

Dean's Newsletter

April 5, 2004

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Your Input on the Dean's Newsletter is Needed

Having past the 3 year mark on April 2nd (both in tenure at Stanford and initiation of the Dean's Newsletter) I am eager to get your input about how useful this biweekly communication is to you and what suggestions you have to change or improve it. Last week I sent out a brief survey questionnaire to which many have already responded. It takes less than 5 minutes to complete and your response will be most useful in helping to guide the future of the Dean's Newsletter. Please fill out the questionnaire at: <http://med-intranet.stanford.edu/survey/newsletter>. We would like to have all responses in hand by April 12th. Thank you for taking the time to fill out the questionnaire.

US News & World Report Misses the Mark Again

A regular rite of spring is the publication each April of the *US News and World Reports* ranking of American's Best Graduate Schools. As was the case last year, Stanford is ranked 8th among "research medical schools." I do not mean to suggest that being among the top 10 research medical schools in the nation is not something to feel proud about. However, I do mean to suggest that the methodology employed by US News & World Reports (USN&WR) is skewed to evaluate size over quality. This has been an issue that I have raised (so far to no avail) with the editors of USN&WR during the past three years. Specifically, the total amount of NIH funding is the single most important determinant in these rankings – which clearly favors schools that have much larger faculty compared to Stanford. Indeed, we are among the very smallest of the research-

intensive schools of medicine in faculty size. Our current 732 faculty members number roughly half of those at UCSF and less than 10% of those at Harvard for example. That said, for more than 15 years, our faculty who are Principal Investigators have the highest amount of NIH funding *per capita* compared to any school in the nation – a more accurate surrogate measure of quality compared to quantity. Interestingly, a blend of both total funding and funding per investigator is employed by USN&WR in their ranking of engineering schools. If that were done for Stanford, we would almost certainly be in the top 5 – more accurately reflecting our overall quality.

As noted I have communicated my position each year to the editors of USN&WR and plan to visit with them again at the end of April. The magazine proffers that they perform these rankings in order to provide prospective students with a comparative assessment that helps guide their choice of where to attend. That is an admirable goal – but it should also be one that is accurate. I think students can easily assess the size of an institution, but judging quality is more subtle. In the absence of an impact analysis of the scientific contributions of a school's faculty, a comparative assessment of peer-reviewed NIH funding per principal investigator would be a better gauge of quality than overall amount of NIH funding. I hope, of course, that USN&WR will be more responsive in future years than has been the case in the past. It does come down to whether the goal is to provide accurate data or simply sell magazines.

Inaugural Visit by the National Advisory Council

On Monday March 22nd we had our first visit by the National Advisory Council (NAC), which was established well over a year ago. The purpose of the NAC is to provide a critical advisory group to the School and University about the status of the School of Medicine, with a particular focus on whether our strategic initiatives and goals are appropriate and commensurate with the very high standards that must be expected from a university such as Stanford. The NAC spends a day each year examining various programs or initiatives and presents their findings to the Provost and President.

We are fortunate to have an outstanding and diverse group of internationally recognized leaders as members of the School of Medicine National Advisory Council. These include:

- **Dr. Ed Benz**, President of the Dana Farber Cancer Center and Professor of Medicine at Harvard Medical School, who also serves as Chair of the NAC
- **Dr. Elizabeth Blackburn**, Professor of Biochemistry and Biophysics at UCSF
- **Dr. Tom Boat**, Physician-in-Chief of the Cincinnati Children's Hospital and Professor and Chair of Pediatrics at the University of Cincinnati
- **Mr. William A Halter**, Trustee Emeritus, Stanford University Board of Trustees
- **Dr. Dan Lowenstein**, Professor of Neurology at UCSF (and formerly Dean for Medical Education at Harvard Medical School).
- **Dr. William Peck**, Dean Emeritus, Washington University
- **Dr. David Satcher**, Director, National Center for Primary Care, Morehouse College School of Medicine, and past U.S. Surgeon General

- **Dr. Carla Shatz**, Professor and Chair, Department of Neurobiology, Harvard Medical School
- **Dr. William Stead**, Professor of Medicine and Biomedical Information and Associate Vice Chancellor for Health Affairs, Vanderbilt Medical Center
- **Dr. Sam Wells, Jr**, Department of Surgery, Duke University and past President of the American College of Surgeons

Because of schedule conflicts, Drs. Peck and Stead were unable to attend the meeting on March 22nd.

