

Dean's Newsletter

August 25, 2008

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A New Policy on the Use of Industry Support for Continuing Medical Education (CME)

As you know from prior communications, we began reviewing the interactions between Stanford University School of Medicine and industry regarding education in 2005 and, based on the recommendations of a task force chaired by Dr. Harry Greenberg with staff support from Dr. Kathy Gillam, we initiated our Stanford Industry Interactions Policy (SIIP), that became effective in October 2006. This policy (<http://med.stanford.edu/coi/siip/>) eliminated the acceptance of gifts and other emoluments that might bias educational activities throughout the Stanford Medical Center (i.e., the School of Medicine, Stanford Hospital and Clinics and the Lucile Packard Children's Hospital). During the past two years, often based on the Stanford policy, similar policies have been enacted at medical schools and teaching hospitals across the USA. Moreover, in 2008, the Association of American Medical Colleges (AAMC) advised all medical schools to enact policies eliminating gifts from industry for educational activities.

Since the enactment of the 2006 Stanford Industry Interactions Policy, the School has also begun to assess the degree to which industry interactions might influence the clinical care practices of our faculty. As a result, in 2007 a set of questions was added to the annual conflict of interest and commitment disclosure that asks faculty to indicate personal or family ties to industry that might impact their clinical practice behavior or recommendations. These have now become part of the School Annual Disclosure; follow-up takes place through the Conflict of Interest Review Program where appropriate and, when indicated, by the two senior associate deans for clinical affairs.

When we initiated the 2006 Industry Interactions Policy I elected to not include CME because we felt it required additional study and evaluation. Accordingly, in 2007, I initiated a review specifically focused on industry support for Continuing Medical Education (CME). A Task Force led by Dr. Harry Greenberg and staffed by Dr. Kathy Gillam was appointed. Members of the Task Force represented the School of Medicine and both Hospitals and included Drs. Jonathan Berek (Obstetrics-Gynecology), Clarence Braddock (Medicine), Mildred Cho (Medical Ethics), Harvey Cohen (Pediatrics), Iris Gibbs (Radiation Oncology), Rob Jackler (Otolaryngology), Al Lane (Dermatology), Terri Longacre (Pathology), Ms. Pam Molano (LPCH), Drs. Norm Rizk (Medicine and Clinical Affairs), Geoff Rubin (Radiology), Jerry Shefrin (SHC), David Spiegel (Psychiatry), and Ms. Rebecca Trumbull (Institutional Planning). I provided some updates before and following the Committees work.

The Task Force examined current policies, gathered operational and financial data for the School and Hospitals, held in-depth interviews with six clinical department chairs, had discussions with pharmaceutical and device industry leaders, and examined the literature on industry support of CME. They also reviewed policies and recommendations from national advisory and regulatory bodies, a number of which came forth with recommendations after the work of the Task Force was initiated (including but not limited to the Council on Ethical and Judicial Affairs of the American Medical Association; the AAMC; the Accreditation Council for Continuing Medical Education; and the Josiah Macy Jr. Foundation). The Task Force presented its findings and recommendations to me in May 2008 and to the Executive Committee on July 18, 2008. I requested that the recommendations be in the form of options. The Task Force complied and presented options ranging from the total elimination of all industry support for CME to options that continued support in various iterations. Throughout this time and following the presentation, comments and opinions have been welcomed from the Stanford community including the leadership of Stanford University. I carefully considered all comments in formulating the new policy that follows below.

Based on the work of the Task Force on Industry Support of CME and related advisory groups, the following summarizes **Stanford Medical School's Policy on Continuing Medical Education:**

- First and foremost, Stanford recognizes and supports the value of Continuing Medical Education for its faculty and the communities it serves.
- The historical and traditional models of CME, based largely on lectures and discussion groups, have served a purpose, although their impact on truly enhancing medical knowledge that leads to improvements in health care outcomes is unresolved. Future CME programs should take advantage of emerging technologies and should be more focused on the professional and technical development and education of the learner. New opportunities for novel programs now exist in the Goodman Center housed at SHC as well as CAPE at LPCH and the Center for Immersive Learning and, in 2010, will be abundantly available in the Li Ka Shing Center for Learning and Knowledge. Accordingly, Stanford

should take a leadership role in designing and shaping the future of CME with a greater emphasis on educational efforts that target outcomes and quality improvement.

