

Dean's Newsletter

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Retreating Forward

The fifth annual School of Medicine Strategic Planning Leadership Retreat took place on January 26-28th at Carmel Valley. Its purpose was to assess where we have been as a school during the past several years, where we are now, and where we are going in the future. The first of the leadership retreats that have occurred during my tenure as Dean took place in January 2002. At that retreat we codified the nearly ten months of prior planning that led to the School's strategic plan, "*Translating Discoveries.*" The retreats since then have assessed our progress and helped refine – and where necessary redefine – our course and direction. Equally important, these annual gatherings have helped bring our diverse community together to share a common understanding and, ideally, to move forward with a more unified resolve to address current and future challenges.

Approximately 90 individuals attended this year's retreat. Attendees included department chairs, senior associate deans, hospital and university leaders, university trustees, and representative staff, student, resident and fellow leaders. The breadth of this group reflected the varied constituencies that comprise a modern academic medical center. Indeed, one of the noteworthy challenges faced by Academic Medical Centers, including Stanford, is that one or another of our core missions (i.e., education, research and patient care) could become at odds with another – or with the overall directions or changes we need to engage in order to be a leader among research intensive schools of medicine.

This year we invited two guests who helped frame the dynamic changes that are now impacting academic medical centers writ large and that are likely to cause increased rifts if we do not anticipate and plan for them nationally. One of these, the Honorable John Edward Porter, former 21-year Congressman representing the 10th district of Illinois, spoke on the evening of January 26th about the political forces impacting science and technology, including the NIH. You may recall that recent issues of the Dean's Newsletter addressed both the current challenges to funding from the National Institutes of Health and the impact of religion on science. During his tenure in office, Mr. Porter

was a true champion of the NIH, and he helped frame the case for the doubling of its budget that occurred in the 1990's. In looking at the current situation, he expressed similar concerns to mine regarding the impact of the budget reductions on the nation's investment in biomedical research.

Mr. Porter also previewed for us the American Competitive Initiative that was discussed in the President's State of the Union speech on January 31st. Increased funding for science and technology is important and welcome, and the American Competitive Initiative will hopefully have an impact on better supporting the physical and engineering sciences. At the same time, as I discussed in my last Newsletter, annual increases of funding to support biomedical research are also essential to our competitive edge. Needless to say there are many opportunities for the intersection of the physical and life sciences at Stanford – as is so evident from the Bio-X initiative. Indeed, we are likely better poised for such interdisciplinary research than virtually any other research university.

The message we heard from Mr. Porter echoed many of the concerns I raised in my last Newsletter, and I am more convinced than ever that it remains incumbent on us to seek creative solutions. One idea that Mr. Porter commented on – and that Ryan Adesnik, Director of Federal Relations, reaffirmed in his presentation at the retreat – is the importance of forging an alignment between academia and industry to better convey the importance of the nation's investment in biomedical research. (They pointed to the collaboration between industry and the physical and engineering sciences communities to make the case for the American Competitive Initiative.) Accordingly, I took this message to the Board meeting of the California Health Care Institute, which includes CEOs of major California Biotechnology as well as Pharma and academic leaders, on February 1st. Thankfully, there was considerable receptivity to my message, and we will now plan how to bring that more unified message to Washington this spring.

In addition to the important message from Mr. Porter, we also heard a provocative and thought-provoking speech from Victor Fuchs, Henry J. Kaiser, Jr. Professor of Economics and of Health Research and Policy, Emeritus and Senior Fellow at the Institute for International Studies, on the evening of January 21st. He spoke about the current and future challenges in health care and its impact on academic medical centers. Professor Fuchs has long been one of the nation's leading experts in health care economics, and he raised a number of important questions for all of us to ponder. He readily acknowledges the many deficiencies of our current health care system and, together with Ezekiel Emanuel, Chair of the Department of Clinical Bioethics at the Warren G. Magnuson Clinical Center at the National Institutes of Health, has offered an insightful alternative based on a voucher model (see "*Health Care Vouchers – A Proposal for Universal Coverage*". *NEJM* 2005; 352:1255-1260). Professor Fuchs believes this approach is much more viable than a single payer system, and he also proffered that the recently proposed Health Savings Accounts are unlikely to control costs. In fact, in a statement related to the President's health care proposal, he noted that "these accounts are mostly just another tax shelter for high-income people...I don't see them solving the significant health problems of our time."

