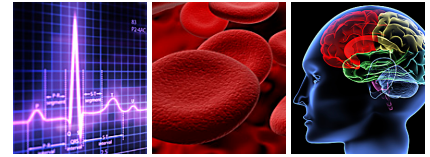




# Newsmakers In Medicine

## Inside the Stanford DOM



## Community Physicians and Emeritus Faculty Honored

Moments merged into memories for emeritus faculty, community physicians, and guests at the recent “Evening of Thanks.” The April reception and dinner, sponsored by the Department of Medicine was held at Li Ka Shing Center for Learning and Knowledge where more than seventy people gathered to reminisce with friends and colleagues.

Department Chair Linda Boxer, MD, PhD, planned the celebration with the assistance of Kelley Skeff, MD, PhD, Vice Chair for Education, and the administrative staff to thank community physicians and emeritus faculty for their years of service and contributions to Stanford.

“When I became Chair, I remembered the people who mentored me throughout my career,” said Boxer. “We have a strong relationship with those community physicians who participated in the Department for such a long time and have benefited deeply from their experience, wisdom, and knowledge.”

Each person has a different story, Skeff remarked to the audience. And yet, few institutions can gather a group who truly represent the major time and existence of the institution; therefore this group deserves the pride and credit for what Stanford is today. “It is clear that whatever separates us—politics, economics, or working in different locations—we are still bonded by our commitment to colleagues, our patients, and our passion for the field of medicine.”

For those at the beginning of their careers, coming to Stanford meant being in an unknown place. It meant working for a small Department of Medicine without established traditions and building something from the ground up, which was not for the faint of heart.

According to Stan Schrier, “We were a group of gangsters, iconoclasts, rebels—gangsters who threw their heart and soul into what was meaningful to them. Stanford was a place that welcomed innovation, inviting brilliance and openness—an environment that welcomed differences, an environment that people like Hal Holman helped create.”

“It was a time for firsts,” said Skeff. These individuals were the first to develop a center or a program or a unit, first to

give or discover a drug, first to develop a new teaching service; they were the first at Stanford in a particular field. Or as Marcus Krupp, MD, recalled, “Teaching bright young students, watching them grow, and seeing how they’ve done after they’ve gone on to do other things was very rewarding.”



Left to right: Kelley Skeff, Saul Rosenberg, Hal Holman, and Jack Farquhar.

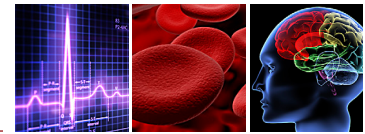
### Tribute to a Colleague

Skeff took a few minutes to honor a Stanford colleague, Stan Kroopf, MD, an emeritus professor of cardiology and internal medicine, who recently passed away. “Stan loved the practice of medicine. He was devoted to his patients and to teaching. He was someone who represented the wonderful qualities of each one of you.”

As the evening drew to a close, Linda Boxer reflected on a successful event that, she admitted, was long overdue. “I don’t think this is something that the Department did in the past but it is something that we should do more often. The community physicians don’t have to do this, they just wanted to do this. We owe them, and the emeritus faculty, who do not always receive the acknowledgement they deserve, a tremendous debt. Working with each one has been incredible for us and our trainees. I’m glad we got the opportunity to show them all how grateful we are.”

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## Chair's Corner



### Planning for the Future and Celebrating the Past

It is an exciting time for the Department of Medicine as we continue to build excellence in scholarship, clinical care, and training. We have 21 active faculty searches open at this time. Division chiefs, Upi Singh, MD, Infectious Diseases and Geographic Medicine, and Mark Nicolls, MD, Pulmonary and Critical Care Medicine, have multiple recruitments ongoing. John Ioannidis, MD, DsC, the Director of the Stanford Prevention Research Center, is also recruiting new faculty for the division. We expect to fill our laboratory space in the Grant building in the near future, and we are working to identify additional research space for the Department.

As we do each year, we welcome another outstanding group of interns to our Department in June. I want to thank all the housestaff, faculty, and staff who contributed so much of their time to ensure that we had another successful intern match. It was wonderful to see the high level of enthusiasm and commitment to the Department that was transmitted to the applicants during their interview visits.

