

Dean's Newsletter

May 30, 2006

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What is the Status of Our Medical School Education Programs?

Over the past five years, the partnership between the Dean's Office, led by Dr. Julie Parsonnet, Senior Associate Dean for Medical Education, and the Medical School Faculty Senate, led sequentially by Drs. Lorry Frankel, Oscar Salvatierra and Ray Gaeta, has resulted in the continued evolution and transformation of the Stanford Medical Student Curriculum. The New Stanford Curriculum was launched with the class that entered in the Fall of 2003. Some of the changes we made in the New Curriculum have also been adopted by other medical schools, while others remain unique to Stanford, although these have attracted attention and will likely be copied by some of our peer schools, including Harvard Medical School. Since 2003, further development has occurred, and the New Curriculum continues to be very much a work in progress.

For example, over the past decade a number of medical schools across the country, including Stanford, have recognized the importance of better aligning science and medicine throughout medical school. This is a welcome departure from the increasingly outmoded "preclinical" (i.e., basic science) and "clinical" divisions of the curriculum that traditionally divided the four years of medical school into halves. The New Stanford Curriculum seeks to accomplish this alignment by starting the basic and clinical science components of modern medical education at the outset of medical school. However, the continued growth of knowledge in both science and medicine, as well as in their important interrelations, makes it crucial to look beyond medical school itself and to provide students with a lexicon and roadmap for lifetime learning. The New Stanford Curriculum attempts to provide these tools for lifelong learning, in part by continuing the integration of science and medicine throughout all years of medical education. I have

long believed that we also need to continue this integration in a more coordinated manner during the transition from undergraduate medical education to residency and fellowship training. And while we have made a slight bit of progress in this area, we need to do much more. I hope we can successfully address this large unmet need during the years ahead.

One of the most distinctive aspects of the New Stanford Curriculum is the Scholarly Concentration, which is now required for all students who entered since August 2003. The Scholarly Concentrations are, in part, the result of an evolutionary process of change that goes back to the Medical Scholars Program and even further, to the so-called “Five Year Plan” that characterized Stanford Medical School in the 1960’s. Presently, there are 12 Scholarly Concentrations that offer a broad range of opportunities for learning and research or that permit students with specific interests or needs to define an individualized program of scholarship and research. From my point of view, the Scholarly Concentrations truly distinguish Stanford from other schools and emphasize both our academic strengths and our commitment to scholarship and research.

At the Medical School Faculty Senate meeting on Wednesday, May 17th, two presentations provided updates on the status and assessment of the Scholarly Concentrations. Dr. Russ Altman, Associate Professor of Genetics and Director of the Scholarly Concentration in Biocomputation, gave the first presentation. Dr. Altman reminded us of the mission statement that has guided the development of the Scholarly Concentrations:

Scholarly Concentrations are required, structured programs of study in the Medical Student Curriculum that promote in-depth learning and scholarship. The Scholarly Concentrations provide medical students with faculty-mentored scholarly experience in areas of individual interest combined with structured coursework to support this scholarship. This component of the MD curriculum develops critical thinking, skills in evaluation of new data, and hands-on experience with the methods by which new scholarly information is generated. Building these essential skills for leadership in medicine and research supports the institutional goals of innovation and scholarship and fosters lifelong enthusiasm for the field of Medicine.

This is an ambitious goal, but one that I strongly support. Indeed, if we are to train and develop the leaders and scholars who so clearly will be needed in the future, it is imperative that we work diligently to assure the success of programs like the Scholarly Concentrations. That said, they are challenging, and for students seeking the MD degree, they need to be coupled with equal rigor and excellence in the teaching and learning of clinical knowledge and skills. While we certainly try to offer such a program in the traditional four-year curriculum, my own strongly held belief is that at least five years are needed if students are to have the opportunity to truly develop the foundations for their skills in scholarship, research and clinical medicine. Thankfully, at Stanford, students can do a fifth year without incurring a significant financial burden – something that also distinguishes us from virtually every other medical school in the nation.

Dr. Altman pointed out that the scientific rigor and quality of the Scholarly Concentration research proposals have become increasingly stronger and more impressive during the past couple of years. Also, because they are now so integral to the student experience at Stanford, a brief summary of the student's Scholarly Concentration is included in the "Dean's Letter." I am pleased by this change since it further helps to differentiate and distinguish the excellence of Stanford medical students.

