

# Dean's Newsletter

## August 9, 2005

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### **Planning the Future of Stanford University and the School of Medicine**

Since it was founded in 1891, Stanford has become one of the great universities of the world. At its core, the excellence of its faculty and an outstanding student body define what makes Stanford truly great. While scholarship, discovery, innovation and education characterize some of the central components of the university of the past, the future will be increasingly defined by how a university creates knowledge to improve the human condition. Because Stanford has the unique advantage of housing all of its seven Schools (i.e., Business, Earth Sciences, Education, Engineering, Humanities and Sciences, Law and Medicine) on a single campus, the opportunities for interaction among faculty and students are wonderful. Coupled with a spirit of entrepreneurship and a remarkably broad interest in interdisciplinary research and education, Stanford is poised to serve as a leader for the 21<sup>st</sup> century. Defining areas of overarching interest and interaction that will lead to improvements in human health and well-being has been the work of Stanford University leadership and faculty during the past several years. This work is now culminating in several major themes for the future. Among these are: Conquering Infection and Improving Human Health; Sustaining the Environment; Preventing Terrorism and Improving the Human Condition; and Educating Leaders for a Diverse and Complex World.

At a recent meeting of the Executive Cabinet - which includes the President, Provost, and School Deans - the leaders of the Stanford Environmental Initiative gave an update of their planning to date. As I described in an earlier Dean's Newsletter, the genesis of the initiative was a group of committed faculty from across the University who came together in recognition of the urgent global sustainability challenges facing our world, the need for collaborative and interdisciplinary research to address these challenges, and the strengths we have at Stanford to do just that. The initiative has evolved to the point where it now defines itself as a University-wide Environmental Initiative with a new entity, the Stanford Institute for the Environment, as its centerpiece.

The new Institute's mission is to help societies around the world learn how to meet the demands of their populations for water, food, health, energy, and other vital needs while protecting and nurturing the ability of our planet to meet the needs of people

today and in the generations yet to come. Institute faculty are currently developing strategic programs related to their mission and related goals. The Institute hopes to encourage governments, businesses and non-governmental organizations to apply environmental technology to problems, to use science-based expertise to identify solutions, and to develop interdisciplinary degree programs and leadership training for the next generation of leaders. Programs are being formed to develop new ways of conservation, generate sustainable solutions to global hunger, develop and promote the next generation of climate change solutions, and develop practical energy efficiency technologies and policies. There are plans to create new professorships, increase graduate student support, and secure funding for a dedicated building. And while the focus is clearly on achieving a sustainable environment, the linkage of this initiative to human health is also evident and will also likely develop more formally in the years ahead. Clearly these are very ambitious goals - I will provide further updates as the Environmental Initiative and Institute plans evolve.

Of course, the broad Initiative on Conquering Disease and Improving Human Health falls more specifically within the scope of the School of Medicine, and we have been working diligently to foster an exciting agenda for the future. Along with the initiatives in Bioengineering and Bio-X, we have been crafting our planning around the Stanford Institutes of Medicine and the Comprehensive Cancer Center. Both the institutes and the cancer center will link our basic and clinical faculty as well as colleagues from across the university in cross-disciplinary research and education. Our goal is to foster innovation and translate discoveries to our clinical partners at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Indeed, during the past two years we have made tremendous progress in defining these initiatives and, more recently, in codifying the resources that will be necessary to bring them to fruition. I will be presenting our integrated plans to the next Executive Cabinet meeting on August 24<sup>th</sup> and hope that this will generate considerable discussion and further refinement of our plans and goals. I will be eager to share these with you in future newsletters.

### **Continuing to Support the Pipeline for Diversity**

Summer is a time when the School of Medicine's long tradition of helping minority and disadvantaged high school and college students learn more about science and medicine truly shines. Over the years a number of exciting and important programs have continued to offer these students an in-depth opportunity to learn more about themselves and how to prepare for a successful future. Among the notable programs are the Stanford Summer Research Program in Biomedical Science (SSRP), the Early Matriculation Program and the Health Careers Opportunity Program (HCOP) sponsored by the Stanford University School of Medicine Center of Excellence.

