

# Dean's Newsletter

## July 28, 2008

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### **Welcoming New Faculty**

The success of Stanford Medical School and University resides in the excellence, creativity and productivity of its faculty, students and trainees. Each year 50-60 new faculty join the Medical School community and bring new energy, ideas, talents and skills that advance science and medicine. While we remain small in the number of our full-time faculty compared to peer research-intensive schools of medicine, we have continued to grow over the past several years in relation to the rest of the university. Presently we have approximately 835 full-time faculty (i.e., Investigators and Clinician-Scholars/Investigators, who count against our current billet cap of 900) – along with approximately 250 clinician-educators. On July 8<sup>th</sup>, in conjunction with the Offices of Academic Affairs and of Diversity and Leadership, we hosted a Welcoming Breakfast for all the new faculty. Please join me in welcoming these new members of our Stanford community:

Fritz Beck	Surg/Vascular Surgery
Marion Buckwalter	Neurology
Daniel Chang	RadOnc/Radiation Therapy
Alan Cheng	Otolaryngology/H&NS
Glenn Chertow	Med/Nephrology
Craig Vance Comiter	Urology
Catherine Curtin	Surg/Plastic & Reconst Surgery
Dan Eisenberg	Surg/General Surgery
Stephen Felt	CompMed/Operations
Michael Fischbein	CTSurg/Operations
Scott Hall	Psych/Interdis Brain Sci Rsrch

David Hovsepien	Rad/Diagnostic Radiology
Dimitre Hristov	RadOnc/Radiation Physics
Hanlee Ji	Med/Oncology
Margrit Juretzka	ObGyn/Operations
Aya Kamaya	Rad/Diagnostic Radiology
Shelli Kesler	Psych/Interdis Brain Sci Rsrch
Sun Kim	Med/Endo
Allison Kurian	Med/Oncology
Maarten Lansberg	Neurology
John DeWolfe MacKenzie	Pediatric Radiology
Paul Maggio	Surg/General Surgery
Peter Maxim	RadOnc/Radiation Physics
Jesse McKenney	Pathology
Carlos Milla	Peds/Pulmonary Medicine
Denise Monack	Microbiology and Immunology
Maxence Nachury	Molecular & Cellular Physiology
Kari Nadeau	Peds/Allergy
Claude Nagamine	CompMed/Operations
Mark Nicolls	Med/Pulmonary & Critical Care
Hugh O'Brodivich	Peds/Operations
Kelly Ormond	Genetics
Josef Parvizi	Neurology
Pankaj Jay Pasricha	Med/Gastro & Hepatology
Olaf Reinhartz	CTSurg/Operations
Justus Roos	Rad/Diagnostic Radiology
Lewis Shin	Rad/Operations
Weiva Sieh	HRP/Epidemiology
Justin Sonnenburg	Microbiology and Immunology
Hua Tang	Genetics
Abraham Verghese	Med/Medicine Operations
Richard Abbey	Psychiatry
Malathi Balasundaram	Peds/Cardiology
Marina Basina	Med/Endocrinology
Casey Crmp	Med/General Internal Medicine
James Doty	Neurosurgery
Jeffrey E. Dun	Neurology
Yuri Falkinstein	Orthopaedic Surgery Operations
Kathleen Fitzpatrick	Psych/Child & Adol Psych & Dev
Elena Gonzales	Psych/Sleep Disorder/Sleep Ctr
Christop Gonzalezher	Path/Operations
Pengyi Guo	RadOnc/Radiation Physics
Anthony Ho	RadOnc/Radiation Physics
Michael Ho	Med/Nephrology
Irene Park Jun	Peds/Neonatology
Mariska Kemna	Peds/Cardiology
KathleenLarkin	Anesthesia Group A

Quoc Luu	RadOnc/Radiation Therapy
Amy McKenney	Path/Operations
Sarah Namath	Anesthesia Group A
Einar Ottestad	Anesthesia Group A
Jennifer Serrano Johnson	Surg/Emergency Medicine
Kirsten Stewart	Med/General Internal Medicine
Naiyi Sun	Anesthesia Group A
Melinda Telli	Med/Oncology
Volney Van Dalsem III	Rad/Diagnostic Radiology

## **Faculty Salary Setting: The Process**

I suspect that most faculty would be surprised by the degree of rigor and review that goes into establishing faculty compensation each year. I know that from time to time questions arise about equity, metrics and comparability of faculty compensation. I surely understand and appreciate the basis for personal concerns and thought it might be helpful to give you some context for the process.

