

Dean's Newsletter
November 4, 2002

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Important Evolution of the Appointment and Promotion Process

One of the nine Work Groups taking part in the School of Medicine's Strategic Planning process that began in September 2001 focused on the Professoriate and was led by Dr. David Stevenson, Senior Associate Dean for Academic Affairs and the Harold K. Faber Professor of Pediatrics. The major goal of the Work Group on the Professoriate was to recognize the important missions of the School of Medicine in education, research and clinical care and to seek ways of aligning faculty development and promotion to these essential roles. The dominant focus of the Work Group was on the appointments and promotions of clinical faculty. While there was a time when every clinical faculty member was expected to excel in each of these missions it is widely now recognized that the demands and expectations of a career in clinical medicine or in research requires a more singular focus. At the same time, it is expected that all faculty members in the School of Medicine should contribute to education. Dr. Stevenson and his colleagues recently completed their work, and I am pleased to announce the results of their efforts. The revisions discussed here are effective November 1, 2002.

Background and History

The changes that are forthcoming represent an evolution and are best framed within a historical context. Until 1989, Stanford faculty in the School of Medicine held Academic Council appointments in the "University Tenure Line (UTL)" or in the "Non-Tenure Line" in the areas of, teaching, research or clinical care (NTL[T], NTL[R] or NTL[C]). In 1989 a new faculty line, the Medical Center Line (MCL), was established by the University. The new line was the result of a School of Medicine committee chaired by Dr. Saul Rosenberg, Maureen Lyles D'Ambrogio Professor of Medicine and Radiation Oncology, Emeritus. The driving rationale for creating the MCL was to help meet the increasing needs of the Medical Center to fulfill vital patient care and teaching needs. Although MCL faculty are members of the Professoriate and are eligible for housing, tuition and related benefits, they are not members of the Academic Council and can serve as the principal investigator of a research project only with a waiver. Further, their academic titles are associated with the respective affiliated hospitals (e.g., Stanford Hospital & Clinics [SHC], Lucile Packard Children's Hospital [LPCH], Palo Alto VA Medical Center [PVAMC], Santa Clara Valley Medical Center [SCVMC]) and do not

carry tenure. That said, appointments at the rank of professor beyond the initial appointment, which is for a term of years, confer “continuing terms of appointment,” which afford significant security.

During the past decade, the number of MCL faculty members has increased nearly exponentially, both to meet the expanding clinical needs of the clinical departments and hospitals and because of the relative limitations of appointing clinical faculty to UTL positions, especially during the early to mid 1990’s. As of October 28, there were approximately 333 members appointed in the MCL, all of these appointments having transpired during the past decade. In contrast, as of the same date, there are 310 UTL in the School of Medicine, 88 in basic science departments and 222 in clinical departments.

During the past 10-12 years, there have been continuing changes in the composition and functions performed by “MCL” faculty. Most notably, an increasing number of our MCL faculty are now engaged in research (both wet and dry laboratory as well as clinical trials) and about 40% have achieved external peer-reviewed funding. In some cases, the distinctions between the research contributions of MCL and UTL faculty have become blurred. At the same time, there is also wide disparity in the written scholarly contributions of MCL faculty as a whole, in part because the expectations for such have themselves evolved. Furthermore, departments have had varying expectations for MCL faculty, in part because of innate differences among clinical specialties. Moreover, despite the progress that has been made in recognizing the critically important role of the MCL faculty in the School, since my arrival in April 2001, I have heard from many MCL faculty members that they still feel like “second class citizens” within the University. I certainly do not agree with that perception, and I believe that the MCL faculty is an essential and enormously valuable component of the professoriate.

In addition to the UTL, Non-Tenure-Line, and MCL faculty, there are two other groups who are extremely important to the patient care success of the Medical Center and the teaching mission of the School. First are “staff physicians,” who are appointed within departments on fixed terms to carry out critical patient care responsibilities. They are regular university staff and are not members of the professoriate. They are currently appointed as members of the “Voluntary Clinical Faculty (VCF).” Their numbers vary across clinical departments but in the aggregate, there are now over 300 staff physicians, although a number of these are part-time appointments. In addition to the important role that staff physicians play in the delivery of patient care, many are also intimately involved in teaching students and trainees, and a number of them have been highly lauded as among our most valued clinical teachers.

