

Dean's Newsletter

October 11, 2010

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Li Ka Shing Renews Education Facilities for the Next 50 Years (and Beyond)

September 29, 2010 marked an important milestone in the distinguished history of the Stanford University School of Medicine. After a decade of planning and varied expectations, the official opening of the Li Ka Shing Center for Learning and Knowledge took place with excitement, enthusiasm and satisfaction. President John Hennessy presided over the dedication ceremony, which was graced by the presence of a number of the donors and benefactors who made the dream of new education facilities a wonderful reality. We were deeply honored to have Mr. Li Ka Shing, who generously provided the naming gift for what is now commonly referred to at the LKSC, in attendance. The connections between Mr. Li and Stanford began in a deeply personal way in 1982 (see below) and will extend far into the future, to the great benefit of current and future generations of Stanford students. The LKSC symbolizes the transformation of medical education and the important role Stanford will play in the education and training of future leaders in medicine and science.

Not unexpectedly, there is a back-story to the journey we celebrated on September 29th. The beginning and ending of life journeys are often unpredictable, and they frequently have moments that, in retrospect, can be seen as punctuation marks along the way. For me, the journey to the LKSC began in December of 2000, right after I agreed to come to Stanford as Dean. It was then that I was “advised” about the nearly two decades of warnings from the LCME (Liaison Committee on Medical Education) to Stanford about the need to address perceived deficiencies in its classroom and library facilities. Those admonitions resulted in a vote by the LCME in 1999 that barely escaped probationary accreditation status. That certainly got Stanford’s attention, and it prompted the development of a plan to develop new education facilities as part of an overall renovation plan for the original 1959 Edward D. Stone complex that was known at the time as the GALE Project.

GALE is the acronym for the four School of Medicine buildings: Grant, Alway, Lane and Edwards. The estimated cost of the renovation was approximately \$185 million, and the project had advanced to the point of receiving concept approval by the University Board of Trustees. One of my jobs was going to be to raise the money for this project and oversee its implementation. I quickly learned (within days of agreeing to come to Stanford) that GALE was a project with a range of vocal supporters and decriers. What struck me, however, was that the proposed education renovation was a well-founded educational, programmatic and strategic initiative, but it aimed to fill a number of diverse needs beyond education. Accordingly, in the months prior to my arrival as Dean in April 2001, I reviewed all the documents and commentaries I could find on the project, received opinion and insights from a broad range of faculty, students and staff, and consulted with the leaders of the LCME, the School's Executive Committee and University leadership. That led to the decision, in February 2001, to abandon GALE—which resulted in starting a new journey toward what would eventually become the LKSC.

Like all adventures, the road the LKSC has been filled with uncertainty as well as expectation. It has had advocates and critics, who themselves sometimes exchanged roles and opinions. Among the first important steps was to better define the programmatic needs for education, which began at the same time as a parallel journey of renewing and revising the curriculum for medical student education. What we refer to as “The New Stanford Curriculum” was introduced in the Fall of 2003. It helped define our new directions in education and the kinds of resources and facilities we would need to support them. The development of the new curriculum engaged many dozens of faculty, students and staff and provided a replacement for a curriculum that had become so “flexible” that it lacked focus and definition.

Building consensus around the New Stanford Curriculum also required a fundamental change in the financing of education through the School's operating budget – another somewhat contentious challenge. Both curriculum reform and the funding for education remain challenges today and will surely become even more so as we launch new major efforts addressing the future of medical education along with initiatives to think further about graduate education (see below) and postdoctoral training. How these parts of the journey will evolve remains to be seen – but many of them began with the creative thinking about the Stanford Five Year Plan that began in the late 1950s, nearly 50 years following the seminal Flexner report of 1910.

The major task of defining the future learning and knowledge center began almost in concert with the revisions of the curriculum in 2002-2003. It too was a process that engaged many dozens if not hundreds of individuals over a period of several years. The project went from GALE to SMILE (the Stanford Medicine Immersive Learning Environment) to the LKC (the Learning and Knowledge Center) and finally, to the LKSC (the Li Ka Shing Center for Learning and Knowledge). The original hope was for a building of approximately 200,000 gasf (gross available square feet), but the space limitations of Stanford's General Use Permit (GUP) allocation to this project reduced its size to the current 120,000 gasf of the LKSC. This meant that bringing together the many

important people who support the education program and services would be left for another day – and the building focused on students and learners.