All faculty compensation requires final approval by the Provost. In order to present well-considered recommendations to him, considerable effort and review take place at the departmental level and then within the Dean's Office. In fact, I personally review and make recommendations on each individual's proposed compensation in order to best advise the Provost as he makes his final decisions. How does this take place?

We begin the process in the Spring by asking department chairs to prepare compensation recommendations for each member of their department. This includes the base, variable, administrative and incentive (where applicable) components of the overall compensation. The data from each department are presented to our finance and compensation group based on departmental compensation plans. The Dean's Office then compares the proposed faculty compensation to national benchmarks, which are based on the nature of the clinical or research expertise and levels of responsibility. On the average, most faculty are paid between the 50-75 percentile of national benchmarks – which themselves can vary considerably in clinical specialties on a yearly basis. We examine the comparable compensation levels among faculty of comparable academic rank and area of expertise and take into account equity adjustments that are individually or departmentally justified. We also assess each faculty member's clinical and research productivity based on comments from the cognizant department as well as national quantitative benchmarks.

If a faculty member exceeds selected thresholds set by the University's Board of Trustees (in actual compensation or incentive pay levels), or is in a leadership position (e.g., department chair), we present a comprehensive analysis to the Compensation Committee of the Board of Trustees before the recommended compensation is approved. This additional process applies to less than 5% of our faculty. In selected cases, we seek guidance from an external consultant, who does an additional comparative analysis of faculty at higher levels of compensation. As we review each individual's compensation

we also determine whether the recommended level of merit performance or proposed incentive bonus is justified on the basis of performance and comparative metrics. In particular, I pay attention to equity for women and minorities in compensation levels – as well as for faculty across departments who are doing comparable work. For example, if a faculty member is doing predominantly research, we seek reasoned comparability regardless of whether that individual is in a basic or clinical department.

As you might imagine, this is a data-intensive review process. Since it involves reviewing over a thousand faculty members individually and comparatively, it also takes considerable effort and precision. As of this writing, we are completing the process and will be sharing more than five volumes of data and recommendations with the Provost's Office for final approval in anticipation of the academic year that begins on September 1<sup>st</sup>. I hope that this summary of the process gives you some comfort in the level of care that goes into reviewing and setting compensation for our faculty collectively and individually.

## **FY09 Budget Planning**

Spring and Summer are also the times of the year when budgets are presented, reviewed and finalized throughout the medical school. This too is a major activity led by Marcia Cohen, Senior Associate Dean for Finance and Administration. The budget process starts with the development of financial plans by each of the basic and clinical science department, our Institutes of Medicine and Centers, and all administrative units. The Dean's Office Finance unit, led by Sam Zelch, CFO and Assistant Dean, Fiscal Affairs, reviews these budgets. They are then discussed at several meetings to ensure that the Dean's Office, the Chair, and the Director of Finance and Administration have a shared understanding of the plans for the department for the upcoming year and that the budget has been prepared with consistency, reasonableness, and rigor. As is nearly always the case, the requested needs for strategic investments exceed our sources, and thus a rigorous process is used to assess all requests, programs and opportunities. Of course priorities need to be established and the sources for their funding determined. At Stanford our major sources of revenues, in the aggregate, include sponsored grants and contracts, clinical revenue for professional and programmatic activities, tuition, gifts, and income from endowment.

The final stage of our budget process is the preparation of the consolidated budget, which rolls up all of our missions and activities for the next fiscal year (FY09), which begins September 1<sup>st</sup>. We also assess our annual budgets for program and capital against our ten-year financial plan. Given the scope of the transformational activities underway – and that will continue to unfold during the next 10-15 years – this level of planning is essential. As we finalize this process I will share some of the key conclusions with you in a future newsletter.

Given the increasing levels of economic uncertainty overall and the challenges we face in the support for research and, increasingly, for clinical activities, this level of financial planning is even more essential than it has been in prior years. While we remain

in a strong position overall, we want to do all we can to sustain and enhance this strength over the years ahead. This is especially true in light of the facility and capital programs that need to be completed as well as the importance of finding new funding sources to support our students and faculty, who face continued limitations in sponsored research support. Clearly this will be an ongoing process and dialogue.

