

Frontiers of Medicine

News from the UCSF Department of Medicine

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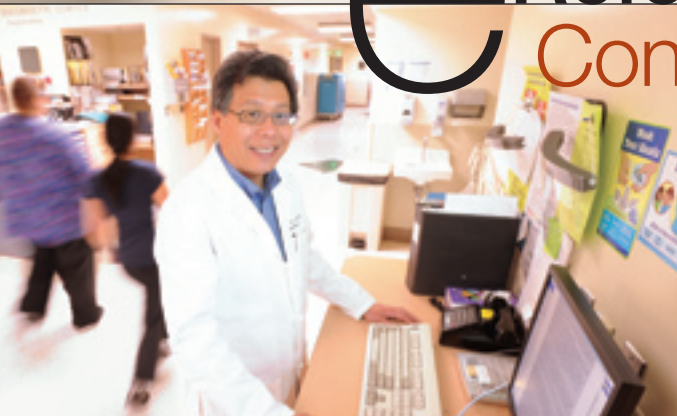
CONTENTS

eReferral System	1
From the Department Chair	2
Faculty Profile: Dr. Kanu Chatterjee	3
SFGH Names New Chief of Medical Services	5
Teaching the Art and Science of Medicine	6
\$10 Million Gift Establishes Center for Prevention of Heart and Vascular Disease	7
2008-09 Master Clinicians	8
Honors and Awards	10
Friends of Medicine	12



eReferral:

Connecting Primary and Specialty Care



Primary care physician Alice Chen, MD, MPH, medical director of the Adult Medical Center at San Francisco General Hospital, talking with a patient about a specialist referral. Hal Yee, MD, PhD (above), chief of gastroenterology at San Francisco General Hospital reviews an eReferral received by the UCSF gastroenterology clinic. According to evaluation research conducted by Margot Kushel, MD, eReferral reduced wait times for specialty appointments by up to 81%.

In June 2005, the wait for the next available regular appointment with a gastroenterology specialist at San Francisco General Hospital (SFGH) was 11½ months. New appointments were booked in the order received – though sometimes referring physicians could wrangle an earlier appointment by paging and calling specialists, or by tapping personal connections.

To make things worse, primary care physicians would fax over referral forms that were often illegible, vague or lost by the time the patient arrived for the appointment almost a year later. Often, the specialist spent the whole appointment trying to determine why the patient was referred – further complicated by the need to engage translators, given that 40% of SFGH's patients do not speak English. Also, many patients needed essential lab tests before the specialist could make informed recommendations, requiring a follow-up appointment.

Enter Hal Yee, MD, PhD, the Rice Distinguished Professor at UCSF who was recruited in 2004 as SFGH's chief of gastroenterology for his expertise in cell biology. Within a few weeks of his arrival, he realized that one of his division's most pressing problems was the long wait for an appointment.

Yee was more accustomed to long hours in the lab than redesigning health care delivery systems. However, he brought the same inquisitive process he used in the lab to this challenge.

continued on page 4

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The Department of Medicine is the largest of the 27 academic departments of the UCSF School of Medicine and is comprised of the following Divisions:

AIDS/Positive Health

Allergy and Immunology

Cardiology

Clinical Pharmacology

Endocrinology/Metabolism/
 Osteoporosis

Experimental Medicine

Gastroenterology

General Internal Medicine

Geriatrics

Hematology/Oncology

Hospital Medicine

Infectious Diseases

Medical Genetics

Nephrology

Occupational and
 Environmental Medicine

Prevention Science

Pulmonary and Critical Care Medicine

Rheumatology/Arthritis

The Educational Innovations Project

We are in the midst of a sea change in medical education. When I was a resident three decades ago, we were given little guidance and were allowed to learn from our failures.

The question I always asked was, why crash the plane while learning to fly it? At UCSF, our residents are truly among the best and brightest. With proper support and instruction, we can teach them to fly that plane right the very first time.

The Accreditation Council for Graduate Medical Education (ACGME) accredits residency programs in the United States. Over the last few decades, its regulations have multiplied, sometimes actually interfering with providing the best training.

For example, one rule mandates that residents participate in 108 weekly outpatient clinics. These clinics could not be “doubled up” in the same week, but had to be spaced a week apart. Residents who were deeply engaged in inpatient rotations had to interrupt their shifts, sometimes travel across town to staff their clinics, and then rush back to their inpatient duties.

Recently, the ACGME invited outstanding residency programs to apply for its Educational Innovations Project (EIP), which waives certain rules to allow programs to test out creative new approaches to learning. UCSF’s Department of Medicine was one of only 21 programs nationwide to be chosen. Some of our pilot innovations include:

Focused training blocks: Second- and third-year residents now participate in two-month inpatient and outpatient blocks. The inpatient blocks focus on case conferences and bedside teaching, immersing residents in the care of critically ill patients. The outpatient or “ambulatory” blocks carve out time for in-depth classroom teaching, electives and research.

Practice partners: Residents are paired with a “practice partner,” similar to a job-sharing arrangement. Partners alternate between inpatient and outpatient blocks, caring for the same ambulatory patients during their residency. This helps ensure continuity of care for patients, and also helps

residents learn how to build trust and communicate effectively with the health care team – essential skills to providing quality patient care in today’s health care environment.

New ambulatory courses: One of our most exciting developments is more robust teaching in the outpatient setting, creating dedicated time for residents to learn core competencies from the best in the field. Two such courses are featured on p. 6; they pair hands-on learning with time to discuss, improve and evaluate skills such as effective communication, and caring for patients with chronic illnesses.



Talmadge E.
 King, Jr., MD

Areas of Distinction: Like college minors, this program allows residents to spend time during their outpatient blocks studying specific areas in medicine in more detail, such as global health, medical education and clinical research.

Improving quality and safety: A new course trains first-year residents how to perform a detailed analysis of a patient who is readmitted to the hospital shortly after discharge. They investigate whether re-hospitalization was preventable, and propose systemic improvements to reduce the chances of this recurring.

The EIP is helping us redesign our educational efforts from the ground up to optimize both learning and patient care. The early results are promising: our research has found that we have maintained patient outcomes, improved quality and safety and increased patient and resident satisfaction. Also, 60% of first-year residents said the Areas of Distinction program was a major factor in their decision to come to UCSF.

