

Dean's Newsletter

June 30, 2003

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More about the New Stanford Curriculum

At the Medical School Faculty Senate on Wednesday June 18th, an update on the status of New Stanford Curriculum was provided. I must say at the outset that remarkable progress has been made in a relatively short time to bring the changes in curriculum to the point where they will be implemented this Fall with the new entering class. This was very much the result of close cooperation between the Senate and its Committee on Courses/Curriculum (chaired by Ted Sectish) and the Dean's office (especially Neil Gesundheit, and Julie Parsonnet). It also reflects the tremendous work and cooperation of Course Directors, many of whom made considerable sacrifices to help assure that the New Curriculum will be as successful as possible for the next generation of Stanford Medical Students. Special thanks must also go to Dr. Oscar Salvatierra who, as Chair of the Senate, played an instrumental role in coordinating the goals and agendas of a multiplicity of interest groups but who never lost sight of the importance of putting our students, current and future, first and foremost in his agenda.

Although considerable work remains, the current plan shows that entering students will begin this Fall on September 2nd (rather than September 24th when the rest of the University begins its Autumn Quarter). This will permit greater flexibility and thus permit the schedule to accommodate both new courses as well as opportunities for initiating the Scholarly Concentrations.

Students will begin with a new course entitled Molecular Foundations of Medicine that is being organized by Dr. Gil Chu, Professor of Medicine and of Biochemistry. This will be taught on Monday, Tuesday, Thursday and Friday mornings. Anatomy, as well as Cells and Tissues, will be taught on Tuesday and Thursday afternoons. On Monday and Friday afternoons, Clinical Science Correlates will be taught. This schedule will permit Wednesdays to be free for students to take electives, study or begin to plan for their Scholarly Concentrations. Overall, course work will be on Monday/Tuesday and Thursday/Friday and will, therefore, permit students to have time for individual pursuits on Wednesdays and over the weekend. In the Winter Quarter, Introduction to Pathological Processes will begin along with Neurobiology, the

conclusion of Anatomy and the continuation of Clinical Correlates. By the Spring Quarter, students will have Tuesday and Thursday afternoons as well as Wednesdays free for Scholarly Concentrations, electives and study time. The organ-based didactic schedule will require considerable coordination among course directors but should further optimize the learning experience for students. Taken together, these changes will permit parallel learning of both basic and clinical science during the first year as well as a reduction in classroom time to permit greater opportunity for independent study.

Dr. Parsonnet, Senior Associate Dean for Medical Education, also updated the Senate on the status of the Scholarly Concentrations. She noted that all students will be required to have a scholarly concentration or “major” and that it will take one of two forms: the Scholars Track (which can be done in four years) and the Original Research Track, which will require five or more years. To date, based on the recent RFA, eight scholarly concentrations have been selected and will be available for entering students. These are Bioengineering, Bioethics and Medical Humanities, Biomedical Informatics, Health Services and Policy Research, Immunology, Molecular and Genetic Medicine, Public Service and Community Medicine, and Women’s Health. In addition to these Scholarly Concentrations, four others are in development that also closely align to student interests and include: Clinical Research, Infectious Diseases, International Health and Neuroscience. Finally, some students will also have the opportunity to devise an individual scholarly concentration if one does not exist that meets their own personal goals and direction.

Although further refinements are in progress, the overall organization of the Scholarly Concentrations is evolving nicely. There are some common themes already apparent and others will surely emerge as Scholarly Concentration Directors compare the approaches being taken in their respective programs. The preliminary schedule looks like this:

Scholarly Concentrations 2003-3004

1. Bioengineering

- **Mission:** To provide a world-class experience for medical students who wish to become more familiar with the world of bioengineering
- **Faculty Co-Directors:** Jeffrey Feinstein and Charles Taylor
- **Faculty Mentors:** Currently eight but will expand with development of the new Department of Bioengineering
- **Requirements for the Scholars Track**
 - i. Required courses (10-12 units)
 1. One Technology in Society Course (4-5 units)
 2. One Engineering Fundamentals Course (3 units)
 3. One Engineering Depth course (3 units)
 - ii. One elective course (3 units) in one of four sub-areas (Biodesign, Cardiovascular, Tissue Engineering, Musculoskeletal)
 - iii. Investigative work
 - iv. Seminar series/journal club

- **Expected size:** 12 per year (2 original research and 10 scholars) for next year but rising to approximately 25 per year by 2006.