### **No Smoking Policy Extends to Stanford Hospital & Clinics**

In tandem with vaccines for a number of serious infections, among the greatest public health successes in the second half of the 20<sup>th</sup> Century was the recognition that smoking is responsible for a panoply of serious diseases. During the past decade, smoking cessation policies have been implemented in public buildings, restaurants and communities throughout the USA and, increasingly, in Europe. However, smoking remains a serious if not growing problem in Asia and developing nations. In August 2007 the School of Medicine created a smoke free campus as a means of further promoting the health of our community.

On August 1<sup>st</sup>, Stanford Hospital & Clinics will take a major step in also becoming a smoke free campus. Beginning on this date, smoking will be prohibited in all outside areas surrounding SHC except for a single designated area at the perimeter of the hospital at the end of the G-1 wing. Importantly, this means that smoking will no longer be permitted along the path in front of the hospital that connects to the Cancer Center. This is an important step and I appreciate the efforts of the hospital leadership in moving this forward. I also want to thank Dr. Rob Jackler, Professor and Chair of the Department of Otolaryngology and Head & Neck Surgery, and the medical staff for their advocacy in promoting this new policy. This is an important effort to promote the health of employees and patients. SHC also has made smoking cessation programs a priority for staff members through its Occupational Health Services.

Given the continuing rise of medical costs, it is imperative that the medical profession increase its efforts in promoting health and well being. Policies that restrict or limit smoking are important components of a pro-health environment.

### **The Stanford Health Improvement Program Celebrates 25 Years of Health Promotion**

Speaking of promoting health, this year the Stanford Health Improvement Program (HIP) celebrates its 25<sup>th</sup> Anniversary. During the past quarter century HIP has contributed significantly to the Stanford community in promoting health resources as well as programs to address health challenges and wellness. These have ranged from tobacco cessation (see also above) to weight control, exercise and wellness coaching. HIP is part of the Stanford Prevention Research Center and offers classes, counseling and guidance in a variety of health and wellness programs. In addition to congratulating HIP on its 25<sup>th</sup> anniversary, I would strongly recommend that you review the HIP website (<http://hip.stanford.edu/index.html>) and benefit from the resources they offer. Personal

responsibility for health is essential and HIP can help you achieve some important milestones.

## **Comparative Medicine Now and Future**

At the July 18<sup>th</sup> Executive Committee, Dr. Linda Cork, Professor and Chair, reviewed the history of the Department of Comparative Medicine. She noted that the department had campus wide responsibilities for laboratory animal care as well as responsibilities to the School of Medicine, individual faculty, and to society in providing for the welfare of animals used in research. Her report includes the following comments:

The Department of Comparative Medicine is a clinical department and has an Operating Budget and a Clinical Budget for the Veterinary Service Center (VSC). These two are separate and distinct: the VSC budget is treated as a “specialized service center” by the office of Management and Budget’s Circular A-21, it is non-profit, and must recover its costs from its users.

In recruiting faculty Comparative Medicine engages other departments in its searches to better support ongoing or developing programs. Research by UTL faculty in Comparative Medicine focuses on neuroscience including cortical function, plasticity of the sensory -motor system and epilepsy. Clinical research ranges from studies of cancer and developing new imaging modalities, to identifying diseases of lab animals and new methods to improve the quality of their care.

The teaching program of Comparative Medicine includes graduate courses in Comparative Neuroanatomy and the Neuroscience “boot camp” as well as a range of undergraduate courses related to comparative medicine and an active pre-vet club for undergraduates interested in a career in veterinary medicine. In addition to the formal course work for credit, the VSC clinical faculty train >600 individuals annually in the Care and Use of Animals in Research as well as many more in specialized techniques of animal research. The clinical faculty are actively engaged in developing an online format for some of this training.

In addition to its responsibilities for clinical care the veterinary clinical faculty and staff also work closely to support the Administrative Panel on Laboratory Animal Care (APLAC) by reviewing animal protocols and by assisting faculty in developing their APLAC protocols. The VSC provides many diagnostic and technical services to faculty who use animals in research. The animal research program has grown considerably in the last 15 years, and the Department has made clinical innovations in several areas to support the research.

