

Dean's Newsletter

October 18, 2004

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Continued Thoughts About Clinical and Translational Research: *Juxtaposition of Stanford's Annual ACCESS Meeting and a Meeting with the NIH Director on a Vision for the Future of Clinical Research*

On Monday October 4th I delivered the Keynote Address at our Annual ACCESS Program, which was focused on "Innovations in Clinical Research" (ACCESS stands for Academic Consortium for Clinical Excellence in Scientific Studies). Within 24 hours I also participated in a small think tank-like meeting, arranged by Dr. Elias Zerhouni, Director of the NIH, to engage a small number of medical school leaders and NIH directors to discuss "Clinical Research: A Vision for the Future." It was an interesting coincidence and juxtaposition that offered some examples and illustrations.

In my ACCESS address I highlighted the interrelationships between our Stanford School of Medicine Strategic Plan "*Translating Discoveries*" (<http://medstrategicplan.stanford.edu/>) and the NIH Roadmap (<http://nihroadmap.nih.gov>). In particular I pointed out the areas of overlap and interconnection between our strategic planning efforts, which formally began in the Fall of 2001, and the announcement of the NIH Roadmap in 2003. Indeed, I pointed out that I had shared the first iterations of *Translating Discoveries* with Dr. Zerhouni soon after he became Director, as he and other NIH leaders were beginning to formulate the Roadmap. In particular I highlighted what we have been doing at Stanford to help create the future rather than to simply react to the changes and forces around us. As you may recall, our School of Medicine strategic plan is multi-factorial and includes planning activities in each of our primary missions

(education, research and patient care) in tandem with changes in enabling resources in the areas of finance & administration, information technology, communications, advocacy, and philanthropy. Emanating from this agenda, our overarching goals have been to:

- **Be a leader** in the movement to reform and rejuvenate the educational and career development of physicians and biomedical innovators.
- **Transform the future** of biomedical, translational, and clinical research and education by fostering novel collaborative alignments between basic and clinical scientists, clinicians, and educators throughout the University, as well as with public and private partners worldwide.
- **Earn the public's trust** and respect as a premier medical school through outstanding patient care and academic medicine.

To accomplish these goals we have sought to bring our community of basic and clinical faculty closer together. In doing so, we have attempted to align our goals and missions and to improve translational research through the development of our four Stanford Institutes of Medicine and more recently, the three enabling Centers that I have described in recent Dean's Newsletters (http://deansnewsletter.stanford.edu/archive/10_04_04.html#1). We have also sought to align basic and clinical science through our New Stanford Curriculum for medical students and through programs to enhance clinical training for graduate students and fellows.

In my ACCESS presentation I also provided an overview of the NIH Roadmap whose fundamental goals are to:

- Accelerate basic research discoveries and speed translation of those discoveries into clinical practice, and
- Explicitly address roadblocks that slow the pace of medical research in improving the health of the American people.

In particular, the NIH is committing approximately 1% of its budget to foster and enhance translational research in the three key areas of:

- ***New Pathways of Discovery*** -- e.g., developing molecular libraries and imaging probes; creating building blocks, biological pathways and networks; structural biology; bioinformatics and computational biology; nanomedicine.
- ***Developing Research Teams for the Future*** -- e.g., exploring new organizational models for scientific teams that are multidisciplinary and interdisciplinary but that seek to preserve the investigator(s)-initiated strategy.
- ***Re-engineering the Clinical Research Enterprise*** -- e.g., developing new partnerships that link patients, community-based health providers and academic researchers and that lower the bar to innovation

During the past year the NIH has created a number of Roadmap initiatives and Stanford has been successful in competing for a number of them. If you are interested in more details, I am posting the slides I used in my ACCESS presentation for your review ([add presentation link here](#)).