2. Bioethics and Medical Humanities

- **Mission:** To teach students to examine the ethical and humanistic dimensions of research and practice.
- **Faculty Director:** David Magnus
- **Faculty Mentors:** 28 from 15 departments
- **Requirements for Scholars Track**
 - Required courses (5 units)
 - Responsible Conduct of Research (1 unit)
 - The Human Condition (2 units)
 - Inquiry Methods (2 units)
 - Elective courses (6 units) in one of five sub-areas (Biomedical Ethics, History, Literary/Visual/Performing Arts, Social and Cultural Medicine)
 - Minimum of 80 hours of investigative work
 - Biannual symposia, grand rounds
- **Expected size:** 10 per year (2 original research, 8 scholars)

3. Biomedical Informatics

- **Mission:** To use information technology to manage, analyze and understand biomedical data, and to develop new approaches for using information to improve health.
- **Faculty Director:** Russ Altman
- **Faculty Mentors:** 24 from 12 departments
- **Requirements for Scholars Track**
 - Required courses (6 units)
 - Colloquium and Seminar Series (2 units)
 - Introductory Informatics (1 unit, on-line)
 - Fundamental Methods (3 units, on-line)
 - Two elective courses (6-7 units)
 - Minimum of 80 hours of investigative work
 - Seminar series
- **Original Research Track** will have math and computer science prerequisites
- **Expected size:** 15 per year (5 original research and 10 scholars)

4. Health Services and Policy Research

- **Mission:** To foster interest in the interdisciplinary research that guides clinical practice and health policy
- **Faculty Director:** Laurence Baker
- **Faculty Mentors:** 31 faculty
- **Requirements for Scholars Track**
 - One of two required introductory courses (2 units)

1. Introductory Health Services and Policy Research Methods
 2. Survey course on Policy and Epidemiology (being developed).
 - ii. Two of four courses (8 units)
 1. Cost-benefit analysis
 2. Political economy of health care
 3. Health economics
 4. Data management and statistical programming
 - iii. Minimum of 80 hours of investigative work
 - iv. Seminar series
- **Expected size:** 13 per year (3 original research and 10 scholars)

5. Immunology

- **Mission:** To provide students with an opportunity to delve into immunology from a cellular and molecular level to translational areas such as allergy, autoimmunity, transplantation, etc.
- **Faculty Director:** Larry Steinman
- **Faculty Mentors:** 44 faculty from 13 departments
- **Requires for Scholars Track:**
 - i. Responsible Conduct of Research (1 unit)
 - ii. Two graduate courses in immunology (6 units)
 - iii. Investigative work
 - iv. Seminar series
 - v. Attendance at Immunology Retreat
- **Expected size:** 15-20 students (2 original research and 13-18 scholars)

6. Molecular and Genetic Medicine

- **Mission:** To provide medical students with research experience in the basic sciences that are the underpinnings of medicine.
- **Faculty Director:** Jim Spudich
- **Faculty Mentors:** Approximately 200 from a breadth of departments
- **Requirements**
 - i. Required courses (10-11 units)
 1. Two required graduate level science courses (8-9 units)
 2. Critical reading course (2 units)
 - ii. Investigative work
 - iii. Seminar series/departmental or IDP retreat
- **Expected size:** 20 per year (all original research)

7. Public Service and Community Medicine

- **Mission:** To gain broad understanding of the context and practice of health care in diverse communities, especially those who are underserved.
- **Faculty Director:** Tim Stanton
- **Faculty Mentors:** 42 from 15 departments
- **Requirements for Scholars Track**
 - i. Required courses (6 units)

1. Issues in Public Service Medicine (1 unit)
 2. Medicine and Community Service Learning (2 units)
 3. Community Partnerships and Clinical Assessment and Research (2 units)
 4. Cultural Competence Workshop (1 unit)
- ii. Two elective courses in one of seven sub-areas
 - iii. Investigative work
 - iv. Seminar series/symposia/retreat
- **Expected size:** 23 per year (8 original research and 15 scholars)

8. Women's Health

- **Mission:** To train students in basic, translational, and clinical research in women's health and comparative biology and medicine.
 - **Faculty Director:** Linda Giudice
 - **Faculty Mentors:** Approximately 50 from numerous departments
 - **Requirements for Scholars Track**
 - i. Required courses (6-8 units)
 1. In basic research path, two basic science courses
 2. In the clinical research path, two courses in patient-oriented research
 - ii. Two elective courses (2-10 units, including clerkship electives) in one of seven focus areas of women's health
 - iii. PRECEPT
 - iv. Investigative work
 - v. Journal clubs/grand rounds/seminars
9. **Expected size:** 10 per year (2 original research and 8 scholars)

Welcoming Students to the Stanford Summer Research Program

On June 22nd, we were pleased to welcome 22 students who were selected to participate in the Stanford Summer Research Program in Biomedical Sciences (SSRP). This talented group of students is diverse in terms of their ethnic backgrounds, geographic origins, life experiences, and undergraduate institutions. They range from freshmen to seniors in college, and attend institutions such as Clafin University, Harvard, Yale, UC Santa Cruz, University of Maryland Baltimore County, and Florida A&M University.

