’”

Chen and Louise Aronson, MD, MFA, are helping residents do just that through Writing for Change, a three-session seminar which teaches residents to connect their on-the-ground experiences with larger advocacy issues.

At a recent session, third-year resident Larissa Thomas, MD, reads a draft of her piece out loud. She describes how the undocumented status of her patient, “Ana,” impacts almost every aspect of her life, including her health. The class responds enthusiastically, with specific ideas for strengthening the piece.

“Expose your calculus and just lay out the facts,” says a resident, suggesting that Thomas cite how much Ana earned back home in El Salvador compared to here in San Francisco, rather than getting bogged down in rhetoric about “freedom” or “choice.” Others throw out ideas for restructuring the beginning of the piece to give it more punch. Aronson and Chen point out how newsworthy this piece is, with Alabama’s governor signing a sweeping immigration bill into law that continued on page 3
Training Exceptional Doctors

The practice of medicine is changing at a rapid pace, and the way we are preparing young physicians for the future is also changing. Exciting scientific discoveries mean that trainees need a working knowledge of an ever-expanding range of fields that were not even on the map a generation or two ago. At the same time, the Accreditation Council for Graduate Medical Education (ACGME) – the accrediting body for the nation’s medical residency programs – has limited the number of duty hours that residents can work per week, to help ensure they are appropriately rested to provide high-quality care for patients.

With more to learn in less time, a few alumni have recently asked me whether today’s residents will be adequately prepared to practice medicine when they graduate. My emphatic reply is, “Yes!”

There are two reasons for my confident answer. First, UCSF Department of Medicine residents are truly among the country’s best and brightest. Second, our residency program is a model of innovation. We are helping transform residency from a service model – in which residents provided an affordable labor source for hospitals and medical centers – into a learning model, in which residents are trained in a wide range of skills that they will continue to develop over their careers. As part of these efforts, we are moving beyond large lecture classes as the main mode of teaching, and are incorporating small group seminars and hands-on projects as ways to help residents transform information into knowledge.

We have become a leader in designing better ways to learn partly through our participation in the ACGME’s Educational Innovation Project (EIP). As one of just a handful of top-notch residency programs in the country chosen to participate in the EIP, UCSF has received a measure of flexibility in how we meet accreditation standards. This has allowed us to test out creative ways of fostering learning while teaching residents the tools to improve the practice of medicine.

This issue of Frontiers of Medicine highlights several innovative approaches we are trying. We describe our use of an online tool called Practice Improvement Modules to improve how residents’ outpatient clinics are run. In addition, we are showing how our “Writing for Change” class helps residents learn to advocate effectively for improvements in health care. Finally, we introduce a new section of Frontiers of Medicine, the “Quality & Safety Corner,” that describes the outcome of our inaugural Quality and Safety Innovation Challenge. Collectively, these efforts build on the Department of Medicine’s history of training exceptional doctors who not only provide outstanding care to patients, but become leaders in medicine.

In addition, this issue highlights the accomplishment of several alumni of our training programs. Three are newly honored members of the Council of Master Clinicians, and a fourth leads research and development at a global biopharmaceutical company. These former trainees have become leaders in their fields, and their efforts have helped develop disease management approaches and new treatments that have transformed the way we care for patients today.

I am certain that today’s residents will make similarly significant contributions to medicine. My faculty colleagues and I are privileged to support trainees in becoming exceptional leaders and innovators. While these efforts require considerable investments of time and effort, they will bear a rich harvest. Thank you for all your support in helping us achieve our goals to improve medical education and patient care.

Sincerely,

Talmadge E. King, Jr., MD
Chair, Department of Medicine

Julius R. Krevans Distinguished Professorship in Internal Medicine
writing as craft, and how we really make a piece sing to people. The partnership ends up producing essays that are both compelling, and have a potential policy impact. It’s like peanut butter and chocolate – an unexpected combination where the two elements really complement each other."

The class also helps residents process their intense experiences working at SFGH, one of the nation’s premier public hospitals and the major health care provider for San Francisco’s uninsured. "Trainees who are so committed and idealistic really connect with our patients, and quickly realize that the fundamental cause of a patient’s headaches and back pains and depression is often a lack of housing, or inability to find work," says Chen. "We wanted to give them a forum where they could reflect on their experience and connect patients’ stories to their policy implications."

"It’s amazing what we get used to seeing, and yet so difficult to explain to people outside SFGH what’s going on and why it matters," says Sanjay Basu, MD, a second-year resident whose Writing for Change piece was accepted by the New York Times. "The class helped me learn how to articulate a little better about what happens to our patients, in a way that people will understand and appreciate.”

"A lot of us came into this [residency] program because we were interested in advocacy and social determinants of health," says Thomas, the resident who wrote about Ana. “Sometimes in the middle of residency, you feel very far away from that. This class has definitely helped me remember why I chose this program, and why I wanted to go into primary care.”

The Power of Story

“In medicine, anecdote is generally considered a lesser form of evidence – even though we interact with people at the level of stories,” says Aronson. “We say, ‘Let me tell you about the admission I had last night,’ or, ‘This sad thing happened at work today.’ Most medical journals now have some story-based section. In JAMA (the Journal of the American Medical Association), ‘A Piece of My Mind’ is the most-read section of that journal. That’s where people turn first. Story is compelling!”