Just as our physicians are making exciting discoveries in the laboratory and through clinical trials, we are pioneering educational innovations that we hope will serve as best practices not only at UCSF, but throughout the country. Thank you for helping us provide the best education possible and transforming the practice of medicine for decades to come.

Sincerely,

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

Dr. Kanu Chatterjee Retires

Renowned Cardiologist Leaves a Great Legacy

After more than a third of a century at UCSF, cardiologist Kanu Chatterjee, MB, FRCP, FACC, FCCP, MACP, is retiring.

However, Chatterjee, currently the Ernest Gallo Distinguished Professor of Medicine, will not have much time to relax. A week after he departs UCSF at the end of June, he begins a half-time position at the University of Iowa in Iowa City, where he will teach, conduct research and do clinical work. The move is motivated in part because his wife, Docey, is originally from Iowa, and still has family there.

Chatterjee is a beloved and revered physician, teacher and researcher. "Dr. Chatterjee is the ultimate scholar with encyclopedic knowledge from bench to bedside," says Teresa De Marco, MD, professor of clinical medicine and medical director of heart transplantation at UCSF. De Marco trained as an intern, resident and fellow under Chatterjee and is now a colleague.

"His dedication to teaching cardiology follows the art and science of cardiovascular disease is best measured in units of patience," says De Marco. "How many times was I struggling to maneuver a coronary sinus catheter or even a pulmonary artery catheter – the latter which he helped develop – through a critically ill

patient's dilated heart and into the pulmonary artery without success? After what seemed like hours of gentle verbal guidance, he would finally glove up, grasp my wrist and then exert a slight twist, saying, 'Like this.' Then the catheter would pass to its desired location.

"Several more procedures later, with the twist of the wrist now intuitive, catheters were easily finding their mark and without the need for Dr. Chatterjee to glove his hands. You cannot learn that in a textbook."

Consummate Healer, Researcher and Educator

Chatterjee was born in what is now Bangladesh, and moved to Calcutta with his family after the partition of India. They lived in refugee camps there for many years, including while Chatterjee attended medical school. He went to London for his postgraduate training. In 1971, he was recruited by Jeremy Swan, MD, PhD, to direct the inpatient cardiology service at Cedars-Sinai Medical Center in Los Angeles. In 1975, he was recruited to UCSF to direct the Cardiac Care Unit.

Chatterjee is a world-renowned researcher in vascular reactivity, which refers to changes in the blood vessels in response to stimulus. He also is an

expert on heart failure, and pioneered the study of drugs such as ACE inhibitors and vasodilators that have become the standard of care.

His clinical skills are legendary, and he is regarded as a master of the physical exam. His patients speak with gratitude and heartfelt emotion about his expertise and compassion.

"Dr. Chatterjee is a saintly man," says William Grossman, MD, former chief of cardiology at UCSF Medical Center. "He transmits this calm, spiritual peace to his patients. They come away feeling that they're improved, just by being in his presence. He's also extremely well-read and experienced. If I have a difficult case, I can always turn to him and get very sound advice for diagnosis and treatment. Also, his career has exemplified that it is possible to be a doctor and do research, and to do both extremely well."

Recently, Patricia and Douglas Leone were inspired to endow the Leone-Perkins Chair in Chatterjee's honor. This gift will provide ongoing support to a faculty position engaged in cardiac stem cell research. "I strongly believe stem cell research is very important," says Chatterjee. "One day it will be really beneficial for the cardiovascular system. But one should not do things prematurely. So that is the reason why research needs to be continued."

"The Leone-Perkins Chair is yet another example of how Dr. Chatterjee, in a very unassuming and quiet way, has made this division even stronger by directing philanthropy made in his honor to support our residents, fellows and faculty colleagues as well as the division overall," says Grossman.

Although his office walls are covered with honors and awards, he immediately points to the one that means the most to him at UCSF: the naming of the residents' room on the 9th floor of UCSF Medical Center in his honor. "I shall miss UCSF – the residents, fellows, patients and my friends," says Chatterjee. "UCSF has been a second home, and these people have been part of the family."

"UCSF has been a second home," says Kanu Chatterjee, MB, FRCP, FACC, FCCP, MACP, pictured below with cardiology resident Colleen Johnson, MD, and a patient. Dr. Chatterjee is retiring after 34 years of service at UCSF.



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“You never know what problem you’re going to solve when you start,” says Yee.

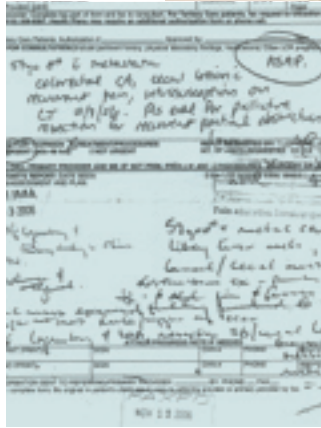
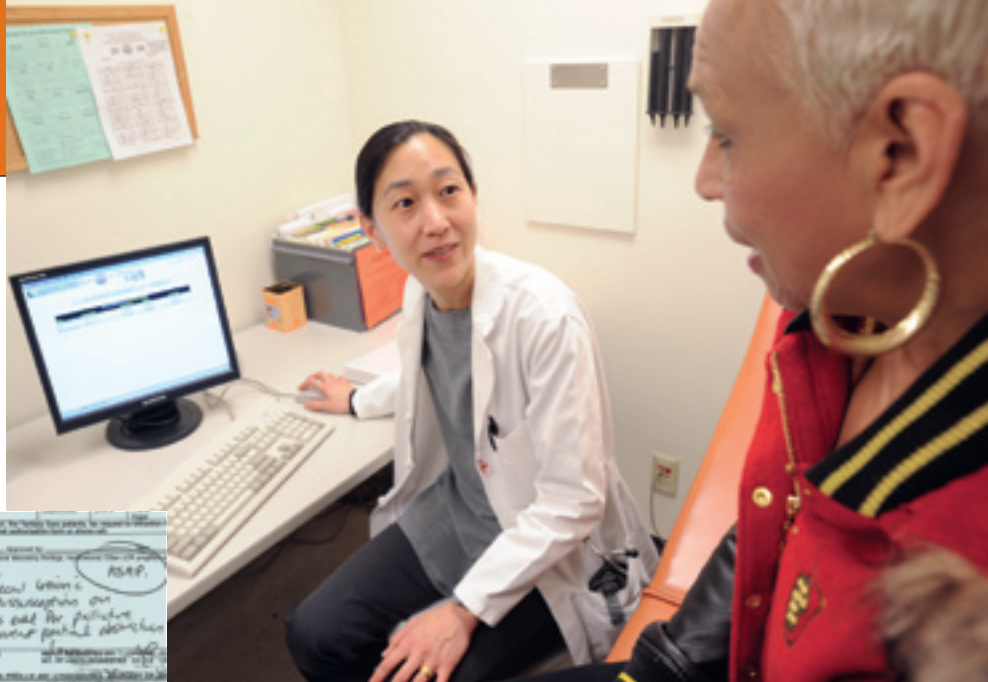
Creating a Better Interface

