

Dean's Newsletter

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Strategic Planning Update: Initial Strategic Initiatives are Presented for Your Review and Input

As you hopefully know by now, our Strategic Planning Retreat will take place this weekend, February 8-10, 2002. While this will be an important event, it represents only the beginning of our efforts to help chart the future of Stanford University School of Medicine for the 21st Century. Certainly the discussions that will take place at the Retreat will be important. However of equal value will be the coordination, further elaboration of ideas impacting our missions in education, research and patient care, and most importantly, their implementation during the years ahead. Your role in this process will be most important and appreciated

I initiated this Strategic Planning process last summer, based on the recognition that we stand at the crossroad of opportunity and challenge (as initially outlined in my first Newsletter on April 2, 2001). Without question we are privileged to be part of one of the world's great universities and schools of medicine. However, to sustain and enhance our university and school for the decades ahead, we have an obligation to critically assess the role that we can and must play in the future of medical education and research, and their impact on improving health.

Central to our fulfilling our goals and objectives is an affirmation of our more defined mission:

The mission of the Stanford University School of Medicine is to be a premier research-intensive school of medicine that improves health in the 21st century through discoveries, leadership and innovations in education, biomedical and clinical research and patient care.

During the past several months, nine Work Groups have addressed various aspects of our mission, assessing our strengths, weaknesses and opportunities in each area. Based on those discussions, faculty, students and staff have developed a number of mission relevant strategic initiatives. These now require processing and prioritization with the understanding that some need to be addressed now, whereas others will unfold during the next 5-10 years. Several of these initiatives will emerge from the current "blue-print" to

become the programs and buildings that will shape the Campaign for Stanford Medicine which we hope to initiate in early 2003.

I am taking the liberty of including highlights of the various Strategic Initiatives that have come from the Work Groups in this Newsletter. At this juncture I hope you will take the time to read them and that you feel free to comment on them. I am noting, in each area, the key individuals to contact if you wish to share your comments and add any additional perspectives or suggestions you think appropriate. I hope is to share, debate and discuss ideas and proposals that will help make the Stanford University School of Medicine a role model for the 21st century. Achieving these goals will require much time and effort, but it is worth striving for. I look forward to the opportunity to begin the journey with you.

Highlights of the Strategic Initiatives Developed by Work Groups Prior to the Strategic Planning Retreat of February 8-10, 2002

Medical Education: Contact person is Dr. Julie Parsonnet

1. Curriculum Revision Initiative

To ensure a rigorous and robust curriculum that assures outstanding clinical skills and promotes in-depth scholarship, **revise the curriculum to (1) identify core knowledge and skills required for all students, (2) expand the clinical curriculum, particularly in the first years of medical school, to enhance pattern recognition, (3) develop required majors (scholarly tracks) for all students to enhance independent research capabilities, (4) within scholarly tracks, develop a research honors program for a subset of students. (5) develop a system of incentives to promote curricular change.**

2. Teaching Initiative

To foster and facilitate teaching, advising and mentoring among our faculty, **(1) establish a certain level of teaching as a requirement of a faculty appointment at Stanford, (2) create mechanisms to honor, promote and facilitate teaching including programs for recognition of excellence and innovation, and (3) create mechanisms of support for pedagogy.**

3. Educational Facilities Initiative

To ensure a rigorous and robust curriculum that assures outstanding clinical skills and promotes in-depth scholarship, **undertake facilities improvement to provide small group learning space, technology-assisted learning environments and contemporary library/informatics space.**

Graduate Education: Contact persons are Drs. Karla Kirkegaard and James Nelson

1. Fellowships/Tuition Endowment Initiative

To ensure that Biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate

research opportunities, **increase the number of Presidential Fellowships (or equivalent) available to Biosciences Graduate students and/or establish an endowment to make graduate education tuition-free.**

2. Diversity Initiatives

To ensure that Biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate research opportunities, **develop programs to establish Stanford as a national leader in biosciences education of under-represented minorities (URMs).**

3. Student-Initiated Programs Initiative

To provide high quality training programs that feature innovative, multi-disciplinary and student-initiated course offerings and to provide and encourage opportunities for scientific interchange and student-initiated cross-disciplinary training and to provide continued individualized guidance for each student's research and education, **encourage the development of student-initiated reading courses and provide funding and organizational support for student-initiated Biosciences mini-symposia.**

