

Milestones

June 2009
Volume IV, No. XII

Dear Colleagues,

This month we say goodbye to Hiroki Mishina, MD, MPH who spent a year with our Division as a visiting scholar from Japan. In addition, we thank Ashley Dragoman, MD, who attended at Mt. Zion and SFGH and Alex Zusman, MD, who attended at SFGH for their service to the Division of General Pediatrics this year.



Michael Cabana, MD, MPH
Chief, Division of General Pediatrics, Core Faculty, Institute for Health Policy Studies (IHPS)

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For questions, please contact: Eduard Flores, Associate Editor or Michael Cabana, MD, MPH, Editor, 3333 California Street, Ste #245 San Francisco, CA 94118 Phone: (415) 476-5473 Email: florese@peds.ucsf.edu

General Pediatricians represent UCSF at Annual PAS Meeting

From April 30 to May 5, 2009 faculty from the UCSF Division of General Pediatrics presented at 36 different talks, sessions and workshops at the Pediatric Academic Societies (PAS) Annual Meeting in Baltimore, MD. Presentation topics ranged from management of obesity, to transitions in care for children with special health care needs, to international health, to best methods of conducting meta-analyses. This year marks the fourth consecutive year of an increasing UCSF general pediatrics presence at PAS. *(Continued on page 2)*



A newborn boy with a “crooked cry”

Commentary by Michael D. Cabana, MD, MPH and Marina Tan, MD

The patient is a 3.250 kg (AGA) product of a 39 2/7 week gestation via spontaneous vaginal delivery to a G1, P0, 25 year-old mother. Serologies are unremarkable. The mother has a history of mild intermittent asthma. Prenatal course was otherwise unremarkable. At delivery, rupture of membranes was for 7



hours. Light meconium was noted, but the baby cried spontaneously.

Intubation was not needed. Forceps were not required. Apgars were 9 and 9. At the initial exam, the baby was noted to have an occipital caput and some acrocyanosis. The baby was admitted to the newborn nursery for routine care.



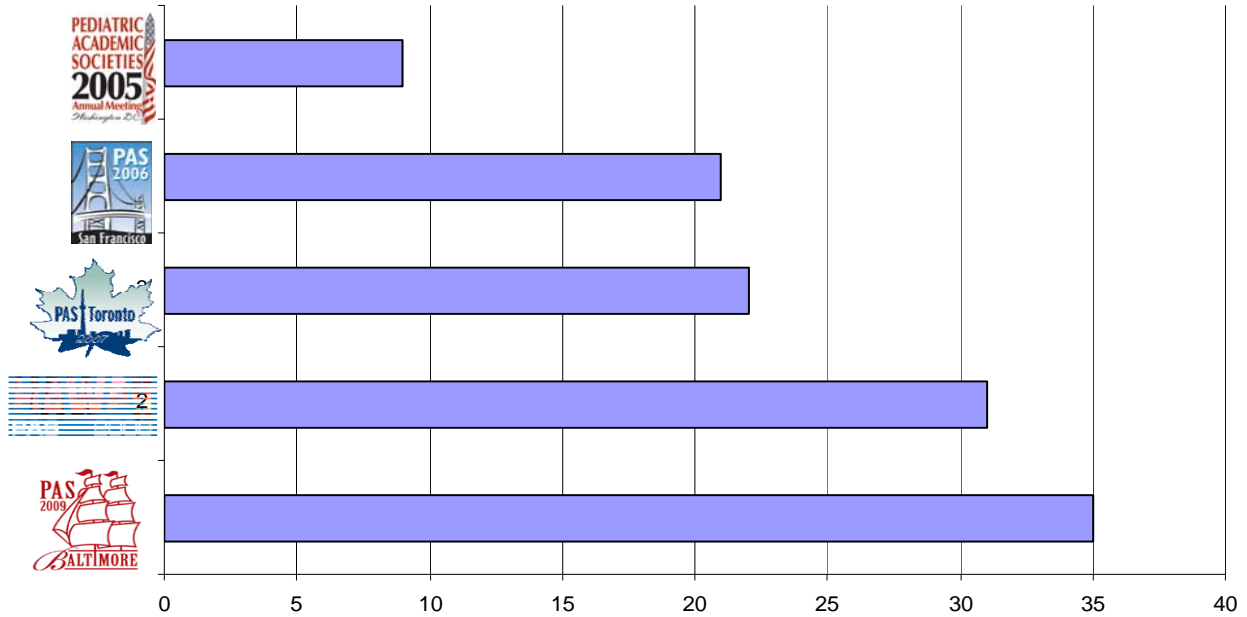
During a follow-up nursing assessment and during the exam the next day, the baby is noted to have a ‘crooked cry.’ Facial asymmetry is noted when the baby cries. The right side corner of the mouth extends further than the left side of the mouth. Closure of the eyelids, as well as movement of the forehead and nasolabial folds is symmetric.



