

# Dean's Newsletter

## January 5, 2004

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### **A New Year**

I hope that you and your family and friends had a lovely holiday and I wish you the very best for the New Year. We each approach holidays and related sentinel events – like the New Year – with some excitement and trepidation. It is, of course, a traditional moment for reflection as well as resolution – often from the microcosm of the individual. I approach the New Year not only with a personal perspective but also with a broader institutional one. How have we fared at Stanford School of Medicine in these times of dramatic change in biomedical science and health care delivery? Have we been able to fulfill some or most of the objectives we cast as part of our Strategic Planning Process nearly two years ago? And, equally importantly, what remains to be done – both for this next year and those that follow?

In this first Dean's Newsletter of 2004, I will attempt to summarize some of the accomplishments of 2003 from the larger perspective of the School of Medicine. Naturally, this summary will be at a very high level and many details are being omitted. Also, there are hundreds and thousands of accomplishments that have been made individually by our faculty, students and staff – many that may be more important and meaningful than those listed below - that are not included in this overall summary. I certainly commend and praise those individual achievements – and value each of them tremendously for what they bring to our Stanford community. But for this moment, I will reflect on how the School – as a whole – has met some of the goals that we established in our Strategic Plan “*Translating Discoveries*” (<http://medstrategicplan.stanford.edu/>). Hopefully this will help further define the tasks that lie ahead.

I especially want to thank each of you for the tremendous efforts and support you have provided. I am cognizant that come April 2004, I will have been a member of the Stanford community for three years – and can longer view myself as “new”. But it is my hope that we can agree that, in the time we have worked together, we have made tangible progress in a number of important areas – thanks to your commitment and leadership. We

also have lots to do however, and I very much look forward to continuing our work together in 2004 and in the years to come.

*Happy New Year.*

### **What We Accomplished in 2003**

In 2003, we continued to implement the initiatives we developed through our Strategic Planning Process that are defined under the banner of *Translating Discoveries* (<http://medstrategicplan.stanford.edu/>). These are linked to our key missions in education, research and patient care and are aligned to the mission statement we developed in 2001 at the launch of our planning efforts. To remind you: ***The mission of the Stanford University School of Medicine is to be a premier research-intensive medical school that improves health in the 21<sup>st</sup> century through our discoveries, leadership and innovations in education, biomedical and clinical research and patient care.***

The past year heralded a number of notable accomplishments in our three mission areas of education, research and patient care, and also in the school's various support functions.

#### ***EDUCATION***

Following our First Strategic Planning Retreat in February 2002, we engaged in a thoughtful collaboration with the Dean's Office, Medical School Faculty Senate and numerous students, faculty and staff to develop the New Stanford Curriculum. In what must surely be record time, we moved from concept to implementation such that the New Stanford Curriculum was initiated with the incoming class in the Fall of 2003! This represents a true innovation in the structure and content of the medical curriculum marked by the realignment of didactic and clinical experiences, the initiation of eight new Scholarly Concentrations, and the integration of simulation and other learning technologies within the education and learning process.

The New Stanford Curriculum is already generating a great deal of interest across the country and a number of Schools, including UCSF and Harvard, are considering introducing portions of it in their own curriculum planning efforts. Although we have made considerable strides during the 18-month planning and implementation cycle, it is important to consider curriculum change as a work in-progress. Indeed, I doubt that we ever will (or should) be done with this process – since advances in science and care delivery mandate continued change and flexibility in our education programs. In order to help guide current and future changes, we are committed to an on-going analytical review of the New Stanford Curriculum and its impact on our students, faculty and staff. During the next year and those that follow I anticipate there will be numerous reports on the evaluation of the changes we have already made – and those that are yet to be introduced.