On Friday July 30<sup>th</sup>, I had the opportunity to attend the HCOP Celebration of Achievement Ceremony. This summer program has been led by Program Director Dr. Ron Garcia and Associate Director Kathryn Fitzgerald. This year 22 students from colleges and universities across the nation attended HCOP. They spent six weeks learning about anatomy and cell biology as well as the processes involved in applying to medical

school and pursuing a career in the health sciences. Based on student comments and presentations, perhaps the most important thing they achieved was learning more about themselves and each other and fostering their sense of self-esteem. It was clear that each of the students who attended left with greater self-confidence and a greater resolve to follow their dreams and to succeed.

I want to thank the efforts of our faculty, students and staff in making these programs successful. They are each playing an enormously valuable role in helping a future generation to succeed.

### **Addressing Diversity More Broadly**

In addition to the programs that help foster and stimulate a future pipeline of minority and disadvantaged students to become the physicians and scientists of tomorrow, we have another challenge to address. Namely, given the reasonably high level of diversity in our medical student class and increasingly in our graduate students (both as a result of committed efforts by faculty leaders over the years), we are still not doing anywhere as well as I would like in the diversity of our faculty. Indeed, this is true also for our resident trainees and postdoctoral fellows. While we are clearly training an outstanding and diverse medical and graduate student body, these students leave Stanford upon graduation, and this break in the pipeline at Stanford has a negative effect on the diversity of our postgraduate trainees and fellows. And clearly we are not doing enough to successfully attract minority graduates to our resident and fellowship programs and to our faculty. It was this concern that prompted me to launch a focused effort to enhance diversity through the office of a Senior Associate Dean for Diversity and Leadership. During the past several months Dr. Hannah Valentine, the first incumbent of this important position, has been working with thought-leaders across the School to develop a plan to help overcome these imbalances and to enhance the diversity of our broader community. I will be happy to share that plan with you in the months ahead as it becomes more final.

In addition to recruiting more diverse postgraduate trainees and faculty, it is also clear that we need to work more diligently to assure that the environment at Stanford and the School is conducive to supporting a diverse community. Based on the Report of the Quality of Life survey commissioned in 2003 by the Provost's Advisory Committee on the Status of Women Faculty, we are in need of continued improvement, especially in meeting the challenges of work demands, particularly for our clinical faculty and for women and minorities. (The entire report of the Provost's Advisory Committee on the Status of Women Faculty may be found at: <http://www.stanford.edu/dept/provost/womenfacultyreport/PACSWF.pdf>). This too is another area that requires addressing and I am certainly committed to seeing us make progress in improving this in the future.

### **Money Matters**

While the summer quarter seems to bring an air of quietude to the rest of the University, the School of Medicine and Medical Center has been in overdrive since

Commencement in mid-June. In addition to the fact that July is really another beginning of a new year for academic medical centers thanks to the arrival of new interns, residents and fellows, summer also represents a time for finalizing budgets and related money matters in anticipation of the beginning of the next fiscal year – which occurs on September 1<sup>st</sup>.

During the past weeks the School of Medicine consolidated budget – which for FY06 is just over \$1 billion – has been finalized across all departments, institutes and administrative units in support of the School's missions in research, education, and patient care and related support services. As in recent years, we will continue to be in an investment mode, which means using unrestricted reserves to help launch important new programs and Institutes. This has been a tactical decision since it is also clear that unless we can demonstrate progress in the early development of exciting programs we will not be successful in leveraging them for major future investments from philanthropic sources.

As we did last year, we face the delicate balance between the need to support our ongoing missions in education and research, both of which require funds above and beyond those we receive from research grants or tuition, and the necessity to invest in new programs, in the recruitment of new faculty and in the significant capital needs we have now and will have going forward. Because there are more needs than resources available to support them, we need to think boldly, but also with some fiscal conservatism to assure that we stretch as far as we can go – but not beyond our supply lines.

Of course finding additional sources of support is critical if we are to be successful. As an academic medical center and university, the current financial sources available come from tuition payments (which cover only about 50% of the cost of education), research grants and contracts (which cover only about 75% of the actual costs), and patient care revenues. The latter have been increasingly challenged in recent years – although it is important to note that the Medical Center's clinical programs (hospital and clinics) have performed significantly better than might have been expected during the past three years. Additional financial revenue sources for the School of Medicine include payout from endowment, patent income and gifts. As is frequently the case, each of these sources operates somewhat autonomously and can be impacted by factors outside our control.