The Writing for Change residents have a range of backgrounds in writing; continued on next page
continued from previous page

some were English majors, and others dislike writing. Aronson recalls one resident who said, “I am not a writer. I’m a science person,” noting with a laugh that the resident’s piece was immediately accepted by the New York Times. “Yes, you have to be a competent writer, but we aren’t necessarily writing literature for the ages,” says Aronson. “People have to understand what you’re saying, and you have to advocate in a compelling way.”

The group discusses a range of examples, from newspaper stories to medical journal articles. Then residents have in-class time to start writing their own pieces. “We ask them, ‘What’s a story you’ve been telling everyone?’” says Aronson. “They are residents – it pours out of them. They encounter all these poignant, tragic stories, and there’s not enough time in the day for them to tell those stories.”

The class is run like a writing workshop: residents take turns reading their drafts aloud, and are not allowed to preface their readings or to speak while the class provides initial feedback. “This way, you can hear what the initial reaction is,” says Basim Khan, MD, MPA, a third-year resident whose pieces from the class have been published in the Huffington Post. “When there’s a piece out there, you don’t have a chance to preface it.”

The class is an incubator for writing, but all of the published works have required editing beyond the class sessions. Chen, Aronson and their colleagues have served as in-house editors, helping residents polish their work until they are ready for submission. In addition to the New York Times and the Huffington Post, residents’ work has appeared in the Annals of Internal Medicine and Health Affairs.

The class also discusses potential audiences for the piece, and which venues might have the most impact. “Say you’re a primary care pediatrician, and there’s no pediatrician in your community’s emergency department,” says Aronson. “We know children in that community will be more likely to die. It may be a little more prestigious to be in the New England Journal of Medicine, but if what you want is a pediatrician in the ER in your community, you’re better off publishing in the Fresno Bee, or wherever you are.”

The class may also cultivate skills which help residents be better doctors. “Chart notes are all about communicating what you’re thinking and what matters,” says Aronson. “Or maybe there’s some legislation that you want to write a brief about, or a cause you want to raise money for. Perhaps how we care for people, and how our systems work, could be improved if we were better at communicating about what’s really going on.”

Aronson also teaches a version of the Writing for Change class to medical students, and eventually would like to offer the course to a larger group of students, and eventually would like to offer the course to a larger group of residents. Her dream is to create a center for what she calls “public medical communication,” which would become a hub for trainees, faculty and visiting scholars to work for change through writing. “Business and law schools tend to teach advocacy, writing and communication more explicitly,” says Aronson. “I think it’s a fundamental skill, and one that translates to everything you do.”

To read some of the articles published by Writing for Change residents and faculty please visit our website at: medicine.ucsf.edu/pubpolicy.
Building Better Systems

Shunk says the computer-based PIMs allow residents to complete projects in a relatively short amount of time. The interactive web programs provide patient questionnaire forms and crunch the numbers, speeding data collection and analysis. “It doesn’t require an MPH or major statistical skills, and helps facilitate quality improvement projects,” says Shunk.

The PIMs are now used by all medical residents at UCSF to help them improve practices in their outpatient clinics. “We believe the PIMs have an important yield, not only in terms of resident education and performance improvement, but also in the care of patients,” says Associate Chair for Education Patricia Cornett, MD. “Linking those two together has been transformative.”

For example, in another recent project at the SFVAMC, residents created a form letter to notify diabetic patients that their hemoglobin A1c level was elevated, what the health consequences could be, and requesting that they schedule an appointment to improve their diabetes control. Another project at San Francisco General Hospital (SFGH) found that about one in six patients seen by a resident did not receive a needed follow-up appointment, and involved physicians, scheduling staff and clinic leaders in developing a simple intervention that lowered the proportion of “dropped” appointments by more than one-third.

In addition to Shunk, other faculty members who are now leading the implementation of the PIMs as a teaching tool include Maya Dulay, MD, at the SFVAMC, Katherine Julian, MD, at UCSF Medical Center, and Claire Horton, MD, at SFGH, along with the ambulatory chief residents at each site.

“You systems can really help you a lot,” says Shunk. “We want residents to realize that if they go into a practice that’s not functioning well, they can make changes that will improve their practice and the lives of their patients.”

For Graduate Medical Education (ACGME). The ACGME has granted the 21 programs selected for the EIP some flexibility in meeting residency accreditation requirements, allowing these programs to pilot creative new approaches to learning.

Quality Improvement in Action

“A lot of people of my generation didn’t learn about quality, and now we are expected to teach it and be experts in it,” says Associate Professor Rebecca Shunk, MD. She completed a PIM during her own recertification process, then helped lead UCSF in using PIMs to teach residents how to improve care in the clinics where they work. “Before, we had taught a lot of the principles of quality improvement, but hadn’t done hands-on projects,” she says. “The PIMs are very basic online tutorials that give you all the basics you need to know.”