The final group is comprised of community physicians who either practice at Stanford Hospitals or who teach medical students and trainees in their offices or at affiliated hospitals. This group has been referred to as “Voluntary Clinical Faculty.” The VCF have been appointed by clinical departments and have been expected to provide at least 100 hours of teaching per year. While we welcome, value, and benefit from community physician colleagues who contribute to our teaching mission, it must be noted

that the number of individuals in the VCF has expanded over the years, reaching in excess of 1500 just over a year ago; there are currently approximately 1035 members. While recognizing their value, I must also point out that the criteria for appointment and promotion of VCF have been without academic criteria; advancement from voluntary clinical assistant to associate to full professor has been based on length of service rather than evidence of scholarship or an evaluation of teaching performance. This represents a point of confusion both within the School and Medical Center as well as to our community of patients and colleagues locally and nationally.

Process for Change and Evolution

The major focus of the Work Group on the Professoriate chaired by Dr. David Stevenson was to address the current and future status of the MCL faculty, Staff Physicians and Voluntary Clinical Faculty. To accomplish this, two subcommittees were appointed, one focusing on the MCL faculty and the second on Staff Physicians, community physicians and the VCF. Both of these subcommittees were chaired by Dr. Maurice Druzin, Associate Dean for Academic Affairs and the Charles B. and Ann L. Johnson Professor of Obstetrics & Gynecology. Both subcommittees had broad representation, including UTL, MCL, Staff Physician and community physician VCF members. The subcommittees worked diligently during the past year and presented updates to the Medical School Executive Committee, Faculty Senate, the Strategic Planning Retreat and, during this past summer, to the Provost. Because the recommendations that were proposed to the Provost represent evolution and clarification, they do not constitute changes requiring review by the Senate of the Academic Council. At the same time, it was imperative that the recommendations have the support of the Provost and his advisory group. Not only did the Provost endorse the Schools recommendations, he also helped to clarify and improve a number of them. Accordingly, these changes became effective November 1, 2002.

A General Framework

Based on the issues and challenges described above, our overarching goal has been to develop and clarify our faculty and physician lines to better make sense in the current era and to better align available career paths to the functions carried out by faculty and physicians. To this end, we have devised a framework that encompasses all of our lines. Within this general framework we have made the specific revisions in the MCL, the staff physician, and the VCF categories that are described below.

The general framework is illustrated in the table that is included as an attachment to this newsletter. It consists of four groupings. The first is the faculty, which consists of the Academic Council and Medical Center Line. We have further designated the ranks within these two groups using the following names: the UTL and Non-Tenure-Line faculty are designated as Investigators, the Non-Tenure-Line Teaching faculty as Educators, and the MCL faculty as Clinician/Investigators. The purpose of these names is to highlight the distinguishing, core functions of the members of these groups; they are not meant to imply that members of a particular group do not engage in the activities of

the other groups. For instance, faculty in all of these groups are engaged in the teaching enterprise.

The second and third groups are regular staff groups. One is the staff physician group, which we have designated Clinician/Educators, and the other is a new staff rank of Instructor. The fourth group, previously known as the Voluntary Clinical Faculty, has been given the new designation of Voluntary Clinical Educators.

Revisions in the MCL, Staff Physician, and VCF Lines

1. *Designation of Medical Center Line faculty as Clinician/Investigators*

Given the increasing role of MCL faculty during the past decade in clinical research and the mission of the School to promote translational research in medicine, this group of faculty is optimally poised to carry out these important functions. The new Clinician/Investigator designation is meant to highlight the research role of MCL faculty and to incorporate it into the criteria for appointment, reappointment, and promotion. MCL faculty will be expected to participate in clinical research and to produce written scholarship. The revised criteria for appointment, reappointment, and promotion, which make this expectation clear, will be available in the Faculty Handbook (www.med.stanford.edu/academicaffairs/handbook) in the near future.

