

Dean's Newsletter

January 12, 2004

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What We are Planning for 2004

In the January 5th issue of the Dean's Newsletter I highlighted some of the accomplishments we achieved in 2003 in bringing our Strategic Plan "Translating Discoveries" to fruition. Although we have made considerable progress, we still have a very long way to go before we have fully achieved our numerous initiatives and goals. Because it is important that we continue to forecast the areas we will focus on and then strive to measure our progress, I felt it important to lay out our plans for 2004. I fully recognize that this is a high-level review and that it will almost certainly be subject to modification as we proceed through the year. However, I also believe that it is very important to continue to develop and refine our roadmap so that we can optimize our institutional success. I also want to underscore again that this review addresses only school-wide initiatives and neglects the equally or more important initiatives of our faculty, students and staff in education, research and patient care. I further recognize that these plans will be likely modified as a result of our upcoming Leadership Retreat that will occur from Jan 29-31st.

As has been the case over the past couple of years, the School of Medicine's plans for 2004 will focus on continued and enhanced efforts to create opportunities for collaboration across our traditional disciplinary boundaries. These efforts will be undertaken in all areas of our strategic plan, including both medical and biosciences graduate education, research and clinical care, the professoriate, and our critical enabling areas of information resources and technology and finance and administration.

EDUCATION

The design of the New Stanford Curriculum for medical education, and its initiation in the Fall of 2003, represents an important cornerstone in the success of our strategic plans. The new curriculum provides a framework for new interdisciplinary interactions, the benefits of which will be translated throughout our institution.

The first phase of the New Stanford Curriculum focused on the first two years and refinements will continue to be made. In 2004 the design and content development of the new curriculum will be extended into years 3, 4 and beyond, with a particular focus on the integration of basic science with clinical medicine along with the development and integration of innovative new teaching modalities to support individualized learning. In addition to the formal initiation of the new scholarly concentrations we will also introduce the new portfolio system for documenting and presenting students' scholarly contributions. In 2004 we will also introduce a new curriculum evaluation program that will be employed to refine the design, content and delivery of the years 1 and 2 curricula and to evaluate our admissions criteria. New tools will also be developed and implemented to improve and standardize the evaluation of students in clinical clerkships and to improve our student advising and mentorship systems. Commensurate with its transformational role in medical education, in 2004 we will also undertake to develop an appropriate communications plan for the public dissemination of information about the New Stanford Curriculum.

We are also committed to extending the New Stanford Curriculum's fundamental principles of scholarship and life-long learning into the related graduate, postgraduate and continuing medical education programs throughout Stanford Medical Center. In 2004, in partnership with the hospitals and departmental program directors, we plan to undertake programmatic and organizational changes that will ensure the highest-quality training experience, including appropriate opportunities for continued scholarship and exposure to emerging scientific discoveries and innovations, for residents and fellows. These initiatives will include the development and introduction of new scholarly programs for residents, the documentation and evaluation of current scholarship and research programs for clinical fellows, the recruitment of a new director of Continuing Medical Education, and the development of new CME training goals and program modalities.

This year will also see a number of new initiatives in our programs for biosciences graduate education and postdoctoral research training. Here we will also be focusing on program innovations that will reinforce our core strengths in basic research while creating opportunities for an enhanced understanding of the challenges and needs of the biomedical sciences. Most notably among our 2004 plans are a commitment to develop a new program to expose biosciences graduate students to studies of human health and disease. We hope to have this program ready for the 2004/2005 academic year. In 2004 we will also be working to evaluate and recommend new opportunities for joint MD/PhD and MD/MSc degree programs associated with the original research elements of the medical education scholarly concentrations.

Through the recruitment in 2004 of a director for our new biosciences career center, we will begin to develop new programs to introduce biosciences graduate students and postdoctoral scholars to career opportunities in biomedicine and biotechnology. The very successful PhD alumni symposium held in 2003 on stem cells will be replicated in 2004 with gatherings on other topics of strong current interest in biosciences research. And, finally, our efforts to increase the diversity among the ranks of all our trainees will

continue with launching of new programs for achieving this goal in our community of PhD students.