The SSRP is designed provide students from diverse backgrounds who have interests in pursuing graduate work in the sciences with the opportunity to work on their own research project in a Stanford laboratory for eight weeks. They will present their findings at a research symposium on August 14th in Munzer Auditorium. Additionally, they will have the opportunity to get to know the Bay Area better through a number of field trips to locations such as Santa Cruz, San Francisco, and Monterey. Please contact Kimberly Griffin at kgriffin@stanford.edu for more information.

Update from the Council of Clinical Chairs

On Friday June 27th, the Council of Clinical Chairs reviewed the recent consumer rating of California hospitals that was published in the news media this past week. As you likely know, Stanford was rated as “average” compared to several community hospitals that received higher satisfaction scores. While there is general agreement that the leadership at Stanford Hospital & Clinics (SHC) as well as the faculty and staff wish to do better in future surveys (and will work hard to do so) it is important to recognize that there are significant differences in the kinds of patients who are served by community hospitals and the level of amenities they can offer as non-teaching facilities. Accordingly, it is not a directly appropriate comparison per se. However, such surveys are likely to become more rather than less frequent and will also be accompanied by those measuring patient outcome data. In both instances, the higher case acuity at teaching hospitals will most likely impact outcomes more negatively. However, there is a commitment to work diligently to achieve the highest scores possible – in both patient outcomes as well as in patient satisfaction. This will require dedicated commitment by both the hospital and the School – and there was clear evidence of support for this at the COCC meeting.

In addition, Mr. Roy Santarella discussed the very significant progress that has been made in achieving bond offerings for Stanford Hospital & Clinics. These funds will be essential to improving capital and infrastructure facilities at SHC. However, to meet the expectations of rating and insurance agencies, very clear benchmarks will need to be achieved, especially in patient volume. Given the fact that patient volumes this year are below those of last year, it will be imperative that efforts are made to address this challenge in a very proactive manner. There was clear recognition and commitment by our clinical chairs to work with the hospital leadership to do so.

Remembering Dr. Belding Scribner

Dr. Belding Scribner, an alumnus of Stanford University School of Medicine died this past week from an accident near his home in Washington. He was 82 years of age. Dr. Scribner invented a device named after him – “the Scribner Shunt” – that made dialysis feasible. Together with Dr. Willem Kolff, Dr. Scribner shared the 2002 Albert Lasker Award for Clinical Medical Research. The Lasker Foundation stated “Kolff and Scribner's development ... changed kidney failure from a fatal to a treatable disease, prolonging the useful lives of millions of people.” Dr. Scribner was a faculty member at the University of Washington since 1951.

Congratulations to Dr. Paul Utz

Stanford University School of Medicine has been awarded a three-year grant as part of the Dana Program in Human Immunology. This grant is for the Project *Novel Diagnostics and Therapeutics for Systemic Lupus Erythematosus*, and is being made in response to the application to the foundation by Paul J. Utz, M.D. Congratulations Dr. Utz.

Welcome and Farewell

The School of Medicine is pleased to welcome Ms. Marcia Cohen, Assistant Dean for Fiscal Affairs. Ms. Cohen previously held the position of Director of Finance for the Department of Medicine at the University of California in San Francisco.

In welcoming Ms. Cohen, however, we bid farewell to Carol Buffum who has served Stanford' School of Medicine for 15 years. Good luck, Carol, in your future endeavors.

We would also like to welcome Ms. Debra Ketchell as the new Director of the Lane Library and Associate Dean for Knowledge Management. Debra had been the Deputy Director of the Health Sciences Libraries at the University of Washington and we are fortunate to have her join us here at Stanford.

Office Relocations

The Office of Student Affairs, currently located on MSOB 3rd floor, will be undergoing renovations. The renovation project is slated to end in late August. This has resulted in almost all of the staff re-locating their offices. Right now the phone moves have been delayed and may be difficult to reach people directly for the next couple of weeks. We will have signs directing people to where people are now located and to reception.

The Office of Postdoctoral Affairs has been relocated to CCSR 4435. All of the Biosciences Admissions staff along with the Interdisciplinary programs of Cancer Biology, Immunology and Neurosciences have been relocated to Alway M103-105.

The Office of Continuing Medical Education has relocated to the third floor of MSOB.

The Office of Medical Development has relocated to 2700 Sand Hill Road, Menlo Park. Please note their new contact numbers: Phone: 650-234-0600 Fax: 650-234-0644

Appointments and Promotions

- **Rosemary Butts** has been reappointed to Associate Professor (Research) of Radiology, effective 6/1/2003 to 5/31/2009.
- **Bruce Daniel** has been appointed to Assistant Professor of Radiology (Interventional Radiology), effective 7/1/2003 to 6/30/2006.
- **Abby King** has been promoted to Professor of Health Research and Policy and of Medicine, effective 7/1/2003.
- **Thomas Robinson** has been promoted to Associate Professor of Pediatrics and of Medicine, effective 7/1/2003.