We recognize that some current members of the MCL faculty may have entered their present positions with a somewhat different understanding of the criteria for scholarly productivity. For such individuals, the School and the Provost are prepared to consider extensions of appointment prior to the reappointment or promotion review to allow the opportunity for additional scholarly work. Faculty who believe they may fall into this group should be in touch with their department chairs. Requests for extensions of appointment will be considered on a case-by-case basis. The revised criteria apply immediately to all faculty appointed on or after November 1, 2002. They will be implemented for all current faculty over the next several years.

In the context of the new Clinical/Investigator designation, Dr. Stevenson and I have undertaken efforts to review the rights of PI-ship for MCL faculty. During this past year, we have achieved the ability to grant a “blanket waiver” for MCL faculty for research being conducted in the same general area. We are currently working with the Provost and the Committee on Research of the University Faculty Senate to pursue this important query.

We are also examining the role that MCL faculty have at different affiliated hospitals as well as the differences in rewards and benefits that may apply in different settings.

2. *Designation of Staff Physicians as Clinician/Educators.*

Recognizing the important role that Staff Physicians play in the delivery of patient care and to the education of medical students and trainees, we are seeking ways to better affirm the contributions these physicians make to our clinical care and education missions. The new designation of Clinician/Educator is meant to recognize these roles and provide a more meaningful career path for these individuals at Stanford. Because Staff Physicians are University staff, employed by clinical departments, they will no longer carry the term “voluntary” as an appellation to their academic title. Rather, they will be referred to as “clinical assistant, associate or full professors” based on their performance and contributions.

Written scholarship will **not** be required for promotion in the Clinician/Educator line. Individuals in this line can be reappointed for repetitive terms. We will also entertain the transfer of current MCL members to the Clinician/Educator line if they feel that the functional criteria are more appropriate for the activities they are carrying out. Because we recognize that this line does not currently carry housing benefits (but, does, as a category of regular staff positions, carry eligibility for the tuition grant program according to the University’s policies about this program) we are working with Hospital leaders to address this matter and are hopeful that a resolution will be achieved.

3. Designation of the prior Voluntary Clinical Faculty as Voluntary Clinical Educators

The respected and valued role of community physicians emanates from their collegiality and from the educational contributions they can offer to students and trainees based on their knowledge and experience. Accordingly, this is not a formal faculty line per se but a means of acknowledging and rewarding community physicians who volunteer their time to advance the School and Medical Center’s education mission. The new designation of this group as Voluntary Clinical Educators is meant to recognize this important role.

Because changes were anticipated in the VCF, all new appointments were put on hold last year and all current members were extended for a year. This extension was reinstated in September of 2002 and extends through August 31, 2003. During this time, all community physicians who do not have current appointments in the previously designated VCF and who wish to have an appointment as a Voluntary Clinical Educator (VCE) must apply to the department chair. Those who do hold current appointments in the previously designated VCF will be grandfathered into the Voluntary Clinical Educator group and sustained at their current ranks with the requirement to add the word “Voluntary” to all titles and with evidence of continued service meeting the department’s criteria for continued appointment.

The initial appointment in the VCE will henceforth be at the rank of “Voluntary Clinical Instructor.” These appointments will be made by the clinical departments and will be based on criteria and procedures developed jointly by the department and the School. However, all other appointments and all promotions will require a review by a School-wide Voluntary Clinical Educator Committee. In addition, the rank of “Voluntary Clinical Assistant Professor” has been eliminated for new appointments.

As has been the case, in addition to being a physician in good standing who actively admits patients to Stanford Hospital & Clinics or Lucile Packard Children’s Hospital or as a staff member at a major affiliate (Palo Alto VA Medical Center or Santa Clara Valley Medical Center), members of the VCE will need to make a commitment to engage in at least 100 hours of teaching annually. We recognize that this is a significant commitment for individuals who are very busy with full-time patient care responsibilities, and we deeply appreciate their generosity.