The meeting I then attended in Bethesda attempted to step back and ask what additional approaches might be considered to enhance clinical research in the 21st Century. The discussion was based on a strawman proposal that had been developed at an earlier internal NIH leadership

retreat. It asked whether “the creating of new Departments of Clinical Sciences (or Departments of Translational Sciences) could potentially provide the field and Academic Health Centers with a consolidated platform from which to address and resolve the many cultural, organizational, and economic barriers to such research in the academic environment.” There were numerous underpinnings to the strawman, and the goal of the meeting was not to reach a conclusion but rather to explore the options, as well as to learn about approaches already underway at selected academic medical centers. Because this topic is so relevant to our own school-wide efforts, I wanted to share some of the observations I took away from this meeting.

First, although a limited number of schools were represented (Baylor, Case-Western Reserve, Duke, Harvard, John Hopkins, Illinois, Minnesota, Penn, Pittsburg, Stanford, UCSD, UCSF, UT Southwestern, and Vanderbilt) several things were notable:

- First, each medical school or center is engaged in planning and implementation of various initiatives to enhance or develop clinical research. Some of these are relatively new whereas others have been ongoing, in some cases for a number of years.
- Second, the various undertakings at different schools all reflect an institutional commitment to enhance clinical research and all require institutional support. In no case is the clinical research initiative an entity that provides net revenue to the school or medical center.
- While there are various degrees of partnership with industry (and the recognition that industry is more advanced in its clinical research enterprise) there was almost always the perspective, among the participants, that it is important to assure that the clinical trials being done in academic settings are high quality and have strong scientific underpinnings – and that they **not** be “clinical research organization” (CRO) in quality.
- Among the most established initiatives is the Duke Clinical Research Institute (DCRI), which includes a broad cross-disciplinary critical mass, provides infrastructure and resources (including portions of grant indirects), and provides training and career development. The DCRI arose from a strong cardiovascular clinical trials base but has now become an institutional resource with its own facility. It will expand to include ambulatory clinical research and a Phase I unit dedicated to “experimental medicine.” However, the DCRI is not a department and there is no intention of moving toward that kind of structure. Moreover, a perceived strength is that the DCRI is not departmentally based but is cross-disciplinary.
- A newer model just being developed at UT Southwestern has created a Department of Clinical Research (thus coming closest to the NIH strawman proposal) that seeks to provide a home for all involved in clinical research. It too is cross-disciplinary and seems to thrive on that basis. However, this model seems to be diminishing, at least at this juncture, the interactions between clinical and basic science faculty.
- As an alternative, the model at Vanderbilt is built around an enhanced role for the General Clinical Research Center (which is engaged in training as well as clinical research) and a very strong program in informatics.
- The evolving model at UCSD is seeking to create a “college of integrative health sciences” that has foundations in an Institute for Molecular Medicine, as well as an interesting partnership model with biotech through Transmed and the goal of bringing together resources in advanced imaging, ambulatory clinical research and associated laboratory programs.
- Other programs concentrate their efforts on teaching and training. For example, UPitt has a clinical research training program for medical students that it is trying to make comparable to the traditional MSTP program for MD/PhDs who pursue careers in basic

science. Vanderbilt and Hopkins both have programs that help foster and support fellows or junior faculty to pursue careers in clinical research by providing training and financial support.

I was pleased to learn about the various types of programs being developed at various centers around the country and to also note how far we have come at Stanford – even though we have a long way to go. There is one fundamental factor, which I emphasized in my own comments, which I think is important, certainly for Stanford. Namely, while there is no question that we need to develop the infrastructure support to further enhance translational and clinical research, I strongly feel that it would be a mistake to separate and potentially isolate our basic and clinical faculty and investigators. Indeed, an overarching goal in *Translating Discoveries* is to bring these communities closer together. We are moving forward towards this goal in many ways, such as the following:

- Aligning faculty within the School and across the University in our Stanford Institutes of Medicine (including Cancer/Stem Cell Biology, Neurosciences, Cardiovascular, and Immunity/Transplantation/Infection) and linking them to the comparable clinical centers at SHC and LPCH.
- Further fostering our faculty alignment through the enabling Centers for Genomics/Genetics, Informatics, and Imaging, which are intertwined with each of the Stanford Institutes of Medicine.
- Creating alignments with the broader University through the new Department of Bioengineering (joint between Engineering and Medicine), through BioX and through other new initiatives being developed across the University (e.g., in the areas of the environment and of international affairs).
- Further developing the infrastructure and support to enhance clinical research, including institutional innovation grants that bring together faculty from different schools to explore new pathways or that align basic and clinical investigators to address new problems in translational medicine.
- Redefining our education programs to develop scholarship, leadership and, where appropriate, a concentration in clinical research. This initiative includes efforts to better connect undergraduate medical training with postgraduate programs in order to foster development of physician scientists. It also includes the development of enriched training for graduate students, such as the establishment of new joint degree programs. The latter will be addressed via the Commission on Graduate Education recently appointed by President Hennessy.

Clearly one of the current strengths is the diversity of pursuits at different academic medical centers. There is not, nor should there be, a “one size fits all.” Rather, innovations and experiments at different institutions are and should be carried out in ways that engage their unique cultures, and hopefully, foster and stimulate clinical and translational research. In my comments at the NIH meeting I stressed that a Department of Clinical Research (the strawman proposal) was not consistent with the goals we have laid out at Stanford, but that I recognized it may be appropriate for other schools or centers. Gathering experience and outcome metrics on how these various programs are working during the years ahead may be one of the most important things we can do.

With the NIH Roadmap, the NIH is already directing resources to enhance clinical research. Given the funding limitations now before us, I spoke against adding additional dollars and in favor of reprogramming resources from within the Roadmap allocation to help foster

innovation. Indeed, among my own recommendations was the creation of an innovation fund, analogous to the NIH Director's Pioneer Award, which could be made available to institutions that were pursuing or developing novel approaches to fostering clinical research (Parenthetically, I also emphasized the importance of not further altering the funds available in the RO1 pool – which are now all too limited for new and competing grants).

Although it should be underscored that the NIH leadership is exploring different options and that no immediate conclusions are at hand, it is very encouraging to know that they are seeking input about new directions and that many centers, including Stanford, are already exploring and implementing interesting innovations in clinical research.

Draft of the Integrated Clinical Plan for the Stanford University Medical Center

Over the past couple of months, Martha Marsh, President & CEO of Stanford Hospital & Clinics, Chris Dawes, President & CEO of Lucile Packard Children's Hospital, and I have been working on "An Integrated Clinical Plan for the Stanford University Medical Center: The School of Medicine, Stanford Hospital and Clinics and Lucile Packard Children's Hospital at Stanford." We reviewed the draft document with President Hennessy on September 27th and with the Medical Center Committee of the Board of Trustees on October 11th. The draft plan reviews the individual school and hospital goals as well as the overarching goals and objectives of the Medical Center as a whole beginning with our shared vision:

- To create knowledge through research and innovation
- To educate future leaders in medicine and the biosciences
- To translate discoveries in medicine into efficacious, efficient, and cost-effective clinical care
- To improve the health of patients with state-of-the-art diagnosis and treatment

A number of factors lie behind the development of this plan, including the following:

- SUMC is fundamentally an academic medical center, and it derives its unifying purpose from the educational and research/innovation missions.
- The rapid pace of change in the health care environment requires our strategic plans for academic and clinical services to remain flexible while still providing a guiding vision for SUMC.
- Essential to the success of SUMC is the development and implementation of a sustainable business model that ensures support for on-going programs as well as opportunities for investment in new programs and facilities.
- Limitations on space and faculty size are recognized explicitly as challenges that will make the translation of strategic plans into successful operational initiatives a complex undertaking for all three entities.

