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**Progress and Transitions in the Neuroscience Institute**

In the May 21st Dean’s Newsletter I discussed the importance of the Neuroscience Institute as an important component of the Stanford Challenge. I highlighted the Challenge as an opportunity for the neuroscience community at Stanford to construct a bold and compelling vision that could transform this rapidly evolving field by developing a bold and integrated research agenda. Indeed that was my own challenge to the group assembled at the Neuroscience Institute Retreat at Asilomar on May 6-8th. I am pleased to report now that the NIS community has galvanized its efforts and has addressed this challenge in an exciting manner. Specifically, NIS has developed the blueprint for a fundamental and integrated research agenda that it has codified under the banner of “Neuro-X: Brain, Behavior and Society”. Its 55-page working proposal seeks to integrate observations that extend across the entire continuum from molecules to neurons, neural circuits, behavior, cognition and society. In tandem, the NIS aims to catalyze and accelerate basic discovery and prospects for translating new innovations into clinical practice. In doing so, Neuro-X will seek “a deeper understanding of the mind and how it is shaped by biological and social processes; improvements in human health, longevity, well-being and productivity; and applications to social policy grounded in science, law and ethics.”

In addressing this broad continuum, the NIS community has set as a goal the engagement of faculty from virtually every school at Stanford through five discrete and integrated research themes, together with new centers and programs to support research and clinical programs and innovative education and training programs. Ultimately these efforts will be supported and enhanced by new research and clinical facilities as well as the other resources needed to stimulate new programs, discoveries, innovations and advances in patient care.

The Neuro-X vision and goals propose five major experimental programs or themes:
1. **Neural circuits: bridging molecules to mind.** Investigators across the university will work to achieve a detailed understanding of the molecular mechanisms underlying the plasticity of synapses and circuits. They will also track changes in the activity of ensembles of synapses, neurons and circuits as well as visualize the structural changes in synapses and circuits in response to various experiences. Investigators will also develop tools that will enable the control of neural activity in specific sets of neurons and circuits. This will help determine the molecular and cellular basis for the functioning of neural circuits and thus help to define the fundamental building blocks for cognitive functions and behavior. This research agenda will be facilitated through the creation of a new *Program in Neural Circuit Control.*

2. **Imaging neural circuits in action.** Over the last decades, imaging techniques have provided new insights into the structure and function of neural circuits. This is a rapidly developing area of innovation and discovery that is already advanced at Stanford. These efforts will become even further developed through the establishment of a *Center for Cognitive and Neurobiological Imaging* that will help link investigators and students across the University. The resulting resources and technologies across the scale of analysis (from molecular to cellular to organ and system levels) will further the ability to decipher neural circuit and brain function during perception, cognition and action.

3. **From experimentation to computation and theory.** In this program the daunting task of understanding how neural circuits produce complex brain functions will be made possible through powerful computational platforms and highly refined theoretical models. These efforts will be advanced by the *Center for Mind, Brain and Computation.*

4. **Solving the Riddle of Disease to Treat and Prevent Brain Disorders: The Program for Translational Neuroscience at Stanford.** This broad initiative will foster connections between insights and discoveries emanating from basic research and the care of adults and children. It will facilitate the creation of a culture of interdisciplinary collaboration in tandem with novel platforms that will enhance translational research (e.g., neuroimaging, neural engineering and prosthetics, drug development). This program will build on efforts already underway to understand the basis for neural circuit malfunction and repair as well as the genes and molecules that perturb circuit function in disease. It will also strive to develop treatments, intervention and tools that correct faulty neural circuit function. It will be important to develop, in addition to research programs and facilities, the clinical and hospital facilities that will enable this important work to be carried out.

5. **Neuroscience and Society.** Advances in neuroscience evoke new challenges in ethics, education, business, the law and society. This initiative will attempt to link and bridge these domains – from K-12 education to a better understanding
of how the human brain makes decisions that influence both positive and negative behavior. To help address these important issues a Center on the Brain and Society will be developed as part of the Neuro-X initiative.