Dr. Altman also briefly discussed the new Applied Biomedical Sciences Program (ABSP) at Stanford, which is designed to maintain a connection to the scientific basis of medicine for students doing clinical rotations. In the ABSP, students will attend plenary sessions hosted by each of the Scholarly Concentration programs throughout the year. This will be complemented by other course work that will be included in the ABSP and which will further assure the active connections between basic and clinical science and medicine.

Efforts are also underway to provide academic homes for Scholarly Concentrations within the relevant Stanford Institute of Medicine. While these types of linkages are important in better aligning our missions in education, research and patient care, it is also important to make sure we avoid having students become narrowly specialized too early in their careers. Careful advice and mentoring are essential to make sure students are making the most optimal choices for their career development.

We are also continuing to assess, evaluate and improve the overall quality and impact of the Scholarly Concentration program. In this regard, Dr. David Fetterman, Director of Evaluation, made the second presentation at the Medical School Faculty Senate meeting. He offered updates regarding the Scholarly Concentrations from the Student Body Survey that was done in preparation for the LCME site visit. It is certainly notable that over 80% of Stanford students had participated in research when the LCME survey was done in 2004-2005 (a percentage I would imagine has further increased) and that the majority of students found it to be a valuable experience. They reported that their research experience had made them more well rounded, better able to pursue compelling topics, and more competitive in applying for residencies. At the same time, a number of important challenges were identified – all of which need to be (or are being) addressed. These include improving the orientation and communications about Scholarly Concentrations requirements and devising better ways to establish links between students and potential research supervisors. Thanks to the efforts of Dr. Pat Cross, Professor of Structural Biology and Associate Dean of Student Affairs, an on-line communication tool will soon be available to help address these issues. In addition to the need to ameliorate the scheduling conflicts that occurred during the initial phase of the program, students also identified the importance of better standardizing core requirements and expectations for the Scholarly Concentrations.

Importantly, there was considerable overlap in the student assessments of the Scholarly Concentrations and those of the faculty and a commitment to further improve the student experience. Given the stage of development of this program, it is not

surprising that deficiencies as well as strengths have been identified. And while there is a commitment to work diligently to rapidly address the problems highlighted by students or faculty, I suspect that there will always be a need for further refinements and improvements in this program – and indeed, in our overall curriculum. No curriculum or programmatic change will remain excellent without such a commitment - which, thankfully, we all share.

Medical Student Research – the Heart of the Matter

Among the things that pleased me most at the 23rd Annual Stanford Medical Student Research Symposium held on May 17th was the enthusiasm and excitement of the students presenting their research – and of those learning about what their student colleagues were working on. In my opinion and experience, the analytic skills developed during a research experience help make one a better physician, whether or not investigation becomes the dominant part of one’s career. At the Symposium, 30 students offered 33 poster presentations, as follows:

Student	Faculty Advisor	Topic
Winifred Adams	Donna Peehl	SAHA and androgen receptor induction in primary prostate epithelial cultures
James Andrews	Anthony Wagner	Relating anatomical and functional variability in the inferior frontal gyrus: qualitative vs. quantitative approaches
Roger Bartolatta	Garry Gold	Open MRI assessment of Fryette’s Law in lumbosacral mechanics
Bill Bragg	Stuart Goodman	Histomorphometric analysis of the inflammatory response to titanium particles in wild-type and IL-R1 knock out mice
Dora Castaneda	Gary Steinberg	Both signal pathways of MAPK/Erk and PKB/Akt are involved in ischemic damage/survival after stroke in rats
Bruno Chazaro-Cavero	Peter Lee	Immunology of tumor draining lymph nodes in breast cancer
Nina Chinosornvatana	Kay Chang	Grading of ototoxicity
Richard Chiu	Stuart Goodman	Bone marrow mesenchymal stem cells lose their osteogenic potential after exposure to polymethylmethacrylate particles in a non-osteogenic environment
Eric Cornidez	John Broke-Utne	Does hypothermia during neurological anesthesia decrease brain temperature
Emily Curran	Paul Fisher	Gender affects survival from medulloblastoma only as a function of age: a SEER Registry study
Monica Eneriz-Wiemer	Oscar Salvatierra	Successful high-risk renal transplantation of small children with a completely thrombosed inferior vena cava