He was inspired by a past mentor at UCLA, who went through all the faxed and mailed referrals by hand. “I wasn’t going to do that,” says Yee with a laugh. “But the idea that you would triage, communicate and educate was an important one.” Motivated by the idea of marrying specialty expertise with supportive technology, Yee started talking with IT physician liaison Robert Brody and IT specialist Kjeld Molvig. Within nine months of Yee’s arrival, he and his colleagues launched what was to become known as eReferral in the gastroenterology and liver clinics.

The benefits to patients have been dramatic: once 11½ months, the wait time dropped to three to four months. So far, Yee has received more than 11,000 gastroenterology eReferrals from the 500 primary care providers at SFGH, the Department of Public Health and the San Francisco Community Clinic Consortium.

Gone are the scrawled faxes and scattered voicemail messages. eReferral’s database design provides a text box for a description of the patient’s symptoms, and automatically pulls information such as lab test results from their electronic medical record. Yee reads every single gastroenterology eReferral, and decides the best course of action. Often he responds with follow-up questions, or requests certain tests before scheduling an appointment.

For about 25% of eReferrals, Yee determines that no appointment is needed. For example, many patients’ symptoms point to Irritable Bowel Syndrome, which the referring physician can treat. This frees up more appointments for patients who truly need to see a specialist. Yee also provides helpful suggestions, and notes things to monitor that might require specialty care down the road.



“The real goal is improved communication between referring and specialty providers,” says Alice Chen, MD, MPH, seen here completing an eReferral. The new system helps ensure that specialists understand why patients have been referred to them, and replaces the handwritten referral forms (at left) that were often illegible or lost.

Yee responds within 72 hours, and spends about four hours a week

reviewing eReferrals. This compares to a half-day clinic in which he might only see six to eight patients. With eReferral, he reviews referrals for 60 to 70 patients each week – an investment which yields large dividends.

Broadening the Impact

The arrival of eReferral is especially well-timed, as budget cuts and the adverse economy strain the already fragile safety net hospital. “The specialty clinics at San Francisco General are the only reliable source of specialty care for the 72,000 uninsured adults in San Francisco,” says Alice Chen, MD, MPH, medical director of the Adult Medical Center at SFGH. “Given the economy, and the number of people who have lost their health insurance, we’re going to be flooded in the next year.”

Chen recognized eReferral’s enormous potential to improve access to specialty care throughout the hospital, and with the support of \$1.5 million in grants from San Francisco Health Plan, worked to bring the project to scale. Under Chen’s leadership, eReferral has been implemented in 22 clinics and specialty services at SFGH, including pulmonary, endocrine, rheumatology and neurosurgery. Even though only half those clinics had funding to support their eReferral

activities, faculty and staff were so enthusiastic that they volunteered their time and resources.

For each clinic that wanted to use eReferral, Chen worked to identify the right specialty reviewer. “The reviewer is not just a gatekeeper,” she says. “It’s about being an educator, someone who thinks about systems and wants to improve care for individual patients as well as the overall patient population, and is willing to partner with primary care providers.” Chen also conducted extensive outreach to primary care providers in the community, and worked with IT lead Molvig and his team to tailor eReferral to each clinic’s specific needs. She eventually hopes to bring eReferral to every SFGH clinic.

Democratizing Access to Care

Margot Kushel, MD, associate professor of medicine in residence, serves as the evaluator for the eReferral team. “Margot has been a critical part of giving this system legs,” says Chen. “We’ve been able to provide a really robust case for how successful we are.”

Kushel’s research found that eReferral reduced wait times up to 81% in clinics that used it. More than seven in 10 primary care referring physicians who responded to a survey said they thought eReferral had improved clinical care. “eReferral democratizes access to specialty care and rationalizes it, so if your patient is the sickest, they are seen the soonest,” says Kushel.

Specialty providers found the system helpful as well. Without eReferral, more than a quarter had difficulty identifying the reason for the patient's visit, compared to only one in 10 for those using eReferral. Surgical clinics using eReferral reported that only 14% of follow-up appointments were needed because of incomplete lab tests and other diagnostic procedures; before eReferral, that percentage was three times as great.

"Evaluation allowed us to respond to providers' concerns and tweak the system to maximize our goals," Kushel says. "It also allowed us to demonstrate the financial and manpower savings from our investment, as well as the improvement in quality." These documented outcomes helped eReferral garner funding from the Agency for Healthcare Research and Quality to study and expand eReferral. The program has also won awards, and attracted interest from the Kaiser Foundation, Bay Area counties, and as far away as the Massachusetts Department of Public Health.

Evaluation also has provided important information about what other changes would need to happen to further improve access to specialty care. Initially, clinics implementing eReferral documented a sharp drop in wait times, but reached a state of equilibrium and have not seen further wait time reductions. "We feel really confident saying, this is the limit of how many people we can see, based on our current staffing levels," says Kushel. "We are now about as efficient as we could possibly be." Kushel notes that a four month wait to see a gastroenterologist is still substantial; to reduce the wait time further would require hiring additional specialists.

Even with the current staffing levels, however, eReferral is a powerful tool for helping connect providers with each other. "Information technology is only a means to an end," says Chen. "The real goal is improved communication between referring and specialty providers. With the advances in medical knowledge, no one person can take care of everything for a patient. This is all about enhancing the transition between primary and specialty care."

