

Dean's Newsletter

February 11, 2008

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Dr. Steve Leibel Dies Unexpectedly

On Thursday, February 7th we received the tragic and unexpected news that Dr. Steve Leibel, the Ann and John Doerr Medical Director of the Stanford Cancer Center and Professor of Radiation Oncology, died in Hawaii, where he was on vacation with his wife Margy. Everyone who knew or interacted with Dr. Leibel feels his loss deeply. He was a highly valued colleague, leader and friend - and a genuinely kind, thoughtful and sincere person.

Dr. Leibel joined Stanford just four years ago as part of the leadership team I was assembling to help us prepare to become an NCI-designated Cancer Center. Prior to joining Stanford, Steve had been the chair of Radiation Oncology at Memorial Sloan Kettering Cancer Center and was internationally recognized for his work in developing a number of novel approaches to delivering radiotherapy, including 3-D conformational and intensity-modulated radiation therapy. He was also recognized as an expert in prostate cancer as well as an outstanding radiation oncologist and national leader. He was president and chair of the American Society for Therapeutic Radiology and Oncology and recently received the society's gold medal, the highest honor given. He was also president of the American Board of Radiology, the board-certifying body for diagnostic radiology, radiation oncology and medical physics.

After coming to Stanford Dr. Leibel teamed up with Dr. Irv Weissman, Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine and Principal Investigator for the NCI designated Cancer Center, Dr. Bev Mitchell, Deputy Director of the Stanford Cancer Center, and Dr. Karl Blume, Professor of Medicine, Emeritus, to lead Stanford's successful application to become an NCI designated center. This was a major undertaking, and Steve played a key role in our achievement.

Without question Steve Leibel will be deeply missed. Our hearts go out to his wife, parents and family - we have all lost a colleague, leader and friend. If you wish to

offer remembrances or reflections about Steve that we will share with his family and friends please go the "[Steve Leibel Guestbook](#)". Information about a memorial tribute to Dr. Leibel's life will be forthcoming.

Seeking Quality and Balance

At this year's Strategic Planning Leadership Retreat, which took place January 31st -February 2nd, we addressed the theme of "quality and balance" in relation to our missions in education, research and patient care. This was the seventh annual Leadership Retreat I have led since coming to Stanford in April 2001. As with past events, we assembled nearly 100 faculty, students, and staff from across the Medical School, Hospitals, and University to participate in dialogue and discussion to help guide the future of the Medical School and Medical Center. The character and goals of each Retreat have varied. Some have provided reports and updates on past strategic planning efforts. Others have focused on new initiatives such as diversity and leadership. In the 2008 Retreat I felt we needed to think through some of the difficult challenges that lie ahead as we attempt to improve our quality and maintain the balance within and among our missions in a period of constraint – whether in funding, land use, faculty size, perceptions or expectations.

At each Retreat I always wish that we could engage our entire medical school and center community in the dialogue. There is a chemistry that emerges from each event that I firmly believe would enhance our efforts if it could be more broadly shared and experienced. But there is also the issue of the size, scope and dimension of any discussion and the stark reality that limits have to be drawn to permit effective dialogue. However, I am still very much interested in your ideas, comments and suggestions about the questions we discussed at the Retreat and invite you to review the issues and provide whatever insights you wish to make. You can do this by going to <http://medstrategicplan.stanford.edu/retreat/> and addressing any of the questions you consider important. Or you can respond to individual questions below.

I chose the dual themes of quality and balance because they both compel us to establish priorities and choices. We all want to have the highest quality programs in education and research and we certainly want to deliver the highest possible quality in patient care. But how do we achieve and sustain that quality within the scope of resources? And how will the priorities we set impact our future directions?

As I have often pointed out, in comparison to many of our peers we are a small school of medicine. To sustain our uniqueness and excellence we have been building on our history and the work of those who came before us. We consider Stanford to be a research-intensive school of medicine, and we define our focus of excellence accordingly. We have to assure the quality and balance of our research efforts, which range from basic discovery to translational and clinical research. Tilting too much in one or another direction would change the character of our school, including its faculty and students, and could change us irrevocably. This is all the more so when our size is limited – whether by faculty billets, class size, facilities or resources. I commented on some of

these issues when I outlined the challenges we face in 2008 in my January 14th Dean's Newsletter.

From my perspective the best way to prepare for the future is to plan for it and help guide it. This means asking difficult questions and then seeking solutions to what may be complex or apparently unsolvable problems. For example, we all know that the funding climate for research has changed significantly during the past several years and that the functionality of the healthcare system in the US is severely compromised. We cannot count on a change in government leadership to overcome the serious fiscal challenges facing our nation or the fact that the current economic downturn will likely impact the support we might have anticipated from philanthropy and foundations. At the same time we must recognize that we are fortunate to be at an institution like Stanford, which has resources –in human, intellectual and monetary capital –that if appropriately guided might lead to new models to preserve and even enhance our success now and into the future.

