

Dean's Newsletter
October 3, 2005

Table of Contents

- Science and Medicine: The Converging Impacts of Public Perception, Money, Faith and Trust
- Welcome to Our Incoming Biosciences Graduate Students
- Update on Medical Education
- Continuing Success of the Biodesign Innovation Program
- University Programs on Work-Family Balance
- Next Step is the LCME Visit
- New NIH Research Opportunity in Translational Research
- New Mandatory Training in Human Embryonic Stem Cell Research
- GUP Traffic Survey Results
- Respectful Workplace Initiatives
- Events
 - Thomas J. Fogarty Lecture: Focus on Innovation
 - Stanford Synapses: A Meeting of the Minds
 - Presentation of the Adalyn Jay Chief of Staff Directorship
 - California Institute for Regenerative Medicine Symposium on Stem Cell Research
- Awards and Honors
 - Three More Pioneers
 - Dr. Karl Deisseroth
 - Dr. Pehr Harbury
 - Dr. Tom Rando
 - One More MacArthur Fellow
 - Dr. Pehr Harbury
- Upcoming Events

Science and Medicine: The Converging Impacts of Public Perception, Money, Faith and Trust

A number of factors have been converging recently that are shaping the state of medicine and health care in the United States. Among these are the remarkable scientific discoveries of the second half of the 20th century and their impact on the practice of medicine as we know it today and as we think about it for the future. These form the fundamental underpinnings of modern medicine. However, along with these advances are the negative public perceptions of health care that are influenced by spiraling costs, limitations in access and concerns about quality and safety. Adding to these perceptions is the challenge by some faith groups to selected high profile areas of science that is occurring side-by-side with ethical violations, sometimes bordering on deceit, by the broader medical profession. Increasingly these convergences are being played out on the world stage, and they raise many questions about how we can – and should – find the path that will secure the future of the medical profession and the health of our nation.

During the post- World War II era, the biomedical research community in the USA, fueled by the expansion of the National Institutes of Health, grew in size, complexity and impact. Scientific progress has been remarkable, and we now have roadmaps to better understand the fundamental underpinning of life. Moreover, we can image and visualize biological functioning and use vast new bodies of information to compare and contrast human and non-human species and their evolution. Fundamental science has also led to significant and lifesaving or life-extending treatments for major human disorders that can be monitored and measured by sophisticated new technologies. And the promise for future knowledge acquisition is remarkable, especially with the increasing confluence of the life, physical, engineering and computational sciences. In these areas Stanford has played a major role to date and can be a leader for tomorrow.

Even while this progress unfolds, changing perceptions about science and medicine challenge and even threaten current progress and future opportunities. Among the most significant forces is the rising tide of anti-science sentiment that seems to have its nucleus in Washington but which extends throughout the nation and indeed the world as it follows political, religious and ideological channels. This sentiment has been expressed around now familiar themes: stem cell research; appointments to scientific advisory committees and leadership positions in federal scientific and regulatory agencies; and attempts by congress to criminalize certain types of research or to override peer reviewed funding proposals that conflict with religious or ideological positions. The anti-science sentiment is not simply political or even partisan and is being witnessed across all major religions, perhaps as an expression of the increase in fundamentalist thinking and a consequent more anti-secular perspective. The recent outcropping of “intelligent design” in the science curricula of schools and even college campuses is highly concerning – and is now brought directly into the broader public attention with the trial in Dover, Pennsylvania which recalls issues of some 80 years ago when the Scopes trial questioned evolution.

Moreover, the public perception of medicine as a profession has been altered by the negative impact of managed care and of the attempt to use market forces to deliver medical care. This attempt has resulted in a focus on the price of care and the need for greater physician “productivity” – not infrequently at the expense of the time necessary to forge successful doctor-patient relationships. Added to this is the ever- increasing cost of care and of insurance, which have been fueled further by the rising costs of drugs in the USA. In addition, the public has become more aware of the financial and proprietary incentives motivating some large pharmaceutical companies that have sometimes resulted in selective reporting of clinical trials – or even in the suppression of the publication of negative results. These revelations, not surprisingly, have increased the level of public discontent with the medical and pharmaceutical enterprise.

