

# Dean's Newsletter

## January 11, 2010

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### **Questions, Challenges and Opportunities for 2010**

As we came to the end of 2009, many pundits focused on the negative aspects and “disasters” of the first decade of the 21<sup>st</sup> Century. Of course there can be no denying the ups and (mostly) downs of the past decade, which opened with high anxiety over Y2K and closed with high anxiety over the national and global economic crisis (amid many other problems). This approach leads many to be happy to bid adieu to the past 10 years of job losses, stock market crises, unpopular wars and terrorism, among so many other problems. Some critics said that the movie “Up in the Air” would be seen in the future as describing our moral condition and national mood in 2009 in the same way that “It’s a Wonderful Life” depicted the end of the 1930’s. What a horrible thought!

While not minimizing or overlooking the very serious financial, human and moral issues that characterized the past decade, I believe that it nevertheless represented a period of excellence for the School of Medicine. We emerged from the unfortunate merger and de-merger with UCSF with a clearer sense of mission, and over the past decade we have achieved remarkable success in each of our missions of education, research and patient care. And we also performed well in improving our financial security, despite the very difficult challenges and losses we experienced in 2009. For instance, in education, the past decade witnessed an innovative new curriculum for medical education, a new Masters in Medicine program for PhD students, the ARTS program for clinical fellows, and the launch of the Stanford Society of Physician Scholars program, which links residents with each other and with our students as well as with our broader academic mission and opportunities. Now we have an additional goal of developing new venues for enriching the pipeline for educating future physicians and scientists through programs that extend to the high school level.

During the past decade we have also seen remarkable accomplishments by students and faculty who won many major and highly coveted awards and honors – some in numbers disproportionate to the size of our Stanford community. We recruited hundreds of new faculty, enriched our leadership and opened many new and exciting programs. We launched the Stanford Institutes of Medicine, which complemented the success of our basic and clinical departments, centers – and of course individual faculty. Our clinical programs have expanded, and relations with our major affiliates (Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital) have become further

integrated and robust; these are complemented by important relations with the VA Palo Alto Health Care System and the Santa Clara Valley Medical Center.

We are witnessing a transformation of our medical campus, fueled in part by fund raising – over \$1.17 billion since 2001. Our image in the media has been transformed and now highlights the successes of our faculty and school rather than misdeeds. And we have played important leadership roles in some of the most important debates in academic medicine – including embryonic stem cell research, individual and institutional conflict of interest and academia - industry relationships, funding for research and the future of health care and its reform. While I am also aware of missed opportunities, I do believe that the state of health of the Stanford School of Medicine is far better than it was at the beginning of the past decade. Because of our individual and collective contributions we have overcome and even exceeded many challenges and obstacles, and we stand poised for exciting times ahead.

As I look forward to 2010 and beyond, a number of important challenges and questions come to mind. Because we have so many important constituencies and interlinked missions, it is not appropriate or fair to focus on just one aspect of our broad enterprise. Of course we ultimately need to prioritize what can be addressed or accomplished during any particular span of time, but keeping a running list of important issues, challenges and needs is also important. So, I will take the liberty of sharing some of my thoughts regarding questions and issues I am thinking about in a number of key areas. I want to underscore that these thoughts are not exclusive nor do they convey promissory notes. Rather they are meant to highlight what I think are important areas for focus and hopefully to provoke you to comment on them and add additional reflections and recommendations.

Since this is an iterative process it is best to view the following as a list of issues as of the beginning of 2010 – with adjustments, additions, deletions and prioritizations to occur during the next year and beyond. To help organize them, I am listing my issues and questions in specific categories – although I do recognize that there is considerable overlap as well. In some ways this is similar to the process I followed in initiating our Strategic Plan *Translating Discoveries*, when I highlighted questions and opportunities in my first Dean's Newsletter on April 2, 2001 – my first day at Stanford.