We note in the plan the importance of focus, given our overall size and location. Accordingly, the clinical strategies within the draft plan delineate selected clinical services to be emphasized based on talent that currently exists or that is slated for recruitment in conjunction with market strategies and the requisite internal and external management initiatives associated with their success. Concurrently, the Stanford Institutes of Medicine (http://deansnewsletter.stanford.edu/archive/10_04_04.html) have the goal of bringing together faculty from basic and clinical science to translate discoveries from the research laboratory to the

patient. Each of the four Institutes (Cancer/Stem Cell Biology, Cardiovascular, Immunity/Transplant/Infection, Neurosciences) is closely linked to a clinical center of excellence (or service line) at SHC and LPCH. Thus, they provide a unifying theme for aligning faculty and clinical programs with the goal of improving the diagnosis, treatment or prevention of disease. Further, the Stanford Institutes of Medicine and their related clinical programs will differentiate Stanford from other medical centers and providers, especially when coupled with outstanding quality of care and patient service.

We also note in the draft plan that although SHC and LPCH exist in a single medical center, they are distinct providers, occupying different positions within the health care marketplace. For example, SHC is both a teaching hospital and a community hospital. It must therefore attend to its local market as well as the much larger regional, national, and international markets that are required to support the tertiary and quaternary services associated with its academic mission. On the other hand, as a specialty children's hospital, LPCH serves a much larger patient base with a predominant focus on tertiary/quaternary care through relationships with many different provider networks and health care systems. Similar to SHC, LPCH's obstetric and general pediatric services provide support to the local community and as such require LPCH to be responsive to community needs and standards.

The draft integrated plan also addresses what is one of our major shared challenges – space and facilities. We have been working on an integrated master facilities plan that also represents an accommodation to the often conflicting demands of strategic program plans, aging facilities, regulatory requirements, the extraordinary value of contiguous on-site growth and the limited capacity for additional growth on the Stanford campus (due to the General Use Permit and other political realities). Accordingly, the school and hospitals are developing plans that include both on-site development and moment of services and functions off-site.

Clearly, the strategic and financial health of the two hospitals and the School of Medicine are critical to each other's well being. Each engage annually in strategic financial planning processes that coordinate strategy, capital planning, operations, and investment management. The expense base of each hospital includes mission-based payments to the school that augment professional fee revenues and help ensure that the necessary complement of physicians and clinical faculty are available and, ideally, paid at competitive rates. The school's annual operating clinical expenditures and strategic investments include the physician, staff and infrastructure costs associated with the adult ambulatory practice as well as the research and development costs of clinical innovation critical to the success of the hospitals.

The Stanford University Medical Center is a true academic medical center, one in which the research, education and clinical care missions of the school and the hospitals are, by design, interdependent. As such, this draft integrated clinical plan seeks to craft a means to achieve the success of each institution and of the medical center as a whole.

School of Medicine-Stanford Hospital & Clinics 2005 Initiative

The School of Medicine and SHC are cooperating in a clinic initiative whose purpose is to improve the quality of patient service. This is a most important effort aimed at incentivizing clinical departments and services leaders, faculty and staff to work with SHC to improve the patient experience. Under the guidance of Drs. Jerry Shefrin (Vice President, Ambulatory Care) and Joe Hopkins (Clinical Professor of Medicine, Family & Community Medicine), three cluster areas will be addressed over the coming year. These include:

1. Supply & Demand Management
2. Waits & Delays in Clinic
3. Telephone Services

I want to both add my strong support for the clinic initiative and encourage faculty and staff to lend theirs as well. In addition to the areas noted above, a program for improving communications with referring physicians will also be introduced in the 2nd Quarter of 2005.

Profile of Our New Graduate Student Class

I asked Ellen Porzig, Associate Dean for Graduate Education and Associate Professor of Developmental Biology and Human Biology, to provide an update on our new class of graduate students. Per Dr. Porzig, the entering class of graduate students is the largest and most diverse in the history of Stanford Biosciences Ph. D. programs. The 120 new students have come to Stanford from more than 75 universities and colleges around the world, including Argentina, Bahrain, Columbia, Great Britain, India, Mexico, Romania, Singapore, Turkey, Taiwan and Uruguay.

