

## Dean's Newsletter

### October 17, 2005

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### **Board of Trustees Approves Concept and Site for the Learning and Knowledge Center**

On Monday, October 10<sup>th</sup> the Land & Buildings Committee of the Stanford University Board of Trustees voted unanimously to recommend “Concept and Site” approval for the School of Medicine’s Learning and Knowledge Center (the LKC). This recommendation was approved by the full Board of Trustees on Tuesday, October 11<sup>th</sup>. While a number of important milestones lie ahead, this approval was a very important step for the LKC project, in part because it allows for the creation of a timetable for its completion. Indeed, if the project moves forward according to the current plan, we will now carry out a competition for architectural selection with the goal of initiating the design phase in early in 2006. Construction would begin in the fall of 2007, and the LKC would be completed in the summer of 2009. This date would be significant, since 2009 represents the 50-year anniversary of the move of the School of Medicine to the Stanford campus from San Francisco in 1959!

As many of you know, planning for the LKC has been going on for some time. We formally initiated planning in the summer of 2002 in tandem with our efforts to substantially revise the curriculum for both medical and graduate education. While there had been previous plans to renovate the School’s education and library facilities that predated my arrival in April 2001 (the so-called GALE Project), I recommended that this plan be scrapped since it had not been carefully aligned to the education and learning programs that would define our future. The development of the New Stanford Curriculum under the leadership of Senior Associate Dean Julie Parsonnet in partnership with the Medical School Faculty Senate, as well as our efforts to further enhance

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graduate student education and postgraduate training, allowed us to better define the requirements for a new education facility. Similarly, the plans for a future library have undergone fundamental change with the rapidly expanding digitization of printed journals and texts. Ms Debbie Ketchel, Associate Dean for Knowledge Management and Director of the Lane Medical Library and Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, have provided the leadership in the evolution our plans for a Knowledge Management Center.

Based on these new program definitions, the Learning & Knowledge Center will be housed in one new building and two renovated ones (portions of Lane and Alway). Collectively, these buildings will transform our education and learning programs. Equally importantly, the new LKC, which will be located on the site of the Fairchild Auditorium, will serve as the new front door of the School of Medicine. It will provide a vital connection to the University campus, particularly to the Science and Engineering Quads, as well as to the major research buildings of the School, including its close proximity to the Clark Center. The LKC will also be a crucially important portal to Stanford Hospital & Clinics and the Lucile Packard Children's Hospital.

As currently configured, the new 120,000 gross square feet LKC will house a new and highly flexible Conference Center, the Learning Commons and Classrooms, the Knowledge Center and the Center for Immersive and Simulation Based Learning. It will consist of a basement level and three above ground floors and will, I hope, be the active hub and gathering site for our undergraduate and postgraduate students and trainees as well as faculty and community visitors. Additional information about each of these components follows:

- The new ***Conference Center*** will be housed on the basement level and will be designed to have external light exposure. It will include a ballroom style facility seating up to 350 people that will be divisible into three smaller rooms. There will also be a breakout rooms adjacent to the Conference Center.
- The ***Learning Commons and Classrooms*** will be housed on the first floor and will include small and larger classrooms designed in a highly flexible manner to accommodate a wide range of teaching formats, from lectures to case-based learning. Twenty-four hour accessible student study areas will be housed here as well as in the top floor. There will also be an Executive Board Room/Meeting Room on this floor.
- The new ***Knowledge Management Center*** will be housed on the second floor. This will be the new digital Lane Library, and it will serve as the hub of a highly distributed wireless knowledge center that will permeate the entire school. The Knowledge Management Center will also house a variety of student study facilities.
- The ***Center for Immersive and Simulation-Based Learning (CISL)*** will be located on the third floor. The Center will be guided by Dr. David Gaba,

Associate Dean for Immersive and Simulation Based Learning. It will provide state-of-the-art learning using exciting new technology as well as serving as a testing ground for future developments. This Center will also be a hub and will connect to: the Center for Simulation at SHC, directed by Dr Tom Krummel, the Center for Advanced Pediatric Education (CAPE) at LPCH directed by Dr. Lou Halamek, and the Simulation Center at the Palo Alto VA directed by Dr. Gaba. Together with the Information Resources and Technology office (IRT) and the Stanford University Medical Media and Information Technologies (SUMMIT), these programs are forging a strong environment for both general medical education and specific training, with applications across the age and disease/discipline spectrum.