While the major focus is medical and graduate students, I believe that the LKSC will serve all learners – high school, college, medical and graduate students, residents and postdocs, faculty and continuing medical education, and our community of learners locally and globally. And as it evolved, the technological *tour de force* that now defines the LKSC permits its walls to be permeable, so that knowledge and information can be shared, instantaneously, throughout medical center, the university – and the world. The opportunities for new linkages, interfaces and communication is truly nonpareil.

Of course the idea for a bold new center for learning and knowledge required extraordinary financial resources to bring it to fruition – which many forecast would be difficult if not impossible to achieve. The road to the LKSC as we know it today was nearly blocked or redirected a number of times - until members of our community began stepping forward with gifts of support and commitment. These included contributions from every department in the School of Medicine – and in the case of the Departments of Genetics, Pathology and Radiology, gifts of \$1 million each. That kind of support anchored our efforts, communicated a shared commitment, and was coupled with other programmatic support from other school resources.

Importantly, the Stanford University Medical Center Alumni made wonderful annual gifts to the LKSC. So too did many of our faculty as private donors along with many dozens of community supporters and foundations. A number of incredible individuals made personal gifts of great significance, including Millie and Paul Berg, Hon Mai and Joe Goodman, Jerry Yang and Akiko Yamazaki, CJ Huang and Ha Lin Yip, Dr. Roy Stanford and Dr. Keith Gianni. And of course we were fortunate to receive a truly major gift from Mr. Li Ka Shing. I thank each of these major donors but I am grateful to everyone who offered support – financial or programmatic – to help us reach this long awaited goal.

When the journey toward a new learning and knowledge center began it was certainly not clear that Mr. Li Ka Shing would play such a central role. Nor was it necessarily clear to him. But as we learned at the September 29th Dedication, Mr. Li had begun his own personal journey that ultimately intersected with ours. Here is how he put it in his remarks.

Comments from Mr. Li Ka Shing on the Dedication of the Learning and Knowledge Center

Today is the culmination of a journey that began decades ago. On a warm and beautiful afternoon back in 1982, I brought my freshman son, Victor, to Stanford. I was a proud parent as we strolled down the picturesque Palm Drive toward the Oval. It was a moment I will not forget – my son was receiving a university education, something I could only dream of. And he was doing it at Stanford!

I can still recall, at one point in our walk, stopping for a moment, turning to him and saying: “This is the first time in my life that I feel true envy of your good fortune – to have the opportunity to be a part of this great institution.” It is an opportunity that countless students from all over the world have enjoyed – not only to attend here, but to have their minds and spirits broadened through a rigorous fusing of intellect and imagination. Lives have been enriched here, ennobled with a sense of service. And service is the hallmark of a life well lived.

The elite students of this great university, who become elite leaders, are not content to be moralizing spectators. They explore and discoverers search for, and finding solutions, to the great challenges of our complex world. They know the higher order of the ennobled human spirit, and they measure themselves by that standard.

I hope this spirit permeates Stanford. I know that on this campus I have experienced it first hand. After seeing Victor off that day, I wandered alone through the campus. At one point I stopped and knelt down to take a photograph of a beautiful western bluebird in the grass. I became so focused on the image of the bird through my viewfinder that only when I turned did I embarrassingly realize that I had blocked the path of dozens of students on their bicycles. But rather than rush me, many of them held their fingers to their lips, letting each other know to stop and remain quiet in an effort not to frighten the bird while I clicked the shutter.

Their smiles overwhelmed me then and will stay in my heart forever. The photograph of the western bluebird has long vanished, but the noble and gracious gesture of those students laid the foundation of my love for Stanford and the eventual project that we now celebrate. Today with the dedication of this building, I am now part of this great institution, and for that I am most happy and very honored.