Importantly, all individuals must use the term “Voluntary” affixed to their title in order to make clear that they are volunteering their time and that they are not employed by the University and/or the Medical School

I want to underscore how much we value our community physician colleagues and how much we hope that these revisions will clarify and convey the value of an appointment as a Voluntary Clinical Educator.

Establishment of the Instructor Position

In order to smooth the transition from training to a path that leads to a faculty career in academic medicine we are introducing the title of Instructor. This is a regular University staff position. We envision that it will largely apply to individuals who are completing their clinical training and who may be candidates for “K awards”. The Instructor position will permit individuals to complete their training, assume where appropriate PI-ship, and compete for junior faculty positions at academic medical centers nation-wide.

I want to thank the many individuals who have worked hard to bring these important evolutionary changes to fruition. In particular, my thanks go to Drs. David Stevenson and Maurice Druzin along with Mrs. Linda McLaughlin. I also want to acknowledge the important input that we received from the Executive Committee, Faculty Senate, and Provost’s Office. It is important to note, of course, that these changes are aimed at making the process of appointment and promotion as fair and clear as possible and that this is a work in progress, with additional changes surely to follow in the months and years ahead.

Update on the Hiring Freeze

By now you have surely heard about the announcement of the Hiring Freeze at Stanford University that was recently announced by Provost John Etchemendy (link to Stanford Report Oct 30th). This is a University-wide mandate and thus includes the School of Medicine. Although we are cognizant of the potential impact of a hiring freeze we remain very optimistic that the School will sustain the progress we have been making and meet our important goals and objectives, especially those related to the School of Medicine Strategic Plan. Although the School of Medicine has had a number of challenges during the past years, and while we share the same concerns as the University regarding future forecasts based on the current economy, we have been managing our finances in very thoughtful, planned ways. That said, we believe that the University-directed hiring freeze provides us with an opportunity to review various personnel positions and determine if we might be able to save on expenses by doing things differently.

I wanted to update you on the way we will be handling the review of positions and requests within the School of Medicine. It is important to remember that this process applies to all positions, regardless of the source of funding. We have recently distributed to department chairs and DFAs the materials that must be completed to request an exemption to the freeze. These requests will be reviewed at least twice per week by a group led by Mr. Mike Hindery, Senior Associate Dean for Finance and Administration, that includes Ms. Cori Bossenberry, Director of Human Resources, Carole Buffum, Assistant Dean for Finance and Administration and Perry Everett, Controller. This group will determine whether the positions being requested are critical to the missions of the School and whether there might opportunities to do things differently, or more collaboratively. The criteria that will be used include the source of funding, the function served, and the financial and staffing conditions of the unit requesting the position. Once this review has been completed, the recommendations will be forwarded to the Dean for a decision based on the process established by the Provost.

We recognize that this process will delay the posting of positions for several days. However we believe it will provide the most effective way of carrying out this process. Naturally, based on the experience that is gained, we will seek ways to further streamline the steps involved as this process continues.

We also recognize that while the announcement of a hiring freeze is not without significance and consequences, we remain optimistic that the University and we will remain successful in meeting our programmatic and mission-based objectives that our so vital to our collective future.

Updated Statement On Sexual Harassment at Stanford University

During the past week, an updated statement on sexual harassment has been circulated that addresses consensual relationships. As you know, I have underscored in previous communications and actions that a “respectful workplace” is one of my highest

priorities. Accordingly, I am taking the liberty of reprinting the Statement from the University below:

CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIPS: 2002 Revision

- ***In General*** - There are special risks in any sexual or romantic relationship between individuals in inherently unequal positions, and parties in such a relationship assume those risks. In the University context, such positions include (but are not limited to) teacher and student, supervisor and employee, senior faculty and junior faculty, mentor and trainee, adviser and advisee, teaching assistant and student, coach and athlete, and the individuals who supervise the day-to-day student living environment and student residents. Because of the potential for conflict of interest, exploitation, favoritism, and bias, such relationships may undermine the real or perceived integrity of the supervision and evaluation provided, and the trust inherent particularly in the teacher-student context. They may, moreover, be less consensual than the individual whose position confers power or authority believes. The relationship is likely to be perceived in different ways by each of the parties to it, especially in retrospect.

