

The Dean's Newsletter: September 17, 2001

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Reflections

The events of the past week at Stanford cannot be reported in exclusion of those that have transfixed and transformed our lives as citizens and as a nation. From the perspective of individuals working in medical schools and hospitals, where our life's work is improving the quality and duration of human health and well being, the acts of violence and destruction that have occurred in New York and Washington are all the more senseless. That they were followed by a bomb threat at our Hospitals on Thursday, September 13th, leading to the evacuation of infants, children and adults, underscores the sad and tragic depths to which human nature can fall. This has been a week where life's moral compass has been truly lost.

I am certain that while every member of our community has been deeply touched and affected by the recent tragedies, some have lost friends and loved ones. Our thoughts and prayers are extended to all.

It is also important that as healers and members of academia, we call ourselves to a higher order. That we focus on the value of life. That we do not permit our anger to be indiscriminate or stereotyped. That we find ways to forgive and remember the importance of working on behalf of humanity.

Resources Available to Help Cope with Terror

The following message comes from Dr. David Spiegel, Professor of Biology and Behavioral Sciences:

The attacks on the United States were sudden, violent, unexpected and have left everyone understandably upset. From years of research on how people respond to traumatic stressors we have learned that they need to take time to process their normal reactions to such abnormal events. The feelings initially aroused include fear, sadness, anger, horror, helplessness, and a sense of unreality. Such reactions are expectable, and it is helpful to express rather than suppress them.

Talk to others about your reactions and you will discover that you are not alone,

and that others are as deeply affected as you are. We have lost our sense of invulnerability, and this can make anyone feel edgy, exposed, and afraid. Take time from your usual routines, both work and personal, to think and talk through what these attacks mean to you. The sense of helplessness engendered by the attacks can be acknowledged and responded to by thinking of something you can do: contact loved ones in endangered areas, seek information, offer to help donate blood, organize meetings, or provide emotional support to others who may be even more affected. At times like this we take great comfort in our emotional resources - friends, family, faith, and community.

In the immediate aftermath of such tragedy, take time to come to terms with it: think and feel it through, and feel a part of a community of people who are doing the same thing. Such an assault is designed to tear apart the fabric of our community, so weaving it back together is a healing act.

There are numerous resources available to help you. Many may find comfort from even brief contact with one or more of these (and other) available Stanford programs. Others may find that this stress, added to the burden of earlier problems, such as depression, anxiety, or substance abuse and that these people may need more intensive help. Please contact the program or programs that you think will best meet your needs:

- **Stanford Help Center:** (650) 723 4577
- **Cowell Counseling and Psychological Services:** (650) 723 3785
- **Chaplaincy:** (650) 723 1762
- **The Bridge Peer Counseling Center:** (650) 723-3392
- **Stanford Psychiatry Clinic:** (650) 498 9111

In addition, the Child Health Information Center of the Children's Defense Fund also offers resource to help children cope with tragedy. These include:

- **The Parent Center** - www.parentcenter.com/general/34754.html
- **American Academy of Pediatrics** - www.aap.org/advocacy/releases/disastercomm.htm
- **American Psychological Association** - <http://helping.apa.org/therapy/traumaticstress.html#children>
- **American Academy of Child and Adolescent Psychiatry** - www.aacap.org

MedIT and the Dean's Newsletter are maintaining a **National Emergency Information and Resources Page** at

<http://deansnewsletter.stanford.edu/attackresources.html>

In addition to communications from the leadership of the School of Medicine, the page contains links to news outlets, Stanford-specific information, blood centers and financial institutions accepting donations.

Welcoming the Incoming Class of 2001

On September 10th, we welcomed our new Medical School class to Orientation and

Stanford. Dr. Gabriel Garcia, Associate Professor of Medicine and Associate Dean for Medical School Admissions, shared some of the demographics of our incoming class of 86 students. This class was selected from a pool of 5,813 applicants and includes students from throughout the United States and world. Of the 86 students, 47 are women and 37 are men. This diverse class is comprised of 26 ethnic minorities (excluding Asian students), including 5 African American, 15 Mexican American, 2 Native American, 1 Native Hawaiian and 3 Hispanic students. The average age is 25.25 years, with a range from 20-34 years. The undergraduate degrees were obtained at 42 colleges and universities, with 15 students coming from Stanford and 14 from Harvard. In addition, 14% of the incoming class holds advanced degrees.

I had the personal pleasure of welcoming our new students on their first day of orientation and had the opportunity to meet many of their families at the Stethoscope Ceremony on Thursday evening, September 13th. I hope you will also have an opportunity to welcome them in the days and weeks ahead.

Executive Committee Meeting Reports

At the September 7th Executive Committee meeting two related topics that impact the School and Medical Center were discussed. The first relates to our overall strategic planning efforts and the second to research space.