As part of the journey I had the opportunity to meet with Mr. Li a number of times in Hong Kong and to share with him the vision of what is now the LKSC. Many of his close colleagues and advisors played important roles in guiding the process – most notably Ms. Solina Chau and Dr. Freida Law from the Li Ka Shing Foundation – as well as Dr. Alan Yeung, the Li Ka Shing Professor and Chief of Cardiology in the Department of Medicine at Stanford. But to say that the process was easy or predictable would not be honest. The promissory notes of support ebbed and flowed – but were ultimately achieved when Mr. Li made his decision that supporting the future of medical education was important, not only to Stanford but also to the world.

Mr. Li’s sharing of this brief moment links us to his personal journey with Stanford, begun in 1986, in a deeply personal way. I must say that in 1986 Stanford was not on my personal radar screen, as I was deeply involved in work in pediatric AIDS in Bethesda at the NIH. But journeys have unpredictable ways of interconnecting. As I look back I can now see some of these connections over time and space, but until September 29th I never realized that it was a western bluebird that connected these threads. Generations of current and future students will be grateful to Mr. Li and, of course, to the

bluebird that served as such a powerful symbol of connection to him. We are connected through history in ways that sometimes surprise but that can give flight to great new ideas.

Advancing Innovation Through Dialogues with Academia, Regulatory Agencies, Industry and the Public

Over the past two weeks several intersecting events brought together communities that have sometimes been at odds. Importantly, these communities need to be aligned if we are to achieve excellence in innovation and discovery and in their translation to improve human health. On occasion, the balance between creative innovation and protecting human safety can swing too much in one direction or another. As physicians and scientists, we seek to develop discoveries, tools, devices and procedures that improve the diagnosis, treatment and prevention of human illness. At times, the perceived benefits of medical innovation can skirt the edges of safety. On the other hand, concerns for safety can sometimes result in the over-regulation of innovation – even running the risk of stifling it. Further, the views and interpretations of policies by regulatory agencies, including the Food and Drug Administration, can swing from under to over-regulation, depending on the philosophy and beliefs of leaders and the political process that sometimes govern resource allocations and appropriations. While this dipole applies to all forms of innovation, it is perhaps most challenging for medical devices, given the close involvement of the inventor with the development of a device and the methodology used to evaluate its efficacy and safety – and how they are viewed by the FDA and perceived by the public.

In tandem with the balance between innovation, assessment, safety and regulation is the interface and interplay between academia and industry. This also has much to do with the support and development of innovation, but, in addition, it juxtaposes the goal of fostering the public good with the financial interests of individuals and business. It is frequently the case that conflict of interest becomes a necessary concern. But balance is important. Conflicts of interest are inherent to discovery and to interrelations within academia and with industry as well as with other public and private sectors. How those conflicts are handled and addressed can foster discovery and public good or can stifle them and promote greed and loss of the public trust. The interactions between industry and academia in particular have been the topic of major news stories and some scandals and have been very much part of Stanford's leadership in establishing policies academic –industry relations. This is a topic which I have discussed in a number of past Dean's Newsletters and which is well delineated in our policies (see <http://med.stanford.edu/coi/siip/policy.html>) as well as those of other universities, industry and the healthcare legislation of the Affordable Care Act.

As I noted, two separate meetings and events brought these issues into focus and fostered important dialogue. The first took place at Stanford on September 27th and 28th under the auspices of the Biodesign Program and was led by Dr. Paul Yock, the Martha Meier Weiland Professor in the School of Medicine and Professor of Bioengineering and, by courtesy, of Mechanical Engineering and at the GSB. The second was sponsored by

Spectrum and was led by Dr. Steve Alexander, Professor of Pediatrics and Chief of the Division of Nephrology in the Department of Pediatrics. These sessions brought together leaders from the FDA (primarily the Center of Devices and Radiological Health [CDRH]), the device industry and venture capital to discuss the policies regulating the approval of new devices.