Currently, the first year graduate students in the Biosciences Programs are in their initial lab rotations and are also taking courses. For several quarters students rotate through 2 –3 laboratories before deciding upon the lab where they will conduct their thesis research. Students have the option of choosing a laboratory from among 200 faculty in basic science and clinical departments.

Two of the most popular courses this quarter are Advanced Genetics (taught by Tim Stearns, Arend Sidow, Greg Barsh and Stuart Kim) and Biological Macromolecules, (taught by Jody Puglisi, Steve Block, Dan Herschlag, Karla Kirkegaard, Chris Garcia, Vijay Pande and David McKay).

To encourage new interdisciplinary collaborations between graduate students and medical students there are several new courses being offered this quarter, including: Multi-modality Molecular Imaging in Living Subjects, Project Class in Biomedical Informatics, Chemistry of Biological Processes, and Computational Analysis of Biological Images. New offerings later in the year include: Egg to Embryo: Basic Science and Clinical Approaches to Infertility (Winter Quarter) and Current Concepts and Dilemmas in Genetic Testing (Spring Quarter).

Dr. Porzig also reports that efforts are being made to foster more social interactions and friendships among the Ph.D. students and the M.D students including Ice Skating Party for the new students on the outdoor ice rink in Palo Alto this coming Friday evening October 22nd. That there is actually ice in Palo Alto is worth a visit in its own right!

Web-based System for Clerkship Evaluations

At the October 15th Executive Committee meeting, Dr. Myriam Curet, Associate Professor of Surgery, offered an introduction to the new Web-based clerkship evaluation system. The new system is the result of the efforts of a Working Group consisting of Sam LeBaron, Neil Gesundheit, Elizabeth Stuart, Char Hamada, Rex Chiu, Arthur Johnson, Arghavan Salles, Elizabeth Langer, ChaRandle Jordon, and Rebecca Trumbull, in addition to Dr. Curet.

By way of background, Dr. Curet pointed out that we have not done well historically in evaluating our students. More specifically, our Medical Student Performance Evaluations (MSPEs) are inadequate. As a result, too high a percentage of our students are not getting the residency interviews they desire, and they are not matching into the programs that they and we believe should be the case. Among the problems identified in the current clerkship evaluation system include inconsistency across sites and evaluators, as well as extensive turnaround time. There are insufficient direct observations of students and a lack of feedback and narrative comments to the students. Overall, the goals and objectives of clerkships are not clearly articulated.

The system Dr. Curet and her colleagues is introducing includes new evaluation forms as well as an emphasis on direct observation, timely and appropriate feedback, and useful narrative comments. Additionally, web-based tutorials have been developed for evaluators, clerkship directors, and students. These tutorials have been completed and may be found at http://med.stanford.edu/clerkship_eval/.

To implement the new system, I have prepared a letter to everyone who needs to take one of these tutorials to inform them that completing it is mandatory. The clerkship coordinators will distribute this letter and will track tutorial completion. Clerkship directors and department chairs will reinforce the importance of completing the tutorial. It will be crucial to have 100% compliance in implementing this new system.

It is extremely important that we improve our student evaluation processes, and the new clerkship evaluation system is a critical first step. Thanks to the Working Group for tackling a very important School issue and for developing this much needed change in how we evaluate our students.

Fourteenth Annual Jonathan J. King Lectureship Features Human Fallibility in Medicine

On Tuesday October 12th, Dr. Atul Gawande delivered the 14th Annual Jonathan J. King Lecturship reflecting on his personal experiences as a young surgeon. Dr. Gawande has distinguished himself as a scholar, clinical investigator and writer. A graduate of Stanford, Dr. Gawande received his MD and MPH degrees from Harvard. He is also the author of *Complications: A Surgeon's Notes on an Imperfect Science*. If you haven't read this book already I would strongly recommend you do so.