Recent reports of conflict of interest by physicians, scientists, medical institutions, big pharma, etc., have only further damaged and challenged the public trust. Of course this is happening at the same time that most American citizens are reeling under the spiraling costs of their health care insurance payments. Ironically, despite the fact that the USA spends more on per capita health care than any developed nation (now above 15%

of the GDP), on a population basis, the metrics of health care do not show the USA as a leader in outcomes other than for the amount spent on administrative overhead! Health care costs are driven by multiple factors, notably including technology, pharmaceuticals and administrative costs. It is reasonable to ask whether more spending would improve the quality of care and its availability. From my point of view that seems doubtful. Rather, it seems more important to control costs more rationally by using quality measures and evidence of benefit from technology rather than price competition. It is equally important, though, to develop mechanisms that make care more broadly available, so that we do not move even farther down the path of becoming a nation with different standards of care for those who can afford it versus those who cannot.

It is also important to recognize that these issues, including the impact of religion and faith as well as the economics and delivery of health care, are being played out on a global stage. This is certainly made clear by emerging infections and both natural and inflicted disasters. It is also accompanied by the shifting of technologies in a manner compatible with Tom Friedman's thesis that "The World is Flat." For example, the decision to withhold federal funding for embryonic stem cell research that moves beyond the August 9, 2001 limitations set by President Bush has shifted the development of this emergent research to other nations, most notably South Korea, China and the UK. While we have an opportunity to reverse this trend in California through the California Institute for Regenerative Medicine, the lawsuits that have been filed on largely ideological grounds have prevented the funding of Institute programs, with all the obvious consequences.

Interestingly, a similar shift of technology is also resulting in patients leaving the US to receive care rather than coming here, as was the case during recent decades. For example, specialty hospitals in India can perform selected procedures for a much lower cost yet with high quality outcomes. Clearly, the dominance of the USA in science and medicine is being threatened and eroded. While the impact to date is still small, the door has been open for additional migrations to occur in the years ahead.

So we are clearly at a crossroads. While we are investing considerable public as well as private funds in science and medicine, a number of political, faith-based and ideological forces are altering public perception and trust – and the outcomes of our current programs, not to mention the potential success of future programs. If the current patterns continue they can threaten our leadership in science, technology development and health care delivery. Certainly this is a time when individuals – and, where appropriate, institutions – need to speak up and change the agenda and its outcomes.

To begin, we must do all we can to assure that we sustain our investment in science. The current flattening of the NIH budget is highly concerning and is already resulting in a dropping success rate and lowering levels of grant support. History has taught us that we can lose a generation of young faculty if they are not able to compete successfully for the shrinking pool of NIH dollars. This can be made even worse if the NIH reauthorization, which could happen in the next congressional session, results in greater centralization of funding and fewer funds available for the RO1 pool. This is an

issue I am actively working on; we will likely need your help and support as it evolves over the next several months. Naturally I will keep you apprised of this issue.

I believe we also need a radical change in our health care system. This was the topic of a recent issue of *Stanford Medicine* (see <http://mednews.stanford.edu/stanmed/2005winter/>). Whether we can accomplish this in a timely way or on a national basis is unclear. As an alternative, local or state explorations seem a prudent alternative. The current employee-based insurance mechanism is too expensive and quite erratic in its success. I have previously commented that we should be exploring alternatives, including a single-payer system, the voucher program recently championed by Dr. Victor Fuchs, or an extension of the Federal Health Benefits Program as recently promoted by former Assistant Secretary for Health, Dr. Julie Richmond. In tandem with such changes, there needs to be much broader public responsibility for health care and an awareness that wellness requires life style accommodation and change. The current epidemic of obesity threatening both adults and children is a good example of the need for personal and societal accountability. Both individuals and the broader society need to change to prevent the obvious morbidities that will arise from a lack of attention and action directed to reversing this epidemic. Other examples could be mentioned as well.

Without question we also need to address more directly the anti-science positions being taken in local and state communities as well as in national and federal settings. Some of this response needs to come from more forcefully challenging ideological positions based on politics and religion. These include positions that result in: legislation that would criminalize certain forms of research (e.g., somatic cell nuclear transfer); appointments to federal committees or positions; and positions by federal agencies that are not concordant with scientific data. Casting doubt on the efficacy of condoms to prevent infections and inordinately delaying the approval of Plan B contraception, despite the recommendation of a science based FDA advisory group, are examples of the latter. That said, it is incumbent on us to understand better the position of individuals who have a different point of view and, as much as possible, to find common ground based on an honest assessment of the factual data.

We also need to recognize that a significant factor in the public distrust and dissatisfaction with medicine is the result of the breakdown or compromise of the doctor-patient relationship. Overcoming this rift will require physicians to spend more time with patients, to make human contact and to reach out with integrity and compassion. I fear that some of these qualities, which are sometimes categorized as the “art of medicine,” have been lost due to the high throughput philosophy of managed care and the reliance on technology to a degree that disconnected the physician from the patient. We need to teach and reclaim this important facet of medicine.