Rebecca Flyckt	Maurice Druzin	Outcome of pregnancies complicated by systemic sclerosis and mixed tissue disease
Simon Hanft	Theo Palmer	Adult hippocampal neurogenesis and hippocampus-dependent memory are protected by rosiglitazone and indomethacin in the face of a neuroinflammatory stimulus
Andrew Hsu	Victor Tse	In vivo bioluminescence and near infrared fluorescence imaging of orthotopic U87MG-luciferase xenographs: tumor volumen correlation with MR imaging and visualization of integrin $\alpha_v\beta_3$ expression
Yashar Kalani	Roel Nusse	Wnt proteins as tools to manipulate neural stem cells
Jessica Les	Jose Montoya	Perception of pregnant women toward threat of congenital toxoplasmosis in Cali, Columbia
Jason Liauw	Gary Steinberg	Neural progenitor cells enhance symptogenesis in neuronal cultures: a thrombospondin dependent mechanism
Helen Liu	Howard Chang	Role of the developmental gene SALLA4 in cellular quiescence
Michael Mancuso	Calvin Cu	Egfl7: a novel regulator of angiogenesis
Gladys Martin	Lawrence Hammer	Do parent's perception of their child's weight influence their child's BMI: A cohort study of 150 parent-child pairs of nine years
Everett Meyer	Dale Umetsu	iNKT cells require CCR4 binding of CCL17 to localize to the airways where they are necessary and sufficient for inducing airway hyperreactivity
Deepika Nehra	Lawrence Recht	On the origin of gliomas
Delene Richburg	Denise Johnson	Breast MRI and surgical outcomes in young women
Farazad Soleimani	Laurence Baker	Learning from mistakes in New Zealand hospitals: what else do we need besides "No-Fault"
Farazad Soleimani	Henry Greely	Learning from mistakes in US hospitals; what factors do influence error reporting behavior
Joshua Spanogle	Stuart Goodman	VEGF increase in periprosthetic osteolysis is secondary to increased numbers of macrophages at the bone-implant interface
Victor Tubbesing	Bradley Hill	Decellularization procedures for small-caliber vessels: cellular and biomechanical evaluation
John Van Arnam	Mark Krasnow	A transgenic mouse for the clonal analysis of pulmonary mesenchyme
Anand Veeravagu	Victor Tse	Characterization of angiogenesis in GL26 murine-derived glioblastoma multiforma using dynamic contrast enhanced MRI

Jenny Wilson	Rebecka Peebles	<ol style="list-style-type: none"> 1. Ethnicity and bone mineral density in adolescents with eating disorders 2. Self-injury in adolescents with eating disorders: correlates and physician bias 3. Surging for thinness: identifying a methodology
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I recognize that these projects represent but a sampling of the research currently being pursued by our medical students, but the broad diversity of interests and topics being addressed is certainly notable – and impressive. I want to congratulate all the students who presented this year and thank their advisors and mentors. I certainly look forward to witnessing the work of future students in the years ahead!

A Big Week for Cancer Programs at Stanford

Approximately four years ago I charged a task force led by Professor James Nelson, Senior Associate Dean for Research, Graduate Education and Postdoctoral Affairs at the time, to examine the future institutional role of the School of Medicine in cancer research, treatment and prevention. Stanford was then, as it is today, widely recognized for its many fundamental contributions to cancer biology as well as its groundbreaking innovations in cancer treatment. Yet it was one of the only medical schools in the country that was not an NCI-designated Comprehensive Cancer Center. As always, there was a history behind this curious situation.

I had been informed soon after my arrival at Stanford in 2001 that various attempts had been made over the years to become a comprehensive cancer center but that each had been foiled for one or another reason – largely having to do with different perceptions of mission or with resource allocation issues. Having spent some 23 years as a physician-scientist working in the Intramural Program of the National Cancer Institute, I confess a strong bias in favor of Stanford becoming an NCI-designated Comprehensive Cancer Center (CCC). That said, the institutional commitment to such an effort is enormous, and it was important that the faculty consider the issues carefully and determine the best course of action. Indeed, even the application to become a CCC requires clear evidence of institutional support in such areas as the authority of the institute, the allocation and governance of space and faculty positions, and evidence of medical center wide financial contributions and commitments. In spite of these challenges, the task force felt that we should attempt to achieve this status.