The CISL is being designed to provide a hands-on learning environment for clinical, procedural and interpersonal skill development using simulation learning (including mannequin simulators, virtual and haptic models) as well as standardized patients (e.g., live actors). Further, the learning environments will replicate everything from outpatient clinic rooms, inpatient rooms, ICU, operating rooms, etc. These varied settings and modalities will permit scaled learning opportunities for undergraduate medical students as well as graduate students and postdoctoral trainees. The CISL will also be attractive for continuing medical education and for courses for undergraduates as well as members of the community.

To fully develop the Learning and Knowledge Center environment, the project will include, in addition to the new facility, renovations of portions of the Lane and Alway buildings. It is likely that these renovations will undergo further revision as we move to the next phase of the project. At this time, however, we envision that the Lane project could be designed to house 25% of the current Lane Library collections that are not stored off-site, although this plan may change if more of the collections are moved off-site. In addition, the Lane renovation plans currently include study and gathering areas for students, on-call rooms for medical students, bioscience graduate student services and the Dean's administrative offices.

Current plans for renovations in the Alway building include student services, lounge and meeting rooms and an expanded café. A virtual reality facility complementing CISL will be housed on the first floor and will focus on education, research and patient care simulations. In addition, the recently renovated Fleishman labs will undergo a modest expansion.

Taken together, the new LKC construction along with the renovations in the Lane and Alway buildings should define one of the most exciting and important education and knowledge centers in the country – and it will be commensurate with the status of Stanford as a leading research-intensive school of medicine.

To bring this vision to fruition and to integrate the LKC project with the 10-20 year master facility plan for the School of Medicine, a “connective elements project” will

accompany the new construction and renovations. It will include an integrated plan for above and below ground communications and transportation programs, as well as the necessary linkages that will draw the medical campus together – and ultimately better align it to both the University and the hospitals. This will be especially important as new research facilities (e.g., the Stanford Institutes of Medicine) also come on line in the next couple of years.

Needless to say, a project of this size and scope is expensive – not only for the construction and renovations but also for the infrastructure supports (i.e., “connective elements”), technology and various fees for building on the Stanford campus. Although the cost will change (and only downward will be tolerated) it is currently projected that this will be a \$156M project (\$86M for new construction, \$42.4M for the Lane/Alway renovations, and \$27.6M for the “connective elements”). We are working on the funding plan for the project and recognize that multiple sources will be needed, including school resources, philanthropy and debt financing. Because this is a project that affects every member of our medical school community, it is also my hope and expectation that everyone will feel and take ownership of the LKC and think about how they can help. Clearly the realization of this project will help define the School of Medicine both for individuals and collectively.

This project will be transformative to the School of Medicine and will serve as a fitting way to celebrate the 50th anniversary since our move from San Francisco to the Stanford campus. There is no doubt that the 1959 move helped propel Stanford into the front league of American medical schools and fostered an amazing environment of interaction between the Schools of Medicine, Engineering, and Humanities & Sciences, among others. I truly believe that the LKC project will further enhance this bond and make our alignments even stronger and more compelling.

### **The LCME Visit is Live – and Hopefully Well**

As you read this, the site visit team from the Liaison Committee on Medical Education (LCME) is in the midst of conducting a comprehensive review of the School of Medicine with the goal of determining our accreditation status. In general LCME reviews occur every 8 years (assuming all has gone well) and include both a detailed self-study period and then an actual on-site visit. As I have written in prior Dean’s Newsletters, the preparations for this visit have been extensive and have involved hundreds of faculty, students and staff and thousand’s of pages of detailed program description and analyses. The site visit team will make their recommendations to the LCME, which is governed equally by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA).

