

Dean's Newsletter

September 6, 2005

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Impact of the Gulf State Tragedy

During the past week we have each been riveted to the reports describing the devastating tragedy that befell the Gulf States of Alabama, Louisiana and Mississippi in the wake of Hurricane Katrina. The immediate reshaping of priorities of individuals, as well as communities, cities and the nation, offers a sobering reminder of human vulnerability. Since we are a global community I am confident that many in our Stanford community have family, friends and colleagues who were immediately impacted by this extraordinary natural disaster. The rest of us simply resonate to the loss of life, homes, and communities – and to the reality that, while such acts of nature cannot be prevented, more could have been done to respond more rapidly and effectively to the hurricane's destruction. And of course we think about the events that will continue to unfold, including the families dislocated or destroyed and the rebuilding that will need to take place. I am particularly mindful of the very significant public health hazards that may emerge as the flood waters, which are contaminated with biological and organic waste and toxic debris, coupled with the hot temperatures and humidity, serve as an incubator for microorganisms, with the consequent risk for serious infectious diseases. This could be further worsened by increases in mosquito and other vector populations, which could create risk to more geographically dispersed regions as well.

Thankfully many individuals and communities from throughout the nation and the world are now responding to the disaster, not only in New Orleans but also in the Gulf cities and towns that were damaged by Katrina. Likely you may also be receiving calls from displaced colleagues and students. These calls raise the important question of how we can respond and help. On Thursday September 1st, I participated in an emergency phone call with Elias Zerhouni, Director of NIH, who was charged to develop a consultation response unit, along with members of the Council of Deans from the Association of American Medical Colleges (AAMC). Based on that discussion and the communications that have followed, I want to let you know about several activities and updates that are relevant to our medical communities:

1. **Public Health Response** – This is being coordinated by the Center for Disease Control, in conjunction with the Institute on Environmental Health and the Food and Drug Administration. It will address, among other things, infection hazards, mosquito abatement, chemical/toxins, and mental health. Clearly, as noted above, some of these - especially infection and mosquitoes - have significant risks outside the area as outbreaks occur and patients and other people are transported or travel to other areas.
2. **Medical Shelter and Regional Care** - About 40 shelters are being created in the regional areas that will need to be staffed. This effort is being coordinated by the Department of Health and Human Services (DHHS), the American Hospital Association (AHA) and others. Currently patients are being moved to 12 surrounding states. As of the end of the week 2,600 patients had been moved, but it is anticipated that placement of an additional 10,000 may be needed. In addition, teams of medical providers are being sought and will be coordinated by AHA/DHHS. Local response units are being established, and I know that a number of individuals within the Stanford community have volunteered to help.
3. **Physician Consultation Response Network** - This was the focus of the call I participated in. The NIH has been charged to do this. A significant part of the effort will focus on patients with high risk, high acuity disease, such as cancer, transplant, etc. The NIH will collaborate with the AAMC to provide a physician consultation network. We were asked to provide the name of the person at each of our institutions who would serve as the coordinating individual. For Stanford, I have designated Dr. Eric A Weiss, Assistant Professor of Surgery (Emergency Medicine), who also leads our local Disaster Preparedness effort, to serve as our link to this national effort. Dr. Weiss will prepare a list of specialists who can be consulted on an “as needed” basis. We may also be asked to receive selected patients, although I think the possibility for this is relatively low.
4. **Placement of Students, Residents and Fellows** – I know that a number of you have been contacted by students from Tulane, LSU and South Alabama School of Medicine who have asked about transfers. Similarly, post-graduate trainees including residents and fellows have also been making contact. We have been asked not to respond as individual institutions or programs since the AAMC and the ACGME will serve as coordinating leaders, along with the leaders from the affected schools. Information regarding the status of programs for students and postgraduate trainees is being posted on the AAMC website (<http://www.aamc.org/katrina.htm>). I am taking the liberty of including the latest information available below. Should you have inquiries regarding students please refer them to Dr. Gabe Garcia (ggarcia@stanford.edu). For questions about postgraduate trainees, please contact Dr. Larry Shuer (lshuer@stanford.edu).
 - a. **Tulane University School of Medicine** - Senior administrative staff are in discussion with their counterparts at Houston-area medical schools about the possibility that these schools would assist Tulane by providing medical education

for Tulane students in all four years of medical education. Tulane officials also hope that similar plans for Tulane residents can be developed and implemented. Tulane administrators are currently in different cities, and they hope to have a face-to-face meeting in Houston as soon as possible to develop final plans for Tulane medical students, including plans for housing in Houston. They request that Tulane students monitor the AAMC Web site (www.aamc.org) for updated information, but indicate that more definitive information will most likely be available early in the week of September 5, 2005.

