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University of California San Francisco

CURRICULUM VITAE

Name: Alexander Keliimoeanu O'Haleakala Smith

Position: Assistant Adjunct Professor of Medicine
University of California, San Francisco
Department of Medicine, Division of Geriatrics
Staff Physician WOC, SFVAMC

Address: UCSF Division of Geriatrics
4150 Clement St (181G)
San Francisco, CA 94121
Voice: 415-221-4810 x 4684
Fax: 415-750-6641
Email: aksmith@ucsf.edu
Website: <http://geriatrics.medicine.ucsf.edu/facstaff/smith.html>

EDUCATION:

1992-96	University of Michigan, Ann Arbor	B.S.	High Honors, Biology
1996-99	University of California, Berkeley	M.S.	Health and Medical Sciences
1999-02	University of California, San Francisco	M.D.	
2002-03	Brigham and Women's Hospital, Boston	Intern	Medicine
2003-05	Brigham and Women's Hospital, Boston	Resident	Medicine
2005-06	Dana Farber Cancer Institute and Brigham and Women's Hospital, Boston	Fellow	Palliative Medicine
2006-08	Harvard Medical School and Beth Israel Deaconess Medical Center, Boston	Fellow	General Internal Medicine
2006-08	Harvard School of Public Health, Boston	M.P.H	Clinical Effectiveness

LICENSES, CERTIFICATION:

2005	Medical licensure, MA (223415)
2005	Board Certification, Internal Medicine
2005	Board Certification, Palliative Medicine

PRINCIPAL POSITIONS HELD:

2006-08	Beth Israel Deaconess Med Center, Boston	Fellow	General Internal Medicine
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HONORS AND AWARDS:

1993	Branstrom Freshman Prize, University of Michigan
1993	Angell Scholar, University of Michigan

1996 Phi Beta Kappa, University of Michigan
1999 Janice Kuby Memorial Scholarship, UC Berkeley/UCSF Joint Medical Program
2002 Outstanding Resident Mentor Award, Brigham and Women's Hospital
2007 Scholar of the College of Palliative Care

KEYWORDS/AREAS OF INTEREST:

Palliative medicine, end-of-life care, geriatrics, gerontology, racial/ethnic disparities, ethics, palliative medicine in the emergency department

PROFESSIONAL ACTIVITIES

CLINICAL

Attending physician, Palliative Care Consultation Service at SFVAMC (6 weeks per year), internal medicine inpatient attending (2 weeks per year).

I previously attended on the palliative care service at the Dana Farber Cancer Institute and Brigham and Women's Hospital, Boston.

SUMMARY OF CLINICAL ACTIVITIES

As an attending on the palliative care consultation and internal medicine inpatient service my responsibilities include direct patient care, supervising and teaching medical students, interns, and residents. As an attending on the palliative care service I additionally supervise geriatric and palliative medicine fellows.

PROFESSIONAL ORGANIZATIONS

Memberships

2003-present Society of General Internal Medicine
2005-present American Academy of Hospice and Palliative Medicine
2008-present American Geriatrics Society

Service to Professional Organizations

2008 Society of General Internal Medicine Reviewed Abstracts

SERVICE TO PROFESSIONAL PUBLICATIONS:

2006-present Ad hoc reviewer, Archives of Internal Medicine
2006-present Ad hoc reviewer, Journal of General Internal Medicine
2006-present Ad hoc reviewer, Journal of Palliative Medicine
2008-present Ad hoc reviewer, Clinical Interventions in Aging
2008-present Ad hoc reviewer, Cancer
2008-present Ad hoc reviewer, Journal of the American Geriatrics Society

INVITED PRESENTATIONS

REGIONAL AND OTHER INVITED PRESENTATIONS

- 2006 Palliative Care Grand Rounds, Massachusetts General Hospital, Boston
- 2007 Center for Outcomes and Policy Research (invited presentation), Dana Farber Cancer Institute
- 2007 Seminar at Harvard Medical School and the Harvard Center for Palliative Care's annual course on Practical Aspects of Palliative Care, Cambridge, MA
- 2008 Palliative Care Grand Rounds, Massachusetts General Hospital, Boston
- 2008 Conference on Serving the Underserved, Beth Israel Deaconess Medical Center, Boston