San Francisco General Hospital Names New Chief of Medical Services

Neil R. Powe, MD, MPH, MBA, an internist, epidemiologist and professor at Johns Hopkins University, joined San Francisco General Hospital (SFGH) this spring as the chief of medical services. As the administrative leader at SFGH, Powe will guide the research, education and patient care activities of 112 full-time faculty and 500 staff.

"What really pulled me were the people and their passion for carrying out the mission at a safety net hospital, embedded in the academic culture," says Powe.

Powe grew up in Philadelphia, where his father managed public health centers. This gave Powe early exposure to physicians caring for vulnerable populations. "As my career developed, I wanted to generate science and evidence to improve the care and health of patients like these," he says.

In addition to receiving his medical degree from Harvard Medical School, Powe earned an MPH degree from the Harvard School of Public Health and an MBA degree from the Wharton School of the University of Pennsylvania. "I learned tremendous ways to provide quality health care in a resource-constrained environment," says Powe.



Neil R. Powe,
MD, MPH, MBA

Improving Care for Millions

Powe joined the faculty of Johns Hopkins in 1986, where he directed the Welch Center for Prevention, Epidemiology and Clinical Research.

An expert in chronic kidney disease, Powe led the Choices for Healthy Outcomes in Caring for End-Stage Renal Disease (CHOICE) study, which examined how dialysis care practice influences health outcomes and costs. CHOICE is one of the largest multicenter, prospective cohort studies of incident dialysis patients ever conducted in the United States. In addition, he led the End-Stage Renal Disease Quality (EQUAL) study that has generated evidence on how to improve health care for chronic kidney disease patients. Powe is also the principal investigator of several National Institutes of Health grants.

"We are thrilled to have Dr. Powe take this leadership position at UCSF," says Talmadge E. King, Jr., MD, chair of the Department of Medicine, who served as chief of medical services at SFGH until he was promoted to his current position in 2007. "His work at the population level has reached millions of patients, and has led to changes in how we treat patients with end-stage renal disease, how we prevent the misuse of treatments, and the identification of methods to examine the effectiveness of various technologies."

Developing Future Leaders

Powe would like to strengthen public health connections within UCSF and the UC system and continue to raise the level of innovation in delivering care to vulnerable patients. "Looking at health disparities is what I call the 'bleeding edge of the leading edge of medicine,'" says Powe. "Understanding why patients get these diseases, and how society, environment, genetics and biology all play a role in causing disease and its progression, is really a fundamental issue to all of medicine."

Powe has championed diversity in medical research, working with the Robert Wood Johnson Foundation to identify and recruit promising minority faculty members, fellows and medical school students to pursue clinical research training.

He has written more than 300 articles and received numerous national awards, including the 2004 Garabed Eknoyan Award from the National Kidney Foundation and the Society of General Internal Medicine's 2005 John M. Eisenberg National Award for Career Achievement in Research. Powe has been elected to the Institute of Medicine of the National Academy of Sciences, the American Society for Clinical Investigation and the Association of American Physicians, among other organizations.

He is quick to name his greatest accomplishment. "I'm most proud of developing people who will be our future leaders in medical science and medical education," he says.

– Robin Hindery and Elizabeth Chur

Teaching the Art and Science of Medicine

The following medical education electives were funded this year through the Friends of Medicine program (see story, back page). “Both the nephrology and the palliative care electives support innovative teaching that cannot be replicated by a website or videotape,” says Joshua Adler, MD, professor of clinical medicine and medical director of ambulatory care at UCSF Medical Center. “It’s that kind of approach that you get by watching a master clinician in action, or having them watch you. It’s bringing the art and science together.”

Palliative Care: Healing Communication

“In medicine, we don’t do a great job when we’ve run out of tricks to cure disease,” says Bruce Miller, MD, assistant clinical professor of medicine. “You want so badly to help this person, but you may not have any training to do so.”



Bruce Miller, MD

Miller and Michael Rabow, MD, associate professor of clinical medicine, are using their award to support teaching time for an intensive course based in the Symptom Management Service at the UCSF Helen Diller

Family Comprehensive Cancer Center. Residents will learn how to talk about pain, depression, anxiety and end-of-life issues with seriously ill patients, and will receive feedback about how to improve their communication skills.

For example, sitting down in a quiet space and avoiding jargon are ways a physician can support the discussion of difficult topics. “Generally physicians avoid open-ended questions because

they don’t have time to hear the answer,” says Miller. “It’s miraculous for a patient to hear, ‘How do you feel about this? How’s your family doing?’ It’s also important to come up with a plan for the near future, which helps people get back to concrete issues. At the end, it’s helpful to have the family or the patient review what you talked about, to make sure you’re on the same page.”

“We have a lot to do in moving palliative care upstream, earlier in the course of illness,” says Rabow, who directs the Symptom Management Service. “Most things take time to do right, and it’s true as well with the emotional and spiritual work that people might do at the end of life.” For example, the course trains physicians to help patients and their families prevent or deal with regrets. Doctors may suggest that patients write letters to their children or grandchildren, or might help families negotiate their feelings of guilt and frustration.

“The teaching award is creating something that would otherwise not exist,” says Rabow. “This money allows us the time to mentor and closely



support residents. Communication is an efficient intervention, but learning how to do it well requires a lot of attention and close feedback.

“The evidence suggests that physicians would not develop these skills on their own. People go through their whole training without necessarily seeing an experienced physician have an advanced directive discussion, or getting feedback on their communication with patients. We’re not just accelerating a natural process; we’re intervening in a significant way on the very core of what medical education ends up meaning for residents.”

Kidney Failure: Improving Care for Chronic Illness

The other course supported by the Friends of Medicine award is an elective on the care of patients with chronic kidney disease, taught by Kerry Cho, MD, assistant clinical professor of medicine. “In the past, our elective has focused primarily on the inpatient nephrology experience, which is a very unbalanced view of what nephrologists typically do,” says Cho.

The new elective will expose trainees to outpatient dialysis and clinic and the duties of a medical director. It will also demonstrate how nephrologists piece together patient information from other team members, including social workers, dietitians and nurses. “I want them to understand that there

Residents improve their communication skills around end-of-life issues through an intensive course taught by Michael Rabow, MD and Bruce Miller, MD. At left, a cancer patient discusses her experiences with the class. At right, Rabow and the patient saying goodbye. “The teaching award... allows us the time to mentor and closely support residents,” says Rabow.