Strategic Planning Efforts: I have previously outlined my views regarding the overall strategic directions for the School of Medicine. During the past several months, we have carried out some of the preliminary planning efforts and we are now planning to initiate a consolidated school-wide strategic planning effort that will culminate in a 5-year action plan. The Strategic Planning effort to date has engaged Senior Deans within the School, but will now move forward to include the Executive Committee, the Faculty Senate, faculty, students and Hospital leaders. The Strategic Planning effort will begin with a determination of our mission and overarching goals. While these require further debate and refinement, at this juncture I will state them as follows:

Mission:

To be a leading research intensive School of Medicine that improves the health of children and adults through education, clinical innovation and biomedical research.

Overarching Goals:

- To make Stanford the national leader in the reformation and rejuvenation of research intensive Medical Schools in the education and career development of thought leaders.
- To transform the future of biomedical research and teaching through novel and innovative alignments and collaborations between basic and clinical scientists and through interdisciplinary partnership and collaborations with investigators and scholars throughout the University, as well as with public and private partners worldwide.
- To provide innovative clinical care to adult and pediatric patients.

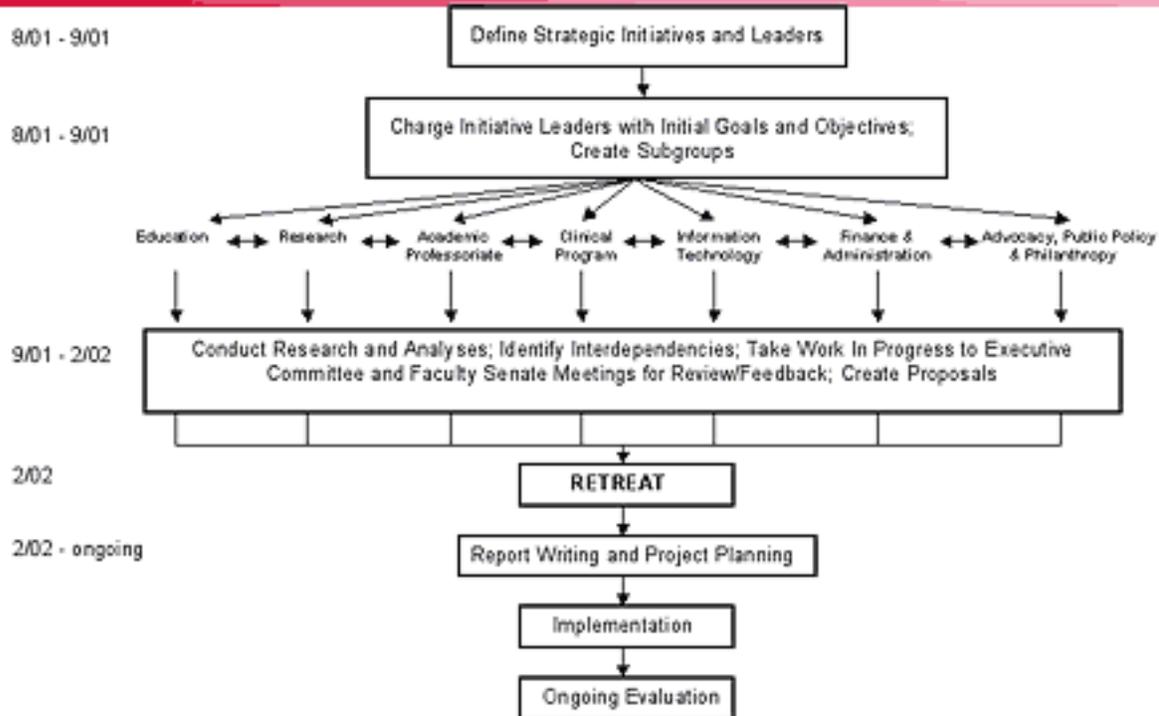
- To re-engage the public-trust in respecting the value and importance of Medical Schools and academic medicine because of their contributions to outstanding patient care through education and research.

In order to address these goals, we plan to engage in a consolidated strategic analysis of seven critical program areas: Education, Research, Academic Professoriate, Clinical Programs, Information Technology, Finance and Administration, Advocacy, Public Policy and Philanthropy. Under the leadership of the cognizant Dean, subcommittees will be formed for each area. These subcommittees will define each area's mission, immediate goals and objectives, long-term goals and objectives and the interrelationships with other mission critical areas. The Strategic Planning effort will include program development and capital needs, including facilities. Among these will be our priority for a Learning and Information Center as well as the potential need for additional research space. An important aspect of our Strategic Planning effort will focus on the important interrelationships and interdependencies of each of our missions. One impacts the other making it essential, at this important juncture, to think clearly and wisely about our investments and expectations.

We plan to bring all the subcommittee reports to a Retreat that will be held in February of 2002 and from that develop our consolidated Five Year Plan. Prior to the retreat, however, we plan to discuss specific strategic areas at the Executive Committee, Faculty Senate and Town Meetings.