I would also add that we are currently conducting a search for Dr. Cork’s successor as chair. I want to express my appreciation to Dr. Cork for the work she has done to make Comparative Medicine so successful during her tenure at Stanford. The Search

Committee has identified several promising candidates and we hope that we will be able to appoint a new chair in the relatively near future. Details to follow of course.

### **PhRMA Adopts Some of Stanford's Gift Policies**

In October 2006 the School of Medicine and Medical Center took a leading role in establishing policies on Industry Interactions for education and patient care. Since then the Stanford Industry Interactions Policy (see: <http://med.stanford.edu/coi/siip/>) has been embraced and adopted by medical schools and teaching hospitals across the USA. It was also embraced within the Conflict of Interest Policies recently put forth by the Association of American Medical Colleges (AAMC). These call for strict limits on support for medical education (see: <http://www.aamc.org/newsroom/pressrel/2008/080619.htm>) that are quite consistent with the policies we adopted two years ago. Last week the Pharmaceutical Research and Manufacturers of America (PhRMA) released its proposed "Code on Interactions with Healthcare Professionals," which limits drug marketing and gifts to health care providers. While voluntary at this point, these new policies further advance the importance of breaking away from the intended or inadvertent consequences of marketing by the drug and device industry to students and physicians. It is an important step – but it is likely that further refinement and restrictions are forthcoming.

When we enacted the Stanford policy in 2006, many concerns were expressed within our community that we could not afford to carry out education programs in the absence of industrial support. I think it is quite clear, two years later, that we have not witnessed any serious negative impact. More importantly, our students, trainees and community can be assured that their education is uninfluenced by marketing initiatives and that it is, more appropriately, based on evidence and science.

### **Continuing Medical Education – More to Come**

In July 2007 I commented in the Dean's Newsletter that a ban on industrial support could extend to Continuing Medical Education (CME). Since that time I appointed a Task Force led by Dr. Harry Greenberg, Senior Associate Dean for Research, and Dr. Kathy Gillam, Senior Advisor to the Dean, to review the basis for industrial support for CME and provide recommendations on whether it should be banned or continued. Fourteen faculty and hospital leaders served on the Task Force and presented their findings to me on April 25<sup>th</sup>. I asked the Task Force to develop some options, and these were presented to the Executive Committee on July 18<sup>th</sup>. These options include banning industry support from the drug and device industry for CME activities at Stanford or those using the Stanford name. An alternative is to implement improved operational and regulatory management and oversight in how CME is run so as to mitigate against potential Conflicts of Interest. Of course this would be needed in any event. The Task Force also presented the option of shifting the content and focus of CME away from the traditional lecture format "update presentations" that generally define CME currently to programs that use more contemporary pedagogical methodologies and

that focus more on improvements in enhancing health outcomes and promoting quality. These options were presented in an advisory manner.

It should also be noted that while the Stanford Task Force was conducting its assessment and developing proposed options, a number of advisory groups nationally posted recommendations that would severely restrict or eliminate industrial support for CME. Among these are a report from the Josiah Macy Foundation as well as reports from the AMA Council on Ethical and Judicial Affairs and the Accrediting Council for Continuing Medical Education (ACCME) that either call for a ban on industrial support or recommend that medical schools seriously review and consider such a ban.

I am currently evaluating the data gathered by the Task Force along with the changes that are now rapidly unfolding in the field. Policies related to Stanford on this important matter will be forthcoming soon.

## **2008 McCormick Faculty Awards**

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2008 McCormick Faculty Awards. The McCormick Funds were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. Awards are unrestricted and will be for \$30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at [jscanlin@stanford.edu](mailto:jscanlin@stanford.edu) by 5pm on August 31, 2008. Further information can be obtained at: [http://med.stanford.edu/diversity/faculty/08mccormickcall\\_apps.html](http://med.stanford.edu/diversity/faculty/08mccormickcall_apps.html).