The visit included an overview of the strategic plans and challenges of the School entitled “The Stanford Roadmap to Translating Discoveries,” which I delivered. It provided a context for the “state of the school,” the initiatives we have pursued, some of the accomplishments we have made and the challenges that we face in the years ahead. This was followed by updates on our goals, initiatives and achievements in “Educating Future Leaders in Medicine and the Biosciences.” These were provided by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education; Dr. John Boothroyd, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs; and Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs. The NAC then had the opportunity to have an informal lunch with medical and graduate students that focused on these educational initiatives as well as problems and challenges as seen by the students.

The afternoon session was dedicated to the topic of Enabling Translation and featured presentations on the burgeoning status of three of our new Stanford Institutes of Medicine. These included the Neuroscience Institute at Stanford by Dr. Bill Mobley, Director and Professor and Chair of Neurology and Neurological Sciences; the Stanford Institute for Cardiovascular Medicine by Dr. Bobby Robbins, Director and Associate Professor of Cardiothoracic Surgery; the Stanford Institute for Immunity, Transplantation and Infection by Dr Ann Arvin, Professor of Pediatrics and of Microbiology and Immunology and Dr. Larry Steinman, Professor of Neurology and Neurological Sciences and of Pediatrics. In addition, Dr. Paul Yock, Professor of Medicine and Bioengineering, presented a status report on the new Department of Bioengineering and the Program in Bidesign.

The presentations were each very informative and afforded the opportunity for the NAC to engage in an enlightened and helpful discussion. While their official report will be made to the Provost and President, it seemed clear that the NAC was extremely impressed with our progress to date and our overall orientation toward Translating Discoveries. They were very pleased with the progress made in curriculum development and our plans for educating students in the biosciences and for seeking to integrate scholarship (and scholarly concentrations) into the training of residents and fellows. They also praised the goals and aspirations of the Stanford Institutes of Medicine and the unique and important role they will play in bringing together faculty from basic and clinical sciences, as well as providing an opportunity to the better integrate the school’s work with the rest of the university.

The NAC noted that one of the unique aspects of Stanford is the close proximity of the School of Medicine to the rest of the University. They noted that the opportunities emerging in biology, the biosciences and health care provide an important linkage between the medical school and its sister schools across the university. They were particularly pleased by the larger interdisciplinary efforts underway and felt that these would help make Stanford a true leader and pacesetter for the future. Most importantly, they felt that the steps we have taken to date makes us more prepared than most medical schools to seize the opportunities now emerging and to help shape the future in important and significant ways. This is particularly true because of the overall excellence of the various schools at Stanford – including the School of Medicine.

Overall this inaugural visit was quite excellent and it would seem that the members of the NAC are now advocates (as well as critical advisors) for our future. In the years ahead the NAC will spend time drilling down into more specific areas of opportunity and challenge and, I am certain, will be enormously helpful in making sure that we stay true to our goals and objectives for the future.

Addressing Diversity – A Major Challenge for the School of Medicine

Despite the progress that has been made in some areas, one of our major challenges and goals is to further improve the diversity of our School of Medicine community. Thanks to decades of effort, we have among the most diverse medical student classes in the nation. We are making progress in improving the diversity of our graduate student program but face significant challenges in the diversity of our residency programs and in our faculty composition. This matter will be the focus of a number of future initiatives; I anticipate bringing you updates in future issues of the Newsletter.

In the area of graduate student diversity, this past weekend the School of Medicine participated in the University's Graduate Diversity Admit Weekend. We hosted nine students who have been admitted to the Biosciences graduate programs. The weekend included panel discussions, a luncheon with faculty at the home of Dr. Ellen Porzig, and dinner with faculty, the Provost, and the President. Several of the admits commented that the Graduate Diversity Admit Weekend had made a difference for them and was convincing them that Stanford really is a place they could imagine spending five years doing a Ph.D. Thanks to Kimberly Griffin, Assistant Dean for Graduate Education, and Dr. Ellen Porzig, Associate Dean for Graduate Education, for making this event the major success it clearly was for our Biosciences graduate programs admits

We are certainly not alone in trying to address diversity in medicine and the biosciences. The Association of American Medical Colleges has recently published an update in definitions for diversity and underrepresented minorities and I thought this might be of interest to you. Their report and related conclusions follows.

Issue.