As you know from previous Newsletters, we have been working toward this goal since the task force recommendation almost four years ago. On February 1st, 2006, we submitted our Comprehensive Cancer Center Application to the NCI. On May 23rd, we hosted the 24-member Site Visit Team and its 6 scientific administrative staff from the NCI. This was obviously a long-anticipated event. Countless individuals have worked with great resolve and commitment to move our application forward and bring us to the moment of the site visit. Dr. Karl Blume began to organize our efforts in February 2003 and did an extraordinary job of bringing diverse faculty interests into focus. Indeed,

without his many contributions, as well as the critical reviews from three External Advisory Group assessments of our program, I doubt we could have succeeded in getting to this point. Along the way we were most fortunate to persuade Dr. Irv Weissman to take on the role of Principal Investigator. Because of his knowledge, skill and tremendous respect at Stanford and beyond, Dr. Weissman was able to engage our broad community in a very positive way. Indeed, as part of this process, Dr. Weissman even became an administrator (no further comments needed!). We were also most fortunate to recruit Dr. Steve Leibel from Memorial Sloan Kettering to be the Clinical Director of our burgeoning Center and Dr. Bev Mitchell, from the University of North Carolina, to serve as the Deputy Director. The addition of Ms. Joanne Murphy, Associate Director for Administration, completed the leadership team. Together have done a spectacular job in guiding the preparations of the grant and the site visit.

While the leadership team has proven critical, the soul of the NCI proposal lies of course in the 10 Program Projects and 10 Shared Resource Proposals that comprise the grant. Each of these proposals presents innovative, compelling and forward-looking opportunities to advance knowledge and translate discoveries to improve the diagnosis, treatment and prevention of cancer. These exciting research programs, along with the organization, focus, and evidence of institutional commitment to cancer, were presented to the Site Visit Team on May 23rd. I attended virtually all of the presentations and am proud to say that Stanford did a wonderful job. The presentations by the PI's and Co-PI's were compelling and complemented nicely the 1200 written pages that were submitted to the NCI in February. They tell a story of an institution that is ready and able to make a tremendous difference in the future of cancer research, care and prevention.

In tandem with our many efforts on the Comprehensive Cancer Center proposal, we have also been engaged with the Ludwig Foundation in an attempt to become one of six Ludwig Cancer Centers in the United States. This initiative began with the same task force that recommended that we pursue the CCC grant. I have been meeting with leaders at the Foundation for close to five years about this prospect, and Dr. Irv Weisman prepared the Ludwig Center proposal that we submitted to them. On May 22nd, along with Doug Stewart, Associate Vice President for Medical Development and Howie Pearson, Director of Principal Gifts and Development Legal Counsel, from the Office of Development, I visited with the Ludwig Foundation in New York City. At that meeting we learned that Stanford will indeed be a Ludwig Center and that we could make an internal announcement to that regard. This is wonderful news since it will supply strong financial support to our research programs in cancer and cancer-stem cell biology in perpetuity. I want to especially thank Dr. Weissman for his efforts on the proposal.

It will be summer before we know the results of the NCI's deliberations on our proposal to become a Comprehensive Cancer Center, and we all recognize that nothing can be guaranteed. But I must say that, regardless of the outcome, I was very proud of Stanford faculty on May 22nd and 23rd. We have virtually achieved our goal of becoming a Ludwig Center, and we have surely made a very good case to the NCI about our resolve to become a Comprehensive Cancer Center. At a minimum, after more than 30 years of

deliberation, Stanford has at least made the application - this alone has helped to excite our faculty and to develop a community of scholars committed to cancer!

I am deeply appreciative to all of the leaders who have gotten us to this important stage. But I am particularly indebted to our exceptional faculty and staff whose work is nonpareil and forms the basis for future hopes and accomplishments. It was a big week for Stanford's cancer programs and I am hopeful that this is just the beginning.