- ***Medical Student Education***: The New Stanford Curriculum was launched in the Fall of 2003 and has been fine tuned since then. It brought a major realignment of basic and clinical science education along with a requirement for Scholarly Concentrations. The New Curriculum initially focused on the preclinical years but has subsequently been complemented by changes in clinical education as well as the more recent introduction of Educators 4 Care and other innovations.
  - With the opening of the Li Ka Shing Center for Learning and Knowledge (LKSC) and, in particular, the Goodman Simulation Center, scheduled for mid-2010, the question of how clinical education will evolve and change with greater access to simulation and immersive learning becomes important. Of course it is our hope that there will be highly significant

changes in this area– but this will be a work-in-progress that really commences in 2010.

- During 2010 we need to bring to resolution and implementation the policies, process and procedures for evaluating the performance of medical students during clinical education.
- The work of the task force on medical student tuition needs be concluded and implemented.
- Our financial aid program for medical students remains among the best in the nation (although our endowment resources have been dramatically reduced because of the 2009 fiscal crisis), but we need to reassess how financial aid is provided and ask whether new approaches (including selective merit based scholarships) should become part of the overall portfolio.
- It is important to re-examine the length and scope of medical education and its continuum through residency and fellowship training. Among the issues needing evaluation is whether we can alter the length or expectations of undergraduate education for selected students admitted to Stanford and whether specific medical school tracks or pathways can be coupled with modifications of residency and fellowship training. The goal is to assure academic excellence as well as to shorten the overall duration of training.
- As I have noted in prior communications, the Association of American Medical Colleges (AAMC) has called on medical schools to increase class size by 30%. While the putative reason for this proposal is to address a projected physician workforce shortage (especially in primary care), it is not clear that simply increasing class size will be of benefit unless accompanied by concurrent changes in postgraduate (residency and fellowship) training as well as new career opportunities. For example, to make primary care more attractive, it is important to adjust compensation opportunities as well as work expectations.

I have previously noted that more attention needs to be given to how non-physician healthcare providers can contribute to the medical workforce and how the role of physicians as primary care providers or specialists should be redefined. As part of our mission in training physician leaders and scholars it is important for Stanford to engage in this debate. The question of whether we should increase our class size and, if so, to what purpose also needs further debate and discussion. In addressing these issues it will be imperative to balance our resources and stay true to our key missions.

- ***Graduate Student Education***

- We continue to attract outstanding students who pursue PhD degrees. There is no question that the small and focused department structure at Stanford affords excellent settings for creating a critical mass for mentoring students. But the question of whether the current departmental

structure promotes sufficient interdisciplinary opportunities for students that transcends departmental boundaries remains unresolved. The idea of changing the current structure has proponents and detractors, but this is an area worthy of continued discussion.

- A proposal for a new PhD program in Stem Cell Biology and Regenerative Medicine was recently reviewed and endorsed by the School's Executive Committee. This proposal, which will now proceed to the University Academic Council, has also raised the question of how many degree granting programs (whether departmental or interdisciplinary) – and indeed how many graduate students – the School of Medicine can support, especially at times of fiscal constraint.
  - We need to develop additional institutional resources to support the costs of graduate education. This is a major fundraising goal.
  - While progress has been made, we need to do more to enhance the diversity of our graduate students. A number of innovative programs are in place through the Office of Graduate Education as well as other programs that seek to prime the pipeline at the high school and college level. This is a long-term and high priority.
  - The Masters in Medicine program, founded by Professor Ben Barres, is an innovative offering that has become highly sought after by incoming PhD students. It offers a potential pathway for educating scientists who are skilled and conversant in translational research and clinical medicine. It will be important to assess the impact of this program as well as mechanisms for continuing its support over time.
- ***Postdoctoral Scholars*** (aka Fellows) remain our largest single group of trainees. They include “postdocs,” who have joined specific faculty and research projects and clinical fellows (see below), who join clinical departments for specialty and research training. Postdocs and clinical fellows are often the unsung heroes of our research and clinical programs. However, given the process of their selection and the highly individualized nature of their work, they can also become the most disenfranchised group in the medical school.
    - An important goal must be to continue to improve the professional and personal lives of our postdoctoral fellows. This rung on the training ladder is the closest step to either a faculty position or another initial professional career opportunity. Finding the right balance between mentored research and career independence remains a key goal - particularly in guiding the transition from trainee to Principal Investigator. Of course, mentoring is both essential and something we do with varying success. This is an area in which we need to improve further.
    - Because postdoctoral trainees are lab and program based, it is easy for them to become isolated from each other and from broader university life. The Office of Postdoctoral Affairs (<http://postdocs.stanford.edu/>) has made strides in developing programs for this special group of trainees. Further, the Stanford University Postdoctoral Association (see: <http://www.stanford.edu/group/supd/index.shtml>) provides opportunities

for networking and community activities. Supporting and enhancing these programs is a key goal – and I am certainly interested in suggestions about how we might improve the opportunities for postdoctoral scholars at Stanford.