These important themes and research programs will be further enhanced by the development of various proposed cores, including:

1. A Behavioral and Functional Neuroscience Laboratory
2. Gene Vector Core Facility
3. Instrumentation Core Facility
4. Interventional Neuroscience/Circuit Control Facility

In addition to the these cross-cutting themes and cores, the NIS and its Neuro-X program also envision the development of a number of interdisciplinary programs that will be more focused or disease based. These are also evolving but among those currently in the planning phase are:

1. Alzheimer’s Translational Research Center
2. Autism Program
3. Center for Down Syndrome Research and Treatment
4. Epilepsy Program
5. Mood Disorders Research Program
6. Motor Control Program
7. Pain and Analgesia Research Program
8. Parkinson’s Disease Program
9. Neural Stem Cell Program
10. Sleep Disorders Program
11. Spinal Cord Injury and Repair Program
12. Stroke Center

Ultimately, the success of the NIS Neuro-X program will rest on the construction of new facilities for research and patient care – which are included in the master plans for the School of Medicine and Stanford Hospital & Clinics respectively. In addition, the NIS is planning exciting training programs as part of the Neuro-X effort along with the recruitment of new faculty to further amplify the excellent research and clinical programs already extant at Stanford.

This exiting proposal emanated from a group of leaders in the Neuroscience Institute. I would like to particularly thank Dr. Bill Mobley who has served as the Director of the NIS from its inception. In developing the Neuro-X program he worked closely with Professors Dick Tsien, Sue McConnell, Hank Greely, Jay McClelland, Rob Malenka, Bill Newsome, Alan Schatzberg and Brian Wandell along with Lang Ahn Pham and more than 35 neuroscience faculty across the University. I want to extend my thanks and appreciation to each of them.
The development and construction of the *Neuro-X* program also led Dr. Bill Mobley to reflect deeply on his own focus and plans for the future. With the delivery of this wonderful Neuro-X proposal, Dr. Mobley has informed me that he has elected to step down as Director of the NIS and focus his energies on his own important research, which has received less of his valuable time and energy than he would like. I want to thank Dr. Mobley for all the important and significant work he and his colleagues have accomplished during the nearly four years that he has served as the Director of the Neuroscience Institute. I also want to thank him for the exciting new opportunities that he and his colleagues have created in the *Neuro-X* program. I am in the process of considering Dr. Mobley’s replacement and will be sharing information about that in the near future.

One further success of Dr. Mobley, along with Drs. Rob Malenka, Craig Garner and other members of the NIS, has been the recruitment of Dr. Tom Südhof, who has agreed this past week to join Stanford. Dr. Südhof is currently Professor of Molecular Genetics, HHMI Investigator, Director of Basic Neuroscience, and holder of the Gill as well as the Loyd B Sands Distinguished Chairs in Neuroscience at the UT Southwestern School of Medicine (see: [http://www8.utsouthwestern.edu/utsw/cda/dept120915/files/144559.html](http://www8.utsouthwestern.edu/utsw/cda/dept120915/files/144559.html)) where he has had an enormously distinguished career. Dr. Südhof’s research interests focus on the machinery that mediates the targeted secretion of neurotransmitters at a synapse. His laboratory is particularly interested in how neurons assemble the presynaptic secretory apparatus precisely at the synaptic junction, how ultrafast neurotransmitter release is achieved, and how release is modulated under conditions of synaptic plasticity. Dr. Südhof is being proposed to join Stanford as the first incumbent of the Avrum Goldstein Chair and his work will have a major impact on the entire neuroscience program. Please join me in welcoming Tom Südhof to Stanford.

This is a time of significant and exciting developments, challenges, transitions and opportunity in neuroscience. We have a remarkably accomplished and talented neuroscience faculty at Stanford and with the *Neuro-X* program we have the opportunity to transform this field and make Stanford a world leader in this important area of research, education and patient care. To paraphrase Winston Churchill, this is not the beginning of the end, but rather the end of the beginning – with exciting times ahead at Stanford.