Over the years, the Department has benefited from the energy, wisdom, dedication, and expertise of so many community physicians who have given tirelessly of their time. Many of our emeritus community and school colleagues were honored at a recent dinner celebration. I hope that we were able to convey to them how much we value their contributions and long standing relationship with Stanford Medicine.

Best wishes for a happy spring.

**Linda Boxer, MD, PhD**

## Bridging Social Networks Improves Quality of Care

Using simulation exercises to train nurses and physicians on better ways to respond to a patient in distress isn't new. What's different, however, is how Project TRANSFORM incorporates social network analysis into simulation training exercises as a method to enhance communication, develop teamwork, and improve clinical outcomes.

Project TRANSFORM is a 12-month, simulation-driven, education research study funded by a grant from the Gordon and Betty Moore Foundation and Stanford Hospital. Principal investigator Clarence Braddock, MD, PhD, MPH, Professor of Medicine, and Medical Director of Quality, leads a team that includes Nancy Szaflarski, RN, PhD, Program Director of Quality Outcomes, Lynn Forsey, RN, PhD, Program-Director, Nurse Scientist, and Lynn Abel, RN, MSN, Project Manager.

Simulation sessions occur twelve to fourteen times a month on four Stanford Hospital inpatient hospital wards. A sophisticated mannequin becomes a patient showing signs of distress. A team of nurses and doctors respond to the crisis, working together to decide on the best form of treatment. The exercise is designed to measure their skills, medical knowledge, along with how well they communicate with each other. Team members are debriefed immediately after each simulation. In many instances, physicians said they would welcome ideas and suggestions from nurses, who often have 10-20 years of knowledge and experience. "It was powerful to see that come out. There aren't many venues where



Lynn Abel, RN prepares for simulation exercise.

doctors and nurses talk in that way," said Braddock.

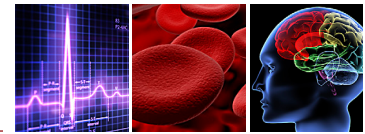
### Parallel Universes

Participants in the program complete periodic surveys to measure the frequency and intensity of how they interact with each other. Information is entered into a computer program that analyzes and creates a map of dots and lines to represent the different social networks within the clinical micro system and show how team members interrelate within a specific environment. Social network analysis is similar to the theory of six degrees of separation, the idea that everyone in the world is separated from everyone else by six links.

As Braddock observed in the hospital, "In many cases doctors and nurses live in two parallel universes within the hospital micro system, which may create a barrier to caring for a patient. Social network analysis allows us to capture a baseline pattern and see if intense simulation trainings can breakdown those barriers and enable those two separate social networks to have some cross connections."

Preliminary findings show that nurses tend to reach out to other nurses, doctors to other doctors. Both groups, however, are tightly

*Cont'd. on page 5*



## Older HIV Patients Face Complex Health Issues

Twenty years ago, a diagnosis of AIDS was close to a death sentence. Today, antiviral drug regimens enable HIV positive individuals to live for decades. With longer life, however, come problems associated with premature aging. For midlife individuals infected with HIV, daily life includes increased risk for heart attacks, cardiovascular disease, osteoporosis, depression, and liver and kidney disease. Many people struggle with neurocognitive decline and memory and concentration issues common to individuals in their 70s and 80s.

“Someone in their early 50s looks 10 to 15 years older,” said Andrew Zolopa, MD. As Director of the Positive Care Clinic in Atherton, CA, Zolopa handles AIDS and aging issues every day. “There are these end organ diseases that seem to be mounting in patients who are aging with AIDS.”

Although, the majority of new HIV infections are diagnosed in younger Americans, one-quarter of people living with HIV in the United States are over 50 years old, according to the Centers for Disease Control. Research indicates that by 2015, half of the people living with HIV will be past the age of 50.

*Before, patients were getting ready to die; now they plan for retirement.*

Zolopa, an associate professor of medicine in the division of infectious diseases has received a grant from the California HIV/AIDS Research Program to study the connection between AIDS and accelerated aging. He and infectious diseases post-doctoral fellow Phil Grant, MD, organized the Stanford HIV Aging Group, composed of older and younger patients from the Positive Care Clinic whose virus is well controlled. Each will undergo comprehensive annual evaluations focused on neurocognitive dysfunction, frailty, and cardiovascular disease.

