

Dean's Newsletter

January 6, 2003

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Happy New Year

Although the University has been relatively quiet during the past two weeks, the Medical School and Medical Center have been humming at its usual brisk pace since prior to the New Year. January 1st already seems long ago – but not so distant as to evoke a wish for Happy New Year to all.

We can surely look forward to an exciting and busy year. As we do so, I hope that each of you will also have time to pursue your additional personal interests, to enjoy your family and friends and rejoice of the benefits of living and working in such a beautiful and stimulating environment.

It has been a privilege for me to get to meet a large number of you during the past year and I look forward to additional opportunities in 2003. Best wishes to all for the New Year.

Translating Discoveries: The Stanford School of Medicine Strategic Planning Objectives for 2003

During the latter half of 2001 and throughout 2002, the School of Medicine has worked hard to develop its strategic vision, initiatives and plans for the first part of the 21st Century. To do so we have focused on our core missions in education, research,

patient care, and service to our communities, locally and globally. We have formulated an action plan that is codified in “*Translating Discoveries*” which readers of this Newsletter should have received by mail and which is also available as a downloadable PDF file at <http://medstrategicplan.stanford.edu/>. If you have not received a copy of “*Translating Discoveries*” and would like one, please contact us.

In the December 16, 2002 issue of the Dean’s Newsletter, I summarized some of the work we have carried out this past year in both launching and implementing our strategic plan for the Stanford University School of Medicine. While some of our short-term objectives have been fulfilled, many of our most important longer-term ones will take years to fully achieve. These include changes in education, new directions in research, and enhancements of clinical programs. These programs will require the efforts of many and ultimately involve needs for new programs and facilities. To be successful, it is important that the core goals are understood and supported by the School’s leadership and, equally importantly, by our faculty, students and staff. I hope that you will take the time to review *Translating Discoveries* and offer your comments to me or one of the cognizant Deans. I also hope that you will participate directly in our planning and help us to make Stanford a role model among research-intensive schools of medicine.

I am taking the liberty of highlighting below some of the key objectives we are setting for 2003. Clearly this is a high-level sampling; it does not include the many important initiatives that will be conducted through the basic and clinical science departments and by our faculty, students and staff both in conjunction with the School’s strategic plans and/or as an extension of them. Further, we will refine and develop these and other initiatives during and following our Second Strategic Planning Retreat that is scheduled for January 30 – February 1, 2003.

As always, I welcome your feedback.

Interrelatedness

It is important to underscore first that quite purposefully our Strategic Planning efforts have simultaneously engaged our multiple missions and support structures. From the onset it was clear to me that the manner in which we shaped our plans for education should have consonance with our research and clinical care missions. Similarly, the changes we make in one mission area will surely impact others, making it essential that we look at the interrelatedness of the threads that form the fabric of our academic medical center. Furthermore, aligning our strategic plans and initiatives with the resources we need to achieve them – through administration and finance, information technology, communications and philanthropy – is equally essential. Indeed our ultimate success will rest heavily on how able we are to move forward together, as Stanford Medicine, to fully achieve our mission of being *a premier research-intensive medical school that improves health through leadership and a collaborative approach to discovery and innovation in patient care, education, and research.*

Medical Education

The rejuvenation of a contemporary medical curriculum is a delicate and complex undertaking. Yet, it is among the most significant activities a medical school can pursue. Our strategic plan for medical education is centered on the alignment of the Medical School's mission—to translate research into clinical practice — with its medical curriculum.

Building on the momentum we gained in 2002, the medical education strategic plan activities for 2003 will focus on three major areas:

1. The continued definition and implementation of a “translational” medical education curriculum;
2. The development and implementation of effective mechanisms to honor, promote and facilitate teaching;
3. The continued development of a medical education facilities program for the planned Stanford Medicine Information and Learning Environment (SMILE).

The curriculum reform efforts in 2002 have focused on the overall structure, teaching methods, and content of a contemporary Stanford medical curriculum. To this end, the Dean's Office has worked with the Faculty Senate who has defined several important curricular objectives:

1. The development of “scholarly tracks” as described in the Medical School's plan;
2. Better integration of clinical and basic sciences throughout the curriculum;
3. An enhanced introduction to clinical medicine early in the curriculum;
4. A decrease in our currently hefty lecture time.

With these mandates, and with a project governance and approval process now in place, our goals for 2003 are to have a new “Year 1 Curriculum” in place in September 2003. Concurrent with this effort will be the definition of the core elements and structure of the remaining years of the curriculum. These will be rolled out sequentially in the following years. These years will again be constructed to fit the objectives outlined by the Faculty Senate.

