

## **Dean's Newsletter**

### **March 4, 2002**

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#### **Loss of a Most Valued Stanford Medicine Friend and Supporter**

On February 26, 2002, Dr. Jess Shenson, a most valued friend and supporter of Stanford Medicine, succumbed to a long-standing illness. Dr. Jess Shenson, who retired from practice in 1995, and his late brother, Ben, served on Stanford's clinical faculty when the medical school was located in San Francisco. In 1950, Ben and Jess Shenson established a fund to assist meritorious students at Stanford; the name of the fund was changed to the Louis and Rose Shenson Memorial Loan Fund in 1984. In 1985, the Shenson also established the Drs. Ben and A. Jess Shenson Visiting Professorship of Clinical Medicine. And, now in perpetuity, is the Drs. Ben and A. Jess Shenson Professor in the School of Medicine, currently held by Dr. Charlotte D. Jacobs, Department of Medicine. Dr. Shenson has been a longtime supporter of the arts in San Francisco. In April 1994, he received the Stanford Medical Alumni Association's Distinguished Service Award.

On a more personal note, I had the privilege of meeting Dr. Shenson on a number of occasions since I joined the Stanford community and deeply admired his grace, dignity and heart felt commitment and concern about Stanford Medicine, both past and future. More than his monetary support has been his personal commitment to Stanford and the hope that we will continue to be excellent, especially in the clinical training of our students. As we remember his many contributions, we should constantly strive to fulfill his hopes for the future of Stanford Medicine.

#### **Appointment of Senior Associate Dean for Information Resources and Technology**

I am extremely pleased to announce the appointment of Dr. Henry Lowe as the Senior Associate Dean for Information Resources and Technology. This is a new position in the Dean's office and its initiation recognizes the importance of creating and implementing overall strategic information technology plans for the School of Medicine. This is essential to our strategic plans in education, research and clinical

care and is fundamental to achieving our overarching goal of preeminence in translational research and medicine.

Among the goals for this new position are:

1. Creating an information technology environment that optimizes our success as a leading research-intensive School of Medicine, better integrating the School's information technology programs with those of the University and hospitals.
2. Developing, in partnership with the hospitals, departments and faculty, a strategy to facilitate the use of clinical data in support of translational research while protecting patient privacy and confidentiality.
3. Taking advantage of the School's unique position in the Silicon Valley to establish partnerships and innovative programs with industry.
4. Advising the School on the educational, research, clinical and administrative information system needs with regard to network resources, technical maintenance, technical innovation and relations with business partners.
5. Overseeing the direction of the medical library and its informatics functions including traditional library services, informatics, electronic publishing; working closely with University ITSS, departmental information systems staff, and the hospital CIO.
6. Work with University ITSS, departmental information systems staff and the Stanford Hospital and Clinics (SHC) and Lucille Packard Children's Hospital (LPCH) information officers to draft technology standards and work with University Purchasing to find the most cost effective procurement plan.
7. Providing application development for global initiatives taking advantage of School of Medicine standards such as School web site development and administration application development (research and financial).

Dr. Lowe is well qualified to assume this important new position. A graduate of the University College, Dublin, Ireland, Dr. Lowe did residency training in Ireland as well as at the New England Medical Center in Boston. He completed a Clinical and Research Fellowship in Medicine and Informatics at Harvard Medical School and the Massachusetts General Hospital in 1989. For the past nine years he was on the faculty at the University of Pittsburgh, where he served in various important positions, including as Director of the Clinical Multimedia Laboratory in the Center for Biomedical Informatics and Director of the Benedum Oncology Informatics Center. Dr. Lowe joined Stanford in the Fall of 2001 as Director of Cancer Informatics and Associate Professor of Medicine.

Dr. Lowe assumed his new responsibilities as Senior Associate Dean for Information Resources and Technology on March 1<sup>st</sup>. He will spend approximately 60% of his time focusing on the issues noted above and will also continue his research in medical informatics.

Please join me in welcoming Dr. Lowe to his new and important role. In subsequent issues I will update you on the team that Dr. Lowe will assemble and the

progress he makes in developing our information resources and technology at Stanford School of Medicine.