CME COURSES ATTENDED

- 2008 American Academy of Hospice and Palliative Medicine, Annual Meeting
- 2007 Society of General Internal Medicine, Annual Meeting
- 2007 Academy Health, Annual Meeting

UNIVERSITY AND PUBLIC SERVICE

UNIVERSITY SERVICE

UC Berkeley/UCSF:

- 1996-99 Member, Joint Medical Program Curriculum Committee
- 1998-99 Member, UC Berkeley Working Group on Error in Medicine
- 1998-99 Medical Director, Joint Medical Program, The Suitcase Clinic (weekly free clinic for homeless persons)

SERVICE AT HARVARD

- 2005-2006 Co-Chair, Dana Farber Cancer Institute, Brigham and Women's Hospital, Palliative Care Memorial Service Committee
- 2007-2008 Chair, Harvard General Medicine Fellowship Research Conference Committee

PUBLIC SERVICE:

- 1996 University of Michigan, led undergraduates on alternative spring break to Atlanta, Georgia, to assist adults and children with AIDS

SUMMARY OF SERVICE ACTIVITIES

While a medical student in my third year of the UCSF/UC Berkeley Joint Medical program, I directed the medical portion of the Suitcase clinic, a weekly multi-services clinic for homeless persons living in

Berkeley. In this capacity I organized and led meetings of the clinic’s medical board, participated as a core member in the clinics bi-annual retreats, and organized fund raising and donation efforts for the clinic. As a medical student I was one of 3 student representatives on the Joint Medical Program’s curriculum committee.

Recently, I have helped to organize the first and highly successful memorial service for the family members, friends, and providers of people who died under the care of the palliative care service at the Dana Farber Cancer Institute and Brigham and Women’s Hospital. This past year I organized the fellowship research conferences for the Harvard Fellowship in General Medicine.

TEACHING and MENTORING

FORMAL SCHEDULED CLASSES FOR UC BERKELEY STUDENTS:

Qtr	Academic Yr	Course No. & Title	Teaching Contribution	Units	Clas Size
F	1996	Introductory Biology	Teaching Assistant	4	20
F	1997	Physiology Laboratory	Teaching Assistant	2	20
W	1998	Brain, Mind, and Behavior	Teaching Assistant	4	20
F	1999	History of Death	Teaching Assistant	4	20

POSTGRADUATE AND OTHER COURSES

2007-2008 Co-leader of Palliative Medicine Journal Club. Teach 8 palliative medicine fellows how to approach the palliative medicine literature in monthly seminars.

PREDOCTORAL STUDENTS SUPERVISED OR MENTORED:

Dates	Name	Program or School	Role	Current Position
2006-2007	Tony Sung	Student, Harvard Medical School	Project methods and analysis advisor	Resident in Internal Medicine, Johns Hopkins

INFORMAL TEACHING:

2006-2008 Dana Farber Cancer Institute/Brigham and Women’s Hospital Palliative Care Service. Twice weekly attending rounds.

TEACHING AIDS:

2004-2005 Brigham and Women’s Hospital Intern Survival Guide, authored the “deep BICS” section on optimal use of the electronic medical record and computerized order entry system.

2006-2007 Harvard Fellowship in General Internal Medicine, authored an orientation guide for newly accepted fellows.

TEACHING AWARDS AND NOMINATIONS:

2005 Outstanding Resident Mentor Award, Brigham and Women's Hospital

SUMMARY OF TEACHING AND MENTORING HOURS:

2006-07: 240 total hours of teaching and mentoring (including preparation).
Formal class or course teaching hours: 30 hours
Informal teaching hours: 210 hours

2007-08: 240 total hours of teaching and mentoring (including preparation).
Formal class or course teaching hours: 30 hours
Informal teaching hours: 210 hours

2008-09: 370 Total anticipated hours of teaching and mentoring.
Formal class or course teaching hours: 30 hours
Informal teaching hours: 340 hours

TEACHING NARRATIVE

As an attending on the palliative care consult service at SFVAMC for 6 weeks per year and attending on the internal medicine inpatient service for 2 weeks per year, I teach in attending rounds, in addition to informal mentoring of fellows, residents, and medical students on the wards.