In conjunction with the School of Engineering, we anticipate admitting the first group of graduate students to our new Joint Department of Bioengineering. This is an enormously exciting area and important initiatives are underway to develop a world-class curriculum and, in 2004, to also carry out some key new faculty recruitments to help further develop and support the program.

By the end of 2004, as a result of these and other new initiatives, we expect to have in place at the School of Medicine the key elements of a comprehensive and integrated set of educational and training programs that will provide a truly unique opportunity for our students and trainees to bring science and medicine together to enhance discovery and improve human health.

RESEARCH

With the nascent establishment of our four new School of Medicine institutes in 2003, we are entering 2004 uniquely positioned to pursue a number of truly innovative and important new research initiatives that will further our core mission of translational research and medicine by building on our tremendous record of accomplishment in basic research, an area that will always be the foundation for nearly everything we do.

In 2004 we will identify faculty leaders for the new Stanford Cardiovascular Institute and the Stanford Institute for Immunity, Transplantation and Infection. These leaders will join Dr. Irv Weissman, Karel and Avice Beekhuis Professor of Cancer Biology and Director of the Stanford Institute for Cancer/Stem Cell Biology and Medicine and Dr. Bill Mobley, John E. Cahill Family Professor and Director of the Stanford Neurosciences Institute, in the further development of the programmatic, organizational, resource and implementation plans for the institutes at the School of Medicine. As a result of these efforts, in 2004 we will develop a detailed program for the School of Medicine's next new science building, the Stanford Institutes of Medicine 1 (SIM1), which will provide the essential research space needed to support the initiation of these institutes and their associated departmentally-based collaborators. In tandem with this we are looking toward leasing additional research space off-campus to provide interim support until SIM1 is complete. Moreover, we will reintroduce the topic we discussed last year about developing a second campus for additional deliberation and discussion.

While interdisciplinary research and translational medicine are fundamental activities of all four institutes, they also exist in many other forms throughout the School of Medicine. A number of significant research initiatives planned for 2004 recognize the strengths of these existing scientific relationships and the opportunities arising from them. In the coming year we will be preparing and submitting specific proposals in response to the recently announced NIH Roadmap for Medical Research. These proposals, in a variety of areas including bioinformatics, and training of clinical

investigators, will bring together our unique interdisciplinary strengths, drawing on faculty expertise across the school, in a focused response to selected NIH priorities.

In a related, parallel effort already underway, we are committed to submitting in 2004 our formal application for consideration as an NCI-designated Comprehensive Cancer Center. This application, resulting from many months of effort by faculty throughout the school, will represent a significant achievement for Stanford's cancer-related programs, linking the Institute for Cancer/Stem Cell Biology and Medicine to the SHC Advanced Medicine Center and unifying under a common program diverse set of faculty research interests.

A third important translational research initiative planned for 2004 will seek to strengthen our scientific relationships with the local biotechnology industry. Initiated in 2003 in collaboration with SRI, UCSD and UCSF, the PharmaSTART program will seek and fund a second round of translational drug development applications in 2004. Our continued commitment to this unique program will serve to catalyze inter-institutional collaboration in the areas of drug development and clinical testing

In 2004 we will also pursue the development and implementation of a number of key enabling initiatives that will be critical to the success of our translational objectives. We will move forward this year in the implementation of the clinical trials budgeting recommendations of the joint School-Hospitals-University Translational Research Task Force. The full implementation of these pricing and budgeting procedures is essential to the continued growth of our clinical research programs and is needed in order to comply with a variety of governmental regulations involved in appropriate allocation of clinical research costs. We will undertake the development of a biostatistics and data management plans in 2004 that will ensure the availability of these key resources for our NCI Cancer Center, our Stanford Institutes of Medicine, and all of our clinical research initiatives.

To support our entire research agenda, we will conduct a comprehensive review of our current core facilities and needs and recommend priorities for development with SIM1 and beyond. We will also be developing several new web-based tools to support discussions among the faculty around interdisciplinary research opportunities and to improve public and University knowledge concerning ongoing clinical research activities at the SOM. And, in 2004, we will explore additional mechanisms to foster communication between basic scientists and clinical researchers.

