

## Dean's Newsletter

### August 18, 2003

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#### **Stanford Brain Research Institute (aka Stanford Neurosciences Institute)**

Building on the considerable accomplishments of the Stanford Brain Research Center (SBRC) over the past several years, Dr. Bill Mobley and colleagues (including Ben Barres, (Neurobiology), Robert Fisher (Neurology and Neurological Sciences), Griffith Harsh (Neurosurgery), Eric Knudsen (Neurobiology), Rob Malenka (Psychiatry), David Prince (Neurology and Neurological Sciences) Terence Sanger (Neurology and Neurological Sciences), Eric Shooter (Neurobiology), Gary Steinberg (Neurosurgery), Richard Tsien (Molecular and Cellular Physiology), and Midori Yenari (Neurosurgery)) presented the plans for the Stanford Brain Research Institute (aka Stanford Neurosciences Institute) to the Executive Committee on August 1<sup>st</sup>. The vision for the SBRI is to develop a new culture for neuroscience that involves and encourages the interaction of scientists and clinicians in an interdisciplinary environment to support and enhance fundamental discovery (including studies of disease pathogenesis) and that supports clinical research and the application of discoveries to the care of patients. In sum, the SBRI would be the engine for neuroscience discovery and translation at Stanford.

The discipline of modern neuroscience crosses all areas of biological organization, from genes to cells to circuits to behavior – and from fundamental discovery through clinical research. This requires a new way of thinking and working together – including methods to foster and support collaboration. Accomplishing this goal is made easier by the existing neuroscience community at Stanford (currently as the Stanford Brain Research Center). The SBRC includes approximately 90 faculty from 15 departments and three schools. It is a highly distinguished group, well recognized for contributions to research and patient care – and also for an outstanding graduate program. Facilitating interactions among these faculty and students occurs through regular faculty meetings, a lecture series, collaborative research programs, and this year a highly successful retreat. With the ultimate inception of the Institute, there will be even greater

sharing and interaction – ideally by co-locating some members of the Institute in contiguous space but also by extending the interactions virtually throughout the Stanford community and, where appropriate and feasible, to other academic medical centers or research institutes. Hopefully this will be achieved through the Stanford Institutes of Medicine #1 (SIM-1) building that will be part of the Science, Engineering, Medicine Campus over the next several years.

As currently envisioned, the SBRI would be comprised of theme groups including:

- Development, Growth and Developmental Disorders
- Degeneration, Regeneration and Recovery
- Normal and Abnormal Behavior

There would also be a Working Group on Synapse and Circuit Dysfunction. The recently announced Center for Down Syndrome Research and Treatment would be part of the SBRI. Also planned are several cores, including: cells and molecular technology, mouse models, neuroimaging, behavior, and informatics.

Importantly, the SBRI would have important interactions with other interdisciplinary efforts at Stanford including other Institutes of Medicine, BioX, the Children’s Health Initiative, and GRECC – thus further enhancing the overall interdisciplinary efforts now characterizing the Stanford community. Accordingly, in addition to fostering novel research opportunities and, hopefully, improved patient care, the SBRI will also offer a unique setting for students at all levels of training and development.

The next immediate goals will be finalizing the directorship of the SBRI (an announcement should be available in September) along with the plans for recruitment of additional faculty (both research and clinical), each of whom will have a departmental home as well as membership in the SBRI. The other major immediate challenges will be raising the funds to support the Institute’s initiatives – from both private philanthropy as well as public (e.g., NIH) sources. And, as mentioned above, the physical space that will give identity and life to the SBRI is equally essential.

At this juncture we have had three exciting initiatives brought forth for our Stanford Institutes of Medicine. Indeed, soon to join the already announced Stanford Institute for Cancer/Stem Cell Biology and Medicine will be the Stanford Cardiovascular Institute and the Stanford Brain Research Institute (aka Neurosciences Institute).