Nephrologist Kerry Cho, MD, with trainees in the dialysis unit. Cho teaches trainees how to provide coordinated, multi-disciplinary care to patients with chronic illnesses such as chronic kidney disease.

are important issues you can't get from the computer," says Cho. "How's their transportation to and from dialysis? Are there language barriers or family issues? Do they understand what their diet should be? Right now, medical students are not exposed to this at all."

Trainees will also learn a multi-disciplinary approach to caring for patients with chronic illnesses. "In general, medical school focuses on acute issues," he says. "But we don't do a very good job of exposing students to chronic issues – how those are managed, and not necessarily cured – and how those issues evolve over time."

For example, a patient with chronic kidney disease may see a kidney transplant specialist, a vascular surgeon for vascular access for dialysis, an endocrinologist for care of diabetes, and a cardiologist. "Nephrologists interact with a variety of different specialists," says Cho. "They sit in the middle and coordinate the patient's care."

Students in Cho's course will also gain a larger perspective on improving quality of care, discussing questions such as whether patients as a group are getting enough dialysis, whether their anemia is managed correctly and whether they are meeting nutrition targets. "We will come up with protocols and solutions to global problems for groups of patients, rather than individual patients," says Cho.

For more information on the Friends of Medicine, please contact Kevin McAteer at 415/476-3627, or KMcaTeer@support.ucsf.edu.

\$10 Million Gift Establishes Center for Prevention of Heart and Vascular Disease

Many victims of heart and vascular diseases end up in the emergency room – or worse. Now UCSF aims to alter the course of cardiovascular disease, which affects 80 million Americans and claims 870,000 lives per year in the U.S. With a \$10 million gift from the Charles and Helen Schwab Foundation, UCSF has established a new Center for Prevention of Heart and Vascular Disease, directed by William Grossman, MD.

Prevention strategies such as managing cholesterol and high blood pressure have proven highly effective in helping people avoid heart and vascular diseases. Yet most patients only seek care for acute problems, says Grossman. "We are always putting out fires instead of preventing them," he says.

Ever since his father died of a heart attack in 1969, Grossman has been interested in prevention. At the new center, he and his team use state-of-the-art technology to screen patients for coronary disease and thoroughly assess risk factors such as hypertension, stress, obesity and family history of heart attack or stroke. Patients also meet with a dietary specialist and exercise counselor. "We create a plan that includes lifestyle changes as well as medication," says Grossman.

Personalized clinical care is a hallmark of the center. "The field is still very complex," he explains. "There are 20 different identified risk factors that all interact. Finding the right prevention strategy is not something you can turn over to a computer."

Anne Thorson, MD, who serves as associate director of the center, agrees. "We take the time to really sit down with a patient, review their medical history and all their medications," she says. "In the past, we've put lots of money into third and fourth bypass surgeries. But very little money has been put into prevention and to identify what people are at risk. Now we have an exciting opportunity to enlist the patient as a partner in this whole process of lifestyle modification and risk intervention."

"The Schwabs' gift is a fabulous start for us," Grossman says. "It will allow us to put all the components of the clinic into place."

"We are confident that Dr. Grossman's leadership and passion for saving lives through prevention will make this a world-class center," say Charles and Helen Schwab.

The center will be dedicated to treating all patients regardless of economic status and will serve as an education hub about prevention for the medical community and general public. It is currently located on the Parnassus campus, but it is scheduled to move in late 2010 or early 2011 to the first floor of the UCSF Cardiovascular Research Building under construction at Mission Bay.

Last fall, faculty and supporters attended a "topping off" ceremony, at which they signed the final beam and watched a crane set it atop the building to complete the steel framework. This summer, construction crews are scheduled to begin installing the mechanical, electrical and plumbing systems in the building. In addition to the Center for Prevention of Heart and Vascular Disease, the building will also house several floors of research labs and offices – helping to support even stronger connections between lab research and clinical care.

This dovetails perfectly with Grossman's long-range vision, which includes adding a research component so that knowledge emerging from the center can be translated into new preventive measures – tools he wishes were available to his father long ago. – Anne Kavanagh

For more information on the Center for Prevention of Heart and Vascular Disease, please contact Kevin McAteer at 415/476-3627, or KMcaTeer@support.ucsf.edu.



Top: Talmadge E. King, Jr., MD; above: William Grossman, MD

2008-09 Master Clinicians Recognizing Clinical Excellence

In 2006, the Department of Medicine established the Council of Master Clinicians to recognize outstanding physicians with exceptional knowledge, superior teaching and communication skills, and an ability to provide compassionate, appropriate, effective and quality patient care. Each year, the department inducts a cohort of new members, who are profiled here.



Ann Bolger, MD
Professor of Clinical Medicine
Director, San Francisco
General Hospital
Echocardiography Laboratory

Investigating with Joy

When I walk in the ICU, the first thing I like to do is gently put my hand on the patient's foot," says **Ann Bolger, MD**, professor of clinical medicine and a cardiologist at San Francisco General Hospital (SFGH). "If it's cold, that's a completely different set of problems than if it's hot. You can do it in a way that also says, 'How are you doing?'"

Bolger learned this technique from her mother, who was a physical therapist. "She had an absolute gift for figuring patients out while she was touching them," she says.

Bolger loves being an intensive investigator. "One of the sources of joy in being a physician is the wonderful mystery of it all," she says. "The ability to go looking for clues, whether it's physical diagnosis, or little gems

hidden in the history, or patterns of responses to different treatments. The patients will usually tell you what's wrong with them, if you listen carefully. But you have to be present and pay attention, look for the small things, and then piece them together in a meaningful way."

Bolger also serves as the director of the echocardiography lab at SFGH, which serves about 20 patients a day from SFGH as well as community clinics. Many patients are poor and uninsured. "I'm proud of being the head of the echo lab, because I think we do really good work," says Bolger. "We've made limited resources go pretty darn far. I also have a fantastic staff. If the patients are in distress, whether or not it has anything to do with their echocardiogram, they'll try to help."

Bolger's colleagues regard her with the greatest respect. "Dr. Bolger is facile not just with the tools of echocardiography, but amazing at the bedside with the most challenging patients," says Peter Ganz, MD, chief of cardiology at SFGH. "She takes care of her patients with humility and compassion, whether they are drug addicts, homeless or well-off. Dr. Bolger exemplifies the virtues of Sir William Osler and Mother Teresa, in a 21st century medical environment."