- During the past year the School has re-invigorated its Office of Continuing Medical Education, now led by Dr. Rob Jackler as the Associate Dean for CME. Effective immediately, all CME programs and activities must be administered by the Office of CME and must adhere to the policies of the ACCME and to those of the School of Medicine. No other programs will be sanctioned by the School of Medicine and Stanford University. Permission to use the Stanford name for continuing medical education or related programs, whether ACCME accredited or not, must be approved and administered by the Stanford Office of CME on behalf of the Dean. The use of outside vendors by faculty through departments or other entities may not include the use of the Stanford name unless specifically approved by the Office of CME on behalf of the Dean.
- The *guiding principle* is that all CME programs must be free of commercial influence, be based on the best scientific evidence available, and be focused on improving the knowledge of learners. Effective September 1, 2008, new commercial funding for specific CME courses or programs is prohibited. Commercial support includes monetary contributions as well as “in kind” support such as a loan or donation of equipment or supplies as well as services from a commercial entity. This policy applies to both on and offsite venues and functions that propose to use the Stanford name or that are directed or initiated by Stanford School of Medicine faculty. This also includes payments for third party sources or for-profit course organizers that have received industry support. Exhibitions by commercial organizations are not permitted at CME activities whether onsite or offsite locations.
- At the same time, the School recognizes that industry may wish to provide CME program support that is not designated to a specific subject, course or program but that is intended for use in a broadly defined field or discipline or field of study. Accordingly, if such support from industry for CME is received it must be directed to the Office of Continuing Medical Education. The Office of Continuing Medical Education will be responsible for coordinating and distributing funds for CME programs in the following general categories: medical, pediatric and surgical specialties; diagnostic and imaging technologies and disciplines; health policy and disease prevention; or other areas approved by the Office of CME. Such industry support cannot be designated for a specific course or program, but every effort will be made to direct support, as appropriate, to the specified general areas of interest, as noted above. Further, commercial support received by faculty or academic units for other purposes cannot be used to support CME. The faculty, in conjunction with the office of CME, will decide the choice of topic and content for all Stanford CME activities, and curricula will be chosen based on the educational needs of our learner populations.

This policy is effective September 1, 2008 and applies to all CME activities, whether ACCME accredited or non-ACCME accredited. However, in recognition of the fact that CME course directors, faculty and departments have existing contracts or agreements currently in hand, signed contracts will be reviewed by the Office of Continuing Medical Education and will be honored as long as they are fully compliant with the policies of the ACCME and the School of Medicine. Understanding that some courses or contracts are made well in advance of the date they are held, this umbrella will extend through June 1, 2009. Exceptional cases or arrangements will be examined on a case- by-case basis.

The goal and purpose of this policy are to provide the most effective and unbiased CME programs for our faculty and community.

2008 Incoming Class of Medical Students Begin Orientation Today

Eighty-six newly arrived medical students of the Incoming Class of 2008 began their orientation today. Included in this Class are 46 women and 40 men, whose collective average age is 23.7 years. Ten students will be in the Medical Science Training Program (MSTP) and, based on recent experience, other students will elect joint degree programs after beginning their studies at Stanford.

Ten of the new students did their undergraduate studies at Stanford, 7 at Yale, 6 at UCLA, 5 at Harvard, 4 at Cornell, MIT or Washington University, 3 at Duke, Princeton or UC-Berkeley, 2 at Brown, Cal Tech, Johns Hopkins, Lewis and Clark, UC-Davis or University of Toronto and 1 each at 25 other colleges or universities. The most common undergraduate majors were in the biological sciences, engineering or the social sciences. A number of incoming students had dual undergraduate majors: 16 have Masters degrees and two are completing their PhD degrees. Without question each of these students is highly accomplished, and we are thrilled to have them join the Stanford community. They will be involved in orientation events through Thursday and will also begin classes on the same day.