There is a widening view that the regulatory policies of the FDA have migrated toward greater stringency over the last couple of years and that this is negatively impacting device development and innovation. At an extreme, there is a view that policies that are too stringent will move the biotechnology and device innovations away from the USA and to Europe or Asia. As an observer of these discussions, what impressed me was the willingness of the FDA's CDRH leaders to listen to the concerns expressed by faculty, industry and venture capital leaders. While discussion alone is insufficient, it is a necessary beginning, and I commend Drs. Yock, Alexander and their colleagues for initiating and facilitating these discussions –which will hopefully continue over the months and years ahead.

In a separate but related manner I participated in a National Dialogue for Healthcare Innovation Summit on Physician-Industry Collaboration held on October 4th in Washington, DC. Moderated by Susan Dentzer, the Editor-in-Chief of Health Affairs and health issues analyst for the PBS NewsHour, the Summit brought industry and academic leaders together with government and public advocacy leaders. Although at a high level, the discussion groups addressed the big themes: the challenges and opportunities of collaboration between academia and industry; the current practices and gaps in academia – industry relations; what collaboration means for the patient; and the role of government and private payers in physician-industry collaboration.

The attendees and participants represented leaders from across these domains and the dialogue was quite honest and sometimes spirited. There is a broad perception that recalibration of the physician-industry relationship is needed, but the details about what that means and how it can – or should – be achieved has many different perspectives. Nevertheless, the fact that this Summit occurred and that others are planned is important in its own right. Of course the devil is always in the details – but transparency, dialogue, and an effort to reach balance and integrity are important beginnings. Hopefully there will be much more to follow.

Beginning to Think about Graduate Education

On Saturday morning, October 9th, we held the third of our “think tanks” focused on the School's broad educational missions. We began in July with our postdoctoral training programs, continued in August with medical education, and concluded with this session, which centered on our PhD programs. These think tanks were not scheduled by priority or order but by the availability of participants. As with the first two think tanks, over 30 faculty, students and staff gathered in the LKSC Boardroom and engaged in wide-ranging and candid discussion about what is working in our doctoral training programs and what is not, and we brainstormed about how we might do things differently

in the future. The outcome of the think tank will be establishing work groups to further define the ideas that arose in the discussion and to use them to shape and refine their recommendations for broad consideration.

Many ideas emerged from the discussion that you will be hearing about in the months ahead. But to give you a flavor of the discussion, here are a few of the themes that seemed to resonate most strongly:

- The recognition that not all of our PhD students are looking toward academic positions when they finish their training. The reasons for this vary and are probably quite individualized. They include: the recognition that there are not enough academic positions to accommodate all the PhDs being trained (one participant commented that we are in a “PhD bubble”); a diminution in interest in an academic career by some students as their training proceeds; and an increase in interest in other types of scientific careers. Regardless of the reasons, the participants agreed that students should be offered opportunities to explore career options beyond academia and to develop the skills that will be required in other settings as well as in academia. These might include short modules in specific skills such as leadership and how to work collaboratively as well as internship opportunities in industry.
- An appreciation of the fundamental value of the doctoral training model of learning to: think independently, design experiments, complete experiments, and communicate the results - and that this model provides education that serves our graduates well in whatever setting they find themselves. There were strong views that this model of education was the core value of a PhD and should not be changed or tampered with.
- The deep and pervasive influence of the financial models and constraints on our PhD programs. The decrease in training grant funding and the disincentives now in the system for PIs to take on a graduate student instead of hiring a postdoctoral fellow, including the pressure on faculty to be more productive, were brought up. The ideal of having all students be fully funded was raised, although the financial means required to accomplish this would be enormous.
- The question of time to degree and whether it is too long. There was lively debate on this point, with comments that the current time provides students opportunities to take risks, learn from mistakes and go on to complete successful programs. In contrast, adding up a graduate degree time of roughly 5.5 years and another 3-5 in postdoctoral training makes for a very long time before beginning an independent career.
- The desirability of undertaking a thorough review of the PhD curriculum, which has not been done for a decade. This should include not just the content of the curriculum but also the strategies for teaching and learning, since, due

to the rapid and continuing advances in technology, the ways students learn now are very different from in the past.

- The issue of diversity, which is one in which we are still very far from where we need to be. Barriers to increasing the diversity of our graduate student population were discussed, such as competition from our peer institutions, including the simple one of the cost of applying to Stanford relative to our peers; the role of GRE scores in the admissions process, which may be problematic; and our continuing relative lack of minority faculty.

