

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
UCSF LIBRARY/TEACHING AND LEARNING CENTER
BUSINESS PLAN

July 1, 2010

I. Overview/Executive Summary

This document describes the business plan for the UCSF Teaching and Learning Center expected to open in January 2011. The facility will house a simulation center, classrooms and a Technology Commons to support teaching and learning for the four UCSF professional schools and programs. Below we describe the goals of the TLC, activities within each operation and possible synergies, expected sources of support and strategies to measure progress.

II. Shared Vision

UCSF will be a leader in the innovative use of education technologies for interprofessional health sciences education.

The following success factors will assist in achieving the vision within the TLC.

- Leverage skills across organizational domains
- Promote mutual respect and cooperation
- Focus on interprofessional learning environment
- Maintain transparency in governance including budget and decision making
- Prioritize TLC resources to support the vision

III. Overview of Mission and Context Analysis

The Teaching and Learning Center is the realization of the UCSF strategic goal to develop exceptional educational facilities and infrastructures to keep UCSF at the forefront of health sciences education and meet the growing demand for health care professionals. The TLC will provide a technology-rich environment in support of interprofessional and transdisciplinary learning programs at UCSF. The programs will focus on training future health professionals and scientists to become leaders in delivering high quality care to underserved communities.

The second floor of the Parnassus Campus Library will be transformed to house this new facility, enhancing Library education space with a simulation, clinical skills and telemedicine education center; new teaching and learning space, including technology-enhanced active-learning classrooms and computing labs; and communications technology to facilitate interaction with health care providers, students, and support teams at other sites.

IV. Organizational Goals

The Teaching and Learning Center is a signature project for education at UCSF and supports the campus Strategic Plan in the areas of education, innovation and collaboration. The following goals for the

Center support the campus initiative for ‘Educating Future Leaders.’ Additionally, the center will allow UCSF to continue to attract top students to the professional program retaining its competitive edge in recruitment.

- Enable the School of Medicine to train physicians to provide care to urban-underserved populations in California through a new program called PRIME-US.
- Offer simulation and telemedicine technologies to UCSF health professional education programs to effectively teach the skills necessary to bring specialty health care directly to our community of patients throughout the Bay Area and Central Valley without requiring travel to a large health care center.
- Extends the Library's educational technology services to create a multi-purpose learning environment for the campus.
- Fosters interprofessional teaching and learning opportunities at UCSF, building on the partnerships strengthened throughout the planning for the new education center.
- Promotes innovative teaching strategies and learner centered education through state of the art classrooms
- Provides opportunities for “blended” learning experiences which connect and make optimal use of the physical and virtual learning spaces, particularly the Collaborative Learning Environment (CLE).

V. Key Success Measures

The technology, educational programs and operations of the center will be evaluated by the students and instructors. Health professions schools overseeing the necessary program evaluation and the center’s operations committee overseeing the evaluation of technology, facilities and operations.

Sample success measures will include;

- The effectiveness of graduates in standardized clinical skills examinations
- The effective use of telemedicine in the PRIME program
- The effective and appropriate use of technology-enhanced classrooms for educational methods such as team-based learning and technology enabled collaboration
- The efficiency of center operations, including customer service, appropriate staffing and budgeting
- Effective promotion of interprofessional education

Metrics have been defined for each program within the TLC. The following are examples of targets:

- 20% of the simulations with mannequin are IPE
- 20% of the clinical skills activities in mock exam rooms are IPE
- 10% of the booked sessions are for telemedicine activities

See Appendix A for a more detailed proposal of TLC metrics.

IV. Benefits to Communities

Telemedicine: The community will see immediate benefit from the integration of a new telemedicine curriculum into the health professions training programs. The School of Medicine will begin incorporating telemedicine into their Program in Medical Education for Urban Underserved (PRIME-US) so that students can utilize and practice telemedicine to serve the patient population of San Francisco through public health clinics where the students complete longitudinal training experiences.

Simulation: The Kanbar Center will provide a flexible learning environment for health professions students to practice procedural, communication and clinical skills in a safe environment. The Center's robust technology allows for audio and video recording of practice sessions for immediate review and feedback by the learners. The use of simulation-based learning reduces medical errors and improves patient care. In addition the Center plans to offer hands-on experiences to youth who are exploring career options, particularly those whose background are under-represented in the health professions.

VI. Operating Plan

Some aspects of the operating plan cover the entire center, will be coordinated centrally and monitored by the center's operations committee. Each program will be responsible for its unique activities, maintenance of facilities, and technologies.

A. Teaching and Learning Center – Centralized Services

Network Infrastructure – A Service Level Agreement will be developed to specify responsibilities for the area. The project will fund installation of the initial network equipment and ensure its operational status as part of commissioning the space. Once the network is operating as planned ENS will be assume responsibility for the equipment, ongoing maintenance and routine upgrades. Should the tenants request new functionality, (such as increased capacity) they will secure the necessary funding.

Facilities – Significantly higher use of the building will require increased routine and scheduled maintenance of classrooms, simulation/clinical skills, technology commons, common areas and restrooms. Meetings with Facilities Management have alerted them to the change in function and new service areas. Each tenant is responsible for working with FM to ensure adequate maintenance of their area and to fund costs associated with maintenance.

Information Technology – Technology is a critical component of each function within the TLC. Each tenant is responsible for specific technologies used in their portion of the facility, such as classroom technologies, clinical skills and simulation technologies and hardware and software made available through the technology commons.

Human Resources – Sixteen staff will have offices in the TLC to manage the programs. The operations committee is working to identify overlap in staff skills along with a plan to minimize redundant skill sets and provide cross-coverage for the Center's functions. The Operations Committee has identified broad job responsibilities and possible areas where staff from one area could assist another. Discussions will continue as new staff are hired and trained.

JOB RESPONSIBILITIES	Kanbar Center	TLC Classrooms	Technology Commons
Technology Customer Service			X
Learning Technology Specialist			X
Technician - Simulation, Clinical Skills, Telemedicine Computing Support (2)	X	X	
Engineer		X	
Coordinate Training	X		
Financial Management	X		
Trainer - Clinical Standardized Patients	X		
Operations Manager	X		X

B. Simulation and Clinical Skills Facility

The Kanbar Center for Simulation and Clinical Skills Education can accommodate up to 54 learners participating in three different learning activities at one time. Up to twenty-four students can participate in clinical skills training with standardized patients in the 12 mock examination rooms. A team of four-six students can participate in mannequin-based training activities in the mock intensive care unit, and 12 to 24 students can participate in mannequin-based training activities in the mock outpatient/operating suite.

Scheduling of the facility, HD media capture, debrief of learning activities, and learning assessment is managed through the B-Line Medical suite of software products (<http://www.blinemedical.com/>). The Kanbar Center will be staffed by an operations director, standardized patient coordinator, standardized patient trainer, two simulation technicians, business analyst and training coordinator. The center will be open from 8 am to 5 pm Monday through Friday and on weekend or evenings by special arrangement. The center will always operate within the hours of the library.

C. Classrooms

The Teaching and Learning Center (TLC) offers 11 classrooms to alleviate space restraints created by the growth of the School of Medicine class size from the PRIME-US program and funding for telemedicine training programs. These rooms will be used in connection with the adjacent Kanbar Center for Simulation and Clinical Skills Education to teach students how to use telemedicine in their practice. Specifically, the technology-enhanced classrooms allow for video conferencing between the mock exam rooms and the larger classrooms where students can watch simulated telemedicine encounters. After these training sessions, students will be able to sub-divide these rooms into smaller breakout spaces and use technology to generate and distribute their work around to other small groups for collaborative learning. The equipment planned for these rooms include video conference and video capture technology; small group pods equipped with LCD panels and laptop hook-ups so any student can take control of the projection system and teach or share knowledge.

In addition they have been designed to support team-based learning and telemedicine training. The classrooms are also open for general assignment use by the campus, but will be scheduled according to priorities established to maximize their unique functionality.

D. Technology Commons

The Technology Commons will provide computing resources and services for students and faculty in a configurable space, allowing flexibility for independent and group teaching and learning. Moveable walls and coordinated scheduling maximize use of 57 computers in a classroom environment or drop-in computer lab. The Tech Commons has 3 printers, 3 scanners and a variety of multimedia production peripherals for curriculum content development. Varied furniture allows comfortable lounge seating for personal laptop use and relaxation and moveable desks and chairs for independent and group teaching and learning.

Access to the Tech Commons is restricted to UCSF students, faculty and staff by campus ID card with privileges during all Library hours. The Tech Commons staff has responsibility for the Help Desk from 8 AM to 8 PM Monday through Friday.

VI. Financial Projections

The TLC has prepared five-year operational budgets. In some cases, existing budgets for each unit, such as the Library, will support the majority of operations for the Technology Commons with funding provided by the campus for increased service demands from students and faculty. Through its private donation from Maurice Kanbar the Kanbar Center has some funding but has received additional support for the full range of operations and to support use by all the professional schools. Since the TLC Classrooms add to the their space inventory and feature technologies that don't exist in other areas Student Academic Affairs has received incremental costs to support the new rooms. The current funding levels, including recent funding from the campus, allow of baseline operation of the center. Ongoing fund raising will be coordinated with UCSF Development and Alumni Relations.

A. Five Year Financial Plan

The TLC Operations Committee developed a budget for initial funding and ongoing operations. The budget presented below includes new funding required by each program in addition to existing funding. The budget for new operations was part of an education infrastructure special request to the campus with strong support by the Education Systems Advisory Committee. In early June the committee was notified that its funding request was approved.

