

# Dean's Newsletter

## January 9, 2006

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### **A New Year Begins**

A new year always seems to offer a sense of renewal and opportunity – both for individuals and for institutions. Since my first January at Stanford, in 2002, we have used this time to plan for the future and have used the annual “Leadership Retreat” as an opportunity to focus our collective energies on our major goals and objectives. When we originally configured our overarching School of Medicine plan of *Translating Discoveries* in 2002, our attention was directed toward developing the programs in education, research and patient care that would serve as the cornerstones of our future efforts. Since then we have made considerable progress in implementing various aspects of our strategic plan – but we still have a long way to go, especially in our need for the facilities to house and support many of our important education, research and clinical activities. Thus, as we begin this New Year, my primary goal and challenge are to continue to find and develop the resources that will enable us to accomplish our collective aspirations.

In doing so, I fully recognize that each of us has our own hopes and aspirations and that, while we may be happy to support broader initiatives, we also want to know that our own needs are being met. This is true for individuals, departments, institutes and beyond. The challenge is how do we accomplish this in the most successful manner and in a way that allows “all the boats to float upwards with the rising tide.” As I have said previously, I am well aware that when institutional priorities are crafted, a double-edged sword is created. On the one hand, making priorities clear and well defined allows for focus and the opportunity to delineate a bold and integrated message. However, such a focus can also create a sense of being left out or even worse, a feeling of being undervalued on the part of those who do not seem to find themselves on the “priority list.” The challenge is to prioritize and integrate while also being inclusive.

One of the most important areas in which this prioritization and integration is taking place is in our efforts to develop an integrated fund-raising plan. This plan will include the School and Stanford Hospital & Clinics (SHC) and, in parallel, the School and the Lucile Packard Children's Hospital (LPCH). At the Fifth Annual Leadership Retreat since my arrival at Stanford, scheduled for January 26-28, we will have a broad

discussion of how this plan is evolving and how the department chairs, institute directors, center leaders and others can help bring it to fruition.

In our integrated development plan, we have established the following overarching priorities with the understanding that a very significant proportion of our efforts within the school will benefit from fundraising successes in these areas. For each of these areas we will be seeking philanthropic support for facilities and program development. They include:

- *The Stanford Cardiovascular Institute and its related clinical programs at SHC and LPCH*
- *The Stanford Institute for Immunity, Transplantation and Infection and its related clinical programs at SHC and LPCH*
- *The Stanford Neuroscience Institute and its related clinical programs at SHC and LPCH*
- *The Stanford Institute for Regenerative Medicine and its relationship to other Institutes, academic programs and clinical programs*
- *The Stanford Comprehensive Cancer Center*
- *Medical and Biomedical Education*
- *Orthopedic Surgery and Sports Medicine*
- *Bioengineering (in conjunction with the School of Engineering)*

While on the surface these priorities may appear to represent only a selective portion of the school and our faculty, they are indeed quite broad-based. We know from prior analyses that over 85% of the faculty's programs can be encompassed within one or more of these collective areas. We have set ambitious goals but, with a clearly defined vision and message, I am confident that we will be successful. Perhaps more accurately, I intend to increase my personal commitments even more toward making these efforts successful. That said, I will also be counting on faculty and school leaders to help in the important effort to garner resources that will allow us to "translate discoveries" and truly make Stanford an even more successful academic medical center.

## **Facilities Planning for the School of Medicine – an Update**

During the past several years I have shared with you the various issues and challenges we face in delineating the School of Medicine's Facilities Master Plan. An important aspect of the plan has been to develop the medical school campus in a manner that continues the close proximity and integration between the basic and clinical sciences, between the school and the university, and between the school and the affiliated hospitals. There are many challenges to maintaining and even enhancing this continuity, which was first achieved when the School of Medicine moved to the Stanford campus in 1959. However if we are to sustain our uniqueness and excellence, every effort must be made to also sustain the special contiguities that have characterized Stanford Medicine for nearly half a century.