CLINICAL CARE

In 2004 we will continue to work with Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH) to refine and implement those key linkages between our strategic plans that most critical to our mutual success.

The most immediate of these conjoint initiatives will be the activation of the SHC Advanced Medicine Center, the recruitment of a Clinical Cancer Center director and the development of joint program and operating plans between the Cancer Center and the

Institute for Cancer/Stem Cell Biology and Medicine. With the concurrent development of our NCI Cancer Center plans, these coordinated initiatives in 2004 will affirm and enhance Stanford Medical Center's position among the nation's premier cancer care providers. Similar efforts will also be initiated in 2004 to formalize the relationships between our Neurosciences, Cardiovascular and Immunity, Transplantation and Infection Institutes with their clinical counterparts in SHC and LPCH.

In 2004 we will also work with the hospitals to implement new business and professional plans to ensure the on-going availability of Stanford-affiliated physicians. The implementation of recommendations from the current School – SCH – LPCH Clinician Educator Task Force, will be important to our success. At the same time, we will continue to work with LPCH to operationalize and refine the new Pediatrics/Obstetrics Faculty Practice Organization and explore with SHC options for similar practice structures for our adult services. In particular, we are eager to explore more of a “group practice” model.

Developing plans to ensure the necessary amounts and types of appropriate located clinical facilities will be a high priority in 2004. While provider consolidation within the local market will continue to present significant challenges to our necessary patient base, our new, more flexible, faculty and physician staffing models will provide us with new opportunities to respond and create a truly community-based Stanford presence that has here-to-fore been infeasible. In 2004 we will take these new opportunities and translate them into clinical care plans that effectively integrate the needs of both our community service and translational medicine missions.

ACADEMIC AND ADMINISTRATIVE SUPPORT

We will continue to guide the restructuring of our professoriate in 2004 through key initiatives in the areas of improvements in the faculty appointments and promotions process and faculty development programs. To ensure that our decisions to hire new faculty bring as much academic value to the institution as possible within the University's limitations on faculty size, the revised process for faculty search authorizations developed last year will be continued this year, along with its associated billet tracking data systems. We will also evaluate our traditional models for faculty appointments in order to provide more opportunities for joint appointments and other appointments involving geographic or organizational splits.

To ensure that the faculty we have are afforded every opportunity for their academic success, in the coming year we will also introduce a new curriculum for faculty development opportunities targeted to the needs of all faculty at various stages of their careers. In conjunction with on-going improvements to existing faculty mentoring and advising programs, we will ensure that all of our faculty have access to the necessary information and tools to succeed at Stanford. In 2004 we will also introduce new programs and policies designed to address the specific unique needs of women in medicine and science and minority faculty.

Secure and reliable information access and exchange remains an essential element of translational research and medicine and, as such, a high priority of our strategic plan. In 2004, initiatives are planned for our Information Resources and Technology group that will continue to develop a very solid IT infrastructure. To ensure a free flow of information and data between the School and the hospitals and University, IRT will work with SHC and LPCH to implement a shared IT data model, develop a joint SoM/SHC/LPCH IT advisory and communications committee, work with the hospitals and the University to develop shared approaches to IT security threats, and begin implementation of an IT model to support the clinical cancer center. To support the information and data needs of individual and interdisciplinary researchers and clinicians, in 2004 IRT will deploy the School's secure data center service, develop a standards-based translational research data repository, develop a model for an IT core facility, implement a new web-based faculty research database, implement a clinical trials application, pilot a knowledge base at the point of care for clinicians, develop the concept of the clinical informationist, and develop a plan for patient health information. To ensure secure access to data and IT resources, IRT will deploy a network firewall and intrusion detection system, continue deployment of a secure, wireless network, and work toward required April 2005 compliance with the HIPPA security rule.