A few years ago, she led Connor and other residents in examining their clinic systems. The residents used a PIM-designed questionnaire to assess how well things like their electronic medical records system were functioning, and identified communication as an area of weakness.

“Both the patients and the residents felt frustrated, because we would tell patients, ‘Go get your labs and an X-ray and come back next month,’” says Connor. Often these instructions were given verbally, or were scribbled on a piece of scratch paper. “The patient would come back, but wouldn’t have done these things because they didn’t remember, or they weren’t sure how to do them,” says Connor.

The residents brainstormed solutions. They developed a checklist indicating if a patient needed lab tests, prescriptions or X-rays. The sheet also provided special instructions, such as whether patients needed to fast before a lab test, as well as space for doctors to summarize medication changes.

For the back side of the handout, residents developed a summary of other VA services, such as the suicide hotline, smoking cessation and nutrition services. “There were all these resources at the VA that our patients weren’t really utilizing, but as individual residents we didn’t know all the right contact numbers and how to best refer them,” says Connor.

Time to Reflect

“We can’t just layer on things that we think would be great educational activities, without carving out the time for residents to do this,” says Harry Hollander, MD, program director of the Internal Medicine Residency Program. UCSF now makes a financial investment to cover this time; in Connor’s case, she and her peers were released from clinic duties for about 10 hours to work on their PIMs project.

“That gave us time to leave our little cocoon and meet other people on campus and learn from them,” says Connor. “Usually you are so busy in clinic that you never really leave your office.” For example, social workers told her that patients could call them directly without a referral, and that they could also help patients develop living wills.

“If you can give patients some piece of information that shows you actually know something about it, it’s much more convincing than saying, ‘There’s this place – I think it’s pretty nice, but I’ve never been there,’” says Connor. The handout was so successful that it is now used by many residents, faculty and nurse practitioners at the SFVAMC.

“Having time and space to think about these things is a great idea,” says Connor. “It was empowering to say, ‘This is something we think is important, and it’s easy to fix, so we’re just going to fix it.’”
Recognizing Clinical Excellence

Each year, the Department of Medicine recognizes outstanding physicians who have exceptional knowledge, superior teaching and communication skills, and an ability to provide compassionate, appropriate, effective and high quality patient care. The newest members of the Council of Master Clinicians are profiled here.

Matching Wits with Infectious Disease

“I’m constantly surprised by diseases that I’m supposedly an expert in,” says Henry “Chip” Chambers, MD, chief of the Division of Infectious Diseases at San Francisco General Hospital (SFGH). “They keep finding new ways to trick me.”

Recently, he saw a patient with an overwhelming staphylococcal infection that was unresponsive to treatment. A few weeks earlier, she had presented with what appeared to be ovarian cancer, a seemingly unrelated diagnosis. However, as it turned out, the patient did not have cancer after all; the ovaries proved to be the source of infection – a very rare manifestation for which he only found one citation in the medical literature.

“People who are good clinicians are methodical,” says Chambers. “There are a couple of approaches: you can generate an exhaustive list and hack through it to get to the right answer. I favor the approach of discarding the stuff that’s probably a sideshow, but you always have to go back and double-check if you haven’t figured it out with your first list. In this case, the sideshow turned out to be the main show.”

His colleagues prize his expertise. “Dr. Chambers is the consummate consultant and teacher,” says Margaret Wheeler, MD, a colleague at SFGH. “When wrestling with a complex case, ‘Let’s ask Chip,’ is a common refrain. He distills complex information into a form that is accessible and relevant.”

Chambers was an infectious diseases fellow at SFGH in 1981 when AIDS made its first appearance. “I was watching something that was a big-time, major world development in my subspecialty,” he says. “It was like discovering coronary artery disease – it was intellectually exciting. On the other hand, we were taking care of people who had a death sentence, and who were our age or younger. We had to be very frank about the limits of our knowledge and skill. And while I’m not at all religious, I quickly learned that I shouldn’t preach atheism to somebody for whom God was important.”

Compared to the dismal prognosis for HIV/AIDS at that time, studying the Staphylococcus aureus bacteria felt more manageable. That year he conducted his first experiment on methicillin-resistant Staphylococcus aureus (MRSA), which is now one of his main areas of research. To help reduce the development of resistance to a dwindling number of drugs available to treat infection, Chambers is currently trying to define which staph infections actually require treatment with antibiotics. For example, simple abscesses often can be surgically drained and do not need further treatment. He is also researching ways to improve outcomes for patients with the most serious staph infections.

Chambers is married to Joyce Hansen, MD, an internist at California Pacific Medical Center. They have two grown children, and enjoy tending their vineyard in Sonoma.

Better than Gold

John Imboden, MD, recalls the limited tools he had at the beginning of his rheumatology career 30 years ago. “We had steroids – which had a lot of toxicity – and gold injections,” he says with a rueful laugh.

The emergence of targeted drugs has transformed the field. “Now when I see someone with new onset rheumatoid arthritis, I’m thinking, ‘I want to get a long-term remission,’” says Imboden, chief of the Division of Rheumatology at San Francisco General Hospital (SFGH) and holder of the Alice Betts Endowed Chair for Research in Arthritis.