While I have outlined a number of important challenges to our state of health and science, I continue to believe that we can reverse these trends. Certainly at Stanford School of Medicine we must train and educate our undergraduate students and postdoctoral trainees about the important connection between medicine and science. We

1/18/2018
11:32 PM

must help guide them to become the leaders of the future and advocates who can champion the integrity of science and medicine. I believe that Stanford can be a role model among academic medical centers at this time of tremendous challenge and change. I certainly look forward to working with you to find ways to use our knowledge, skills and care to discover, innovate, and improve the public trust.

Welcome to Our Incoming Bioscience Graduate Students.

This past week we welcomed our incoming class of Bioscience Students. The 132 new graduate students include both masters students and doctoral students who joined 14 different departments and interdepartmental programs. Of these, 83 students are entering 12 Bioscience PhD Home Programs. These include Biochemistry, Biological Sciences, Biophysics, Cancer Biology, Developmental Biology, Genetics, Immunology, Microbiology and Immunology, Molecular Pharmacology, Molecular and Cellular Physiology, Neurosciences and Structural Biology in addition to programs in Bioengineering, Bioinformatics and Health Services Research and Epidemiology. These outstanding students represent 13 countries and were accepted from some 52 colleges and universities, with strong representation by undergraduates from Harvard, Stanford, UC Berkeley, MIT, Princeton and other excellent peer institutions. This year's yield rate was 54% - the third highest for Stanford Biosciences. In addition, 15 entering students are under-represented minorities. I am thankful for the exemplary leadership of Assistant Dean Anika Green, the new Director of Diversity in Biosciences Programs, in helping improve our recruitment and selection of a more diverse student body. And we are committed to making further improvements in this area in the years ahead.

More than 60 of our new graduate students spent the previous weekend at the BIOMASS camping trip, where they had the opportunity to begin getting to know each other. This past week featured welcoming orientations by Jessica Allen, Chair of BIOMASS, Dr. Ellen Porzig, Associate Dean of Graduate Education and Associate Professor of Developmental Biology and Yvette Estay, co-chair of BIOAIMS. Students received orientation to key support and academic programs and became familiar with schedules, courses and retreats of Home Programs. In addition, they participated in a Panel Discussion on student life issues chaired by Christian Grandinaru, Peter Lee, Gilbert Martinez, ChaRandle Jordan, Manny Lopez and Alex Bankovich (BIOMASS leaders).

Special thanks to all who worked hard to make the orientation of our new graduate students so successful – and, in particular, Jessica Allen, Ellen Porzig, Yvette Estay, Zera Murphy, Suzanne Bethard, John Bray, Velessa Peairs and Shannon Monahna. Thanks also to Pam Lowney for some representative bio-introductions to some of our students on the School of Medicine Website Welcome to Our Incoming Bioscience Graduate Students.

This past week we welcomed our incoming class of Bioscience Students. The 132 new graduate students include both masters students and doctoral students who joined 14 different departments and interdepartmental programs. Of these, 83 students are entering

12 Bioscience PhD Home Programs. These include Biochemistry, Biological Sciences, Biophysics, Cancer Biology, Developmental Biology, Genetics, Immunology, Microbiology and Immunology, Molecular Pharmacology, Molecular and Cellular Physiology, Neurosciences and Structural Biology in addition to programs in Bioengineering, Bioinformatics and Health Services Research and Epidemiology. These outstanding students represent 13 countries and were accepted from some 52 colleges and universities, with strong representation by undergraduates from Harvard, Stanford, UC Berkeley, MIT, Princeton and other excellent peer institutions. This year's yield rate was 54% - the third highest for Stanford Biosciences. In addition, 15 entering students are under-represented minorities. I am thankful for the exemplary leadership of Assistant Dean Anika Green, the new Director of Diversity in Biosciences Programs, in helping improve our recruitment and selection of a more diverse student body. And we are committed to making further improvements in this area in the years ahead.

More than 60 of our new graduate students spent the previous weekend at the BIOMASS camping trip, where they had the opportunity to begin getting to know each other. This past week featured welcoming orientations by Jessica Allen, Chair of BIOMASS, Dr. Ellen Porzig, Associate Dean of Graduate Education and Associate Professor of Developmental Biology and Yvette Estay, co-chair of BIOAIMS. Students received orientation to key support and academic programs and became familiar with schedules, courses and retreats of Home Programs. In addition, they participated in a Panel Discussion on student life issues chaired by Christian Grandinaru, Peter Lee, Gilbert Martinez, ChaRandle Jordan, Manny Lopez and Alex Bankovich (BIOMASS leaders).