In 2004, IRT Knowledge Center and Learning Technologies staff will conduct focused strategic plans to further define the nature of these functions within educational and translational missions of the School and will continue to provide program and design input as members of the SMILE project team. And, to better support all users of School information, in 2004 IRT will implement the recommendations of the School's Web Design Task Force to deploy a new web site for the School (which is, in fact occurring today January 12th!), design and implement a School-wide desktop support model, and conduct, in partnership with Finance and Administration, an administrative systems strategic plan.

As our faculty's educational, scientific and clinical interrelationships continue to become more varied and more dynamic, our Finance and Administration staff are committed to developing newer and better ways to deliver the administrative support necessary for the faculty's success. In 2004, Finance and Administration will pilot key elements of a more faculty-focused administrative model that supports the needs of our traditional departmentally based academic units as well as a wide variety of existing and emerging non-traditional units, while more clearly delineating the administrative responsibilities of the units. In conjunction with this effort, we will be introducing a review and approval model for emerging administrative units that will support our need to readily respond to new, and often transient, opportunities while ensuring an on-going alignment of these units with the overall goals of our departments and the School.

In the coming year, F&A will also undertake a thorough review of existing operating, consolidated, and capital budgeting processes with a goal of identifying specific process improvements to streamline, simplify and better align these processes with our organizations and financial management goals. We will also continue our efforts to increase administrative excellence across the institution through the

implementation of new training programs for managers and staff, the establishment of standards of service tied to our mission and the articulation of our core administrative values. The School's staff will continue to review and refine the funds flow models between the School and the Provost's Office and between the School and the hospitals. In addition, our staff will continued to implement the new financial and computing systems developed by the University and to manage and respond to the challenges posed by these changes.

In 2004, to ensure that we are able to attract and retain the high quality staff needed to support the School's objectives, we will also redouble our efforts to create and promote programs contributing to an appropriate work-life balance.

Our strategic efforts in this coming year will also include important continuing and new initiatives in public policy and advocacy, communications and development. Our government-relations office was newly formed in 2003. This year we will build on the newly established contacts and relationships that have been developed to increase our voice as a public policy advocate at the local, state and national levels. This will include an expansion of the health policy speakers' forum that was successfully inaugurated last year and the continued development of a roster of faculty "experts" available to advise on health and research policy issues. In 2004 we will need to keep a close eye on the agenda of the United States Congress, as they intend to consider reauthorization legislation that will closely look at all aspects of the NIH. A similar effort has not taken place for ten years.

With the arrival of Paul Costello on January 6th as our new Executive Director of Communications and Public Relations, in 2004 we will be able to bring a new comprehensive high quality institutional communications plan to bear on our advocacy and development needs. This will be particularly critical to fundraising, as we expect to initiate full-scale fundraising efforts in 2004 for our SMILE and SIM1 projects as well as a broad and ambitious collection of strategic educational and research initiatives.

In summary

It is hopefully clear that a lot has happened during the past couple of years and, even more importantly, that we have lots planned for 2004 and beyond. Without question, our agenda for 2004 is very ambitious. But we have come a long way in just two years and our continued focus on the important work before us, and perseverance toward our goals, will surely bring these plans to fruition. Working together we will all contribute to the successful transformation of medical education at Stanford and the reaffirmation of Stanford Medical School as the premier research-intensive medical school.

New School of Medicine Web Site is Launched

Today, the Office of Information Resources and Technology (IRT) at the School of Medicine launched the first phase of our new Web Site. This new site contains over 3000 redesigned Web pages. The new Web site can be accessed at:

<http://med.stanford.edu/>.

With the leadership of Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, we now have an outstanding beginning of what will surely be a wonderful Web Site for the School of Medicine. Many individuals have worked diligently to bring this first phase to fruition. In addition to Dr. Lowe, I would like to thank in particular the IRT web development staff and especially Michael Halaas (IRT Associate Director for Web Development, in the Division of Systems Development), Kevin Boyd, Richard Renn, Aleya Chakravarti, and Praveen Morusupalli.

The new Web site is a great new beginning and we can look forward to many continued improvements and changes during the next eighteen months. We are off to a great start – and it is a wonderful way to begin 2004!