The baby is alert with a vigorous cry. Temperature is 37.1. Pulse is 144. Respiratory rate is 48. There is a small occipital caput. There is a nevus simplex on both eyelids. No bruising or petechiae are noted. There is no heart murmur. Pulses are 2+ and equal. There is spontaneous movement of all extremities with excellent resting tone. The baby is sensitive to noxious stimuli on all extremities. Moro, grasp and galant reflexes are symmetric. Suck reflex is present. *Turn to page 7 for dénouement*



Congratulations to...



UCSF General Pediatrics Presentations at PAS (2005-2009)

PAS Annual Meeting (cont from pg 1)

Highlights of the meeting included the annual workshop presentation, "Recognizing Common Biostatistical Errors: A Case-Based Approach" by Tom Newman, MD, MPH and Kristine Madsen, MD, MPH. In addition, Elena Fuentes-Affleck, MD, MPH delivered the Presidential Address, "The Spirit of Service" at the Society of Pediatric Research (SPR) Plenary Session.

The PAS Meeting is a partnership of four pediatric organizations, the American Pediatric Society, the Society for Pediatric Research, the Academic Pediatric Association and the American Academy of Pediatrics. The PAS Meeting is the largest international meeting of child health research.

The 2010 Meeting will be held in Vancouver, BC.

Chris Stewart MD, MA

On April 3-5, 2009, Chris Stewart, MD, MA received the Velji Faculty Fund for Teaching Excellence in Global Health Award at the annual Global Health Education Consortium (GHEC) Conference.

GHEC is a consortium of faculty and health care professionals dedicated to global health education in health professions schools and residency programs.



Chris Stewart received his MD from Harvard and his MA in Asian History from Keio University (Tokyo, Japan). He completed his residency and Chief Residency at UCSF. He is Director of the Inpatient Service at SFGH and the Director of the Global Health Pathways to Discovery Program. He is an HS Clinical Assistant Professor of Pediatrics.

William DeGoff, MD

On May 13, 2009, William DeGoff, MD received a 2009 UCSF Medical Center Exceptional Physician Award.

This award is given each year to four physicians who stand out as role models in demonstrating the medical center's values: Professionalism, Respect, Integrity, Diversity and Excellence.



Dr. DeGoff received his MD from the Loyola Stritch School of Medicine (Maywood, IL). He completed his residency in pediatrics at the Mt. Zion Hospital and Medical Center. He has been a member of the UCSF faculty since 1989. Dr. DeGoff attends at the Mt. Zion Pediatric Clinic. He is an HS Clinical Professor of Pediatrics.



Education

Shannon Thyne, MD

Effective July 1, 2009, Shannon M. Thyne, MD will be appointed Associate Professor of Clinical Pediatrics in the Clinical Pediatrics track. She was previously an HS Associate Clinical Professor of Pediatrics.

The University of California established the Clinical Pediatrics track to recognize outstanding clinician scholars. Appointment or promotion to Associate Professor of Clinical Pediatrics requires distinction in teaching and mentoring, professional competence, and creative activity. Significant contributions in the areas of creative and scholarly activity must be made and disseminated through either a body of publications, teaching materials used elsewhere, or in improvements or innovations in practice adopted elsewhere. Regional and national recognition is also expected.