TLC Operating Budget
 FY 2010-11 through FY 2014-15

NEW OPERATIONS					
<u>Classrooms</u>	<u>FY 2010-11</u> ¹	<u>FY 2011-12</u>	<u>FY 2012-13</u>	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Subtotal - Classrooms	\$ 221,272	\$ 226,781	\$ 198,728	\$ 210,107	\$ 225,415
<u>Technology Commons</u>					
Subtotal - Technology Commons	\$ 69,033	\$ 121,829	\$ 127,921	\$ 134,317	\$ 141,033
<u>Kanbar Simulation Center</u>					
Subtotal - Kanbar Simulation Center	\$ 147,881	\$ 192,772	\$ 203,304	\$ 216,302	\$ 223,114
TOTAL NEW OPERATIONS	\$ 438,186	\$ 541,382	\$ 529,953	\$ 560,726	\$ 589,562
PRE - EXISTING OPERATIONS					
<u>Kanbar Simulation Center</u>	<u>FY 2010-11</u> *	<u>FY 2011-12</u>	<u>FY 2012-13</u>	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Subtotal - Kanbar Simulation Center	\$ 440,671	\$ 564,632	\$ 596,494	\$ 619,881	\$ 674,707
<u>Technology Commons</u>					
Subtotal - Technology Commons	\$ 381,333	\$ 583,116	\$ 614,754	\$ 648,142	\$ 674,443
GRAND TOTAL - ALL TLC OPERATIONS	\$ 1,260,190	\$ 1,689,130	\$ 1,741,201	\$ 1,828,749	\$ 1,938,712

¹ Funding begins November 2010 in anticipation of TLC opening January 2011

² 3.0 FTE FY 11 reducing to 2.0 FTE in succeeding years

B. Teaching and Learning Center Development Strategy

We expect the need for additional support beyond that provided by the campus. New initiatives and technologies will emerge that aren't anticipated today. We also expect growing demand beyond the service levels provided. We will depend upon gifts and endowments to support expanded programs.

Fundraising for the UCSF Teaching and Learning Center is a comprehensive, inter-professional effort involving the Schools of Dentistry, Nursing, Pharmacy, and Medicine as well as the UCSF Library and Student Academic Affairs. Under the leadership of the Assistant Vice Chancellor, School Development and Alumni Relations UCSF will seek gifts from alumni and individual prospects, corporations, and foundations to support unmet needs and new initiatives. Fundraising efforts are being focused around

unrestricted gifts to support the entire Teaching and Learning Center project. More targeted efforts will focus on support for the individual areas of the Center, including one-time equipment costs for simulation, telemedicine and communications equipment, and annual operating/programmatic support (estimated to be \$150,000 per year). As an example, the School of Medicine Alumni Magazine Spring 2010 feature article was "Creating the Future of Medical Education." (See Appendix B.) Naming opportunities for the Center have been established from the \$25K to \$1 million dollar levels. Because funding from the state has already been secured for the physical building of the Center, UCSF will be able to use naming opportunity gifts for TLC programs.

Major gift prospects for the Teaching and Learning Center include:

- School of Medicine donors who have made one-time gifts of \$1,000 or more to the current Kanbar Center for Simulation and Clinical Skills Education at Mt. Zion
- Corporate and Foundation prospects with an interest in educational technology, curriculum development, inter-professional and team based learning, and telemedicine (to include TLC vendors)
- School of Medicine Reunion classes
- Alumni from all four professional schools
- Previous donors to the UCSF Kalmanovitz Library

Fundraising strategies include:

- One-on-one donor visits with key faculty and TLC leadership
- TLC press release
- TLC brochure focused on inter-professional education
- Feature article in the Medical Alumni Association magazine (see appendix B)
- Individual tours of both the new Teaching and Learning Center construction site and the current clinical skills and simulation facilities
- Alumni tours at each of the School's 2010-11 Reunion celebrations
- Opening celebration January 18-21)
- Creation of an Education Advisory Board

Appendix A: Evaluation Plans

Kanbar Center for Simulation and Clinical Skills Education

Objective: Schools will have access to the center to enhance teaching of their students and interprofessional learning.

Metric	Measure	Reporting Frequency	Responsible Party	Target
Service				
timeliness of response	Amt time between request for service and response	quarterly	KSC staff	1 business day
% utilization by school (also reported by activity type)	number of time slots used by school/available slots	quarterly	KSC staff	within +/-5% of proportion of learners
% utilization	number of slots used/available slots	quarterly	KSC staff	80%
% unable to schedule in first, second or third option	number of unable to schedule sessions/number of sessions scheduled	quarterly	KSC staff	10%
Faculty satisfaction	Survey of teaching faculty	Quarterly	KSC staff	Average rating of 4< on a 5 point Likert scale for all measured attributes.
Educational				
types and % of simulations	number of each type/booked sessions	quarterly	KSC staff	33% mannequin/ 66% part-task of total activities 20 % interprofesional with mannequin
% telemedicine activities in mock exam rooms	Number/booked sessions	quarterly	KSC staff	10% of booked sessions
clinical skills activities in mock exam rooms	Number/booked sessions	quarterly	KSC staff	20% interprofessional 60% health profession-based
innovative assessments	survey of users	quarterly	KSC staff	5% of users are developing or using new assessment methods
innovative programs	survey of users	quarterly	KSC staff	5% of users are developing or implementing new programs
Learner				
Satisfaction	Survey of students	quarterly	SOM evaluation staff	Average rating of ≥ 4 on a 5 point Likert items for all measured attributes.

RIPLS Interprofessional (attitude)	Survey of students	quarterly	SOM evaluation staff	Average rating increasing across years of exposure to KSC
Goal Free				
number of research studies using center	Number of activities linked to a CHR approved research protocol	quarterly	KSC staff	10% of all activities
outreach to potential students	Number of activities offered to community youth or potential students	quarterly	KSC staff	2% of all activities

TLC Classrooms

Metric	Measurement	Responsible Party	Goal
Classroom utilization	Classroom use (hours per week) for telemedicine training, PRIME-US teaching, simulation, clinical skills, and team-based learning	Educational Technology Services	60% of available hours during scheduling day
Scheduling	Turnaround time on scheduling requests	Educational Technology Services	One day
Maintenance of technology	Average open time for engineering service requests	Educational Technology Services	One week
Responsiveness to help line requests	Average time to respond to help line calls	Educational Technology Services	5–10 minutes
Reliability of technology	Down time for technology and equipment during scheduled events	Educational Technology Services	Zero

Technology Commons

Objective: Provide computing lab/classroom, and multi-media workstations for educational use.

Metric	Measure	Reporting Frequency	Responsible Party	Target
Gate count	Total number of gate entries per hour, per day, per week, per month	monthly	TC Manager	100 per day
TC workstation usage	Amount of time each workstation is in use daily	monthly	TC Manager	4 hours per day
Classroom reservations	Number of classroom reservations	monthly	TC Manager	15 reservations per month; 60-80% educational purposes; paid v. unpaid
User satisfaction	Response to user satisfaction surveys	monthly	TC Manager	Average rating of 4 on a 5 point scale
Requests for face-to-face technology support	Number and type of requests for face-to-face technology support in the TC	monthly	TC Manager	10 per day
Multi-media workstation usage	Amount of time each workstation is in use daily	monthly	TC Manager	2 hours per day
Presentation room usage	Number of presentation room reservations	monthly	TC Manager	15 reservations per month

Appendix B: Describing the Future of Medical Education.

[Creating the Future MedMagSpring10.pdf](#)

Medical Alumni

M A G A Z I N E ●

spring 2010
volume 51 | no 1

Constructing the Future of Medical Education



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MAGAZINE

Spring 2010: Volume 51, Number 1

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With their medical savvy and business smarts, these alumni are making bench to bedside happen.

INSET ON THE COVER: Architectural rendering of a simulation operating room at the Teaching and Learning Center.

Contact us! Your letters are welcome. Write to: *UCSF Medical Alumni Magazine*, Letters to the Editor, UCSF Box 0248, San Francisco, CA 94143-0248. You may also email your letter to: maa@support.ucsf.edu. Please type "Letter to the Editor" in your subject field.

Dean Named to Institute of Medicine

Sam Hawgood, MBBS, dean and vice chancellor for medical affairs at the UCSF School of Medicine, was recently elected to the Institute of Medicine (IOM), one of the highest honors in the fields of health and medicine. Established in 1970, the IOM is the health arm of the National Academy of Sciences and is a national resource for independent, scientifically informed analysis and recommendations on health issues. Membership is offered to 65 individuals a year, elected by the current members through a highly selective process in which candidates are nominated for their professional achievement and commitment to service.

UCSF Chancellor Named among *Forbes*' "Most Powerful Innovators"

Forbes magazine's annual feature on the Most Powerful People included UCSF Chancellor Susan Desmond-Hellmann, MD, MPH, among the world's seven Most Powerful Innovators. The story that appeared in the Nov. 30 issue called Desmond-Hellmann a "hero to legions of cancer patients" for her role in the development of the cancer drugs Avastin and Herceptin.

Susan Desmond-Hellmann as pictured in *Forbes* magazine

Primary Care Must Be Saved

The worsening shortage of primary care physicians in the United States is no secret. However, the extent of the problem was brought home to me recently when I found myself in need of a good internist. Being a doctor, I was able to find a superb physician willing to take on my care, but it was clear that it would not have been so easy were I not so connected to the medical community.

At the heart of the problem is the lack of young physicians interested in pursuing a career in primary care. There are many reasons why: the pay is relatively low, the hours are long, the social and ethical responsibilities taxing, the legal and bureaucratic restrictions oppressive, and the pure magnitude of required continuing medical education suffocating. More and more young physicians are choosing careers that are either procedure-oriented or that allow more free time.

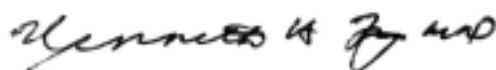
Is there a solution to the problem of decreasing primary care physicians?

In November and December 2008, the *New England Journal of Medicine* published a collection of perspectives and responses on the future of primary care. The thrust of the discussion was toward the creation of a team of diverse health care providers, presumably including nurses, dietitians, physical therapists, etc., to provide more efficient primary health care. The physician would manage and accept responsibility for the activities of this team. It makes sense to have a dietitian help a diabetic with dietary concerns or to have a nurse instruct a patient on the self-administration of adalimumab. In my opinion, a health team would provide a platform for better general health care delivery. However, the creation of such a team per se would not attract new physicians into primary care, because it would not address the primary problems. It would not de-emphasize the societal "value" of procedure-oriented sub-specialties and would not increase reimbursement for primary or "cognitive" health care.

In a June 2009 issue of the *New Yorker* Dr. Atul Gawande documented financial abuse apparent in the delivery of health care in the town of McAllen, Texas. In addition, he explained that a major reason for the rise in health care costs might have been an accumulation of individual decisions made by armies of sub-specialists. The paper contrasted McAllen to the Mayo Clinic, which, with an emphasis on primary care physicians, used fewer, less invasive diagnostic studies and had better outcomes than systems with a greater use of sub-specialty physicians. In fact, what McAllen may need is a cadre of primary care physicians willing to oversee and manage the care of its populace. In the final analysis, the only way to attract physicians into the fields of primary care is to increase the rewards, e.g. financial reimbursements, for such services.