Please join me in welcoming the 2008 Incoming Class of Stanford Medical students.

Heidi Heilemann Is Appointed Director of Lane Library

I am pleased to report that the search committee for the Director of the Lane Library recommended that Heidi Heileman be appointed the Associate Dean for Knowledge Management and Director of Lane Medical Library & Knowledge Management Center. I supported that recommendation enthusiastically and am happy to announce that Ms. Heilemann's appointment was effective August 1, 2008.

Heidi Heilemann has been a member of the Lane Library staff since 1993 and has served as Acting Director of Lane Medical Library since December 16, 2006. She has taught numerous courses in information literacy and played a key role in strategic planning for Lane/Knowledge Management Center and the new Li Ka Shing Center for

Learning and Knowledge that is now under construction. She served as Lane's Director for Research & Instruction and led the Lane facilities update, and also designed a very successful document delivery model, redesigned the physical and virtual service desk, and developed and expanded Lane's instructional, liaison, and informationist programs. Under her leadership as Acting Director, the LaneConnex digital library system has continued to flourish and is now one of the most heavily used websites at Stanford University Medical Center, connecting researchers, students, and clinicians with digital content anytime, anywhere.

Ms. Heilemann is a distinguished member of the Medical Library Association's Academy of Health Information Professionals. She earned her undergraduate degree from the University of California, San Diego in 1989 and Master of Librarianship from the University of Washington in 1993. She also holds a Master of Liberal Arts from Stanford University and was recently awarded the 2008 Medical Library Association Murray Gottlieb Prize for a paper based on her master's thesis entitled "Envisioning the Unborn: Art, Anatomy, and the Printing Press in the Early Modern Era." She is currently completing the NLM/AAHSL Leadership Fellow program. Ms. Heilemann also serves as Lane's liaison for Bone Marrow Transplantation, the Center for Research on Women's Health and Reproductive Medicine, Hematology, Obstetrics and Gynecology, Oncology, Radiation Oncology, and the Stanford Institute for Cancer/Stem Cell Biology and Medicine.

Please join me in congratulating Ms. Heilemann on her new appointment and in wishing her – and the Lane Library – the best of continuing success.

Update on the Transitions Task Force

A little more than a year ago I reported on the establishment of a Task Force on Senior Faculty Transitions whose purpose was to identify and address issues associated with various types of transitions experienced by our senior faculty. These can include faculty who transition from active to emeritus status, as well as those who step down from a period of administrative service to a more focused faculty role, as well as faculty who move from a phase of intense research activity to one of lesser intensity, especially because of loss of funding or faculty who transition from more full-time clinical work to either reduced clinical loads or other activities. I was especially interested in having the Task Force explore ways in which these transitions can occur smoothly, ideally with anticipatory planning and with dignity.

At the August 15th Executive Committee meeting, Dr. Gary Schoolnik, Professor of Medicine (Infectious Diseases and Geographic Medicine) and Chair of the Task Force, presented the first of two discussions on the group's results and recommendations. He focused on retirement and loss of funding issues; administrative transition issues and implementation plans and timelines will be presented at an upcoming meeting. Although the Executive Committee won't address implementation efforts until its September 19th meeting, I wanted to share this update with you so that you are informed about what is transpiring and also have an opportunity to comment should you choose to do so.

Dr. Schoolnik reported that the Task Force began its work by reviewing demographic data on our faculty. These show that the fraction of our faculty aged 51 and older has risen from 36% in FY95 to 47% in FY07. The mean age of retirement from September 1994 through March 2007 has been 65.6 years (with a standard deviation of 5.86 years). (However, as will be seen below, there is reason to think that this age will increase in coming years.) The Task Force also looked broadly at current policies and programs related to faculty transitions. While the mechanisms for making the transition to retirement are well established, there is limited flexibility in such areas as part-time appointments as a means of phasing into retirement and no flexibility in the use of the Faculty Retirement Incentive Program (FRIP). In addition, there seemed to be a dearth of available information from either the Stanford or national experience on such aspects of making transitions as phasing down one's laboratory, and information concerning retiree benefits was perceived by the Task Force as needing greater clarity.

