

Dean's Newsletter

November 19, 2007

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Revitalization of the Nation's Physician-Scientist Workforce

One of the primary goals of our efforts in medical education at Stanford is the training of future physician scholars, scientists and leaders. In our new curriculum and our other efforts across the education and training domains of the medical school we are committed to addressing these vital members of the medical and scientific workforce (see <http://med.stanford.edu/md/>). Over the past decade much concern has been expressed about the attrition in the numbers of clinical investigators. Goldstein and Brown highlighted this concern a decade ago in their now classic editorial entitled "The Clinical Investigator: Bewitched, Bothered, and Bewildered – but Still Beloved" (*J Clin Invest* 1997; 99: 2803-2812). During the ensuing years a number of programs and initiatives have been put into place to address the decreasing numbers of physicians who focus their careers on research – but concern remains and is now heightened by the current NIH funding climate along with a number of other factors. I was pleased therefore to participate in a meeting on November 15th that was organized and sponsored by the Association of Professors of Medicine (APM) to address the "Revitalization of the Nation's Physician-Scientist Workforce." During this energetic and highly interactive meeting, which engaged nearly one hundred national leaders, the current state of affairs and a range of challenges and potential solutions and initiatives were discussed and debated.

Dr. Tim Ley, Professor of Medicine at Washington University, described the current state of affairs. His remarks were based on data he gathered from various sources to update his review with Leon Rosenberg entitled "The Physician-Scientist Career Pipeline in 2005: Build It and They Will Come" (*JAMA* 2005;294:1343-51). Importantly, he noted that the supply of physician-scientists is at "steady state" but is potentially

negatively impacted by a number of factors, including age, gender and level of indebtedness. Ley estimates that there are currently some 15,000 physician-scientists in the USA (nearly double of that of 25 years ago) and that approximately 500-1000 new physician-scientists need to enter the pipeline each year to maintain steady state. However, he also noted that the current cohort of physician-scientists is aging and that more than 50% will be greater than 50 years of age within the next year.

One of the major positive changes that has occurred during this time period has been the increasing number of women entering medicine. A number of women enter MD/PhD programs or initially plan careers as physician-scientists. However, as we unfortunately know all too well, the numbers of women in academic medicine decline over time, with all too few reaching professorial appointments. This clearly has very negative implications both for even maintaining the physician-scientist workforce at steady state and for sustaining the integrity of medicine as a profession. A similar trend is also true for underrepresented in medicine minorities, although here the problem is worsened by the fact that far too few minorities enter medicine and scientific career paths. A number of other factors may also impact career choice, including future predicted compensation and life-style, among others. The goal of the APM meeting was to highlight the challenges and foster dialogue that could lead to action-oriented recommendations. Accordingly, a series of topics were the focus of small group discussions, including:

- Attracting and retaining women physician-scientists
- Recruiting underrepresented minority physician-scientists
- Selection processes and education programs for physician-scientists
- Combined degree (MD-PhD) programs
- Effects of generational changes on the future physician-scientist workforce
- Mentoring and enhancing programs to nurture late bloomers
- Supporting physician-scientists in the transition from the K award to first R01
- Supporting physician-scientists in the transition from the first R01 to second (competing) R01
- Competitive compensation mechanisms for physician-scientists
- Organizing initiatives at academic health centers to facilitate the development of physician-scientists

I participated in, as well as chaired a couple of these workgroups and was engaged in the preparation of group reports that will be assimilated, processed, and circulated for further refinement and prioritization before being forged into an action plan by the APM. Of course I will share the results of these discussions with you as they develop and evolve.

But this is a discussion that needs to extend beyond the APM and that also needs institutional dialogue. While I feel that we at Stanford are certainly in the lead compared to peer institutions in the breadth and depth of programs we have put into place to foster the development of physician-scientists and scholars – something that is very positively impacted by the outstanding research environment that exists here – it is also clear that

we have much to do to further improve our efforts. I recently asked a faculty leadership group to review our efforts in training physician scientists, not only at the student level but also at the residency, fellow and junior faculty levels. I am certain that we can make progress in improving our success – and that it is important and even imperative for us to do so. But I am also convinced that this is an issue that deserves new and creative thinking, especially in view of the challenges now existing in our health care and funding climates. I welcome thoughts and suggestions from the members of our Stanford community.

Professional and Personal Ethics: A Continuing Discussion

I have spoken and written in the past about the ethical and professional issues in medicine. I have been particularly concerned about the increasing commercialization of medicine and about conflicts of interest emerging from academic-industry relationships that have focused on marketing rather than research and development. I had the opportunity to discuss some of the issues at a recent Ethics @ Noon Lecture Series and also at a meeting of the Association of Academic Health Centers on November 16th.