I certainly concur with this viewpoint and would argue that we need a much more fundamental overhaul of our health care system in the United States. Indeed, despite the excellence of care provided in some sectors (and of course I would like to include Stanford in that mix) the USA is a world leader only in the amount of money that it spends on health care (now above 16% of the GDP) and on administrative overhead!

Professor Fuchs' comments regarding the future of academic medical centers were also sobering in light of the high cost for our core missions in education, research and patient care – which may prove unsustainable over time. Indeed, he remarked that the fact that we AMC's have three missions (or “product lines” as he preferred to call them) constitutes one of our significant challenges, especially given not only the costs for education and research but also the likely decreases in future margins in patient-care revenues. He pondered whether there was a way to align these “product lines.”

While I would argue that each of our missions is important in its own right, I believe that we have made more progress at Stanford than is likely the case at most academic medical centers in better aligning these discrete areas under our banner of *Translating Discoveries*. I must immediately confess, however, that I have not been thinking about our missions as “product lines,” although I can see the relevance of that way of thinking in assessing the economic impact of or threats to these areas. That said, the level of integration we have achieved was apparent in the presentations that took place at the retreat. This is not accidental - it has been very much my intent to seek ways to more optimally align our missions in education, research and patient care. Achieving that goal clearly requires close collaboration with all of our important constituencies across the School and University.

Indeed, by focusing our educational programs on training future physicians and bioscience students to pursue careers that include discovery, innovation, translation and leadership, we are more closely aligning our training programs to research and patient care missions. Further, as we discussed at the retreat, we have taken a comprehensive approach to educating leaders across all of our programs. These include:

- The Scholarly Concentrations featured in the new medical school curriculum, which have been developed under the leadership of Senior Associate Dean Julie Parsonnet.
- The opportunities available through the MD/PhD programs (which we are seeking to expand) that are led by Professor Greg Barsh.
- The soon to be introduced Masters in Medicine for PhD students led by Professor Ben Barres.
- The future Advanced Residency Training at Stanford (ARTS program) for residents and clinical fellows that is being developed by Professor Sam Gambhir.

Each of these programs is aimed at equipping graduate and post-graduate students with the knowledge and skills to discover, innovate and, where appropriate, translate research to improve patient care.

We are also in the process of drawing these missions more closely together by featuring educational opportunities, such as Scholarly Concentrations, in each of the major research disciplines presently represented in the Stanford Institutes of Medicine. And, as you know, the Stanford Institutes of Medicine themselves are closely aligned to specific clinical centers at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Indeed, at the retreat we heard some terrific progress in how each of the Institute programs are engaging members from the broad university community and creating opportunities for innovation and discovery related to clinical challenges. Thus, while the distinctions among our three missions must be respected because of what they do in their own right, we have also developed a path to connect them – which will surely place us in a stronger position in the future. Further, we have also developed closer connectivity with other Schools in the University through our education programs and the Stanford Institutes of Medicine. This should provide an additional source of excellence and strength to help buffer us through the changing landscape of health care financing that we will surely experience in the years ahead.

There is no question that we have made progress in each of our key initiatives. But there is no doubt that we have a long way to go in order to fully secure the future of these initiatives. This is an effort that will require ongoing diligence, planning, coordination and cooperation. I am grateful to all who have worked so hard to get us to this point – but it will only be through our cooperative efforts that we will make the necessary progress in the months and years ahead.

If you are interested, the reports and proceedings of the 2006 Leadership Retreat will soon be available on our Website <http://medstrategicplan.stanford.edu/>.

Learning About Medical Development

While strategic planning is an essential component of our programmatic future, the full realization of our programmatic and capital needs requires considerable funding and support. In the January 9, 2006 issue of the Dean's Newsletter, I reported on the comprehensive facilities plan that we have for the School of Medicine. In addition, we have enormous programmatic needs that have been developed collaboratively between the School and Stanford Hospital & Clinics as well as the School and the Lucile Packard Children's Hospital. Indeed, in totaling all the various needs we have identified to date (as well as those that will emerge from basic and clinical departments) we are looking at upwards of \$1B in fundraising needs during the next 5-7 years. Achieving these significant goals will require enormous efforts from our faculty leaders and tremendous support and cooperation from our Office of Medical Development.

