

# Dean's Newsletter

## May 14, 2001

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### **Stanford Medical Student Research Day**

On Friday, May 4<sup>th</sup> forty-three platform or poster sessions were presented by Stanford Medical School students in the Fairchild Auditorium. The topics ranged from basic to clinical science and engaged faculty from throughout the School. After the presentations and poster viewing, a selection committee chose six students for special recognition. Before announcing the Award winners, I want to underscore that each of the students who carried out research and presented their findings is a "winner" in my opinion. That said, the Award Presentations were divided as follows:

#### *Poster Presentations*

##### **First Place:**

**Sarah A. Beckman** for "Associated risk factors for hepatitis C prevalence and response to hepatitis B vaccine in acute leukemia patients at the National Children's Hospital in San Jose, Costa Rica". Other authors include Y. Maldonado, J. Carillo, M. Navarrete, L. Taylor and K. Visona.

##### **Second Place** was tied:

**Amarjit Dosanjh** for "Isolation of arteriolar and venular microvascular endothelial cells from postembryonic skin". Other authors include S. Naghshineh, L. Zhou, and M. Karasek.

**Joshua Eby** for "Caveolin-3 mutations in limb muscular dystrophy interfere with integrin signaling". Other authors include M-H Disatnik, B. Dueul, K. Langenbach and T. Rando.

#### *Oral Presentations:*

##### **First Place:**

**Nirav R. Bhakta** for “Calcium signals mediating thymocyte selection: imaging thymic slices”. R.S. Lewis was co-author.

**Second Place was tied:**

**Jeff Goldberg** for “CNS regeneration: an irreversible neonatal switch from axonal to dendritic growth in the developing CNS”. B. Barres was co-author.

**Jacqueline Nerney Welch** for “Real time freehand 3D ultrasound system for image-guided surgery”. Other authors include J. Johnson, M. Bax, R. Badr and R. Shahidi.

### **Student Luncheon and Related Events**

On Thursday, May 10<sup>th</sup> I was pleased to hold a luncheon on the Fairchild Lawn for medical and graduate students. This provided an informal opportunity to meet with students and learn more about the great affection they hold for Stanford – as well as some of their concerns. The latter include the need for curriculum reform, teaching during clinical rotations, education facilities, diversity of the student body and faculty, involvement in community service, housing (and for post-docs, stipends) and, worries about the financial well-being of the Medical Center. In addressing some of these issues with the students who attended, I informed them of my plans to have a regular informal luncheon series for small groups of medical and graduate students as a means to get to know them better and to engage with these and related topics.

I was pleased to learn that on Thursday evening, May 10<sup>th</sup>, Professors Bill Mobley (Neurology), Harvey Cohen (Pediatrics), Suzanne Pfeffer (Biochemistry) and Maury Druzin (Obstetrics/Gynecology), representing the faculty, along with leaders of the Stanford Medical Alumni Association, met with First and Second Year Medical Students (at their request) to discuss the establishment of a mentoring program. This group plans to engage a broader group of faculty, alumni, students and members of the Dean’s Office in developing a mentoring program to commence in the next academic year. This is a wonderful and important initiative stimulated by our students and is deserving of our support.

### **Provost’s Task Force on University Needs**

On Tuesday, May 2<sup>nd</sup>, I presented the School of Medicine report to the Provost’s Task Force on University Needs. This Task Force is evaluating the capital and programmatic plans of each of the University’s Schools that are anticipated over the next decade or more. Because of limitations on land use, the Provost’s Task Force will assure that critical priorities for both Schools and the University are aligned as best as possible.

In my presentation I reviewed how the School of Medicine’s strategic initiatives in education, research, clinical care would impact on career development and both programmatic and facilities needs. Given the termination of the GALE project in early

March, I underscored our need to prioritize facilities plans within the School and to focus first on a Learning and Information Center. I further outlined our plans to conduct a detailed facilities review to assess current space utilization as well as projected needs and opportunities over the next 5-10 years. This will help assure the optimization of our Stanford Medicine campus and its important relationship to the University for the 21<sup>st</sup> Century. I also noted the need to critically assess information systems within the Medical School and their functionality and relevance to key missions and relationships (e.g., between basic and clinical staff and among Medical School, Medical Center (including community partners) and the university). Finally, I highlighted the need for the School of Medicine to participate with the University in developing affordable on campus housing for students, trainees, faculty and staff.

Achieving these programmatic and facilities needs is impacted by our financial challenges, particularly in the Hospitals. This underscores the importance of the current work going on in the Hospital Turnaround Committee (see below) and the critical importance of philanthropy to help support our mission-critical programs in education, research and clinical care.