Fall Forum on Community Health and Public Service

On Monday October 11th, the Third Annual Fall Forum on Community Health and Public Service was held in the Arrillaga Alumni Center. These events are the result of student advocacy, and they provide opportunities for them to share highly diversified research and community focused projects, which are both local and international in scope with each other and with faculty and staff. This year's Fall Forum included poster sessions as well as selected oral presentations. In addition, a keynote address was given by Dr. America Bracho, Executive Director, Latino Health Access, Santa Ana, on "The Role of Doctors in the Health of their Communities." I want to thank Shari Chavez, SMS V and Lauren Cochran, SMS II for their work in coordinating this year's Fall Forum. As evidence of progress, Community Health and Public Service was one of our original Scholarly Concentrations; and, in fact, this past year, was one of the most popular.

Stanford Hosts the California Tissue Engineering Annual Meeting

Thanks to the leadership of Michael Longaker, the Deane P. and Louise Mitchell Professor in the School of Medicine, and his colleagues, Stanford hosted the California Tissue Engineering Annual Meeting, which brought together investigators from throughout California to address the burgeoning field of tissue engineering and its relation to developmental biology and stem cell biology. This is truly a very interdisciplinary area of basic research that also has the opportunity to contribute important insights and applications to clinical medicine. It is also an area that is bringing together faculty from our Departments of Surgery and Developmental Biology as well as other departments along with the School of Engineering. Tissue engineering promises to be a fruitful area of research and has already been recognized by a recent NIH Award.

Exchanging Thoughts About School of Medicine Strategic Planning

On October 14-15th I had the opportunity to serve as the “Visiting Dean” at the University of Michigan (UM). Several years ago Dr. Alan Lichter, Dean at UM, initiated this program to foster an exchange of ideas and experience among deans and schools and academic medical centers. During this visit I gave a formal presentation about the status of our Stanford School of Medicine Strategic Plan *Translating Discoveries* and our current efforts in implementing our planned initiatives in education, research, patient care, communication and advocacy. I also had the opportunity to meet with deans, faculty leaders and students at Michigan and compare notes on how we are each trying to solve the problems challenging academic medical centers. While we share a lot in common we certainly have a number of important differences in size, focus and expectations. But there is much we can learn from each other. Among the areas in which I believe Michigan has succeeded well is the funds flow relationship between the school and hospital. Their accomplishment in this area is perhaps best exemplified in their cancer center, but is likely to be relevant to other school-hospital relationships and this is particularly notable in their ambulatory programs. It is my hope that we can benefit from some of their experiences. More will follow on this topic in subsequent Newsletters.

Transforming the Lane Medical Library into the Knowledge Management Center

At the October 15th Executive Committee meeting, Debra Ketchell, Lane Library Director and Associate Dean for Knowledge Management, Office of Information Resources & Technology, provided an update on strategic planning and accomplishments since her arrival at Stanford in June, 2003.

Ms. Ketchell reviewed the vision of the biomedical knowledge management center (KMC) as a hub of knowledge and learning, virtually and physically, to support world-class patient care, research and learning. This vision centers on the user: saving time, fostering collaboration, enabling discovery, informing decisions, crossing traditional discipline boundaries and students, and embedding knowledge in everyday workflow. The strategic initiatives of the KMC are shaping into five areas: 1) developing a transparent digital library of knowledge sources and services available anytime, anywhere; 2) creating smart interfaces and search tools that put knowledge in context at the point of care, research or learning; 3) developing a collaborative learning hub that facilitates navigation and manipulation of knowledge content; 4) designing smart, collaborative learning spaces for students, trainees and instructors; and 5) developing a research program.

Ms. Ketchell also reviewed the accomplishments over the past year. Over 65% of our journal collection is now online with a goal of 80% in 2005. Over 460 new titles are now available back to volume 1. Almost 100% are available through a simplified NetID authentication for off-campus access. The new library website was released in late August. The new site sports the look and feel of the broader School site. A key organizing feature is the clinician and researcher portal, which initiates the library's effort to focus on user roles and personalization. Each of these portals includes a metasearch across multiple content sources that break down the compartmentalization of information by vendor package or agency. The metasearch approach is in part a "googlization" focuses on searching and allows the user to get started without knowing which particular content "bucket" would be most relevant. In addition, a bioresearch and a clinical "informationist" will be recruited for the next development phase.