Dr. Thyne received her MD from the Dartmouth-Brown Medical Program. She completed her residency in pediatrics at the University of California, San Francisco (UCSF), where she also served as Chief Resident. She joined the UCSF faculty in

1999 and attends at the San Francisco General Hospital (SFGH) outpatient clinics. She has published over a dozen peer-reviewed publications focused on pediatric asthma care.

In 2007 she received the Academic Pediatric Association's Health Care Delivery Award for her leading role in the development of the *Yes We Can* Urban Asthma Partnership, a collaboration between San Francisco State and several community organizations striving to improve asthma outcomes through a medical-social model of care. Originally funded through the California Endowment, the most recent product of this collaboration is the *Yes We Can* Toolkit which outlines the steps needed for replicating the program nationwide. The program has been replicated throughout the United States and has been recognized as a national model for medical education and service delivery.

S.F. Shaken Baby Project

On May 10, 2009, Chris Stewart, MD, MA and Shannon Thyne, MD published a Letter to the Editor in the online *San Francisco Chronicle*. The letter, entitled, 'Commendable coverage' discussed the resources available from the San Francisco Shaken Baby Project.

For more information, please visit: <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/05/09/EDPR17F09M.DTL>

Adam Hersh, MD, PhD

Adam Hersh, MD, PhD, was recently named as the recipient of the 2009 UCSF Department of Pediatrics Grumbach Award. The Grumbach Award is presented to a fellow in the Pediatrics Department for his/her research accomplishments during fellowship. As part of the Grumbach Award, Dr. Hersh presented Grand Rounds on June 4, 2009.



Dr. Hersh received his MD and PhD in Evaluative Clinical Sciences from Dartmouth Medical School, as well as additional training as a post-doctoral fellow at the Stanford Prevention Research Center. He completed his internship and residency in pediatrics at UCSF.

Dr. Hersh's research focuses on variation in physician prescribing behavior, particularly in relation to community-acquired methicillin *Staphylococcus aureus* (CA-MRSA). He is a current third-year pediatric infectious disease and general pediatrics research fellow.

Carol Miller, MD

On April 30, 2009 Carol Miller, MD was one of six UCSF faculty recognized by the Physicians Medical Forum in San Francisco, CA. The event recognized distinguished physicians at UCSF School of Medicine who "have exemplary careers in medicine and tremendous dedication to African Americans students pursuing their dreams of becoming physicians."



Dr. Miller received her MD at Stanford University and then completed her residency in pediatrics and fellowship in neonatology at Mt. Zion Hospital. After working at Mt. Zion Hospital, Dr. Miller joined the UCSF faculty in 1988.

Her clinical interests include the care of term and near-term newborns and their families and primary care of graduates from the neonatal intensive care unit. Dr. Miller's community health interests include at-risk youth, breastfeeding promotion, child abuse prevention, health promotion, home health care, parenting education, physician education and youth violence prevention. Dr. Miller is a member of the Haile T. Debas Academy of Medical Educators and the Director of the Well Baby Nursery. She is an HS Clinical Professor of Pediatrics.



Current Postings

OPEN SEARCH ASSISTANT/ASSOCIATE PROFESSOR OF PEDIATRICS-UCSF

The Department of Pediatrics, University of California San Francisco (UCSF), seeks an experienced, board-certified pediatrician at the Assistant/Associate Clinical Professor level who demonstrates excellence in clinical pediatrics as well as clinical education. Clinical focus will include urgent care general pediatrics and some primary care in an academic hospital setting. UCSF seeks candidates whose experience, teaching, research and community service has prepared them to contribute to our commitment to diversity and excellence. General pediatrics fellowship training, or four years of equivalent clinical experience is required. Pediatric emergency medicine experience and training is desired, but not required. The University of California is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assume equal employment opportunity for underutilized minorities and women, for persons with disability, and for Vietnam-era veterans and special disabled persons.