The grant also assists in developing ways to manage aging-related complications by studying the epidemiology, patterns, risk factors, and dimensions of the problem. “We’ve done extremely well with anti-viral drugs; the next step is to improve the longevity of people’s lives,” said Zolopa.

### Complex Interplay

Why HIV patients suffer from premature aging and organ and immune system damage has yet to be determined.



Andrew Zolopa, MD, treats Stanford HIV Aging Group patient Jerry Spillman.

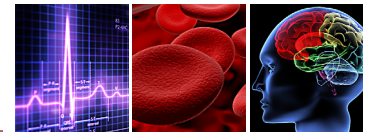
How much is directly related to the virus, how much is tied to the cumulative effect of years of potent drug regimens, and how much is merely a result of growing older?

One theory suggests accelerated aging as a legacy effect of immune system damage done by the virus many years ago when the person first got sick. Or, perhaps the beating their immune system took when they got sick combined with drug therapy, aging, and drug toxicity to cause rapid aging.

“The mitochondria appear to be less damaged with today’s drugs compared to past drugs like AZT, which is really hard on those energy packets,” said Zolopa, who is concerned for someone in their early 20s or 30s that is diagnosed as HIV positive. “You’re committing them to lifelong treatment with these drugs. We think they are better but they aren’t perfect, and we don’t have 20 years of follow up in treatment data for patients who have only taken the newer, better drugs.”

### Comprehensive Care

HIV patients at the clinic range from 18 to 78 years of age, with a median age of 50. Managing their overall treatment requires a multidisciplinary team approach. In addition to infectious disease physicians, the staff includes a family practice doctor, nurse practitioner, nutritionist, psychiatrist, and a social worker to assist with benefits. With patients being less sick than they once were, the issues that Zolopa deals with today are different from when he opened the clinic in 1994. “That first year, one person died every week. In 2011, there are 4 to 5 deaths a year related to things other than HIV. Before, patients were getting ready to die; now it’s how to get them to plan for their retirement.”



## Hope for Chronic Fatigue Syndrome

Jose G. Montoya, MD, has treated more than 200 people with chronic fatigue syndrome (CFS). The defining symptoms—disabling fatigue, brain fog, muscle and joint pain, impaired sleep, sore throat, and enlarged lymph nodes—indicate that a disease is clearly present. Whatever causes CFS, however, remains a mystery and a troubling concern for patients who suffer from symptoms, which are often inconsistent with what laboratory tests and examinations can actually find. Sadly, this profound dichotomy has led to disbelief among some physicians and members of the medical community as to whether patients are actually sick.

For the past 6 years, Montoya, an associate professor in the division of infectious diseases, has postulated that CFS can be linked to an infection from pathogens such as herpes viruses, Chlamydia pneumoniae, tick borne pathogens, or enteroviruses. “We have an increasing number of success stories where patients get better with long-term treatment of the specific pathogen,” said Montoya.

The problem, however, is that these different pathogens often produce the same group of symptoms. “We have the equivalent to pneumonia as a disease in chronic fatigue syndrome but haven’t found the infiltrate yet to objectively say this patient has CFS. We’re still working with the clinical definition and to establish the relationship with the specific pathogens.”

### Ongoing Research

A \$1.4 million grant from the pharmaceutical company that manufactures the anti-viral drug Valcyte has enabled Montoya do a double-blind, placebo-controlled, randomized trial whose results are highly suggestive that patients improve because of the drug and not the placebo.

Additional funds from a generous private donation fuels the search for pathogens in the blood of CFS patients. In

collaboration with Ian Lipkin, MD, at Columbia University, and utilizing innovative technologies such as mass tag, PCR, Green chip, or 454 deep sequencing (which have never been tried with CFS patients), researchers may find known or unknown organisms. Montoya also collaborates with other Stanford faculty and the Stanford Human Immune Monitoring Core Facility to analyze the blood through immunological techniques. Several hundred patients are enrolled in these studies.

### The Big Picture

CFS is believed to affect between one and four million Americans and accounts for approximately \$9 to \$18 billion in lost productivity due to illness. Montoya’s long-term goal is to eliminate chronic fatigue syndrome. Slowly, he has introduced the condition, which was previously ostracized by academic centers into the division of infectious diseases. He hopes that physicians who treat CFS patients will eventually see it as making a contribution to human health.