## **United Educators Report on Stanford’s “Respectful Workplace” Initiative**

Ensuring that the School of Medicine fosters a “Respectful Workplace” is among my highest priorities. We all have a right to expect this and it is inappropriate and intolerable when this is violated. Accordingly, the Dean’s Office has responded rapidly to

concerns that have risen from faculty, staff and students – and we will continue to do so. We also began a series of departmental briefings on the Respectful Workplace in the spring of 2002 (see May 13 2002 issue of the *Dean's Newsletter*) that have now been completed, and this summer we commenced additional educational sessions on the “Respectful Workplace” for staff members. I want to especially thank Dr. David Stevenson, Senior Associate Dean for Academic Affairs, along with Ms. Cori Bossenberry, Director of Human Resources for the School of Medicine; Tom Fenner, Deputy General Counsel; Ms. Ellen Waxman, Director of Faculty Relations; and Ms. Martha McKee, Ombudsperson, School of Medicine, for the enormous amount of work and commitment they have provided. I also want to thank our department chairs – and our faculty, students and staff – for their participation in these sessions and, most importantly for their efforts in helping to ensure a “respectful workplace”.

This past week I received a letter from Ms. Janice Abraham, President and CEO of United Educators, commenting on the significant progress that we have made in the School of Medicine in helping to ensure a respectful workplace. She noted that the School was highlighted in the Summer 2003 issue of their “Employment Action” newsletter that is sent out to schools, colleges and universities across the country. The full article is posted on their web site <http://www.ue.org/>.

### **Reminders on Emergency Preparedness**

Reflecting on the recent events in the northeast, David Silberman, Director of the School of Medicine’s Health and Safety Program, offered some helpful comments and suggestions that are worth reading. “The recent Northeastern power outage demonstrates that emergencies arise unexpectedly, come from unanticipated sources and can have devastating effects on an institution’s teaching, research and clinical missions. Though the cause of the outage is still under investigation, there is no question about its impact. Every researcher and every office in the affected area was shut down. Research was put at risk, critical financial and organizational processes were compromised and personal stress levels reached unanticipated heights.”

Taking some simple, pro-active precautions will significantly reduce your risk of losing valuable data, research samples, and other important information, when such an event occurs in our area.

#### **For Researchers:**

- Have a plan for dealing with samples in freezers or incubators that are without power for an extended period of time.
- When you reach a critical stage in a research project, duplicate your samples or data results and store a copy in an off site location.

#### **For Everyone:**

- Have a plan for communicating with your staff during an emergency.

- Consider purchasing Uninterruptible Power Supply (UPS) units for sensitive equipment. These units protect equipment from power surges and provide a short-term power supply to allow you to shut down equipment properly after an outage.
- Make certain that your Department Emergency plan is up to date and that all staff are aware of the contents of the plan.

In addition to taking precautions to protect your material at Stanford, protecting yourself and your loved ones is just as important. Here are some basic guidelines for preparing yourself for all types of emergencies.

1. Have an emergency plan, be it personal, family, workplace, or neighborhood
2. Have emergency kits for home, work and car with an adequate supply of
  - Drinking water
  - Non-perishable food with a manual can opener
  - Flashlights (no candles; they are a fire hazard)
  - Battery-powered radio
  - First aid kits
  - Extra supply of medications
  - Walking shoes, warm cloth, lightweight rain gear
  - Writing kit with paper, marking pens, tape
  - Cash in small denominations
3. To lessen the burden on the phone systems, always have an out of state emergency contact person.
4. Have important documents and inventories prepared ahead of time and copies stored off-site.
5. Know your community resources, get involved, and get trained.

Educate yourself about emergency response by visiting some of the excellent web resources available to you.

- San Francisco Office of Emergency Services: <http://www.sfgov.org/oes>
- California Office of Emergency Services: <http://www.oes.ca.gov/>
- United States Geological Survey Earthquake Hazards program: <http://quake.wr.usgs.gov/>

For additional questions contact:

School of Medicine Health and Safety Office

- **Phone:** 723 0110
- **Email:** [somsafety@stanford.edu](mailto:somsafety@stanford.edu)

This is advice worth paying attention to.

## **The Continuing Challenge of IT Conversion - New Oracle-based Financial System**

The following communication is being included for information – and comes from a message prepared by Mike Hindery, Cori Bossenberry and Marcia Cohen. As you likely

know, the University is getting ready for the September 1st implementation of the Delphi Project, which will replace five existing "legacy" administrative applications with Oracle products. This new system will change the way nearly every financial transaction is conducted - ranging from ordering paperclips to disbursing funds in multimillion-dollar research grants. In addition, our equipment and space inventory systems are changing as well. Understandably, the introduction and use of these new systems into our School will create a tremendous change in how we do business.