4. Basic ↔ Clinical Programs Initiative

To provide high quality training programs that feature innovative, multi-disciplinary and student-initiated course offerings and to provide and encourage opportunities for scientific interchange and student-initiated cross-disciplinary training and to provide continued individualized guidance for each student's research and education, **strengthen connections with clinical departments to make research-oriented courses, joint seminars and symposia programs in disease mechanisms, histology and physiology available to Biosciences students, and develop joint seminar and symposia programs with clinical departments in disease mechanisms.**

5. Graduate Education Facilities Initiative

To ensure that Biosciences students are the highest-quality students available and that they are offered an unsurpassed quality, depth and breadth of graduate research opportunities, **establish an intellectual and physical “home” for the Biosciences Graduate Program, including space for seminar rooms, informal gathering and food service.**

***Postdoctoral Education:* Contact persons are Drs. Joe Lipsick and James Nelson**

1. Total Compensation Programs Initiative

To ensure that the intellectual, research and work-life environments at Stanford attract and retain the highest quality postdoctoral scholars, **develop and achieve an institutional standard for total compensation for postdoctoral scholars through: (1) increasing the inventory of affordable Stanford housing available to postdoctoral scholars, (2) enhancing the benefits package available to postdoctoral scholars, (3) developing a childcare program to**

address the economic and work schedule constraints of postdoctoral scholars, and (4) developing a compensation program that resolves current differences between salaries and stipends.

2. Career Center Initiative

To provide support for postdoctoral scholars to pursue the career paths of their choice, **coordinate with the Office of Graduate Education to initiate a Career Center and professional development program with knowledgeable and helpful professional staff.**

Research Programs: Contact person is Dr. James Nelson

1. Junior Faculty Initiative

To ensure scientific excellence, innovation and leadership through the recruitment and retention of outstanding faculty, **establish a preference for new junior faculty unless there is a compelling need to jumpstart a program.**

2. Translational Research Programs Initiative

To be a world-leader in the translation of new knowledge and scientific innovation to clinical applications, **promote collaborations between basic and clinical scientists within the medical school and across the university through (1) the mitigation of existing cultural and geographic barriers, and (2) the inclusion of collaborating departments as partners in faculty search and promotion processes.**

3. Core Facilities Initiative

To be a world-leader in the translation of new knowledge and scientific innovation to clinical applications and to promote the rational allocation and efficient use of the medical school's research resources, **develop a comprehensive array of research (including translational research) core facilities, incorporating the principles of (1) effective management and communication, (2) rational budgetary oversight, (3) accessibility and affordability, and (4) sustainability.**

4. Research Resources Allocation Initiative

To promote the rational allocation and efficient use of the medical school's research resources, **develop a transparent process for the allocation and reallocation of research resources that includes: (1) a "bottom-up" decision-making process, (2) openness to new organizational models, and (3) balanced support of established and new opportunities.**

Clinical Programs: Contact persons are Drs. Norm Rizk and Ken Cox

1. Translational Research Initiative

To develop and incorporate new knowledge and treatment modalities into disease management through clinical and translational research **strengthen opportunities**

and formalize mechanisms for clinical innovation within the healthcare delivery systems.

2. Rationalization of Health Care Initiative

To develop relationships with external partners to foster a robust clinical and educational program, **develop an SUMC and Stanford FPO strategy addressing the provision of tertiary and quaternary services by Stanford, and its partnership with regional primary care providers.**

3. FPO Initiative

To develop a flexible and high quality faculty physician's organization to support the faculty's clinical activities, **develop a Stanford Faculty Physicians' Organization in coordination with the structures of the two hospitals (SHC and LPCH) that includes:**

- **The development of a data-driven investment model for new program evaluations, funding and performance expectations.**
- **The development of an aggressive quality of care program that establishes the Stanford FPO as the quality provider of choice for referring physicians and the local community.**