Now that we have completed our educational “think tanks,” the work of sorting through the ideas, identifying overlapping issues as well as those unique to each group, and prioritizing ideas for development into recommendations and action plans has begun. Stay tuned!

The National Research Center Ranks Doctoral Programs

On Tuesday, September 28th, the National Research Council released its long-awaited assessment of research doctoral programs. The last NRC rankings were done in 1995, and the 2010 report and rankings have been in preparation for several years. 47 of Stanford’s doctoral programs were included, including nine in the School of Medicine: Biochemistry, Cancer Biology, Chemical and Systems Biology, Developmental Biology, Genetics, Immunology, Microbiology and Immunology, Molecular and Cellular Physiology and Neurosciences. (Biomedical Informatics, as an emerging field, was not ranked.) The September 28 issue of the Stanford Report provides this useful summary of the methodology used in the assessment

(<http://news.stanford.edu/news/2010/september/doctoral-program-ratings-092810.html>):

Using data from the 2005-06 academic year, the NRC based the ratings on 20 variables including measures of faculty research activity, student support and outcomes, and faculty and student demographics. Stanford participated in the data collection process by providing data about its programs, faculty and students to the NRC in 2006-07. Many Stanford faculty members completed a survey conducted in spring 2007. Some data were also developed directly by the NRC, including data on publications, citations and grants.

Each rated program received two different overall measures – one based on faculty opinions of the relative importance of the various program factors (dubbed S-rankings, for Survey), and one based on a regression analysis linking reputational scores to the program factors (R-rankings).

Also, instead of the usual single-number ranking, each of the five NRC ratings is being reported in a range of rankings representing the middle 90 percent. For example, a program could have a rating between 5 (5 percent) and 13 (95 percent). The range means that 10 percent of the time, the rating might fall outside the range. The range is intended to reflect the inherent differences among raters, statistical uncertainty and variability in year-to-year data.

So what does all this mean? Well, on the surface it means that, in contrast to the earlier NRC's rankings and in contrast to other published rankings, such as those by the US News and World Reports, about which I have commented at length in earlier Newsletters, these results are more reflective of the complexity of both institutions and statistical methodologies. By not reducing a program to a single number, the results can be more nuanced. Each program ends up with a varied set of ranges, so that, for example, a program can rank very high in the overall category but relatively low in the area of student support and outcomes.

However, the reality is that, as soon as the results were released, individuals and institutions began devising ways to use the results to come up with a single rank. There must be something inherent in us that wants to know "who is # 1?" and "where are we in the rankings?" And that is what we have seen. One way of doing this is to use the 5th percentile ranking of the overall S-ranking; that is, the rank that falls at the upper 5th percentile of the distribution that resulted from the statistical analyses of the survey results. When that ranking is used for School of Medicine programs, the results are very good indeed: all of our programs are ranked quite highly. However, we do less well in measures of diversity and in student support and outcomes. And these too are areas we need to focus on to truly establish the levels of excellence we aspire to in our education programs.

In the end, the value of the NRC assessments will be determined by their usefulness to programs, departments and schools. I hope they will be used to examine where improvements can be made in the quality of our PhD programs across all the areas assessed by the NRC, to the benefit of our students.

The Journey To Improving Quality and the Patient Experience

My list of critical factors needed to secure the success of an academic medical center includes being a leader in innovation and discovery, a provider of outstanding state-of-the-art patient care, excellent in measures of quality, safety and outcomes, outstanding in patient service and clear and transparent in the value benefit and cost of patient care. At Stanford we do some these in an outstanding manner, have made progress in others and have a long ways to go in some (most notably the patient experience and the value benefit and cost of care).

While it is important to keep striving for greater excellence, it is also important to recognize and even celebrate accomplishments when they take place. Accordingly I offer my commendation to Stanford Hospital & Clinics and our faculty and medical staff for the continued progress they have made in improving quality performance as measured by the annual University Healthsystem Consortium (UHC) Quality and Accountability Scorecard. While nothing is perfect, this scorecard is likely the most comprehensive measure of quality, and it permits us to assess how we are doing against national metrics – including other academic medical centers across the nation. This past week SHC was informed that its 2010 ranking now places it in the top quartile among 98 academic medical centers. This is a major (and I mean major) improvement from five years ago.