The agenda for the site visit is, for the most part, proscribed by the LCME and is quite comprehensive. It began with a meeting with me on Sunday evening, October 16<sup>th</sup> to review the visions, plans, accomplishments and challenges of the School of Medicine.

On Monday, October 17<sup>th</sup>, the team reviewed the education program for the MD degree, focusing the current and evolving education programs as well as their implementation, management and evaluation. This was followed by a review of the library and information services, focusing on our knowledge management center and its integration into the planned Learning and Knowledge Center (LKC). The team then toured some of the existing facilities (Lane Library, computer learning facilities, lecture halls, small classrooms, labs and study areas) prior to a lunch meeting with a self-selected group of pre-clerkship students. Next the site visit team met with the program directors for the required preclinical courses and the required clinical clerkships.

On Tuesday the site visit team will meet with faculty and deans regarding the academic advising and learning environments. In addition they will address electives and fourth year courses, as well as our special and unique programs for joint degree training and our novel approaches to education. They will also meet with the Admissions and Financial Aid Office to review their programs and will evaluate our counseling and health services for students. The team will also meet with self-selected clinical students and tour the Anatomy Teaching Suite, SUMMIT – Collaboration and Skills Room and the Radiology Learning Center – Lucas Center.

A review of medical center finances will be conducted along with an assessment of the School's resources for clinical education. These reviews will be followed by meetings first with the basic science chairs and then with those clinical science chairs who have oversight over required student clerkships.

On Wednesday, October 19<sup>th</sup> the site visit team will begin their day by meeting with a group of junior faculty and then with senior deans and school and hospital leaders to review institutional faculty issues. These meetings will be followed by a review of the graduate programs and our basic science research programs.

Clearly this will be a very comprehensive visit – touching on virtually every aspect of the School's missions in education and research. After the team has reviewed and reflected on their findings and analyses, I will meet with them in an exit interview on Wednesday, October 19<sup>th</sup>. I will of course keep you informed about the outcome of this important visit.

### **Facilitating Clinical and Translational Research: *The Stanford/Packard Center for Translational Research in Medicine***

At the October 7<sup>th</sup> meeting of the School's Executive Committee, Dr. Steven Alexander, Professor of Pediatrics, and his colleagues on the planning group for the Stanford/Packard Center for Translational Research in Medicine (SPCTRM) announced that, after more than two years of preparation, SPCTRM will launch its clinical research services on November 1. Unfortunately I was unable to attend that meeting and this report was prepared by Dr. Alexander and members of the SPCTRM team [thanks, but I really did no writing on this one, except for the last paragraph!]. According to them, the services that SPCTRM will provide include:

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- 1) **Biostatistics Consultation Services:** SPCTRM's first consulting biostatistician, Alex McMillan, PhD, joins the team on November 1, where he will be available by appointment for one-hour consultations. Details of the services Dr. McMillan will offer can be obtained by calling SPCTRM Program Manager, Linda Walker at 498-7425. After October 24, Linda can also assist investigators in obtaining appointments with Alex.
- 2) **Informatics Consultation Services:** In conjunction with the Center for Clinical Informatics, SPCTRM will also arrange consultations for investigators with a team of informatics and data management specialists who will assist in the design of HIPAA-compliant data management strategies. Biostatistics and informatics consultations will be coordinated to optimize study design at the earliest stages of development.
- 3) **A New Approach to Study Budgets:** All sponsored projects involving human subjects will now be budgeted by Research Process Managers at RMG using new methodology that relies heavily on input from PIs and Study Coordinators at the initial budget meeting with the RPM. Training for Study Coordinators in the use of the newly designed process has begun and will continue as an ongoing educational series (see below)
- 4) **Improved Hospital Discount Structure:** SPCTRM, LPCH and SHC have developed a new research discount structure for hospital services and supplies that is intended to be more competitive. Hospital discounts will be applied on a go-forward basis, by your RPM, to studies budgeted after November 1.
- 5) **Automated Billing:** A unique automated study billing process will allocate study charges according to the study's budget, providing frequent reports on study activity to coordinators and PI's.
- 6) **Improved Contracting and Accounts Receivable:** The Office of Sponsored Research has been working closely with SPCTRM to improve the contracting and accounts receivable process. New OSR staff have been designated Clinical Research Contracting Specialists and a fully automated clinical study account management system is on the horizon.
- 7) **Regular Compliance Reviews:** SPCTRM will begin educational compliance reviews of individual studies to assist investigators in maintaining the high standards now demanded of all clinical research.
- 8) **SPCTRM SuperUsers Workshops:** Coordinators are invited to become SPCTRM SuperUsers by attending a series of workshops devoted to the new SPCTRM processes. Please contact Linda Walker at 498-7425 for details and to reserve a seat in an upcoming workshop.
- 9) **Continued SPCTRM Clinic and Coordinator Services:** SPCTRM will continue to offer free outpatient clinic space for clinical research, and will maintain the full menu of coordinator services previously provided by ACCESS including orientation, education, training, health screening and competency testing.