The U.S. Supreme Court decided the University of Michigan affirmative-action admissions cases, *Gratz* and *Grutter*, in the same week that the AAMC Executive Council ratified the new AAMC definition of "underrepresented in medicine." Because of this timing, neither the Executive Council nor the AAMC committee that developed the new definition had the opportunity to consider the implications of the Court's decision for the new definition. This statement is intended to advise schools on the use of the new definition in the context of the *Gratz* and *Grutter* decisions.

Background.

In June 2003, the AAMC Executive Council adopted the following:

"Underrepresented in medicine' means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

This action was taken on the recommendation of a high-level committee following several years of discussion and deliberation. The focus of the committee's work was the continued viability of AAMC's then-current definition of "underrepresented minority" (or "URM") as including only African-Americans, Mexican-Americans, Native Americans, and mainland Puerto Ricans. The re-examination of this definition resulted from: (1) the efforts of persons from racial and ethnic groups not included in the URM definition who sought access to the benefits thought to be available to those categorized as URMs (for example, special recruitment programs) and (2) efforts to make AAMC data congruent with recent changes in data collection practices as described in the federal government's Office of Management and Budget Directive 15.

"URM" has been a key concept in AAMC goal-setting and tracking and also has played a role in establishing eligibility for certain AAMC programs and those of some member institutions and affiliated organizations. Since 1969, the AAMC had articulated a goal of "population parity" for including various racial and ethnic groups in the profession of medicine. Efforts to achieve that goal include the decade-long campaign "Project 3000 by 2000," which sought to reach a level of 3,000 URM students entering medical school by the year 2000.

While the Court rejected the process used by the University of Michigan's College of Arts and Sciences to include race and ethnicity factors in a score on which it based admissions (*Gratz*), it approved the approach adopted by the Law School (*Grutter*). Thus, it is now explicitly permissible--within certain constraints--to take race into account to achieve the educational benefits that flow from a diverse student body.

One of the constraints on a permissible admissions program set out by the Court is the prohibition of "racial balancing" as a purpose. The following passage in

Justice Sandra Day O'Connor's opinion of the Court was cited repeatedly by the dissenters:

The Law School's interest is not simply "to assure within its student body some specified percentage of a particular group merely because of its race or ethnic origin."(quoting from *Bakke*) That would amount to racial balancing, which is patently unconstitutional.

Consequently, because striving for "population parity" is tantamount to seeking a goal of "racial balancing," both the AAMC and its member medical schools must avoid this formulation as the animating force of our efforts. Instead, institutional language and thinking about the purpose of affirmative action must focus on the educational benefits of diversity. Using this concept, and consistent with the Court recognizing the military and business communities' need for a diverse workforce and leadership cadre, the AAMC views the educational benefits of diversity as including its contributions to improving both the cultural competence of the physicians our schools educate and improving access to care for underserved populations.

Status of the "Underrepresented in Medicine" Definition.

The revised AAMC definition accomplished three important objectives:

1. A shift in focus from a fixed aggregation of four racial and ethnic groups to a continually evolving underlying reality. The new definition accommodates including and removing underrepresented groups on the basis of changing demographics of society and the profession.
2. A shift in focus from a national perspective to regional or local perspective on underrepresentation.
3. Stimulating data collection and reporting on the broad range of racial and ethnic self-descriptions.

Conclusion.

The AAMC definition revised in 2003 should assist medical schools in understanding and responding to their local circumstances. However, in its reference to "underrepresentation," the new definition may be viewed as encouraging "racial balancing," which is expressly prohibited. For this reason, it can no longer serve the intended purpose fashioned for it pre-*Grutter*, namely, as the driver of institutional admissions policies.

Rather, medical schools should base their admissions policies on an explicit articulation of legitimate aspirations: to achieve the educational benefits of a diverse student body, including enhancing the cultural competency of all the physicians it educates and improving access to care for underserved populations.

Adopted by the AAMC Executive Committee, March 19, 2004

While these comments and reflections are helpful, it is important to remember that Stanford's community is really national and so a broader interpretation of what is considered "under representation" will need to be taken.

Very Successful AAALAC Review

The University was officially informed by the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) that the results of the recent review and site visit of the animal programs at Stanford were outstanding. Based on the review, the AAALAC Council commended Stanford and its staff "for providing and maintaining a high quality program of laboratory animal care and use. Especially noteworthy were the level of facility maintenance, husbandry and sanitation; the excellent administrative support provided to the Administrative Panel on Laboratory Animal Care (A-PLAC); the effective operations of the A-PLAC, assisted by the involved and dedicated community membership; the proactive comparison of grants to A-PLAC approved protocols; the extremely knowledgeable and dedicated veterinary leadership, which supported a collegial atmosphere between the investigative staff and the administration; and the excellent environmental enrichment and medical management programs for animals ranging from nonhuman primates to rodents." This is an excellent review and I want to express my appreciation to Dr. Linda Cork, Chair of the Department of Comparative Medicine, and to the faculty and staff, for doing such a stellar job.