Bolger also brings her enthusiasm for investigation into her research. She wanted to see how blood moved through the heart in three dimensions, but the existing technology could only show flat images. So she and an international team of researchers, including physicists, engineers, cardiologists and physiologists, adapted aeronautical design software – usually used to design jets and cars – to map the flow of blood. "Because we've never had a tool like this, we're learning completely new things about normal

hearts, but also how well surgery on the heart may work," says Bolger.

Bolger is married to Ron Helow, a technology entrepreneur. Together they enjoy hiking in the Sierras and visiting their granddaughters in Ireland.

Refining the Art of Education

Harry Hollander, MD, arrived at UCSF as an intern in 1980, just as the AIDS epidemic was beginning. "I remember having nightmares of seeing scores of young patients who had passed away," says Hollander. "It was all deeply disturbing. On the other hand, it gave me a sense of humility about the real limitations about what we could do as physicians. The biggest lesson from those days is that even when you don't have a lot of tools in your medical bag, you still have a lot to offer people in terms of communication, honesty, solace and comfort."

In 1984, Hollander founded the UCSF clinic now known as 360: The Positive Care Center. "It started out being called the Adult Immunodeficiencies Clinic, for fear that explicitly naming it the AIDS Practice would scare away other patients," Hollander says. He served as medical director of the clinic until 1996, and today provides inpatient infectious diseases consultation, and attends and teaches on the general medicine wards.

"Harry's breadth and depth of knowledge is truly astounding," says Richard Jacobs, MD, PhD, clinical professor of medicine in the Division of Infectious Diseases. "In the early 1980's he was the innovator and leader in HIV care on this campus. He subsequently turned to general infectious diseases, gaining expertise in that area. In my judgment, there is no one who is Harry's equal in the realm of clinical medicine."

Hollander now directs the UCSF Internal Medicine Residency Program, and often recalls his own residency experience. “I think about how little structure we had then,” he says. “There was so much less input from experienced physicians. At the time, it was very exciting. But was it the best thing for the patients or our education? Probably not.

“I also think about how ridiculously hard people worked, and how little attention was paid to helping physicians-in-training do their work. Those things very strongly influence my advocacy for residents now. Residency was a great experience then, and I’m trying to make it even better. What has not changed is that the people are fantastic; that’s as true now as it was 26 years ago.”

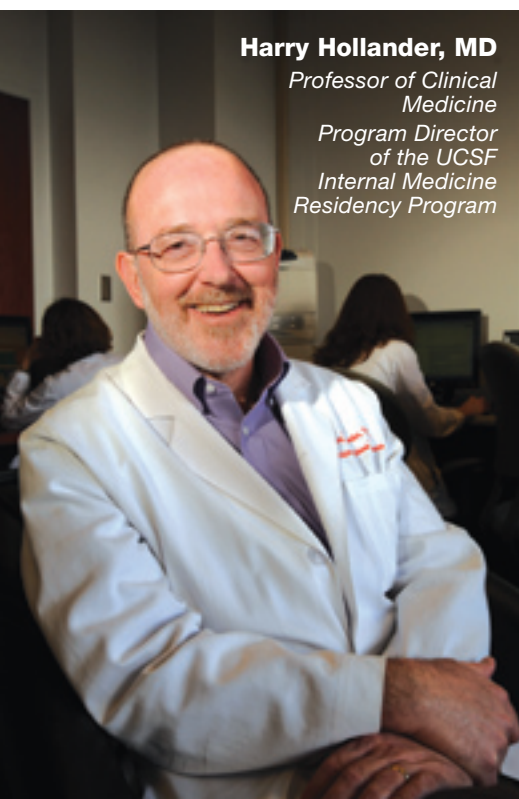
As an undergraduate, Hollander majored in art history and wrote his thesis on early 20th century Italian abstract expressionism. He considered a career as an art conservator and curator, but decided to pursue his interest in science. He still loves art, and tries to squeeze in museum visits during his frequent travels to medical conferences.

Hollander is married to hematologist/oncologist Julie Hambleton, MD, a former UCSF faculty member who now works for Genentech. They have a son, 12, and a daughter, 15.

Harry Hollander, MD

Professor of Clinical Medicine

Program Director of the UCSF Internal Medicine Residency Program



Physicians, Not Technicians

“I try to communicate the importance of being a physician, not a technician,” says **Kenneth McQuaid, MD**, chief of gastroenterology at the San Francisco Veterans Affairs Medical Center (SFVAMC). “A physician looks at the broader dynamics of a patient’s social and family situation, and thinks about how care of that patient will lead to positive outcomes for them. To do that, you have to spend a little more time with the patient.”

One of eight children, McQuaid grew up in Minnesota, where his father was a newspaper editor and his mother was a homemaker and later a state senator. McQuaid enjoys the breadth of gastroenterology, which encompasses multiple organs and allows him to perform urgent procedures as well as help patients living with chronic gastrointestinal illnesses. “I’ve come to know those patients over many years, and we’ve grown old together,” he says.

McQuaid’s clinical excellence is revered by his peers. “He is thoroughly dedicated to the care of patients at the VA, and has worked hard over the years to develop a first-class GI interventional unit,” says Patricia Cornett, MD, associate chief of the medical service at SFVAMC. “Beyond being an outstanding clinician, Ken is recognized as one of the top teachers in the Department of Medicine.”

McQuaid is proud of the team he has built since arriving at the SFVAMC in 1992. “It’s not just the physicians, but also the nurses – there’s not one of them that I don’t trust with my own life,” McQuaid says. “It’s the support staff, from the clerk who reassures the anxious patients and their family members, to the nurse who provides care before, during and after the procedure, to the nursing assistant who cleans the rooms and cares for the endoscopes... everyone is a critical member of the team.” That team also includes many students, residents and fellows whom McQuaid has trained over the past 21 years. “Their idealism buoys you up, and makes you realize why you went into this field,” he says.