Dr. Alexander noted that the SPCTRM Core Team is available to answer your questions. The team consists of:

- Steve Alexander, MD, Medical Director [sralex@stanford.edu](mailto:sralex@stanford.edu), pager # 13674
- Nick Gaich, Chief Operating Officer: [ngaich@stanford.edu](mailto:ngaich@stanford.edu)
- Connie Hartnett, Co-director, RMG: [Hartnett@stanford.edu](mailto:Hartnett@stanford.edu)
- Anna Hu, RN, Director of Coordinator Services: 498-7425
- Linda Walker, Program Manager: 498-7425

I want to thank all the members of the SPCTRM planning group for their extensive efforts in establishing these services: Steven Alexander, Sara Bible, Nick Gaich, David Haray, Connie Hartnett, Ann James, Steve Jung, Carole Klove, Phil Lavori, Henry Lowe, Gary May, and Pamela Webb. The launch of SPCTRM is a major accomplishment, and I am confident that its activities will allow us to make major strides in our capacity to translate discoveries and bring new therapies to our patients.

## **Drug Marketing and Television Ads**

I must confess that I don't watch much television so I am likely late in taking note of what is a worrisome trend. Sure, I had seen advertisements regarding drugs to help men with erectile dysfunction – but the nearly exclusive showing of those ads during sports events says a lot about marketing – and marketing abuse. But I was quite chagrined the other night when an ad popped up on a TV show (I think it was during a news hour) that was promoting the use of colony stimulating factor for patients about to undergo cancer chemotherapy. As a pediatric oncologist I am well aware of the significant toxicities that accompany chemotherapy, including neutropenia (a low white blood cell count) and the consequent heightened risk for infections. Indeed, during one phase of my own career I spent considerable time and effort defining approaches to address these complications, based on laboratory and clinical research studies. One of the advances in the armamentarium for neutropenia is the use of recombinant hematopoietic colony stimulating factors (G-CSF). In a number of settings the use of G-CSF can shorten the duration of neutropenia and reduce or attenuate infectious complications. Because these agents are expensive and have side effects and limitations, the American Society of Clinical Oncology (ASCO) and other societies have come forth with guidelines to help better define their use. I have worked on the previous guideline committees for ASCO and, interestingly, have been in the midst of working with the committee to revise these guidelines based on data that has become available during the past several years. We hope that these new guidelines will be published in the 2006.

Within that context I must admit that I was quite distressed to see the ad related to one of these G-CSFs since it truly misrepresented its appropriate use. It implied, misleadingly, to patients who are being diagnosed with cancer that the use of this specific G-CSF would definitely improve their lives – reduce complications, make it more possible to receive chemotherapy on time, etc. Not surprisingly, the ad played to the emotions of cancer patients. While I can support attempts to empower individuals facing the challenge of serious life-threatening disease, it is sad to see this being done for what are clearly financial motivations on the part of the drug company.

In past issues of the Dean's Newsletter I have expressed my concerns regarding the ways in which medicine is violating the public trust. I think ads like this one are yet another example. And while I recognize that I have a limited sample of experience, I doubt that what I am describing is unique or unusual. Sadly.