Recognizing that any curriculum can only be as good as those who teach, our 2003 efforts will include completion of recommendations by a Teaching Facilitation Committee that will develop mechanisms to facilitate high-quality teaching, teaching innovation and collaboration, and interdisciplinary teaching between departments.

The SMILE project progressed, in 2002, from a facilities “problem” to an acknowledged facilities “project.” In 2003, this project will further progress from its current conceptual status to a Board-approved project with a defined program, site, and budget. The goal of medical education in 2003 is to work through the SMILE project team to clearly define an affordable facilities program for our core educational/teaching areas, for our student administration functions, and for our other student-focused amenities.

Graduate Education

The strategic plan for the Medical School's Graduate Education programs for 2003 will leverage the advantages from our existing strengths in programmatic flexibility and educational opportunity. In 2002, our efforts were largely focused on the elimination or mitigation of barriers to choice at the initiation and completion phases of the graduate program experience.

In 2003, the graduate education programs strategic plan activities will focus on the creation of enhanced educational opportunities within the graduate curriculum in three areas:

1. Interdisciplinary programs within the Medical School;
2. Interdisciplinary programs with other professional schools;
3. Collaborative opportunities within the local biotechnology industry.

The strategic plans of both the Medical Education and Graduate Education programs recognize the added value that each can bring to the other. Working initially with the Cancer Biology/Tumor Biology Program and the Stanford Brain Research Center, our goal for 2003 is to enhance collaboration of graduate programs with the clinical sciences in order to establish novel research-oriented courses in human health and physiology and disease mechanisms designed for biosciences students. The ultimate goal is to develop programs that engage and expose graduate students to the challenges of clinical medicine and translational research.

Currently, the Graduate Biosciences Program already includes numerous inter-school opportunities, particularly with the School of Humanities and Sciences. Significant additional inter-school opportunities are anticipated with the School of Engineering as a result of the newly established joint Department of Bioengineering. In 2003, opportunities for additional novel educational programs will be explored with other professional schools at Stanford, including Education, Law and Business.

To better prepare our graduates for careers that may bridge academia and industry, we are also committed to strengthening our programmatic relationships with the biotechnology community. In 2003, our goal is to develop program recommendations for joint seminars, workshops and internships with biotechnology partners.

Postdoctoral Scholar Training

Although additional progress is needed, some advances were made in 2002 in the mitigation of some of the major financial/economic barriers to our recruitment and retention of the highest quality postdoctoral scholars. In 2003 the postdoctoral training programs strategic plan activities will focus on two areas; continued strategies and options to address outstanding economic issues faced by postdoctoral scholars and the further development and documentation of institutional programs and guidelines for training program quality. In addition, one of our goals for 2003 is to continue to work with the Provost's Office to develop affordable and effective housing and childcare programs for postdoctoral scholars for inclusion in the FY04 budget.

Recognizing that there are important differences in the goals and needs of clinical fellows associated with the School's Clinical Departments, Dr. Charles Prober has agreed to chair a committee that will advise the Dean's office one how to enhance the training of this important and vital group of postdoctoral scholars.

With the recent implementation of the Medical School's maximum duration of training policy, effective and high-quality mentoring and career management programs become even more important. In 2003, we will develop and distribute a "Best Practices" mentoring manual and we will develop and implement mentoring guidelines for "Exit Strategies" for postdoctoral scholars.

Research Programs

It is recognized that the best research is investigator-initiated and follows creative new directions supported by peer-reviewed funding. We clearly want to do everything possible to enhance basic research and, in addition and wherever possible, to foster an environment that engages basic and clinical faculty in collaborative research activities, ideally to translate research from the laboratory to the patient. Accordingly, our goals for research for the School of Medicine include:

1. Fostering and supporting an environment that values and promotes basic research;
2. Assessing what is needed to promote translational research among basic and clinical investigators;
3. Developing a small number of "Stanford Institutes of Medicine" that will bring together basic and clinical scientists and physicians, in a virtual manner, to facilitate and augment basic and translational research in selected, complex, multidisciplinary areas that are not fully encompassed within existing departmental structures;
4. To determine the space requirements for wet and dry laboratory research for the School of Medicine during the next decade within the comprehensive long-range facilities planning activities currently ongoing within the Medical Center and University.