On Friday afternoon of the retreat we turned our attention to the exciting opportunities and challenging needs we face in raising more private support to achieve our vision. Martin Shell, the University's Vice President for Development, updated us on the status of the major fundraising campaign that Stanford is planning. This will be Stanford's first "comprehensive" campaign in nearly two decades, meaning that it will embrace all of the University's various units and programs. The Medical Center will play

a major role in this endeavor. Doug Stewart, Associate Vice President for Medical Development and Alumni Affairs, updated us on the progress made by the Office of Medical Development, which is moving swiftly to hire impressive new staff and align those staff and other resources around our campaign priorities. Doug and his colleagues explained the planning process that OMD has led during the past ten months to bring greater specificity or "granularity" to the visions of the Institutes and other major priorities from the School and Hospitals, an exercise that has already helped us build credibility among key University leaders. The fundraising opportunities that emerged are exciting and embrace the entire range of our educational, clinical and research agendas. More work will be continuing in the coming months to refine the goals.

Saturday morning saw a change of gears as we launched our "Development Academy" -- a program intended to give School of Medicine faculty greater appreciation of their roles in the development process and to enhance their effectiveness in engaging prospective donors and working with the development office and institutional leaders to maximize gift potential. Doug Stewart shared his insights about how generational differences affect individuals' attitudes about money, philanthropy and institutions, and led us through an exploration of the many perspectives and motivations of donors. The "Cycle of Successful Development," from identification of prospective donors, through their engagement and eventual solicitation, was covered.

To make some of the theory come alive, the morning concluded with several exercises that involved retreat participants playing roles in fundraising situations with prospective donors. I think everyone agreed this was a fascinating and useful program that made all of us aware of our important roles in the development process.

You will be hearing more about the Development Academy soon. Seminars are planned on topics including how clinical faculty can work effectively with prospective donors, and how all of our faculty can identify and engage effectively with foundations.

A Milestone for Our Nascent Cancer Center

Following three years of planning, Stanford's 1,200 page proposal to become a National Cancer Institute designated Comprehensive Cancer Center was submitted to the National Institutes of Health on February 1st. This represents the first time that a proposal to become a Comprehensive Cancer Center has actually left Stanford, and it is a milestone in the evolution of our institutional planning in cancer research, treatment and prevention. During the past three years many dozens of individuals have worked diligently to achieve this benchmark. I want to particularly thank each of our faculty leaders and, in particular, Dr. Karl Blume, Professor of Medicine Emeritus, who nearly single-handedly laid the foundation for the grant by bringing together members of our basic and clinical science community – along with colleagues across the university – to formulate the initial planning for the grant submission. He also played a key role in establishing the very important affiliation with the Northern California Cancer Center, which adds considerable strength to the population science components of the grant. This also led to the recruitment of Dr. Dee West as Professor of Health Research and Policy.

Dr. West is a highly recognized authority in this area of investigation and is now working with the Stanford community to enhance our programs in population science.

A major step forward in our march to apply to the NCI occurred last summer with the recruitment of Dr. Bev Mitchell, Professor of Medicine and Associate Director of the Comprehensive Cancer Center, from the University of North Carolina. Dr. Mitchell has worked tirelessly along with Drs. Steve Leibel, Medical Director of the Clinical Cancer Center, and Dr. Irv Weissman, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Developmental Biology, and Principal Investigator for the Comprehensive Cancer Center. Each of the Project and Core Program leaders did an outstanding job in the preparation of the exciting proposal that has now been submitted to the NCI. While we will need to wait for the formal review process, I am encouraged by the excellent feedback that we received from two external advisory committees and consultants, and I am optimistic about our ultimate success. That said, this is a highly competitive process and we all envision that our proposal will be highly scrutinized during the review process. Currently we anticipate a site visit in May and news about our success (note I am not mentioning failure) sometime in the summer. If we are successful we will be on three-year interim cycle with the final approval occurring at that time (likely about 2009).

I also want to thank Ms. Joanne Murphy, Associate Director for Administration, and the many other individuals who worked so hard to bring this project to its current state of fruition. Regardless of how it turns out it is a great credit to our Stanford community that we achieved this important milestone. Obviously additional updates will follow in time!