## **New Office for Community Health**

On Tuesday, October 4<sup>th</sup>, our medical students hosted the Fourth Fall Forum to feature their highly diversified contributions to community service and research. Special thanks go to Anna Minta, SMS II, and Lynn Rosen, SMS II, who served as the 2005 Fall Forum Coordinators – and who did a superb job. The Forum consisted of poster presentations as well as selected oral presentations. The offerings were highly diversified and ranged from topics impacting local communities and patients to international efforts and research projects. I am extremely pleased by the wealth of excellent qualitative and quantitative research conducted by our students. Some carried out their projects as part of their participation in the Scholarly Concentration on Community Health and Public Service, whereas, for others, the research shown at the Fall Forum complemented their efforts in different areas of science and medicine.

I was also pleased to announce at the Fall Forum that the School is initiating a new Office of Community Health under the direction of Dr. Marilyn Winkelby, Associate Professor of Medicine. Stanford has a long tradition of commitment and excellence in community service locally, nationally and internationally. Until now there has been no central home or umbrella to organize or orchestrate these efforts. It is my hope, and that under the leadership of Senior Associate Dean Julie Parsonnet and Ann Banchoff, Associate Director of PriSMS, that the new Office of Community Health will serve this important integrating function. Among the important functions that will align with the Center for Community Health are the Arbor and Pacific Care Free Clinics, the Center of Education in Family and Community Medicine, the Office of Diversity, the Center of Excellence, the Haas Center for Public Service and our new Scholarly Concentration in Community Health and Public Service. International initiatives will also be embraced by the Center as they develop.

## **Enhancing Diversity and the Center of Excellence**

The Stanford University Center of Excellence (COE), which is led by Drs. Ron Garcia and Fernando Mendoza, has a long and distinguished role in supporting medical students to be effective with an ever-increasing diverse population. The COE offers a panoply of education and research opportunities that have had an enduring impact on students and faculty. They have played an important role in enhancing the diversity of our medical student class and improving the pipeline of students who apply to medical school from diverse backgrounds. They have also nurtured and supported students and helped promote and enhance their career development (see <http://coe.stanford.edu/> for details)

One of the ways that diversity is enhanced at Stanford Medical School is through the work and leadership of our students and the various organizations they represent. At the COE Fall Social on Tuesday, October 11<sup>th</sup> student leaders from various organizations reported on their specific activities and goals for the year. By doing so they weaved a remarkable web of programs that are individually unique as well as diverse – and that make the whole clearly greater than the sum of its parts.

There is much to be proud of at Stanford – including the commitment of our students, faculty and staff to respecting and enhancing diversity. I am extremely proud and appreciative for their efforts. We surely have much more to do but there is no doubt that over the years significant progress has been made – and that there is a commitment to achieving further excellence in diversity.

## Honors and Awards

- ***Dr. Ira Glick***, Professor of Psychiatry and Behavioral Sciences, has been recognized as a leading physician in conjunction with the 2005 Mental Illness Awareness Week Thank You Campaign sponsored by the National Alliance for Mentally Ill (NAMI). Congratulations to Dr. Glick.
- ***Dr. Jeffrey Gould***, Robert L. Hess Professor in Pediatrics, was installed as the first incumbent of the Robert L. Hess Endowed Professorship in Pediatrics at a celebratory event on Tuesday, October 11<sup>th</sup>. Dr Gould is the director of the Perinatal Epidemiology and Health Outcomes Research Unit in the Division of Neonatology. He also directs the California Perinatal Quality Care Collaborative, a network of more than 100 California hospitals that provide intensive care to newborns and share outcome data and service improvement initiatives. He is internationally recognized for his important work and has been a member of the Stanford faculty since 2003. Congratulations to Dr. Gould.
- ***Dr. Ralph Greco***, Johnson and Johnson Professor of Surgery, has been selected as one of the ten outstanding program directors in the nation to receive the Parker J. Palmer “Courage to Teach” award. Dr. Greco, who has been Director of Stanford’s General Surgery Residency Program since 2000, will be recognized at a special awards dinner hosted by the Accreditation Council of Graduate Medical Education. Congratulations Dr. Greco.
- ***Dr. Allan Reiss***, Howard C. Robbins Professor of Psychiatry and Behavioral Sciences and Director of Child and Adolescent Psychiatry, will be receiving two notable awards this month. First is the George Tarjan Award, given in recognition of the child and adolescent psychiatrist and AACAP member who has made significant contributions in a lifetime career or single seminal work to understanding or caring for those with mental retardation and developmental disabilities. In addition, Dr. Reiss will be honored by the National Alliance for Research on Schizophrenia and Depression (NARSAD) with their Ruane Prize.