It is all too easy to assume an attitude of doom and gloom when economic or related events loom on the horizon – and it is certainly true that if we give in to those fears, they will become a self-fulfilling prophecy that will in fact be realized. And while one can't be Pollyannaish and live in denial, it is also true that we can make progress if we exercise creativity and optimism. It is also true that our ability to move forward is enhanced when there is a clear and transparent understanding of our individual and shared goals – which is certainly a major dividend of a retreat that brings the different members and constituencies comprising our medical center and university community into a common dialogue.

To promote dialogue, we conducted three panel discussions, each designed to elicit comments from attendees as well as the panel participants. In each case we received a number of thoughtful comments and suggestions. These will be formulated into action items that we will address in coming months. As we proceed I also want to give you the opportunity to offer your comments on any questions you would like to address. You can either select the “review and comment” option following each question or you can go to the website noted above. Once we have comments from our broader community I will share the responses we received at the Retreat and also indicate the specific issues we will be addressing in the coming months and beyond.

Optimizing quality and balance in education:

- *How do we balance the goal of training leaders and future physician-scientists/scholars and bioscience students with balancing the diversity of interests and individuals we admit to Stanford? What is the right balance of students planning for careers in academia, industry, clinical practice and others?*
Review and Submit Comments »
- *How do we measure the quality of our education programs for MD students? More specifically, what methods should we use to evaluate student performance in addition to the courses, clinical rotations, mentoring and other education*

programs we offer? And how do we assess whether the career paths our students are choosing are consonant with the goals we have set for our medical student education program? **Review and Submit Comments »**

- *How do we maximize and measure the quality of our educational programs for Ph.D. students? How can we provide incentives for faculty to invest effort in teaching? What kind(s) of monitoring and feedback will ensure that our courses cover the proper material, do it effectively, and serve both their core constituencies and students from other programs who need knowledge in that area? How do we assure that our curriculum and offerings are as valuable as we can make them? **Review and Submit Comments »***
- *How do we achieve breadth of training and interdisciplinary skills without sacrificing depth and mastery of one or more disciplines and without requiring an excessive duration of training? Are we really providing students with a broad choice of interdepartmental opportunities or, when all is said and done, are we restraining them to departmental affiliations? Can we do anything else to allow young scientists to achieve independence at an earlier age? Do we need new kinds of educational models or academic positions to achieve these ends? **Review and Submit Comments »***
- *How do we find the right balance in the quality of residents and other trainees coming to Stanford training programs to secure both outstanding clinical work - but also a stronger focus on professional development? How can these be balanced given the time limits now in place? How do we create a more medical center wide initiative for professional development and research opportunities for residents and clinical fellows that transcend the departmental boundaries that currently exist? How do we make our residents and clinical fellows become medical school and university citizens in addition to hospital and departmental employees? **Review and Submit Comments »***
- *Continuing Medical Education (CME) has largely followed a model of medical lectures and updates which are increasingly demonstrated to have little impact on the quality or outcomes of medical practice. How can we leap beyond the traditional models that exist at most academic medical centers and take a lead in transforming our continuing professional education programs so that they achieve the breadth and quality typical of other School of Medicine educational programs? How can we better utilize the resources that are now available on campus – and that will be abundantly so when the Learning and Knowledge Center opens in 2010 – to create a new paradigm for CME? **Review and Submit Comments »***

Enhancing Quality and Balance in Research

- *Recognizing that the quality and excellence in basic science is what distinguishes Stanford, how do we assure it remains outstanding in the future?*

Review and Submit Comments »

- *There is a feeling among a number of basic science faculty that they are being ignored in the current medical center and university environment. How should we address this? What do we need to do to assure that we have the best balance among our priorities and also the highest overall quality of our faculty for basic as well as translational and clinical research programs?*

Review and Submit Comments »

- *As we select faculty, how do we assure that we are really getting the highest quality individuals - in basic science and in clinical medicine? How do we balance programmatic needs with individual excellence?* **Review and Submit Comments »**

How important is it to our research effort to solve the problem of inadequate and overcrowded research animal facilities and where does it fit in our assignment of research priorities? **Review and Submit Comments »**

- *What practical steps can we take to make sure that the goals of the hospitals and the school are more closely aligned in terms of allocating resources to the research mission of the medical center in translational and patient-oriented research?* **Review and Submit Comments »**
- *As we approach the faculty billet cap, how will we choose among multiple departmental needs when each billet becomes available? What role can non-faculty positions play in meeting needs for which there are no available faculty billets?* **Review and Submit Comments »**
- *What are the cultural parameters of a zero-sum game? How can we create a culture that acknowledges quality through measures other than accumulated resources – especially at a time when there may be constraints on resources or increased competition for them?* **Review and Submit Comments »**

