

Dean's Newsletter

July 2, 2002

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Refocusing the Position of Senior Associate Dean for Research, Graduate Education and Postdoctoral Scholar Affairs

In assembling the School's mission-focused Senior Associate Dean positions since my arrival, one of my major criteria was to recruit outstanding individuals who were committed to the School and University and who were poised to impact one or more of our missions, but who also remained anchored as active Medical School Faculty members. I felt the latter was particularly important in order for these leaders to sustain their direct contact with faculty and students and thus "remain in touch" with the life and culture of the School.

Accordingly, I elected to select individuals who would carry out their respective Senior Associate Dean duties on a part-time basis, with the remainder of their efforts occurring in their home department where they could conduct their primary work in research, clinical care, etc. In doing so, I have been enormously fortunate to bring together a wonderful group of leaders serving as Senior Associate Deans for Medical Student Education and Affairs (Julie Parsonnet, M.D.), Research, Graduate Education and Postdoctoral Scholar Affairs (James Nelson, Ph.D.), Academic Affairs (David Stevenson, M.D.), Clinical Affairs (Norm Rizk, M.D. and Ken Cox, M.D. [for Obstetrics and Pediatrics]), Information Technology and Resources (Henry Lowe, M.D.), and Finance and Administration (Mike Hindery).

Each of these individuals has played a critically important role in helping to shape the School of Medicine Strategic Plan and all will continue to contribute to its implementation in the years ahead. At the same time, the scope of their work has changed and will continue to change as the demands of their various jobs and positions evolve over time. One such change will impact the position of Senior Associate Dean for Research, Graduate Student and Postdoctoral Scholar Affairs. This was a new position that combined both research and education and there is no doubt in my mind that the

ideal individual to carry out these wide-ranging activities has been James Nelson, the Rudy J. and Daphene Donohue Munzer Professor and former Chair of the Department of Molecular and Cellular Physiology. As evidenced from the significant progress made to date, Dr. Nelson has done an outstanding job in moving forward a plethora of important initiatives. At the same time, he has found it increasingly difficult to sustain his active research laboratory as well as all the rest of his responsibilities. Indeed, it is now apparent that the range of responsibilities he was asked to perform as Senior Associate Dean is truly more of a full-time than part-time effort. Accordingly, we have agreed that Dr. Nelson will refocus his efforts on Graduate Education and Postdoctoral Scholar Affairs so that he will have the time to carry out his important research program and continue to be a highly valued teacher. This will also enable Dr. Nelson to remain an active member of the Senior Associate Deans group – which is important to me as well as to the future initiatives of the School. Dr. Nelson has been an outstanding leader and colleague and I am deeply appreciative of all the time and effort he has dedicated in helping the faculty, students, postdoctoral scholars and me achieve very important goals that will serve us well for years to come. It is also important to note that the plans Dr. Nelson has initiated concerning research space and planning will be implemented, although on a slightly delayed schedule.

This decision means that the responsibilities for research space and planning previously associated with Dr. Nelson's position will also be redefined. I am currently evaluating several models and am interested in any suggestions and feedback you would like to provide.

Again, I want to thank Dr. Nelson for his many important contributions and I look forward to continuing to work closely with him as Senior Associate Dean for Graduate Education and Postdoctoral Scholar Affairs.

The Dean's Letter

In recent weeks there has been a considerable stir among medical students regarding the Dean's Letter. The Dean's Letter, which is supposed to represent the School's official assessment of medical students applying for internships, has been poorly received by numerous residency programs throughout the country. We have proposed returning the style to that used prior to 1996. This realignment is meant to respond to two perceived threats: 1) increasing demands from the AAMC (American Association of Medical Colleges) to provide rankings and quantitative information about our students in the "Medical Student Letter of Evaluation" – demands that we do not intend to follow since they are not consistent with our program at Stanford, and 2) comments from numerous residency directors that our students' strengths cannot be adequately determined by the current letter and that the students' chances of ranking are thereby harmed – these comments clearly raise considerable concern.