This award recognizes scientists who give particular promise for advancing our understanding of psychotic, affective or other severe psychiatric disorders having their onset in childhood or adolescence. Congratulations to Dr. Reiss.

## Events

- "*Opportunity of a Lifetime*," a documentary that follows high school students involved in the Stanford Medical Youth Science Program (SMYSP), debuts on KQED-TV October 23rd at 5 p.m. The 30-minute film focuses on the ethnically diverse group of teenagers who take part in SMYSP, a five-week summer residential program on our campus that provides hands-on training in science and medicine. Participants are from very low-income backgrounds, and many credit SMYSP with giving them the confidence and skills to apply to college and seek out scientific and health-related careers. Each year, 24 students from northern and central California are selected for the summer program, which was established in 1988 by Marilyn Winkleby, Ph.D., and Associate Professor of Medicine. For more information about the program: <http://smysp.stanford.edu>
- "Sensation to Action," the 2005 Beckman Symposium, will be held on Wednesday, October 26, 8:00 am – 6:00 p.m. at the Clark Center Auditorium. Among the speakers are two Nobel Laureates -- Linda Buck, whose studies focus on the processing of olfactory signals by higher centers, and Eric Kandel, whose pioneer work in signal transduction in the nervous system provided the foundation for understanding how changes of synaptic function are central for learning and memory.
- "Doctors As Storytellers," the 15th Annual Jonathan J. King Lectureship, will be held on Wednesday, October 26, 2005 at 5:00 pm in the Fairchild Auditorium. The guest speaker will be Dr. Neal Baer, 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 completed his internship in Pediatrics at Children's Hospital, Los Angeles. He received the Jerry L. Pettis Memorial Scholarship from the American Medical Association as the most outstanding medical student who has contributed to promoting a better understanding of medicine in the media. The American Association for the Advancement of Science selected Dr. Baer as a Mass Media Fellow. In 2003, he was honored by Physicians for Social Responsibility for "accomplishment in crafting compelling health messages." This event is free and open to the public. For more information, please call the Center for Biomedical Ethics at 650-723-5760.

## Appointments and Promotions

- ***Roland Bammer*** has been appointed to Assistant Professor (Research) of Radiology, effective 10/01/05.
- ***Katrin Chua*** has been appointed to Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism), effective 10/01/05.
- ***Peter Fitzgerald*** has been appointed to Professor (Research) of Medicine, effective 10/01/05.
- ***Jin Hahn*** has been promoted a continuing term of Professor of Neurology and Neurological Sciences and of Pediatrics, effective 10/01/05.
- ***Brian Hargreaves*** has been appointed to Assistant Professor (Research) of Radiology, effective 10/01/05.
- ***Nihar Nayak*** has been appointed to Assistant Professor of Obstetrics, effective 10/01/05.
- ***Tracey McLaughlin*** has been appointed to Assistant Professor of Medicine (Endocrinology), effective 10/01/05.
- ***Donald Olson*** has been promoted to Associate Professor of Neurology and Neurological Sciences, effective 10/01/05.
- ***Anna Penn*** has been appointed to Assistant Professor of Pediatrics, effective 10/01/05.
- ***Stephen Skirboll*** has been reappointed to Assistant Professor of Neurosurgery, effective 10/01/05.
- ***Margo Thienemann*** has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 10/01/05.