The graphic below illustrates this planning process (click for larger version in a new browser window):

Process for Achieving Strategic Initiatives



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My goal is to engage as much input as possible from faculty and students so that we can assure a shared investment in this effort.

I recognize that Strategic Planning is not unique or new. However, at this important juncture I do believe that bold planning is necessary so that we can assure that Stanford sustains and enhances its excellence as a "research intensive School of Medicine that improves the health of children and adults through education, clinical innovation and biomedical research." I will also plan to use the Newsletter as a way to keep you informed of our progress. Most importantly, we have every intention of implementing the recommendations that will emanate from this important process.

School of Medicine Space Planning

Another important topic for presentation and discussion at the September 7th Executive Committee meeting was research space throughout the Medical School. Professor James Nelson, Senior Associate Dean for Research, Graduate Student and Postdoctoral Education, led the discussion. Dr. Nelson reviewed the dramatic changes in space density within the medical school area that has occurred during the past 40 years. In 2001 the School of Medicine uses 1, 117,610 nsf of space, including 256, 757 nsf of leased space. Of the total space, 212,151 nsf is occupied by the School's Basic Science departments and 555,189 nsf by the Clinical Science departments. Although projections for additional space for research, education, animal facilities, and

administration are incompletely analyzed, potential needs of over 400,000 nsf have been noted. Given the termination of the GALE project this past January, the GUP restrictions on overall academic space, and priority needs (e.g., School of Medicine Learning and Information Center), it is all the more important to carefully assess current space use and future projected needs.

Accordingly, Dr. Nelson announced that effective immediately, there will be a six-month moratorium on all requests for incremental space. During this period, a space inventory will be conducted that will identify the space currently occupied by each faculty member, including: the sponsored support for that space; other funding support available to the investigator; size of faculty, students and staff using the space; and an assessment of the impact and priority of the research being conducted. This process will allow us to better define the overall prioritization of currently existing research efforts, both within departments as well as within interdisciplinary programs. Based on this we will begin the process of using space reserves and newly identified space to meet our highest priority needs. We will also carry out, under Dr. Nelson's leadership, a Five-Year plan for the School of Medicine's research facilities requirements. This will be conducted as part of the overall Strategic Plan discussed above. The data emerging from these analyses will be shared as broadly and as transparently as possible. Again, details will follow in future Newsletters.

Faculty Leadership Group and Internal Governing Council Discussions on Funds Flows

In the May 29th issue of the Dean's Newsletter, I reviewed the various ways that funds flow between the Medical School and University and between the Hospitals (both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH)). I have also indicated in recent Newsletters that because of the financial challenges facing the Hospitals, especially SHC, the amount of money transferred to the School for clinical and administrative functions performed by faculty was reduced by approximately 25% in FY01. Similar reductions are being sustained in this current fiscal year (FY02) which began in September. I have also previously indicated that there has been a commitment to better rationalize the ways that Hospital Support for clinical services rendered by our faculty is distributed. During the past two months, Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, has been working with clinical chairs and Hospital Administration to develop guidelines for distributing the remaining dollars to pay for services rendered by clinical faculty.

In order to expeditiously determine the more appropriate distribution of these funds, an Advisory Group of Payments for Services Rendered has been appointed and will be chaired by Dr. Gary Glazer, Professor and Chair of Radiology. The Advisory Group will include physician leaders from Hospital Based Medical and Surgical Departments, the Dean's Office and Hospital Administration. Recommendations from this Committee will need to be implemented by November 1st. Their objectives will include:

1. To complete the development of the incentive plan.
2. To divide the current funds labeled as "program support" into services we would regard as "essential" and those available for funding the incentive plan.

3. To define further the "special lab" revenues that would be cost accounted and then provided to specific departments.
4. To facilitate the review of pathology service funding already started.
5. To generate a plan to mitigate the dislocations of these alterations to the current fiscal year's budget.

Following this, other aspects of the funds flow will be further examined to ensure that medical direction monies, fellowship support, and those services we have deemed "essential" are appropriate in amount.

I want to thank Drs. Glazer and Rizk for their leadership and for the participation of both Hospital and Medical School leaders in committing to bring this effort to rapid completion. It is enormously important but also one that will surely generate considerable additional challenges.

Congratulations to Dr. Joe Hopkins

Dr. Judy Swain, Professor and Chair of the Department of Medicine, has announced that Dr. Joe Hopkins has accepted the position of Associate Chief for Clinical Affairs for the Division of General Internal, Family & Community Medicine. Please join me in congratulating Joe on his expanded responsibilities and in applauding his excellent work on behalf of the Division and of the Medical Center.

Appointments and Promotions

David Schneider has been appointed as Assistant Professor of Microbiology & Immunology, 9/1/01-8/31/04

Emmanuel Mignot has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 9/1/01

Laurence Baker has been promoted to Associate Professor of Health Research and Policy, with tenure, effective 9/1/01

Congratulations to all.