Many staff have been spending time helping the School to plan for this major implementation and attending campus-sponsored training. During September and for the next several months, in addition to their regular workload, staff will be spending a lot of time in training sessions, learning to use these new systems, reviewing changes to financial policies and learning new business practices. We anticipate that these new systems will pose a major challenge for our staff. In addition, as with any new system, there are features that will not be fully functional for some period of time. We would particularly like to acknowledge and thank the School's administrative staff for their extra effort during this transition.

In light of this, I ask that department leadership carefully monitor workloads and prioritize projects and duties appropriately - which may cause some priorities to be delayed until a more appropriate time. During this busy and stressful time, I would also ask that all of us make every effort to be patient and understanding as well as sensitive when making demands and placing any greater expectations on staff.

Thank you, in advance, for your continued cooperation and assistance in conducting the business of the School of Medicine.

### **IOM Report on Academic Health Centers. Leading Change in the 21<sup>st</sup> Century.**

The Institute of Medicine has recently issued its report on "Academic Health Centers. Leading the Change in the 21<sup>st</sup> Century." You can review the Executive Summary at <http://www.iom.edu/file.asp?id=13779>. The Committee offered a number of recommendations and, as with the report of the Commonwealth Foundation that I reported in the March 3<sup>rd</sup> 2003 issue of the Dean's Newsletter, our Strategic Plan for Stanford School of Medicine appears to be right on target. Among the recommendations appearing in the IOM report are the following:

- **Reforming the Education of Health Professionals:** The Committee recommends that AHC's should take the lead in reforming the content and methods of health professions education to include the integrated development of educational curricula, including a focus on interdisciplinary education, advanced teaching environments and improved computational skills to enhance understanding of the new biological sciences. The Committee further recommends that Congress should support innovations in clinical education through changes in the financing of clinical education.

*At Stanford, our Strategic Plan “Translating Discoveries” which can be viewed at <http://medstrategicplan.stanford.edu/> addresses our commitment to education and indeed, the New Stanford Curriculum that will commence in just a few weeks and that focuses on parallel learning in basic and clinical sciences. The formation of “Scholarly Concentrations” offers ample evidence of the work we have already done in this important area. While there is much to be done, I think it is clear that we are taking a lead in this important area.*

- **Demonstrating New Models of Care.** The Committee recommended that AHCs should design and assess new structures and approaches for patient care. Specifically, they recommend that these should work across disciplines to improve health and prevent disease.

*At Stanford, while there is much work to be done, we have recognized the importance of interdisciplinary care both as it relates to “centers of excellence” as well as new programs (e.g., plans for an interdepartmental vascular center). Measuring and assuring quality is also of critical importance, especially since in the immediate future, evidence of quality will likely guide referrals and reimbursement. This is an area that deserves continued attention and needs additional work – but we have a commitment to such.*

- **Translating the Discoveries of Science into Improved Health.** The Committee highlighted that health-related research should span the continuum from discovery to testing to application and evaluation. They specifically note that AHCs should “increase their emphasis on clinical, health services, prevention, community-based, and translational research that can move basic discoveries into clinical and community settings.

*At Stanford, we have a long record of translational research and have given this a high priority in our Strategic Plan “Translating Discoveries”. It should be again emphasized that it is important to not over-manage this area but, importantly, to foster an environment that values translational medicine. This has happened within the School and University by a number of mechanisms: the Bio-X Interdisciplinary Initiatives, the Beckman Center/Department of Medicine program to support translational discovery and the recent formation of the Stanford Institutes of Medicine are all examples. It is equally important to underscore that the translational research of today is based on the basic science investigation of the past years and decades. So, it is important to find the right balance between support for basic fundamental research (which remains among our highest priorities at Stanford) and translational research (which is also a high priority). Since we are among the smallest of the research-intensive schools of medicine, it is important that we make strategic choices (as we have tried to do by developing the School’s Strategic Plan) but also that we invest resources in research and application that is of the highest quality we can find. I do believe that this is an area where we can most definitely excel in the years ahead.*

- **Utilizing Information and Communications Technology.** The Committee recommends that AHCs need to make innovations in information technology a priority for integrated teaching, research and clinical activities

*At Stanford, we have recognized the importance of IT in our future. Indeed, that was one of the reasons for creating the position of Senior Associate Dean for Information Resources and Technology within the School. During the past 18 months, Dr. Henry Lowe and his colleagues have crafted a broad strategic plan for IT that focuses on education and research but that also attempts to work collaboratively with our hospital partners to impact patient care. As we look to the future, the planning for the Stanford Medicine Information and Learning Environment (SMILE Project) is highly focused on the use of information technology to create immersive learning environments as well as a knowledge center that will transform the way our students and postdoctoral trainees, as well as faculty and staff, learn and process information in the future. This is a dynamically changing but very exciting area and I remain confident that we demonstrate true leadership in bringing new programs to fruition in the years ahead.*

- **Establishing and Measuring AHC-wide Goals for Change.** The Committee recommended that both AHCs and the public should evaluate the progress of AHCs in redesigning the content and methods of clinical education; in developing organizational structures and team approaches in care to improve health; and in increasing the emphasis on health services, clinical prevention and translational research.