## **Update on the School of Medicine Strategic Plan and Education in Particular**

Since the Strategic Planning Retreat of February 8-10<sup>th</sup>, numerous faculty, students and staff have been busily moving forward with the implementation of various high priority strategic initiatives that we have identified during the past nine months. At the Executive Committee on Friday March 1<sup>st</sup>, David O'Brien, our new Director of Institutional Planning, displayed the 97 strategic initiatives identified to date (absent from these are the important plans regarding Information Resources and Technology which are yet to be developed as noted above). These initiatives cut across each of our missions and have now been prioritized according to their respective planning vs. implementation phase as well as their time-line. Currently we are tracking initiatives that will unfold during the next one to two years as well as others that will occur over the next 5-10 years. Of these, we are focussing particular attention in this current academic and fiscal year on education, and on the necessary changes in finance and administration that will help to fulfill them. I will highlight some of the education initiatives below. We are planning to review the principles that will guide changes in the School's Operating Budget at the Executive Committee Meeting on March 15<sup>th</sup>.

We also reviewed again the latest draft version of our mission statement based on additional feedback that we have received following the Retreat. Based on this, and the discussion that took place at the March 1<sup>st</sup> Executive Committee meeting,

### **The School of Medicine Mission Statement is:**

*To be a premier research-intensive medical school that improves health through leadership and collaborative discoveries and innovations in patient care, education and research.*

As always, your comments or suggestions are welcome and can be sent to [deansnewsletter@med.Stanford.edu](mailto:deansnewsletter@med.Stanford.edu)

### **Update on Education**

At the Town Hall Meeting on Monday February 25<sup>th</sup>, Drs. Julie Parsonnet and Karla Kirkegaard reviewed respectively an update on the Strategic Plans for Medical Student and Graduate Student Education.

Noting that strengths of Stanford's medical education are the opportunities afforded students for individual and cross-disciplinary work, Dr. Parsonnet also pointed out that there has long been an absence of curricular definition, especially the specific knowledge and skill which medical students need to have to be successful. She further

noted that there is insufficient time devoted to fostering independent research skills as well as to developing clinical skills. Approaching these challenges is made difficult because neither financial support or incentives are aligned to enhance or improve teaching excellence, innovation and interdisciplinary programs. In order to address these opportunities and challenges, Dr Parsonnet and her Work Group have proposed to:

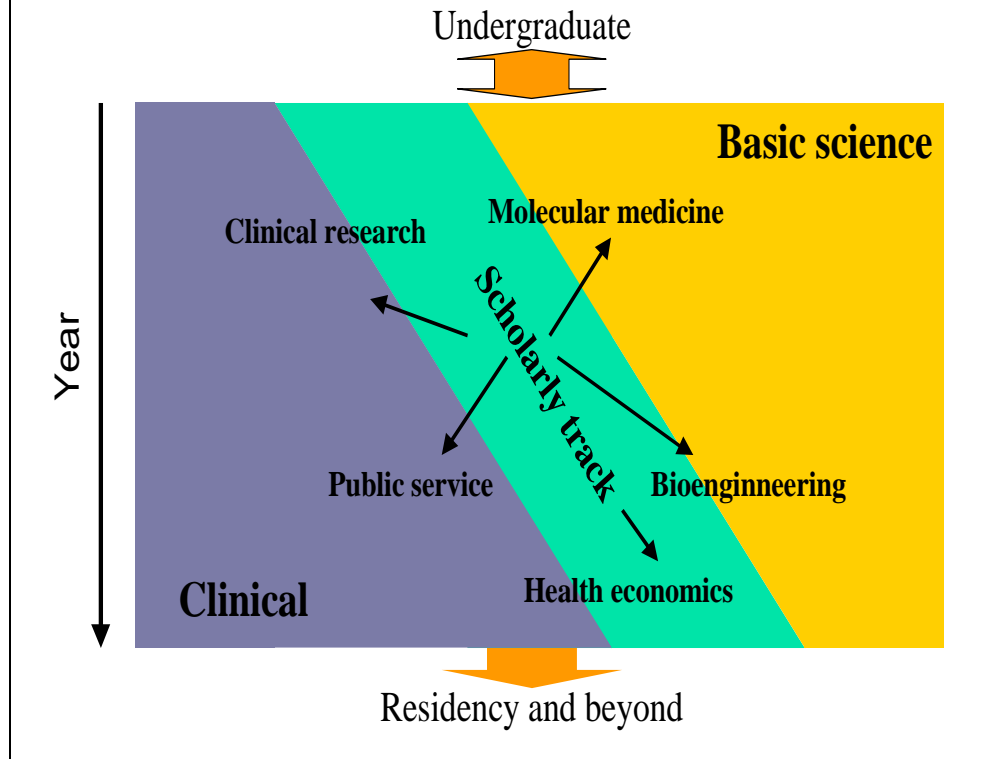
1. Identify the core knowledge and skills necessary for all students.
2. Develop required majors (“scholarly tracks”) for all students to enhance independent research capabilities. These tracks should be rigorous and include curricula, mentoring and opportunities for individual development, including, where appropriate, joint degree programs.
3. Expand the clinical curriculum, particularly in the first years of medical school, to enhance pattern recognition.
4. Develop a system of incentives to promote curricular change