.In the past year my teaching and mentoring occurred on the palliative care service at the Dana Farber Cancer Institute and Brigham and Women's Hospital. I co-led a monthly seminar for 8 palliative medicine fellows on how to approach the palliative medicine literature. Prior to each seminar, I met individually with each fellow who presented a paper to help them prepare.

RESEARCH AND CREATIVE ACTIVITIES

RESEARCH AWARDS AND GRANTS

CURRENT

1. Supplement to Promote Diversity. PA-05-015. 7/22/08-7/22/10
NIH/NIA
\$99,600 direct costs/year.

PAST

1. Institutional National Research Service Award #5 T32 HP11001-19 7/1/06-6/30/08

NIH/AHRQ

2. \$10,000 grant for the Julie Henry Fund at Beth Israel Deaconess Medical Center to improve palliative care in the emergency department.

1/1/07-6/30/08

PEER REVIEWED PUBLICATIONS:

Original Articles:

1. Transue TR, **Smith AK**, Mo H, Goldstein IJ, Saper MA. Structure of benzyl T-antigen disaccharide bound to *Amaranthus caudatus* agglutinin. *Nat Struct Biol.* 1997;4:779-82.
2. Eisner MD, **Smith AK**, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *Jama.* 1998;280:1909-14.
3. **Smith AK**, Coakley FV, Jackson RG. CT and MRI of retroperitoneal edema associated with large uterine leiomyomas. *J Comput Assist Tomog.* 2002;26:459-61.
4. **Smith AK**, Ries AP, Zhang B, Tulskey JA, Prigerson HG, Block SD. Resident approaches to advance care planning on the day of hospital admission. *Arch Intern Med.* 2006;166:1597-1602.
5. **Smith AK**, Buss MK, Giansiracusa DF, Block SD. On being fired: experiences of patient initiated termination of the patient-physician relationship in palliative medicine. *J Pall Med.* 2007;10:938-947.
6. **Smith AK**, Davis RB, Krakauer EL. Differences in the quality of the patient-physician relationship among terminally ill African American and White patients: impact on advance care planning and treatment preferences. *J Gen Intern Med.* 2007;22:1587-92.
7. Sung AD, Collins ME, **Smith AK**, Sanders AM, Block SD, Arnold RM. Crying, stress, and sadness: experiences and attitudes of third year medical students and interns. *Teach Learn Med.* 2008; in press.
8. **Smith AK**, Ladner, D, McCarthy EP. Racial/ethnic disparities in liver transplant surgery and hospice use: parallels, differences, and unanswered questions. *Am J Hosp Palliat Care.* 2008; [epub ahead of print].
9. **Smith AK**, McCarthy EP, Paulk E, Balboni TA, Maciejewski PK, Block SD, Prigerson HG. Racial and ethnic differences in advance care planning among patients with cancer: impact of terminal illness acknowledgement, religiousness, and treatment preferences. *J Clin Oncol.* 2008; in press.
10. **Smith AK**, Fisher J, Schonberg MA, Pallin D, Forrow L, Block SD, Phillips RS, McCarthy EP. "Am I doing the right thing?" Provider perspectives on improving palliative care in the emergency department. *Ann Emerg Med.* 2008; in press.
11. **Smith AK**, Earle CC, McCarthy EP. Racial and ethnic differences in end of life care among older patients with advanced cancer. *J Amer Geriatr Soc.* 2008; in press.

Manuscripts in Preparation:

1. **Smith AK**, Fisher J, Schonberg MA, Pallin D, Forrow L, Block SD, Phillips RS, McCarthy EP. “You can lay around waiting for hours and hours.” Patient and caregiver perspectives on improving palliative care in the emergency department. 2008.
2. **Smith AK**, Sudore R, Perez-Stable E. Palliative care in the Latino community: “Whenever we prayed, she wept.” Perspectives on Care at the Close of Life. *Jama*. 2008.