- b. **LSU Medical Students-** Message from Dean Hollier Regarding Resumption of Classes: First and second year classes are tentatively scheduled to resume Monday, September 26, 2005 on the campus of the Pennington Biomedical Research Center on Perkins Road. The Course Directors have worked out most of the details to accomplish this. Miss Bobbie Millet has made substantial progress in completing the fourth year schedule and will work individually with seniors to accomplish this. We will use the existing schedule for third year students and modify it for new clinical sites as they become available. Discussions with officials at EKL and UMC are well underway and it is anticipated that all students will be readily accommodated due to the large number of displaced patients. We will plan to move classes and rotations back to New Orleans by January 2006 as the infrastructure permits. We will be working to arrange appropriate housing. Some students have questioned whether they should arrange transfers to other schools. This will not be necessary. Please recognize that this disaster will only be a minor delay and will not jeopardize timely completion of your education. Please be in touch with Ms Bobbie Millet at 225-358-1073 or 225-358-1082 to arrange your schedule.

Obviously events will continue to unfold – hopefully for the better. But I felt you would appreciate these interim updates. Should more information unfold that is important for you to know, I will share it with you.

Welcoming the 2005 Entering Class of Medical Students

On Monday August 29th we officially welcomed the Entering Medical Student Class of 2005. This is always a time of celebration for the School and our incoming students – although clearly a more sobering and reflective one in light of the events in Gulf States caused by Hurricane Katrina (see above).

Once again we have the privilege of welcoming an outstanding group of students. Our 86 incoming students were selected from an applicant pool of 5638, of which 362 were interviewed (including 314 candidates for the MD program and 48 for the MSTP [MD/PhD] program). Of this group 162 students were offered admission, for a yield of 52%. Including in the incoming class are seven students who had deferred enrollment from 2004.

The diverse demography of this year's class is evidenced by the fact that 47% are women, 28% are New Americans and 22% are "Under-Represented in Medicine." In

addition to the USA, the birthplace of our incoming students include 19 countries and within the USA, 24 different states.

Incoming students pursued a wide array of undergraduate majors and come from 43 different colleges and universities. Of these, Schools with the highest number of represented students include Stanford (14), Harvard (12), Yale (7), Columbia (3) and two each from Cornell, UC Berkeley, UC Irvine, UCLA, MIT, the University of Michigan and the University of Pennsylvania. In addition, eight of our incoming students already have PhD degrees and six hold Masters in Science degrees. Perhaps most importantly, all appear to be enthusiastic, engaging and happy to be at Stanford. And of course, we are happy to welcome them.

The students had a detailed orientation from Monday through Wednesday that introduced them to an array of important topics and issues, including the Advising System, the New Curriculum, Scholarly Concentrations and the Practice of Medicine. We then had the opportunity to welcome our students (including three transfer students to upper classes), along with family and friends, at our annual Stethoscope Ceremony sponsored by the Stanford University Medical Center Alumni Association, the Arnold P. Gold Foundation and the School of Medicine. And then to make it all real, classes began on Thursday September 1st.

I want to thank Dr. Gabe Garcia and the Admissions Committee for their efforts in selecting an excellent class and also our wonderful Office of Student Affairs for helping to make everyone feel welcome – and oriented!

So, we are off on another academic year. In the next couple of weeks our upper class students as well as our incoming graduate students will arrive as well. Life has returned to the Farm.

Update on Plans for Becoming an NCI-Designated Cancer Center

We are continuing to make progress on our plans to become an NCI-Designated Comprehensive Cancer Center. As you likely know from prior discussions in the Dean's Newsletter we are planning to submit our application in February 2006. To date we have received very encouraging reviews from our External Advisory Board. On August 25th we met with Program Officers from the NCI who visited Stanford and were also encouraging. While the positive feedback we have received to date is comforting, we all recognize that the only meaningful comments will come after our official review is conducted – likely in May or June 2006. But we do seem to be on a positive trajectory to date. For that we must thank, in particular, the faculty leaders of the proposed programs and cores as well as the leadership of Drs Irv Weissman, Bev Mitchell and Karl Blume, along with the administrative leadership of Joanne Murphy. While there are still lots of hurdles to cross, we seem to be on track and moving forward.