While it is appropriate that our initial attention has focused on medical student education, we recognize that the training of physicians and physician-scientists often

extends 6-8 years beyond graduation from medical school and must, of course, be accompanied by a commitment to life-time learning. Accordingly, we believe that there is an opportunity to link more linearly the education of medical students, residents and fellows and to develop more contiguity of scholarship and career development. Indeed, the future training of physician-scientists, scholars and leaders – one of our primary goals – would benefit from closer linkage between undergraduate and graduate medical education. In many ways, the New Stanford Curriculum, and especially the Scholarly Concentrations, offer the opportunity to extend the medical curriculum into postgraduate training. As an initial step towards this goal, a committee co-chaired by Larry Shuer and Charles Prober that was appointed in 2003 undertook a thorough assessment of the programmatic and organizational structures affecting the quality of our Graduate Medical Education and Postgraduate Medical Education programs. The implementation of the committee's recommendations in 2004 and beyond will enable the Medical School and the Medical Center to undertake a more complete integration of all our medical education programs.

Through our Scholarly Concentrations we are reinforcing the value of a strong biosciences program within medical education. Similarly, we believe that an orientation and exposure to human health and disease will strengthen our biosciences graduate programs and further the school's mission in translating discoveries. Accordingly, in 2003 we moved closer toward this goal through a number of collaborative initiatives including new courses in the Cancer Biology and Neurosciences Graduate Programs that focus on disease mechanisms, histology, and physiology for Biosciences students. A task force to explore ways of exposing graduate students to medicine has met and produced a set of exciting recommendations for true innovation in this area that will be addressed in 2004.

During 2003 the School of Medicine has worked closely with University leaders to further define the planned Stanford Medicine Information and Learning Environment (SMILE). We are confident now that we can pursue a SMILE project that will finally bring together a new knowledge center and the shared teaching facilities of our various educational programs in an environment that is as innovative and interactive as the programs themselves. Although the exact timing for the completion of the project remains undefined (and, of course, is dependent on raising the necessary dollars to support it) we are currently aiming for the opening of SMILE by 2008.

The extensive reformation and reorientation of our medical and graduate teaching programs has been a major initiative of the School. The steps we have taken in 2003 are truly significant – as has been the enormous collaboration and cooperation that has fostered and enabled them. Our ultimate success will depend on our continued commitment to long-term change across the entire continuum of education that includes medical and graduate students as well as postdoctoral trainees – and to the career paths that our graduates assume in the future. These will be carefully monitored in order to assure that we optimize the success of future Stanford trained physicians and scientists.

## **RESEARCH**

The essential underpinning of our research mission is our commitment to high quality basic and clinical research. The contributions of Stanford faculty during the past decades to new discoveries in the biosciences have been breathtaking, and have contributed, in no small part, to the transformation of medical science as we currently know it. There is no question that current applications to the diagnosis, treatment and prevention of human disease are built upon the fundamental discoveries emanating from investigator-initiated research and discovery. Without question, continuing to support and value basic research must be among our highest institutional priorities – since it will cast the future of medical science for the years and decades to come. At the same time, seeking ways to capitalize on discoveries – and to translate them into applications that improves the lives of adults and children – is also one of our highest priorities. It is indeed the umbrella for our overall strategic plan entitled *Translating Discoveries*.

In our planning process we determined that establishing the Stanford Institutes of Medicine would provide a mechanism to link basic and clinical research to clinical application in a small number of focused thematic areas. The Stanford Institutes of Medicine align the missions of the School with those Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. We chose four areas where we have institutional expertise and where we believe important opportunities for basic research as well as clinical research and patient care exist. Ideally, the Stanford Institutes of Medicine will foster bi-directional translational research, bringing applications from the laboratory to the bedside and, importantly, bringing problems from the bedside to the laboratory in order to gather additional knowledge and insights that will improve future approaches to clinical care.

