

Dean's Newsletter

June 11, 2001

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Commencement

Medical School Commencement will be held on Sunday, June 17th in the Dean's Courtyard. The official ceremony begins at 2 PM. This year's commencement speaker will be Dr. Gene Bauer. Please join us in celebrating the graduation of our medical and graduate students as well as the recipients of teaching and academic awards.

Also, please be aware that the Lane Medical Library's Instructional Facilities Group will present a live webcast of graduation. To watch the webcast, connect to the following URL:

[Http://www.med.stanford.edu/lane/ifo/medcommencement.html](http://www.med.stanford.edu/lane/ifo/medcommencement.html).

RealPlayer is needed to view the webcast. RealPlayer is available as a free download at: <http://www.real.com/player/index.html?src+downloadr>

NIH Ranking in Research Awards

The faculty at Stanford University School of Medicine continues to excel in receiving competitive grants from the National Institutes of Health (NIH). For FY00, Stanford rose to 6th place in the NIH ranking, following Hopkins, Penn, Wash U., UCSF and Yale. Harvard is still the overall leader when its affiliated hospitals are combined with the medical school. Stanford's impressive position, which climbed to 6th place from 8th in FY99 is even more remarkable because its faculty is significantly smaller in size than any of the other research-intensive medical schools. For FY00 Stanford faculty received 428 research grants, 29 training grants, 47 fellowships, and 6 contracts. These are remarkable accomplishments.

Perspective on the Professoriate

At our Executive Committee Meeting on June 1st Dr. David Stevenson, Senior Associate Dean for Academic Affairs, reviewed the history and evolution of Medical Center Professoriate. This was poignant and relevant to the discussions that had arisen

the prior afternoon at the University Faculty Senate. There are some converging issues: During the last decade the number of faculty in the MCL has risen disproportionately to other faculty positions in the University and School. At the same time, the role of the MCL faculty has changed, a large and increasing number of faculty are engaged in research and teaching in addition to the important work they perform in patient care. There is continued misunderstanding about the MCL faculty and the important role they play in our overall clinical and academic missions.

As a still relative newcomer to Stanford, I view the distinctions between faculty in an academic medical center as more of a continuum than sharply defined “lines”. Moreover, I consider the faculty to be equal in value and importance to the community of excellence we must continue to develop if we are to assure our success in education, research and clinical care. I am increasingly cognizant that the current structure (i.e., UTL and MCL) conveys separation and difference. I am also aware that these differences related to University policy transcend the authority of the Medical School per se. However, I know that Dr. Stevenson and I are committed to work toward a common Professoriate within the School of Medicine that recognizes, values and rewards faculty for their contribution as investigators and/or clinician-teachers. Each of these roles is critical to our future success.

Appropriate Process to Guide Program Evaluation or Change

I fully recognize that change, whether inferred or initiated, can create excitement as well as concern. Changes in organizational structure and leaders or in key missions (e.g., education, research or clinical care programs) will have both advocates and detractors. I believe that change is healthy for organizations and that periodic examination of areas of investment or concentration help assure that we sustain or even improve our excellence, both as individuals and as a School and University. My approach will be to continue to question what we are doing now and to ask whether there are better ways we might enlist for the future. My style is to engage faculty, students and staff in the discussions with the expectation that different views will be expressed and heard and that the steps we take will be as informed as possible. Naturally this does not mean that every change that is made will be affirmed by all involved. However, the process followed and the reasons for the conclusions or recommendations should be clear, direct and as transparent as possible. The process for change should be inclusive and those involved should communicate directly. These principles are likely self-evident but a recent set of events compels me to address whether they are embraced or shared by all members of our community. Because these events have challenged the integrity and value of our School, I want to share them with you and enlist your understanding and support.

The concerns I have relate to the work being carried out by a committee I recently asked to examine the School’s primary care clinical, education and research programs. This Committee was asked to examine the current programs in Family, General Internal and Community Medicine, and to determine whether we could build on current successes and even further improve medical student, resident and fellow education as well as

clinical care and research. Dr. Peter Gregory, Senior Associate Dean for Clinical Affairs serves as Chair and is joined by Dr. Neil Gesundheit, Associate Dean for Medical Education, Dr Joe Hopkins, Co-Director of Family Medicine and Associate Chief Medical Officer, Stanford Hospital & Clinics, and Dr. Judy Swain, Chair of the Department of Medicine. The Committee is inviting input from various program leaders. Unfortunately, during this process, misleading and erroneous information has been communicated to the Society of Family Medicine, Office of the County Supervisor, Members of Congress, California Medical Registration Office and others, implying that the School was terminating its programs and commitment to education in Family Medicine and primary care. This is untrue. Indeed, the goal has been to evaluate and strengthen the existing programs. One such approach is to combine the faculty and clinical leaders in family, general and community medicine into a new organizational structure that creates a greater critical mass and new synergies to improve clinical care, education and research.

Engaging constituencies outside of the School is, in my opinion, inappropriate when an internal process is fair, open and inclusive. Doing so also creates confusion among our public and private communities. That is especially the case when the information being transmitted reflects negatively on the School.

In an academic environment alternative views should be welcomed and expressed but they should come directly and not in a manner that circumvents or distorts a reasoned approach to evaluation, dialogue or change. We have a responsibility to be respectful to each other and to our School and University. During the months and years ahead we will want to engage in many discussions about change. We will want to debate these issues and examine various perspectives. We will want to be honest with each other and permit the choices we make to be informed and valued. We will not be successful if self-interest contaminates or confuses an appropriate process for examination and change. We should not engage or condone that kind of behavior.