For example, while Stanford has done exceedingly well on a per faculty basis in competing for research dollars from the National Institutes of Health (indeed we are number one in the nation in this metric), we are concerned about the current decreases in the NIH research budget, which will, if the current trend continues, mean a risk of decreased funding for basic and clinical research from public sources. And, as noted already, even with full funding from the NIH, the School still needs to add 25-30% of the dollars to make the research operations whole. Similarly, while we are certainly pleased with the current performance of the clinical programs, we recognize that this cycle of improved revenues can, and most likely will, change in the years ahead because of modifications in Medicare or reductions in payments by providers along with the

increased cost for drugs and technologies. So anticipating these changes is important – along with doing all that we can to compete successfully and alter or change adverse policies or programs.

Thankfully we seem to be on a better track in raising philanthropic dollars. While the FY05 fiscal year still has three weeks to go, we have already exceeded the record number of dollars raised in 2001. With the changes now taking place in the Office of Medical Development along with the integrated fundraising plans developed over the past year between the School and Stanford Hospital & Clinics (SHC), and between the School and Lucile Packard Children's Hospital (LPCH) and the Lucile Packard Foundation for Children's Health, I am very optimistic that we will see significant advances in this important activity in the years ahead. Of course this is critically important given the very large fundraising targets that the School has for programmatic development as well as facilities – especially the Learning and Knowledge Center and the Stanford Institutes of Medicine #1. Both of these facilities are critically needed, and I hope both will be completed by 2009. But to get that accomplished we will need major new gifts as well as the use of School (as well as department) reserves along with other sources of cash. These two projects are critical to our missions in education and research, and since our very future depends on them, we will have to work collaboratively to achieve them – despite the obvious sacrifices that may be involved.

On another positive note, we are very close to finalizing the plans for a new funds flow model with the leadership at SHC, the basic conceptual outlines of which I reviewed in the February 22<sup>nd</sup> issue of the Dean's Newsletter. The new model will be actualized in the FY06 fiscal year. It will be reviewed in mid-August by the SCH Board of Director's Finance Committee and at the end of August by the full Board. Hopefully this new model – which creates an effective alignment between the School, faculty and hospital - will be much more successful than its predecessors. While the discussions have naturally had their challenges, I am appreciative to the SHC leadership for working collaboratively. While the new model is not perfect and will certainly require adjustments over the years ahead, it is much more rational than anything we have had up to now.

Another important activity we completed during June and July was the annual comprehensive review of faculty compensation. Indeed, based on the recommendations from department chairs, members of the Dean's group and I reviewed, as we do each year, the base, variable, administrative supplement and incentive component for every faculty member in the School. We do this to assess equity across faculty ranks, specialties and gender, and in regard to performance expectations. We also engage in comparisons with national benchmarks. Our report is advisory to the Provost, who has the final authority in approving faculty compensation. We do all we can to achieve the highest degree of fairness and integrity in this process.

These money matters are of course critically important to all of us. While we seek to be mission based, and we certainly view the School as different from a traditional business, the reality is that when there is no money, there is no mission. So finding that balance becomes crucial. My goal, of course, is to have sufficient financial resources to

fund our programmatic initiatives, capital requirements and faculty compensation. While I certainly recognize the need for – and am seeking – additional sources of funds, we are still fortunate to have access to the resources we do at Stanford. And while money certainly matters, so do the many intangible resources that exist at Stanford – particularly our outstanding faculty, exceptional students, wonderful staff and the high degree of engagement and interaction with our partners in the Medical Center and across the University. Those factors matter a lot as well.

## **Reducing Peak-Hour Traffic On-Campus**

The Provost has requested that all Schools examine the commuting practices of their faculty, staff and students, and develop plans to reduce peak-hour vehicle traffic. In a memo to members of the University Cabinet and University Management Group (UMG), he explained: "As you may know, we are required by the General Use Permit (GUP) to maintain a traffic level with no net new commute trips during peak morning and evening commute times. In 2001, we performed a study to determine a traffic baseline. Twice each year, we must repeat the study to determine if traffic has increased over the baseline. The good news is that, in spite of a significant increase in the number of university employees since 2001, we have managed to keep the number of commute trips below the baseline, thanks to the excellent job Parking and Transportation Services has done creating and marketing alternative transportation programs.