The centerpiece of Dr. Schoolnik's presentation was his report on the survey on senior faculty transitions that the Task Force conducted in the fall of 2007. This survey, which was sent to all faculty age 50 and older (the regular active faculty) and all emeriti (active and inactive), had a high response rate of 61%, which, in the eyes of the Task Force, indicated a high degree of interest in this topic. Among the key findings were:

- 33% of the regular active faculty respondents have not yet done any financial planning for retirement. This group included 42% of the respondents aged 55-59, 29% of those aged 60-64, and 27% of those aged 65-69. I find this to be one of the most startling findings of the survey. This high rate of absent planning underscores the importance of developing programs and resources to better assist our faculty with transition planning.
- Among the regular active faculty, those who knew the least about the retiree medical benefits were the most concerned about them and, conversely, those who knew the most were the least concerned.
- Among the regular active faculty, only 27% of those aged 60-64 believes they have sufficient funds to retire now; 29% believe they will have sufficient funds in 5 years. Among those aged 65-69, 55% believe they have sufficient funds now, and 30% believe they will have them in 5 years.
- 43% of the regular active faculty anticipates retiring at age 70 or older. I anticipate that this percentage will increase in future years
- 73% of the regular active faculty appears interested in a phased retirement program.
- There is a lack of clarity concerning the consequences to one's salary, research expenses, research space, laboratory staff and postdocs, and teaching and clinical responsibilities in the event of a short-term or long-term downturn in extramural funding.

Dr. Schoolnik concluded his presentation with an examination of how personal circumstances (financial savings for retirement) can interact with professional and institutional ones (downturn in extramural funding and the School's response; FRIP eligibility) to determine individual decisions to retire. He also introduced the set of

recommendations developed by the Task Force that are under review by the Dean's Office. These will be discussed at the September 19th Executive Committee meeting. A more complete report on the Task Force survey will be forthcoming as well.

In addition to Dr. Schoolnik, the Task Force consisted of Dr. Kathy Gillam, Senior Advisor to the Dean and Co-Chair; Drs. John Boothroyd, Regina Casper, Linda Cork, Harry Greenberg; Rob Krochak; Drs. Peter Gregory, Bob Lehman, Michael Levitt, Jim Mark; David O'Brien; Drs. Christy Sandborg and Stanley Schrier; Ellen Waxman, and Sam Zelch. Christopher Gerlach also played a pivotal role in the work of the Task Force. I am extremely appreciative of all of their efforts.

Again, if you have thoughts or comments about this issue, please contact me, Dr. Schoolnik or Dr. Kathy Gillam. We are interested in your reactions and recommendations.

Update on the Department of Chemical and Systems Biology

At the August 15th Executive Committee, Dr. Jim Ferrell, Professor and Chair of the Department of Chemical and Systems Biology gave an update on the department. A brief summary of his comments follows:

In 2006 the Dept. of Molecular Pharmacology became the Dept. of Chemical and Systems Biology, with the new name reflecting the department's focus on complex biological phenomena and the application of novel chemical technologies to the analysis of such phenomena. The mission of the department is to foster creative interdisciplinary research in chemical biology and systems biology, to build outstanding curricula in these subjects, and to tie together the university's greater chemical biology and systems biology communities. The department is housed in the CCSR Building (third floor, north) and the Clark Center (second and third floors, west).

Over the past five years, the department has recruited three outstanding young scientists: James Chen, a synthetic organic chemist and zebrafish developmental biologist who has developed clever new strategies for turning gene expression on or off at specific times and in specific cells in the developing embryo; Tom Wandless, a synthetic organic chemist who has invented new, generalizable methods for conditionally regulating protein function; and Joanna Wysocka, a biochemist investigating the epigenetic regulation of gene expression through chromatin remodeling.