A year ago we initiated our first steps in this new direction by announcing the creation of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, the first of the Stanford Institutes of Medicine. Under the direction of Dr. Irving Weissman, Karel and Avice Beekhuis Professor of Cancer Biology, during the past year our Cancer/Stem Cell institute has begun to take shape and, importantly, has provided the organizational vehicle with which we have made substantial progress toward our goal of becoming an NCI-accredited Comprehensive Cancer Center. These efforts, lead by Dr. Karl Blume, Professor of Medicine, Emeritus, were most recently marked by a very successful planning retreat on November 15, 2003, at which over 100 interested faculty discussed the innovations in science at Stanford which will truly distinguish our planned Comprehensive Cancer Center. We currently anticipate submitting our application to the NCI in October 2004. A key part of this effort will be the appointment of the Principal Investigator for the NCI application and a search is currently underway to identify an internationally recognized scientist and leader for this important position. We also look forward to working closely with SHC as it opens its new Ambulatory Cancer Center in March of 2004 and will soon be announcing the appointment of a new Medical Director for the Clinical Cancer Center.

We have also pursued the planning and organization of additional interdisciplinary efforts under the banner of the Stanford Institutes of Medicine. Three

new institutes, the Stanford Neurosciences Institute under the direction of Dr. Bill Mobley, John E. Cahill Family Professor in the School of Medicine, and the Stanford Cardiovascular Medicine Institute, and the Institute for Immunity, Transplantation and Infection have been proposed and approved in 2003 and will be further developed in 2004. Leadership for the Cardiovascular Medicine Institute and the Institute for Immunity, Transplantation and Infection will be named in 2004. Together, these four Institutes will form the pillars on which we will launch a major strategic expansion in translational research and medicine. This effort, which bridges our very significant strengths in basic research and clinical care, is one of the most exciting new developments in the School in recent decades.

As you will recall, the new Department of Bioengineering, jointly governed by the Schools of Engineering and Medicine, was approved by the University Board of Trustees in 2002. In 2003, Dean Jim Plummer from Engineering and I named Drs. Scott Delp, Associate Professor of BioEngineering and of Mechanical Engineering, and Paul Yock, The Martha Meier Weiland Professor in the School of Medicine and Professor of BioEngineering, to be chair and co-chair of this new and exciting department. Under their leadership, the department is now being shaped with faculty recruitments underway. On December 4<sup>th</sup>, the department obtained approval by the University's Faculty Senate to launch Masters and Doctoral Programs in 2004-2005. Of interest, Bioengineering has also proven to be one of the most popular Scholarly Concentrations among the medical students recently admitted into the New Stanford Curriculum.

In 2003, we also initiated and completed a thorough review of our Center for Biomedical Ethics, leading to a reaffirmation of the Center's critical role in support of our translational mission. With leadership by Dr. David Magnus, Associate Professor of Pediatrics, the Center has been realigned within the school's academic organization in a way that better reflects its interdisciplinary missions.

Discussions this past year between the School of Medicine and the University leadership have also led to the definition of a new research facility, the first Stanford Institutes of Medicine (SIM1). Envisioned as the first of three new facilities supporting our emerging interdisciplinary units, SIM1 will provide the critically needed new research laboratories, core facilities and research animal space needed to support the new Institutes.

While embarking on these exciting new research ventures in 2003, the School of Medicine also maintained its preeminence in sponsored research support among our peer research-intensive schools of medicine. This, of course, is directly related to our outstanding faculty – including those who have recently joined the Stanford community. The development and implementation in 2003 of a School of Medicine core facilities web site and web/email notification system for school seminars, lectures and other research events further enhance communication and opportunities for faculty collaboration across the School. And, through our new Community Lecture Series, each led by a basic science or clinical Department, we have begun to better engage the residents of our

neighboring communities in the great success and future promise of our research activities.

Stanford School of Medicine will always be relatively small among its peer research-intensive institutions. Preserving and enhancing the traditional disciplinary strengths which have served us so well to-date while finding new ways to collaborate and take advantage of the extraordinary strengths of the School, the medical center, the University and the region represent our continuing challenge and unique opportunity. While our new Stanford Institutes of Medicine and SIM1 are significant steps in the right direction, they are only parts of a larger set of strategies involving less formal interactions among faculty, closer coordination between the School's research and clinical activities, and the continuing adaptation of our support systems to better align with these emerging relationships.