The need to address the education and library facilities was one of my immediate mandates when I arrived as Dean in April 2001. Thanks to the efforts of key school leaders and many faculty, students and staff, we have made considerable progress in defining the future of medical and graduate student education. We have also configured an exciting digital library plan that culminated in the most recent proposal for the Learning and Knowledge Center (LKC). The LKC is comprised of a new 120,000 gasf (gross available square feet) building on the site of the Fairchild Auditorium and extensive renovations in the Lane and Alway buildings. Together these will define a comprehensive and integrated state-of-the-art, leading edge education and knowledge facility. As you know from prior Dean's Newsletters, we received "Site and Concept" approval from the Stanford University Board of Trustees on October 11<sup>th</sup> for the Learning and Knowledge Center (LKC). This approval enabled us to make a highly successful presentation to the Liaison Committee on Medical Education (LCME), which accredits all U.S. medical schools, during their October 16-19 site visit. We will be selecting the lead architect for the LKC later in January; we anticipate a design phase this year and ground breaking in 2007. We currently foresee opening the LKC in 2009 in conjunction with the celebration of the Fiftieth Anniversary of the School's move from San Francisco to the Stanford Campus.

In addition to the LKC, we are planning other onsite facilities construction and renovation projects. Foremost among these is Stanford Institutes of Medicine #1 (SIM1), which will be a 200,000-gasf-research building housed on the parking lot south of CCSR. SIM1 is also slated for completion in 2009/2010. In addition to providing research space for faculty associated with the Stanford Institute for Stem Cell Biology and Regenerative Medicine, the Stanford Comprehensive Cancer Center and the Neuroscience Institute at Stanford (all of whom will have departmental appointments as well as Institute affiliations) SIM1 will also permit a much needed expansion of the Research Animal Facility (RAF). Thus SIM1 will provide opportunities for faculty affiliated with both the Institutes of Medicine and School of Medicine departments.

In tandem with new facility planning, we are also actively exploring much needed infrastructure renovations of the 1959 facility (aka the GALE complex) that will allow us to update wet and dry laboratories and related administrative space. Because these facilities are of critical importance to our immediate future, these renovations are also expected to occur during the next several years. Further, we will soon begin the planning for SIM2 with the hope that this facility can come on line between 2010 and 2015.

While my major goal remains developing research and education facilities that are closely linked to the current medical school, medical center and university campus, we are also developing off-site plans, some interim and some potentially more permanent. We have leased the 1050 Arastradero facility, a 70,000-gasf research building, which will house portions of the Regenerative Medicine and the Neurosciences Institutes until SIM1 is completed. This facility is currently being renovated, although portions of it are being occupied now. In addition, the Pathology Department has relocated the Blood Center, as well as several important research laboratory programs, to Hillview Avenue in the Stanford Research Park near the VA complex. We also continue to lease space on

California Avenue for the Genomics Centers and other off-site space for animal facilities. We are also seeking additional research space to help various departments and will soon decide on the site and development plans for that site.

All told, you can see that we have significant plans for renewing and redeveloping our medical school facilities. One of the additional and very important benefits this planning offers is the opportunity to develop a far more integrated School of Medicine campus that would more optimally align the school to both our affiliated hospitals and the university. Highly relevant to these goals are the plans for the Science and Engineering Quad 2 (SEQ2) that are currently under development. SEQ2 will house a new Energy and Environment Building along with engineering facilities, including a new Bioengineering Building, which relates to the Department of Bioengineering, a joint department of the Schools of Engineering and Medicine. It will connect to the School of Medicine by a walking mall along what is now Via Ortega. In addition, both Stanford Hospital & Clinics and the Lucile Packard Children's Hospital are planning revitalization and renovation projects that will offer additional opportunities to develop a more integrated medical center campus. Without question, the Stanford Medical School of 2015 – and the Medical Center and University – will have a more integrated, exciting and up-to-date functionality than it does today. Your roles as stewards and leaders of this transformation will be important – and of course, much appreciated.

Needless to say, financing these facilities will be an important and significant challenge. This challenge is one of the reasons why I have felt so strongly the need to craft a development plan that is focused – but also bold and far-reaching. As noted above, considerable time and energy – certainly on my part – but also from other members of our community will be needed to meet our goals. Over the past 2-3 months we have worked on a 10-year financial forecast for the school that has enabled us to develop a funding plan that uses school and university resources along with philanthropy to fund these projects. There is no denying that this will be a challenge to achieve – but I do believe we can and will be successful. Our ultimate success depends to a great degree on our mutual and shared investment in each other and the future of the school. I believe we have an opportunity to further propel Stanford in the very highest echelons of research-intensive schools of medicine. But to do so it will necessary for each of us – students, faculty, departments, institutes and school – to be aligned and to share in shaping a future of true success.