- ***Residents and Clinical Fellows***: In most institutions, including Stanford, graduate medical education (which defines those serving as residents and clinical fellows) falls under the province of clinical departments and teaching hospitals. This is also true at Stanford. While this is the correct affiliation, it is important to foster greater integration and contiguity from medical school through residency, fellowship and practice. A major new program, the Stanford Society of Physician Scholars, is being launched as a collaborative effort between clinical departments and the Dean's Office to create new and innovative linkages between undergraduate and post-graduate medical education (see: <http://ssps.stanford.edu/>). This is an important opportunity to develop a truly unique program for Stanford. But given the demands on the time available to residents and the stresses of clinical training, it will be challenging as well and we will need to monitor the program's impact carefully and critically.
- ***Continuing Medical Education (CME)***: In 2008 Stanford became the first medical school to restrict industry support for specific CME courses or programs in order to control and limit bias and commercial financial influence on our curriculum.
  - Given the changes in academe – industry relations, we have an opportunity to change the paradigm of CME and to focus more thoughtfully on providing physicians with evidence-based learning opportunities as well as a focus on quality and effectiveness in clinical care. This opportunity will be particularly enriched by the resources available for immersive learning and simulation technologies in the Li Ka Shing Learning and Knowledge Center, which will open in the early Fall of 2010.
  - We have also been exploring possibilities for rebasing our relationship with industry to promote education while avoiding financial influence or bias. This will be an experiment that will require rigorous oversight and monitoring.
  - The 2009 Fall Quarter and first installment of our “mini-medical school” was highly successful and exceeded all enrollment numbers of Stanford's Continuing Education programs – ever.
  - On Tuesday, January 12<sup>th</sup> we begin our second quarter of the mini-medical school, which is entitled *Medicine, Human Health, and the Frontiers of Science*, and once again we have reached full capacity (250 students – the limit that can fit into the Braun Auditorium). We look forward to another two excellent quarters of outstanding lectures by our superb faculty.
- ***Alumni Relations and Affairs***: This has been a year of transition in leadership of the Alumni Affairs with Dr. Linda Clever taking over as Associate Dean from Dr.

Ross Bright, who served in this position for nearly two decades. We thank Ross Bright for his major contributions, which included championing and overseeing the new alumni magazine *Bench and Bedside*. Dr. Clever brings incredible energy, experience and commitment to her role, and she will partner with the Stanford Medical Center Alumni Association leaders to improve our interaction with alumni from across the medical center. This is an incredibly important area that must be high priority for the years ahead.

- **Basic Research** remains the fundamental underpinning of Stanford's excellence and uniqueness – but without continued support its excellence can be vulnerable.
  - During the past couple of years we have had to freeze or hold most basic science recruitments. We need to change this over the next years both to renew excellence and to promote diversity. We also need to better balance the distribution of junior and senior faculty – which has become too tilted toward senior faculty.
  - While research funding in 2009 and 2010 has been significantly improved by the American Recovery and Reinvestment Action (ARRA), which infused \$8.2 billion into the NIH (along with significant increases to NSF and other federal agencies), the stimulus funding ends with this fiscal year. The forecasts for NIH funding in FY11 are markedly reduced by comparison to the level of stimulus funding and will once again pose major challenges for faculty – since pay lines for funding are likely to reach all-time lows. Once again we will need to do all we can to help bridge faculty through rough patches in sponsored research funding. And we will need to do all we can to make the case to Congress and the American public of the importance of supporting and funding basic science research – we are already deeply engaged in advocacy efforts in this area.
  - A major goal remains raising philanthropic support to support our research faculty – ideally beginning with a graduated endowment that commences with the initial appointment and increases at reappointment, tenure and beyond up to an endowed professorship. Given the fiscal meltdown, achieving this will be more difficult – but it is a very high priority.
  - Seed grants through our Stanford Institutes of Medicine and Strategic Centers have been a terrific way to initiate innovative new research and interdisciplinary research programs, innovations and discoveries. These funds have also leveraged successful competition for sponsored research funding. We need to be able to find ways to continue these seed programs.
  - We need to continue to examine the cores and service centers that support basic research and try to establish more successful methods for their support. This may require some consolidation as well as, potentially, co-locations and modified management systems and expectations.
  - An ongoing challenge is our serious limitation in animal space as well as the per diem costs for animal use. A strategic planning effort is underway to address immediate as well as long term plans. We will also need to