We are suffering through difficult economic times, but we still need primary care physicians. Finding the resources to make primary care economically competitive is a sacrifice society has to make.

As usual we encourage any responses or comments to these opinions.



Kenneth H. Fye, MD '68, FACP, MACR
Emeritus Professor of Medicine
Department of Medicine, UCSF
Editor Emeritus, *UCSF Medical Alumni Magazine*



Kenneth H. Fye

As the magazine went to press, we learned that Ken Fye died on March 28. He wrote the editorial above for this issue, and we include it here as a tribute to Ken's legacy. He will be greatly missed.

—Gordon Fung, MD '79, Editor
—Larry Hill, MD '67, President, MAA

Constructing the Future of Medical Education

BY TINA VU



Top right: A student checks the SimMan's pulse.

Background: Floor plan for the new Teaching and Learning Center

Inset above: The center's technology hub

“We don’t want it to be business as usual,” says Kevin Souza, UCSF School of Medicine assistant dean for medical education. In the new Teaching and Learning Center at UCSF, opening January 2011, not a lot will be.

On the cramped Parnassus campus, where static physical classrooms are the norm, a vital and dynamic educational space is emerging. The new \$22 million Teaching and Learning Center (TLC) will create an environment like none before at UCSF. Using advanced technology and innovative design, students, residents and fellows from all the schools will come together to learn – preparing them to better care for patients in a complex changing world.

Little did the members of a committee know that such a vision would arise when they gathered in 2005 to investigate the use of library space. Soon there was a list of all the things that the University needed to remain competitive: more classroom space, advanced technology, capacity for increased simulations, health disparities education and interprofessional activities.

In 2006, the Telemedicine and Program in Medical Education for the Urban Underserved Education Facilities Initiative – a part of California Proposition 1D – offered a solution that addressed a number of the concerns. Under this initiative UCSF, along

with the other four University of California medical schools, would receive funding to construct space for medical and telemedicine instruction. But the Parnassus campus is, was and always will be limited by land. The ongoing campus library space planning committee knew, though, of a place that could house telemedicine education. Through their vision, the TLC was born.

The TLC will occupy the second floor of the library as three functional areas: a telemedicine, clinical skills and simulation training facility; technology enhanced classrooms; and a technology commons. The existing Clinical Skills Center and the Kanbar Center for Simulation Education – currently located on the Mount Zion campus – will be united under one roof and named in honor of San Francisco-based entrepreneur Maurice Kanbar, who made the key founding donation of \$2 million.

Development of the 22,250 square-foot center, which is part of a larger \$35 million project involving additional teaching sites, began in fall 2008 but was suspended due to state budget problems. The project resumed in October 2009 when the University of California reached a funding agreement with the state of California. It is scheduled to open January 2011. “The establishment of the Teaching and Learning Center will synergize health sciences training across the schools and manifest an exciting new era for our education mission,” says Dean Sam Hawgood, MBBS.



Learning Together

More than 2,500 students are expected to utilize the TLC each year for simulations, telemedicine training and interprofessional exposure. New curricular development will capitalize on the capacity for students from the Schools of Dentistry, Medicine, Nursing and Pharmacy and the Department of Physical Therapy and Rehabilitation Science to learn together. Students from each of the schools will gather for exercises and training to better understand what each health professional contributes to the care of patients, and to begin working jointly well before their first day on the job as part of a patient care team.

With its objective of better training clinicians, the TLC “aligns with the School of Medicine’s mission,” Souza says. “It’s a good fit.”

Kanbar Center for Simulation and Clinical Skills Education

Primum non nocere – “First, do no harm” – is a basic precept of health professionals. The new Kanbar Center for Simulation and Clinical Skills Education will offer UCSF’s students a realistic learning environment where they can practice clinical and procedural skills on trained actors or mannequins without risking harm to patients.

The clinical skills area, directed by Bernie Miller, will feature mock examination rooms where students will work with standardized patients – trained actors – to practice bedside and diagnostic skills. (See *Playing Patient, Practicing Doctor*, page 7.) The number and size of rooms available for clinical skills learning and assessment will increase in the new space, allowing added flexibility for multiple use and team-based purposes.

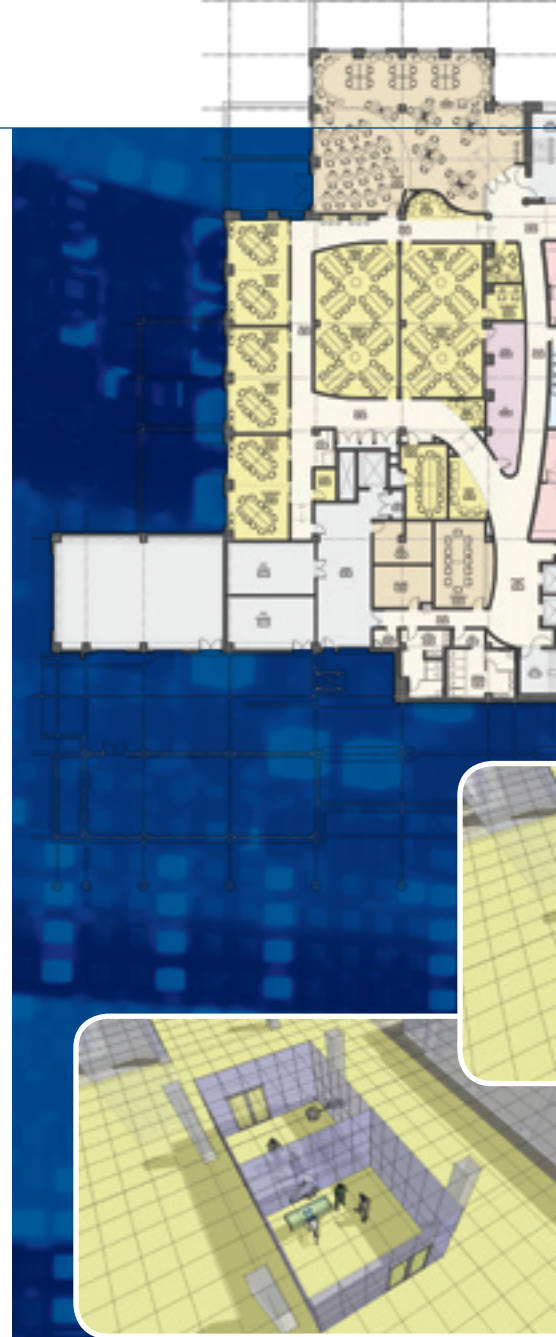
As part of their education at UCSF, students work with sophisticated simulators to learn and refine their techniques for invasive procedures.

Part-task simulators – stand-alone body parts designed for training a specific skill – provide practice opportunities for such intricate maneuvers as intubation, needle insertion and pelvic exams. One of the three full-body mannequins, Noelle, serves as a birth trainer. Another, the SimBaby, features realistic infant anatomy and functionality. Perry, the SimMan, requires a remote operator who controls his vital signs and speaks for him. As students alter Perry’s health by performing the appropriate examinations and treatments, the simulation technician manipulates Perry’s body in response. Although even higher-fidelity models exist on the market, “The simulators we have are really quite extraordinary in what they’re capable of physiologically,” Souza says. Sensors detect the actual level of airflow through Perry’s airway; barcodes on IV bags are scanned and matched to medications that elicit the same response in SimMan as their real drug counterparts would in a human.

Scenarios designed specifically for the simulators also give students the chance to work effectively in a health care team and practice how to react to life-threatening situations. Exercises planned for the center – including code blue cardiac arrest responses where students from each school will work together to revive the patient – are part of the University’s interprofessional development efforts. By increasing such training opportunities for students, the University is helping ensure better outcomes for patients.

The TLC will be outfitted with state-of-the-art recording and monitoring equipment, allowing sessions to be broadcast or reviewed later by instructors and students. The recordings will enable increased feedback to improve student performance.

The center permits a variety of simulation settings, from an acute care facility to an outpatient clinic. In addition to the exam rooms, the Teaching and Learning Center will feature areas that can serve as a



CONVERTIBLE

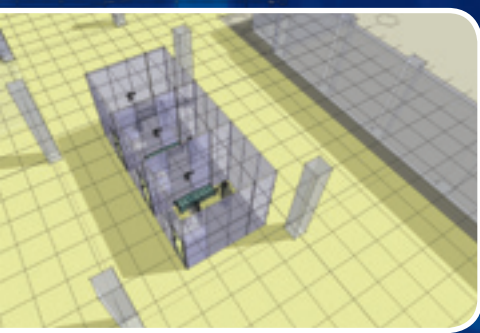
Exam tables

Digital classroom signage

Three seminar-sized rooms of 48 per room

Two large team-based learning rooms

Four operational spaces



ELEMENTS

→ Patient dental chairs

→ Emergency messaging

→ Six rooms of 20 per room

→ Four rooms of 24 per room

→ One interconnected room

mock operating room, emergency department and intensive care unit.

“The great thing about the new space is that its flexibility allows us to make it what we want it to be,” says Michael Quirk, director of the Kanbar Center. Many of the rooms can convert between task-training use and clinical skills exercises. “A lot of thought was put into the design of the space for daily use,” Quirk adds.

Smart Classrooms

One of the greatest contributions of the Teaching and Learning Center will be the increase in classroom space. Smart design by architects from Harley Ellis Devereaux will feature efficient spaces that can easily transform to accommodate the many programs and schools utilizing the center. Simulators will be able to tuck into wall storage, exam tables will collapse under countertops, and room borders will be drawn and re-drawn with sliding partitions.

The center layout also will promote team-based learning. A simulation in one of the patient rooms can be projected via LCD screens to groups of students seated in adjacent classrooms. Immediately after the demonstration, students will be able to ask questions – whether on procedure, technique or equipment use – thanks to center networking. Students will then be able to work in small groups and re-create the scenario they just observed. And because the rooms can be interconnected literally or virtually, one instructor can observe and facilitate a number of groups simultaneously.