## **Thanks to Dr. Jerry Shefren**

On Friday July 26<sup>th</sup> Stanford Hospital & Clinics hosted a reception honoring Dr. Jerry Shefren, Clinical Professor of Obstetrics and Gynecology, who has served as Vice President for Ambulatory Services for the past 6 years. During this time we had the opportunity to work closely with Dr. Shefren, and I want to offer my praise and appreciation of his leadership and collegiality. Among his contributions were the formulation and implementation of the “Funds Flow” methodology that helped execute significant advances in the operations of the medical center. I want to thank Jerry for his key role in bringing this effort to fruition and for his willingness to continue working on it, and other initiatives, to enhance the clinical programs shared by SHC and the School of Medicine. We will certainly miss him.

## **Honoring Dr. Bill Dement**

On Saturday July 26<sup>th</sup> the colleagues and friends of Dr. William Dement gathered to celebrate his extraordinary career, during which he became the founder and father of Sleep Medicine (see: <http://med.stanford.edu/mcr/2008/dement-0723.html>). They also celebrated his 80<sup>th</sup> Birthday as well! Unfortunately I was unable to attend the gala but I did prepare a message to Dr. Dement that I would like to share with you.



Dear Dr. Dement:

I am writing to offer my very best wishes on the occasion of your 80<sup>th</sup> birthday.

You have been a scientific pioneer, visionary leader and founder of the field of Sleep Medicine since you joined the Department of Psychiatry and Behavioral Sciences forty-five years ago. Your contributions have been extraordinary, including some 500 publications, the establishment of the first sleep disorders clinic in the world, persuasive advocacy in the establishment of the National Center on Sleep Disorders Research at the National Institutes of Health and service as the Founding President of the American Academy of Sleep Medicine.

The School of Medicine and our community, locally and globally, have been most fortunate to be the beneficiary of your many fundamental discoveries as well as the place where they have been translated from basic science to the care of patients. Your work has contributed to the education of hundreds of trainees and improved the lives of countless patients over the years. I am deeply appreciative of all you have done and wish you the very best in your future endeavors.

Sincerely,

Philip A. Pizzo, M.D.

## Honors and Awards

- **George Yang, MD, PhD, FACS**, Assistant Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, has been selected to receive the first Wound Care Management Award for his research project entitled “Use of intelligent materials in wound healing applications. Congratulations, Dr. Yang.
- **Tony Tsai, MD**, has been selected as the new Baxter Fellow in the Biosciences. His research focuses on the network properties of the biochemical systems that regulate cell cycle oscillations, locomotion, and chemotaxis. Congratulations, Dr. Tsai.
- Biosciences Student Teaching Awards: The following students have been recognized for their contributions to teaching:
  - Jessica Allen, Immunology
  - Melanie Bocanegra, Cancer Biology
  - Charles Chan, Developmental Biology
  - Sarah Edwards, Chemistry
  - Ivette Estay, Cancer Biology
  - Yael Garten, Biomedical Informatics
  - Jonathan Karr, Biophysics
  - Mark McElwain, Developmental Biology

Leslie Meltzer, Neurosciences  
Amy Rademacher, Immunology  
Kenneth Schulz, Immunology

Congratulations to all!

## **Appointments and Promotions**

- **Jeffrey Glenn** has been promoted to Associate Professor of Medicine (Gastroenterology and Hepatology, effective 7/01/08.
- **Donald Regula, Jr.** has been appointed to Professor (Teaching) of Pathology, effective 7/01/08.
- **Xiaoyuan Chen** has been promoted to Associate Professor (Research) of Radiology, effective 9/01/08.
- **Paul S. Auerbach** has been appointed to Professor of Surgery (Emergency Medicine) at the Stanford University Medical Center, effective 7/01/08.
- **Roham T. Zamanian** has been appointed to Assistant Professor of Medicine (Pulmonary & Critical Care) at the Stanford University Medical Center, effective 7/01/08.
- **Donna M. Bouley** has been promoted to Professor of Comparative Medicine at the Stanford University Medical Center effective 7/01/08.
- **Sherril L. Green** has been promoted to Professor of Comparative Medicine at the Stanford University Medical Center, effective 7/01/08.
- **John P. Higgins** has been promoted to Associate Professor of Pathology at the Stanford University Medical Center, effective 7/01/08.
- **Shashank Joshi** has been reappointed to Assistant Professor of Psychiatry & Behavioral Sciences at the Stanford University Medical Center, effective 7/01/08.