Addressing the Challenges of Diversity with Integrity

Since coming to Stanford one of my highest priorities has been to enhance the diversity of the School of Medicine and to do all that we could to foster a "Respectful Workplace." We have worked diligently, expeditiously and definitively to address any evidence of disrespectful behavior. Indeed we have had a zero tolerance policy regarding any reported infractions. Further we have been working assiduously to do everything we can to enhance diversity and promote career development. While there is no denying that we still have much work to do, I do feel that we have made progress and that senior leaders, particularly Drs. David Stevenson and Hannah Valentine, have worked beyond expectation to assure the integrity of our work place and the career development of students and faculty. Thus it was most disconcerting to find a highly critical and egregiously inaccurate article in the *Stanford Daily* about our work environment and our respect for women and minorities. While I am certainly open to receiving criticism, this article violates every principle of appropriate journalism and is lacking in scholarship and integrity. Together with Drs. David Stevenson and Hannah Valentine, we have submitted the following letter to the editor of the *Stanford Daily*. Separately, the Provost is also registering his very serious concerns about the report. It is most unfortunate that such irresponsible journalism attempts to damage the integrity our school. Here is the letter we submitted:

Dear Editor,

We appreciate the importance of student journalism. We also value responsible critiques of our progress and efforts as we attempt to address the challenging and important issues of equity and career development in academic medicine. Indeed, we have worked diligently during the past several years to address historical inequities and to make Stanford School of Medicine a leader in academic career development that values all forms of diversity. Thus, as the senior leaders for diversity, academic affairs and dean of the School of Medicine, we are compelled to voice our deepest concerns regarding the content of your article of May 25, 2006, entitled, "Med School Faculty Claim Systematic Discrimination." The portrait offered by Ben Eppler is highly distorted. The article confuses issues of the past with the facts of the present and fails to offer any context or verification for the extraordinarily biased and derogatory claims put forth by the writer and his "anonymous sources." Sadly, this striking example of irresponsible journalism occurred in part because the writer chose to ignore pertinent information provided to him. Mr. Eppler chose instead to write an article based on unfounded

allegations and insinuations, lacking in facts, riddled with innuendo and grossly inaccurate. Most importantly, his comments about women or minority faculty members in leadership positions constitute a direct attack on their competency, and they denigrate the many contributions these individuals have made in ensuring that Stanford has among the most diversified student bodies in the nation as well as a highly respectful workplace for faculty, students and staff. We cannot even speculate why the author chose to ignore important facts or to offer (as if they were facts) insinuations about the role of the government in suppressing a federal investigation – a notion that is totally ludicrous and categorically false.

The significant accomplishments that have occurred in the past several years to improve diversity and leadership by women and minorities in the School of Medicine have included revisions of the search process; education of search committees around issues of unconscious bias; and provision of resources to broaden the diversity of applicant pools. In addition, we have created major opportunities for leadership development of students and faculty and have, for the past five years, had a focused effort on the “respectful workplace” that has been a model for the university.

We clearly recognize that we have work to do to achieve the level of diversity and balance we seek for the school of medicine. We are proud that we have advanced this process in a multitude of ways with the highest degree of integrity, openness and transparency. Quite frankly, that is what makes this article so distressing. In its distortions and dearth of factual content, it is highly disrespectful of both the individuals and the institutions that are working diligently to improve personal and professional development.

Launching Plans for a CTSA Application

In 2005 the NIH announced plans for Clinical and Translational Science Awards (CTSA), which have as their goal the engagement of medical schools and academic medical centers in fostering the career development of future clinical and translational investigators. When the program is mature the CTSA will become the funding umbrella for the General Clinical Research Centers as well as institutional training awards (e.g, K12, K30, T32). For the first round of CTSA submissions, which were due April 1, 2006, an institution could apply for either the full grant or a training grant. Because we were already deeply committed to submitting our grant proposal to the NCI on February 1st to become a Comprehensive Cancer Center (see above), we elected to submit a planning grant with the recognition that we would submit the full grant proposal during the next cycle in 2007. I want to thank Dr. Mike Longaker, Deane P. and Louise Mitchell Professor, who did an excellent job in leading the effort for the planning grant submission.