Importance of Expense Certification

At the September 2nd Executive Committee, Dr. Artie Bienenstock, the Vice Provost for Research and Dean for Graduate Policy, discussed the important issue of expense certification for federally funded grants and contracts. This is an area where anything less than 100% compliance is a failure. It is also critically important to the proper management of grants and contracts. Dr. Bienenstock reminded the Department Chairs and other School leaders that it is essential that all PIs certify expenditures on a quarterly basis. He also acknowledged that the information system conversion to Oracle during the past two years has made this process considerably more burdensome for all. Nonetheless, it is still essential that we achieve the goal of 100% expense certification.

There are a number of resources available to PIs in the School of Medicine for this process. If you have questions about your expenditure statements or specific expenses on those statements, you should discuss these with your department financial analysts or DFAs/Business Managers (whoever is reconciling the statements each month). If the financial analysts have questions regarding the legitimacy of an expense or understanding the data, they should contact their Office of Sponsored Research Accountant. Questions or concerns regarding overdrafts or accelerated spending should be directed to Mila Dacorro, Sponsored Projects Compliance Analyst in the School of Medicine Research Management Group, at mdacorro@stanford.edu or 498-7892.

In addition, suggestions for improving the way in which data are presented on the expenditure statements are welcome and should be sent to Anne Hannigan at ahannigan@stanford.edu or 723-1176.

Clinical Program Planning

As part of the integrated clinical planning activities between the School of Medicine and Stanford Hospital and Clinics, a strategic leadership group met on Friday afternoon, August 26th to review current status and future efforts. The group focused on regional issues. One of the important areas we are discussing is the plan for the new North Campus Facility in Redwood City that will open in 2007. This will be a state-of-the-art clinical ambulatory facility supporting faculty practice as well as education and research. It will be outstanding new space featuring programs of importance to the Stanford University Medical Center that will serve patients from a broad regional area. Because of its accessibility and the availability of parking, patients and families will find it easier to get to than our main campus, and it will provide outstanding service. Over the next weeks Ms Martha Marsh, CEO and President of Stanford Hospital & Clinics, and I are meeting with the department chairs and clinical leaders of the programs that we believe will flourish at the Stanford North Campus facility. We will finalize those decisions later in September. We fully believe that this facility will provide a special opportunity for program growth in a patient-friendly environment.

In addition to the exciting developments for the North Campus, the School and SCH reached final agreement on the new Funds Flow Model, which was approved by the SCH Board of Directors on Monday August 29th. This represents a major step forward in further solidifying a productive collaboration and cooperation between the School and

SHC. We believe it will improve our interactions and also serve as a model that will likely be replicated by other academic medical centers in the years ahead. The new RVU-based payment system for professional services became operative with the opening of the new fiscal year on September 1st.

In addition to inpatient and ambulatory program development and the alignment of our Stanford Institutes of Medicine and Stanford Comprehensive Cancer Center to the strategic clinical services at SHC (as well as Lucile Packard Children's Hospital), an increasing level of commitment and attention is being directed to the quality of clinical services. This is important in its own right, since quality of service must be viewed as being as important as the quality of the clinical care and innovation we provide. But it is also important in that quality of service will increasingly serve as a benchmark used to compare hospitals and clinical programs – and to determine payments for services. Indeed, plans are being finalized to link payments of physician services from Medicare to quality of service measures (see JK Ingelhart, NEJM 2005; 353: 870-872) – a process that is also being adopted by other payers. Traditionally, quality of service has not been a strong point for many academic medical centers, including Stanford, but this must change. The leadership of the Medical Center has a high level of commitment to assuring that we provide the highest quality of service, and an ever-increasing focus of effort and resources will be applied to assure that this takes place.

BioX and Innovation

On Wednesday August 31st another exceptional display of innovative interdisciplinary research was seen at the Bio-X Interdisciplinary Initiatives Symposium. Through its support of Graduate Student Fellowships, Postdoctoral Fellowships and related innovation awards, Bio-X has played an important role in bringing together faculty and students from the biological, physical, engineering and computer sciences. In many ways this activity serves as a fundamental underpinning of the interdisciplinary scientific research underway at Stanford. It thus helps to foster and stimulate the research and education programs now occurring in Bioengineering as well as in our School and University-wide Institutes of Medicine (i.e., Stem Cell and Regenerative Medicine, Cardiovascular, Neurosciences, and Immunity/Transplantation/Infection) and the Stanford Comprehensive Cancer Center. There seems little question that these interdisciplinary interactions are promoting exceptional opportunities to discover fundamental new knowledge and, when appropriate, to translate discoveries to improve health.