The new faculty members are complemented by five senior faculty members, comprising Karlene Cimprich (DNA damage signaling), Jim Ferrell (systems biology, cell cycle regulation), Tobias Meyer (signaling networks, calcium regulation), Daria Mochly-Rosen (isoform-specific therapeutic modulation of protein kinase C function), and Richard Roth (insulin signaling). In addition, the department includes six courtesy faculty members: Matt Bogoyo, Pathology/Micro

& Immunology; Markus Covert, Bioengineering; Stuart Kim, Developmental Biology/Genetics; Calvin Kuo, Medicine (Hematology); Beverly Mitchell, Medicine (Oncology); and Paul Wender, Chemistry.

Notable achievements over the past several years include establishment of the High Throughput Bioscience Center, directed by James Chen and David Solow-Cordero, and the successful acquisition of two new interdisciplinary training grants from the NIH. Our graduate students, postdocs, and faculty have received numerous prestigious fellowships and awards. Both federal and non-federal research support is growing; current projections estimate a 28% increase over the period of 2006 to 2009. These accomplishments augur well for an exciting future for the Dept. of Chemical and Systems Biology.

New Version of CAP Adds Stanford Postdoctoral Fellow Profiles

Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology IRT, has informed me that the Office of IRT (<http://irt.stanford.edu>) is releasing version 1.5 of the Community Academic Profiles (CAP) system (see: <http://med.stanford.edu/profiles/>). Based on the success of the CAP program, IRT has worked closely with the Office of Postdoctoral Affairs (<http://postdocs.stanford.edu>). As a result, 1032 new postdoctoral fellow have been added to the over 1200 faculty profiles already in the system.

In addition to the usual CAP data, these new profiles display links to the postdoc's faculty advisor profile. In turn, the faculty profiles now display a list of postdoctoral advisees with links to the appropriate profiles. Accordingly, all CAP profiles can now be viewed by name, type (faculty or postdoc) and department. CAP profiles can also be searched by name and content. In addition, departmental web editors can now add both faculty and postdoc CAP profiles to their web sites. Over the weekend CAP has been loading postdoc MEDLINE citations from PubMed, and these will be available for their review starting today, August 25th. We expect to see the data in these new profiles grow over the next few weeks as postdocs add and edit their CAP information.

According to Dr. Lowe, the addition of the postdoc population into CAP is just one of a number of enhancements that the IRT CAP team, led by Michael Halaas, is planning for the system. In late September, as part of the Stanford Medicine public web integration project between the School of Medicine and Stanford Hospital and Clinics (SHC), physician data will be added to CAP, providing an integrated profile for clinical faculty that can be accessed by the Stanford community, the public, patients and referring physicians. In the first half of 2009, version 2 of CAP will support tools for discovery of linkages between CAP profiles and provide a more powerful CAP search interface.

CAP is one of the most frequented Web sites at the School of Medicine, particularly by visitors from outside of the University. If you haven't updated your CAP

profile lately, please take a moment to login at:

<http://med.stanford.edu/profiles/>><http://med.stanford.edu/profiles/>

Meetings Commence to Learn How to Enhance the Career Development of Women Junior Faculty

Based on discussions with Hannah Valantine, Senior Associate Dean for Diversity and Leadership, we have begun small group meetings that will engage 5-6 women junior faculty at a time to discuss issues they believe promote or impede their career development. During the next two months we will try to meet with every women junior faculty member. We began these meetings two weeks ago and have had five sessions to date. The meetings are not structured but are intended to explore the issues and concerns that these faculty believe are important to their future development. I am particularly interested in learning whether our mentorship and support systems at Stanford are helpful. And of course we are interested in learning what other steps we can take to make our faculty more successful. While I realize that issues of career development for junior faculty impact both men and women, I also believe that the stresses are higher and the issues more pressing for women, and, thus, I elected to focus on them at this time. We hope to compile the issues we learn about during the next months into a report and list of action items that I will be pleased to share with you at a later time.