Please send CV to:
Chair, Search Committee
Division of General Pediatrics,
University of California, San Francisco
3333 California Street, Suite # 245,
San Francisco, CA 94118
(415) 476-5473

OPEN SEARCH CLINICIAN-RESEARCHER UCSF CHILDREN'S HOSPITAL

The Division of General Pediatrics at the University of California, San Francisco (UCSF) is accepting applications for a faculty position. Successful candidates will have Board-Certification in pediatrics with fellowship training in health services research or academic general pediatrics. A demonstrated record of productivity and history of independent grant support is required. UCSF seeks candidates whose experience, teaching, research and community service has prepared them to contribute to our commitment to diversity and excellence.

The Department of Pediatrics at UCSF will provide facilities and support including protected time for research, mentoring, and access to world-class faculty. Clinical and teaching opportunities are available at UCSF Children's Hospital and the general pediatrics outpatient clinics. UCSF is an Equal Opportunity/Affirmative Action employer.

Please forward curriculum vitae and letter of interest to:
Chair, Search Committee
University of California, San Francisco
3333 California Street, Laurel Heights Campus #245
San Francisco, CA 94143-0503

PEDIATRIC PHYSICAL MEDICINE AND REHABILITATION SPECIALIST

The Department of Pediatrics at the University of California, San Francisco, seeks a board certified/board eligible pediatric physiatrist. Eligible training includes PM&R residency followed by a pediatric rehabilitation fellowship or dual training in Pediatrics and PM&R, with or without a pediatric rehabilitation fellowship. The clinical focus will be consultation coverage for a four-bed comprehensive pediatric rehabilitation program at the UCSF Children's Hospital and pediatric rehabilitation outpatient clinics. Clinical education of residents and medical students is expected. Those individuals with specific interest in pediatric sports medicine and/or pain management are especially encouraged to apply. Individuals interested in programmatic development and/or research are also strongly encouraged to apply. Preference will be given to those with strong academic backgrounds and the desire to work with interdisciplinary teams.

The University of California is an Equal Opportunity/Affirmative Action Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for Vietnam-era veterans and special disabled veterans. UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence.

Please forward letter of interest and curriculum vitae to:
Amy Houtrow, MD, MPH
Medical Director of Pediatric Rehabilitation
Department of Pediatrics
University of California, San Francisco
500 Parnassus Ave, Box 0136
San Francisco, CA 94143
E-mail: houtrowa@peds.ucsf.edu



Mini Medical School

From May 6 to June 10, 2009, UCSF General Pediatricians served as faculty at the UCSF's Mini Medical School, presented by the Osher Lifelong Learning Institute at UCSF. The course, "Opportunity of a Lifetime: Insights and Innovations in the Care of Children and Teens" was one of three programs offered by the Mini Medical School, which invites Bay Area adults to lifelong intellectual explorations in health and leading edge health sciences research.

On May 6, 2009, Andi Marmor, MD presented, "Watch the Lion King 50 Times and Never Get Bored? Insights into the Mind of a Child."



Dr. Marmor received her MD from Harvard. She completed her internship at Harbor-UCLA Medical Center and her residency in pediatrics at UCSF. While completing her fellowship in general pediatrics at UCSF, Dr. Marmor completed her M.Ed at the Rossier School of Education at the University of Southern California. She has been a faculty member since 2001. Her clinical interests include medical education, fever in infants, asthma/allergies, urinary tract infections in infants and evidence-based practice of pediatrics. Dr. Marmor is an HS Assistant Clinical Professor of Pediatrics.

On May 13, 2009, Michael Cabana, MD, MPH presented, "Supplements for Children: Is there a Friendly Bacteria?"



Dr. Cabana is Director of the Division of General Pediatrics at the University of California, San Francisco (UCSF). He is a member of the core faculty at the Philip R. Lee Institute for Health Policy Studies at UCSF and Director of the General Pediatrics Fellowship Program at UCSF. Dr. Cabana received his MD and MA through the combined program at the University of Pennsylvania and the Wharton School. Dr. Cabana trained in pediatrics at the Harriet Lane Service at Johns Hopkins. He is the principal investigator for the Trial of Infant Probiotic Supplementation (R-01 HL80074), a five-year randomized controlled trial to evaluate the effectiveness of probiotic supplementation in the prevention of early markers of asthma. He attends at the newborn nursery and the Parnassus outpatient clinics. He is a Professor of Pediatrics, Epidemiology and Biostatistics

On May 20, 2009, Kristine Madsen, MD, MPH presented, "The Bermuda Triangle of Pediatric Obesity: More Than Just the Calories."