Kenneth McQuaid, MD

*Professor of Clinical Medicine
Chief, Gastroenterology Section,
San Francisco Veterans Affairs
Medical Center*

McQuaid also mentors physicians in research. Some recent projects include refining techniques to perform endoscopy without sedation, and study of the ergonomic factors that lead to repetitive stress injuries among gastroenterologists. McQuaid’s own research includes overseeing the SFVAMC’s participation in a multi-center, longitudinal study of colonoscopy that contributed to the development of current guidelines regarding recommended frequencies of colon cancer screenings.

McQuaid feels privileged to care for veterans. “As a group, they are hard-working, decent and altruistic, and many have had hard knocks in life,” he says. “I’m always a little embarrassed when they thank me, because it was a covenant that we struck with them when they went in the service... I am proud to be part of what I see as a positive evolution in the care of veterans over the last two decades.”

McQuaid and his wife, Rosemary, are the parents of two grown children. In their spare time, they enjoy hiking in Marin.

Congratulations

to the faculty in the Department of Medicine for their achievements and contributions during 2007–08. They include the following awards and honors:

Teaching and Mentoring Awards

Leila Alpers

13th Annual Floyd C. Rector Jr. Housestaff Teaching Award

Graduation Teaching Award, Medical School Class of 2008

Excellence in Direct Teaching Award, Academy of Medical Educators

David Bangsberg

Mentoring Award, AIDS Research Institute

Bobby Baron

Senior Clinician-Educator Mentorship Award, California/Hawaii Society of General Internal Medicine

Ann Bolger

Kaiser Award for Excellence in Clinical Teaching, UCSF

Helen Chen

Excellence in Teaching Award, Academy of Medical Educators

Kerry Cho

Direct Teaching Award, Academy of Medical Educators

Ralph Gonzales

2008 Essential Core Teaching Award for Excellence in Small Group Instruction, Class of 2010

Michael Harper

Haile T. Debas Academy of Medical Educators

Karen Hauer

1st Best Faculty Mentor Award, School of Medicine Area of Concentration

Philip Hopewell

UCSF Lifetime Achievement in Mentoring Award

Kathy Julian

Robert H. Crede Award for Outstanding Teaching

Mike McCune

Outstanding Mentor Award, UCSF Postdoctoral Scholars Association

Joel Palefsky

2008 Essential Core Teaching Award for Excellence in Small Group Instruction, Class of 2010

Susan Promes

Courage to Teach Award, ACGME

Bradley Sharpe

Academic Senate, Distinction in Teaching UCSF

David Wofsy

Essential Core Teaching Award for Outstanding Lecture, Class of 2010

External Awards, Honorary Degrees

Neal Benowitz

Sir Henry Dale Lecturer, Johns Hopkins University

Daniel Bikle

Boy Frame Award for Clinical Excellence in the Field of Bone and Mineral Research, American Society for Bone and Mineral Research

Paul Blanc

How Everyday Products Make People Sick, Top 10 of Library Purchase—Best Sellers in Medicine, Library Journal

Ann Bolger

Pohost Award for Best Paper of 2007 Society for Cardiovascular Magnetic Resonance

Robert V. Brody

San Francisco Hero, Heroes and Hearts, SFGH Foundation

Anna Chang

James and Betty Birren Award, California Council on Gerontology and Geriatrics

Gordon Fung

PhD in Chinese Philosophy, California Institute of Integral Studies

Julie Gerberding

Most Powerful Physician Executives in Healthcare

Stanton A. Glantz

Distinguished Professor of Tobacco Control, American Legacy Foundation

Ralph Gonzales

Fulbright Faculty Award

Warner Greene

Alan Kaplan Symposium Speaker, University of Kentucky

Faculty Lecturer, Class of 2008

UT Southwestern

Gabriel Gregoratos

Master Clinician Award, American Heart Association/Laennec Society

William Grossman

William Cahan Distinguished Professor, Board of Directors of FAMRI

Talmadge E. King, Jr.

*Robert W. Philip Memorial Lecturer, Royal College of Physicians, Edinburgh, Scotland
Lindenbaum Visiting Professor, Columbia College of Physicians & Surgeons*

Sei Lee

Research Scholar, Hartford Geriatrics Health Outcomes

Jay Levy

Gold Medal in Medical Research, Columbia University, College of Physicians and Surgeons

Pamela Ling

Outstanding Junior Investigator, California/Hawaii Region, Society of General Internal Medicine

Judith Luce

Joanne Horning, You Can Make A Difference, Susan G. Komen Foundation

Barry M. Massie

Consultant, FDA Cardiorenal Drugs Advisory Panel & Cardiovascular Device Panel

Tony McDonagh

Audrey K. Brown Kernicterus Symposium Award

Jay A. Nadel

President's Award, European Respiratory Society, Berlin

Steve Pantilat

Senior Fulbright Scholar

Feroz Papa

Director's New Innovator, NIH

Eliseo J. Pérez-Stable

Herbert W. Nickens Award, Society of General Internal Medicine

Melvin Scheinman

Len Horowitz Memorial Lecture, University of Pennsylvania

Gordon Moe Lecture, Cardiovascular Electrophysiology Society

Dean Schillinger

1st Annual National Patient Safety Foundation Research Award

Steve Schroeder

Board of Directors Award of Honor, American Society of Health-System Pharmacists

Shattuck Lecture Panelist, New England

Journal of Medicine, Massachusetts Medical Society, Health of the Nation, Coverage for all Americans

Smoke Free Champion, The Smoke Free Project, Children's National Medical Center

Jacqueline Tulsy

Award Established in Her Honor:

Sarlo-UCSF Award for HIV Champions at CHU Treichville

Robert Wachter

53rd Annual Ralph Major Visiting Professor, University of Kansas

54th Annual Ruth Gray Visiting Lectureship, Evanston Northwestern Hospital

Kirkendall Memorial Lectureship, UT Houston Medical School

Most Powerful Physician Executives in Healthcare

Sheri Weiser

*Hellman Family Foundation Award
NIH/Council of Science Editors Award,
Global Theme Issue on Poverty
and Human Development*

Brie Williams

*Brookdale Foundation Leadership in
Aging Award, Best Poster, American
Geriatrics Society Annual Meeting*

David Wofsy

Howley Prize, Arthritis Foundation

William Woods

Jesse S. Miller Memorial Award

Hal F. Yee, Jr.