In addition, the spaces within the TLC will support interprofessional education. There are currently few facilities dedicated to large-group learning that can house resources specific to each of the health professions’ needs. In the new center, students from the different schools will be able to observe simulations and discuss complex case studies. Each of the students’ unique perspectives, framed by their specialty, will contribute to an interdisciplinary

dialogue that will help lead to the best possible treatment for patients.

Technology Commons

The Technology Commons will be the hub for faculty and students interested in maximizing the technological capabilities of the center. Designed to support an exceptional web-based instructional environment, the commons will feature networked multimedia pods equipped with video creation and editing tools to enable collaborative and advanced learning.

The Interactive Learning Center and Center for Instructional Technology will relocate to the commons, centralizing the media-rich educational content and expertise available to the campus.

Stand-up computer bars will offer quick online access, while lounge areas with ample outlets and wireless access will encourage discussion and collaboration. The movable furniture in the commons can be easily reconfigured, and room dividers will create multi-purpose spaces.

Telemedicine

The catalyst for the TLC, telemedicine education will play a key role in the School of Medicine’s curriculum. Students will develop the skills to use and promote telemedicine and telehealth activities effectively, leading to increased access to care for underserved populations.

Special carts containing high-definition videoconferencing and telemedicine equipment at the center and affiliated sites will serve as the main telemedicine resources. The networked clinical exam rooms at the TLC will facilitate telemedicine simulations. Students will learn to use the technological tools involved and the nuances of presenting and examining a patient remotely, including providing appropriate camera direction to properly view the patient.

Classrooms are being developed at teaching sites, including San Francisco General Hospital and UCSF-Fresno, to further distribute telemedicine education. Thus, School of Medicine

“The establishment of the Teaching and Learning Center will synergize health sciences training across the schools and manifest an exciting new era for our education mission.”

– Dean Sam Hawgood, MBBS



graduates will enter the health care workforce with the latest skills for serving rural and underserved populations.

Eventually, Souza notes, as tele-medicine continues to grow, patients with limited access to care, such as in the Central Valley, may be able to “see” a specialist in San Francisco without having to travel.

The Pieces Come Together

Although construction was delayed, the extended timeline brought its own benefits: Building costs have decreased as a result of the economic downturn (total expenses may fall substantially lower than projected), and the technology designed for the center has improved since the initial discussions. (For example, laptop batteries have become so much more efficient that fewer outlets will be needed.) These unanticipated changes have enabled implementation of certain functions, including high-definition video, earlier than planned.

The center will be designed with sustainability in mind and will strive to achieve the Leadership in Energy and Environmental Design (LEED) certification with the U.S. Green Building Council.

“UCSF is becoming more creative in how to use its spaces,” says Gail Persily, director of education and public services at the library.

At every stage of the TLC – from construction to curriculum – leaders representing the different health professions have worked together to build the strongest educational experience possible for students. “We’re leading by example,” Souza says. “Advancing health begins with advancing education. The Teaching and Learning Center is where it’ll happen.”



At right: Residents and students perform simulation-based exercises at the Kanbar Center.

Above, from top: exam table converted to a patient dental chair, simulation hospital room, media review room

Architectural renderings by Harley Ellis Devereaux



Playing Patient, Practicing Doctor

Mr. T. is in his 60s. He has high blood pressure, high cholesterol, congestive heart failure and suffers from depression – the last a likely result of his wife’s recent death. He is also non-compliant with his medications.

“Now what do the students do with that information?” asks David Usner, one of several actors portraying Mr. T. Usner began performing as a standardized patient almost 10 years ago in Philadelphia.

Standardized patients, or SPs for short, are a core part of the Kanbar Center for Simulation and Clinical Skills Education. The center is currently located on the Mount Zion campus but will join the Teaching and Learning Center in January 2011. The Kanbar Center provides medical students a safe environment in which to practice their doctoring skills before they encounter their first real patients.

Standardized patients are used in exercises and clinical performance exams. The actors spend anywhere from days to weeks in training with Clinical Skills Director Bernie Miller and faculty on how to personify a particular patient – learning everything from the character’s back story to how to relay specific symptoms and evaluate students on procedure.

Abiodun Situ, a third-year medical student who served as Mr. T’s physician, feels her time at the Kanbar Center has been invaluable despite her previous experience with

patients. Prior to UCSF, Situ worked at a health center in East Los Angeles and with squatter communities in the Philippines.

“There are things I learned in my feedback with SPs that I’ll never forget,” she says, including procedural, behavioral and stylistic elements that have benefitted her subsequent patients.

“One SP asked me a very difficult question that I wasn’t expecting. He noticed I crossed my legs and turned away,” Situ adds, hunching her shoulders into a semi-fetal position in demonstration. “I didn’t realize I had done that.”

Usner points out that the feedback SPs give is essential. “The students can’t get that any other place,” he says. “Regular patients feel a particular way because of a doctor’s behavior. Our job is to identify those behaviors and let the student know what effect that has on the patient.”

Feedback can be rare even during rotations, Situ adds.

Students begin working with standardized patients as early as their first year, practicing empathy and physical exam procedures. The complexity of cases and basis for evaluation evolve with the students’ education. For example, third- or fourth-year students may find themselves practicing end-of-life care conversations within the controlled setting of the Kanbar Center.

“When people embrace it, it’s a powerful teaching tool,” Usner says.

Below: A medical student performs an exam on a standardized patient at the Kanbar Center for Simulation and Clinical Skills Education. At right: simulation debriefing room



Private Practitioners Give Back

BY KATE VOLKMAN

Take yourself back to when you were a medical student in your second year, beginning to wonder what the future holds. You're curious what specialty you'll choose – will it mesh well with your other life plans? What will it be like to work in private practice – to interview and diagnose real patients? You want to ask someone, but who do you ask?

Volunteer clinical faculty. "What volunteer clinical faculty provide is a window into what a practice is like," says David Irby, PhD, vice dean for education. "First- and second-year students can learn all the basic science information, but it doesn't tell them what it's like to actually apply that in the care of real patients."

There are just 2,000 full-time paid faculty in the UCSF School of Medicine, and approximately 3,100 volunteer clinical faculty. They teach not only medical students but also residents and fellows in the classrooms and clinics of UCSF, and in their own practices.

They are committed to teaching at least 50 hours per year, but often go above and beyond. A recent survey conducted by the Association of Clinical Faculty shows 868 clinical faculty contributed 116,310 total teaching hours for the 2008-2009 academic year – an average of 133 hours per respondent. If the University were to pay those members of the volunteer faculty for their time, it would translate to almost \$12.5 million in salaries, or 56 full-time faculty equivalents.

The benefit to students being trained by clinical care physicians is paramount. Second-year student Tim Schmidt says, "The volunteer clinical faculty member who has made the greatest impact on my medical education thus far was my preceptor." Jacqueline Nemer, MD, a physician in the Emergency Department at UCSF Medical Center, balanced managing a full department and providing quality clinical education. Schmidt recalls "talking over what a patient with suspected pulmonary embolism needed to consider, and what we were considering from a medical standpoint. Then I got to witness her have a whole conversation with this very anxious patient. I just learned a lot from how she handled that."

Irby confirms, "They are a critical aspect of students becoming doctors. The bottom line is the contribution of the volunteer clinical faculty is huge. They're incredibly valued by the school. We could not run our educational programs without them."

At right is a glimpse at four volunteer clinical faculty who also are alumni of the UCSF School of Medicine.



Roger Hoag, MD '50

Specialty: Ob/Gyn

Lives: Berkeley

Reason he served on clinical faculty: "I just thought it was something I could do and should do."

Hoag volunteered from the time he completed his residency in 1958 until he retired in 1996 with clinical professor emeritus status. In addition to spending 1.5 days per week in the clinic on Parnassus, every January or February Hoag took a hiatus from his private practice and spent the whole month working alongside and teaching residents at San Francisco General Hospital. "Now that's clinical faculty," declares his wife Silviya, MD '52.

In 2001 he received the Charlotte Baer Award, the ACF's highest honor given in recognition of outstanding clinical faculty contributions to the School of Medicine.

Now he's cut back and just attends grand rounds in the Department of Obstetrics, Gynecology and Reproductive Sciences every week. He practiced in Berkeley and delivered more than 4,000 babies over the course of his career at Alta Bates Hospital. The third floor maternity ward is named for him – the Roger Hoag Family Center.



Many members of the volunteer clinical faculty belong to the Association of Clinical Faculty (ACF). At the November 2009 ACF Annual Meeting and Awards Banquet are (from left) 2009 Special Recognition Award recipients Donald Kay, Camilla Lindan and William Good; Dean Hawgood; and the 2009 Charlotte Baer Award recipient John Callander.



David Schindler, MD '66

Specialty: Otolaryngology

Works: San Francisco

Reason he serves on clinical faculty: “If there were no clinical faculty, there would have been no residency in ear, nose and throat when I trained. I like teaching residents because I learn more from them than they learn from me. I’m always being challenged.”

Schindler runs his otolaryngology practice with his brother Brian, MD '74, and three other doctors who all serve as volunteer clinical faculty at UCSF. It's a fact of which Schindler is proud. It's also a tradition begun by the Schindlers' father, who was on clinical faculty from the 1940s until his death in 1983, including a few years as interim chairman of the Department of Otolaryngology.

Every Friday morning Schindler heads to the clinic and spends at least four to five hours with students and residents. In addition, he always welcomes them to join him at his office in the Union Square area of San Francisco.

He is a past president of the Medical Alumni Association and is the president of Hearing Research Inc., a foundation that in part supports the UCSF School of Medicine.



Erica Goode, MD '77

Specialty: Internal Medicine emphasizing prevention through nutrition

Works: San Francisco

Reason she serves on clinical faculty: “The word doctor is derived from a word that means teacher.”

Goode entered medical school at the age of 33 and feels grateful to have been accepted, and well taught, especially by clinical faculty. In return, since 1984, she has spent more than 200 hours per year teaching the Foundations of Patient Care (FPC) class for first- and second-year students, in collaboration with a non-physician.

“I enjoy watching students grow into collaborators in learning in this homeroom for medical students,” she says. “We had nothing like that when I began at UCSF in 1973. Often we’d have lectures from some distracted researcher who seemed annoyed at having to spend an hour talking to us. It’s splendid to note the evolution of teaching quality at UCSF, and the integration of classroom and lab topics with the FPC introductory course.”