“I think the future of infectious diseases is going to be in the challenges posed by viruses, other intercellular pathogens, and chronic illnesses. For these we have poor diagnostics and limited therapies. Connecting an unexplained chronic illness and other diseases with these pathogens will shape the future of our subspecialty. It will expand the therapeutic armamentarium beyond treating extracellular bacteria and fungi to more challenging and unexplained syndromes associated with infection.”



Jose Montoya, MD, examines Tina Caskey.

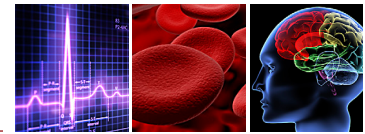
### Living With Chronic Fatigue Syndrome

Tina Caskey is working to improve the quality of life for people with chronic fatigue syndrome. Thanks to her support, there is now a website with up-to-date information and expertise that individuals can bring to their local physicians regarding specific tests, medications, and treatments. Tina has also set up a Good Samaritan Fund at Stanford to assist people with limited funds and no insurance.

“When you’re sick, it’s important to know the nature of your illness and what you can do about it,” said Tina, whose

struggles with CFS began in 2003. Tina, who was healthy all her life, received a steroid shot for an injured knee. The Arizona woman who loved to ski, mountain bike, and go backpacking with her family began to fall apart. She was fatigued, dizzy, and experienced tachycardia and signs of the flu. Local doctors had no explanation for her symptoms. She sought medical treatment in Phoenix and at the Mayo Clinic. No one could tell her why she went from being healthy to being sick in such a short period of time.

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## Department Welcomes New Faculty



**Mehrdad Ayati, MD**

**Mehrdad Ayati, MD**, a clinical instructor of medicine and geriatrics in the division of General Medical Disciplines received his medical degree from Iran (Tehran) University School of Medicine. He worked for 5 years as an Internist/Hospitalist in Iran. After immigrating to the United States, he completed his residency in Family Medicine at UC Davis Medical Center and fellowship in Geriatric Medicine at Stanford University Medical Center. Ayati worked as a hospitalist at Lodi Memorial Hospital and as an ER attending at VAPACHS. He has received multiple awards for his excellence in clinical teaching. His clinical interests are in improving geriatric care in acute hospital settings and preventing delirium in acute care and polypharmacy in elderly patients.



**Benjamin Goldstein, PhD**

**Benjamin Goldstein, PhD**, joined the Quantitative Sciences Unit in 2011 after receiving his PhD in Biostatistics from UC Berkeley with an emphasis in Computational and Genomic Biology and an MPH in epidemiology and biostatistics.

His expertise encompasses statistical methods for genetic association studies as well as prediction and machine learning methodology. He is interested in risk prediction for health outcomes, particularly with genetic and/or longitudinal data. He enjoys collaborating with physicians, epidemiologists, and subject matter experts.



**Nigam Shah, MBBS, PhD**

**Nigam Shah, MBBS, PhD**, is an assistant professor of medicine in the division of Biomedical Informatics Research. His current research is focused on ontology based approaches to annotate, index, integrate and analyze diverse unstructured information available in biomedicine for the purpose of enabling data-driven analytics in medicine and health care. His group combines machine learning and text-mining with prior knowledge encoded in medical ontologies to discover hidden trends from the unstructured portion of the medical record. He co-chairs the Bio-Ontologies meeting at the Intelligent Systems in Molecular Biology conference and currently serves as a scientific advisor to companies applying semantic web technologies in the health and life sciences.

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### Bridging Social Networks Improves Quality of Care *cont'd. from page 2*

connected to the respiratory therapist. In social network analysis, unexpectedly, you find certain people who are influence makers, explained Braddock. “The respiratory therapist is someone who might build bridges between social networks and offer insight into how to change the current micro culture.”

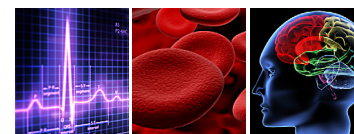
“Our work with the patient is so dependent on our interpersonal relationships with the other clinicians,” said Lynn Abel, RN. “This project gives us an avenue to build those relationships and strengthen the team dynamic.”