As the point person for rheumatology referrals from safety net clinics throughout San Francisco, Imboden fields nearly a thousand electronically submitted referrals to the SFGH rheumatology clinic each year. “If it looks like someone has new rheumatoid arthritis or another rheumatic disease, we’ll see them within a week or two,” Imboden says. “If we start treatment early, we can really have a positive impact.”

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“Dr. Imboden has built an extensive, interdisciplinary program focused around health disparities in the rheumatic diseases,” says David Wofsy, MD, George A. Zimmermann
Distinguished Professor of Medicine and Microbiology/Immunology and the former chief of rheumatology at the San Francisco Veterans Affairs Medical Center (SFVAMC). “He has... made cutting edge experimental therapies available to patients who would not otherwise have access.”

Imboden and colleague Jonathan Graf, MD, established the Rheumatoid Arthritis Observational Cohort Study, which has enrolled 650 diverse patients at SFGH and UCSF Medical Center and has facilitated research at UCSF on this important disease.

In addition to rheumatoid arthritis, Imboden also cares for patients with lupus, gout, scleroderma, vasculitis and other rheumatic diseases. He is renowned for his abilities to perform a thorough physical exam, a skill he cultivated partly in response to a medical school experience, when he overlooked a patient’s enlarged spleen. “The then-chief of rheumatology came in, examined the patient, and found the spleen – in front of two rheumatology fellows, several residents and interns, and me,” says Imboden. “If you miss something and somebody points it out to you, it really encourages you to be vigilant. I haven’t missed too many spleens since then!”

Imboden spent much of his career researching the activation of T cells, a type of white blood cell that plays an important role in immune response. “My scientific background has been helpful in cultivating a certain rigor in the way I think, in terms of getting data exactly right,” he says. This approach helps him do the detective work when investigating unusual forms of rheumatic disease that might be symptoms of another condition.

In his spare time, Imboden enjoys reading about World War II history, and aspires to break 80 once again in his golf game. He is married to Dolores Shoback, MD, an endocrinologist at the SFVAMC; they have two grown children.

An Educational Legacy
As a first-year medical student at UCSF in 1981, Harry Lampiris (pronounced “lam-PEER-us”), MD, began hearing about a puzzling new disease that would later be identified as AIDS.

“Witnessing the rapid spread of HIV/AIDS in San Francisco and UCSF’s response to the epidemic was career-changing,” says Lampiris, now an expert in HIV medicine. He also serves as acting chief of the Infectious Diseases Section at the San Francisco Veterans Affairs Medical Center (SFVAMC), and associate program director of the UCSF infectious diseases fellowship program.

Lampiris provides care and supervises trainees at the SFVAMC and the Parnassus HIV Clinic. When confronting a difficult case, he scours the medical literature, consults with other experts and applies scientific intuition. “For many years HIV treatment was rapidly changing, and many of our treatment decisions were not evidence-based,” he says. “Clinicians who inspired me confront the limitations of the data, and rapidly changed their practices as more information became available. In addition, the community of patients with HIV/AIDS has always helped to keep clinicians and researchers honest about the limitations of our knowledge.”

Lampiris is also well-versed in the broad spectrum of infectious diseases and directs the inpatient infectious disease consultation service at the SFVAMC. “Part of why this field is fascinating is because patients’ behaviors and exposures have a significant impact on what is going on for them,” he says. “There are often details of a patient’s history that could lead you to a diagnosis, but can also be misleading.” He recalls discovering that a patient with a mysterious fever was a lizard handler who fed live rats to his charges. Lampiris eventually diagnosed him with leptospirosis, a rare bacterial infection sometimes caused by exposure to rodent urine.

He considers his greatest legacy to be training medical students, residents, and infectious disease and HIV specialists over the last 20 years. Lampiris also traveled several times to Côte d’Ivoire (Ivory Coast) in West Africa as a clinical faculty mentor with the UCSF Project ASPIRE, an international HIV/AIDS education and training program run by the Positive Health Program at San Francisco General Hospital.

“Dr. Lampiris has an encyclopedic knowledge of infectious disease and HIV medicine, which he is always willing to share with colleagues and trainees with great clarity and enthusiasm,” says Paul Volberding, MD, chief of the medical service at the SFVAMC.

A biochemistry and comparative literature major in college, Lampiris speaks French, German and Greek, and is also a classical pianist. He and his partner, Paul Lee, live in San Francisco.
Innovation Highlighting quality
Discovery

Patient-Centered Discovery

Elliott Sigal, MD, PhD, vividly remembers the first patient he admitted to the hospital as a UCSF intern in 1981. “In retrospect, he was a young man with HIV/AIDS,” says Sigal. “It was before AIDS had a name, before we knew it was a virus. Yet it was clear to us that we were somehow witnessing medical history. We were all waiting for the response of the modern medical enterprise.”

After completing additional training in pulmonary medicine and research at UCSF and serving on the faculty, Sigal went on to create part of that response. After working at several biotech companies, he joined Bristol-Myers Squibb in 1997, where he oversaw development of a protease inhibitor used as part of a cocktail of drugs to slow the spread of HIV in the body.