Special thanks to all who worked hard to make the orientation of our new graduate students so successful -- and, in particular, Jessica Allen, Ellen Porzig, Yvette Estay, Zera Murphy, Suzanne Bethard, John Bray, Velessa Peairs and Shannon Monahna. Thanks also to Pam Lowney for some representative bio-introductions to some of our students on the School of Medicine Website

http://med.stanford.edu/about_photo/archive/index.html#phd2005

Update on Medical Education

At the Medical School Faculty Senate Meeting on Wednesday, September 21st, Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, gave an update on the programmatic efforts and accomplishments of the past year. She noted some of the significant thought changes that emerged from the 2004 Mission Committee, which she chaired. These thought changes are now affecting current program development. Members of the committee were Drs. Russ Altman, Terry Blaschke, Bill Mobley, Phil Pizzo, Judy Swain and Ted Sectish. Notable among these thought changes are the following:

- We should admit a diverse body of students who are interested in the intellectual substance of medicine and committed to advancing the field of medicine broadly defined.

- We should have high expectations for our students and faculty and demand rigor and excellence in the education program (She noted that “rigor is not to be confused with rigidity”).
- Stanford medical students should be trained to become excellent clinicians and, of equal importance, should engage in scholarship that fosters skills to advance the field of medicine.
- A broad component of the medical school faculty should contribute to the design and teaching of the medical school curriculum, with oversight of the Faculty Senate and the Office of Medical Education. The education core should be framed both by national guidelines and by faculty expert judgment.
- The faculty should teach and demonstrate the thought processes that create new knowledge, in addition to teaching that knowledge itself. The scholarly concentrations provide a venue for teaching the thought process. Other opportunities to teach the thought process must be balanced with the obligation to teach the large knowledge base required to become clinicians.
- Students must combine the breadth of medical education with depth in an area of individual interest under the mentorship of Stanford Medical School Faculty. Both breadth and depth are required for graduation.
- Our graduates should aspire to the most distinguished residency programs as one step towards careers of distinction.

Certainly these thought changes are impacting both the medical curriculum and the admissions process – a trend that will continue to be refined and focused during the years ahead.

Within this broad context, Dr. Parsonnet described a number of 2004-05 accomplishments that were an extension of the introduction of the New Stanford Curriculum in September 2003. Among these are:

- The successful implementation of Year 2 of the integrated curriculum.
- Adjustments and enhancements of the Scholarly Concentrations, including the introduction of two new offerings: Clinical Research and Cardiovascular.
- The initiation of the Applied Biomedical Sciences Program, which brings scientific offerings into the clinical years.
- A new required clerkship in Ambulatory Medicine.
- New standards for medical student performance along with a 360 course and clerkship evaluation process.
- In addition, an oversight process has been established for clerkship directors for student evaluation.
- Adjustments in the admissions process to better align it to the School’s New Curriculum. This has been enhanced by the addition of a basic science chair and two clinical chairs to the Admissions Committee.
- Continued strengthening of the academic advising program. In addition a search is underway for a Student Life Advisor.
- Significant progress in improving learning spaces (while waiting of course for the future Learning and Knowledge Center).

These programmatic accomplishments have been accompanied by other results that suggest our efforts are moving in the right directions:

- As reported in the September 6th issue of the Dean's Newsletter the Admissions Committee presented a stellar group of new students this year and had a very high yield on the offers made.
- We continue to have a high interest of students in research and scholarship, and it is increasing.
- While this outcome needs to be interpreted carefully, it is the case that the first class entering the New Curriculum scored spectacularly on the USLME Step 1. Indeed, of the 64 students who took the exam, the pass rate was 100%, with a mean score of 237 and a median of 241. This is likely the highest score in the nation. Of course this result reflects the quality of the students taking the exam, but I believe it is also a sign of the impact of the New Curriculum on their knowledge base.

Despite this progress much remains to be done. Without question, the Faculty Senate and the Medical Education Group will continue to direct their efforts to further improving the quality and uniqueness of the Stanford Medical Education programs. I want to offer my special thanks to the many faculty and staff who have worked on these efforts – and especially to Dr. Julie Parsonnet for her leadership and vision.