The provision of gifts and compensation to physicians from industry – for meals, travel, consulting, continuing medical education, etc – has come under increased public scrutiny during the past several years. This activity reached a new level of significance on September 6th when Senator Charles Grassley (R-IA) and Herb Kohl (D-WI) introduced the *Physician Payments Sunshine Act*. According to co-sponsor Charles Schumer (D-NY), the purpose of this proposed law is to “shine a much needed ray of sunlight on a situation that contributes to the exorbitant cost of health care.” Laws requiring pharmaceutical and medical device industries to publicly report payments to doctors already exist in Minnesota and Vermont and are being enacted in other states. Based on recent inquiries and investigations, including those at the Congressional level, there is ample evidence that this issue is continuing to heat up.

There are reasons why legislators and regulators have raised concerns. In a report this past year by Campbell et al entitled “A National Survey of Physician-Industry Relations” (*N Engl J Med* 2007;356: 1742-50) data were presented that showed that 94% of physicians across multiple specialties have some type of financial relationship with industry. Most common are free gifts, meals, drug samples as well as reimbursements for travel to professional meetings or continuing medical education. As I discussed when we introduced our policies in 2006 banning many of these gifts and financial relationships (see <http://med.stanford.edu/coi/siip>), most physicians do not believe that they are influenced by such gifts, although many posit that colleagues or co-workers might be. This is not dissimilar to the recent report of significant industry associations by the majority of clinical department chairs across the country, wherein the chairs believe that they are free of conflicts, but co-workers and trainees frequently feel otherwise (see Campbell EG et al, “Institutional Academic-Industry Relationships” *JAMA* 2007;298:1779-1786.)

The phenomena whereby individuals believe they are free from influence and operate with the highest personal integrity – even when accepting favors or sometimes deviating (even if in small ways) from truthfulness - are apparently well described in the neuroscience, psychology and economics literature. At the aforementioned meeting of the AAHC that I chaired on November 16th, Dr. David Korn, Senior Vice President at the Association of American Medical Colleges (AAMC) and former Dean of the Stanford University School of Medicine, spoke about this scientific evidence in reference to a symposium AAMC sponsored in June 2007 entitled “The Scientific Basis of Influence and Reciprocity,” the results of which will be published shortly. Depending on the discipline, this phenomenon (wherein one feels free of influence despite potential evidence to the contrary) is referred to as “delusion without intention” or the “dishonesty of honest people.” According to experts in this field, the size of the gift is less important than the relationship with the gift giver and is associated with an internal mechanism of “wiggle room,” in which an individual can engage in varying levels of even unethical behavior without a perceived loss of personal integrity. Others have also noted that the ability of gifts to influence behavior is well recognized and is one of the reasons why industry invests tens of billions of dollars annually in gifts and favors as part of their interactions with the medical profession.

Of course I fully recognize that these are challenging issues and that individuals within the medical and scientific professions will have strong reactions to any suggestion that they are subject to influence or bias. But the data – both scientific and in marketing practices – speaks otherwise and compels us to examine how we conduct our relationships. What is increasingly clear is that the failure of the medical profession to effectively do this will likely result in others – including the federal government – establishing policies or restrictions. That would be unfortunate. These issues warrant our continued reflection and discussion.

Thanking and Honoring Our Stanford Staff

There aren't enough ways to thank the dedicated staff who work on behalf of the School of Medicine and University. Without their many contributions, our grand missions in education, research, patient care and community service would not reach the levels of excellence that we enjoy today. I hope that each of us remembers to regularly and frequently thank those who work with us or on our behalf to support the activities of our students, faculty and staff. Thankfully, we also have the great tradition of honoring employees who have provided five or more years of service under the banner of the Dean's Staff Recognition Dinner. This year's celebration was held on November 8th at the Faculty Club. While I have had the privilege of attending all prior events since I came to Stanford, I was not able to participate this year due to a family emergency. But I want to take this opportunity to thank all those who achieved a five-year (or its multiple thereof) anniversary as a member of our staff. All of our staff members –including you - are appreciated. Accordingly, I want to list two groups: first, the winners of the SPIRIT Award for 2007 and second, those staff members who have worked for the University and Medical School for 20 or more years (a remarkable accomplishment).

This is the 8th year of the SPIRIT Award, which recognizes two staff members for their consistent dedication, initiative, motivation, positive attitude and customer service. Needless to say, many more than two individuals are deserving of special recognition, but I do want to highlight this years winners:

- *Mr. Jim Day*, Visual Art Services and
- *Ms. Diane Stafett*, Department of Medicine

You can read more about their personal stories and contributions in the Stanford Report (see: <http://news-service.stanford.edu/news/2007/november14/med-spirit-111407.html>).