*At Stanford, we have recognized the importance of making progress in these and other areas and have been careful to set timelines and benchmarks for our various strategic initiatives. I have tried to update you on a regular basis about how we are doing – again recognizing that our progress cuts across multiple missions and is also limited by precious resources, especially in space, people and dollars. Nonetheless, I do believe we have made considerable progress during the past couple of years and look forward to the additional accomplishments that should follow in the time before us. Ultimately, demonstrating the value of academic medical centers to the public – and re-engaging the public trust in what we are trying to accomplish – is one of our highest and most important priorities.*

- **Leadership for Strategic Change Throughout the AHC.** The Committee recommends that AHCs must be leaders and must develop new leaders who can manage organizational change in the key missions of education, research and patient care, can improve integration and, ultimately, can improve health by providing guidance on pressing societal problems and issues that effect our nation.

*At Stanford I believe we have recognized the importance of leadership and are intent in playing a role by being a role model among research-intensive schools of medicine. Our New Curriculum is designed to create future leaders. Our Senior Dean's, Department Chairs – as well as our faculty, students and staff – are engaged in the implementation of the important changes that are ensuing from our Strategic Plan “Translating Discoveries”. We have also been attentive to challenging important advocacy issues (e.g., stem cell research) that impacts the important issues facing medicine in the 21<sup>st</sup> Century.*

Clearly, as one of 125 Schools of Medicine, and one of the smallest, our strategic efforts need to be carefully defined, managed and monitored. And while there is much to accomplish, I do believe we are making important progress – and, as much as possible, anticipating the future, as evidenced by the fact that we are already deeply involved in implementing the recommendations that have come from the Commonwealth Foundation and now, more recently, from the Institute of Medicine. We have much to do – but I do want to thank each of you for already having done so much.

### **NRC/IOM Report on Enhancing the Vitality of the National Institutes of Health**

During the past weeks, the National Research Council and the Institute of Medicine issued a press release on the organizational changes needed at NIH to pursue more innovative, crosscutting and strategic research. The full report will be available in September but the information released to date has attracted considerable attention and interest. A prestigious Committee brought forth these recommendations that, I am pleased to say, included Judy Swain, Chair of the Department of Medicine. This is an extremely important report and I am pleased that the Committee had the benefit of Dr. Swain's input. In September you will be able to access the report from the web site <http://www.nap.edu>.

### **Hospital Updates**

At the Stanford Hospital & Clinics (SHC) Board of Directors Meeting on August 7<sup>th</sup>, there was considerable discussion about the efforts underway in cancer care and research. As you know, cancer is one of the major priorities for the School as well as both SHC and LPCH. We are collaborating across the School and Hospital in the Stanford Cancer/Stem Cell Biology and Medicine Institute (also known as the Cancer/Stem Cell Institute, or CSCI) that creates an umbrella connecting basic research, clinical and translational research and patient care. The visible evidence of the SUMC commitment to cancer care is further evidenced by the opening of the new Cancer Center, which is scheduled to open in the early part of 2004. Anticipating this new facility, several updates were provided:

- Progress in further developing the leadership of the Cancer/Stem Cell Biology and Medicine Institute is underway by the recruitment of an internationally recognized leader in cancer research who, when identified and appointed, will become the Principal Investigator of our application for an NCI Comprehensive Cancer Center designation (see below). The Search Committee is being lead by



Dr. Irv Weissman and the members of the CSCI. The incumbent will also hold the Ludwig Professorship for Clinical Cancer Research (Dr. Lucy Shapiro, Director of the Beckman Center, is the Virginia and D. K. Ludwig Professor for Basic Research).