Progress in the Biodesign Innovation Program

Led by Drs. Josh Makeover, Consulting Associate Professor, and Paul Yock, Martha Meier Welland Professor of Medicine and Co-Chair, Department of Bioengineering, the Stanford Biodesign Innovation Program has evolved as a model of innovation and collaboration. The program was originally designed to “provide the knowledge and skills essential for the early development of new biomedical technologies. The program will enhance participants’ abilities to identify new opportunities for innovation, to assess clinical needs and market potential and to take the critical first steps in the invention, patenting, early prototyping, and development of new concepts.” The program includes a fellowship program and an elective course (see <http://innovation.stanford.edu/jsp/program/about.jsp>).

During the past year, a number of new and important accomplishments and additions have been added. For example, the fellowship program now includes two teams: the Surgical Innovation Team and the Cardiovascular Innovation Team. Each team has four fellows, and their achievements have been noteworthy. Indeed, since the Biodesign Innovation Program began in 2001, more than a dozen new technologies have been developed and the now nineteen alumni of the program have each gone on to careers in academia as well as in both large and small biotechnology companies.

On September 16-17, the Biodesign Innovation Program hosted a unique new event at Stanford called "Emerging Entrepreneurs in Biomedical Technology". In

partnership with 39 industry and venture sponsors, the California Healthcare Institute, the Kauffman Foundation and the National Collegiate Inventor and Innovator Alliance (<http://www.nciia.org/>), the Biodesign Program launched a search for top young innovators in biomedical technology in its extended university-industry community. Of the 300 applications it received, 183 individuals were invited to an intensive two-day crash course in the realities of translating technology from bench to bedside. The program was extremely well received and the program directors plan to continue to interact with this group as a cohort with periodic "reunions" and updates.

To further the programmatic development, Biodesign and the Department of Bioengineering have recently recruited Dr. John Linehan, former Vice President of the Whitaker Foundation, to direct a new national web portal initiative in biomedical engineering that will be centered at Stanford: <http://bmesource.org>.

This program truly fulfills its name. It is, without a doubt, genuinely innovative as well as exciting, and it is an excellent role model for interdisciplinary and translational research. I certainly commend the Program Directors, faculty and staff for creating this exciting new model.

University Programs on Work-Family Balance

I received a number of comments from Newsletter readers in response to the article in the last Dean's Newsletter about women in science. Thanks to those who took the time to write – I always appreciate comments or suggestions related to topics presented in the Dean's Newsletter or other issues that you feel you would like to raise with me.

I appreciated in particular the note I received from Professor Patricia Jones, Vice Provost for Faculty Development. She informed me about two new brochures that have just been published by the Office of the Provost that are directly pertinent to my comments. Entitled *Family Matters @ Stanford: For Faculty* and *Building on Excellence*, they describe the programs and resources at Stanford in the areas of family and work/life balance and in the recruitment of a diverse faculty. I was able to see advance copies of these brochures and can report that they are excellent. Copies are being mailed to all faculty and all school and department administrators within the next week or two. Stanford is doing a lot in these areas, and, importantly, has on-going plans to do more. In addition, the University's plans dovetail well with the programs that are getting underway in the School under the direction of Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership. I will share information about these initiatives later this fall.

Next Step is the LCME Visit

At the time of the next edition of the Dean's Newsletter we will be in the midst of the Site Visit by the LCME. As I have discussed in previous communications, this visit is very important, and we are working hard to prepare for the team that will come to Stanford on October 16-19th. This past week we had a consultant team visit with us to

1/18/2018
11:32 PM

review the state of our preparations and provide final advice for our formal presentations. Assuming that our plans and proposals for the proposed Learning and Knowledge Center meet the expectations of the LCME, we heard from our consultants that they were quite impressed with the progress the School has made during the past four years. They highlighted in particular the engagement and commitment of the Dean to education and to the vision for the future of the School and Medical Center. They felt that our focus on translating discoveries is a correct one for Stanford. They were particularly impressed by the conceptual framework for the Stanford Institutes of Medicine and the role they will play in integrating basic and clinical science and clinical programs. The consultants also felt that the School's new operating budget and its focus on education are significant strengths. The consultant team also felt that the financial performance of the School and affiliated hospitals is a significant strength and that the clinical resources available for education are an additional strength. They were very impressed by the plans for the Knowledge Center as the future of the library and were of the view that our plans signal a true leadership role for Stanford. Not unexpectedly, the consultants highlighted the research productivity of the faculty as a true and unique strength. They were also impressed by the diversity of our student body and by the financial support that the School offers to students.

At the same time the consultants noted areas that need additional attention or that are transitional as the School's plans evolve. Among these is the Advising Program, which while stronger than it has been in the past, still requires attention. We certainly agree, and we are committed to continued improvement in this area. Additional transitional issues are, of course, the curriculum, including the Scholarly Concentrations, and the important issue of faculty diversity – each of which we are committed to address.