I also want to specifically mention those staff members who have been part of the Stanford community for 20 or more years. As I get closer to completing my 7th year at Stanford I have ever more respect and admiration for those who have contributed so much of their professional lives to our medical school. These include:

45 Years of Service (wow!)

<i>June Hoshi</i>	Department of Biochemistry
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35 Years of Service

<i>Geraldine Derby</i>	Department of Medicine – Nephrology
<i>Barbara Hill</i>	Department of Developmental Biology
<i>Nancy Houston-Miller</i>	Department of Medicine – Cardiovascular
<i>Wendy Long</i>	Department of Pathology – Blood Center
<i>Melchor Madrigal</i>	Department of Comparative Medicine
<i>Zera Murphy</i>	Educational Programs and Services
<i>Lynne Olds</i>	Department of Pediatrics
<i>Richard Stovel</i>	Department of Genetics

30 Years of Service

<i>Joan Bialek</i>	Department of Medicine – Cardiovascular
<i>Ella Doyle</i>	Department of Microbiology & Immunology
<i>Shirley Feldman</i>	Department of Psychiatry
<i>Dolly Kagawa</i>	Department of Surgery
<i>Sheryl Kendall</i>	Finance & Administration
<i>Paula Louie</i>	Department of Radiation Oncology
<i>Mary Palmer</i>	Research Management Group
<i>Debra Scheuch</i>	Finance & Administration
<i>Laural Sledge</i>	Office of Medical Development

25 Years of Service

<i>Wendy Baumgardner</i>	Department of Radiology
<i>Catherine Carswell-Crumpton</i>	Department of Microbiology & Immunology – Baxter Laboratory
<i>Cecelia Coker</i>	Department of Surgery

<i>Ruth Colombo</i>	Department of Pediatrics
<i>Sussan Dejbakhsh-Jones</i>	Department of Medicine – Immunology & Rheumatology
<i>Susan Goodrich</i>	Department of Radiation Oncology
<i>Joyce Hages</i>	Department of Medicine – Cardiovascular
<i>Susan Hoerger</i>	Human Resource Group
<i>Lisa Joo</i>	Academic Affairs
<i>Mahmonir Keyhan</i>	Department of Microbiology & Immunology
<i>Linda McLaughlin</i>	Department of Pediatrics
<i>Elizabeth Pope</i>	Department of Cardiothoracic Surgery
<i>Jan Saryusz-Romiszewski</i>	Department of Radiation Oncology
<i>Behnaz Taidi</i>	Department of Medicine – Oncology
<i>Rosario Villacorta</i>	Department of Medicine – Immunology & Rheumatology
<i>Kuo-Mei Wang</i>	Department of Pathology
<i>Valerie Williams</i>	Department of Medicine
<i>Reese Zasio</i>	Department of Comparative Medicine

20 Years of Service

<i>Julie Brewster</i>	Department of Otolaryngology – Head & Neck Surgery
<i>Virginia Chambers</i>	Department of Biochemistry
<i>Sharon Clarke</i>	Department of Radiation Oncology
<i>Jo-Ann Cuevas</i>	Human Resource Group
<i>Marcos Figueroa</i>	Lane Medical Library
<i>Patricia French</i>	Lane Medical Library
<i>Stephen Gladfelter</i>	Visual Arts Services
<i>Gail Gong</i>	Department of Health Research & Policy
<i>Miriam Guzman</i>	Department of Pathology – Blood Center
<i>Michel King</i>	Institutes of Medicine
<i>Lorie Langdon</i>	Educational Programs and Services
<i>Lilibeth Lorenzo-Fernando</i>	Department of Pathology – Blood Center
<i>Gladys Morales</i>	Research Management Group
<i>Jeffrey Myll</i>	Department of Medicine – SPRC
<i>Bitu Nouriani</i>	Department of Psychiatry
<i>Karla Palmeri</i>	Institutes of Medicine
<i>Pamela Rawls</i>	Department of Orthopaedic Surgery
<i>Anca Ruhlen</i>	Department of Genetics
<i>Vida Skokoohi</i>	Department of Genetics
<i>Leigh Stacy</i>	Department of Pathology
<i>Nengchee Teo</i>	Department of Medicine – Cardiovascular
<i>Jane Volk-Brew</i>	Academic Affairs
<i>Cheryl Yemoto</i>	Health & Safety

Again, congratulations and thanks to all – and, as they say, let's hope for many more years to come!