During the last several weeks we have carefully considered the best way to optimize our efforts for our CTSA grant submission, which is due at the end of January 2007. While the CTSA is a new program, we have actually been preparing for it for the past several years under the banner of our strategic plan *Translating Discoveries*. Our

dedication to educating and training physician scientists has taken several programmatic forms. One is the Scholarly Concentration in clinical research in the Medical Student Curriculum. Another is the new Masters in Medicine program, which aims to provide substantive exposure to the challenges of clinical and translational research to our graduate students. A third is our planned program for Advanced Residency Training at Stanford (ARTS), which will enable selected residents and fellows interested in research to pursue graduate studies. All of these speak to a significant focus on educating and training a cadre of physicians and scientists who will be committed to clinical and translational research. The CTSA will help us further focus and refine these efforts with even more specific venues for educational opportunities. Along with our ongoing programs in education, the establishment of the Stanford Institutes of Medicine and their close alignment with the Centers of Excellence at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital also speak to our institutional commitment to translational and clinical research and its application to improving patient care. Thus, I believe that we are well positioned to prepare a strong application for the CTSA grant proposal.

Based on discussions with the NIH and with colleagues at other centers, we know that the institutional commitment to the CTSA must be further underscored by having a significant leader serving as the principal investigator. Because of Dr. Longaker's understandable desire to focus on his important leadership role in the Program for Regenerative Medicine and his own research program, I have asked Dr. Harry Greenberg, Senior Associate Dean for Research, to assume the role of PI for the CTSA. Thankfully he has agreed to do so and is now beginning to assemble the leadership team necessary to prepare this grant. Because of the broad umbrella that the CTSA extends over all of our programs in translational and clinical research and education, it will loom large in our planning and have a significance that is equivalent to our efforts to become an NCI-designated Comprehensive Cancer Center. Accordingly, I will certainly be providing updates about our planning for the Stanford CTSA.

Addressing the SHC Medical Staff on Stanford and the Challenges Facing Academic Medicine Early in the 21st Century.

On Wednesday evening, May 24th, I had the opportunity to address the Medical Staff on current and future challenges facing academic medicine and the role Stanford might play in addressing them. Specifically, I identified five major intersecting issues now emerging in American medicine and science and discussed how Stanford can play a role in addressing them – either to directly or through advocacy. As is often the case, each opportunity has an opposing or juxtaposing force. Thus finding ways to align the positives as well as to attenuate or eliminate the negatives constitutes an important aspect of our Stanford mission. While a number of additional factors can be identified, the following are the ones I chose to highlight:

1. The strong support the American public and the US Congress have shown for biomedical research during the past several decades that is now being threatened by the rising anti-science sentiment permeating Washington, the US and even the

world. This is accentuated by the politicization of science and by the move toward theocratic thinking in our country.

2. The remarkable opportunities in science, innovation and technology resulting from our nation's investment in biomedical research during the past 50 years that are now being negatively impacted by the decreased funding through the NIH and CDC – with potentially very serious consequences for academic medical centers.
3. The improvements that have occurred in health care as a result of innovations, technology and research juxtaposed against the skepticism regarding the excellence of health care and, more importantly, the clear inadequacy of our health care system.
4. The opportunities to translate knowledge from the laboratory to the bedside that are fostered by interdisciplinary research and productive interactions with industry but that can also become mired in controversy by reports of institutional and individual conflicts of interest and a sometimes convoluted entanglement of academia with industry.
5. The once esteemed societal position held by physicians and scientists in the eyes of the public that has, in various ways, been diminished by the market driven changes in the health care system and the lack of time and personal contact physicians can have with their patients.

Certainly these are important if not daunting challenges, and it is appropriate to ask why one would think that a single institution could play a role in addressing them. But change must start somewhere, and I believe that Stanford is a unique environment in which we have the opportunity to impact each of these issues – or at least to bring them to wider public attention, debate and engagement.

Perhaps first and foremost it is essential that we stay true to our missions in education, research and patient care and that we seek ways to align and integrate them. I have previously addressed this issue and my conviction that we are making progress by defining our missions under the banner of *Translating Discoveries*. At the same time, we are served by leading or participating in national advocacy for research and by combating the anti-science movement through education of the public and of congressional constituencies at the local, state and federal levels.

We also need to be willing to play an active role in the reform of health care rather than simply letting it unfold in a reactive manner. Doing this in partnership with public and private partners is a reasoned approach, and it may help stimulate a process for change. But significant change will also require the resolve of the government – which is unlikely until public outcry is loud enough to stimulate real reform. While quality of care is important and is increasingly becoming the focus of incentives for physician performance, improvements in the quality of health care delivery without new

interventions emanating from discovery and innovation will not truly advance our health care agenda.