Fostering the Highest Quality Patient Care

- *The metrics currently used to measure clinical quality need to address clinical practice outcomes in a manner that allows comparisons across the nation. They must also have "local credibility" in order to drive clinical care processes. What are the similarities and differences that apply to: medical vs. surgical; adult vs. pediatrics; community vs. academic; innovation and clinical research vs. standardization and evidence-based medicine?* **Review and Submit Comments »**
- *What is the role of Informatics in fostering the highest quality patient care? How might Stanford leverage Clinical Informatics to improve the safety and quality of patient care?* **Review and Submit Comments »**

- *Do instruments for assessing clinical excellence need to be particularly good at identifying low-quality physicians or identifying high-quality physicians? Or should our efforts be dedicated to finding instruments that will distinguish clinical quality throughout the entire spectrum? **Review and Submit Comments »***
- *How can we measure the clinical quality of individual providers, particularly when much care is dependent upon the work of teams? And how can we handle quality measurement for low-volume providers, such as UTL faculty who may devote 25% or less time to patient care activities, and across a wide spectrum of health conditions? **Review and Submit Comments »***
- *How heavily should clinical performance be weighted in the different faculty lines - UTL, MCL, and Clinician Educator? What are the best incentives to put into place to promote superior clinical performance throughout SHC? **Review and Submit Comments »***
- *How do we change the culture at Stanford so that it is focused on quality at all levels and dimensions? Given our faculty caps and clinical responsibilities, how do we ensure career development for each faculty line? **Review and Submit Comments »***
- *How can we leverage quality and safety in our highly innovative and tertiary/quaternary care environments to enhance our institutional profile (e.g., payer contracting, public transparency, reputation, research)? **Review and Submit Comments »***
- *How should we select the highest quality projects and opportunities to present to our donor community? How do we strike a balance between the multiple meritorious needs and expectations - especially between our primary missions in research, education and patient care? **Review and Submit Comments »***

I am interested in your response(s) to any or all of these questions. As noted, in the coming weeks and months I will codify the input we received during the Retreat along with comments you wish to submit into a prioritized action plan that we will then work on over the coming months. It seems clear that one of the important tasks before us is to consider models or approaches that will allow us to sustain the excellence of our basic research programs along with “translating discoveries” during the years ahead when our ability to leverage on federal sponsored research support will be more challenged.

In addition to the discussions noted above we also had two other themes for the Retreat. One was to seek lessons from other industries that might inform how we approach the challenge of sustaining quality and balance in an academic medical center. We had an interesting discussion about the lessons from the airline industry delivered by John Nance, noted author and airline pilot, who has written and spoken extensively about this topic. We also heard about lessons from the Pharmaceutical/Biotech industry, IT, Venture Capital and Hospital industries. These were further framed with discussions

about instilling these lessons into our ongoing important initiatives in professionalism, leadership and diversity.

Second, we had the opportunity to reflect on the current and future role and goals of Stanford University from a keynote speech by John Hennessy, President of Stanford University that opened the Retreat. To bookend that broad perspective, our final session considered how the medical school and center relate to the major initiatives that are part of the Stanford Challenge: the Initiative on Human Health, the Initiative on Energy and the Environment and the International Initiative. Each evoked spirited and interesting discussions and further framed the exciting prospects for interdisciplinary education, research and service that is unfolding at Stanford.

In addition to sharing facts and figures, thoughts and perspectives, conceptions and misconceptions, one of the most valuable aspects of these retreats has been the community building that takes place among the participants. Whether one has attended all seven Retreats or whether this was the first, I feel confident that each attendee learned something about the medical school, medical center and university that she or he had been unaware of. Hopefully these insights also revealed the highly individualized as well as the broader institutional issues and challenges we face. And while I am confident that individuals reacted to the presentations and discussions through their own personal lenses, it is my hope that our community is more aligned – and more willing and able to work collaboratively to solve some of the challenges facing us in the months and years ahead.

2008 SUMMA Conference

Saturday, February 9th featured the 17th SUMMA (Stanford University Minority Medical Alliance) Conference. Hundreds of college and high school students from California visited the Stanford campus for an all-day event aimed at informing and empowering students interested in a career in medicine. As with prior SUMMA Conferences, our students are responsible for organizing and hosting this event – and they did so wonderfully well. Special thanks to the 2008 medical student SUMMA coordinators Marissa Aillaud, Carmen Butts and Veronica Ramirez along with undergraduate coordinators David Chiang and Juliette Oram. Student attendees heard the personal stories and journeys of several current medical students as well as keynote addresses from Dr. Stacey Jolly (a Stanford alumna), who is currently a fellow in General Internal Medicine at UCSF, and Dr. Carlos Esquivel, Chief of the Division of Transplantation, Associate Director of the Institute for Immunity, Transplantation and Infection and the Arnold and Barbara Silverman Professor.