**More About Industry Marketing and Academic Medical Centers**

In October of 2006 the Stanford School of Medicine initiated its Industry Interactions Policy (see: [http://med.stanford.edu/coi/siip/](http://med.stanford.edu/coi/siip/)). In doing so, we became one of a handful of academic medical centers to take a strong position on the intrusion of marketing by industry into education and clinical programs. Over the subsequent 11 months an increasing number of medical schools and academic medical centers have adopted similar policies, some based on the work done at Stanford. As I noted in the July 9th Newsletter, our policies continue to evolve, and we are presently examining the broad question of industry support for Continuing Medical Education through a broad faculty
committee led by Dr. Harry Greenberg, Senior Associate Dean for Research. We anticipate that the work of this committee will be completed in the next several months.

Outside of Stanford, issues surrounding industry support for physicians involved in education programs – or for gifts from industry to medical schools and hospitals – has received increasing public attention, including a six-part story in the August 6th Los Angeles Times (http://www.latimes.com/features/health/la-he-bribingthegatekeeper6aug06,1,7957877.story) as well as the announcement in the August 4th NY Times that Senator Charles Grassley (R-Iowa) has called for the formation of a registry of drug company payments to physicians. Whether this constitutes a harbinger of federal regulation or is simply another public warning, it is clear that there is an increasing concern about this issue. These developments underscore the value and importance of our decision last year to self-impose restrictions at Stanford. We strive to be a role model among academic medical centers, and I do believe we are fulfilling that intention on this issue– as well as many other important ones.

**Changes in Medical Education Leadership**

Dr. Charles Prober, Senior Associate Dean for Education has asked me to share with you some of the key leadership changes he is initiating in medical student education and curriculum oversight. These include:

*Clarence Braddock III, MD, MPH* will be assuming the role of Associate Dean for Medical Education and Chair of the Committee on Courses and Curriculum. Since his arrival in 2003 from the University of Washington, Dr. Braddock has been instrumental in developing and overseeing the very successful Practice of Medicine (POM) course. In addition to being an accomplished and compassionate clinician and effective educator, Dr. Braddock is a recognized national expert in patient-physician communication, informed decision making, and medical ethics education.

As Dr. Braddock takes on his new role, *Preetha Basaviah, MD* will become the Director of POM. Recently recruited from UCSF, where she served a Co-Director of the “Foundations” program in their preclinical curriculum, Dr. Basaviah is recognized for her superb clinical, teaching, and mentoring skills. In addition, *Andrew Nevins, MD* will be increasing his efforts in the Standardized Patient Program, through his appointment as Medical Director. Dr. Nevins’ leadership of this program has resulted in its continued improvement and increasing utilization by both preclinical and clinical students.

**Other leadership changes include:**

*Elizabeth Stuart, MD*, one of the leaders of the highly successful pediatric clerkship, has been appointed Director of Clerkship Education and Chair of the Committee on MD Performance Assessment and Advising. Dr. Stuart will be working with all clerkship Directors, with the goals of continuing to enhance
clinical training, while improving the timeliness and richness of student evaluations.

Laurence Baker, PhD will be assuming the role of Director of the Scholarly Concentration Program. Dr. Baker also will become Chair of the Committee on Medical Student Scholarship, the committee responsible for the review of all Medical Scholar applications.

William Mobley, MD, PhD and Audrey Shafer, MD will be leading the development of a new program, Translating Discoveries, a program that will be replacing the Applied Biomedical Science series. Stay tuned for the unveiling of this exciting initiative!

I also want to add my thanks to Dr. Charles Prober for his leadership in continuing to shape our education programs – and to achieve our shared goals of having the most innovative program possible in medical education.

Leadership Changes in the Department of Medicine

Dr. Ralph Horwitz, Chair of the Department of Medicine, has let me know of the following changes in the leadership in the department. First, he and Kevin Tabb, Chief Quality and Information Officer, have announced the appointment of Dr. Clarence Braddock, Associate Professor of Medicine, as Associate Chair for Organizational Improvement and Medical Director for Quality at Stanford Hospital and Clinics. In his new role, Dr. Braddock will oversee quality, patient safety and organizational improvement for the department. He will also take leadership in introducing educational initiatives focused on quality and safety for students, residents and fellows in the department. As evidenced from Dr. Prober’s announcement (see above), Dr. Braddock is taking on a number of important leadership roles in the Medical Center.