### ***CLINICAL CARE***

The development in 2003 of the School of Medicine's new Institutes of Medicine has been supported by the concurrent development of corresponding clinical centers of excellence within our two major affiliated hospitals. The development of program and business plans for the new Clinical Cancer Center, to be housed early in 2004 in the SHC Advanced Medicine Center, have led to the (soon to be announced) recruitment of a new clinical director for the Center. Preliminary program and business plans have also developed this year for other SHC and LPCH centers of excellence in transplantation, neurosciences, and cardiovascular medicine.

Recognizing that high-quality, service-excellent and market-competitive clinical programs are essential to the shared success of the school and the hospitals, together we have made significant strides in increasing the alignment and joint planning of our clinical programs and related efforts. We have also recognized the important role that clinician-educators and community based adjunct clinical faculty have in our clinical care and education programs. Moreover, SHC and LPCH have developed and are implementing plans for a geographically distributed clinical delivery system that will permit certain clinical services to be provided within the community, while preserving capacity on campus for specialty and translational services and programs that are best provided in an academic center. Market surveys and discussions with other healthcare systems have been useful in sizing and configuring a community-based ambulatory care facility for SHC. At the same time, LPCH has continued to further develop the extensive clinical network it has put into place during the past several years for both ambulatory and in-patient services.

During 2003, LPCH and School of Medicine faculty developed and implemented the operational elements of the new Pediatric/Obstetrics Faculty Practice Organization, including recruiting and hiring an FPO Executive Director and transferring responsibility and accountability for clinical operations to the new POFPO. This may well serve as a model for how to optimally integrate hospital and faculty physician clinical programs and services.

## ***PEOPLE***

Of course, what makes institutions great – and what distinguishes Stanford – are the people who comprise our faculty, student body and staff. We are privileged to attract among the very best and brightest individuals to our community. In 2003 we again had an outstanding group of medical and graduate students enter our programs. Our resident match was superlative – with nearly all programs attracting their very first choices. We continue to get outstanding fellows into our clinical and research programs.

We have also been successful in both retaining an outstanding faculty and in recruiting a number of wonderful new basic and clinical scientists. In fact, in nearly every situation, we have been successful in acquiring spectacular new talent. We have also attracted new leaders to our new departments of Otolaryngology and Bioengineering and are also in the process of recruiting leaders to important positions within the School (e.g., Orthopedics, Cancer Center Director, etc). That said, one of most important goals is to continue to attract outstanding new young faculty at the Assistant Professor level – and here too, our performance in 2003 has been remarkable and, importantly, the pipeline looks equally promising for 2004.

I am thrilled to welcome each new member of our faculty and am confident that they will continue the tradition of making Stanford special by their contributions to research, education and patient care.

I am also pleased that we have been able to continue our focus on the “Respectful Workplace” and to seek ways of making our environment as sound and supportive as it can be. This is built on recognizing the importance of treating each other respectfully and for having a zero tolerance for misbehavior and harassment. It also means fostering an environment of mentorship, career development and leadership training – all of which have been on the agenda for 2003 and which will surely continue in 2004 and beyond.

## ***ACADEMIC AND ADMINISTRATIVE SUPPORT***

The School of Medicine’s success in implementing key initiatives in education, research and clinical care has been made possible by the commitment and hard work of a large number of faculty, students and staff throughout the school, medical center and university. These efforts include the coordinated pursuit of essential strategic plan initiatives in the School’s academic and business support areas.

The structure of the School of Medicine’s professoriate underwent significant planned, and unplanned, changes in 2003. As planned, we implemented the previously approved revised standards for academic appointments, reappointments and promotions within our Medical Center faculty lines, clinician/educator line and adjunct clinical faculty line. These standards more clearly define the academic requirements for the lines and for individual faculty, staff and voluntary faculty within the lines. As a result of these clearer standards, we were also able to adapt to the introduction in 2003 of a “cap” on the size of the Medical School professoriate. Although representing a significant change in our traditional approach to faculty management, our Academic Affairs organization, the Appointments and Promotions Committee and the chairs of our

academic departments have responded with strong institutional support. Through their efforts we have been able to develop and implement revised processes for the review and approval of faculty search requests, and renewed understanding of the value to the institution of each faculty appointment.