As a nutritionist, too – she received her MPH in nutrition from UC Berkeley – Goode wants to ensure UCSF medical students receive education that incorporates nutrition. In addition, she volunteers to raise scholarship funds from her classmates for current medical students.



Rashmi Dixit, MD '91

Specialty: Rheumatology

Works: Walnut Creek and San Ramon

Reason she serves on clinical faculty: “I love to teach and want to give something back to an institution that was pivotal in my medical training. I’ve always enjoyed the atmosphere at UCSF.”

By the time Dixit entered medical school at UCSF, she was married with a child. Although she had always hoped to work as a clinician-scientist, she opted to work in private practice for the sake of her family. But she has kept her feet wet by attending clinic regularly since 1996, and strongly believes in the value of having clinical faculty teaching medical students, residents and fellows.

“Their learning in the clinics is enhanced by interacting with physicians who are practicing in the community,” says Dixit.

In addition to sharing her knowledge, Dixit loves learning from the residents and fellows. “I enjoy discussing interesting cases with them. They have sharper, more inquisitive minds and are going to look at things a little bit differently.”

Venture Capital Docs

BY ANNE KAVANAGH

The pursuit of translational medicine – the conversion of scientific discovery into patient care – has largely defined UCSF’s mission in the 21st century.

New Chancellor Susan Desmond-Hellmann, MD, MPH, wants UCSF to be nothing less than the world leader in this arena. From the Mission Bay biomedical research campus to new educational programs in clinical and translational research, the push is on.

But the seeds for this mission were planted long ago and carried forth by many educated at the UCSF School of Medicine. These graduates have pursued the same goal through careers in biotechnology or pharmaceuticals or an interwoven path of both.

And some alumni have chosen a particularly potent route – venture capital. By investing in and advising biotech, pharmaceutical and other medical start-ups, they are catalyzing innovations that will improve the health of millions. Meet five alumni whose medical education and training launched them on the road to venture.

Big picture, big impact

Shelley Chu, MD '00, PhD '98

Even in the whirlwind world of biotech investing, it's been an exciting few months for Shelley Chu, a principal with Frazier Healthcare Ventures.

In 2005 Chu and her firm invested in Cerexa, a company developing drugs to treat hospital-based methicillin-resistant *Staphylococcus aureus* (MRSA) infections. A strain of staph known as the "superbug," MRSA is resistant to many antibiotics. After completing a successful phase 2 trial, Cerexa was acquired by Forest Labs the next year for

\$480 million. The same management team then started Calixa Therapeutics in 2007. This time their drug target was virulent Gram-negative pathogens, a growing problem in intensive care units. "It was

again a real unmet need," says Chu. In December 2009 Calixa was acquired by Cubist Pharmaceuticals in a deal worth up to \$402 million.

The chain of liquidity events for Frazier Healthcare Ventures was rapid even by Silicon Valley standards. "That's what I love about this job," she says. "With venture you can make bench to bedside happen. We are taking a medicine forward that patients really need."

The desire to have a broad impact – quickly – prompted Chu to transition from physician-scientist to venture capitalist. Her first inkling of that impact came when she co-founded and organized the first Mini Medical School at UCSF. It was a sold-out event. "I realized I could do something other than the straight route and still help a lot of patients," she says.

After graduating with an MD and PhD in biochemistry, Chu honed her business acumen at the consulting

firm McKinsey & Company. In 2002 she moved into venture capital, first with Flagship Ventures and then Frazier Healthcare Ventures in Menlo Park, Calif., where she is part of the biopharmaceutical team.

Chu says her role as a venture capitalist is often to provide the big picture. "Entrepreneurs or scientists can be focused on only the step directly in front of them," she explains. "We help guide them strategically – to think about not only the correct clinical trials to achieve proof of concept for both the medical and investor community, but also what the market will look like in five years, what reimbursement will be like, how to navigate the FDA, and how to partner or sell. We help them put it all together.

"I leverage my UCSF background every single day," she adds. "I learned so much there. Not only the fundamentals of science and medicine but how to ask the right questions and how to listen."

Capitalizing on timing and training

Caley Castelein, MD '99, and Anupam Dalal, MD '98, MBA

Caley Castelein and Anupam Dalal attended UCSF during a perfect storm of opportunity, and they are still riding it out today.

When they started medical school in 1994, the AIDS ward at San Francisco General Hospital was full of dying patients. As they began their clinical clerkships in 1996, Crixivan, the first protease inhibitor, was approved. "Within a very rapid window, we had access to a miracle drug," says Dalal. "For me,

that was very concrete evidence of what was possible."

Castelein, a former investment banker, was equally captivated by the Bay Area's churning dot-com activity. At one point he recommended that Dalal purchase stock in Cisco. "I thought he was talking about cooking oil," Dalal laughs. "Caley was unique in med school; he was clever enough to be parallel processing."

After graduation the friends parted ways, Castelein to an internship in ear, nose and throat at UCSF and Dalal to a surgery residency at Brigham and Women's Hospital in Boston. Castelein soon realized he was more interested in thinking about medicine than practicing it. Venture capital beckoned as an ideal path.

Meanwhile Dalal earned an MBA at Harvard Business School while on a break from his training. A summer job with a venture capital firm sealed his fate. "I got hooked and never went back to the OR," he says.

In 2006 Dalal joined Castelein and his two partners at Kearny Venture Partners. The San Francisco firm's portfolio runs the gamut from companies developing therapies for anemia, pain and cardiovascular disease to those creating devices for prevention of stroke and repair of heart valves.

"Intellectually it's an incredibly stimulating place to be," says Dalal. "We are seeing the best entrepreneurs and scientists coming up with ways to change the world."

It's also a daily tsunami of medical information – one minute they are hearing about a novel approach to hypertension, the next about a new ablation catheter for lung cancer. Both count on their research-rich UCSF education to ground and guide their decisions. "The incredible experience at UCSF formed the foundation for thinking about science and data that is critical to our work today," says Castelein.

They split their time between helping their businesses with the "nuts and bolts" of execution and seeking



Shelley Chu



Anupam Dalal



Caley Castelein

the next ripe opportunity. “The trick in venture is to find the idea that represents a paradigm shift, but not a radical one,” says Castelein. Right now kidney disease is on their radar. “It’s the next big epidemic,” says Dalal, citing its link to cardiovascular disease, a rampant problem in the U.S.

Though he misses the operating room, Dalal sums up their sentiments about Kearny Venture Partners: “I feel we are giving back to patients in a different way. Hopefully we’ll make an impact at the end of the day.”

Synthesizing science and business

William Gerber, MD '71

A word keeps popping up as Bill Gerber describes his career in venture capital – fun.

“You are constantly seeing new ideas, new treatments, new science,” he says. “You get to talk to very bright, talented people. And you get to see the latest developments in medicine long before they are commercialized.” All of it – “great, great fun.”

For Gerber it’s also an ideal synthesis of science, medicine and business, themes that have defined his path. After serving as director of the Family Practice Residency Program at San Francisco General Hospital, he practiced as an emergency room physician before launching a company to establish, manage and staff urgent care centers.

After selling the business he dove into biotech at one of the earliest firms, Cetus Corporation. Gerber was at Cetus just two weeks when a scientist there approached him about a new technology. “He said

PCR [polymerase chain reaction] was going to revolutionize science. I thought he said CPR,” Gerber laughs. He went on to lead the team



William Gerber

commercializing PCR, a method to generate millions of copies of a specific DNA sequence that won its inventor the Nobel Prize and is now ubiquitous in medical research and laboratory medicine.

A series of senior management and chief executive roles followed with Chiron Diagnostics, Onyx Pharmaceuticals, diaDexus LLC and Epoch BioSciences. Gerber joined Bay City Capital in San Francisco in 1999 and manages investments in the life sciences industry.

“It’s fascinating,” he says. “If you like to learn something new every day, you will definitely thrive in this business.” On average he reads two to three business plans a week from among the many hundreds that flood the firm each year.

He and the other partners quickly reject most ideas and knock out others following due diligence. Gerber ticks off the many reasons why: entrepreneurs are naïve about how much money they will need, stiff competition, limited market, issues with intellectual property or licensing. “Sometimes it’s a great technology, but we know no one will pay for it,” he says. Ultimately Bay City Capital invests in less than 1 percent of the companies that seek financing.

Part of the winnowing process includes picking the brains of fellow physicians, a favorite aspect of his job. He speaks with both key opinion leaders (KOLs), who tend to be academics, and practicing physicians. “Generally if the KOL says it’s going to be a wonderful innovation and the doctor says, ‘I could use that tomorrow,’ you’ve got a winner.”

Investing in people

L. James Strand, MD '66, MA, MBA

One day Jim Strand got a call from out of the blue. It couldn’t have come at a better time.

Back then his days were filled with conducting routine exams for colds and ear infections. The recruiter on

the line asked if he wanted to run an endocrinology drug development program at Syntex Corporation.

“Syntex was an exciting place to be,” he recalls. The company was in the middle of developing what would become the blockbuster drug for pain relief, Naprosyn. He jumped at the chance to move closer to his original passion, research.

Strand ran clinical trials at Syntex, then served as director of market research and director of marketing planning. One of his most important roles was as vice president of clinical and regulatory affairs at Syntex Laboratories. Engrossed by the challenge of business, he went to night school at Santa Clara University for his MBA. “I enjoyed helping people direct their research toward a product where there was a big medical need,” he says.

An offer to head up a small biotech company lured him away from Syntex. He left after a short time to become president and CEO of a start-up surgical laser company and then president of a biomedical marketing and product development consulting firm.

In 1986 he joined Institutional Venture Partners in Menlo Park. Over the next 25 years, he led a slew of successful investments in start-up biotech, medical device and medical services companies. While there are too many to list, one he cites as particularly meaningful is Aviron, which produced Flumist, a nasally applied flu vaccine useful with children.

“Moving from bench to beside is such a complicated process,” Strand says. “From a venture capitalist point of view, the most important thing is finding great people to work with. Many times the initial application of a technology turns out not to be the best – that’s more the rule than the exception. You invest in smart people because they figure out a way to make it work.”



L. James Strand

“ ”

On trends in biotech...

“With health care reform and the challenges of reimbursement, I think there is going to be a trend toward innovative new medicines. But investors will still be looking for clinical proof of concept.”