Another new feature of the library website is finding online articles. The new PubMed@Stanford and Article Finder provide direct linking to all journal articles available in Stanford licensed content through an open standard article identification resolver. Previously, PubMed users were matching only about 60% of our total online collection and only searching the biomedical journal titles. If online isn't available, a link to print holdings or a interlibrary loan request form are offered. The ArticleFinder search on the eJournals page searches over 11,500 titles licensed across all Stanford libraries.

One of the cornerstones of building digital services and tools is the library liaison program launched last September. This program matches a dept, class or unit with a librarian who is a personal guide to customized updates, instruction, collection advocacy, and input for developing services. The same approach is used to support instructors developing digital content and instruction or training in the new tech-enabled classrooms. In addition, the library evaluated its instructional program over the past year and is refocusing on knowledge skills training. New initiatives include a scholarly research series in partnership with the Office of Postdoctoral Affairs, modeling course modules with the Dept of Surgery to that address the ACGME information management core competencies, and embedding information management skills in the Practice of Medicine course in the medical curriculum.

Ms. Ketchell also highlighted recent physical changes in current learning spaces, including the renovated Fleishmann and M classrooms, which provide flexibility for new teaching modalities. Learning space planning is now the work of the new Educational Technology group that became part of the knowledge management center in July. Library spaces have also been updated. The 24x7 student computing lab has new equipment and furniture, wireless access is available throughout, stacks came down, and new user spaces with comfortable furniture and electrical outlets for notebook users are now regularly in use. In development for January are a multimedia development lab to support faculty in developing new teaching using digital content and technology and a gateless entry to the library that includes a single help desk. These changes are opportunities to design the space and function of the new Learning and Knowledge building. Ms. Ketchell concluded that the emerging Knowledge Management Center it is all about getting the right knowledge, at the right time, to the right person, in the right context.

Ms. Ketchell and the entire staff of Lane Library have made enormous progress over the past year and are continuing to make huge contributions to all aspects of the School's work. The chairs expressed their appreciation for these efforts, as do I.

Another Season for the Bing Luncheon Series

On October 6th we opened another year of the Bing Luncheon Series. Since 1972 Helen and Peter Bing have hosted a luncheon presentation in Los Angeles that features a Stanford faculty member. Over the years a diverse and distinguished group of faculty has participated, four times each year, in this series that is now well regarded. This year's opening speaker was Dr. Sandra Horning, who reviewed the remarkable progress that she and her Stanford colleagues, most notably Dr. Ron Levy, have made in developing new insight into the diagnosis and treatment of lymphomas. The Stanford team has pioneered a number of innovative approaches using immunotherapy, chemotherapy, radiotherapy and molecular diagnosis, and risk stratification. These are all wonderful examples of translational research, and Dr. Horning's presentation provided the Bing Luncheon attendees a special perspective on the important role Stanford plays in biomedical research as well as the impact of this research on patient care and outcomes.

Next Presentation of the Medicine for the Community Series

On Wednesday evening, October 6th, members of the Stanford and neighboring communities were invited to another lecture in our Medicine for the Community Series. This session featured presentations by Alan Schatzberg, Kenneth Norris Jr. Professor and Chairman of the Department of Psychiatry and Terrance Kotter, Associate Professor of Psychiatry and Behavioral Sciences and Chief of the Bipolar Disorders Clinic. Dr. Kotter provided an informative review of the linkages between creativity and mood disorders and Dr. Schatzberg reviewed the current and future approaches to the treatment of these disorders. The presentations were very well received by an enthusiastic community audience.

This free event represents an opportunity for faculty to communicate with our neighboring community about advances in science and medicine and the important role that Stanford is playing in generating new knowledge as well clinical interventions.