Dr. Madsen received her MD at the Indiana University School of Medicine, and completed a combined pediatrics residency and fellowship in general pediatrics at the University of California, San

Francisco. She is currently funded through a five-year K23 Career Development Award from the National Institute of Child Health and Development. Her area of research focus is the treatment of pediatric obesity through after-school programs. She attends at the WATCH clinic and is an Adjunct Assistant Professor of Pediatrics.



On June 3, 2009, Christine Cho, MD, MPH presented, "Don't Panic! The ABCs of Pediatric Emergencies."



Dr. Cho is a pediatric emergency medicine physician and a member of the UCSF Clinical Faculty. Dr. Cho received her MD and MPH in Epidemiology at the University of Medicine and Dentistry of New Jersey. She completed her residency and Chief Residency at Yale-New Haven Children's Hospital. She then completed a fellowship in Pediatric Emergency Medicine at the Children's Hospital of Philadelphia (CHOP). As a fellow at CHOP she received the Fellow Teacher of the Year Award, as well as the Cortner Divisional Teaching Award. Her research interests include the use of qualitative methods to understand issues in medical education, procedural skills training and the development of professionalism. Dr. Cho's primary appointment is at Children's Hospital, Oakland. She also attends at the UCSF pediatric urgent care center. She is an HS Assistant Professor of Pediatrics.

DIVISION OF GENERAL PEDIATRICS QUARTERLY MEETING

June 24, 2009 6:00 PM to 7:30 PM

Guest Speaker: **Dan West, MD**
The next quarterly meeting will be held on

Wednesday, June 24th at:
Laurel Heights Rm. 263
3333 California Street
Time: 6:00 pm - 7:30 pm.
Dinner is provided.

Please **R.S.V.P.** by **Friday, June 19th** with
Ms. Alex McConnell-Hill,
McConnell@peds.ucsf.edu
or call: 415-502-0940

Recently Published By Faculty



Frymoyer A, **Hersh AL**, Benet LZ, Guglielmo BJ. Current recommended dosing of vancomycin for children with invasive methicillin-resistant *Staphylococcus aureus* infections is inadequate. *Ped Infectious Disease Journal*. 2009;28:398-402.

Vancomycin area under the concentration time curve (AUC) for 24 hours divided by the minimum inhibitory concentration (MIC) (AUC₂₄/MIC) >400 optimally treats invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections in adults. It is unknown whether recommended vancomycin dosing regimens for children achieve this value. **METHODS:** AUC₂₄/MIC was calculated in children using vancomycin doses of 40 and 60 mg/kg/d. AUC₂₄ was calculated as daily dose/vancomycin clearance. Vancomycin clearance in children was estimated by 2 approaches: (1) previously literature-reported vancomycin clearance, and (2) calculated vancomycin clearance using previously derived predictor models and a hypothetical population of healthy children. Representative MIC of hospital MRSA isolates was used (0.5, 1.0, and 2.0 microg/mL). **RESULTS:** The MIC_{50/90} for pediatric MRSA isolates in the previous year was 1.0 microg/mL. With a dose of 40 mg/kg/d, both approaches consistently predicted AUC₂₄/MIC <400 when MIC was 1.0 microg/mL. At 60 mg/kg/d, AUC₂₄/MIC >400 was more readily achieved when MIC was 1.0 microg/mL, however, an MIC of 2.0 microg/mL resulted in AUC₂₄/MIC <400 for both dosing regimens. **CONCLUSIONS:** A vancomycin dose of 40 mg/kg/d in children is unlikely to achieve the recommended pharmacodynamic target of AUC₂₄/MIC >400 for invasive MRSA infections even when MIC is 1.0 microg/mL. A starting dose of 60 mg/kg/d should be used in settings where isolates with MIC of 1.0 are common. Alternatives to vancomycin should strongly be considered for patients with MIC > or =2.0 microg/mL.