consider creative and open minded options, including offsite animal facilities that support our broad research programs.

- ***Clinical and Translational Research:*** When our Strategic Plan, *Translating Discoveries*, was initiated in 2002, it reflected our aspirations more than our realities. Over the past several years considerable progress has been made at the departmental and school-wide levels, including a successful application to become an NCI-designated Cancer Center, a successful CTSA application and the launch of the Spectrum Program. These are important accomplishments, but many challenges remain.
  - The pipeline for educating, training and then supporting physician clinical investigators as well as scientists who participate in or lead translational research efforts remains a challenge. While we have made progress we need to do more to enrich the pipeline – and to help foster and develop successful career pathways. This will be a major topic at our 2010 Leadership Retreat – with more to follow.
  - The infrastructure necessary to support clinical and translational research is significant and is made more challenging by the ever-increasing array of compliance requirements and regulatory demands in human subjects research. Finding successful ways to meet these requirements while still fostering innovative clinical research will require continued focus and effort – a process that is underway but which is very challenging.
  - Supporting the career development of clinical investigators is challenging because, among other reasons, these faculty are trying to balance the demands of clinical practice with the stresses of developing a successful portfolio in clinical research. Time and financial pressures are significant – especially the challenge of finding funding sources for clinical research time.
  - We need to develop additional strengths in population science that complement our excellence in basic and clinical research.
  - We need to find better ways to extend our clinical research and clinical trials into the community and to develop more innovative community partnerships that promote diversity and excellence.
  - Continuing to foster connections and interactions between basic and clinical science faculty – as well as those from other disciplines – is critical if we are to promote the most innovative research. Improving communication, shared education and seed funding are among the important aids – but this also requires support from the school’s clinical and basic science chairs and other leaders. This will also be a major topic at our 2010 Leadership Retreat.
  
- ***Global Health:*** While a number of our faculty and many students have long been engaged in research and education with colleagues around the world, until this year we have not had an organized effort in global health. With the arrival of Dr. Michele Barry as Senior Associate Dean for Global Health we have a unique opportunity to create specific programs as well as an umbrella organization that

helps organize and codify important global health initiatives. Building on Stanford's strong entrepreneurial spirit of discovery, Dr. Barry and her colleagues will seek novel ways to foster design, innovation and evaluation on a global and local level. A strategic planning effort is underway and will be rolled out over the course of the next several years.

- ***Patient Care Issues.*** As an academic medical center, we hold clinical care as one of our three core missions, along with education and research. In 2010 and beyond, healthcare reform (in whatever manner and rate it unfolds) will affect how the United States organizes, pays for and delivers patient care. During the past years (and in some cases decades) Stanford has developed considerable excellence in tertiary and quaternary care. While this will remain our core strength and area of excellence we face some major challenges.
  - We need to continue to seek opportunities that differentiate Stanford Medicine as a leader in patient care delivery, innovation, quality outcomes, patient service satisfaction and cost efficiency.
  - We need to develop methods to align a broader physician care network regionally in the Bay Area and beyond that focuses on both primary and specialty care.
  - We are developing a Center for Quality and Efficiency as a joint program with Stanford Hospital & Clinics that will be led by a nationally recognized physician. Further announcements about this will be forthcoming.
  - We need to continue the joint planning activities between the School of Medicine and both SHC and LPCH that reaffirm and recalibrate prior efforts at integrated planning. These strategic planning efforts should help determine the areas for ambulatory and inpatient opportunity, focus and growth, as well as the numbers and skill sets of physicians and faculty needed to assure continued and enhanced success. These efforts need to be interdepartmental and fully aligned with SHC and LPCH.
  - We are currently doing the planned five year review of the “funds flow model” with SHC and are in the final stages of a new “funds flow model” with LPCH. The outcome of these discussions and negotiations will have major implications for the faculty, school and hospitals.
  - We need to engage in more comprehensive planning with the VA Palo Alto Health Services and the Santa Clara County Valley Medical Center, which are important affiliations for the School of Medicine.
  