The School has a responsibility to support and value its students throughout their education and to create an environment that prepares them as best as possible for challenging and exciting careers in medicine and science. Stanford is one of a handful of

schools that does not have a grading system for its medical students, largely in order to sustain an environment that fosters opportunities for students to explore areas of knowledge in a non-competitive manner. This is highly valued by Stanford students and the current Administration has **no** intention of changing this policy. However, a number of students appear to view a return of the Dean's Letter to its past form as a move toward a formal grading system. That is simply **not** the case. We have no plans to institute a grading system for medical students.

At the same time, we have an institutional responsibility and obligation to assure that our students are accurately, fairly, and equitably represented in the Dean's Letter with the obvious goal of helping them to be admitted to the very best residency program possible. Doing that means that we must provide the School's objective evaluation of a student's performance, especially in their clinical rotations.

While I understand the concerns about competitive environments, and absolutely would not want to see one develop at Stanford, I do not understand how an objective process of assessment and evaluation can be viewed as negative in relation to one's performance in clinical care. The goal of every student, just like every physician, should be to carry out her or his clinical care responsibilities in the very best manner possible. The "competition" in clinical care is really with oneself – to do the very best possible to care for one's patients. Naturally, one's individual performance will be further guided by one's interests and abilities in various areas of medicine. It is erroneous to think that we all have the same skills in every area and facet of medicine – or the same level of interest.

Residency program directors and internship selection committees are interested in how the student has performed and they look to the Dean's Letter along with letters of recommendation, USMLE scores and other metrics to determine whether a student will be selected to a specific program. My experience prior to coming to Stanford was with a program that received more than 2000 applications for 25 internship positions. The lack of an objective or thoughtful Dean's Letter weakened the student's application – as I felt was true for letters coming from Stanford during the past several years. That experience has been recapitulated from numerous other residency programs as I have heard from colleagues around the country.

I understand that change can raise concerns and can sometimes feel threatening. The goal of the Dean's Office has been to be fair and balanced both for the integrity of the student and the School. However, I hasten to add that the very negative characterization of individuals within the Dean's Office who have the responsibility to bring forth these changes has been most disturbing and unfair. Indeed, a number of the emails and other communications I have seen from students addressing this topic have been disparaging and rude as well as incorrect. I have every expectation that our students should feel free to express their concerns and viewpoints. We welcome those. At the same time, I also have every expectation that this will be done in an open, honest and respectful matter. Respectful communications, whether by email or in person, are an important aspect of professionalism and are no different than respect for human rights and freedoms of choice. In the end we have the same goals and those are not served

when strident language creates barriers or unnecessary lines in the sand. Mutual respect and professionalism should guide our behavior, even when there might be differences of opinion.

LCME Approves the School's Short and Long Term Facility Plans and Restores Regular Accreditation Cycle Reviews

On June 10th we received official approval of the School's short and long-term facility plans, and have now been restored to a regular eight-year accreditation review cycle. This is excellent news and deserves some background as well as an update on our current and future plans.

Some readers will remember the GALE project, which was designed to address deficits in the School's education and library facilities. These deficits were quite serious, and actually threatened our accreditation by the Liaison Committee on Medical Education (LCME) of the Accreditation Council on Graduate Medical Education (ACGME). The GALE project called for renovations in the Grant, Always, Lane and Edwards buildings within the so-called Stone complex. These are the original School of Medicine buildings that date back to the time that the School moved from San Francisco to the Palo Alto campus. Because these buildings are now more than four decades old, renovations are needed to address infrastructure improvements to make them more earthquake safe. Because of the physical constraints and huge expense associated with such a major, large-scale renovation project, and owing to the limitations on building and land-use on the Stanford campus, the ability to meet the forecasted needs for education and library facilities, as well as for research and administrative space, was deemed difficult and perhaps impossible. Compounding the issues surrounding GALE was the fact that many of the physical renovations were not based on a clear understanding of the goals and requirements for the future medical and graduate student education programs, nor had the scope and requirements of a library for the 21st Century been defined. Coupled with this was the fact that the projected renovation costs exceeded \$185 million, nearly all of which would have had to come from philanthropic support – at the very time when fundraising had been adversely impacted by the local and global economy.