- Dr. Karl Blume, Associate Director of the CSCI, gave a progress report to the SHC Board on the application process for the NCI Comprehensive Cancer Center. Since February he has made considerable progress in identifying the key basic, clinical and population based areas of research as well as the program leaders. He has assembled an impressive interdepartmental as well as interschool faculty who will be participating in the grant application, which will be submitted for an October 2004 deadline. This is a highly ambitious schedule but considerable momentum has already been achieved. In addition to identifying key program leaders, we are planning a Retreat on the NCI Cancer Center for Saturday November 15<sup>th</sup> that will be held in the Clark Center. If you have not already been contacted and would like to attend please contact Sharon Olsen at [solsen@stanford.edu](mailto:solsen@stanford.edu). In addition, an outstanding External Advisory Committee has been assembled to review our plans for the NCI application. The Committee will visit Stanford in February of 2004.
- Dr. Richard Hoppe presented an update on the planning of the Steering Committee and its relation to the business plan being compiled by SHC for cancer care. This is an important work-in-progress that will focus on key areas for development as well as the recruitment of faculty and staff. Among these is the recruitment of the Clinical Cancer Center Director, the search for which is currently ongoing and which is being co-chaired by Dr. Blume and me. We are hopeful that we will identify the final candidate in the next several months. In the interim, Dr. Richard Hoppe has kindly agreed to take on the leadership role so as to assure that the necessary progress and momentum is sustained. I very much appreciate Dr. Hoppe's willingness to take on this responsibility and am also appreciative to Dr. Sarah Donaldson, who will relieve Dr. Hoppe of his administrative responsibilities as Chair of the Department of Radiation Oncology until the new Clinical Director is in place.

There is a considerable amount of activity surrounding our cancer programs – both in research and clinical care. The next year should prove particularly exciting.

In addition to the efforts in cancer care, the SHC Board meeting also focused on the overall strategic plans for the hospital and their relation to the School and faculty. These involve programs in Palo Alto as well as potential areas of development in the north, south and east. Forming strategic alliances and partnerships to better serve our community is among the highest priorities. Accordingly, for some time we have been having discussions with the leadership of the Palo Alto Medical Foundation and during the past summer, those discussions have become more focused and have included dialogue with the medical group at PAMF as well as the clinical department chairs and, in turn, with the clinical faculty, at Stanford. There is much to justify a more formal relationship between Stanford and PAMF, recognizing that prior attempts to do so have not been successful. However, the dramatic changes facing all of us today mandate a

fresh look at such relationships. This will be an important area for discussion during the next couple of months and as the details emerge I will communicate them to you.

## **Awards**

- **Dr. Marlene Rabinovitch**, Dwight and Vera Dunlevie Professor in Pediatric Cardiology and, by courtesy, of Developmental Biology, has been named the 2003 Gill Heart Institute Award winner. This award is administered in conjunction with the University of Kentucky. This is a most distinguished (albeit relatively new) award and Dr. Rabinovitch joins a distinguished group of prior awardees that include Eric Topol, L. Henry Edmunds, Christine & Jonathan Seidman, Eric Olsen and Valentin Fuster. We are so very pleased to have Dr. Rabinovitch on our faculty and congratulate her on this new award.
- **Dr. Irv Weissman** has received another accolade for his work, this being the 19<sup>th</sup> J. Allyn Taylor International Prize in Medicine. This too has had a distinguished lineage of past winners that include Ron Kahn, Eric Lander, Craig Venter, Judah Folkman, Mike Gimbrone – and, from Stanford, Hugh McDevitt. Congratulations (again) to Dr. Weissman.

## **Appointments and Promotions**

- **Michael Bellino** has been appointed to Assistant Professor of Orthopedic Surgery at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Alice Edler** has been appointed to Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Sanjiv Gambhir** has been appointed to Professor of Radiology, effective 8/1/2003.
- **Iris Gibbs** has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2007.
- **Nicholas Giori** has been appointed Assistant Professor of Orthopedic Surgery at the Palo Alto Veterans' Affairs Health Care System, effective 8/1/2003 to 7/31/2006.
- **Dominik Fleischmann** has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Max Kanevsky** has been appointed Assistant Professor of Anesthesia at the Stanford University Medical Center, effective 8/1/2003 to 7/31/2006.
- **Stephen Kee** has been promoted to Associate Professor of Radiology (Cardiovascular and Interventional Radiology) and, by courtesy, of Surgery at the Stanford University Medical Center, effective 8/1/2003.
- **Lei Xing** has been appointed to Associate Professor of Radiation Oncology, effective 8/1/2003 to 7/31/2009 (Radiation Physics).