- ***Faculty Development, Leadership, Diversity and Satisfaction***
  - Over the past several years we have made considerable progress in fostering faculty development, leadership and diversity – thanks in particular to the efforts of Drs. Hannah Valentine, David Stevenson and their colleagues. But we still have a long distance to travel to achieve the overall excellence we all want in this critical area. Over the next years the Offices of Diversity and Leadership and Academic Affairs will continue the programs that have been put in place during the last several years and



will add new opportunities to promote faculty support and interaction. This is a work in progress – but surely one of the most important areas of need.

- Recent surveys have shown that faculty satisfaction has improved and that in comparison to other medical schools around the country, the overall satisfaction of Stanford faculty stands at the top. But this cannot be interpreted as overall success, since there are clearly many stresses and strains that impact faculty development, especially for the clinical faculty, who bear the continuing pressure of serving multiple missions simultaneously. We are exploring ways of reducing stress, including implementation of alternative work schedules. I am particularly concerned about the career development of our outstanding women faculty, since national data continue to demonstrate their disproportionate loss from faculty ranks – especially early in career development. We will be reviewing proposals to address these issues at upcoming Executive Committee meetings and I will share the results with you as they unfold.
- I have previously reported that faculty at Stanford feel certain that research is highly valued but are less clear about the perceived value of our missions in clinical care and education at both departmental and school-wide levels. I have also been clear in my own communications about this, emphasizing that our future success as an academic medical center mandates that we value equally and support each of our missions – education, research and patient care. This also means that we value our faculty carrying out these missions – as investigators, clinician/scholars, and clinician/educators. Based on the discussions we had at the 2009 Leadership Retreat we have not achieved this goal – especially for clinician/educators. A number of departmental task forces were assembled this past year to come up with creative strategies to better understand and value the role of clinician/educators. We will be discussing those reports at upcoming Executive Committee meetings. Again, I will share those results with you in future Dean’s Newsletters.
- In addition to improving the role, contributions and value of clinician/educators, we have also been further developing the criteria for assessing clinician/scholars. Specifically, metrics for evaluating clinical performance have been added to the appointment and promotion process and in the near future, improved criteria for assessing the impact of contributions to education will be added. We want to affirm the importance of high quality patient care as well as teaching as criteria for promotion.
- A number of important leadership searches are currently underway, including the chairs of Psychiatry and Dermatology and the Medical Director of the Cancer Center, and we anticipate a number of new leadership searches during 2010. Each of these searches and of course the candidates ultimately recruited to Stanford will have a major impact on our future. As I have noted in prior communications, our most important resource is the quality and excellence of our faculty, staff and students,

and identifying and recruiting the very best talent we can find will truly shape our future.

- ***Compliance and Regulation.*** Over the last decade the number of compliance and regulatory requirements for faculty and institutions has grown enormously and now consumes vast amounts of time, energy and resources. The impact of these compliance and regulatory requirements on each of our missions is enormous, especially when coupled with the number of institutional and departmental accreditation and certification requirements. I recognize that the goal of many of these policies and rules is to protect students, research integrity, patient confidentiality and safety, as well as institutional integrity and the public trust. Nevertheless, a general outcome has been that the requirements have become increasingly stringent, comprehensive and demanding over time.