### **The Infrastructure Charge and An Attempt to Provide Some Mitigation**

During the past couple of months department chairs and faculty have raised a number of concerns about the impact of new infrastructure charges that went into effect on September 1, 2005. These new charges, which were put in place by the university, were having a negative effect on training fellowships and related grants, particularly those available for fellows and junior faculty. In response to these concerns, I have been working with Marcia Cohen, Acting Senior Associate Dean for Finance and Administration, and Doug Stewart, Associate Vice President, Office of Medical

Development, to determine what options the school might have. As important as the infrastructure charges may be – and I believe they are important - they are having a number of unintended consequences. It was our goal to mitigate some of these consequences as much as possible.

As a result of our deliberations, we have decided that the Dean's Office will provide the funding for the infrastructure charges on expendable gifts and grants (including fellowships) from foundations and associations that provide written confirmation of their policy not to pay indirect overhead costs. This policy change was communicated to the School's Executive Committee on January 6<sup>th</sup>. However, when it is determined that the sponsor will pay indirect costs, the infrastructure charges will need to be funded from the sponsor/donor or another departmental source. The Dean's office will only cover the costs when there is written confirmation that the foundation or association does not pay indirect charges.

I should add that in accepting these fellowships and grants we are incurring real costs - but I believe that it is worth doing so in order to support trainees and junior faculty. We estimate that this change in policy will cost the Dean's Office approximately \$1M in 2006 and likely nearly twice that in 2007. Clearly this will have consequences in our ability to provide funding to other important areas or needs.

The Research Management Group (RMG) and the Office of Medical Development (OMD), in conjunction with the Office of Sponsored Research, will work with faculty who are submitting grant proposals or accepting donations and awards to ascertain whether the sponsor will pay indirect costs. Again, in cases where it is determined that the foundation or sponsor will pay indirect costs, the infrastructure charges (or sponsored project indirects, as appropriate to the type of funding) should be funded from the sponsor/donor funds (or another departmental source).

I hope that this plan, which we have made retroactive to September 1, 2005 (the date the new university policy went into effect), will be of help to you, your students/fellows and faculty. We will re-evaluate this plan in three years.

## **Welcome to Our New Chairs**

I am very pleased to officially welcome Drs. Jonathan Berek, who is joining Stanford this month as our new Chair of Obstetrics and Gynecology, and Dr. Frank Longo, who commences his leadership role as our new Chair of Neurology. It is wonderful to include these two new leaders in our Stanford Medicine community.

I also want you to know that the searches for the next Chairs of Medicine and of Pediatrics are actively underway. Candidates for both positions began visiting Stanford and will continue to do so during the weeks ahead. I hope by late spring to early summer we will be able to announce the new Chairs of Medicine and Pediatrics.

## **Awards and Honors**

**Richard Myers, PhD** (Director of the Stanford Human Genome Center) recently delivered the commencement address at his alma matter, University of Alabama, Tuscaloosa. Myers captivated the audience with his description of advances in the field of genetics that are leading to the development of personalized medicine. In addition, Dr. Myers received an Honorary Doctorate in Humane Letters from the University of Alabama. Congratulations to Dr. Myers!

**Hans Ringertz, MD, Ph.D.**, (Visiting Professor of Radiology – Pediatrics) has been elected Honorary President of Computer Assisted Radiology and Surgery at the 20<sup>th</sup> International Congress and Exhibition, sponsored by the Science Council of Japan. Congratulations to Dr. Ringertz!

**Atul Butte, MD, Ph.D.**, (Medicine – SMI) and **Amar Das, MD, Ph.D** (Medicine - SMI) received Research Starter Grants from the Pharmaceutical Research and Manufacturers of America (PhRMA). Considering the organization makes up to three such awards each year nationally, it is remarkable that both of these doctors from Stanford Medical Informatics received the grants in the same year! Hats off to Drs. Butte and Das!

## **Appointments and Promotions**

- **David Cornfield** has been appointed to Professor of Pediatrics (Pulmonary), effective 12/16/05.
- **David Paik** has been appointed to Assistant Professor (Research) or Radiology, effective 01/01/06.
- **John Pringle** has been appointed to Professor of Genetics, effective 12/16/05.