NON-PEER REVIEWED PUBLICATIONS AND OTHER CREATIVE ACTIVITIES:

1. Raghavan M, **Smith AK**, Arnold RM. Fast fact and concept #204: African Americans and end of life care. 2008. www.eperc.mcw.edu/fastFact/ff_204.htm
2. Brigham and Women’s Hospital Intern Survival Guide (2005). Authored the “deep BICS” section on optimal use of the electronic medical record and computerized order entry system.
3. Comprehensive Care Team (2001-2002). Division of General Internal Medicine, UCSF. Developed a website showcasing the artwork of patients with terminal illness. Viewable at: <http://dgim.ucsf.edu/cct/index.html>

ABSTRACTS:

1. **Smith AK**, Ries AP, Zhang B, Tulskey JA, Prigerson HG, Block,SD. Resident approaches to advance care planning on the day of hospital admission. Oral presentation at the annual meeting of the American Academy of Hospice and Palliative Medicine, Salt Lake City, Utah, February 2007.
2. **Smith AK**, Earle CC, McCarthy EP. Racial and ethnic disparities in end of life care among patients with advanced cancer. Oral presentation at the New England regional meeting of the Society of General Internal Medicine, Boston, MA, March 2007.
3. **Smith AK**, Davis RB, Krakauer EL. Differences in the quality of the patient-physician relationship among terminally ill African American and White patients: impact on advance care planning and treatment preferences. Poster presentation at the annual meeting of the Society of General Internal Medicine, Toronto, Ontario, April 2007.
4. **Smith AK**, Earle CC, McCarthy EP. Racial and ethnic disparities in end of life care among patients with advanced cancer. Poster presentation at the annual meeting of the Society of General Internal Medicine, Toronto, Ontario, April 2007.
5. **Smith AK**, Davis RB, Krakauer EL. Differences in the quality of the patient-physician relationship among terminally ill African American and White patients: impact on advance care planning and treatment preferences. Oral presentation at the annual meeting of Academy Health, Orlando, FL, June 2007.
6. **Smith AK**, Earle CC, McCarthy EP. “Racial and Ethnic Disparities in End of Life Care Among Patients with Advanced Cancer.” Invited as Scholar of the College of Palliative Care, poster presentation at the annual retreat of the National Palliative Care Research Center, Park City, Utah, September 2007.

7. **Smith AK**, McCarthy EP, Paulk E, Balboni TA, Maciejewski PK, Block SD, Prigerson HG. “Racial and Ethnic Differences in Advance Care Planning Among Patients with Cancer: Impact of Terminal Illness Acknowledgement, Religiousness, and Treatment Preferences.” Invited as Scholar of the College of Palliative Care, oral presentation at the annual retreat of the National Palliative Care Research Center, Park City, Utah, September 2007.
8. **Smith AK**, Earle CC, McCarthy EP. Racial and ethnic disparities in end of life care among patients with advanced cancer. Oral presentation at the annual meeting of the American Academy of Hospice and Palliative Medicine, Tampa, Florida, February 2008.

RESEARCH PROGRAM (SEPARATE SUMMARY)

1. ***Racial and Ethnic Disparities in End of Life Care Among Patients with Advanced Cancer (2006-present)***. Study to examine differences between non-Hispanic Black, Hispanic, Asian, and non-Hispanic White, patients in receipt of palliative and intensive life-prolonging care among 60,000 patients with advanced cancer using the Surveillance Epidemiology and End Results (SEER) - Medicare database. Prepared and analyzed data, wrote manuscript.
Advisors: Ellen P. McCarthy, PhD, and Craig C. Earle, MD
2. ***Racial and Ethnic Differences in Advance Care Planning Among Patients with Cancer: Impact of Terminal Illness Acknowledgement, Religiousness, and Treatment Preferences (2006-present)***. Study to examine the impact of specific potential mediators on racial/ethnic differences in advance care planning among patients with advanced cancer, using data from the Coping with Cancer study, an NIH-funded cohort of patients with advanced cancer near the end of life. Prepared and analyzed data, wrote manuscript.
Advisors: Holly G. Prigerson, PhD, Ellen P. McCarthy, PhD, Susan D. Block, MD
3. ***Differences in the Quality of the Patient-Physician Relationship Among Terminally Ill African American and White Patients: Impact on Advance Care Planning and Treatment Preferences (2006-present)***. Study to examine the quality of the patient-physician relationship as reported by terminally ill African American and White patients, and examine the extent to which quality of the relationship contributes to differences between African Americans and Whites in advance care planning and preferences for intensive life-sustaining treatment, using data from the Commonwealth Cummings study. Prepared and analyzed data, wrote manuscript.
Advisors: Eric L. Krakauer, MD, PhD, Roger B. Davis, ScD, and Ellen P. McCarthy, PhD
4. ***Improving Palliative Care in the Emergency Department (2006-present)***. This qualitative study is the first step to improve the care of patients with palliative care needs by intervening in the emergency department, which for many patients is the earliest point in their hospitalization experience. Designed study, conducted qualitative interviews with hospitalized palliative care patients and their caregivers and focus groups with emergency department providers. Drafted provider manuscript.
Advisors: Ellen P. McCarthy, PhD, Russell S. Phillips, MD, and Lachlan Forrow, MD.
5. ***Resident Approaches to Advance Care Planning on the Day of Hospital Admission (2003-2006)***. Conducted multi-site survey of internal medicine residents to examine their approach advance care planning on the day patients are admitted to the hospital. Developed, implemented, and analyzed this multi-site survey.
Advisors: Susan D. Block, MD, Holly G. Prigerson, PhD, and James A. Tulsky, MD