We have worked with organizations like the Association of Academic Health Centers to help develop rational standards for some of the compliance requirements, and we have also been a leader in developing policies to address some onerous issues – including individual and institutional conflict of interest (see: <http://med.stanford.edu/coi/>). This is an evolving area and one in which Stanford has shown leadership. But it is one in which rules and expectations change relatively rapidly and vulnerabilities arise frequently. And it is one where the pendulum can swing too far in one direction or another, so that it is important to seek a balance that promotes innovation and an entrepreneurial spirit without compromising the public trust.

- ***Facilities and Infrastructure***
  - During 2010 the first phase of our on-campus master plan will be completed with the opening this summer of the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building (SIM1). Together with the below ground tunnels and infrastructures that have been put in place to connect buildings and move all deliveries underground, the School of Medicine will have spent nearly \$350 million in construction costs (which is more than the Graduate School of Business is spending to re-do its entire campus!). That said, these new facilities will provide major new resources for education and research and will begin the process of developing a medical school campus that looks and feels more integrated and coordinated. It will open a new door to the University and in particular the Science and Engineering Quad via Foundations Walk, and it will provide a corridor that links the Clark Center (and eventually Biology and Chemistry) to the school's research and education facilities along Academic Walk. We are planning opening ceremonies for early Fall and look forward to sharing these wonderful new facilities with you.
  - On the immediate horizon is the Jill and John Freidenrich Center for Translational Research, which will be housed at 800 Welch Road and which is slated for completion in 2012-13.

- At the beginning of 2008 (before the economic meltdown) we anticipated that FIM1 (Foundations in Medicine I) would open by 2014 on the lawn footprint just north of CCSR, and that SIM2 would follow in around 2016. Now the timing of these facilities is less clear, although we are proceeding with programmatic planning for FIM1.
  - We are also examining all of our off-campus space, which currently includes a number of sites on California Avenue, Sand Hill Road, Arastradero Road and in Menlo Park and beyond to determine whether there are more creative and economically sounder ways of consolidating sites and potentially developing new opportunities that foster innovation and discovery.
  - And of course we are eager to help our hospital colleagues with the planned rebuilding of SHC and the expansion of LPCH. These facilities are still undergoing entitlement review by the City of Palo Alto, and a decision by the City Council is expected by the end of the year (or hopefully sooner). Taken together, the new facilities at the Medical School and both hospitals will transform the Medical Center in extraordinary ways.
- ***Information Resources and Technology:*** Thanks to the leadership of Dr. Henry Lowe and the IRT group he has assembled, Stanford Medicine has one of the most advanced and interactive websites of any medical school in the nation (or world). Special commendation goes to Michael Halaas for his many contributions. The continuing evolution of our web presence and its ability to create greater interactivity internally among students, trainees and faculty are incredible assets – as is its power to create greater connectivity to our communities locally and globally. Over the past two decades all of us have become more digital. This change has offered unique opportunities for accessing data and knowledge – but it also carries vulnerabilities in the areas of privacy, theft and misinformation.

We are also witnessing the incredible transformation of our library from a repository for books and journals to an on-line service that connects faculty, staff and students to knowledge sources at any time and from any place. This raises some important questions – including what the future of a medical library will be going forward and how we will differentiate Stanford from other medical schools. A strategic planning process for knowledge and library services is being completed and I will be happy to share the results when it is finished. But we are clearly in a new world order – and we want to play an important role in leading and directing the library of the future.

- ***Finance and Administration.*** In my last Newsletter of 2009 I detailed the financial performance of the School of Medicine this past and very challenging year. Although we suffered major losses in endowment and received less support from foundations and philanthropic donors than in past years, we still emerged in a strong financial position. This is not to say that we haven't had challenges (we had to reduce expenses – especially in our central administration – by nearly 15%,

and this has had consequent negative programmatic and human capital costs). But we have been judicious in our financial planning and have been benefited from strong leadership and oversight in this important area. Going forward, we must anticipate declines in research funding (with the expiration of the stimulus ARRA funding this September) as well as the still untold economic consequences of healthcare reform. Coupled with the overall financial climate in California and nationally, it is imperative that we remain vigilant and prudent in our short and long-term planning. At the same time, we do not want to miss important opportunities in recruitment, programmatic innovation or facilities and infrastructure.