—Shelley Chu, MD '00

“From a sheer disease prevalence perspective, everyone is focused on cancer, cardiovascular disease, obesity and diabetes. Also, the power of gene sequencing is starting to bear fruit, with some pretty interesting platforms.”

*—Caley Castelein, MD '99,
and Anupam Dalal, MD '98*

“The whole area of gene sequencing and understanding how genes are regulated is exploding. It is going to have a profound impact on medicine.”

—William Gerber, MD '71

“The glory days of biotech as a start-up industry are probably over. I'm sure there will be many more successful start-up companies, but more and more biotech is being incorporated into mainstream large pharmaceutical companies.”

—L. James Strand, MD '66

CAREER

In the Trenches with Robert Roe, MD '66



What's it like to spend a career in the vortex of biotech and pharma both big and small?

Robert Roe needed a job. That rather mundane fact launched him into a career that has been anything but. He's helped shepherd 19 drugs to market, led biotech companies and is now developing a therapeutic for psychotic depression. “I never found a project I didn't like,” he says.

Roe originally planned on a career in academic medicine. He joined the faculty at UCSF but research dollars were tight, so he opted to try private practice. Six months later, feeling restless, he left. He was applying for academic posts again when his classmate, Jim Strand, called about a position at Syntex Corporation. They needed someone to supervise a clinical project.

“I assumed it would be for a year, two at most,” says Roe. He stayed for two decades.

Roe eventually became president of the development research division. “All the drugs were fascinating,” he says, from analgesics to antiviral therapies. He restructured the drug development process to improve efficiency. By performing various developmental activities in parallel, reducing the company's drug programs from 20 to 6, and other measures, Roe knocked half a dozen years off the research process.

“It became quite clear to me that if you focus on valuable therapeutics and you can get them approved, then you can have an impact on millions of people,” he says.

When Roche bought Syntex in 1994, Roe was laid off. This time his unemployment served as a springboard into biotech. He ran or helped lead several firms developing anti-inflammatory medicines and oral vaccines before joining Corcept Therapeutics as president in 2001.

Corcept is deep into phase 3 studies of a drug that modulates the effect of cortisol and will be used to treat psychotic depression and Cushing's syndrome. Today one of the treatments for psychotic depression is electroconvulsive therapy, which can cause permanent memory loss, and there is no approved drug for Cushing's syndrome. The patient need for Corcept's new drug is profound, and for Roe, that is, as always, a driving force.



Tell Us Your Story

Dear Fellow Alumni,

As promised, much has changed since my first letter to you in the fall of 2009. Your representatives on the Medical Alumni Association Board changed the term of officers in the bylaws and have asked me to be the first president to serve a two-year term. I am honored to do so.

You may remember the article “Engrossing Anatomy” from the fall 2009 issue of the *UCSF Medical Alumni Magazine*. It outlined the history of anatomy instruction at UCSF and how it has changed since 2000. Most of us recall memories of that important class and the professors who taught it. On behalf of the editors of our magazine, I invite you to write your most memorable experience of anatomy class and send it to us. It may be selected for publication in an upcoming issue of the magazine. By way of encouragement, I have included one of mine.

It was a sunny Friday in the late morning. The members of the Class of 1967 were in the anatomy lab getting to know their cadavers. I excused myself to go into the hall and make a 10-cent call on the pay phone to my girlfriend. I dialed a couple of times and after each attempt the automated voice told me there were no lines available. It didn't occur to me to wonder what that was all about, and I returned tableside to pick up my scalpel and get to work.

Ten minutes after I returned, our beloved professor, Ian Monie, chairman of the Anatomy Department and director of the first-year anatomy class, came into the lab. I don't remember his exact words but the message was, “President Kennedy has been shot in Dallas.” I don't remember if our president was already dead or whether he was on his way to the ER at Parkland Hospital. I do remember there were no shouts or cries of hysteria in the classroom, only mumblings of sadness and surprise.

I still remember the eerie quiet.

And, I remember that a mere minute or two later, many of our classmates returned to their dissections. Not many more minutes elapsed when the question of whether the anatomy test, scheduled for Monday, would go on as planned or whether it would be postponed. We soon learned that the exam, like the NFL games of that weekend (but not the AFL ones), would proceed on schedule. I remember being surprised, confused and dismayed that normal activity did not pause longer to honor the man many of us admired so much.

I know that my memory of this cardinal event in my life may not be identical to that of others in the room on that 22nd of November in 1963. However I hope it will inspire you to record and send important memories from your experiences in and around the anatomy lab.

Lawrence Hill, MD '67
MAA President

To join the MAA, visit
www.ucsfalumni.org

To contact the MAA, email
maa@support.ucsf.edu

Story Submission Guidelines

Stories should be no more than 600 words and may be edited for UCSF style. You may also send a photograph of yourself, either current or from your medical school days. For best print quality, photos should be high resolution – 300 pixels per inch or larger.

Email to: maa@support.ucsf.edu

Mail to: Editor, UCSF Medical Alumni Magazine, UCSF Box 0248, San Francisco, CA 94143-0248



ClassNotes

1940s

■ **Charles C. Hedges, MD '49**, works part time verifying blindness pension applications in Sun City, Ariz.

■ **Grace M. Waldrop, MD '49**, a retired ob-gyn, lives in Camarillo, Calif., with her sister.

1950s

■ **Jacquelin Perry, MD '50** (below), a retired orthopedic surgeon, continues to work with the Polio Clinic and Pathokinesiology Laboratory at Rancho Los Amigos National Rehabilitation Center, and recently finished the second edition of *Gait Analysis, Normal and Pathological Function*.



■ **John Van Peenen, MD '54**, lives in Cascade Manor in Eugene, Ore., with his wife, Linda.

■ **Mathea Reuter Allansmith, MD '55**, was awarded the Distinguished Alumnus Award for Career Achievement from the Schepens Eye Research Institute, which is affiliated with Harvard Medical School. She completed her ninth marathon in Honolulu in December.



■ **Thomas Daane, MD '55**, writes, "Much of what goes on in our lives right now revolves around our four children (above) of whom we are very proud. We are in the same location in Lafayette (almost 40 years) where we continue to have family gatherings. We would love hearing from any of you: daane@comcast.net."



■ **William E. Junkert Jr., MD '55**, retired, is active in choral music groups, cooking and travel. He and his wife, Joy, have two children and eight grandchildren.

■ **H. Mark Kline Jr., MD '55** (below), retired to Palm Springs, Calif., and stays busy enjoying the desert, wildflowers, bird-watching, traveling and serving on several homeowner committees.



■ **Samuel R. Leavitt, MD '55**, a retired pediatrician, consults in the Adolescent Clinic at UCSF one afternoon a week. He and his wife, Thea, celebrated their 54th anniversary in April. He stays active with tennis, music and roses.

■ **Stephen Plank, MD '55**, lives near San Rafael, Calif. He writes, "For me, life has been and continues to be good. I hope that's true, too, for you other survivors of the Class of '55."

■ **Wallace Sampson, MD '55**, and his wife, Rita, have been married 53 years, and have five sons and nine grandchildren. In his retirement Sampson founded and edited *The Scientific Review of Alternative Medicine*, a journal for the scientific analysis of anomalous medical claims, and still investigates and writes on the subject.

■ **Lee Smith, MD '55**, writes, "It took several years to adapt to retirement but now I seem as busy as ever. I have fond memories from all the years at UC and from practice. I hope all of you can look back with equal delight."

■ **Leon I. Sones, MD '55**, and Gittelle have been married for 58 years and have three sons and seven grandchildren. He continues to work as a psychiatrist and is a member of the Westside Neuroscience Group, which reviews current literature that attempts to integrate psychiatry and neuroscience despite



the complexity involved. He was honored and elected to honorary status by the UCLA Department of Psychiatry.

■ **Roy S. Wagner, MD '55**, a retired psychiatrist, lives in Napa, Calif., with his wife, Mignon. They have five children, 23 living grandchildren and six great-grandchildren. They are active members of the LDS Church and enjoy traveling, water aerobics, golf, movies, reading, photography and dining out.

■ **Daniel N. Berez, MD '59**, lives in Studio City, Calif., with his wife, enjoys cooking at home, attends CME courses, dances two-step and swing, plays the electric bass with his grandsons and takes two cruises a year.

■ **Allen B. Casebolt, MD '59**, lives in Rocklin, Calif., with his wife, Jane. They travel to Florida and South Carolina frequently to see their children and grandchildren.

■ **Milton C. David, MD '59**, writes, "I have been retired for 10 years and love it." He and his wife, Carol, have two sons, two daughters and three grandsons.

■ **Gerald C. Hays, MD '59**, practices two days a week at the Cal Poly Pomona Student Health Center during the academic year. He writes, "Semi-retirement is great. I would have done it after graduation if I'd had any money."

■ **John J. Kao, MD '59**, writes, "Muriel and I are planning our third overseas golfing trip, which includes the 10,000-foot-elevation Jade Dragon Snow Mountain Golf Club in western China. We both golf twice a week despite the fact that I am still trying to break 100."

1960s

■ **Marvin D. Call, MD '60**, lives part time on the Hopi Indian reservation in northeastern Arizona in the village where his wife, Jean, was born and raised. They travel a lot and spend much of their time with their eight grandchildren. He writes, "If any of my classmates are visiting the Southwest, we would love to have the opportunity to show you around the reservation or the Land of Enchantment (New Mexico)."



■ **John P. Geyman, MD '60** (above), focuses his research, writing and teaching on health policy and health care reform. He writes, "This has led to seven books on our failing health care system. The most recent are *Do Not Resuscitate: Why the Health Insurance Industry Is Dying and How We Must Replace It* and *The Cancer Generation: Baby Boomers Facing a Perfect Storm.*"

■ **Bob Irwin, MD '60**, a retired anesthesiologist, enjoys spending time with his grandchildren.



■ **Don L. Jewett, MD '60**, though retired from practice and the full-time faculty at UCSF, still does research on brain activity using a new technique he developed.



He is collaborating with MDs at UCSF to find clinical applications for these findings.

■ **Leonard M. Lipman, MD '60**, retired at the end of 2004, after a 36-year career as an endocrinologist with special interest in intensive insulin therapy. He has three children and one granddaughter; his daughter and granddaughter live nearby.