We also need to forge more transparent relations with industry and forego the gifts of subtle persuasion and coercion that have come to characterize modern medicine. We have been working on policies to address this matter – and two leading peer schools, Yale and Penn, have already come forth with impressive guidelines.

We also need to bring back some of the past respect of medicine as a valued profession. Of course it is fantasy to think of Marcus Welby as the model for American Medicine but it is appropriate to consider ways of re-engaging the public trust. We are understandably focused on innovation, technology and things that distance the physician from the patient – but we need to train our students and residents in the art of medicine. This might be accomplished by establishing a Center for Educating the Compassionate Physician. We must convey to the public that we care about individuals and that we are seeking ways to combine humanism with technology as essential parts of the art and science of medicine.

Clinical Trial Reporting and Registries

I have previously communicated the efforts of the Institute of Medicine (IOM), the AAMC and others to address the thorny issue of clinical trial reporting. As a result of these efforts, which also included the International Committee of Medical Journal Editors (ICMJE), a set of guidelines was established and published in lead journals (including the NEJM and JAMA) that focus on reporting clinical trials in ClinicalTrials.gov. The absence of registry reporting would mean that the clinical trial would not be published in one of 11 (or more) leading journals.

Last fall the IOM Health Science Policy Board agreed to work collaboratively with the World Health Organization (WHO) to review the data regarding this important issue. In the past week, the WHO indicated that research universities and industry should disclose key details regarding clinical trial, such as whether they involve patients or healthy volunteers, and that they should do so at the earliest stages of these studies. The WHO's new International Clinical Trials Registry Platform would not be a register itself, but rather would provide a set of standards for all registers, the agency said. These standards would include disclosure of sources of financial support for a trial, lay language explaining the study, conditions and countries of recruitment of people on whom treatments were tested, age and gender data, sample sizes and information on the key outcomes of a test. This decision on the part of WHO is welcome additional progress towards appropriate clinical trials disclosure and transparency.

Dr. Larry Leung Appointed Chief of Staff at the VAPAHCS

I am very pleased that Dr. Larry Leung, the Maureen Lyles D'Ambogio Professor of Medicine, has been named the Chief of Staff at the VAPAHCS (Veterans Affairs Palo

Alto Health Care System). His appointment follows a national search and was announced this past week by Ms. Lisa Freeman, Executive Director of the VAPAHCS.

Dr. Leung has a long record of accomplishment as a Stanford faculty member in the Department of Medicine and, since 2004, as the Chief of the Medical Service at the VA and Senior Associate Chair of the Department of Medicine. He also served as the Acting Chief of Staff at the VA following Dr. Javaid Sheikh's departure from this role in February 2006.

I am confident that Dr. Leung will continue the excellent work begun by Dr. Sheikh in helping to align the VAPAHCS and the School of Medicine. We share important missions in education, research and patient care and have each benefited from our enhanced collaborations. In addition to thanking Drs. Sheikh and Leung, I also want to express my appreciation for the important role that Ms. Lisa Freeman has played in helping our institutions to become better aligned. I look forward to even closer relationships in the years ahead and am confident that these will be achieved.

Dr. Gabe Garcia Appointed Head of the Haas Center for Public Service

Provost John Etchemendy announced on May 24th that Dr. Gabe Garcia, Professor of Medicine and Director of Admissions for the School of Medicine, has been appointed to head the Haas Center for Public Service (see Stanford Report: <http://news-service.stanford.edu/news/2006/may24/haas-052406.html>). Dr. Garcia has had a long commitment to public service and is highly regarded throughout the School of Medicine by students, faculty and staff for his many important contributions. I am also very pleased that his accomplishments are equally recognized throughout the University and that his appointment will provide an opportunity for even greater alignment of medicine and public service. This is wonderful news for Dr. Garcia and for Stanford.

Dr. Garcia's leadership role at the Haas Center will require approximately half of his time. I am also pleased that he will continue his excellent work as director of admissions and as a faculty member in the Department of Medicine at Stanford.