Hersh AL, Weintrub PS, **Cabana MD**. Antibiotic selection for purulent skin and soft-tissue infections in ambulatory care: a decision-analytic approach. *Academic Pediatrics*. 2009;9:179-84.

OBJECTIVE: Community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) has caused a nationwide epidemic of skin and soft-tissue infections in ambulatory pediatrics. Antibiotic treatment recommendations suggest incorporating local epidemiology for the prevalence of CA-MRSA. We sought to identify the antibiotic strategy with the highest probability of activity and to identify threshold values for epidemiologic variables including bacterial prevalence and antibiotic resistance. **METHODS:** We used decision analysis to evaluate 3 empiric antibiotic strategies: clindamycin, trimethoprim/sulfamethoxazole (T/S), and cephalexin. We calculated the probability of activity against

the bacteria causing the infection (CA-MRSA, methicillin-sensitive *S. aureus* and group A *Streptococcus* [GAS]) by incorporating estimates of prevalence and antibiotic resistance to determine the optimal strategy. Sensitivity analysis was used to identify thresholds for prevalence and antibiotic resistance where 2 strategies were equal. **RESULTS:** Clindamycin (0.95) and T/S (0.89) had substantially higher probability of activity than cephalexin (0.28) using baseline estimates for bacterial prevalence and antibiotic resistance. Cephalexin was the optimal antibiotic only when CA-MRSA prevalence was <10%. The probability of activity for clindamycin and T/S was highly sensitive to changes in the values for bacterial prevalence (both CA-MRSA and GAS) and CA-MRSA resistance to clindamycin. **CONCLUSIONS:** Empiric treatment of skin and soft-tissue infections with either clindamycin or T/S maximizes the probability that the antibiotic will be active when CA-MRSA prevalence is >10%. Deciding between T/S and clindamycin requires consideration of antibiotic resistance and prevalence of GAS. This model can be customized to local communities and illustrates the importance of ongoing epidemiologic surveillance in primary care settings.



Davis AR, Rosenthal P, **Newman TB**. Nontransplant surgical interventions in progressive familial intrahepatic cholestasis. *J Pediatr Surg*. 2009;44:821-7.

BACKGROUND: Progressive familial intrahepatic cholestasis (PFIC) is a family of rare childhood diseases that was universally fatal until the development of liver transplant. In the last 20 years, the use of nontransplant surgery to treat PFIC has become the standard of care. There are various surgical techniques that have been performed. There are no reviews evaluating the outcome of these operations. **METHODS:** A systematic search of the literature for articles evaluating the outcome of nontransplant surgical interventions in PFIC patients was performed. Data from these studies was abstracted and summarized. **RESULTS:** No trials have been performed addressing nontransplant surgical interventions in PFIC patients. We analyzed 11 case series and case reports. Generally, patients had successful outcomes (81%) with cessation of progression of disease and resolution of symptoms. Treatment failures were often associated with more advanced disease. **DISCUSSION:** There is no evidence to demonstrate a superiority of one type of nontransplant surgical intervention in PFIC patients. We propose the development of a registry and standardization of outcomes measurements to allow improved comparison of results.

Dénouement

A newborn boy with a “crooked cry”

(continued from page 1...)

Based on exam and history, the most likely diagnosis was *congenital hypoplasia of the depressor anguli oris muscle (DAOM)* or *asymmetric crying facies*.

Differential Diagnosis

A newborn with asymmetry of facial movement includes the following differential diagnosis: an acquired seventh nerve palsy secondary to birth trauma; congenital hypoplasia of the depressor anguli oris muscle, central facial nerve palsy secondary to birth injury; and hemifacial microsomia.

Acquired seventh nerve palsy is usually secondary to birth trauma, as there is compression of the seventh nerve just outside the stylomastoid foramen. In this case, none of the risk factors were present, including large size of the baby, prolonged second stage of labor or use of forceps. In addition, the examination finding of symmetric closure of the eyelids, movement of the forehead and nasolabial folds also rules out central or acquired facial nerve palsy, as the nerve injury would impact these muscles of facial expression. Hemifacial microsomia is due to brachial arch hypoplasia and is accompanied by microtia.