*Innovation in Health Care Service Delivery,
San Francisco Health Plan*

Study Section, Research Committees, Boards of Directors, Advisory Boards, Editorial Boards, Society Leadership

John Balmes

Member, California Air Resources Board

Helen Chen

*Fellow, California Healthcare Foundation
Health Care Leadership Program*

David Claman

President, California Thoracic Society

Fred Cohen

*Fellow, American Academy of
Arts & Sciences*

Michael Crawford

President, Western Association of Physicians

Steven Deeks

American Society for Clinical Investigation

Mark Eisner

*Chair-Elect, Occupational and
Environmental Assembly
American Thoracic Society Chair,
Environmental and Occupational Health
Assembly of the American Thoracic Society*

Joanne Engel

Fellow, Infectious Disease Research Society

Gordon Fung

*President, California Chapter of American
College of Cardiology
California Governor, American College of
Cardiology*

Robert Goldberg

*Honorary Fellow, Faculty of Occupational
Medicine, Royal College of Physicians
of Ireland*

Warner Greene

*President, Accordia Global Health
Foundation
Co-Chair of The National HIV Vaccine
Summit*

Karen Hauer

*President Elect, Clerkship Directors
in Internal Medicine*

John Inadomi

*Member, Western Society for Clinical
Investigation
Associate Editor, Gastrointestinal Endoscopy
Subspecialty Board in Gastroenterology,
American Board of Internal Medicine
Fellow, American Gastroenterological
Association*

Joel S. Karliner

*Council on Clinical Cardiology
Representative, National Research
Committee of The American
Heart Association*

Jack Levin

*Honorary Life Member, International
Endotoxin and Innate Immunity Society
Member, The Johns Hopkins University
Society of Scholars*

Barry M. Massie

*Incoming Vice-President, Heart Failure
Society of America
Editor-in-Chief, Journal of Cardiac Failure*

Jay A. Nadel

*Advisor, Minister of Health of Kosovo
Robert Nissenson Chair,
NIH AMS Study Section*

Dean Schillinger

*Chief, Diabetes Prevention and Control,
CA Department of Public Health*

William Seaman

Master, American College of Rheumatology

Ida Sim

American College of Medical Informatics

Eric Small

*Subspecialty Board of Medical Oncology,
American Board of Internal Medicine
Associate Editor, Journal of Clinical Oncology*

Victoria Sweet

*Director, Ecomedicine Project, Laguna
Honda Hospital*

John R. Teerlink

*Completing Appointment to the
FDA Cardiovascular and Renal Drugs
Advisory Committee*

Margaret Tempero

*Member, Strategic Advisory Council,
European Organization for Research
and Treatment*

*Member, Oncology Drug Advisor
Committee for FDA*

Louise C. Walter

*President, California Regional Society of
General Internal Medicine*

Hal F. Yee, Jr.

*Quality Leaders Clinical Systems
Development, California Association of
Public Hospitals, Kaiser Permanente,
California Health Care Safety Net Institute
President-Elect 2009-2010, Western Society
of Clinical Investigation
Fellow, American Gastroenterological
Association*

UCSF School of Medicine Awards

Josh Adler

*UCSF Medical Center,
Exceptional Physician Award*

Ann Bolger

*SFGH Medicine Service Subspecialist
Consultant of the Year Award*

Alice Chen

*John F. Murray Award,
SFGH Medicine Service*

Nora Goldschlager

*Alpha Omega Alpha Faculty Award,
Class of 2008*

Michelle Guy

*Robert H. Crede Award for
Clinician of the Year*

Ellen Hughes

1st Osler Award, Class of 2008

Talmadge E. King, Jr.

*2007 SFGH Faculty of the Year,
SFGH Academic Business Officers Group*

Jane Koehler

*Advancement of Women,
UCSF Chancellor's Award*

Cindy Lai

*Alpha Omega Alpha Faculty Award,
Class of 2008*

Suzanne Noble

*Irene Perstein Award for the
Recruitment of Junior Women
Clinical Scientist*

Eliseo Pérez-Stable

Martin Luther King, Jr. Award, UCSF

Nicole Sirotnin

*3rd Year Medical Resident,
UCSF Medical Center,
Exceptional Physician Award*

Robert Wachter

*Holly Smith Award for Exceptional Service,
UCSF School of Medicine*

Division Awards

Barry M. Massie

*Clinical Coordinator,
VA Congestive Heart Failure Quality
Enhancement Research Initiative*

Endowed Chairs

Honoring Kenneth H. Fye

*The Kenneth H. Fye Endowed Chair
in Rheumatology*

John Imboden

*The Alice Betts Endowed Chair
for Research in Arthritis*

ADDRESS SERVICE REQUESTED



Frontiers of Medicine

News from the UCSF Department of Medicine

Friends of Medicine Support Teaching Awards

Teaching how to be a great physician requires discussion and observation regarding how you talk and listen to a patient, do a proper physical exam, solve a diagnostic



Joshua Adler, MD

dilemma and come up with a patient-specific treatment plan,” says Joshua Adler, MD, professor of clinical medicine and medical director of ambulatory care at UCSF Medical Center. “Those require the time of an experienced faculty physician working together with the trainee. It can’t be done from a textbook.”

Carving out the time to support these teaching experiences is challenging, says Adler. Neither insurance companies nor state funds pay for education of trainees in the outpatient setting, so faculty members usually end up volunteering their time.

Several years ago, Adler established the Friends of Medicine to support UCSF’s most experienced clinicians as they educate the next generation of physicians. “I think Dr. Adler’s program

integrates the most current medical knowledge and science with interpersonal skills, and teaches trainees how to effectively deliver that to patients,” says Ken Jones, a Friends of Medicine supporter. “Dr. Adler is terrific at that sort of interface between patients and science, so I thought that was a good thing to support. The pressures on the health care system are huge, and the cost is obviously

going to be improved if patients can be treated on an outpatient basis.”

Thanks to generous donors like Jones, this year the Friends of Medicine awarded ambulatory teaching stipends to three outstanding faculty members, allowing them time to provide in-depth training in two critical areas of ambulatory medicine: palliative care and nephrology.

see full story on page 6

A patient with cancer (*second from left*) talks with residents about some of the challenges she faces, as Michael Rabow, MD (*at right*), looks on. Rabow is one of three faculty to receive a teaching award from the Friends of Medicine, which supports outstanding clinicians as they educate the next generation of physicians in providing excellent outpatient care.