During the latter months of 2002, we developed the draft guidelines for Institutes in the School of Medicine – which will be reviewed by the Executive Committee in January and discussed at the SoM Strategic Planning Retreat on January 30- February 1st. Of note, we announced the first of these efforts, the Stanford Institute for Cancer/Stem Cell Biology and Medicine in December of 2002, with Dr. Irv Weissman as Director. As you likely know from prior communications, this announcement generated significant interest and had considerable coverage within the lay and scientific press during the past weeks. During the next couple of years we envision the additional development of 2-3 Stanford Institutes of Medicine that will also follow important multidisciplinary directions.

While the aforementioned Stanford Institutes of Medicine are an important part of our agenda, even more important is the support for basic and translational research that

permeates the entire School – without any specific organizational umbrella. Accordingly, in 2003 we will be examining a variety of ways to better support basic and clinical collaborative research initiatives and cross-disciplinary seminars featuring the work of Stanford faculty. We will also examine better ways to support clinical research and explore a model of developing a clinical research unit to support non-NIH sponsored clinical research in a manner analogous to the NIH funded GCRC.

One of the greatest challenges we face in 2003 and the years ahead is the limitations in research space. A significant aspect of this includes the aging space in the Grant, Always, Lane and Edwards buildings as well as the Fairchild Science Building. We are deeply engaged in evaluating space requirements for research and education during the next 10-20 years based on improved models to better forecast our short and long-term space needs. This will also require a better understanding of current space utilization, including the rationale for differences in space assignments among various departments. For the immediate future, developing facilities plans for the Stanford Medicine Information and Learning Environment (SMILE) and the Stanford Institutes of Medicine will be among our highest priorities. Our facilities planning activities are being conducted within the framework of both the medical center as well as within the university. Details about this will be forthcoming during the next several months.

Clinical Programs (Adult)

In 2003 the clinical programs strategic plan activities for our adult services will be coordinated with Stanford Hospital & Clinics and will focus on:

1. The continued refinement and implementation of an effective physicians' practice management structure that is aligned with SHC;
2. The development of an effective clinical strategy with SHC to address areas of clinical excellence and patient satisfaction within the local, regional, and national areas. These will be guided by carefully constructed business plans;
3. The enhancement of translational medicine as a feature that distinguishes Stanford from other providers and medical centers.

The establishment in 2002 of the Council of Clinical Chairs represented an important initial step toward an effective and collaborative management structure for the Medical School's clinical chairs and the SHC leadership. Among the significant challenges for 2003 will be the development of management information and reporting processes that will better support informed discussions and decision-making by the Council and the development of a more streamlined and empowered management process.

While the Medical School and SHC have worked our way through some critical organizational and leadership changes during 2002, the local healthcare market continued to evolve. Among our goals for 2002 was the development of an effective market strategy to address provider and health care system consolidations in the local area. We did not meet our goal for 2002, and the local market continues to present consolidation threats. It is critical to the success of our faculty's practice and the success of SHC that

we now address this issue. Recent revisions in the structure of our professoriate and improved clinical practice management processes should prove helpful in this regard.

The recent articulation of a congruent relationship of Clinical Centers of Excellence within SHC and Institutes within the School of Medicine provides us with an opportunity to jointly develop the details of these units with a clear and shared purpose. Much remains to be done before any of these areas can be fully operational. In 2003 we will work collaboratively to further develop the specific programs within these areas, to clearly articulate their defining characteristics, to bring forward for discussion and resolution any outstanding operational or organizational issues, and to develop a comprehensive business plan for the defined units.

Clinical Programs (Pediatrics/Obstetrics)

In 2003, the clinical programs strategic plan activities for our pediatric and obstetric services will focus on two major areas:

1. The continued refinement and implementation of an effective physicians' practice organization structure;
2. The continued implementation of the programmatic priorities identified in the LPCH Strategic Plan (including the Children's Health Initiative).

During 2002, the leadership of LPCH and the School of Medicine committed to the joint development of a Faculty Physicians' Organization (FPO) for the Pediatric and Obstetric clinical services. The faculty, School and LPCH leadership have developed the operating principles as well as management and governance structures for the FPO. The goals for 2003 are to implement the governance structure and, to work with LPCH to create the requisite financial reports to guide the practice, establish FPO performance goals and incentive models, and to have the FPO assume responsibility and accountability for the success and performance of the clinical practice.

As is the case with the strategic plans for the School of Medicine and SHC, the Children's Health Initiative includes a commitment to the development of interdisciplinary and comprehensive centers that are programmatically consistent across the Medical Center. During 2003, we will be working collaboratively to prioritize these initiatives in order to bring them forward in partnership with the hospitals and maximize their potential for success, especially in translational medicine.

Academic Affairs

The revision in the Medical School's faculty structure that was achieved in 2002 was a significant accomplishment in its own right and is critical to the success of the Medical School's strategic plans. To ensure that we fully realize the long-term benefits of these changes, however, it is imperative that we actively manage their implementation.