Epidemiology

The incidence of congenital hypoplasia of DOAM has been reported between 0.26 to 0.68 per 100 infants (Levin, Alexiou). Normally, the DOAM pulls the corner of the mouth downward during crying or frowning (see diagram). With congenital hypoplasia of DOAM, the affected side will not turn downward while the infant is crying. As a result, the unaffected side appears to be ‘drooping’ or ‘crooked’. The lesion is not noticeable with other expressions, such as smiling. Over time, the lesion is less noticeable with advancing age as the risorius muscle helps compensate (Nelson).



frequently noted associations include genitorurinary, skeletal and respiratory anomalies (Levin).

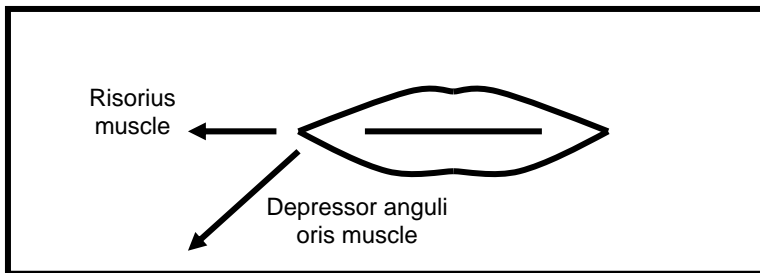
If congenital hypoplasia of DOAM is noted, a careful physical exam is sufficient to screen for these infrequently associated anomalies. In the majority of instances, congenital hypoplasia of DOAM is an isolated finding. If the exam is normal, further management includes reassurance of the family.

Endnotes

Alexiou D, et al. Frequency of other malofamions in congenial hypoplasia of depressor anguli oris muscle syndrome. *Arch Dis Child*. 1976; 48: 627-629.

Levin SE, et al. Hyposlasia or absence fo the depressor anguli oris muscle and congenital abnormalities with special reference to the cardiofacial syndrome. *S Afr Med J*. 1982; 13:227-231.

Nelson KB et al. Congenital hypoplasia of the depressor anguli oris muscle. *J Peds*. 1972; 81: 16-20.

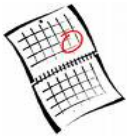


Work-up and Prognosis

Diagnosis is based on history and examination and, if necessary, can be confirmed with nerve conduction studies. Congenital hypoplasia of DOAM has been associated with cardiovascular anomalies, such as ventricular septal defect, Tetralogy of Fallot and patent ductus arteriosus. Other less



About the Commentator: Marina Tan, MD received her MD at the University of Santo Tomas (Manila, Philippines) and completed her residency at Loma Linda Children's Hospital. Dr. Tan currently attends in the newborn nursery and the Parnassus primary care clinics. She is an HS Assistant Professor of Pediatrics.



Upcoming Meetings of Interest

- June 24, 2009** **Division of General Pediatrics Quarterly Meeting:** Location: LHTS, Room 263, Time: 6:00pm—7:30pm. Presenter: Dan West, MD. Dinner Provided. Please RSVP to: mcconell@peds.ucsf.edu
- July 1, 2009** **Department of Pediatrics New Fellows Orientation:** Location: Faculty Alumni House, 11:00am-4:30pm.
- August 5, 2009** **Work-In-Progress Session:** Anna Song, PhD Title: “TBA” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- August 19, 2009** **Work-In-Progress Session: (Tentative)** Marina Reznik, MD, MS Title: “TBA” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- September 2, 2009** **Work-In-Progress Session:** Naomi Bardach, MD Title: “TBA” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- September 9, 2009** **Field Trip to City Hall (Tentative) More Information to come...**
- September 16, 2009** **No Seminar and New Faculty Welcoming:** Workshop location: LHTS. More information to come...
- September 23, 2009** **Work-In-Progress Session:** David Nunez, MD, MPH Title: “TBA” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- September 30, 2009** **Work-In-Progress Session:** Bob Pantell, MD Title: “TBA” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.
- October 7, 2009** **Work-In-Progress Session:** Adam Frymoyer, MD Title: “TBA” Location: LHTS Room 262 from 11:00am to 12:00pm. Lunch is provided.



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