Thanks to the concerted effort of the SHC, School and Medical Staff leadership, progress has been made each year –and this year’s ranking is the best we have achieved so far.

These results are a tribute to the spirit of collaboration within our institution and across the medical center. This could not have been accomplished without the dedicated work of our clinical chairs, faculty and hospital leaders and staff. It is also a reflection of the leadership of Dr. Kevin Tabb, Chief Medical Officer at SHC, Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs, and Dr. Bryan Bohman, elected Chief of Staff at SHC.

I commend everyone who has contributed to these results but also note that much work remains. Rankings are only one aspect of quality care. As I noted above, patient service and patient satisfaction is an arena in which we still need to show continued and very significant improvement. And we have much work to do to deliver outstanding care, with the highest quality, best patient service and great innovation at a lower cost. But the progress that we have made to date does illustrate what we can accomplish when we set priorities, work collaboratively and strive to do the best for the patients we serve.

Accolades to DARE

Three years ago Dr. Patti Gumport, Vice Provost for Graduate Education, in conjunction with Provost John Etchemendy, launched the DARE (Diversifying Academia, Recruiting Excellence) Doctoral Fellowship Program. DARE awards two-year fellowships to graduate students seeking academic careers. In addition to financial support DARE provides mentoring, seminars and network opportunities for students selected to this program. It fosters a community of women and minority students committed to future academic careers.

On September 30th I had the opportunity to attend the reception for new DARE Fellows and to listen to the reports from 16 graduate students participating in this program. The impact DARE has had on each of them both professionally and personally was moving and gratifying and affirms the value of networking, mentorship and career development. Among the presenters were two bioscience graduate students: Antonio Gomez from Microbiology and Immunology and Jose Morillo Prado from Developmental Biology. Each described how their DARE program experience is having an impact on the career pathway they plan to pursue. I was impressed and am appreciative of Vice Provost Gumport and Provost Etchemendy for this novel program.

Information Resources and Technology Security Day

If you are like me, hardly a day goes by without some email message trying to get access to personal information. We have become used to the phishing expeditions but there are a lot of security challenges we are unaware of and thus potentially vulnerable to. Given that many in the medical school are engaged in human subjects research or patient care, our risks are among the highest anywhere. Information Resources and Technology (IRT) will be holding the first School of Medicine Information Security Day on

Wednesday, November 3rd, 10:30 am - 2:30 pm, in LKSC lecture hall LK130. The day's program includes a demonstration on how to secure your iPhones and iPads, a talk on staying cyber-secure in the office and at home, and a keynote presentation at 11:00 am, "Anatomy of a Hospital Break-in," examining how a hacker can use a phishing email to climb his way up through a computer system until patient information is compromised.

IRT Information Security Services is dedicated to helping and educating students, faculty, and staff regarding information security. We hope you will find Information Security Day to be useful, informative, and fun. Please join us on November 3rd. To register or for more information, visit: <http://med.stanford.edu/irt/security/isd.html>. I certainly encourage you to attend.

Upcoming Events

Reception - New Exhibit in the History of Neurosurgery at Stanford

Friday, October 29

3:00 pm

Lane Library

The Department of Neurosurgery at the Stanford University School of Medicine has distinguished itself in clinical care and research in neuro-oncology, pediatric neurosurgery, stem cell research, and many other areas. But did you know that teaching and training in neurosurgery at Stanford can be traced back to San Francisco in the 1890s at Cooper Medical College, the predecessor institution to Stanford's School of Medicine? The Stanford Medical History Center and Lane Medical Library are proud to present an original exhibit on the history of neurosurgery at Stanford. The exhibit is now on display on the first floor of Lane Medical Library, near the main entrance. This is the first in a new series of exhibits on the history of the Departments and programs in the Stanford University School of Medicine that will be featured in Lane Library.