Dr. Oscar Salvatierra, Professor of Surgery and of Pediatrics, Emeritus, and Ms. Rebecca Trumbull, Office of Institutional Planning, who have been leading our preparation efforts, will be communicating with those who will be participating in the visit later this week. They will be providing additional information for the visit, and I urge all participants to review this information carefully.

I want to thank the numerous faculty, students and staff who met with the consultant team and who will also participate in the actual Site Visit two weeks from now. Clearly one of the most important issues for us is to assure the LCME that we have a credible plan for advancing the Learning and Knowledge Center. Thanks to the efforts of many and the support of our School's leadership, I believe we will be able to convey our assurance that the next phase in the design and construction of this exciting facility will take place. The Learning and Knowledge Center will be the new front door to the School of Medicine. It will open new vistas for traditional and immersive learning and will be a state of the art "knowledge management center" that epitomizes the library and school of the future I look forward to sharing these plans with the LCME Site Visitors later this month and with you in the coming months as the planning move forward.

New NIH Research Opportunity in Translational Research

1/18/2018
11:32 PM

Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, brought to my attention a program currently being offered by the NIH that has the potential to advance individuals' translational research efforts. Specifically, this program, the NIH RAID Pilot Program, has the potential to provide critical GMP produced small molecules for further translational studies in the clinic. It is modeled after the NCI RAID (Rapid Access to Interventional Development) program, which provides contract preclinical services. The NIH RAID Pilot is set up for any therapeutic area except cancer (still covered by NCI RAID), and covers only small molecules and oligos, not biologicals. The links for basic information are:

<http://nihroadmap.nih.gov/raid/>
<http://grants2.nih.gov/grants/guide/notice-files/NOT-RM-05-004.html>

In addition to the information provided on the web site, interested scientists should note that:

- Researchers can request a preclinical development plan (paid for by NIH, written by SRI) as a first step to guide them toward the steps to request in a full submission, and
- Partial or complete submissions can be made at any time, not just when the grant cycles occur.

New Mandatory Training in Human Embryonic Stem Cell Research

Stanford faculty recently received information from Dr. Arthur Bienenstock, Vice Provost and Dean of Research and Graduate Policy, about the new mandatory training tutorial in human embryonic stem cell research procedures. A portion of Dr. Bienenstock's letter is reprinted below for your information. Dr. Bienenstock writes:

As we increase our efforts in the critically important area of human embryonic stem cell (hESC) research, we must all work to ensure that our research meets all the applicable laws, regulations and standards. To ensure that everyone at Stanford understands these requirements, we have released policy and procedures and training to address the conduct of hESC work.

Stanford's Research Policy Handbook 10.7, *Human Embryonic Stem Cell Research*, covers the conduct of human embryonic stem cell research, requirements for identifying and tracking such research, compliance and reporting requirements, and the establishment of special operating procedures.

Because of the complexity of requirements and restrictions surrounding hESC research, all University personnel, including faculty, staff, postdoctoral scholars, and students, as well as visiting scholars and other researchers, must complete the "Human Embryonic Stem Cell Research Procedures Tutorial and Post Test" before beginning hESC research. Please note, this tutorial supplements, but does not replace, the already required "Use of Human Subjects Research Tutorial."

The hESC policy, procedures, and tutorial as well as supporting information can be found at the following website: <http://ora.stanford.edu/hesc/>

Dr. Bienenstock notes that in lieu of completing the on-line tutorial and test you may attend a faculty forum on October 5, 12:00-1:00 p. (lunch provided) on the procedures and administrative requirements of Human Embryonic Stem Cell Research. The forum will be presented by representatives from the Institutional Review Board, Office of General Counsel, Office of Research Administration, the Industrial Contracts Office, and the Research Management Group. Registration for the session is required at the following website:

<http://reggie.stanford.edu/Signup.asp?1175>. I encourage anyone involved in human embryonic stem cell research to attend this forum.