In 2003, the strategic plan activities for academic affairs will focus on three major areas:

1. The refinement and continued management and implementation of the approved and outstanding revisions to the faculty;
2. The further refinement and implementation of an effective faculty recruitment and career mentoring programs;
3. The implementation of recommended initiatives for the recruitment and retention of under-represented minority faculty and women in medicine and science.

A key element of the strategic plan for academic affairs was the creation and promotion of a faculty that recognizes and values the activities and contributions of all of its' members, be they investigators, clinician-investigators/scholars, clinician-educators, or voluntary clinical educators. Our goal for 2003 is to manage the details of the implementation of these changes within our appointment and promotion process while also promoting and monitoring our success in achieving a true community of faculty.

In 2003, we will undertake a comprehensive review of the faculty recruitment and appointment process in order to reduce the time and effort required for successful completion of the appointment/promotion process. More specifically, we will seek to identify mechanisms and opportunities to streamline the process while also working to optimize the candidate pools. We will also continue our efforts to refine and implement effective mentoring programs for our junior faculty. Through these two related efforts we expect to become more effective in finding and recruiting the best new faculty and to be more effective in supporting their success as faculty at Stanford.

Among our greatest and continuing challenges is our ability to recruit under-represented minority faculty to Stanford and to retain and promote those under-represented minority and women faculty we do recruit. Our goals for 2003 include the development and implementation of the approved recommendations from the Dean's Task Force on Minority Faculty and the Dean's Task Force on Women in Medicine and Science.

Information Resources and Technology

During 2002 we launched a new effort within the Dean's Office in Information Resources and Technology (IRT). Under the leadership of Dr. Henry Lowe, a strategic plan has been developed, including efforts for Learning Technologies. In 2003 the IRT strategic plan activities will focus on four major areas:

1. Active participation in the continued programmatic refinement of the "Information Center" and IT infrastructure elements of the SMILE (Stanford Medicine Information and Learning Environment) project;
2. The development of collaborative relationships and projects within the University and the hospitals (this includes meeting the HIPAA requirements and developing an informatics infrastructure for the new Clinical Cancer Center);
3. The continued definition and implementation of critical IT infrastructure improvements;
4. The continued implementation of the IRT organization structure and governance.

The role of IRT in the SMILE project is critical. Our goals for 2003 include the development of clear and affordable programs for the Information Center and Learning Technologies and the development of specifications for the facility's IT infrastructure. These will be particularly challenging goals in light of the rapid pace of change in all three of these areas.

A major strategic initiative within the IRT plan is the development of effective collaborative relationships with our IT partners across campus and in our affiliated hospitals. In 2003, we will establish with the University and SHC a joint IT planning group. We will also begin, in partnership with SHC to develop an informatics infrastructure to support the needs of the new Clinical Cancer Center. We will also pursue an "Integrated Advanced Information Management Systems (IAIMS)" grant from the National Library of Medicine. And we will work with SHC to develop a single Clinical Research Data Repository.

The Medical School's IT infrastructure needs are large. In 2003, we will continue the phased implementation of the School's secure wireless network, we will complete the development and implementation of a secure data center for the Medical School, and we will develop a conceptual model and architecture for a new Medical School public website. In addition, April 2003 is the deadline for compliance with the new federal HIPAA privacy regulations and we will be working to meet this deadline and to ensure ongoing improvements in the School's overall data security infrastructure.

We also hope to complete the recruitment of a new Library Director early in 2003. We will then quickly pursue the development of a strategic plan for the Medical School's Information Center.

Finance and Administration

The essence of the Finance and Administration strategic plan is the provision of service to faculty and students. Through effective and collaborative partnerships with the School's faculty and students and the staff of the University and our affiliated hospitals, the School's staff seeks to support the pursuit of excellence and innovation in education, patient care, and research. In 2003, the Finance and Administration strategic plan activities for will focus on four major areas: Funds Flow, Resource Allocation, Organizational Structure, and Staff Development.

The Finance and Administration strategic plan commits to the review and revision/rationalization of current funds flow mechanisms between the School of Medicine, and the University (the "formula"), between the School and its affiliated hospitals (SHC and LPCH), and between the Dean's Office and the School's academic units (the Operating Budget formula). Our objectives are to ensure the alignment of these methodologies with the School's mission and priorities and with the costs or values of the underlying transactions. Our goals for 2003 include the completion and implementation of the current Operating Budget reformulation project and the implementation of the

revised University formula model. We are also committed to work with the Hospitals in 2003 to clarify and, if necessary, revise the funds flows between our organizations.