NIH Announcement Regarding Loan Repayment Programs

I want to make sure that graduate trainees and junior faculty are aware of the NIH Loan Repayment Programs (LRP) that began accepting applications on September 1st. There are now five LRPs offered by the NIH, including the Clinical Research LRP, Clinical Research LRP for Individuals from Disadvantaged Backgrounds, Contraception and Infertility Research LRP, Health Disparities LRP, and Pediatric Research LRP.

Through these programs, the NIH offers to repay up to \$35,000 annually of the qualified educational debt of health professionals pursuing careers in biomedical and behavioral research. The programs also provide coverage for Federal and state tax liabilities.

To qualify, applicants must possess a doctoral-level degree, devote 50% or more of their time (20 hours per week based on a 40-hour work week) to research funded by a domestic non-profit organization or government entity (Federal, state, or local), and have educational loan debt equal to or exceeding 20% of their institutional base salary. Applicants must also be U.S. citizens, permanent residents, or U.S. nationals to be eligible.

For an online application, program information, or other assistance, visit the LRP Web site at www.lrp.nih.gov, telephone the Helpline at 866-849-4047, or send email inquiries to lrp@nih.gov.

Fall Forum 2005

I encourage faculty, students, staff, and community members to attend the 4th Annual Fall Forum on Community Health and Public Service. The keynote speaker this year will be Sheri Fink, MD, PhD, Stanford Alumna and author of "War Hospital: A True Story of Surgery and Survival." This event will be held on Tuesday, October 4, from 5:00 to 7:30 pm in the Frances C. Arrillaga Alumni Center, 326 Galvez Street.

The Forum is organized by medical students and highlights student contributions to community health through public service and community partnership research.

Awards and Honors

Matt Bogyo, Assistant Professor of Pathology and of Microbiology and Immunology, has been selected as one of the eleven awardees for the Burroughs Wellcome Fund 2005 Investigators in Infectious Disease Award. The Fund's selection was based on the scientific excellence and innovation of the proposal, the strength of the scholarly environment at the institution, and Dr. Bogyo's accomplishments as an independent researcher.

David Gaba, Professor of Anesthesia and Associate Dean for Immersive and Simulation-based Learning, has been named as Editor-in-Chief of *Simulation in Healthcare: the Official Journal of the Society for Medical Simulation*. His accomplishments in the field date back to the mid-80s where he pioneered simulation as a technique to teach crisis management in Anesthesiology and later in a number of other specialties.

Allan Reiss, Howard C. Robbins Professor of Psychiatry and Behavioral Sciences and Professor, was presented with the Spirit of Excellence Award for Lifetime at the International Meeting of the National Fragile X Foundation in Washington D.C.. Dr. Reiss, an outgoing chair of the National Fragile X Foundation Scientific and Clinical

Advisory Committee, is a leader in the area of understanding the interplay between the brain, genes, and the environment in fragile X syndrome.

Jim Spudich, Douglass M. and Nola Leishman Professor of Cardiovascular Disease, has been awarded the first U.S. Genomics Award for Outstanding Investigator in the Field of Single Molecule Biology from the Biophysical Society. This award recognizes work advancing the field of single molecule biology as demonstrated through innovative research, publications and other accomplishments related to detailing the properties, characteristics or behavior of individual biomolecules.

Appointments and Promotions

- **Frederick Dirbas** has been reappointed to Assistant Professor of Surgery, effective 9/01/05.
- **Stefan Heller** has been appointed to Associate Professor of Otolaryngology – Head and Neck Surgery, effective 10/01/05.
- **Mark Holodniy** has been promoted to Professor of Medicine at the Palo Alto Veterans Affairs Health Care System, effective 9/01/05.
- **Norman Lacayo** has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children’s Hospital, effective 9/01/05.
- **Robert Lowsky** has been reappointed to Assistant Professor of Medicine (Bone Marrow Transplant), effective 10/01/05.
- **Michael McConnell** has been promoted to Associate Professor of Cardiovascular Medicine, effective 9/01/05.
- **Lynn Westphal** has been promoted to Associate Professor of Obstetrics and Gynecology, effective 9/01/05.