The Professoriate: Contact person is Dr. David Stevenson

1. Single Community of Faculty Initiative

To create and promote a professoriate that values equally the activities and contributions of all scholars, including researchers, educators and clinicians and to establish a single community of faculty that embraces all of the contributions of medical school faculty and their university and community-based partners in the fulfillment of the school's mission: **(1) create a professoriate based on primary functional roles, (2) establish university standards for faculty scholarship that includes the scholarly activities of clinician and educators, (3) clarify the use and appointment and promotions criteria of other academic titles, (4) clarify the use and appointment and promotions criteria of other titles and (5) establish benefits parity for all faculty.**

2. Faculty Outreach Programs Initiative

To maintain effective programs of future faculty development and outreach that recognize the value to the medical school's mission of a diverse faculty across all ranks, **develop offices for student and faculty diversity and for women in medicine and develop community and secondary education faculty outreach programs to expose under-represented minorities to careers in the biosciences.**

Finance and Administration: Contact person is Mr. Mike Hindery

1. Resource Allocation Initiative

To create a responsive administrative organization that effectively provides the resources, infrastructure and incentives required to support the School's

education, patient care and research activities, **revise resource allocation principles and methodologies to align them with school priorities.**

2. Continuous Planning Initiative

To ensure the optimum utilization of the School's resources, **develop a continuous planning and evaluation function.**

3. Staff Accountability and Responsibility Initiative

To develop and promote an acknowledged standard for administrative excellence based on the core values of professionalism, integrity and personal responsibility and service, **develop mechanisms for the establishment and exercise of administrative staff accountability in the conduct of the Medical School's business.**

4. Staff Rewards and Incentives Initiative

To continuously promote a culture that clearly recognizes and values the role of staff as partners in the success of the School's core missions and to create an environment that attracts and retains the highest quality staff, **revise faculty and staff compensation plans to ensure appropriate rewards and incentives and develop mechanisms for rewards and incentives for administrative partners across SUMC organizations.**

Advocacy, Public Policy and Philanthropy: Contact persons are **Ritch Eich, Jackie Brown, Phil Pizzo and Paul Berg**

1. Communication Initiative

To communicate the medical school's excellence and accomplishments in education, patient care and research, **communicate a bold vision for Stanford as a global model of research-intensive medical schools for the 21st century.**

2. Campaign Initiative

To advance the mission of the School of Medicine by maximizing the generation of private philanthropic support, **develop a comprehensive and exciting campaign (The Campaign for Stanford Medicine) to support the realization of the school's vision.**

3. Advocacy Initiative

To actively engage the public to foster an appreciation for the importance of academic medicine to the health of the community and the nation, **develop an on-going and broadly-based education and advocacy program targeted to local, state and national government leaders.**

4. Public Policy Initiative

To extend Stanford's expertise in health policy, health services research, health economics, and related disciplines, and to apply this expertise to education, clinical care and research programs and its public communications, **create a**

Dean's Advisory Group on Public Policy and Advocacy to provide balanced information and make recommendations about school-supported policy initiatives and to recommend specific contemporary health policy issue initiatives on which to provide objective information to the Stanford community and the community at-large.

Please note that our Strategic Initiatives for Information Technology, including their impact on education, research, clinical computing and administration will be organized following the retreat and will be presented subsequently.

Again, please contact any of the individuals listed above to make sure that your input is received. We are eager to learn more about how our students, faculty and staff feel about these initial initiatives.

I should also remind you that we will use February and March to further process these initiatives into a more coherent Strategic Plan. I will be communicating to you about this in early spring.

Baxter Foundation Visit

On January 22-23 we had the privilege of hosting a visit by Directors from the Donald E. and Delia B. Baxter Foundation. Stanford's association with the Baxter Foundation began nearly concurrently with the move of the School of Medicine from San Francisco to the Stanford University campus some 40 years ago. Since that time, the Baxter Foundation has helped support the career development of students, trainees and faculty and has engaged in a partnership with Stanford School of Medicine to facilitate discovery and innovation.

During the past four decades, the Baxter Foundation has contributed more than \$8.5 million in gifts encompassing support for student scholarships, the Medical Scholars Program and the Faculty Scholar Program for new assistant professors beginning their career. Each of these and other programs supported by the Baxter Foundation has had a significant impact on the careers of students and faculty and has contributed to new discoveries and programs at Stanford. This year, we also had the privilege of developing the Baxter Laboratory for Genetic Pharmacology, currently directed by Dr. Helen Blau and housed in the Department of Microbiology and Immunology.