Accordingly, I recommended the cancellation of the GALE project in February 2001. Soon afterward I sought permission from the LCME to pursue an alternate plan, based on a more robust definition of our strategic initiatives for education and research, and ideally based on new rather than renovated facilities. At the same time, attention to existing facility improvements became critical since new facilities would take some years to complete. The compilation of these short, intermediate and long term objectives, based on our programmatic planning, was submitted to the LCME in early May of this year, and was reviewed and approved at the June 5-6th LCME Board meeting.

Although I have covered some of these issues in recent Newsletters, I want to restate the changes that will be taking place. It is also important to note that these plans emanate from our Strategic Planning Process and were discussed at the Retreat on February 8-10th. They were also presented to the Medical School Faculty Senate on May

15th and to the Board of Trustees Committee on the Medical Center on June 13th. The plans for our new facilities will be presented to the University Board of Trustees Committee on Land and Buildings in the Fall and then more formally to the Board in 2003. Raising the funds to support the construction of our new Stanford Medicine Information and Learning Environment (SMILE) will be the number one priority for the Campaign for Stanford Medicine, which will be formally launched at the beginning of 2003. It is important to note that most of our Strategic Plan initiatives are related to this important effort.

Following are the short and intermediate plans we are taking to improve current facilities until the new SMILE project is launched and completed.

Completed, In-Progress and Planned (through Fall of 2003)

1. Education Facilities

- a. Eight seminar rooms, bio-skills lab and dissection labs have been developed in the CCSR building. Some of these rooms serve as both classrooms and small group study areas. The rooms include state-of-the-art AV technology.
- b. M-Wing classrooms will be renovated in two phases. The first phase will include refurbishing or replacing the seating, as well as painting and carpeting the lecture halls. The second phase (scheduled for next summer) will include installation of new ceilings, lighting, and infrastructure to support state-of-the-art AV.
- c. The Fleishmann Teaching Labs will be renovated.

2. Student Life

- a. The medical student lounge and restrooms are being renovated and the restrooms on both the first and second floors are being upgraded.
- b. The Admissions Office and Center of Excellence being relocated to space contiguous with the Office of Student Affairs.
- c. The Fairchild Student Lounge will be renovated and several computer workstations will be installed.

3. Library

- a. A cooling system has been installed.
- b. Off-site space has been renovated to house seldom used collections.
- c. A site for 24-hour small group study rooms will be completed.
- d. 1000 nsf of existing carrel space will be replaced with a reading room equipped with comfortable seating and wireless and wired network connections.

Some of these interim solutions have been completed, others are in progress and some are to be finished during this summer and next. In the aggregate they represent a significant commitment to our students and educational programs. Although we will be constructing new education facilities in the long run, these renovations are still quite costly and will

exceed \$16 million. Nonetheless, we wish to do all that we can to provide as valuable a learning environment as we can for our students.

As noted above, active planning for the new education and library facilities (SMILE Project) has now been initiated. An Executive Steering Committee has been formed, which I will chair, and this committee will define the scope, program and conceptual plan for the new facilities. We are expecting to present these plans to the Executive Committee before we present to the Board of Trustees later this fall. Again, the SMILE project will be our highest priority as we initiate the Campaign for Stanford Medicine next year. Even under ideal circumstances, however, the final completion of SMILE is not likely before 2007-2008.

Update on Strategic Planning

Work on various aspects of the Strategic Plan continues. During the past few weeks several groups have been assembled to carry out key components of the plan and these are listed below.