Sustainability at the School of Medicine

Sustainability has been most simply defined as “meeting the needs of the present without compromising the ability of future generations to meet their own needs.” It is an economic, social, and ecological concept intended to be a means of configuring civilization and human activity so that society and its members are able to meet their needs and express their greatest potential in the present, while preserving biodiversity and natural ecosystems, and planning and acting for the ability to maintain these ideals indefinitely. Sustainability affects every level of organization, from local to global. Given this – and our ever-increasing concerns about our environment, an important initiative on sustainability is being launched at the School of Medicine.

A Sustainability Steering Committee has been convened to define and implement our efforts in this critical area and to create the momentum needed to engage every member of the School to do what they can towards making us -- and our community -- more sustainable. The Sustainability Steering Committee is chaired by Julia Tussing, Managing Director for Finance and Administration; its members are: Elizabeth Walter, Elizabeth Goldsmith, Maggie Saunders, Gary Malinverno, Lorna Groundwater, Mary Bobel, Dave O'Brien, Bob Burkhardt, and Gabe Garcia. The focus of the Steering Committee will be to promote a culture of individual responsibility for sustainability within the school by engaging the entire SOM community and working collaboratively with the Hospitals.

This effort complements other Stanford campus undertakings, including the [Sustainability Working Group](#) under the new Sustainability and Energy Management Executive Office and the Sustainable IT group.

The School has already been very active in sustainability projects, particularly within the Offices of Facilities Planning and Management and Information Resources and Technology. Some recent accomplishments include:

- Achieving nearly 100% participation in Big Fix (automatic monitor turnoff)
- Significant reductions in water use over the past few years (more than 26 million gallons saved annually)
- Sustainability elements in the design, construction and retrofit of our buildings (in Li Ka Shing Center a highly efficient elevator, and chilled beam system with external shading to reduce HVAC demands; the Fairchild demolition was 97% recycled; Beckman is being retrofitted; SIM I will include recycled carpets and “green” furniture, among many other plans)
- Significant (and on-going) lighting efficiency improvements

Additional projects include the sample storage effort, which will reduce the number and improve the efficiency of the many -80 freezers at the School; and the trip reduction efforts that were begun to comply with GUP requirements.

It is up to every individual to make a personal commitment to sustainability. Many day-to-day decisions that you make as an employee or as a member of the SOM community or in your personal life can have an impact. We each need to become more aware and engaged. Every small change adds up to big differences. A few that I will suggest right now are:

- Buy only 100% recycled white paper (30% recycled content for colored) for use in your department, and default your printer to print two sided
- Reduce or eliminate your use of bottled water—bring a container from home and fill it from the tap
- Purchase compostable dishes and utensils if you must have disposable items in your office kitchen, and have everyone bring their own mug instead of using disposable cups
- Commit to depend on local food sources wherever possible that reflects regional seasonal availability and that does not require transportation from distant sites – and even countries.

Anyone interested in learning more about this effort should contact Julia Tussing at tussing1@stanford.edu. A website is under construction and will soon be published. More importantly, we are interested in your suggestions about how we can become more attentive to sustainability – individually or as a medical school and university.

Biochemistry Department Celebrates 50 Years of Excellence

On August 22-23rd the Department of Biochemistry hosted a celebratory reunion and research symposium for its graduates, faculty and current students and trainees. The events were attended by hundreds of faculty and leaders from across the USA and from around the world.

As you know, the history of the Biochemistry Department is closely linked to the School of Medicine, especially during its relocation to the Stanford campus in 1959. It was the vision of the then-President Sterling and Provost Terman, in conjunction with faculty leaders and the Board of Trustees that forecast the important opportunities that could unfold by having the medical school proximate to the schools of engineering and humanities and sciences. And it was the initiative of Sterling and Terman, in partnership with medical school leaders like Henry Kaplan, Bob Alway and Avrum Goldstein, that led to the recruitment of Dr. Arthur Kornberg to establish a new department of Biochemistry at Stanford. Further, it was a sign of Dr. Kornberg's strong leadership and commitment to scientific excellence that he brought with him his entire department of Microbiology at Washington University to found this new department. Those individuals included Buzz Baldwin, Paul Berg, David Hogness, Dale Kaiser and Bob Lehman. Each has had a luminary career in his own right, and together they forged both a department and a scientific family that educated and trained many of the world's leaders in biochemistry and the biosciences. Equally important, these faculty helped nucleate the School of Medicine and propel it on its path of 50 years of excellence as a leader in science and medicine.