The need to make these changes is also based on the awareness that the current curricula does not have sufficient emphasis on methods for acquiring and interpreting new information, on using innovative education technologies (e.g., simulations, small group interactive learning, on-line learning) and, perhaps most importantly, on bridging the gap between the basic and clinical sciences.

Based on this, a work-in-progress schema that reflects the proposed changes in the Stanford Medicine curricula is shown below:



## Proposed curricular structure



In the new Stanford Medicine Curricula, students would be exposed to basic science and clinical medicine through all years of medical school. They would also have a core program of expected knowledge coupled with considerable individual flexibility. A distinguishing feature would be the majors or scholarly tracks referred to above, that would extend throughout medical school, and which would meet the individual student needs for specific career development. As examples, such tracks could be in areas like clinical research or molecular medicine as well as in bioengineering or in public service or health economics. Some of these tracks would carry joint MD/PhD degrees while others could permit joint degrees in Engineering, Law, Business, Education or Humanities and Sciences. These tracks will require partnerships with other Schools at Stanford and will open a dialogue regarding undergraduate education and especially the future role of “traditional premedical education”. In addition, because of the relationship of the Medical School to the Hospital programs, the possibility for continued training during residency, fellowship and postdoctoral training are all areas for future exploration.

To address the initial phases of the medical student curricula reform, Dr. Parsonnet will work in partnership with the School of Medicine Faculty Senate as well as

with faculty, staff and students. She welcomes individuals who are willing and interested to work on this important new agenda.

Equally important are our programs in Graduate Education. Dr. Karla Kirkegaard, along with Tim Stearns and James Nelson, has been leading this effort. Stanford is one of a few medical schools that have as many graduate students as it does medical students. Currently there are approximately 445 graduate students enrolled in 12 departmental and interdepartmental programs. While the current programs are excellent there is reasonable consensus that changes in our programs are necessary to enable our students to prepare for new and evolving jobs and careers in the future. As with medical students, these may require joint education and training in other disciplines, including Law, Business, and Education among others. Further the opportunities for interdisciplinary training are significant and provoke the need for cross-disciplinary inquiry and research. To help promote this, Dr. Kirkegaard and colleagues are planning a “pre-differentiation camp” that will be held this Fall (i.e., 2002), and that will enable incoming graduate students to be exposed to a wide variety of faculty, programs and potential areas for future engagement. Equally importantly, this will help to build a community of graduate students. A further important goal shared by Drs. Parsonnet and Kirkegaard is to have shared activities between incoming medical and graduate students, this likely beginning in the Fall of 2003.

A unique and important initiative is to enhance the education and training of graduate students about clinical medicine in health and disease. To fulfill our overarching goal of fostering translational research and medicine, promoting interactions of medical and graduate students will be important along with exposure to simulation and technology resources that permit graduate students to better understand mechanisms of disease.

Accomplishing the education of future medical and graduate students requires new learning and information facilities. A major objective therefore will be planning and then building of these new facilities. Based on the current refinement of our curricula objectives, it is now appropriate to begin the programmatic planning for these new facilities. Our timeline is to complete that planning over the course of the next year and to initiate the plans for building thereafter. This is clearly a process that will take five years to complete, even on an optimal schedule. Hence, making continued improvements in our now quite outmoded facilities is still necessary, especially if we are to optimize our ability to achieve the changes discussed above.

Another key goal addressed by Dr. Kirkegaard and her colleagues is improving diversity among the graduate student class. This imperative is also widely shared and will be proactively pursued during this and future years.