I would not be surprised, however, if many readers were unfamiliar with AAALAC and its importance to animal research and investigation. To provide background information, I am including below some of the materials AAALAC provides on its web site about why accreditation is so important.

Here are the top reasons why 650 research institutions in 18 countries have earned AAALAC accreditation...

It represents quality

Organizations and companies look for ways to communicate their commitment to excellence. In the scientific community, AAALAC accreditation shows that an institution is serious about setting, achieving and maintaining high standards for animal care and use. Around the world, AAALAC accreditation is recognized as a symbol of quality.

It promotes scientific validity

When scientific research involves animals, reliable results *depend* on superior animal care. AAALAC accreditation engages scientists, managers and administrators in an independent, rigorous assessment of their institution's animal

program--an assessment that ultimately results in better research practices and outcomes.

It's a recruiting tool

AAALAC-accredited institutions use their accreditation as a recruiting tool to attract the best and brightest researchers and professors. Talented professionals look for high-quality programs, and accreditation assures potential employees that the institution is dedicated to achieving the highest standards for animal care and use.

It demonstrates accountability

Today, companies and organizations involved in animal research are held to very high levels of accountability--by their own constituents and the general public. Although animal research is a controversial issue for some, most people support biomedical research if it's conducted in a humane manner. Accreditation through AAALAC is voluntary, and demonstrates a willingness to go above and beyond the minimums required by law. It tells the public that the institution is committed to responsible animals research.

It provides a confidential peer-review

Accreditation requires an institution to first perform its own self-evaluation (an extremely valuable management exercise). Next, a team of highly qualified professionals provides a confidential, on-site evaluation of the institution's animal care and use program. The independent review assures management that the research program is maintaining high standards. The assessment also helps them learn how they can achieve even higher levels of good animal care and quality research.

It impresses funding sources and research partners

Many private biomedical organizations, including the American Heart Association and the Cystic Fibrosis Foundation, strongly recommend that grantees using animals in their studies be part of an AAALAC-accredited program. Government agencies such as NIH, NASA, the Department of Defense, Veterans Affairs and the National Science Foundation see AAALAC accreditation as a commitment to program excellence. Both private and public funding sources view accreditation as an assurance that animal use will be justified and humane, and that appropriate regulations and policies will be followed.

It shows a real commitment to humane animal care

Accreditation shows the world that an institution is serious about its commitment to humane animal care. It's an investment that delivers the benefits outlined above and much more. Please call for more information on AAALAC International accreditation request information online.

Being Conversant with Research Compliance

Because Stanford is a research-intensive university, there are many research-related rules, policies, terms and conditions, and regulations. Representatives from the Research Management Group, Internal Audit, Property Administration and Office of Sponsored Research have launched a 1-hour "Compliance Roadshow." The purpose of the "Compliance Roadshow" is to offer updates to faculty and staff on the current focus of our sponsors as well as to touch on compliance concerns that appear to create opportunities for improvement here in the School of Medicine or university-wide. We all recognize that compliance may sometimes slow things down or appear burdensome but hopefully the Roadshow will provide some awareness and simplify your understanding. Contact Kathleen Thompson in the Research Management Group at klt@stanford.edu or 725-0661 if you'd like to invite the "Compliance Roadshow" to a faculty or staff meeting in your department.

More on the NIH Roadmap

On March 19, Dr. Jeremy Berg, Director of NIGMS at the NIH, spoke about the NIH Roadmap at the at the Chemistry and Genomics Symposium held by the Department of Molecular Pharmacology. He described the rationale for developing the Roadmap, the process by which it was developed, and he outlined its major components.

As you now likely know, the Roadmap grew out of concerns about how to address the rapid and revolutionary changes in science, the increasing breadth and growth in scientific missions, the complexity of the NIH organization itself, and the increasing US expenditures on health care (\$500/yr/person) versus biomedical research (\$80/yr/person). Jeremy Berg emphasized that the Roadmap is not just for translational research; it is also meant to support fundamental, core areas. He quoted NIH Director Zerhouni's comment that, "You can't translate if you don't understand." The imperative for the Roadmap is to accelerate the pace of science.