Update on Hospital Issues

Physician Leadership Committee. I had previously announced the formation of a Physician Leadership Committee that has been charged to define and determine the role that physicians play as responsible leaders in the Hospitals and Clinics. Central to this is determining the authority and accountability that School of Medicine faculty physicians have in carrying out their responsibilities as institutional leaders at SHC and LPCH. The Committee and Subcommittee will focus initially on SHC exclusively. I am serving as the Chair of this Committee and am joined by Dr. Peter Gregory, Senior Associate Dean for Clinical Affairs as the co-chair. Three subcommittees have been formed with reports presented and discussed by the (Clinical) Faculty Leadership Group (FLG) which meetings early Thursday mornings. The Subcommittees include:

1. ***The Role of Faculty as Physician Leaders in SHC and LPCH.*** This subcommittee is chaired by Drs. Al Lane, Chair of Dermatology and Ron Pearl, Chair of Anesthesiology and will address the authority,

responsibility and accountability of physicians' roles as department chairs, clinical service-line directors, clinical laboratory or program leaders. The work of this subcommittee should be completed by the middle of July

2. ***The Role of Physicians in Administrative Positions*** is chaired by Dr. Peter Gregory and is addressing the roles currently associated with the positions of Senior Associate Dean for Clinical Affairs, Chief Medical Officer, Chief of Staff, President of the Medical Staff, etc. Dr. Gregory has presented recommendations to the FLG during its last two meetings and has received excellent feedback. The work of this subcommittee will be completed by mid-June.
3. **The Future Organization of Physicians at Stanford** is co-chaired by Drs. Mary Lake Polan, Chair of Gynecology & Obstetrics and Alan Schatzberg, Chair of Psychiatry and will address the potential value of forming a Physician's Organization (PO) or Physician-Hospital Organization (PHO). This subcommittee will also address whether the physician practice plan should be integrated with the Hospital or separated as a Faculty Practice Plan or Foundation model. This subcommittee will proceed more slowly, carrying out its review and discussions during the summer.

CEO Search. An Advisory Committee comprised of members of the Board of Directors and School leadership is working with Korn-Ferry, an executive search firm, to identify the next CEO of Stanford Hospital and Clinics, succeeding Ms. Malinda Mitchell who retired on May 31st. The CEO Advisory Committee, on which I serve, has begun interviewing potential candidates and during the next month will be inviting a selected group to return for more extensive interviews and discussions. This is obviously a most important search and is being carried forth with understandable confidentiality. However, it is fair to say that the Advisory Committee has been pleased and impressed with some of the potential candidates who have expressed interest in this important position. Details will follow.

Some Notable Events

Medical Staff Meeting. On Thursday evening, May 31st, I participated in the Medical Staff Meeting for Stanford Hospital & Clinics (SHC). Dr. Marty Bronk, the elected President of the Medical Staff, chaired the meeting. In my remarks to the Medical Staff I outlined the various initiatives the School of Medicine plans to pursue in education, research and clinical care during the years ahead. However, I also underscored that achieving some of these initiatives is currently challenged by the fiscal problems facing SHC. Addressing these problems requires physician leadership, cooperation and unity regardless of whether one is a community-based practicing physician or a member of the clinical or basic science faculty. Unity, leadership and cooperation are needed throughout the Medical Center to address

clinical service improvements, delivery and cost-effectiveness as well as our external relationships with payors and our communities, both public and private.

Annual ID Retreat and Dinner. The Department of Medicine's Division of Infectious Disease held its retreat on May 30-31 and invited me to participate in a discussion on the future of medical education at their annual dinner. The discussion was based, in part, on some the observations made by Dr. Kenneth Ludmerer in his important book entitled **Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care** (published by Oxford University Press in 1999). I strongly recommend reading this book which addresses the significant impact on medical education during the past decade because of the dramatically reduced time for clinical teaching and clinical care as a consequence of managed care and the medical market place. Without question, finding creative and novel solutions to the loss of time to interact with students or with patients is one of our most important challenges in medical education and care in this era.

E-Learning for Cardiovascular Medicine Trainees. When the new fellows begin their training in the Department of Medicine's fellowship program this July, they will benefit from a new computer-based learning module. Developed by Drs. Judy Swain, Professor and Chair of the Department of Medicine and Stan Rockson, Associate Professor of Medicine, in collaboration with Stanford University Media Solutions, this model program brings computer-based learning to postgraduate clinical programs following the important computer learning systems already available for medical students. I had the privilege of previewing portions of the cardiovascular medicine program and want to commend Drs. Swain and Rockson for their efforts.

Visit with the Department of Psychiatry. I want to thank Dr. Alan Schatzberg, Professor and Chair, for permitting me to attend the Department of Psychiatry's faculty meeting, providing me the opportunity to meet with faculty and learn more about the issues and concerns of specific departments. I have asked to attend faculty meetings in both basic and clinical science departments throughout the School during the months ahead as a way of getting to learn more about the issues facing our faculty and School. I plan to continue these meetings on a regular basis in the future.

Congratulations

Karen J. Guillemin, PhD, a postdoctoral scientist in Dr. Stan Falkow's laboratory in the Department of Microbiology and Immunology, has been named a recipient of the prestigious Burroughs Wellcome Fund Career Award in the Biomedical Sciences. Dr. Guilleman works on the genetic and cellular basis of *Helicobacter pylori*-associated malignancies and was one of 23 award recipients from an applicant pool of over 200 from the nation's most research-intensive universities. This is a wonderful achievement.

Appointments and Promotions

Karla Kirkegaard was approved by the University Advisory Board for promotion to Professor of Microbiology and Immunology, effective June 1, 2001.

*****PLEASE FORWARD THIS COMMUNICATION TO YOUR FACULTY AND STAFF UPON RECEIPT*****