The bad news is that the last traffic study shows us very close to the limit imposed by the GUP, and the trends suggest we will soon exceed it unless we act aggressively."

The Provost goes on to ask that we take an initial step to identify commuting schedules of SOM members, which we have created a survey to address. The survey is very short--less than 3 minutes. We need virtually all faculty, staff and students to participate in order to have a full understanding of our current situation. If you have not already completed the survey, please immediately access the survey at <http://med.stanford.edu/survey/traffic>. You only need your SUNet ID and password in order to complete it. In addition, awards of \$100 are being offered for the five most original and creative ideas for reducing peak-hour traffic.

The Provost has many suggestions for reducing "trips, "which you may find helpful:

- Encourage commuting employees who live close by to walk or bike to work and enjoy the added health benefits that will result from this change.
- Offer appropriate employees the opportunity to adopt alternative work schedules, including 7 a.m.- 4 p.m., 7:30 a.m.- 4:30 p.m., or 9:15 a.m.- 6:15 p.m. Obviously, the employee's supervisor must first agree that the alternative schedule is consistent with job requirements in the office. Flex-time, staggered work hours or compressed workweeks may also work for certain employees and offices.
- Encourage employees to participate in one of the alternative transportation incentive programs:

- The Eco Pass, which offers free transit on VTA buses, light rail, the Dumbarton Express and Highway 17 Express to eligible Stanford employees who work 50 percent or more.
  - The GO Pass, which offers free transit on Caltrain to eligible Stanford employees who work 50 percent or more.
  - The East Bay Express (AC Transit's Line U), which provides free express service from the East Bay (connecting with BART and the ACE Train in Fremont) to the university.
  - The Commute Club, which provides cash rewards up to \$160 (\$204 effective Sept. 1) to employees who agree not to purchase parking permits, as well as many other benefits, such as free hourly Enterprise car use, the Guaranteed Ride Home program, and reserved carpool and vanpool parking
  - The Vanpool Program, which provides numerous financial incentives for new vanpools.
- Recognize the constraints that may be placed on the work schedules of employees who commute to work by public transportation.

Please complete the survey yourself, encourage others to do so as well, and remember that as we improve our "trip" level, we are also improving the environment, the parking situation, traffic, and in some cases our own health!

Thanks to those of you who have already completed the survey!

## **Awards and Honors**

**Karl Deisseroth, M.D., Ph.D.**, Assistant Professor of Bioengineering and Psychiatry, is one of four recipients who has been awarded a Technological Innovations in Neuroscience Award for 2005-2007 by the McKnight Endowment Fund for Neuroscience. The awards pay \$200,000 over two years for research projects that seek to advance the field of neuroscience by developing new tools and techniques enabling deeper understanding of the brain.

**Keith Humphreys, Ph.D.**, has been appointed to the Committee on Care of Veterans with Serious Mental Illness by the Department of Veterans Affairs Undersecretary for Health Jonathan Perlin, M.D. The Committee works closely with the VA Secretary and Undersecretary, and the U.S. House and Senate Veterans' Committees, to monitor and improve the quality of mental health care in the VA system.

**Steven L. Shafer, M.D.**, Professor of Anesthesia at Stanford University and Adjunct

Professor of Biopharmaceutical Science at the University of California, San Francisco, has been appointed by the Board of Trustees of the International Anesthesia Research Society to be the next Editor-in-Chief of the medical and scientific Journal, *Anesthesia & Analgesia*.

## **Appointments and Promotions**

- ***Tracy George*** has been appointed to Assistant Professor of Pathology, effective 8/01/05.
- ***Geoffrey Gurtner*** has been appointed to Associate Professor of Surgery, effective 9/01/05.
- ***Peter Hwang*** has been appointed to Associate Professor of Otolaryngology, effective 8/01/05.
- ***Richard Lafayette*** has been reappointed to Associate Professor of Medicine (Nephrology), effective 8/01/05.
- ***Maria Millan*** has been appointed to Associate Professor of Surgery, effective 8/01/05.
- ***Mindie Nguyen*** has been appointed to Assistant Professor of Medicine, effective 8/01/05.
- ***Stanley Rockson*** has been reappointed to Associate Professor of Medicine, effective 11/01/05.