The Roadmap was developed through extensive consultation. In a nutshell, the Roadmap is:

- A framework of priorities
- A vision for a more efficient and productive system of doing research
- A set of initiatives for improving health

The Roadmap has three major themes:

1. ***New Pathways to Discovery***, which aims to deepen our understanding of the daunting complexity of biological systems;
2. ***Research Teams of the Future***, which focuses on how to build interdisciplinary and multidisciplinary research groupings as well as other, novel ways of organizing the doing of scientific work;
3. ***Re-engineering the Clinical Research Enterprise***, which addresses the need to recast the entire system of clinical research in this country

The New Pathways to Discovery, in turn, consists of five working groups:

1. Molecular Library and Imaging
2. Building Blocks and Pathways
3. Structural Biology
4. Bioinformatics and Computational Biology
5. Nanomedicine

Dr. Berg described each of these themes and working groups. He emphasized that the NIH Roadmap is a work in progress, and he encouraged the audience to keep current with the initiatives and funding opportunities available through the Roadmap through its web site, www.nihroadmap.nih.gov. “Look at it early and look at it often,” he advised. Thanks to Dr. Berg and the Department of Molecular Pharmacology for this opportunity to learn more about this critically important NIH initiative.

In addition, as I noted in the March 8th issue of the Dean’s Newsletter, an email-based notification announcing new NIH Roadmap opportunities is being distributed to all faculty on a weekly basis. We will also be launching a web based interactive message board where faculty with interests in these various grant opportunities can identify one another and organize responses as they see fit. This message board will be available to all Stanford faculty.

Finally, I am pleased to announce that Chris Webb has joined the School as Interdisciplinary Grants Development Manager. Chris’ job will be to help organize and assemble large multi-faculty, multi departmental grant applications. He will be available to assist on grant applications involving collaborations between SOM faculty and faculty in other schools. Chris can be reached at 736-2968, or at cdwebb@stanford.edu.

Executive Committee: Managing the Professoriate for the Future

Stanford has many extraordinary features that make it excellent and unique and that have propelled it into the top echelon of American universities. But it also has some significant constraints and limitations, at least two of which impact the School of Medicine and Biosciences. These are constraints on space and, in the future, potential limitations on faculty size.

As I have noted previously Stanford is among the smallest of the research-intensive medical schools. Our size offers a number of opportunities but, given the changes in bioscience and academic medicine, it also poses some challenges. I have, in various forums, discussed the current very severe limitations we have on research space at the medical school. In the short run we are hoping to remedy this by renting laboratory space off-campus. While that might provide some relief, it is far from ideal since one of the things that has made our medical school special is the access and interactions that faculty and students have with each other – within the medical school – and perhaps even more importantly, with colleagues in other schools throughout the university. Hence, I would prefer that off-site research space be a short-term solution and that the ultimate one be new research space on campus. As I have delineated in other communications, we hope that this will be initially addressed by building the Stanford Institutes of Medicine

(SIM) #1 during the next several years. However, our overall space issues will not be fully reconciled until we are able to construct SIM 2 and 3 – both of which are at least 10 years in the future and, under any circumstance, are subject to limitations in space availability through the General Use Permit (GUP). But no matter how one looks at it, limitations on the availability of research space are impacting our opportunities for new and exciting scientific pursuits – and seem likely to continue to do so. We have recently re-opened the discussion about whether we should seek to develop a “second campus”, and while this may ultimately be necessary, it is still my view that it would result in a loss of the interconnectedness that makes us unique.

The second major issue that potentially impacts our future is the size and composition of our professoriate. As I have communicated previously, we received last year a cap on the number of Academic Council and Medical Center Line faculty of 900. As of February 1, 2004, we have 732 faculty at Stanford (which includes faculty at the VA and other off-site locations as well). While this seems to leave a delta of 168 potential faculty positions, the situation is more complicated due to searches underway or recently completed and to commitments of positions to departments or institutes. Indeed, if all these were to come to fruition (and no one left or retired) we could potentially exceed the cap. However, that will not happen – both because of the reality that some faculty will leave, some searches will not be completed and, perhaps most importantly, we will manage the pace of new faculty recruitments.

There are additional issues of concern based on the assessments of our current faculty profile and the trends that have occurred during the past decade. One is that our faculty is aging, underscoring the importance of recruiting assistant professor level faculty as vacancies and opportunities arise. Another is that we need to assure the replacement of and indeed an increase in the number of Investigator (UTL) faculty, particularly in our clinical departments. At the same time we need to better manage the distribution of faculty and focus more closely on the recruitment of Clinician Educators as opportunities permit. And, as mentioned previously in this Newsletter, we need to improve the diversity among our faculty, especially in underrepresented minorities.