GUP Traffic Survey Results

Thanks to those of you who completed the School of Medicine traffic survey last month. Julia Tussing, Managing Director of Finance and Administration, reports that we were able to deliver the necessary information to the Provost and give several suggestions about priorities for improving opportunities for using alternate means or timing for commuting to reduce trips. Among our high-priority suggestions were the following:

- Investigate the feasibility of an automated pay-for-parking system in which both the time and frequency with which commuters park in University lots is recorded, and the charges encourage less frequent use of parking and entering the lots outside of peak hours. Many survey respondents were willing to change their commuting habits but found an all-or-nothing change to difficult to manage. For instance, biking may be a feasible alternative except for rainy days; once a sticker is purchased, however, the incentive is to use it rather than make the additional effort to bike.
- Work to remove the cultural/supervisor bias against working from home (for exempt employees) and flexible work hours. Many, many employees would be willing to change work hours or work from home, but were concerned that ours is not a positive culture for these alternatives.
- Improve storage facilities, routes and changing facilities for bicyclists. Many more people would be willing to bike to work if they could feel their bicycle was safely stored and if they had a way to clean up after arriving at work.

- Supply the Caltrain "GO Pass" free to postdoctoral scholars. Based on suggestions given by postdoctoral scholars in this survey, access to a free or discounted GO Pass may help reduce GUP trips.

Here is a short summary of the survey results:

- 45% of staff and 37% of faculty responded
- Currently weekly GUP trips are 16,060 of a possible 49,160 (32.7% of the total possible GUP trips)
- Faculty and staff reported that, using the ideas in Parking and Transportation's handout and website (<http://transportation.stanford.edu/index.shtml>), they could reduce their trips by 26%

675 of the 2000 survey participants gave over 1,000 great suggestions for reducing trips. The winners of the \$100 reward for the most creative, feasible new suggestions were:

- Pete Jakovich, Director for Finance & Administration, Molecular and Cellular Physiology and Comparative Medicine
- Alisha Eisert, Animal Health Technician for Comparative Medicine
- Linda Cork, Professor and Chair, Comparative Medicine
- Joshua Callman, Director, Office of Continuing Medical Education, Office of Student Affairs
- David Paik, Postdoctoral Scholar, Radiology
- Peter Burnes, Health & Safety Specialist
- Kristy Verhines, Administrative Associate, Neurology

Please implement your own trip reduction ideas this month. A reduction in GUP trips this fall is critical to the maintenance of the University's agreement with the county, and if we want to avoid involuntary limits on our commuting we must remain within the guidelines that have been set. Many thanks for your involvement and support in this endeavor.

Respectful Workplace Initiatives

Over the last three years faculty and staff have been participating in the School of Medicine's Respectful Workplace Briefings. The Briefings underscore the importance of maintaining a respectful workplace that fosters professionalism and values the integrity and respect for all of us at the School of Medicine. The Briefings have provided an opportunity to discuss what makes a respectful workplace, how to handle difficult disrespectful situations, and to present resources available to faculty and staff for assistance in addressing concerns that may arise. The Respectful Workplace Briefings for faculty, clinician/educators, and staff will continue on a quarterly basis.

As we continue to develop a respectful workplace, other initiatives will be implemented. Among those initiatives is a Workshop Series--any faculty,

clinician/educator, or staff member may attend. The series is sponsored by the Offices of Human Resources, Ombuds and Academic Affairs and will be presented from noon to 1:00 p.m. at MSOB, X303 on the first Thursday of each month beginning on October 6, 2005 and continuing to March 2, 2006. The workshop topics are as follows:

- 10/6/05 Straight Talking -- a video featuring John Cleese, discussion following the video--facilitated by Martha McKee, SOM Ombudsperson and Norma Leavitt, Associate Director, Employee Relations SOM Human Resource Group
- 11/3/05 The Power of Listening--facilitated by Martha McKee
- 12/1/05 Communication Skills--facilitated by Rosan Gomperts, Director of Stanford HELP Center
- 1/5/ 06 Diversity in the Workplace--facilitated by Hannah Valantine, Profession of Medicine and Senior Associate Dean for Diversity and Leadership
- 2/02/06 Psychological Issues in the Workplace--facilitated by David Rasch, University Ombudsperson
- 3/02/06 Meetings, Bloody Meetings-a video featuring John Cleese, discussion following video on effective meetings management--facilitated by Martha McKee and Cori Bossenberry, Director SOM Human Resource Group

Announcements and further description of each workshop will be distributed to departments prior to the workshop date, along with instructions for registration.

Other initiatives supporting the Respectful Workplace include Supervisory Essentials, a seven-week course that provides tools to assist supervisors in creating and maintaining a respectful workplace and includes discussion on the expectations of supervisors. Additionally, staff from HRG, the Campus Office of Training and Organizational Development and the Department of Medicine are developing a two-part workshop on Conflict Resolution - which will be announced in early 2006.

If you have any questions on any of these initiatives or presentations, please contact the Human Resource Group at 5-8607. I strongly encourage you to attend these presentations and to continue modeling respect and compassion in our dynamic and diverse workplace.