■ **Robert C. Lim Jr., MD '60**, an emeritus professor in the UCSF Department of Surgery, teaches residents one day a week. He and Carolee still live in the Bay Area and enjoy watching



their four grandchildren (above) grow up, traveling and catching up on home projects.

■ **Reed E. Miller, MD '60**, writes that he spends a good deal of time trying to learn things he didn't have time for in college, such as philosophy, religion, linguistics, history, math and calculus, etc., with the help of The Teaching Company®, a series of lectures that he listens to while on the treadmill.



■ **Naomi Nakashima, MD '60** (above), a retired pediatrician, is a docent at the California Academy of Sciences in Golden Gate Park and writes, "It has been good exercise for my brain and hopefully a deterrent to developing Alzheimer's. I especially enjoy introducing natural history to our young school groups."



■ **David L. Swanson, MD '60**, retired Army col., is living in Walla Walla, Wash.

■ **Vincent S. Yuen, MD '60**, and wife, Kim Yuen, BS '61, have three children and six grandchildren.

■ **Robert M. Dryden, MD '64**, practices full-body cosmetic surgery and eye and facial reconstructive surgery in Phoenix and Tucson, Ariz. He and his wife, Laurie, breed Arabian horses in Tucson and Harrison, Neb. He has three children and three grandchildren.

■ **Lawrence E. Nelson, MD '64**, and his wife, Jean, spend their time traveling between Dickson, Tenn., Seattle and Phoenix, where their children live.

■ **Robert J. Riopelle, MD '64**, writes, "After 40 years practicing office-based psychiatry in San Francisco, I still enjoy

working part time, as well as pursuing interests in travel, music and family. Happily married for 40 years with two lovely daughters – one who has given us two delightful young grandchildren, and one whose work in Italy gives us the perfect excuse to visit Europe each year."

■ **Ronald B. Rushford, MD '64**, is the medical director for Solano Regional Medical Group. He has two grandchildren.

■ **Ronald H. Wojnas, MD '64**, is a pediatrician in Kennewick, Wash., specializing in ADHD, mood disorders, ODD and similar parental challenges with kids (www.add-pediatrics.com). He has six kids and eight grandchildren, all of whom he has taught to ski in Alta, Utah.

■ **Blair S. Edwards, MD '65**, a retired ophthalmologist, lives in Santa Barbara, Calif. He recently embarked on a 43-day cruise from Hong Kong, across the Indian Ocean, to Cape Town, South Africa.



■ **David C. Hurwitz, MD '65**, works one day a week at the Oxnard Clinic, which has no full-time rheumatologist. He writes, "After 26 years of a very hectic practice, I have enjoyed the last 10 years of part-time work with less responsibility." He and Cindy have two children and one grandchild.

■ **Geoff Nunes, MD '65**, has presented six historical papers at the Pacific Coast Surgical Association meetings since his retirement and has traveled to about 70 countries. He and his wife, Susan (below), have been married 49 years and have three sons and seven grandchildren.



■ **Robert A. Shain, MD '65**, treats patients with general psychiatric problems, including addiction, in a private practice with offices in Santa Monica and Malibu, Calif., and is the medical director for Magellan Behavioral Health. He and his wife of 30 years, Genny, have three daughters, seven grandchildren and a son who attends UC Hastings College of the Law in San Francisco.

■ **Robert N. Wells, MD '65**, divides his time between Walnut Creek, Calif., and Incline Village at Lake Tahoe. He volunteers for San Francisco Performances, UC Berkeley Alumni Association, the Lake Tahoe Music Festival and the Sand Harbor Shakespeare Festival.



He also attends Commonwealth Club and World Affairs Council programs.

■ **A. Brent Eastman, MD '66**, was elected chairman of the Board of Regents of the American College of Surgeons during the annual Clinical Congress in October 2009. A general, vascular and trauma surgeon, he is chief medical officer of Scripps Health and the Paul Whittier endowed chair of trauma at Scripps Memorial Hospital La Jolla, Calif. He is also a clinical professor of surgery-trauma at UC San Diego.

■ **Stephen L. Davis, MD '69**, works part time for the VA Medical Center in Martinez, Calif., and part time at Kaiser Permanente Richmond Urgent Care Center.

■ **Lorraine J. Day, MD '69**, owns a medical publishing company, Rockford Press Inc., which produces videos, DVDs, CDs and books on alternative medicine. She writes, "Please visit my website at www.drday.com."

■ **Dan Miller, MD '69**, writes, "My semi-retired life is full and happy, and yes, I am still married to Maxine. Golf and skiing and dirt bike trail riding have been my hobbies, as well as taking care of our cabin in the mountains."

■ **Michael T. Peterson, MD '69**, writes, "35 years ago I disappeared into the Oregon wilderness and began a career as a backcountry radiologist. I gave up the invasive stuff, so now I sit riveted to the monitor all day, misinterpreting all manner of images and congratulating myself for switching out of internal medicine and out of emergency medicine."

■ **William C. Reeves, MD '69**, is chief of the Chronic Viral Diseases Branch in the National Center for Zoonotic, Vector Borne and Enteric Diseases at the CDC. His research involves cervical cancer, sleep disorders, military illness and chronic fatigue syndrome.

1970s

■ **Jim Buxman, MD '70** (*below*), continues to enjoy family practice in Portland, Ore., having completed 35 years with no plans to retire.



■ **Marty Cohen, MD '70**, writes,

"I am mostly retired from full-time pediatric practice and work occasionally in my old practice in Arizona (about a week every other month). I am happily pursuing my interests in photography and website development and recently participated in my first art show and sale in Carmel Valley, Calif. My photography website is www.msccgallery.com."



■ **James Gottesman, MD '70**, semi-



retired from full-time clinical practice as chief of Urology at Swedish Medical Center in Seattle, started a vasectomy-only clinic. He and his wife live on Mercer Island in Washington and spend winters on a golf course in the Palm Springs warmth.

■ **Eva Hauer Hewes, MD '70**, an ophthalmologist, is active on the clinical faculty at Stanford and UCSF teaching oculoplastics, and holds a full-time position at Stanford and the VA Palo Alto.

■ **Tim Hurley, MD '70**, lives in a restored Victorian house built in 1903 and works in the GI Department at Kaiser Santa Rosa. He and Marianne have four children and five grandchildren.

■ **Allen Krohn, MD '70**, is the medical consultant to State Compensation Insurance Fund in Redding, Calif. He is active in his community with the Rotary, Chamber of Commerce, mayoral commissions and community service agencies, and is chairman of the Shasta County Air Quality Management District Hearing Board.

■ **Leslie Laird, MD '70**, is self-employed doing accounting for small businesses and has raised two children. She writes, "Among other things, I've traveled (New Zealand, France, Japan, Scandinavia, Mallorca and twice to China), danced hula, run marathons, sung in a chorus, and enjoy photography and tending my vegetable garden."



■ **H. Trent MacKay, MD '70**, is chief of the Contraception and Reproductive Health Branch at NICHD/NIH, the single largest source of funding for contraceptive research in the world. He continues to actively practice in the Department of Obstetrics and Gynecology at National Naval Medical Center and teach as a professor of ob-gyn at the Uniformed Services University of the Health Sciences. He is very active in the family planning community in the U.S. and internationally.



■ **Edward Schneider, MD '70**, teaches anatomy to nursing students at his local community college and continues to work in surgery. He and his wife, Nancy (*above*), have two sons and two young grandsons.

■ **Eileen Z. Aicardi, MD '74**, is the senior partner at Golden Gate Pediatrics. She writes, "I love what I do, which is good because with the downturn in the economy and all five of my sons saying 'grad school,' I will be working for quite some time more."

■ **Reginald F. Gipson, MD '74**, has extensive experience working in the Caribbean, Asia and Africa and manages a large international public health program focused on improving maternal, neonatal and child health, and decreasing mortality and morbidity. He serves as chief of party/director for the John Snow Inc. Research & Training Institute Inc.'s Indonesia Health Services Program.

■ **John (MD '74) and Judy Luce, MD '74**, live in San Francisco and work at San Francisco General Hospital: John in pulmonary and critical care as the chief medical officer, and Judy in hematology/oncology as director of oncology services. They have two children, Michael and Caroline.

■ **Rick Voakes, MD '75**, is a pediatrician in Bowling Green, Ky., and a medical activist campaigning against tobacco and fructose. He is president of his county medical association, and co-founder and president of the Healthy Weight Kids Coalition. For the last 26 years, he has been a professional athlete in the growing sport of disc golf, holds six world championship titles, and was inducted into the International Disc Golf Center Hall of Fame.

■ **Carol Brosgart, MD '77**, was named chief medical officer and senior vice president of Children's Hospital & Research Center Oakland in January. Previously she held several clinical roles at Gilead including vice president of clinical research and vice president of public health and policy.

■ **Lawrence Casalino, MD '79**, is the division chief of outcomes and effectiveness research in the Dept. of Public Health at Weill Cornell Medical College in Manhattan. He writes, "Margy and I are now grandparents of a 14-month-old and loving that! Our daughter, Ariana, and her daughter are also in NYC."

■ **Charles Hyde, MD '79**, lives in Chestnut Hill, Mass., just outside of Boston. He and his wife, Joan, have three children.

■ **Rodrigo H. Manalo Jr., MD '79**, practiced general pediatrics with Kaiser Permanente Vallejo Medical Center.

■ **Diane Sklar, MD '79**, works at Kaiser Permanente in San Francisco as

an ob-gyn. She writes, "My passion for travel and medical volunteerism has led me to Guatemala, Bolivia and Kenya."

■ **Ruth Tabancay, MD '79**, is an artist working with mixed media/fiber sculpture and computerized Jacquard weaving whose works are inspired by biologic images as seen under the microscope. She writes, "Because of medical school I have my wonderful husband, amazing daughters and the inspiration for the art that I create."

1980s

■ **Ana Maria Osorio, MD '80**, leads the first U.S. Food and Drug Administration office in South America, located at the U.S. Embassy in Santiago, Chile. She writes, "Please feel free to let folks know that I would be happy to hear from anyone from our class. My e-mail is AnaMaria.Osorio@fda.hhs.gov."