Dr. Gary Steinberg, Chair of the Department of Neurosurgery, will speak at a reception at the exhibit on Friday, October 29 at 3:00 p.m. For more information about the reception or the exhibit, please contact Drew Bourn, Curator at the Stanford Medical History Center in Lane Library, at dbourn@stanford.edu or (650) 725-8045.

The Office of Diversity and Leadership Welcomes Dr. Molly Carnes as 2010 Distinguished Lecturer

Plenary Talk: "Gender Equity in Academic Medicine and Science: Time for Institutional Change"

Thursday, October 21st

4:00 - 6:00pm

LKSC 2nd Floor Conference Center

Reception following

Event Registration: <https://www.onlineregistrationcenter.com/register.asp?m=275&c=1>

The Stanford community is delighted to welcome Dr. Molly Carnes, Jean Manchester Biddick Professor of Women's Health Research, and Department of Medicine from the University of Wisconsin on October 20-22nd, 2010. Dr. Carnes is nationally recognized for her scholarship in advancing women in science and academic medicine, having served as the Co-principle investigator for the NSF ADVANCE program at the University of Wisconsin.

In her talk Dr. Carnes will describe the pervasive existence of implicit bias that emerges from societal stereotypes about men and women, and how this bias is reflected in academic medicine and science. The event is hosted by The Office of Diversity and Leadership at the School of Medicine, The Clayman Institute for Gender Research, The Faculty Women's Forum and the Office of Faculty Development and Diversity. This event is open to all students, trainees, and faculty from the main campus and SOM.

Awards and Honors

- The Institute of Medicine of the National Academy of Sciences announced the election of 65 new distinguished members at its annual meeting today, October 11th. As stated by Dr. Harvey Fineberg, President of the IOM, “Each of these new members stands out as a professional whose research, knowledge, and skills have significantly advanced health and medicine and who has served as a model for others.” I am proud to say that two Stanford faculty are counted among those newly elected. They are:
 - ***Karl Deisseroth***, MD, PhD, Associate Professor, Department of Bioengineering and Psychiatry
 - ***Steve Galli***, MD, Professor and Chair of the Department of Pathology.

Please join us in congratulating Drs. Deisseroth and Galli, whose election brings the number of Stanford faculty who are members of the IOM to 61. Currently the IOM has 1649 active members, and Stanford is well represented in its ranks, particularly given our faculty size compared to our peer institutions.

- ***Kathleen Thompson***, Director of the Research Management Group, has been named the recipient of the 2010 Marsh O’Neill Award, which is awarded for “exceptional and enduring support of Stanford University’s Research Enterprise. This prestigious award was inspired by the extraordinary career of Marsh O’Neill, Associate Director of the WW Hansen Laboratories, 1952-1990. Ms Thompson is highly respected by faculty and leaders in research and we all celebrate her award. Please join me in congratulating Ms Thompson.
- ***Robert L. Dodd***, MD, PhD, Assistant Professor of Neurosurgery and Radiology, has been awarded the 2010 Denise O’Leary award winner for clinical Excellence by the board of Directors of Stanford Hospital and Clinics (SHC). He received the award in recognition of his outstanding contributions to the care of patients with brain tumors and cerebrovascular disorders that can result in stroke, and his

long-standing commitment to clinical research, teaching, and community outreach.

Appointments and Promotions

Norman Freed has been promoted to Adjunct Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 6/01/10.

Susan Garay has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 6/01/10.

Janice Janas has been promoted to Adjunct Clinical Assistant Professor of Otolaryngology-Head and Neck Surgery, effective 10/01/10.

Yahli Lorch has been reappointed to Associate Professor (Research) of Structural Biology, effective 11/01/10.

Bruce M. MacIver has been promoted to Professor (Research) of Anesthesia, effective 10/01/10.

Janesta Noland has been promoted to Adjunct Clinical Assistant Professor of Pediatrics, effective 7/01/10.

Gavin J. Sherlock has been appointed to Associate Professor of Genetics, effective 10/01/10.

Betsy Strong has been promoted to Adjunct Clinical Assistant Professor of Medicine, effective 6/01/10.