Students had the opportunity to attend three workshops featuring topics such as: MCAT Preparation, Applying to Medical School, Making Yourself a Better Applicant, the Interview Process, Study Skills and Time Management, Research Pathways, Non-traditional Pathways, and Civic Actions, among others. They also had the opportunity to meet with medical school recruiters from around the country.

Without question SUMMA had become one of the major signature events of Stanford Medical School. Along with other programs fostering opportunities for high school and college students, it is another example of reaching out to underrepresented minorities to help open the doors to careers in medicine and science. Thanks again to all of our current students and faculty who participated in this year's SUMMA Conference – and to those who have done so for the 16 preceding years as well.

2008 PRIDE Awards: Call for nominations

The Diversity and Leadership office has issued a call for nominations for the 2008 PRIDE Awards, (PRomoting Inclusiveness, Diversity and Empowerment). This award is given out annually in the amount of \$2,500 to celebrate a faculty member, a staff member and a trainee who contribute to creating and maintaining a culture of inclusion, create an environment that fosters diversity; broadly defined, contribute to the retention of underrepresented minorities and women and make accommodations for individuals with diverse needs.

To nominate a colleague for this award, please visit the [Diversity and Leadership website](#).

Selection of the 2008 Faculty Fellows

We are delighted to announce the selection of the 2008 Faculty Fellows. The Faculty Fellows program brings these faculty members together for monthly meetings featuring invited leaders who serve as role models by sharing their own leadership journeys, describing their own leadership styles and addressing specific challenges they have faced in their own careers. In addition, small mentoring groups led by senior faculty mentors meet once between each of the dinner meetings to discuss leadership challenges specifically and in general. Other topics, such as work/life balance issues, are also open for discussion.

Fellows also engage in a structured Development Planning process aimed at identifying opportunities for growth and development. The result is a personalized career development plan that they work with their chair or division chief to implement.

Candidates are nominated by their department chairs and other supervisors, and are ranked on the basis of leadership potential and demonstrated commitment to building diversity. A review committee consisting of Drs. Hannah Valantine, Julie Moseley, James Chang, Eric Sokol, and Claudia Morgan selected 16 fellows from a large pool of nominations.

We congratulate the 2008 Faculty Fellows: Ranjana Advani (Medicine), Howard Chang (Dermatology), Sanjeev Dutta (Surgery), Rebecca Fahrig (Radiology), Julieta Gabiola (Medicine), Jill Helms (Surgery), Paul Keall (Radiation Oncology), Christina Kong (Pathology), Joe Liao (Urology), Swaminatha Mahadevan (Surgery), Bruno Medeiros (Medicine), Carlos Milla (Pediatrics), Tirin Moore (Neurobiology), Upinder Singh (Medicine), Roland Torres (Neurosurgery) and Daya Upadhyay (Medicine).

Work Life Balance Symposium – March 5th

The Office of Diversity and Leadership presents “*Work-Life Balance in Academic Life: Myth vs. Reality*,” a symposium that will offer tools, tips and discussion about work/life balance on Wednesday, March 5 from 5:30 to 8:30 pm at the Arrillaga Alumni Center. This important and engaging symposium will be a combination of thoughtful presentations by a remarkable team of experts: Peter S. Moskowitz, MD, Linda Hawes Clever, MD, MACP, and Barry Rosen, MD; lively, interactive mini-workshops and a panel-led question and answer session. Dinner will be served.

All faculty, including clinician educators at instructors, are invited to attend. Participation in this symposium is limited to 100. To register, visit the [Diversity and Leadership website](#).

Awards and Honors

- **Dr. Paul Auerbach**, Clinical Professor of Surgery (Emergency Medicine), has been named a “Hero of Emergency Medicine” by the American College of Emergency Physicians in recognition of his leadership in emergency and wilderness medicine. Congratulations to Dr. Auerbach.
- **Dr. Alexander Dunn**, Postdoctoral Scholar in Biochemistry, is one of 15 individuals selected from 146 applicants to receive a “Career Award at the Scientific Interface” from the Burroughs Wellcome Fund in recognition of “the scientific excellence and innovation of the [his] research proposal, the strength of the scholarly environment at Stanford University, and Dr. Dunn’s potential to establish an independent research career at the interface between biology and the quantitative, physical and theoretical disciplines”. Congratulations to Dr. Dunn.

Appointments and Promotions

Kelly E. Ormond has been appointed to Associate Professor (Teaching) of Genetics, effective 2/01/08l.