I have tried to be as transparent as I can be about our resources and how they are distributed between the central administration and the departments. I fully recognize that each faculty member has unique needs and certainly we would love to meet everyone's expectations. But for the foreseeable future, I expect our investments will need to be constrained and prudent – which will certainly result in some frustration and disappointment. But it is better that we be conservative and prepare for the future wisely than to overstep our financial bounds (as some peer institutions have done) and end up truncating our future opportunities. We also need to examine whether the way we are organized and structured to support our missions in education, research and patient care still makes sense – or whether other models for finance and administration need to be developed and employed.

- ***Communication, Advocacy and Public Policy.*** We have continued to make major strides in our communications internally, to our colleagues at Stanford and to the general public. I believe that we have among the very best offices of communication of any medical school in the nation, and I appreciate the leadership that Paul Costello and his colleagues have brought to this area. The contributions of the Office of Communication and Public Affairs to our website, to the media and in publications (particularly *Stanford Medicine*) are exceptional. So too are the Podcasts and other innovations that have been developed. A recent example is “Scope,” a blog from the Office of Communication and Public Affairs that covers achievements of Stanford faculty, students and staff, but also offers insights on medical and scientific developments around the world. Members of the Office of Communication and Public Affairs staff aim to discuss on Scope stories and issues that might not be given adequate attention or analysis by the mainstream media. The blog can be found at <http://scopeblog.stanford.edu>.

Scope is the latest offering in a series of new media initiatives from the Office, including its "1:2:1" podcast, which features interviews with notable scientists, policy makers and journalists; a Flickr photo stream; a YouTube channel; a Twitter feed; and a Facebook fan page. Links to those resources can be found at <http://mednews.stanford.edu>. And I will try to continue doing my part through the bi-weekly Dean's Newsletter – now in its 9<sup>th</sup> year of continued reporting! In addition to communication, a number of Stanford faculty (myself included) have spent considerable time in advocacy and public policy issues around research,

healthcare reform and education. A number of important contributions have been offered, and this will clearly remain an ongoing and important activity for many faculty, students and staff.

- ***Philanthropy and Resource Development.*** Key to our future success will be a robust fundraising program. As noted earlier in this Newsletter, the School of Medicine has raised \$1.17 billion since 2001, which has helped fund new facilities and programs. While the economic downturn that began in 2008 has affected our fundraising efforts, we have continued to enjoy and benefit from the incredible loyalty, support and generosity of friends and alumni. On January 1<sup>st</sup> Laurel Price Jones joined the School as our new Associate Vice President for Medical Development. A key part of our past success has been developing a clear and focused message around priorities and then casting them as “big and transformative” ideas. This will need to be our goal going forward as we attempt to generate support for students, faculty, programs and facilities. Needless to say, this is an area that I am also heavily and personally invested in for the School.

As noted earlier, this list is best viewed as a series of priorities, ongoing activities, opportunities and challenges as I have been reflecting on them. The list is certainly incomplete and is not intended to be all-inclusive. My reason for sharing it with you is that these issues (among others) are ones that come to my mind as I think about the immediate and future concerns and challenges facing the school, medical center and university. I have left out information that is proprietary or still too confidential. But I have also tried to be transparent with the hope that you will feel free to add your thoughts, suggestions or recommendations. Please don't hesitate to share your views with me.

Best wishes for the New Year and beyond.

## APPOINTMENTS & PROMOTIONS

Christopher Barnard has been promoted to Adjunct Clinical Associate Professor of Dermatology effective 1/01/10.

Gregory A. Denari has been promoted to Adjunct Clinical Associate Professor of Medicine, Division of General Internal Medicine effective 9/01/09.

Mehran Farid-Moayer has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/01/10.

Bernard Fine has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of Hematology effective 9/01/09.

Nancy Hua has been promoted to Adjunct Clinical Assistant Professor of Medicine, Division of General Internal Medicine effective 9/01/09.

Manuela Kogon has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/01/10.

Vivian Levy has been promoted to Adjust Clinical Assistant Professor of Medicine, Division of Infectious Diseases and Geographic Medicine effective 1/01/10.

Vinod Menon has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences effective 1/01/10.

Judith A. Stewart has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences effective 1/01/10.