In addition, Dr. Horwitz has announced the reorganization of the department chair's office whereby a number of faculty have assumed increasing responsibility for leadership functions within the Department. To reflect this enhanced level of responsibility and authority, the following individuals have been named Vice Chairs: Andy Hoffman for Academic Affairs; Larry Leung for the Palo Alto VA; Kelley Skeff for Education; and Ann Weinacker for Clinical Affairs. Sandra Horning has also been named Vice Chair for the Department.

Please join me in supporting all of these faculty in their efforts on behalf of the department and medical school.

Palliative Care Program at Stanford Hospital & Clinics (SHC) Opens

On August 1st SHC opened a Palliative Care Program to provide patients and families with the highest quality of supportive and quality of life care for a variety of challenging symptoms, including pain, nausea, and shortness of breath. The new Team includes Dr. Stephanie Harman along with Judy Passaglia, RN, MS and Sandy Chan,
LCSW. The Palliative Care service is available to assist with symptom management and with discussions of goals of care and management, including advanced directives, communications about prognosis, treatment options, hospice care and family support. A consultation by the Palliative Care service requires a physician order. The team can be reached at 723-6661 or Pager 26254.

Palliative Care Services are also well established for children and families at the Lucile Packard Children’s Hospital. See http://www.lpch.org/diseaseHealthInfo/healthLibrary/terminallyill/pliativ.html for additional information.

Conversing with Seniors at the Hyatt

On Tuesday July 31st I had the pleasure of delivering a presentation to over 150 residents at the Classic Hyatt on Sand Hill Road. The residents of the Hyatt represent a highly knowledgeable community – many with strong ties to Stanford. I had the opportunity to discuss a wide array of issues such as the impact of healthcare on the public trust in our communities and nation – along with the remarkable advances that occurred in medicine during the second half of the 20th century as a consequence of basic and applied research.

Upcoming Event: "Inside Terrorism: the X-ray Project"

From September 4-15 the Radiology Interest Group, co-sponsored by the Stanford Medical Student Association and the School of Medicine, among other groups, will be hosting an exhibit entitled "Inside Terrorism: the X-ray Project." The exhibit will be held in the Fairchild Auditorium, and there will be an opening reception on September 4 from 5:30 - 7:30 p.m.

This exhibit uses X-rays and CT-scans of the victims of terrorist attacks from hospitals in Jerusalem to explore complex social issues surrounding terrorism. The School sought to be thoughtful in its review of this project and is sensitive to various points of view of this topic, especially as it manifests itself in the Middle East. However, terrorism is a worldwide phenomenon that knows no boundaries. While the images in this exhibit are taken from Jerusalem hospitals, the radiographs and CT-scans cannot distinguish race, religion, age, or sex. As such they represent the broad cross-section of people who, tragically, are the targets of terrorist attacks, such as commuters on the London subway system and on the trains in Madrid, celebrants at a wedding in Amman, Jordan and at a bat mitzvah in Hadera, Israel, little kids eating pizza, tourists in Bali and Egypt, people praying in churches and mosques and synagogues. Because terrorism transcends geographic as well as religious, ethnic and societal borders, the School supports this exhibit, and I encourage you to see it while it is at Stanford. More information about the exhibit can be found as http://www.x-rayproject.org.
In addition to awakening our knowledge about the consequences of terrorism through efforts like the X-Ray Project, the medical profession has also had to confront the role of physicians as terrorists in light of the horrendous events that recently occurred in the UK – where doctors were responsible for acts of terrorism. As pointed out by a perspective piece in the August 16th issue of the *New England Journal of Medicine* (2007;357:635-637) entitled *When Doctors Become Terrorists* by Dr. Simon Wessely (see: [http://content.nejm.org/cgi/content/short/357/7/635](http://content.nejm.org/cgi/content/short/357/7/635)), these awful experiences are not new. Indeed, doctors have played a role in past and recent terrorist activities, forcing us all to confront our roles and be aware of the possibility of crossing the line of humanism and professionalism. As Wessely notes, “An idealistic doctor can indeed become fixated on disease and its eradication, and there are times when even obsessive single-mindedness can serve a useful purpose. But danger lurks if that single-mindedness is not tempered by empathy for the plight of the individual. If the doctors now in custody are indeed judged to have planned mass murder on the streets of London, this is a failure not of medicine but of humanity.”