The Medical School's Information Resources and Technology (IRT) organization plays a pivotal role in the development of the new tools and systems required to support our increasingly complex models for teaching, research and management. Through selective recruitments and organizational changes IRT has created an organization within the School that has begun providing high quality, enterprise-level IT services. In support of our translational research mission, some of IRT's most notable 2003 accomplishments were the opening of a new secure data center for the School, the deployment of a security firewall for the School's data network, and the design of an integrated Translational Research Data Repository. In direct support of our education and knowledge management missions, IRT also designed and deployed a new Internet-based medical school admissions system (MESA); initiated a Learning Technologies Outreach Program; recruited Debra Ketchell as the new Associate Dean for Knowledge Management and Director of Lane Library; and took initial steps towards a digital library by adding new electronic knowledge resources and lowering barriers to electronic access. And, in support of our IT infrastructure, IRT continued the deployment of a School-wide wireless network in 2003, completed a strategic planning process for a new, School-wide user support model, initiated a new Internet-based teleconferencing service for the School, completed a successful transition to HIPAA compliance and initiated a major redesign of the School's Web site.

The many key strategic initiatives undertaken throughout the School in 2003 have presented some interesting challenges to how we have traditionally viewed our organizations and their management needs. These administrative norms have been further challenged by the continued implementation of new University-based administrative computing systems during 2003. Through an on-going collaboration of Finance and Administration staff, departmental DFA's, and IRT and Planning staff, during 2003 our administrative staff engaged fully in the challenges of managing in this complex and changing academic enterprise. Through these efforts, in 2003 we were able to develop a schema for administrative organizations that, we believe, will allow our administration to flexibly adapt to the needs of our faculty as they increasingly organize in novel and nontraditional units. We will provide more information about these efforts in the months ahead.

During 2003, we introduced a new operating budget allocation formula that promises to recognize and appropriately support the costs of education, research and management within our academic units. We also revised the nearly 30 year-old funds flow formula with the University, bringing the bases for our financial transactions and service agreements in line with our current activities and needs. We also initiated funds flow analyses with each hospital. And, in 2003, we worked with the hospitals and the University to develop an updated facilities master plan for the Medical Center that will



now enable the School and the hospitals to begin planning for our much needed new and replacement facilities.

Early in 2003, we created a new School of Medicine Office of Government Relations and recruited Ryan Adesnik as its director. During this past year we have created a government relations function within the School that works effectively as part of a campus-wide network. Through these efforts we have significantly increased our presence in Washington, DC and Sacramento and have begun to establish an influential voice in the development of national and statewide biomedical and health care policies. In 2003 we played a lead role in forming a national coalition to advocate for increased federal funding to support technologies that will be integral to the SMILE project. In addition, we have worked to support a California bond initiative to establish a new source of funding for stem cell research and research facilities. In 2004 these will be priority initiatives. We have also reinforced our policy perspectives through the initiation of a new health policy speakers' forum. With the recent recruitment of a Paul Costello as our new Director of Communications and Public Affairs, we have the leadership now in place to craft a communications program that fully supports our strategic plans and our roles as active participants in community and public service activities.

### **In Summary**

We have continued to follow the model of simultaneous planning around our multiple missions, recognizing that the solution in one area is often dependent on the resolution of an initiative in a different area. This has proved to be challenging of course and has validated the need for ongoing coordination through our Office of Institutional Planning led by David O'Brien. However, it is clear to me that if we are to achieve our goal of being a role model among research-intensive medical schools, it is imperative that we carefully balance our missions and initiatives in education, research and clinical care. We have, I believe, made progress – and while that is gratifying – there is much more to be done. However, as we get ready to begin the New Year it is appropriate to acknowledge the fact that thanks to the efforts of many of you, we are indeed a “school on the move”. The goal now is to sustain our momentum and to continue the work of making Stanford the best medical school it can be.