The next presentation of the Medicine for the Community Series will be on Wednesday, November 3rd at 7:00 p.m. Dr. Margaret Fuller, Chair, Department of Developmental Biology, will lecture on *Regenerative Medicine: A Hope for the Future* in the Clark Center Auditorium.

Lucile Packard Children's Hospital Leadership Forum

On Tuesday October 12th Chris Dawes, CEO of LPCH, and Dr. Ken Cox, Chief Medical Officer and Senior Associate Dean for Pediatric and Obstetric Clinical Affairs, hosted a semi-annual Leadership Forum that brought together faculty leaders and senior administrators from both the school and the hospital. This year's Forum featured poster presentations on key initiatives and accomplishments related to improvements in patient service, quality of care, customer processes, program planning, and financial management. Coupled with this were presentations on departmental updates (e.g., maternal-fetal medicine) and on some of the anticipated clinical and facilities challenges. I had the opportunity to address the group on "Forging a Successful Academic Medical Center Enterprise: The Stanford University School of Medicine and the Lucile Packard Children's Hospital." LPCH, still a young institution, has made great strides during the last several years. While important new programs have been established, many through the recruitment of stellar faculty, this rapid progress has been accompanied by considerable work-stress throughout the institution. Managing that stress and engaging the LPCH and SoM community in assuming proactive leadership roles are enormously important at this point in the institution's eye. Efforts such as this Leadership Forum provide an important way to

overcome barriers and foster the kind of interactions that are necessary to make LPCH and SoM as successful as they can be. In the end, this will translate to enhancing discoveries and innovations and ultimately making them available to improve the lives of children.

Awards and Honors

- ***Stanford Faculty Elected to the Institute of Medicine of the National Academy of Sciences:*** On October 18th two Stanford faculty members learned that they had been elected to the prestigious Institute of Medicine. They include **Dr. Rob Malenka**, the Nancy Friend Pritzker Professor in Psychiatry and Behavioral Sciences; **Dr. Bill Mobley**, John E. Cahill Family Professor in the School of Medicine and, by courtesy, of Neurosurgery and Director of the Neurosciences Institute at Stanford; **Dr. Mark Davis**, Burt and Marion Avery Professor in Immunology; and **Dr. Andrew Fire**, Professor of Pathology and of Genetics. Congratulations to all.
- ***The Neonatal Education Award in Perinatal Pediatrics*** has been awarded to Dr. David Stevenson, Senior Associate Dean of Academic Affairs and the Harold K. Faber Professor of Pediatrics. This award is given annually by the Section of Perinatal Pediatrics of the American Academy of Pediatrics to an individual for recognition of outstanding contributions in neonatal-perinatal medicine for health care students, professionals and the lay public. Congratulations Dr. Stevenson.
- ***The Karl Musshoff Prize*** has been awarded to Dr. Saul Rosenberg, the Maureen Lyles D'Ambrogio Professor in the School of Medicine. This award is for extraordinary scientific merits related to research in Hodgkin's Disease. Dr. Rosenberg received his award at the Sixth International Symposium on Hodgkin's Disease in September. Congratulations Dr. Rosenberg.

Announcements

- ***Grant Teaming Opportunities in Translational R&D:*** On Monday, November 1st at 1:00 p.m., representatives from SRI and the PharmaSTART program will give a presentation on NIH grant teaming opportunities to accelerate Drug Development by funding translational research and development activities. This presentation will address the challenges and opportunities arising from the changing funding landscape and the growing awareness of the potential role of the universities to accelerate drug development. Refreshments will be served at 12:00 p.m. prior to the presentation in Munzer Auditorium.
- ***New Director of Continued Medical Education Appointed:*** Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, recently announced the appointment of Joshua Callman as our new Director of Continuing Medical Education (CME). Please contact Mr. Callman if you have any questions, plans or proposals for CME. He can be reached at 723-7286 or at jcallman@stanford.edu.