Improvements in the allocation of resources will be achieved through two significant continuing initiatives. In 2003, we will bring forward a Medical Center Long-Range Development Plan that will provide the University, the School of Medicine and the Hospitals with the land use strategies and facilities that are required to support our strategic plan. In addition, with the creation in 2002 of the Office of Institutional Planning a locus was established for coordinating the School's planning activities with those of the School's academic units. Our goal for 2003 is to implement the departmental planning process, including its application to the School's non-departmental units.

Critical to the success of the School's translational research and medicine vision will be an ability to create and support an adaptive organization, one that is able to accommodate an increasing array of formal and informal cross-disciplinary arrangements of varying durations. Our goal for 2003 is to create the criteria, nomenclature, and process for the establishment and recognition of non-departmental academic units, to define their associated program and administrative responsibilities, and to allocate the appropriate resources to them.

The administrative work processes of the School are greatly influenced by the University. The workload impacts on School staff of new University financial and information systems have been profound and have severely limited our ability to support effectively the School's on-going mission-based activities. Our goals for 2003 are to realign our administrative processes and models in order to better support our missions and use our resources. To that end, we will develop management information systems appropriate to the School's administrative model, evaluate and adapt the School's administrative model to the fixed requirements of University systems, engage the University in an evaluation of University-wide work processes, and initiate a process to evaluate periodically the School's administrative model.

Fundamental to the success of the School's strategic plan and its many associated initiatives will be the continued support of a well-trained and motivated staff. The Finance and Administration strategic plan promotes a coordinated set of staff training and development initiatives through which this essential staff support will be ensured. Among the most critical of these slated for 2003 are the implementation of the School's Management Training Program, the enhanced representation of School staff on University and School committees, the full implementation of the new Staff Seminar Series, and development of improved rewards and incentives mechanisms.

Advocacy, Public Policy and Philanthropy

The strategic plan for the Medical School's Advocacy, Public Policy and Philanthropy programs is focused on the articulation of a positive and progressive identity for the Medical School consistent with its strategic vision as a research-intensive medical school promoting the translation of discoveries.

In 2003, the Medical School will focus its strategic activities in three areas:

1. The implementation of a comprehensive and effective communications strategy appropriate to the School's mission;
2. The development and implementation of a Medical School-based government relations program;
3. The further refinement of and preparation for a major development campaign encompassing the School's strategic needs in conjunction with Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, and the University.

The implementation of a comprehensive and effective communications strategy appropriate to the School's mission and role in the reformation of academic medicine will be essential to the success of our major strategic planning initiatives. Our goal for 2003 is to refine our message and define the means by which it is regularly communicated.

In order to actively engage the public to foster an appreciation for the importance of academic medicine to the health of the community and the nation, a Government Relations position was created within the Dean's Office. This position will soon be filled. Our goal for 2003 is, through this position, to develop jointly with the University and our hospitals a coordinated program of government relations that will reinforce the role of the Medical School as an active and engaged asset to the local and national community.

The successful pursuit of the Medical School's strategic plans and other program needs must be supported with substantial development. Throughout this process, the Medical School, the University, and the Hospitals have been actively engaged in the definition of the elements for a comprehensive and effective campaign. Our goal for 2003 is to continue these discussions, leading to the announcement in 2004 of a campaign.

In Summary

While we have made progress in 2002, much remains to be accomplished in 2003 and beyond. Indeed, the plans we are constructing will help shape Stanford Medicine for the next decades. While planning is important, it cannot replace the excellence of the work accomplished by our students, faculty and staff. Your individual efforts and successes, together with an alignment of our goals and mission, can truly make a difference. In the end, the work done by each member of our Stanford community will determine our future. I look forward to continuing to work with each of you to achieve both individual and collective goals and objectives.

Leadership Changes

- **Dr. Minx (Margaret T.) Fuller**, Professor of Developmental Biology and of Genetics, has become the Chair of the Department of Developmental Biology beginning January 1, 2003. Dr. Fuller has been a member of the Stanford faculty since 1980. Her research has focused on the regulation of stem cell behavior and on how the developmental program remodel fundamental cellular functions like

the cell cycle, the cytoskeleton, and the general transcription machinery to give rise to specialized cell types during cellular differentiation. I am very pleased to welcome Dr. Fuller as a new Department Chair.

I also want to take this opportunity to thank **Dr. Roel Nusse** who stepped down as Chair of Developmental Biology. He did a wonderful job for the Department and for the School and it has been a true privilege to work with him.