■ **Alan Werblin, MD '80**, chief of adult medicine at Kaiser Permanente Medical Center in Vacaville, Calif., continues to play blues harmonica under the stage name Dr. Blues. He and his wife, Tina (*above*), have two children and live in Fairfield with their two poodles, Lola Bo and Quincy.

■ **Joanna Wong, MD '80**, is a pediatrician in Manhattan Beach, Calif.



■ **Charles Albert, MD '84**, is a solo-practitioner in Alabama. He and his wife, Chris, have three children and four grandchildren.

■ **Daniel A. Egerter, MD '84**, practices pathology in Sacramento, Calif., with Outpatient Pathology Associates, a small lab specializing in surgical pathology and cytology, including fine needle aspiration biopsy.

■ **Tina Clark-Samazan Foster, MD '84**, holds several positions at Dartmouth-

Hitchcock Medical Center: division director of General Ob-Gyn, associate director of GME, and program director for a preventive medicine residency. She also teaches in the MPH program at the Dartmouth Institute for Health Policy and Clinical Practice. She writes, "The Connecticut River Valley of Vermont and New Hampshire is an amazingly beautiful place. The quality of life is superb, and I work with an incredible bunch of people. I have learned to love snow and to appreciate flowers and greenery in a whole new way."

■ **Peter M. Liljeberg, MD '84**, and his wife, Betsy, live in Palatine Bridge in upstate New York. He writes, "Betsy and I have ventured abroad on medical mission trips. I have spent time in Tanzania, Dominican Republic and Guatemala. It is in these places that I become a 'real' doctor again, using skills learned in residency, unfettered by paperwork and insurance companies."

■ **Don Schengel, MD '84**, enjoys living in Visalia, Calif., and practicing in a small orthopedic group. Though half of his time is directed toward sports medicine/arthroscopy, he still practices some aspects of general orthopedic surgery. He is the team physician for the local junior college and a high school.

■ **Zachary A. Zimmerman, MD '84**, is chief of anesthesia at Kaiser Foundation Hospital in Vallejo, Calif. He writes, "I have had the opportunity to build an excellent department, design two new hospitals and I am involved in the design of new medical equipment that is used at all levels of care for patients. We are opening a new hospital in Vacaville, and we are rebuilding our hospital in Vallejo."

■ **Joel Gallant, MD '85** (*below*), is a professor of medicine in the Division of Infectious Diseases at Johns Hopkins,



focusing on the treatment of HIV infection. He writes, "I've had some wonderful opportunities to teach in Africa, India, Latin America and Thailand. I recently published a book for patients called *100 Questions and Answers about HIV and AIDS*, which was a lot more fun to write than a journal article or a textbook chapter."

■ **Susan Hellerstein, MD '85**, works as a gynecologist in a multispecialty women's health center and takes calls at the Brigham and Women's Hospital to cover the high-risk OB service. She and her husband, John, have three kids, Nellie (19), Andy (17) and Hal (12).

■ **Steven Lane, MD '85**, splits time between a family medicine practice in Palo Alto, Calif., and a position with Sutter Health where he helps lead the electronic health record (EHR) programs. He also works with the Certification Commission for Healthcare IT and other groups supporting the broad adoption of EHRs across the spectrum of care.



■ **Cres P. Miranda, MD '85**, is an interventional and preventive cardiologist with Nevada Heart & Vascular Center, and staff for the internal medicine training programs at University Medical Center for University of Nevada, Reno and

Valley Hospital for Touro University Nevada. He continues to read and run as much as he can.

■ **Judy Schwartz, MD '85**, lives in Oakland, Calif., with her husband, Rod, and their three cats. She has a small psychiatric practice in Berkeley and is also a psychiatrist at the UC Berkeley student health care center.



■ **Abelardo (Al) Pita, MD '86**, grew a one-man practice into a 12-physician family practice group with two offices, four nurse practitioners and 60 employees. He also founded an IPA, which integrates urgent care, subspecialty care, chiropractic, PT and several comprehensive disease management services. He opened a senior center with yoga classes, balance therapy, seven-card stud tournaments and Nintendo Wii stations. He has three teenage children.

■ **Andrew Calman, MD '89**, PhD '89, has been elected president of the California Academy of Eye Physicians and Surgeons for 2010. He teaches at UCSF as a member of the clinical faculty, has a private practice in the Mission District, and is a single-payer activist. He lives near Half Moon Bay, Calif., with his children David (11), Rebecca (10) and Daniel (7).

■ **Clifford I. Harris, MD '89**, hung up his stethoscope in 2001 and is now working as a fundraiser for Stanford Hospital. He also writes jokes for the *Bizarro* comic strip and is writing a children's book.



1990s

■ **Ashish M. Mehta, MD '90**, specializes in pediatric ophthalmology and adult strabismus at Southern California Permanente Medical Group. He writes, "I have also had the opportunity to go on medical missions to India every other year for the past 12 years, which reminds me of how fortunate I am to have the resources we have as patients and physicians in this country." He and his wife, Asha (*below*), have two children, Karina and Shaina.



■ **Kenneth J. Mukamal, MD '90**, and his wife, Gale (*below*), have three sons and live in Lexington, Mass. He conducts population-based research and practices primary care at Beth Israel Deaconess Medical Center in Boston.



■ **Daniel Pine, MD '90**, lives in Berkeley, Calif., with his wife, Jennifer, and their two preschool children, Fiona and Tyler.

■ **Suzanne Summer, MD '90**, writes, "After finishing at UCSF under the five-year, two-child plan, I completed my residency in emergency medicine at

Highland Hospital in 1995. Since that time I've worked in the Emergency Department at Kaiser Oakland. I've also headed up the intimate partner violence team there. I'm looking forward to pursuing a long-term interest by joining the palliative care/hospice team in 2010. This will be in addition to my work in the ER."

■ **Thomas Tayeri, MD '90**, an ophthalmologist in private practice in Palo Alto, Calif., stays involved in resident education by attending at the Palo Alto VA hospital. He has gone on surgical and training missions in Africa and India and is in the process of creating a nonprofit organization to aid in medical delivery efforts abroad. He and his wife, Lisa (*below*), have three school-aged children.



■ **Allen Barkev Nalbandian, MD '94**, is president of Valley Radiology Consultants in San Diego and founder and CEO of Women's Imaging Specialists, a niche teleradiology company dedicated to providing subspecialty breast imaging interpretations on a national scale.

■ **Kristin Behle Wheeler, MD '95**, lives in Portland, Ore., and works at a community health department providing primary care to underserved populations. She and her husband, Derrell, have a 4-year-old daughter, Clara.

■ **Jacquelyn Chang, MD '95**, a psychiatrist in Burlingame, Calif., volunteers as a clinical psychotherapy supervisor for psychiatry residents training with San Mateo County. She and her husband have two sons.

■ **Brian M. Ilfeld, MD '95**, has been an assistant professor-in-residence at UC San Diego since 2006 and spends 80 percent of his time on clinical research involving postoperative analgesia.



He and his wife, Jenny (*above*), have two children, Elan (7) and Mari (5).

■ **Jorge S. Siopack, MD '95**, works at La Clínica de La Raza, a nonprofit community health clinic in the East Bay directing comprehensive women's services and also works at Santa Clara Valley Medical Center teaching as an ob-gyn clinical instructor for Stanford. He lives in San Francisco with his wife, Deanna, and two sons, Antonio and Alejandro.

■ **David Stoker, MD '95**, is a plastic surgeon in private practice in Marina del Rey, Calif. He and his wife, Sarah Cosgrove Stoker (*below*), have two girls, Annabelle (7) and Whitney (5). They spend their days playing with the girls, surfing, running, biking and having a great time.



2000s

■ **Jennifer Roost, MD '00**, a gastroenterologist with the Palo Alto Medical Clinic, and her husband, Mike Rothenberg, have two daughters, Coral and Camille.

■ **Nicolas von dem Bussche, MD '00**, completed his residency and fellowship at UC San Diego and is in private practice at Hoag Hospital in Newport Beach, Calif., where he reads all imaging modalities but specializes in body and breast imaging and procedures.

■ **Andrea Willey, MD '00**, works in dermatologic surgery in two private practices (Laser & Skin Surgery Center

of Northern California and Solano Dermatology Associates) and enjoys teaching residents and fellows at UC Davis.

■ **Jonathan Vlahos, MD '04**, married Melanie in 2008, spent four months working in Kenya with her, and had a baby boy in September 2009.

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IN MEMORIAM

ALUMNI

David M. Ferber, MD '37
 Nicholas G. Maximov, MD '40
 Paul M. Abraham, MD '42
 Joseph C. Bacon, MD '43
 F.J. Charlton, MD '46
 William H. Clark, MD '46
 John P. Conrad Jr., MD '46
 Edwin W. Butler, MD '50
 Douglass S. Cartwright, MD '50
 Mahlon C. Connett, MD '52
 Maurice Rotbart, MD '54
 Kenneth B. Bonilla, MD '55
 Abdul R. Al-Shamma, MD '56
 Alfred A. de Lorimier, MD '56
 James O. Trowbridge, MD '57
 Michael E. Musicant, MD '62
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UCSF is grateful to the many alumni who have contributed to scholarships – and so are the many students whose lives you have touched.

In their own words...



Aubrey Gilbert – MS 3

The day I opened my 2009-2010 letter from the financial aid office, I actually cried and then immediately called my parents, who, although they never would say it outright, have also been incredibly stressed about the costs of medical school. Thanks to alumni support, I will realize a lifelong dream to become a physician.



Francisco Valles – MS 3

I appreciate the financial help that you have provided. This reduction in loan debt gives me more freedom to choose a field of medicine based on my interests, values and passions instead of being forced to choose something due to financial limitations. Regardless of where my final journey takes me, I will be serving an underserved population.



Bianca Watson – MS 4

I am applying for residency in family medicine. I can't tell you enough how both honored and grateful I am to receive support from School of Medicine alumni. Your assistance helped me make a career decision based on my heart rather than my finances. I will have debt when I graduate, but it will be much more manageable. I truly appreciate your support.



Thomas Bullock – MS 2

Your scholarship assistance has been invaluable. Without it, concerns for my financial stability would impede my pursuit to help the undeserved. There is nothing more important to me than receiving my medical education. I appreciate your assistance more than I can ever express to you. Thank you.

To learn more about the importance of student support at the UCSF School of Medicine, please call 415/476-6341 or email meded@support.ucsf.edu.

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