1. **Medical Student Education:** You may recall that committees are being assembled to address curriculum reform: one to address the essential knowledge base for medical students, another to address the formation of the new Scholarly Tracks. This latter committee has now been assembled and held its first meeting on June 17th. The members of this committee include:

Gary Schoolnik (Chair) - Medicine/Infectious Diseases

Rosalinda Alverado - Medical Student

Minx Fuller - Developmental Biology

Brian Hoffman - Medicine/Endocrinology

Emmet Keeffe - Medicine/GI

Ted Leng - Medical Student

Yvonne (Bonnie) Maldonado - Pediatrics

Doug Owens - Medicine/GIM

Audrey Shafer - Anesthesiology

Tim Stanton - PriSMS

Charlie Taylor - Surgery/Vascular Surgery and Engineering

David O'Brien (Staff) - Institutional Planning

2. **Academic Affairs:** As noted in the June 10th Newsletter, considerable effort is underway in reviewing and revising the academic appointments and promotions process within the School of Medicine and in relation to the University. We are actively working on the criteria that will define an Investigator Track (currently UTL), Clinical Investigator (currently MCL), and Clinical-Educator (a new path). In addition, we are further defining the criteria surrounding the Voluntary Clinical Faculty. We reviewed the work of several committees at the School's Executive Committee on June 7th and invited the Provost to attend our Executive Committee meeting on June 21st to further review these plans. Based on the work-to-date, we anticipate that the next stage of the plan will be announced by the end of Summer or early Fall. A major goal, being lead by Dr. David

Stevenson and the faculty working with him, is to better align the functions performed by our faculty and staff physicians with the mission-related functions they perform in basic and/or clinical research, education and clinical care.

- 3. Finance and Administration.** As noted in the June 10th Newsletter, we are planning to change the School's Operating Budget for the FY04 fiscal year (which begins September 1, 2003). Among the major drivers for this change is the need to optimize our ability to support the changes in curriculum for medical and graduate education that we envision is critical to the School's future, as well as to support more multidisciplinary interdepartmental research and educational initiatives to promote translational research and medicine. In order to help guide these important changes in the Operating Budget and to determine their impact on departmental resources and planning, and Operating Budget Formula Committee has been established and includes:

Michael Hindery (Chair) - Finance and Administration

Eleanor Antonakos - Office of Student Affairs
John Boothroyd - Microbiology and Immunology
Brian David - Surgery
Garry Fathman - Medicine/Immunology
James Nelson - Graduate Education and Postdoctoral Training and Molecular & Cellular Physiology
Julie Parsonnet - Medical Education and Medicine/Infectious Diseases
Robert Robbins - Cardiothoracic Surgery
Judy Swain - Medicine
Carole Buffum (Staff) - Finance and Administration
Perry Everett (Staff) - Finance and Administration

- 4. Information Resources and Technology.** Because the position of Senior Associate Dean for Information Resources and Technology was filled after the February Strategic Planning Retreat, this important area is moving on a different time-line. Nonetheless, important and considerable progress has been made and the strategic plans for this important areas will be more fully developed by Fall to early Winter. To help guide this, an Information Resources and Technology Steering Committee has been assembled and held its first meeting on June 24th. The Committee includes:

Henry Lowe (Chair) - IRT and Medicine/GIM

Carole Buffum - Finance and Administration
Parvati Dev - IRT/Instructional Technologies
Jin Hahn - Neurology and Neurological Sciences
Rob Krochak - Pathology
Michael Levitt - Structural Biology
Don Regula - Pathology
Valerie Su - IRT/Lane Library
Gerry Wietz - IRT/MedIT
David O'Brien (Staff) - Institutional Planning

Updates on the progress of these committees, as well as the many other initiatives underway, will be reported in subsequent Newsletters.

Hospital Update: Changes at Stanford Hospital and Clinics

On June 18th Ms. Martha Marsh, President and CEO of Stanford Hospital & Clinics, announced a series of changes in the organizational staffing and structure of her leadership team. While changes impact people as well as programs, it is important to underscore that the goal is to improve the overall quality of patient care and the financial performance of SHC. Compared to a year ago, significant progress has been made in the financial performance of SHC and it is now projected that the FY02 budget may achieve a breakeven performance. While this is encouraging, there remains an enormous amount of work to be done in order to make SHC as successful as it must be in these very challenging times in American healthcare. While I am certainly cognizant of the many feelings that arise at times of change, particularly at high levels of an organization, it is imperative that the School and faculty be as supportive as possible during this transitional period. The success of our Medical Center depends on the cooperative interactions among members of the School, SHC and LPCH.