Moreover, such relationships may harm or injure others in the academic or work environment. Relationships in which one party is in a position to review the work or influence the career of the other may provide grounds for complaint by third parties when that relationship gives undue access or advantage, restricts opportunities, or creates a perception of these problems. Furthermore, circumstances may change, and conduct that was previously welcome may become unwelcome. Even when both parties have consented at the outset to a romantic involvement, this past consent does not remove grounds for a charge based upon subsequent unwelcome conduct.

Where such a relationship exists, the person in the position of greater authority or power will bear the primary burden of accountability, and must ensure that he or she - and this is particularly important for teachers - does not exercise any supervisory or evaluative function over the other person in the relationship. Where such recusal is required, the recusing party must also notify his or her supervisor, department chair or dean, so that such chair, dean or supervisor can exercise his or her responsibility to evaluate the adequacy of the alternative supervisory or evaluative arrangements to be put in place. Staff members may notify their local human resources officers. To reiterate, the responsibility for recusal and notification rests with the person in the position of greater authority or power. Failure to comply with these recusal and notification requirements is a violation of this policy, and therefore grounds for discipline.

- ***With Students*** - At a university, the role of the teacher is multifaceted, including serving as intellectual guide, counselor, mentor and advisor; the teacher's influence and authority extend far beyond the classroom. Consequently and as a general proposition, the University believes that a sexual or romantic relationship

between a teacher and a student, even where consensual and whether or not the student would otherwise be subject to supervision or evaluation by the teacher, is inconsistent with the proper role of the teacher, and should be avoided. The University therefore very strongly discourages such relationships.

If you would like additional information, please review "Understanding Stanford's Policy on Sexual Harassment and Consensual Relationships" or at: <http://harass.stanford.edu>. In addition, if you feel you need advice or personal consultation, please feel free any of the individuals listed in the October 21st issue of the Dean's Newsletter.

Stanford Medical Alumni Association

The Stanford Medical Alumni Association (SMAA) was founded in November 1932 in San Francisco and extended membership to all graduates of Cooper Medical College (which became enjoined with Stanford in 1908) and Stanford Medical School. In 1950 the SMAA became incorporated as a non-profit organization and subsequent evaluations of the role of the Alumni Association led, in 1996-1997, to a restructuring led by the then Dean Gene Bauer. That resulted in the current close association of SMAA with the Office of Medical Development (OMD) and a strengthening of the role of the Associate Dean for Alumni Affairs that is now so ably held by Dr. Ross Bright. At the same time, the SMAA and its governing board maintains direct oversight over the programs and funds for alumni outreach as well as for a number of vitally important programs that support our students today. We are also fortunate in having very engaged officers elected to leadership in SMAA and I have benefited, since my arrival, from the efforts of Dr. Joshua Prager and, most recently, Dr. Newton Harband.

The SMAA long played an important and vital role in supporting students. In 1965, the SMAA was instrumental in establishing an endowment fund to support medical students that, by 1975 was focused on scholarship and loan programs. In 1980, the SMAA played a major role in the creation of the Medical Student Scholars Program. Both of these areas of support have had a major impact on the success of Stanford Medical School today.

Today, SMAA supports a number of the most important activities for introducing our medical students to Stanford and for welcoming them back once they leave. Included among these are:

- The Stethoscope Dinner (in conjunction with the Office of Student Affairs).
- Match Day Ceremony
- Medical School Graduation Picnic
- Health Careers Opportunity Program (HCOP) graduation event.
- Reunion Weekend, which includes special symposia, Reunion Dinners, the Annual JE Wallace Sterling Award Event and more.
- "On the Road" series, during which SMAA leadership, the Dean and others visit with alumni in various cities to inform them about the exciting events and happenings taking place at Stanford.