NARRATIVE REPORT:

My overall goal is to become a national leader at the interface of palliative medicine and geriatrics. As an academic clinician-investigator dually trained in palliative medicine and health services research, my research aim is to improve care for older adults with serious life-threatening illness. Using a mix of quantitative and qualitative methodologies, primary data collection and secondary analysis of large databases, I seek to identify barriers to use of palliative care among vulnerable populations. Ultimately, my goal is to develop interventions that affect the care of seriously ill elders and their families through policy interventions and changes in the way medicine is practiced at the bedside.

I conducted my first clinical research project in the area of advance care planning as a resident at the Brigham and Women's Hospital (BWH). I surveyed all internal medicine residents at BWH and at Duke University Medical Center on their approaches to advance care planning in hospitalized patients. Working with Drs. Susan Block and Holly Prigerson of the Dana Farber Cancer Institute (DFCI), and Dr. James Tulsky of Duke, we found that residents were more likely to address preferences for CPR with patients than any other advance care planning topic; however, residents expressed a tension between the need to document patients' preferences and the difficulty of having such conversations on a busy admitting night in patients with whom they did not have a prior relationship. Importantly, one third of residents had not received any training in how to conduct advance care planning conversations, and many residents felt that patients did not understand discussions related to CPR.

More recently, my research has shifted to trying to better understand the end of life care experiences from the perspective of patients. I worked with Drs. Ellen McCarthy of Beth Israel Deaconess Medical Center (BIDMC) and Craig Earle of the DFCI to investigate racial and ethnic differences in use of palliative and intensive life-prolonging treatment among older Medicare beneficiaries newly diagnosed with advanced stage cancer in the SEER–Medicare database. We found that compared to Whites, Black and Asian patients with advanced cancer were more likely to be hospitalized frequently, for prolonged periods, be admitted to the ICU, die in the hospital, and enrolled in hospice at lower rates. These findings underscore concerns about the quality of death experience for older Black and Asian patients.

To better understand factors that might explain the differences we observed across race and ethnicity, I was involved in two related primary data projects. Working with Drs. McCarthy, Block, and Prigerson, one of my projects examined treatment preferences, religiousness, and terminal illness acknowledgement as potential mediators in a cohort of African American, Hispanic, and white patients with advanced cancer. In a second related study with Dr. Eric Krakauer of Massachusetts General Hospital, I explored the quality of the patient-physician relationship as a factor that might explain differences among terminally ill African American and white patients.

Over the next five years, I would like to build on the findings of these earlier projects. I am already conducting a qualitative study with the aim of improving palliative care in the emergency department. As faculty in the Division of Geriatrics at UCSF, I hope to learn skills in gerontology necessary to become a leading independent researcher at the interface of palliative medicine and geriatrics. In the future, I hope to continue the search for mediators of racial/ethnic differences in end of life care among older adults, such as health literacy, functional status, foreign birth status, patient-physician communication, and contextual factors such as neighborhood, physician, and caregiver characteristics, with the ultimate goal of developing targeted interventions that improve care.