After a full year of trainings, Project TRANSFORM will have more data about the impact of social network analysis. In the meantime, breaking down the authority gradient and providing structured forms of communication continues to help physicians and nurses feel more comfortable and able to intervene sooner to prevent hospital-based complications when a patient begins to deteriorate. Braddock said, “Simulation training is an excellent way to train interdisciplinary teams and build medical skills and knowledge. It’s also a powerful way to address the influential social forces of communication we deal with every day.”

### Living With Chronic Fatigue Syndrome *cont'd. from page 4*

After the possibility of Lyme disease surfaced, physicians prescribed antibiotics. Tina got better, but eventually relapsed. She read about Jose G. Montoya, MD, and his work using anti-viral medications to treat patients suffering from chronic fatigue. In 2007, Tina began taking the drug Valcyte. Although she is not fully recovered, her health continues to improve. “I saw 17 doctors and Dr. Montoya was the first one to look at the bigger picture. We don’t have all the answers, but with treatment, and the right information, people with CFS can live a better life.”

Visit: [The Stanford Chronic Fatigue Initiative](#)



## Noteworthy Mentions

### New Director of Translational Research

Dean Felsher, MD, PhD, will become the Director of the Translational Research Program. Mike McConnell, MD, Jeffrey Glenn, MD, PhD, and Steve Artandi, MD, PhD, will serve on the advisory committee. The new program offers a formal structure to promote integrated teaching and research among students, residents, fellows, and faculty. It provides seed funding for projects between clinical and laboratory investigators, laboratory space, seminars, and a research symposium.

### National Organization Elects Kelley Skeff as Regent

The American College of Physicians elected Kelley Skeff, MD, PhD, as an ACP regent. Skeff became an ACP Fellow (FACP) in 1991 and was elected a Master of the ACP in 2004. [Read more »](#).

### New Opportunities in Global Health

The first fellowship in [Global Health Media](#) will train new physicians to work with leading media outlets. The program provides medical students, residents, and/or faculty with practical training in global health reporting.

A new [Global Health Track in Internal Medicine Residency](#) will fund two residents per year and provide training in a custom-built global health program. The program includes clinical experience and a Masters concentration of choice in areas such as International Policy, Environment and Resources, and more.

## Spring Awards & Promotions

### Appointments

- **Mehrdad Ayati, MD**, appointed clinical instructor of medicine, general medical disciplines
- **Eran Bendavid, MD**, appointed assistant professor of medicine, general medical disciplines
- **Manisha Desai, PhD**, courtesy appointment clinical associate professor, health research and policy
- **Benjamin Goldstein, PhD**, appointed instructor of medicine, general medical disciplines
- **Shivangi Kothari, MD**, appointed instructor of medicine, gastroenterology
- **Robert Isom, MD**, appointed clinical associate professor of medicine, nephrology
- **Stavroula Otis, MD**, appointed clinical instructor of medicine, hematology
- **Nigam, Shah, MBBS, PhD**, appointed assistant professor of medicine, biomedical informatics research

### Promotions

- **John Kugler, MD**, promoted to clinical assistant professor of medicine, general medical disciplines
- **Tracy Rydel, MD**, promoted to clinical assistant professor of medicine, general medical disciplines
- **Annie Talbot, MD**, promoted to clinical assistant professor of medicine, infectious diseases
- **Sandra, Tsai, MD**, promoted to clinical assistant professor of medicine, general medical disciplines

### Awards and Honors

- **Michele Barry, MD, FACP**, was invited to serve on the Scientific Advisory Council for NIH/Fogarty for 2011-2015.
- **Mary Goldstein, MD**, received one of five Distinguished Paper awards at the 2010 American College of Medical Informatics Symposium.
- **John Ioannidis, MD, DSc**, was one of 15 members appointed to the Methodology Committee of the Patient-Centered Outcomes Research Institute (PCORI).
- **Nancy Lonhart** received the Inspiring Change Leadership Award.
- **Thomas Robinson, MD**, was appointed to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Advisory Council.
- **Randall Stafford, MD, PhD**, was appointed to the Governing Board of the American Journal of Preventive Medicine (AJPM).
- **Marilyn Winkleby, MD, PhD**, is the first to receive the Dr. Augustus A. White III and Family Faculty Professionalism Award. The award honors a faculty member whose work has reduced health disparities or enhanced the effectiveness of minorities in the university community.