In sum, we are developing bold and ambitious initiatives for medical and graduate student education. Accomplishing these will require the participation of faculty, students and staff. They will also require considerable resources, these being even more necessary given the limitations of time that virtually every member of our community

currently shares. Developing those resources, for our education programs and others must also be one of our highest institutional priorities. It will surely be one of mine.

## **Hospital and Medical Center Updates**

Evidence of improvement in the financial performance of Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital was evident at the Board of Directors Meeting held on Wednesday, February 27<sup>th</sup>. Both hospitals are doing significantly better than last year (FY01) and both are currently ahead of their FY02 budgets. While these improvements are welcome, and reflect the enormous work, accomplishments and sacrifice of hospital administration, faculty and staff, for which we must all be deeply appreciative and complimentary, they will require continued significant effort to sustain and enhance. This is especially true for SHC, which while ahead of budget currently, still projects a deficit for FY02, although hopefully the last such negative year.

That said, the health care financial landscape remains very complex and challenged nationwide, and especially in northern California. Patient care payments from providers are the lowest in the nation in the Bay Area, and despite the contracting improvements of the past year, still pay below cost. Further complicating this are the low reimbursements from Medicare and MediCal. Teaching hospitals like those associated with Stanford School of Medicine also have inherent inefficiencies related to the time necessary to teach medical students, residents and fellows. Together, this poses a major set of difficulties. These are made even more so when beds are filled as they are presently and resources strained.

The next big transition for the Medical Center will begin when the new President and CEO, Ms. Martha Marsh arrives officially on April 2<sup>nd</sup>. Ms. Marsh attended the Board of Directors meeting this past week as a guest and is beginning to learn more about the medical center and is developing her plans for SHC. We all welcome her with anticipation and enthusiasm. Given the recent improvements in the hospital's financial performance, we are optimistic that significant additional progress will be made under the leadership of Ms. Marsh.

## **BioX Interdisciplinary Initiatives Symposium**

On Friday March 1<sup>st</sup>, the Bio-X Interdisciplinary Initiatives Symposium was held in the Fairchild Auditorium. Bio-X brings together programs in bioengineering, biomedicine and biosciences at Stanford. It represents new opportunities of discovery and teaching between and among biologists, chemists, physicists, computer scientists, engineers and medical scientists. The Symposium was led by Dr. Harvey Cohen, Professor and Chair of the Department of Pediatrics who also served as the Chair of the Bio-X interdisciplinary Initiatives Committee that included Axel Brunger (Molecular & Cell Physiology), Scott Delp (Mechanical Engineering), Gerald Fuller (Chemical Engineering), Gary Glazer (Radiology), Keith Hodgson (Chemistry), Jeff Koseff (Civil & Environmental Engineering), Suzanne Pfeffer (Biochemistry), Ken Salisbury (Computer

Sciences), Lucy Shapiro (Developmental Biology), Judy Swain (Medicine) and Richard Zare (Chemistry).

A cross section of presentations of topics aligning investigators from different disciplines and different schools presented reports both basic and clinical, theoretical and applied. Truly a new paradigm for research and education is being created at Stanford thanks to this effort and the support that allowed these initiatives to move forward.

### **Avery Professorship Celebration**

On Wednesday evening February 26<sup>th</sup>, Burt and Marion Avery, their four children and families gathered to celebrate Mark Davis, the new incumbent of the Burt and Marion Avery Professorship in Immunology. The Avery family represents three generations at Stanford and 11 graduates. They are committed to fostering interdisciplinary research and have viewed immunology as epitomizing that thrust. The past incumbent of the Avery Professorship was Dr. Hugh McDevitt, Professor of Microbiology and Immunology.

Dr. Davis is a Professor in the Department of Microbiology and Immunology, a Member of HHMI and internationally recognized for his work on the T-cell receptor and immunology. He is also the recipient of numerous awards and honors, including the King Faisal International Prize in Medicine, the Alfred P. Sloan Prize from the General Motors Cancer Research Foundation, the Behring-Heidelberger Prize, and the Pius XI Award from the Pontifical Academy of Sciences.

Please join me in congratulating Professor Mark Davis.

### **Appointments and Promotions**

I am pleased to announce that **Maurice Ohayon** has been appointed Associate Professor of Psychiatry and Behavioral Sciences (Research), 3/1/02-2/28/07