Stanford and Global Medicine

The work of Stanford Medical School faculty and students extends well beyond the borders of our Palo Alto campus. Some of this is the direct result of basic and clinical research performed at Stanford while other work relates to various travel programs, collaborations and activities that occur throughout the world. Exchanges of faculty and students also play an important role. One of our goals over the next year will be to better coordinate these activities and opportunities.

Among the relationships that Stanford currently enjoys is a Memorandum of Understanding with Shantou University School of Medicine in South China that identifies several key areas for collaboration, including: Cardiovascular Medicine, Imaging, Liver Cancer and Prevention and Treatment of Liver Disease, Medical Education, Neurosurgery and Pediatrics.

Shantou University is a new school, developed 20 years ago through the extraordinary philanthropic support of Mr. Li Ka-shing. The University has programs in medicine, science, arts & humanities, journalism, business and law. During a short period it has risen rapidly to become one of the leading universities in China and its medical center is assuming equal prominence.

On June 27-28th I visited Shantou University along with Dr. Alan Yueng, Associate Professor of Medicine (Cardiovascular) at Stanford and also a Member of the Board of Trustees at Shantou University, as well as with Ms Jackie Brown, Director of the Office of Medical Development. We had the opportunity to attend commencement exercises and I delivered an address to students and faculty on the opportunities and

challenges for global collaboration in research, education and clinical care. There is considerable interest by students, faculty and university leaders to have a closer collaboration with Stanford and over the next months we will further develop our plans for interaction and determine opportunities that may be of interest to our students and faculty.

Children's Health Fair

Stanford University Medical Center physicians and students, along with community volunteers, sponsored a Children's Health Fair for underprivileged children on July 15th at the South County Community Clinic. Eighty-three children were evaluated at the Health Fair and sixty-five of these children underwent complete physicals. In addition, fifty-one children were immunized, twenty-three children were signed up for free dental exams and cleanings, and dozens were enrolled in either MediCal or Healthy Families Health Plans. These services could not have been offered without the dedication of all of the volunteers.

Due to the success of this program, another Health Fair has been scheduled for Saturday, August 24th, at the same location. If you would like to volunteer or receive more information regarding the Children's Health Fair, please contact Natalie Pageler (npageler@Stanford.EDU) or Monica Eneriz (meneriz@stanford.edu). The following URL has a copy of the proposal that has more explicit information about the goals and services of the Children's Health Fairs ****Kevin will provide****

Congratulations

Dr. Linda Cork has informed me that Dr. Glen Otto and Mr. Reese Zasio have received awards of excellence from Environmental Health Health and Safety. Congratulations to both Dr. Otto and Mr. Zasio

Appointments and Promotions

Frank Arko has been appointed to Assistant Professor of Surgery (Vascular Surgery) at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Bruce Buckingham has been appointed Associate Professor of Pediatrics at Santa Clara Valley Medical Center, effective 7/1/02 – 6/30/07.

Lawrence Chow has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective, 7/1/2002 to 6/30/2005.

Tina Cowan has been appointed Associate Professor of Pathology and of Pediatrics at Stanford University Medical Center, effective 7/1/02 – 6/30/07.

Ramona Doyle has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine) and, by courtesy, of Pediatrics at the Stanford University Medical Center, effective 8/1/2002 to 7/31/2007.

David Liang has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine) and, by courtesy, of Electrical Engineering at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2006

Timothy McAdams has been appointed to Assistant Professor of Orthopedic Surgery at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Cornelius Olcott has been reappointed Professor of Surgery at Stanford University Medical Center, effective 7/1/02.

Marlene Rabinoviych has been appointed to Professor of Pediatrics and, by courtesy, of Developmental Biology, effective 7/1/2002.

Craig Rosen, has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Palo Alto Veterans Affairs Health Care System, effective 7/1/2002 to 6/30/2005.

Eric Sibley has been reappointed to Assistant Professor of Pediatrics, effective 7/1/2002 to 12/31/2005.

Jane C.Tan has been appointed to Assistant Professor of Medicine (Nephrology) at the Stanford University Medical Center, effective 7/1/2002 to 6/30/2005.

Congratulations to all.