During the next weeks the Provost's Task Force will begin the process of summarizing and then ultimately prioritizing the various facilities plans and proposals, including those of the School of Medicine. I will comment further on this as information unfolds.

## **Stanford Medical Alumni Reunion**

May 3-5<sup>th</sup> marked the Reunion for the graduating classes beginning 1951 along with the "senior classes" prior to 1950. More than 200 alumni returned to Stanford to participate in classes, attend lectures, tour the hospital and research facilities and meet old classmates, friends and colleagues at various social events. Special thanks go to Robert Cody, MD '57, the 2000-2001 President of the Stanford Medical Alumni Association and Ross Bright, MD '58, Associate Dean for Alumni Affairs, for coordinating the program and for making graduates young and old feel welcome and informed. Thanks also to members of the Development Office for all that they did to make the events so successful. Although my personal matriculation to Stanford is measured in only 5 weeks, I felt the esteem that Stanford graduates have of their alma mater.

The Alumni weekend began with the Senior Luncheon on Thursday May 3<sup>rd</sup> for Members of the Class of 1950 or earlier. I had the pleasure to interact with many of these alumni and learn about the medical school experience that included preclinical training on the Farm followed by clinical rotations in San Francisco. These senior graduates have also witnessed the tremendous progress that has occurred during the past 50 years in healthcare and biomedical research as well as some of the negative societal and economic forces that have eroded the perceived value of medicine as a profession. But they share a hope and optimism for a better future and the role Stanford can play in securing that.

In addition to classes on a variety of medical topics, including medical education and research venues, alumni attended an exciting Saturday morning Symposium entitled “What’s New? Recent Advances in Research and Clinical Medicine”. I want to thank the speakers at this symposium, Drs. Harvey Cohen (Pediatrics), Thomas Krummel (Surgery), Sandy Nepel (Radiology) and Paul Yock (Cardiovascular Medicine). I also want to thank our faculty who conducted various “Classes Without Quizzes” including Drs. Helen Bronte-Stewart (Neurology), Louis Halamek (Pediatrics), Christopher Payne (Urology), Charles Taylor (Surgery and Mechanical Engineering), Martha Terris (Urology), Chris Zarins (Surgery), Ron Davis (Biochemistry and Genetics) and Theo Palmer (Neurosurgery).

## **Update on Hospital Issues**

Work continues on a number of fronts to address the financial issues challenging the Medical Center, especially Stanford Hospital and Clinics (SHC), I won’t repeat information already reported in the news media, including internal communications, regarding the decision of the Medical Center to exit capitated care plans. However, a couple of other updates are of note.

The Turnaround Committee continues to closely monitor the FY01 budget and the final planning for the FY02 budget. Although improvements in the FY01 budget have occurred with the various program closures, etc, SHC still faces a deficit of nearly \$20 million. This makes all the more important the effective planning for FY02 (the year beginning in September 2001). One of the important elements is this budget is accurate prediction of volume, especially in the “centers of excellence” that include neuroscience, cardiovascular, oncology and surgical services. Detailed reviews of volume projection are essential to an accurate budget forecast, since the related patient care expenses (personnel, supplies, etc.) follow accordingly. By the May 9<sup>th</sup> Turnaround Committee meeting, the group completed its review of each of these key areas and will next address the volume projections in all other medical and surgical areas, with surgery having presented on May 2<sup>nd</sup> and Oncology on May 9<sup>th</sup>. In addition, the Committee is addressing ways to improve patient service and to reduce roadblocks or impediments to evaluation and care.

Two areas will require considerable review for FY02 budget allocations. The first falls into the area of “strategic support” and represents a flow of funds from the Hospitals to the School of Medicine’s clinical departments for various professional services rendered. As with many academic medical centers, such support has historically been used to help fund faculty recruitment, cover medical direction (i.e., clinical leadership that is essential for hospital functions but not otherwise reimbursable), help fund new clinical program development or provide funding for clinical services that are not otherwise affordable through professional income. Because such hospital transfers often become encumbered by various historical agreements, it is important to set standards and re-base such hospital support. Accordingly, the VP, Dean and Hospital CEOs, in collaboration with the Turnaround Committee, have charged a group of subcommittees to address the distribution of Hospital support for important “purchased physician services”

based on clear guidelines and principles. These Committees will complete their work during the next 2-3 months. Updates will follow regarding this important but understandably sensitive issue.