To help us better manage the entry, exit and distribution of faculty now and in the future, a model has been developed in collaboration with biostatistics faculty, that can track and predict trends. At our Executive Committee meeting on Friday, April 2nd, David O’Brien, Director of Institutional Planning, presented an initial analysis of the model and how it might help us in the future to better manage faculty positions and the professoriate. As is true for any model, it is heavily dependent on the assumptions that are made, and we are examining an array of those – guided by the need to stay within the cap but also cognizant that we are able to influence the distribution of faculty profiles. Based on the data that has been accrued, the immediate conclusions follow the observations made above. Namely, we need to be thoughtful about the distribution of faculty positions within departments and between our large mission areas – Investigators (UTL), Clinician Scholar/Investigator (MCL) and Clinician-Educator. As noted, it is imperative that we expand our junior faculty through the recruitment of assistant professor level faculty. It is also imperative that we increase the numbers of Investigator (UTL) faculty throughout

the school and particularly in clinical departments, to reverse a trend that has emerged during the past decade. We also need to assure that we have the right complement of Clinician/Scholars/Investigators to facilitate our mission in translational research and the correct number of Clinician-Educators to assure that our patient care mission is fully met– and seem likely to continue – impacting. There is no doubt that this will need to be an iterative and well-coordinated process and that it will require vigilance and management during the years ahead. The new model will help – but careful oversight and proactivity among our school leaders will be the most important thing we can do. Quite obviously, this will be a topic that we will revisit regularly.

The Third Quarter Begins for First and Second Year Students with New Opportunities

With the beginning of the Third Quarter, our First Year Students began the new organ/system based curriculum under the banner of “Human Health and Disease,” and our Second Year Students began their preparations for entry to the Clinics with “Clinical Problem Solving.” I had the opportunity to welcome the students to these significant new phases in their education, to thank them for all that they had done in making the year to date so exciting for the faculty and their respective colleagues and to encourage them to continue to attend classes. While it is possible to review classes on streaming video, there is no substitute for direct involvement. I strongly encourage our students to engage with faculty and their fellow students by active class participation. We are all eager for this to take place.

Media Training

As recognized medical experts, School of Medicine faculty members are often called upon by the media to talk about their work or provide comment on new developments in their respective fields. But it requires skill, experience, and understanding of the media to conduct an effective interview, whether it’s for a print or a broadcast outlet. The Office of Communication and Public Affairs is offering two workshops for faculty members to provide them with guidance on dealing with the media and on the most effective methods for getting their message across.

Faculty can opt for one of two introductory workshops, held on Friday, April 30 from 1:30 p.m. to 3:30 p.m. and Thursday, May 6 from 9:30 a.m. to 11:30 a.m. Both workshops will be held in CCSR Room 4105. Coffee, sodas and snacks will be available. More extensive media training, in which participants will practice their skills on camera, will be offered to interested faculty at a later date.

Faculty members who plan to attend one of the introductory workshops should RSVP by Monday, April 26 to Jocelyn Baluyut, 723-6911, jocelynb@stanford.edu.

I strongly encourage faculty to participate in these media training opportunities.

Awards and Honors

- **Dr. Ajay Chawla**, Assistant Professor in the Department of Medicine, has been awarded one of the three 2004 Charles E Culpeper Medical Scholar Awards from the Rockefeller Brothers Fund. This is a highly competitive award and Dr. Chawla's selection is evidence of his accomplishments to date and academic promise for the future. Congratulations to Dr. Chawla.
- **Dr. Irv Weissman** will be awarded the 2004 New York Academy of Medicine Medal for distinguished contributions to biomedical research. The Award will be presented at the annual Spring Stated Meeting of the Fellows on May 24. Congratulations (once again) to Dr. Weissman.

Appointments and Promotions

- **Laura Attardi** has been reappointed to Assistant Professor of Radiation Oncology and of Genetics, effective 11/1/2004.
- **Nicholas Denko** has been reappointed to Assistant Professor of Radiation Oncology, effective 11/1/2004.
- **Aaron Straight** has been appointed to Assistant Professor of Biochemistry, effective 4/1/2004.
- **Mylene Yao** has been appointed to Assistant Professor of Obstetrics and Gynecology (Reproductive Endocrinology and Infertility) effective 4/1/2004.