Clearly, the SMAA plays a vital and important role in the life of Stanford students and alumni. In order to provide greater connectivity of alumni to the activities on the campus, a new Website has been created that will bring news of events to our graduates in a timely way. You can access the website <http://www-med.stanford.edu/alumni/>. In addition to bringing information to our alumni, we are extremely eager to have input, comments and suggestions from our alumni – and I hope we will hear from you (or them) very often.

Important Upcoming Events

- *This Wednesday, November 6th, will be the First Fall Forum on Community Scholarship and Service and will be held at the Arrillaga Alumni Center from 5:00 – 7:30 pm.* This important event will feature poster and oral presentations by students and a keynote address by Dr. Robert Ross, President and CEO of the California Endowment. Please make every effort to attend.
- *Mark your calendar for December 6th at 4:30 pm in the Fairchild Auditorium.* **Dr. Freeman Hrabowski, III**, President of the University of Maryland, Baltimore County will give the first annual symposium on diversity in graduate education. Dr. Hrabowski is a scholar and educator who has won national recognition for his work on increasing minority participation in math and the sciences. For additional information please contact Kimberly Griffin at kgriffin@stanford.edu or at 724-2815.

Recognition

The recent Infectious Disease Society of America meetings in Chicago featured work from a number of Stanford faculty but two individuals deserve special recognition. **Dr. David Relman**, Associate Professor of Medicine gave a wonderful special plenary presentation on “Infectious Diseases in the 21st Century: The ‘Omics’ Revolution is Coming”. In addition, **Dr. Ann Arvin**, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology, Chief of the Division of Pediatric Infectious Diseases and Associate Dean of Research at Stanford University was the recipient of the prestigious John F. Enders Award and delivered a wonderful lecture on “Varicella-Zoster Virus Infections: Genetic Ingenuity encounters the Human Host.”

Appointments and Promotions

Jeffrey Axelrod has been reappointed as Assistant Professor of Pathology at the Stanford University Medical Center from 12/1/2002 to 2/28/2005.

Barry Behr has been reappointed as Assistant Professor of Obstetrics and Gynecology (Reproductive Endocrinology and Infertility) at the Stanford University Medical Center from 11/1/2002 to 7/31/2006

Sung Chun has been reappointed as Assistant Professor of Medicine (Cardiovascular Medicine) at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Jessica Donington has been appointed as Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center from 11/1/2002 to 10/31/2005.

Kenan Garcia has been reappointed as Assistant Professor of Microbiology and Immunology and of Structural Biology at the Stanford University Medical Center from 11/1/2002 to 4/30/2006.

Paul Heidenreich has been reappointed as Assistant Professor of Medicine (Cardiovascular Medicine) and, by courtesy, of Health Research and Policy at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Noreen Henig has been reappointed as Assistant Professor of Medicine (Pulmonary and Critical Care Medicine) at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Bradley Hill has been reappointed as Assistant Professor of Surgery (Vascular Surgery) at the Stanford University Medical Center from 11/1/2002 to 8/31/2006.

Mahmood Razavi was promoted to Associate Professor of Radiology at the Stanford University Medical Center, effective 11/1/2002 to 10/31/2007.

Audrey Shafer was reappointed as Associate Professor of Anesthesia at the Palo Alto Veterans' Affairs Health Care System from 11/1/2002-8/31/2007.

Melanie Smitt was promoted to Associate Professor of Radiation Oncology at the Washington-Stanford Radiation Oncology Center, effective 11/1/2002 to 10/31/2007.

Paul Utz has been reappointed as Assistant Professor of Medicine (immunology and Rheumatology) at the Stanford University Medical Center from 12/1/2002 to 8/31/2006

Isidra Veve has been reappointed as Assistant Professor of Anesthesia at the Stanford University Medical Center from 11/1/2002 to 3/31/2006.

Ching Wang was appointed as Associate Professor of Neurology and Neurological Sciences at the Stanford University Medical Center, effective 11/1/2002 to 10/31/2007.

Ann Weinacker has been reappointed as Assistant Professor of Medicine (Pulmonary and Critical Care Medicine) at the Stanford University Medical Center 11/1/2002 to 5/31/2006.

Congratulations to all.