“The biomedical enterprise... changed AIDS from an acute, lethal disease, to a chronic, manageable condition,” says Sigal, now the chief scientific officer and president of research and development for Bristol-Myers Squibb. Under his leadership, the company has brought to market more than a dozen new medicines representing major advances for patients with serious diseases, including the first and only new medicine to extend the lives of patients with metastatic melanoma, as well as breakthrough therapies for head and neck cancer, thrombosis, hepatitis B, organ transplantation, and rheumatoid arthritis.

“UCSF helped provide a great foundation for what I’m able to do,” says Sigal. In particular, he recalls how former Chair of the Department of Medicine Lloyd H. “Holly” Smith, Jr., used to walk on the wards with trainees.

“After listening to a case, he was able to put medical treatment in a historical context from his vast experience, and discuss how medical care has evolved,” says Sigal.

Many of the projects were already in various stages of development, a testament to how quality improvement and patient safety efforts are becoming interwoven into the curriculum. For example, third-year Parnassus Integrated Student Clinical Experiences medical students Sam Brondfield, Anisha Chandra, Steve Popper and Leslie Sheu wanted to empower hospitalized patients with limited English proficiency (LEP) to ask for a professional interpreter as part of their quality improvement course. For the Challenge, they teamed up with Saraswati Iobst, MD, a Hospital Medicine fellow, and Leah Karliner, MD, MAS, an assistant professor and expert in improving care for LEP patients.

The group developed and piloted the distribution of a yellow card, written in English and Chinese, letting patients know that they could request free interpretation services. “In the month we had the cards distributed to patients... we noticed an increase in both the number of calls made to the Chinese interpreting services, as well as an increase in the duration of those calls,” says Chandra.

“We’ve learned a lot,” says Iobst. “That’s what quality improvement is – you take it back into your next PDSA cycle,” referring to the repeating Plan-Do-Study-Act process, which allows groups to refine and improve interventions. “We had presented the first round of our project to our fellow students, but the Challenge was great,” said Popper. “Making the poster helped us figure out what the most important things were, and prepare for the next cycle of implementing the card.”

Other winning teams developed an easy-to-read summary of key information about patients discharged from the SFVAMC, as well as an electronic tool to provide information about patients’ hospitalizations. At the event, Talmadge E. King, Jr., MD, Chair of the Department of Medicine, said he is committed to finding ways to sustain...
patients in a different way by helping teams that are making medicines for the future. It requires understanding the science, and also knowing where the field of medicine is going.”

Sigal says his experience caring for patients shapes his work today. “It’s so important in pharmaceutical medicine to keep the patient at the center when you’re thinking about disease treatment, the need for new therapeutics, and safety and risk benefit,” says Sigal.

He maintains this patient connection by inviting clinical trial participants to tell their stories to his teams. “The patients often want to thank the researchers, because many of these are debilitating conditions, like severe rheumatoid arthritis, or hepatitis or stroke,” says Sigal. “There’s not a dry eye in the house…You realize that everybody has a story of a family member, friend or acquaintance that makes things very real.”

Since 1999, Bristol-Myers Squibb has committed $150 million to address the HIV/AIDS epidemic in Africa. Sigal recently visited pediatric HIV clinics in South Africa and Lesotho created by some of these funds, and remembered his internship experience 30 years ago. “I think of that one patient, and then all the research that’s come out of our company and others – I am very proud of the people I work with, and the impact they’ve had on disease,” says Sigal.

**Recognizing Quality Leaders in the Promotion Process**

The Department of Medicine also recently established a dedicated Quality Improvement Portfolio, which allows faculty to highlight their work in systems innovation, quality improvement and patient safety as part of the promotion process. “Serving on quality and safety task forces or improving how clinics are run are invaluable to making improvements, but may not always result in traditional markers of achievement like academic publications or grant funding,” says Associate Chair for Quality Improvement and Patient Safety Niraj Sehgal, MD, MPH. “In the context of health care reform, so much of that work is a function of doing system innovation and quality improvement. We want to cultivate faculty who are recognized and rewarded for leading this work.”

**recent appointments**

**Dr. Lindsey Criswell** – Lindsey A. Criswell, MD, MPH, DSc, has been appointed chief of the Division of Rheumatology at Parnassus/Mount Zion. Criswell is a leading researcher in the area of genetics and human autoimmune diseases such as rheumatoid arthritis and systemic lupus erythematosus. Her work has led to the identification of many genes which contribute to the onset and progression of these diseases.

Criswell received her medical degree from UCSF, her master’s degree in public health from UC Berkeley, and a doctor of science degree in genetic epidemiology from the Netherlands Institute of Health Sciences. She completed a postdoctoral fellowship in rheumatology at UCSF, and joined the UCSF faculty in 1992.

**Dr. Averil Ma** – Averil Ma, MD, has been appointed chief of the Division of Gastroenterology at Parnassus/Mount Zion. Ma is an outstanding immunologist renowned for his work in cell signaling mechanisms underlying inflammatory and autoimmune diseases.