When originally conceived, this celebratory event was planned by Drs. Suzanne Pfeiffer and Mark Krasnow, both professors of Biochemistry, along with their colleagues, to honor Dr. Arthur Kornberg for his 90th birthday, which would have been on March 3rd. Unfortunately, Dr. Kornberg died last October. The event honored Dr. Kornberg's life and remarkable contributions to science –and to Stanford – as well as 50 years of excellence of Biochemistry at Stanford.

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 that nominations are currently being accepted for the Dean's 2008 Employee of the Year SPIRIT Award. This award acknowledges two staff members -- one exempt and one nonexempt -- who have provided outstanding contributions to the mission and vision of the School of Medicine. Dean Pizzo will present each of the two selected staff members with a \$1,500.00 cash award at the School's Annual Staff Recognition Banquet on November 6, 2008. All nominees will receive a letter congratulating them on their

nomination.

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, the nominee must consistently demonstrate the following traits:

- Customer service
- Positive attitude
- Initiative
- Dedication
- Motivation
- Team Player

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

Beginning this year, all nominations must be electronic. Nomination ballots can be accessed online at <http://med.stanford.edu/SPIRIT/> Fill out the online form, then click the SUBMIT button (only once) -- and your ballot will be forwarded to the SPIRIT Award Selection Committee, Human Resources Group. **All ballots must be received by Friday, September 2, 2008.** 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 6th.

We are quite excited to bring 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!

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. The

deadline for proposals is **August 31, 2008 (5 pm)**.

Further information and details on how to submit your application can be obtained at: http://med.stanford.edu/diversity/faculty/08mccormickcall_apps.html. Questions can be directed to Jennifer Scanlin, Office of Diversity and Leadership <http://med.stanford.edu/diversity> at 650-725-0052, or at jscanlin@stanford.edu

Awards and Honors

- ***Dr. Joe Presti, Jr.***, Professor of Urology, was named the first incumbent of the Thomas Stamey Research Professorship in Urology at an induction ceremony held on July 29th. This professorship was made possible by gifts from Ofelia and Joe Gallo, Mary Gallo, The Ernest Gallo Foundation, Jill and Boyd Smith, Mary Lois and Jack Wheatly, Waffeya and Charles Lacey, George Ling, Lisa and Robert Maloff, Virgil Place, Joanne Casey and Warren Wilson, Betsy Woolpert, and in memory of Peter Newton. Each of these individuals also honored Dr. Tom Stamey by helping to create this professorship in his name. Please join me in congratulating Drs. Stamey and Dr. Presti.
- ***Dr. Marilyn Winkleby***, Professor of Medicine and Director of the Office of Community Health, was selected by the Palo Alto Chamber of Commerce to receive the 2008 Athena Award, a national tribute given to women who have demonstrated excellence, creative and initiative” and who have devoted time to improving the lives of others and to helping other women leaders. This recognition is most well deserved. Please join me in congratulating Dr. Winkleby.
- ***Cheryl Gore-Felton***, PhD, Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, received the Emerging Leadership Award from the Committee on Women in Psychology, American Psychological Association at the 116th Annual Convention in Boston, MA for her research that focuses on quality of life, coping, trauma, and HIV prevention among women. Please join me in congratulating Dr. Gore-Felton.
- ***Dr. Michael D. Grecius***, Assistant Professor in the Department of Neurology and Neurological Sciences, has been awarded a Brain and Immuno-imaging Grant from the Dana Foundation. It is a 3-year, \$200,000 grant that will examine the utility of functional brain connectivity, measured with fMRI, in predicting the response to anti-depressant medication. Please join me in congratulating Dr. Grecius.

Appointments and Promotions

- *Steven Artandi* has been promoted to Associate Professor of Medicine (Hematology), effective 8/01/08.
- *Sara Michie* has been promoted to Professor of Pathology, effective 8/01/08.