### **What We are Planning for 2004**

As we anticipate the New Year, we are well aware of the enormous number of tasks that stand before us. Certainly I recognize that strategic planning and implementation are constant and on-going efforts that will require our commitment, dedication and vigilance. And these efforts will be needed to be sustained year-after-year. That said, it is also important to establish short as well as long-term goals so that we can monitor our progress and adjust our course as necessary. To help guide this, I will outline some of our major initiatives for 2004 in the January 12<sup>th</sup> issue of the Dean's Newsletter. These will surely be further modified and adjusted during and following our Leadership Retreat that will take place from January 29-31<sup>st</sup>. Naturally, I will continue to keep you informed you about the initiatives we plan and the progress we are make in implementing them.

Communication is an important part of our planning process. I have tried hard to keep the lines of communication open – through the regular publication of this Newsletter, direct communications with faculty and students and regular meetings with departments as well as informal gatherings of students and faculty. I recognize that communication is something one can never do enough of – but I also recognize that it is a two-way process. So, I also encourage you to communicate with me about issues or concerns that you have that require our attention or action. Your role in shaping the School is critical and I hope to learn from you the things you think we should be doing that may not be on our agenda – or that you believe will further improve our missions in education, research and patient care.

### **IRT TECH: Technology Expert Consulting Hours -- Available at Lane Medical Library Starting January 5, 2004**

Information Resources and Technology (IRT) is introducing a pilot program for the Stanford University Medical Center community called "TECH" (Technology Expert Consultation Hours). Located at Lane Medical Library, and supported by staff from several IRT divisions, the TECH Desk will provide Medical Center faculty, students and staff with in-person expert advice on a variety of computing, networking, multimedia and instructional technologies. Need help installing and registering your wireless card? Trying to optimize an image with PhotoShop? Interested in setting up a "virtual file cabinet" of PDFs using EndNote? Stop by the TECH Desk!

As of January 5, 2004, visit the TECH Desk webpage at <http://med.stanford.edu/techdesk> for more information on TECH Desk services and hours.

### **Honors and Awards**

- **Dr. Chris Zarins**, Walter Clifford Chidester and Elsa Rooney Chidester Professor of Surgery and Chief of the Division of Vascular Surgery, received the Latvian Republic's "Tris Zvaigznu Ordenis" (Three Star Order). This award was established in 1924 for service to the nation and represents Latvia's highest civilian honor. Dr. Zarins was born in Latvia and during the period of Soviet rule, he helped organize the shipment of medical supplies and equipment to Latvia. Although Dr. Zarins has received numerous accolades and honors during his career – the "Tris Zvaigznu Ordenis" must surely stand as one of his highest and greatest accomplishments.
- **Robin Holbrook** was one of two recipients of the University's Marsh O'Neill Award this year. Robin is the Administrative Services Manager for Genetic Pharmacology in the Baxter Laboratory and in the Department of Microbiology and Immunology. She was singled out for this most prestigious honor because of her long record of extraordinary service within the School and University.

- **Dr. Helen M. Blau**, Donald E. and Delia B. Baxter Professor of Pharmacology, was elected to the Governing Council of the Institute of Medicine of the National Academy of Sciences through 2006.

Congratulations to all!

### **Appointments and Promotions**

- **Bingwei Lu** was appointed to Assistant Professor of Pathology, effective 1/1/2004 to 12/31/2006.
- **Gavin Sherlock** was appointed to Assistant Professor (Research) of Genetics, effective 1/1/2004 to 12/31/2006.
- **Corinna Darian-Smith** was reappointed to Assistant Professor of Comparative Medicine, effective 12/1/2003 to 11/30/2007.