He graduated from Harvard College, received his medical degree from Columbia University College of Physicians and Surgeons, and completed his residency at Massachusetts General Hospital. He did his fellowship in gastroenterology at Columbia. He held academic positions at Harvard and the University of Chicago before his recruitment to UCSF in 2004 to oversee the UCSF Colitis and Crohn’s Disease Center. He is a member of the American Society of Clinical Investigation and the Association of American Physicians, and holds the Rainin Distinguished Professorship in Inflammatory Bowel Disease.

**Dr. Dean Schillinger** – Dean Schillinger, MD, has been appointed chief of the Division of General Internal Medicine at San Francisco General Hospital (SFGH). He earned his medical degree from the University of Pennsylvania, was a resident in the UCSF Primary Care Internal Medicine residency program, then served as chief resident at SFGH.

Schillinger joined the UCSF faculty in 1995 and is a professor of medicine. His work focuses on literacy, health communication, and chronic disease prevention and management. He is the founding director of the UCSF Center for Vulnerable Populations, whose mission is to carry out innovative research to prevent and treat chronic disease in populations for whom social conditions often conspire to both promote chronic disease and make its management more challenging. He also serves as chief of the Diabetes Prevention and Control Program for the California Department of Public Health.

**Dr. William Seaman** – William E. Seaman, MD, has been appointed as associate chair for research for the Department of Medicine. He will take a leadership role in supporting the growth and diversity of the Department’s physician-scientist workforce, and helping ensure that the Department remains an international leader in research.

Seaman is a professor in the Departments of Medicine and Microbiology and Immunology. He currently serves as research director of the American Asthma Foundation. Seaman’s laboratory investigates the cell surface receptors that activate or inhibit leukocytes that are involved in the regulation of immunity and autoimmunity.

He received his medical degree from Harvard Medical School, completed his residency at Massachusetts General Hospital, and completed a postdoctoral fellowship in the Arthritis and Rheumatism Branch of the National Institute of Arthritis, Metabolism, and Digestive Diseases at the National Institutes of Health. He joined the UCSF faculty in 1976, and has served as chief of the arthrits/immunology section and chief of the medical service at the San Francisco Veterans Affairs Medical Center. He is a member of the American Society of Clinical Investigation and the Association of American Physicians.
**faculty awards**

Congratulations to the faculty in the Department of Medicine for their achievements and contributions during 2010-11, including the following awards and honors:

### Teaching and Mentoring Awards

- **Louise Aronson, MD, MFA**
  - Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators, 2010
  - Cooke Award, Haile T. Debas Academy of Medical Educators, 2010

- **Caroline Behler, MD**
  - Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators, 2011

- **Ann Bolger, MD**
  - Clinical Teaching Excellence Award, UCSF School of Medicine, 2010

- **Brad Hare, MD**
  - Sarlo Award for Excellence in Teaching, UCSF AIDS Research Institute, 2010

- **Diane Havlir, MD**
  - API Award for Outstanding Mentoring, UCSF AIDS Research Institute, 2010

- **Peter Chin-Hong, MD, MAS**
  - Essential Core Teaching Award Excellence in Small Group Teaching, UCSF School of Medicine Class of 2013

- **Priscilla Hsue, MD**
  - Resident Research Mentoring Award, UCSF Department of Medicine

- **Mallory O. Johnson, PhD**
  - Distinction In Mentoring Award, Academic Senate, 2011

- **Jeff Kohlweis, MD, MPH**
  - Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators, 2011

### External Awards, Honorary Degrees

- **Louise Aronson, MD, MFA**
  - Edward D. Harris Professionalism Award, Alpha Omega Alpha Honor Medical Society

- **Ann Bolger, MD**
  - Distinguished Achievement Award, Council on Clinical Cardiology, American Heart Association

- **Shaun Coughlin, MD, PhD**
  - Distinguished Career Award, International Society on Thrombosis and Haemostasis

### International Society on Hemostasis & Thrombosis Prize

- **Binh Diep, PhD**
  - 50th ICAAC Young Investigator Award, American Society of Microbiology

- **Ephraim P. Engleman, MD**
  - Proclamation from Governor - Celebrating 100th Birthday Edmund G. Brown, Jr., Governor, State of California

- **Mitch Feldman, MD, MPhil**
  - Fulbright Research Fellowship

- **Peter Ganz, MD**
  - Credited for initiating the field of Human Endothelial Biology in Cardiology, European Heart Journal

- **Karen Seal, MD, MPH**
  - Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators, 2010

- **Hilary K. Seligman, MD, MAS**
  - Essential Core Teaching Award Excellence in Small Group Teaching, UCSF School of Medicine Class of 2013

- **Brad Sharpe, MD**
  - Teaching Award, UCSF School of Medicine, Class of 2013

- **Michael Wilkes, MD**
  - Excellence in Teaching Award, Haile T. Debas Academy of Medical Educators, 2010

- **Brie Williams, MD, and Kala Mehta, DSc, MPH (co-winners)**
  - Mentor of the Year Award, Medical School Training in Aging Research, UCSF

- **Mark Looney, MD**
  - Jean Julian Award International Society of Blood Transfusion