Upcoming Events

Community Lecture Series

Dr. Gary Glazer, Professor and Chair of the Department of Radiology, will speak about "The Changing World of Medical Imaging" at the final Community Lecture Series of the academic year. He will cover the progress of new tools that have revolutionized imaging and discuss the various new ways imaging can be used inside and outside of medicine. The lecture will be held on Wednesday, June 7th at 7:00 in the Clark Center Auditorium.

Awards and Honors

We are pleased to recognize the following individuals for their outstanding achievements. Congratulations to all!

- ***Drs. Paul Berg and Lubert Stryer*** were honored on Tuesday May 16th at a ceremony where Affymetryx announced that it would name fellowships for Stanford graduate students after them. As you may know, Drs. Berg and Stryer are among the most notable figures in American science and have distinguished Stanford careers. I am confident that it will be inspirational for future graduate students to hold a fellowship named after these pioneering giants.
- ***Dr. Samuel LeBaron***, Professor of Medicine (Family and Community Medicine), has been awarded the 2006 California Family Physician of the year by the California Academy of Family Physicians. The CAPF annually honors a family physician who represents the finest characteristics of the specialty, and goes above and beyond in service to patients, colleagues and the community. Dr. LeBaron has been an inspiration for colleagues, students and patients. Locally, he has been involved in both helping communities in the area and in developing medical programs at Stanford and O'Connor Hospital. Internationally, he has traveled around the world, presenting talks and conferences as well as developing programs for medical students in various countries.
- ***Dr. Anna Penn***, Assistant Professor of Pediatrics, has been named a 2006 John Merck Scholar. The award will support Dr. Penn's research activities. This is a wonderful achievement and a tribute both to Dr. Penn and to Stanford.
- ***Dr. Ted Sectish***, Associate Professor of Pediatrics, was awarded the Walter W. Tunnessen, Jr., MD Award at the Association of Pediatric Program Directors for his nationally recognized role in advancing postgraduate pediatric education.
- ***Richard Chiu***, Graduate Student in the Department of Medicine, has received the Klea D. Bertakis Award for one of the five best overall oral presentations at the 2006 Western Student Medical Research Forum for his work, "Polymethylmethacrylate Particles Inhibit Osteoblastic Differentiation of Bone Marrow Osteoprogenitor Cells in Vitro."
- ***Geoff Krampitz*** was announced as the winner of the AMA Foundations Minority Scholars Award. Geoff was one of ten students selected for this award from a group of 120 nominees across the nation. The award is based on personal commitment and scholastic achievement.
- ***Robert Rafael Ricardo-Gonzalez***, a doctoral student in Medicine/Immunology, has been awarded the Student Gores Awards for Teaching Assistants.
- ***Stanford Medicine***, the School's official magazine, recently won seven important awards from CASE, including the gold medal for staff writing. The competition included all university publications and thus is a great tribute to ***Rosanne Spector***,

editor for Stanford Medicine, as well as *Paul Costello*, Executive Director of Communications and Public Affairs and the Communications staff. Over the recent years *Stanford Medicine* has become a topic driven publication and has addressed important and timely issues – ranging from stem cell research and health care reform to the most recent issue that deals with evolution. This is a wonderful recognition that not only brings distinction to Stanford but which also allows our voice on important issues to be heard around the nation and world.

2006 Faculty Award Nominees

Bloomfield Award

Laura Bachrach	Pediatrics (Endocrinology)
Erika Schillinger	Family Medicine

Ebaugh Award

Kuldev Singh	Ophthalmology
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Kaiser Clinical Teaching Award

James Baxter	Internal Medicine
Samuel LeBaron	Family & Community Medicine
Sherry Wren	Surgery

Kaiser PreClinical Teaching Awards

Laurence Baker	Health Research and Policy
Lawrence Mathers	Pediatrics Intensive Care
Robert Siegel	Microbiology & Immunology

Kaiser Innovation Award

Peter Rudd	General Internal Medicine
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Rambar Mark Award

William Benitz	Pediatrics – Neonatology
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Award for Service to Graduate Students

Bill Weis	Structural Biology
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Award for Graduate Student Teaching

Arend Sidow	Pathology and Genetics
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Appointments and Promotions

- David L. Berger has been promoted to Adjunct Clinical Professor of Anesthesia effective 4/1/06.