Emergency Preparedness

On Tuesday January 24th the Stanford University Medical Center hosted a community education session entitled “Emergency Medicine at Stanford”. I co-hosted this event with Ms. Martha Marsh, President and CEO of Stanford Hospital & Clinics.

We are all cognizant of the dramatic realizations about community readiness that have occurred in the wake of 9/11 and Hurricane Katrina – and that are now being anticipated for an influenza pandemic. These events have all too poignantly revealed the vulnerability of our support services, and they underscore the importance of becoming better prepared – as individuals, medical centers and communities. While national preparedness is important, the stark reality is that when a natural or man-made disaster does occur its impact is local – and the affected community is often on its own for the first days. Certainly the Medical Center has been actively involved in emergency preparedness, but we also recognize that our resources would be limited in the event of a major event. – This realization underscores the importance of developing a more integrated plan that encompasses the university as well as our regional communities. In this regard, the University has also been refining its Emergency Management Program and has recently presented its findings to the University Cabinet and Senate, as recently

described in the Stanford Report (see <http://news-service.stanford.edu/news/2006/february1/planning-020106.html>).

The focus of the January 24th presentation was on medical preparedness and was led by Drs. Paul Auerbach, Clinical Professor of Emergency Medicine, and Robert Norris, Chief of the Division of Emergency Medicine in the Department of Surgery. They reviewed the current status and range of programs and their efforts to further enhance them for future serious events. In addition, a series of presentations focused on more specific areas of interest including “Prepared for Disaster” by Dr. Eric Weiss, “Weekend Warriors” by Dr. Daniel Garza, “Life-Threatening Emergencies” by Drs. James Quinn and Rebecca Smith-Coggins and “Wilderness Medicine” by Dr. Robert Norris.

Attendance was robust and interest high in the topics that were presented. I want to offer my thanks and appreciation to the program leaders and faculty for outstanding jobs and to the Office of Medical Development for their care and attention in coordinating the event and making it so successful.

SUMMA 2006

The 2006 Annual Stanford University Minority Medical Alliance (SUMMA) Conference occurred on Saturday February 4th. Second Year Stanford Medical Students Chioma Agbo, Alex Red Eagle, and Reza Ehsanian organized the conference. SUMMA is a coalition of Stanford medical students, including representative from Student National Medical Association (SNMA), Latino Medical Student Association (LMSA), and Stanford American Indigenous Medical Students (SAIMS) that is committed to recruiting and retaining underrepresented medical professionals. The goal of the SUMMA is to increase the number of minorities in the health professional fields in order to better serve African American, Latino and Native American communities.

Each year, SUMMA hosts the largest minority premedical conference on the west coast, typically drawing 400-600 attendees each year. While the majority of attendees are in college, a number of high school students also attend. The goal of the conference is to increase the number of minority applicants to the health professional fields. It provides both broad educational topics as well as focused practical advice, including how students can become better applicants to medical school, such as the actual application process, MCAT preparation, interviews, etc. The conference is organized and run by students – and represents a major commitment of their time and energy. I want to thank Chioma, Alex and Reza for all they did to make the conference so successful

Clearly, enhancing opportunities for minority students to better establish their interests in medicine and science and to be successful in gaining admission to professional and graduate school is a high priority for the School of Medicine and University. This is also a major focus of a number of faculty whose commitment to improving diversity has impacted significantly on the School. While numerous faculty are engaged in this effort, I want to thank in particular Drs. Ron Garcia, Gabe Garcia, Fernando Mendoza and Hannah Valentine.

An Update from the Office of Diversity and Leadership

Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, and Barb Miller, Associate Director, have provided two updates regarding our efforts to continue leadership development as an essential component of career growth in the School of Medicine.

First, they report that the first group of School of Medicine Faculty Fellows has been chosen. This program was announced in November and represents an important component of our leadership enhancement efforts throughout the School and Medical Center. Importantly, thanks go to all of the nominators who took time to put candidates forward. In fact, fifty-six nominations were received, and the selection committee consisting of Drs. Hannah Valantine, Fernando Mendoza, Oscar Salvatierra and Bill Mobley, had a challenge to narrow the group down to those who could be offered entry to this year's program. While the original plan was to limit the size of the group to 10 individuals, because there were so many outstanding applicants, the inaugural group was expanded to 17.