**Employee of the Year Spirit Award**

I have received the following announcement from the Spirit Award Selection Committee. I hope you will take the opportunity to nominate someone for this award.

Dear Colleagues:

The School of Medicine is pleased to announce the Dean’s 2007 Employee of the Year Spirit Award Program that will take place during the Fall of 2007. This award will acknowledge two staff members – one exempt and one nonexempt – who have been selected for providing outstanding contributions to the mission and vision of the School of Medicine. Dean Pizzo will award each of the two selected staff members with a $1,500.00 cash award at the School’s Annual Staff Recognition Banquet on November 8, 2007.

**Criteria and Eligibility**

Any faculty, staff, student, fellow and post doc working at the School of Medicine may nominate any eligible staff members (i.e., non-exempt and exempt) – bargaining unit workers are not eligible – in any department or administrative area who meet the award criteria. To be selected, staff must consistently demonstrate the following traits:

- Customer service
- Positive attitude
- Initiative
- Dedication
- Motivation
Staff members must have been employed as regular employees, at least half-time (50% FTE) or more, in one department/unit for the past 2 years.

Nomination Process

Nomination Ballots can be accessed online at http://med.stanford.edu/SPIRIT. You may fill out the online form and then click the SUBMIT button (only once) – and your ballot will be forwarded to the SPIRIT Award Selection Committee, Human Resources Group. If you wish, you may print out a hard copy of the ballot or obtain one from your department DFA, fill it out and forward it directly to the Spirit Award Selection Committee, c/o Human Resource Group, Medical School Office Building, Mail Code 5460. All ballots must be received by the Selection Committee by Friday, September 14, 2007. Late ballots will not be accepted.

Recipients will be selected and notified in late October and will be invited to attend the Dean’s Recognition Program on November 8th.

We are quite excited to be bringing this award forward once again and hope you will use this opportunity to nominate deserving employees. Please let me know if you have any questions (or suggestions) about the aforementioned process or award.

Thank you for your participation!

Awards and Honors

Kristen Whitaker, 2nd year medical student, and Elizabeth Chao, a Ph.D. graduate in the Biochemistry Department, were selected through a highly competitive national competition to participate in the 6th annual Paul Ambrose Scholars Program and attended the Leadership Symposium in June in Washington, DC. Congratulations to Kristen and Elizabeth.

Appointments and Promotions

- Ramona Doyle has been reappointed to Associate Professor of Medicine (Pulmonary and Critical Care Medicine), effective 8/1/07.
- Stephen A. Felt has been appointed to Assistant Professor of Comparative Medicine, effective 12/1/07.
- Sarah M. Horwitz has been appointed to Professor of Pediatrics, effective 8/1/07.
• **Monisha Kumar** has been appointed to Assistant Professor of Neurology and Neurological Sciences, effective 7/1/07.

• **Geoffrey K. Lighthall** has been promoted to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 8/1/07.

• **Daniel J. Murphy** has been promoted to Professor of Pediatrics (Cardiology) at the Lucile Salter Packard Children’s Hospital, effective 8/1/07.

• **Donna M. Peehl** has been promoted to Professor (Research) of Urology, effective 8/1/07.

• **Edward T. Riley** has been reappointed to Associate Professor of Anesthesia and, by courtesy, of Obstetrics and Gynecology, effective 8/1/07.

• **Eunice Rodriguez** has been appointed to Associate Professor (Teaching) of Pediatrics, effective 8/1/07.

• **David A. Spain** has been reappointed to Professor of Surgery, effective 8/1/07.

• **Daya Upadhyay** has been appointed to Assistant Professor of Medicine (Pulmonary and Critical Care Medicine), effective 9/1/07.

• **Irene L. Wapnir** has been reappointed to Associate Professor of Surgery, effective 8/1/07.

• **James Zehnder** has been promoted to Professor of Pathology and of Medicine (Hematology), effective 8/1/07.