### Public Service

- **Gregory M. Marcus, MD, MAS**
  - American Heart Association Samuel Levine Young Clinical Investigator

- **Robert A. Nissenson, PhD**
  - 2010 Shirley Hohl Service Award, American Society for Bone and Mineral

- **Robert Nussbaum, MD**
  - 2011 Klaus Joachim Zülch Neuroscience Prize, Gertrud Reemtsma Foundation

- **Nora Goldschlager, MD**
  - Hospital Provider of the Year, SF Paramedic Association

- **Peter W. Hunt, MD**
  - HIV Research Award, HIV Medicine Association, Infectious Diseases Society of America

- **Talmadge E. King, Jr., MD**
  - Elected member, American Academy of Arts and Sciences

- **David Irby, PhD**
  - Karolinska Institutet Prize, Research in Medical Education, 2010 Karolinska Institutet

- **Cindy Lai, MD**
  - Clinician Educator Award, Society of General Internal Medicine, 2010

- **Sriram Shamasunder, MD**
  - Woman's Day Red Dress Award, 2011, Woman's Day Magazine

- **Eric Widera, MD**
  - 2011 Gunniff-Dixon Physician Award, Hastings Center

- **Eric Widera, MD & Alexander K. Smith, MD, MS, MPH**
  - Best Clinical Weblog, medGadget

- **David Wofsy, MD**
  - Klempner Award and Medal, New York Academy of Medicine

- **Bobby Baron, MD, MS**
  - Co-Chair, Accreditation Review Committee, Accreditation Council for Continuing Medical Education

- **Andrei Goga, MD, PhD**
  - American Society of Clinical Investigation

- **Chi-yuan Hsu, MD, MSc**
  - American Society of Clinical Investigation

- **Steven Pantilat, MD**
  - 2011 Leadership Award, James Irvine Foundation

- **Carmen A. Peralta, MD, MAS**
  - 2010 Herbert W. Nickens Faculty Fellowship Award, American Association of Medical Colleges

- **Rita Redberg, MD, MSc**
  - Red Dress Award, 2011, Woman's Day Magazine

- **Sriram Shamasunder, MD**
  - Young Physician of the Year, American College of Physicians, 2010

- **Paul Simpson, MD**
  - Thomas Smith Memorial Lecturer, American Heart Association, 2010

- **Bob Wachter, MD**
  - Master, Society of Hospital Medicine
  - 10th Most Influential Physician-Executive in the United States, Modern Physician
  - 100 Most Powerful People in Healthcare, Modern Healthcare
  - Eric Neilson Distinguished Professor Award, Association of Specialty Professors of Medicine
  - Fulbright Scholar

- **Eric Widera, MD**
  - Honorary Member, Society of Hospital Medicine
  - 2011 Gunniff-Dixon Physician Award, Hastings Center

- **Bobby Baron, MD, MS**
  - Co-Chair, Accreditation Review Committee, Accreditation Council for Continuing Medical Education

- **Andrei Goga, MD, PhD**
  - American Society of Clinical Investigation

- **Chi-yuan Hsu, MD, MSc**
  - American Society of Clinical Investigation
Mary Whooley, MD  
American Society of Clinical Investigation

Rita Redberg, MD, MSc  
Learning Healthcare Committee, Institute of Medicine

President’s Council of Cornell Women

Three Congressional hearings on medical devices:  
House of Representatives – Energy and Commerce  
House of Representatives – Oversight Committee  
Senate – Aging

Margaret Tempero, MD  
Board of Trustees, 2011-2013, University of San Francisco  
Expert Review Team, 2011, Canadian Institutes of Health Research

Bob Wachter, MD  
Chair-Elect, American Board of Internal Medicine

Talmadge E. King, Jr., MD  
Secretary/Treasurer, American Board of Internal Medicine  
Board of Directors, National Committee for Quality Assurance

Steven A. Schroeder, MD  
Board of Directors, Mathematica Policy Research

Matthias Hebrok, PhD  
Cellular Aspects of Diabetes and Obesity Study Section

Patricia A. Cornett, MD  
Captain, 2012, USA Curtis Cup Team

Bree Johnston, MD, MPH  
Subspecialty Board on Geriatric Medicine, American Board of Internal Medicine

Endowed Chairs

Yerem Yeghiiazarians, MD  
Leone-Perkins Family Endowed Chair in Cardiology

Stephen Morin, PhD  
Walter Gray Endowed Chair in HIV/AIDS Science

Suneil Koliwad, MD, PhD  
Gerard Grodsky, PhD/JAB Chair in Diabetes Research

Neil Shah, MD, PhD  
Edward A. Ageno  
Distinguished Professorship in Hematology/Oncology

UCSF Awards and Appointments

Paul Nadler, MD  
Exceptional Physician Award, UCSF Medical Center, 2011

Jeff Kohlwees, MD, MPH  
Alpha Omega Alpha, Honor Medical Society, UCSF School of Medicine  
Class of 2011

Gaetan (Guy) Micco, MD  
Alpha Omega Alpha, Honor Medical Society, UCSF School of Medicine  
Class of 2011