The Baxter directors who visited with us included Mr. Don Haake, president of the Baxter Foundation along with directors Richard and Martha Haake and Jane Haake Russell. Their visit included updates on our research programs and initiatives at Stanford, presentations by medical and graduate students as well as junior faculty who have received support from the Foundation. In addition, the Trustees met with the four individuals who were selected to be the 2002 Baxter Foundation Faculty Scholars. These included:

1. **Dr. Laura Attardi**, Assistant Professor, Department of Radiation Oncology.

2. **Dr. Corinna Darian-Smith**, Assistant Professor, Department of Comparative Medicine
3. **Dr. Miriam Goodman**, Assistant Professor, Department of Molecular and Cellular Physiology.
4. **Dr. Merritt Maduke**, Assistant Professor, Department of Molecular and Cellular Physiology.

Congratulations to both past, current and future Baxter Foundation recipients and sincere appreciation to the Donald E. and Delia B. Baxter Foundation for their wonderful commitment and support for Stanford students and faculty.

Planning for Bioengineering Department Moves Forward

We are moving forward with our active planning for the Joint Department in Bioengineering with the Schools of Engineering and Medicine. The Bioengineering Executive Steering Committee, which includes Deans Pizzo and Plummer along with Drs. Jeff Koseff, James Nelson and Paul Yock, met on January 23rd to finalize the leadership and membership of the three committees that will help guide the development of the department during the next several months. The subcommittees planned include:

1. **Undergraduate Education:** Drs. Eric Roberts (SoE: Computer Sciences) and Charlie Taylor (SoM: Surgery and Mechanical Engineering) will serve as co-chairs.
2. **Graduate Education:** Drs Channing Robertson (SoE: Chemical Engineering) and Nelson Pelc (SoM: Radiology) will serve as co-chairs
3. **Academic Governance, Finance and Administration:** Drs. Curt Frank (SoE: Chemical Engineering) and Judy Swain (SoM: Medicine) will serve as co-chairs.

Beginning in early February, each of the subcommittees will begin their work with the goal of completing this next phase of the project the end of June 2002.

Announcements and Appreciation

- At the University Senate on January 24th, the Inaugural group of University Fellows in Undergraduate Education was announced. Eight new Fellows were awarded to acknowledge faculty for their dedication, skills and commitment to undergraduate education. I am very pleased to announce that **Dr. John C. Boothroyd**, Professor and Chair of the Department of Microbiology and Immunology was among the first of these eight new University Fellows and has been named The Dunlevie Family University Fellow in Undergraduate Education. Please join me in congratulating Dr. Boothroyd for this special honor.
- I am pleased to announce that based on the recommendations of his colleagues and collaborators, **Dr. Hugh McDevitt**, Professor of Microbiology and Immunology, has been appointed the Director of the Immunology Interdisciplinary Program (IDP). In addition to announcing this new role for

Hugh, I want to thank Dr. Irv Weissman for the tremendous job that he has performed in serving as Director during these past many years.

- I want to thank and acknowledge the wonderful job done by **Stanford University Medical Alliance** for orchestrating and conducting the 11th Annual Pre-Medical Student Conference that was held on Saturday, February 2nd. Attracting over 500 minority high school and college students from California and elsewhere, this important conference provided important insights on how to prepare for the application process for medical school as well as the multiple career paths open to students in medicine and research. Further improving the diversity of our students and faculty is among our highest priorities and I am deeply grateful to our students for helping to promote and enhance this important goal.

Appointments & Promotions

I am very pleased to announce the following appointments and promotions to our School of Medicine faculty;

- **Myriam Curet** has been appointed Associate Professor of Surgery at SUMC, 2/1/02-1/31/07
- **Lawrence Leung** has been promoted to Professor of Medicine (Hematology), effective 2/1/02
- **Lawrence Saidman** has been appointed Professor of Anesthesia at SUMC, 2/1/02-1/31/07
- **Pieter van der Starre** has been appointed Associate Professor of Anesthesia at SUMC, 2/1/02-1/31/07
- **Anne Villeneuve** has been promoted to Associate Professor of Developmental Biology and of Genetics, effective 2/1/02
- **Glyn Williams** has been appointed Associate Professor of Anesthesia at SUMC, 2/1/02-1/31/07

Congratulations to all.