Events

A number of exciting and important events transpired during the past week, among which were:

1/18/2018
11:32 PM

- ***The 7th Annual Thomas J Fogarty, MD Lecture: Focus on Innovation*** – featured a thoughtful and informative presentation by Dr. Bill Brody, President of Johns Hopkins University – and an MD/PhD graduate of Stanford.
- ***Stanford Synapses: A Meeting of the Minds*** featured a symposium sponsored by the Sanford University Medical Alumni Association and led by the Neuroscience Institute at Stanford. Professors Bill Mobley, Robert Sapolsky, Susan McConnell, Nobuko Uchida and Rob Malenka gave excellent presentations. This was a far-reaching event that encompassed the interplay between stress and brain damage, developmental neurobiology, neural stem cells and brain plasticity. The symposium was followed by a dinner presentation by Dr. Tina Seelig on the interesting topic of “The Mind Metaphor: Building Businesses that Behave like the Brain.”
- ***Dr Harvey Cohen***, the Arline and Peter Harman Professor and Chair of Pediatrics was honored at an event naming him the first incumbent of the Adalyn Jay Chief of Staff at the Lucile Packard Children’s Hospital. Congratulations to Dr. Cohen.
- ***The California Institute for Regenerative Medicine*** hosted its first scientific meeting entitled Stem Cell Research: Charting New Directions for California. The Symposium was held in San Francisco on October 1-2nd, A webcast of this meeting is available at <http://www.cirm.ca.gov/>.

Awards and Honors

- ***Three More Pioneers***: This has been an exciting week for three members of our Stanford faculty and, thanks to their accomplishments, for the School of Medicine and Stanford University. When the NIH announced the 13 winners of the highly prestigious Pioneer Award, three of them came to Stanford. Given the competition for this award, a medical school would be proud to have even a single award. Having three of the 13 awards come to Stanford is extraordinary – but I would argue quite appropriate given the outstanding faculty we are so fortunate to have in our community. (See also <http://mednews.stanford.edu/releases/2005/september/pioneer-award.htm>).
Special congratulations to our three new NIH Pioneer Awardees
 - ***Karl Deisseroth, MD, PhD***, Assistant Professor of Bioengineering and Psychiatry
 - ***Pehr Harbury, PhD***, Associate Professor of Biochemistry
 - ***Tom Rando, MD, PhD***, Associate Professor of Neurology and Neurological Sciences
- ***One More MacArthur Awardee***: In addition to being named a recipient of the NIH Pioneer Award, ***Dr. Pehr Harbury*** was also named a recipient of a MacArthur (genius) Fellowship this past week. Obviously incredibly wonderful news. Biochemistry now has two MacArthur Fellows since Dr. Julie Theriot was named a recipient of this extraordinarily prestigious award last year.

Upcoming Events

1/18/2018
11:32 PM

**Stanford School of Medicine
Fall Forum on Community Health and Public Service**

Tuesday, October 4, 2005
5:00 - 7:30 pm
Frances C. Arrillaga Alumni Center
326 Galvez Street, Stanford University*

Keynote Address: Dr. Sheri Fink

Author of *War Hospital: A True Story of Surgery and Survival*
http://med.stanford.edu/community/models-mentors/sheri_fink.html

The 4th Annual Fall Forum will feature a wide range of service and partnership research projects undertaken by Stanford students in underserved communities here and around the world.

This event is free of charge and open to the public.

If you will be attending, RSVP to fallforum2005@yahoo.com to assist us in our planning.

Organized by Stanford Medical Students with the support of the School of Medicine's programs in Community Health and Public Service. For more information, see <http://med.stanford.edu/community/>.

*Directions: <http://www.stanfordalumni.org/aboutsaa/saamap.html>

15th Annual Jonathan J. King Lecture

Doctors as Storytellers

Neal Baer, MD

Wednesday, October 26, 2005 at 5:00 pm

Fairchild Auditorium

Dr. Neal Baer is Executive Producer of the NBC television series *Law & Order: Special Victims Unit*. Prior to his work on *SVU*, Dr. Baer was Executive Producer of the NBC series *ER*, for which he was nominated for five Emmys. Dr. Baer graduated from Harvard Medical School and trained in Pediatrics at Children's Hospital, Los Angeles. He has received honors from the American Medical Association, the American Association for the Advancement of Science and Physicians for Social Responsibility for his contributions to public understanding of medicine via the media.

For more information, please call the Center for Biomedical Ethics at 650-723-5760 or visit <http://scbe.stanford.edu/events/king.html>