Brad Sharpe, MD  
The Haile T. Debas Academy of Medical Educators

Tony Bass, MD, PhD  
Gold Headed Cane Society, UCSF

Jeff Critchfield, MD  
John F. Murray Award, SFGH Medical Services, 2011

Dan Wlodarczyk, MD  
Jane Bailowitz Award, SFGH Medical Services, 2011

Lisa Murphy, MD  
Subspecialist Consultant of the Year Award, SFGH Medical Services, 2011

Sheri Weiser, MD  
Burke Global Health Faculty Award, CTSI & UCSF Global Health Sciences

Louise Aronson, MD, MFA  
Director, Pathways to Discovery

Read Pierce, MD  
Director, Hospital Medicine, VAMC

Calvin Chou, MD, PhD  
Academy Chair, Scholarship of Teaching and Learning

Carl Grunfeld, MD, PhD  
Associate Chief of Staff, Research and Development, VAMC

Henry (Chip) Chambers, MD  
Chair, Clinical Research and Field Studies, Infectious Diseases Study Section

Chancellor’s Award for Exceptional University Service

Jep Poon, nephrology division administrator at San Francisco General Hospital, and Suzanne Sutton, controller and director of research administration for the Department of Medicine, received the Chancellor’s Award for Exceptional University Service last May. Poon, a 25-year member of the UCSF community, was recognized for her outstanding efforts to serve more than 2,000 dialysis patients at SFGH. Sutton, a 13-year UCSF employee, was recognized for her creativity and innovations in improving research administration processes.

Holly Smith Award for Exceptional Service to the School of Medicine

Vivian Robinson, residency program assistant, received the Holly Smith Award in June. Established in 2000, the award recognizes exceptional career service resulting in broad and long-lasting benefit to the School of Medicine, and is named for Lloyd Hollingsworth (“Holly”) Smith, Jr., former chair of the Department of Medicine and associate dean emeritus of the UCSF School of Medicine. Robinson was praised for her tireless dedication to supporting residents, and her excellent problem-solving abilities.

Ucsf Medal

Marvin H. Sleisenger, MD, emeritus professor of medicine and distinguished physician, Department of Veterans Affairs, was awarded the UCSF Medal, the University’s highest honor. He was recognized for his exceptional role over the past four decades in improving the care of veterans, expanding and strengthening UCSF’s overall academic programs, and leadership in the discipline of gastroenterology.

Sleisenger received his medical degree from Harvard Medical School, and served in the U.S. Navy Medical Corps during the Korean War. In 1968, he was recruited as chief of the medical service at the San Francisco Veterans Affairs Medical Center (SFVAMC) and vice chair of the UCSF Department of Medicine. Under his imaginative and sustained leadership, the SFVAMC developed a vigorous and internationally respected biomedical research program, and has become one of the most acclaimed academic institutions among the 155 hospitals in the national VA system.
Hugh and Eila Korpi lived modestly: he was a schoolteacher, and she worked as a beautician in downtown San Francisco. Yet over the years, they quietly built a substantial nest egg – leaving part of it to UCSF through their estate to create the Hugh and Eila Korpi Distinguished Professorship in Cardiology Research, and an accompanying research fund.

“They were children of the Depression,” says Anthony Cermak, their attorney and a family friend. “Both of them were extremely frugal. They scrimped and saved, put away their salary, and invested wisely in real estate.” The Korpis bought a small apartment complex in Sonoma County, and later sold it to purchase a larger one.

Both of the Korpis appreciated the care they received from UCSF cardiologists, and when they were preparing their trust, they wanted to leave a legacy to support cardiovascular research at UCSF. “They thought that UCSF was a place where they had seen money being used to good effect for people’s benefit, and they were personally interested because of their own medical conditions,” says Cermak. “Not having children of their own, they felt like they wanted to make some kind of a mark.”

Hugh Korpi died in 2000, and Eila Korpi passed away in 2008. The couple appointed Cermak to work out the details of their gift to UCSF, and together he and UCSF officials agreed to use the funds to support research into the genetic causes of cardiovascular disease. “It’s a cutting-edge area that will allow UCSF to attract more grants,” says Cermak.

“The Hugh and Eila Korpi Distinguished Professorship in Cardiology Research will allow UCSF to recruit a top-notch researcher in cardiovascular disease,” says Jeffrey Olgin, MD, chief of the Division of Cardiology at UCSF Medical Center. “We are deeply grateful to the Korpis for their vision and extraordinary generosity.”

Eila Korpi loved to tell the story of how she and her husband met. She grew up in Finland, and, as an adult, immigrated to San Francisco by way of Canada. One evening, she and some of her friends went to the San Francisco Opera, perched in the inexpensive seats at the back of the house. Two men squeezed by them in the narrow aisle, jostling them as they made their way to their seats. “Eila commented to her friends, in Finnish, how rude these people were,” says Cermak.

One of those men was Hugh Korpi, the son of Finnish immigrants. “He understood what she said, so he apologized in Finnish,” says Cermak. “At the break, they went out and had a glass of champagne together, and continued celebrating life together the rest of their lives.”

Eila and Hugh Korpi