Stanford's Department of International Medical Services is Re-ignited

I am pleased to relay this important announcement prepared by Dr. Alan Yeung, Associate Professor of Medicine and Co-Director of the Stanford Hospital Heart Center. Per Dr. Yeung, Stanford's Department of International Medical Services (IMS) has re-ignited a successful international outreach program directed at the Asia Pacific Region. The backbone of this program is clinical education programming led by Stanford faculty based on monthly teleconference sessions transmitted live from Stanford to Asian affiliates.

Recent advances and improved telecommunication networks have made the teleconference-based programming a very time and cost effective means for providing educational programming. The current system will support simultaneous participation by up to four foreign sites. For the past three years, IMS has hosted a monthly transmission to Singapore General Hospital, Chinese University (Hong Kong) and Makati Medical Center (Philippines). In January 2004 a second monthly program series will begin with transmissions to three institutions in India.

These sessions begin with a Stanford-led lecture and conclude with a Q&A period. The audiences are made up of clinical specialists in the given field, with an average total attendance (all three sites) of 50 - 100.

The content of the programs is selected by our foreign affiliates. At the beginning of each year, the overseas centers provide IMS Director, Jennifer Sims, with a list of specific topics in which they have an interest. Jennifer cross-references the topic lists from the multiple sites to find common interests and then identifies Stanford faculty with appropriate sub-specialty expertise. I would encourage your participation. Indeed, Drs. Yeung and the IMS Director, Ms. Jennifer Sims, are seeking faculty to participate in these education sessions. If you are interested please contact Dr Yeung (Alan_Yeung@CVMed.stanford.edu) or Ms. Sims (LAMPMAN_J@HOSP.STANFORD.EDU).

Events

- ***First Edward Rubenstein Lecture.*** Thanks to a wonderful contribution from Martha Lee and Tom Parker, a new lecture series honoring Stanford Professor of Medicine Edward Rubenstein was established. On Tuesday evening, January 6th, the inaugural Edward Rubenstein Lecture was given by J. Michael Bishop, Chancellor of the University of California, San Francisco on “Cancer and Double Helix”. It was a spectacular event and I want to thank the Parker family for making this possible and congratulate Dr. Rubenstein for having a important new lecture series named in his honor.
- ***CCIS Kroc Lecture.*** Thanks to Dr. C. Gary Fathman, Professor of Medicine and his colleagues, CCIS and the Kroc Foundation sponsored the lecture on Tuesday June 6th that was given by Dr. Marc Feldmann, co-winner of the 2003 Lasker Award and Head of the Kennedy Institute of Rheumatology at the Imperial College, London. Dr. Feldman gave a wonderful presentation on “Anti-TNF Therapy in Rheumatoid Arthritis: Past, Present and Future”
- ***Community Lecture Series.*** As part of our continuing monthly series of presentations to the community about work being conducted in various departments in the School of Medicine, Drs Mark Hlatky, Professor of Health Research and Policy and of Medicine and Dr. Laurence Baker, Associate Professor of Health Research and Policy, gave a terrific presentation on “Medical Innovation, Rising Costs, and the Health of the Public”. As you might imagine, the presentation engaged the audience in lots of questions and commentaries.

Honors and Awards

- ***Dr. Daria Mochly-Rosen*** was honored on Thursday night, January 7th, at a dinner recognizing her being named as the George D. Smith Professorship in Translational Medicine. It was a lovely event.
- ***Dr. Richard Bland***, Professor of Pediatrics, will receive an honorary Doctorate of Medicine from the University of Uppsala, in Sweden this month. Congratulations to Dr. Bland.

Appointments and Promotions

- **Julie Baker** has been reappointed to Assistant Professor of Genetics, effective 2/1/2004 to 1/31/2007.
- **Mark Genovese** has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 1/1/2004.
- **Deirdre Lyell** has been appointed to Assistant Professor of Obstetrics and Gynecology at the Stanford University Medical Center, effective 1/1/2004 to 12/31/2006.
- **Sandy Napel** has been promoted to Professor of Radiology and, by courtesy, of Medicine, effective 12/1/2003.

- **Jonathan Pollack** has been reappointed to Assistant Professor of Pathology, effective 1/1/2004 to 12/31/2007.