The first School of Medicine Faculty Fellows are: Drs. Janice Wes Brown, James Chen, Clifford Chin, Sheila Coogan, Myriam Curet, Ricardo Dolmetch, Ramona Doyle, Tracy George, Iris Gibbs, Sabine Girod, Hayes Gladstone, Anthony Oro, Minnie Sarwal, Eric Sibley, Eric Sokol, Karl Sylvester, Sharon Williams. I will have the opportunity to speak at the Faculty Fellows program and I look forward to getting to know each of the Fellows better.

Second, Dr. Valantine asked me to let you know that a series of workshops on leadership for women will be initiated in February. The information about this program follows:

Women and Leadership Conference

12-5:30 pm Thurs., Feb 16, and 8:30-5:30 pm Friday, Feb. 17.

<http://ethics.stanford.edu/wlconference/index.html>. **To register, send an email message to bmore@stanford.edu.** Registration will be limited.

Workshop on Leadership, Management, and Influence

Professor Neale and her Graduate School of Business colleague Professor Deborah Gruenfeld in February and March. The sessions will be from 12 - 5 pm on Fridays Feb. 24, March 3, and March 10; and from 9 am - 12:15 pm on Saturdays Feb. 25, March 4, and March 11, with a closing lunch from 12 - 1 pm on Sat. March 11. **To register, send an email message to facultydevelopment@stanford.edu** Registration will be limited.

Where There's a Woman There's a Way: the Path to Leadership in Higher Education

The Northern California Chapter of the Office of Women in Higher Education of the American Council on Education is sponsoring a daylong workshop about academic leadership in San Francisco on Friday, March 24 for women faculty at Northern California colleges and universities. Stanford is one of the sponsoring universities. The program and instructions on how to register can be found at <http://www.sonoma.edu/socsci/ace-owhe/index.htm>. *There is a \$75 early registration fee, but the Faculty Development Office will reimburse the fee for women faculty who attend, so save the receipt you will receive and send it to us after the conference.* Registration will be limited.

In addition, Dr. Valentine has invited all participants at the February 16th program to join her for dinner afterward. Please let Barb Miller know if you are interested in joining Dr. Valentine for dinner and if you are attending any of the workshops. Barb Miller can be reached at bemiller@stanford.edu.

Leadership Training in Pediatrics

At the Lucile Packard Children's Hospital Board of Directors Meeting on Tuesday, January 31st, Dr. Ken Cox, Chief Medical Officer (LPCH) and Senior Associate Dean for Pediatrics and Obstetrics, provided an update on the Physician Leadership Program, entitled Packard Basics 2012, which he is leading with Mr. Chris Dawes, President and CEO of LPCH, and Jane Binger, RN, EdD. This is a seven-year initiative designed to foster and develop leadership and performance skills for the 81 physician leaders currently at LPCH. It is based on the highly relevant view that strong administrative leadership skills are necessary to assure that LPCH – and the School – achieve their strategic initiatives.

The program is divided into modules. The first includes a self-assessment, workshops and discussion groups, 360-feedback and goal setting. To further enhance this program an online LPCH Knowledge Bank is being developed to provide new leaders with facts and resources to handle leadership challenges.

This is an important program and I certainly commend Dr. Cox, Mr. Dawes and Dr. Binger for their own leadership and efforts. Of note, a leadership forum is also being sponsored by SHC thanks to the efforts of Dr. Joe Hopkins. Putting together the Hospital programs with those of the School shows that we have an increasing array of leadership development opportunities now available across the medical center – which is certainly welcome and important news.

Awards and Honors

We are proud to announce that two Stanford MD students - *Yashar Kalani and Dora Castaneda* – have just been awarded Soros Fellowships. The Paul and Daisy Soros program was established in 1997 and recognizes the extraordinary academic

achievements of immigrants or children of immigrants. Others currently in the MD class with Soros fellowships awarded in previous years include Gabriel Tsao, Rajesh Gupta, Amy Chow and Katie Gladysheva. Since the Foundation selects only 30 students per year nationwide out of 1000, this is a tremendous track record for Stanford and a great honor to the students. Congratulations to Yashar and Dora!

Appointments and Promotions

- *Firdaus Dhabhar* has been appointed to Associate Professor of Psychiatry and Behavioral Sciences, effective 2/01/06.
- *Phyllis Gardner* has been promoted to Professor of Medicine, effective 2/01/06.