Also, at the Internal Governing Council on Friday May 11<sup>th</sup>, I again addressed the importance of further defining physician leadership, including its requisite responsibility and accountability, for both SHC and the Packard Children's Hospital. A committee has now been charged to help define the important role that physician leaders must play in the governance and organization in the Stanford Medical Center. A report from this Committee (which will include both Department Chairs and Hospital Administration) is expected within the next 2 months.

## **News Media and You**

As you certainly recognize, Stanford Medical Center has been in the news a good deal lately. Not only is Stanford Hospital's financial struggle receiving considerable print and air coverage, but (thankfully) so too have many of the School's accomplishments in education and research. I think it is important to keep our profile and image high to ensure that the excellent work being done by our faculty and students gets the appropriate notice. To help achieve this goal, your help is needed.

Should a member of the News and Public Affairs Staff, led by Mr. Ritch Eich, call you or a member of your department, please be certain that calls are taken and responded to promptly. Furthermore, please encourage faculty members to alert the News and Public Affairs Staff (call 36911) regarding upcoming research publications (they will assure that embargoes are not broken) as well as important presentations at national meetings or other exciting developments you think are important. We have much to be proud about and the News and Public Affairs staff can help communicate this to our communities locally and nationally.

## **Executive Committee: Report from David Stevenson**

As you know from previous announcements, Dr. David Stevenson, Harold K. Faber Professor of Pediatrics and Director of Neonatology and the Johnson Center, has been selected to serve as Senior Associate Dean for Academic Affairs. Although Dr. Stevenson will not officially begin his new responsibilities until June 1, 200, he has been quite busy already in helping to outline the various initiatives he plans to pursue. At the May 4<sup>th</sup> Executive Committee meeting, Dr. Stevenson presented some of his plans. These include re-examining the appointments and promotions process. In particular, how to make the process run more smoothly and efficiently. He also plans to examine the search process and the understandable faculty concerns regarding the Principle Investigator (PI) waiver for MCL appointees. In addition, Dr. Stevenson plans to examine the leave policy, focusing on family and gender issues, and seeking to identify ways to be flexible without compromising academic standards. He also plans to revisit the issue of part-time appointments.

Members of the Executive Committee also posed some issues that they would like to see addressed, including: When is it appropriate for a department to propose a faculty member for promotion? What is the role of a clinician-scientist or a basic science researcher? How to encourage the faculty of the School of Medicine to serve as members on University committees and other University activities in order to educate the rest of the University about the roles of the medical school faculty? How to deal with difficult tenure decisions and various issues surrounding the Medical Center Professoriate?

Again, updates on progress in these areas will be announced as they come forward.

### **Clark Center Update**

Plans for the Clark Center Design and Construction continue to move forward. As you likely have already noted, the tunnel structure is moving forward and will be completed in early July. What you may not be anticipating, however, is that site excavation will begin right after graduation, June 18<sup>th</sup>. You will definitely notice since parking will no longer be permitted after that time. The Clark Center is due to be ready for occupancy by August 2003. Updates on program planning will be forthcoming.

### **Congratulations:**

**Dr. Alan Schatzberg**, Kenneth T. Norris, Jr. Professor and Chairman of the Department of Psychiatry and Behavioral Sciences received the prestigious Edward Strecker, MD Annual Award from the University of Pennsylvania and The Pennsylvania Hospital for his “outstanding contribution to the field of clinical psychiatry”. The Award was presented on May 6<sup>th</sup> at the annual meeting of the American Psychiatric Association Meeting. Please extend your congratulations to Dr. Schatzberg.

**Eugene C. Butcher, M.D.**, Director of the Serology and Immunology Section, Pathology and Laboratory Medicine Service at the VA Palo Alto Health Care System, and Professor of Pathology at Stanford, has been named the recipient of the 2000 William S. Middleton Award in recognition of his achievements in the field of immunology. The William S. Middleton Award, which was established in 1960, is given annually to honor the best scientist in medical research in the entire VA system nationwide. Please join me in offering congratulations to Dr. Butcher.

**Gabriel Garcia, MD**, Associate Professor of Medicine (Gastroenterology) and Director of Medical School Admissions, has been named the next Chair of the AAMC Western Group on Student Affairs.

## **Appointments and Reappointments**

The University Advisory Board recommended the following decisions on May 10, 2001:

**Randall Stafford** was appointed Assistant Professor of Medicine (SCRDP) for the term May 1, 2001-June 30, 2004

**Paul Buckmaster** was reappointed as Assistant Professor of Comparative Medicine and of Neurology and Neurological Sciences for the term May 1, 2001-October 31, 2004

Congratulations to both Drs. Stafford and Buckmaster.