NIH Funding Vetoed by President

In [the last issue of the Dean's Newsletter](#) I commented on the hoped-for approval of the Labor-HHS-Education appropriations bill, which would have carried a modest increase of \$30 billion for the NIH budget, which would still have been below inflation. Unfortunately, President Bush vetoed this appropriation bill on November 14th, despite its bipartisan support and commitment to investment in biomedical research. This legislation would also have provided \$212 million for the title VII funds to enhance the diversity of health professionals – something else we worked hard to have in the bill. Coupled with the veto of SCHIP that you are well aware of, this current veto further impacts our ability to sustain our research mission and diversity pipelines. While we all recognize the politics involved, it is tragic to have these played out over critical investments in innovation and research. Unfortunately, the attempt to override the veto on November 15th also failed – falling two votes short of the two-thirds majority needed to override the veto. This is a very sad state of affairs – and, in many ways, it is a further loss for American science and medicine.

Our Changing Landscape

No doubt can remain that we are entering a new phase in the medical school landscape. This past week the 30 year old Fairchild Auditorium proceeded through its demolition to make way for the new Learning and Knowledge Center (LKC). With this, the visible evidence of the transformation of our medical school campus is becoming ever more evident. And this will be continuing in various stages over the next decade. With the upcoming centennial of the Medical School in 2008 and the 50th Anniversary of the move of the School to the Stanford campus in 2009 in mind, it is particularly gratifying that there is now visible evidence of a new beginning – and one that we hope will exemplify Stanford as a center of excellence in education and research for many decades to come. You can follow the construction plans for the LKC by going to <http://lkc.stanford.edu/>.

New Program for Medical Students Announced

Dr. Charles Prober, Senior Associate Dean for Medical Student Education, has let me know that his office is launching a new program for medical students called Educators-4-CARE (E4C). This program, which was first discussed in the Spring 2007 Medical Education Newsletter, aims to foster the development in each of our students of four key qualities embodied in thoughtful and effective physicians: Compassion, Advocacy, Responsibility and Empathy (CARE).

Stanford faculty elected to participate in the E4C program will be identified over the next 6 to 9 months. Each faculty member, working from a shared curriculum, will guide five to six students from each class through their acquisition and refinement of clinical skills. Patient-centered medical interviewing, bedside physical diagnosis, and evidence-based practice will be core features of the instruction. A student's E4C faculty

mentor will serve as an ongoing role model for professionalism and the doctor-patient interaction throughout the student's time at Stanford.

Educators-4-CARE promises to be an exceedingly valuable addition to our medical school curriculum, and I look forward to seeing its further realization in the months ahead.

Update on the Stanford Hospital and Clinics (SHC) electronic health record project (CIS-Epic)

I have received the following update on current activities at the Stanford Hospital and Clinics that are going on to assure that SHC is ready for the launch of Epic, SHC's new electronic health record system, which is scheduled for February 29, 2008. These include the following:

- **Training**
Epic training begins on November 26 for nurses and on December 1 for physicians. All classroom-based training occurs at the North Campus location and there is a free shuttle service available from the hospital to the North Campus.
- **SuperUsers**
There is a large group of staff and physicians who are trained as SuperUsers to assist in helping their peers get ready for Epic. SuperUsers consist of staff members and physicians from every department within the hospital and clinics, as well as representatives from IT, Learning Services and Epic. This group of individuals has been highly trained in CIS-Epic to help others in their departments understand the system and use it proficiently. SuperUsers will play a major role in helping end users get ready for the new electronic health record system.
- **Triads**
Another way the CIS-Epic management team is preparing SHC for the conversion to an electronic health record is by the creation of triads. These leadership-driven groups consist of the director of a specific area, a physician leader who is partnered with the triad leader and a content expert (someone who knows Epic and Stanford operations). Their goal is to drive the implementation of CIS-Epic at SHC. In all, there are 30 triads engaged in the process. The triads are addressing the gaps that exist between the current and future systems, taking ownership of the workflow changes and implementing the changes necessary to be ready for the new workflows.

More information about the preparations for the Epic launch will be forthcoming from SHC.

More on Transcription

Stanford Hospital & Clinics (SHC) also asked me to include the following update in this edition of the Newsletter:

SHC continues its rollout of the new Spheris dictation and transcription system in preparation for the Epic electronic health record launch, which as noted above, is scheduled for February 29, 2008. On November 12th, the final SHC clinical area group began to use the new system. Menlo Medical Clinic is scheduled as the final area to activate on the new system, beginning November 27th.

As of November 11th, more than 22,000 dictations had been completed in Spheris. Documents have been assigned transcription turnaround times based on their importance to patient care, ranging from two hours to 24 hours. Dictation continues as before with some minor changes, which are designed to ensure that transcriptions appear seamlessly in CareCast (and as it goes live, in Epic). Watch other SHC communications for Spheris updates, as well as preparations for Epic.

Awards and Honors

McCormick Awardees: The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2007 McCormick Awards. These awards provide research/project funding to junior faculty women pursuing advancement, or to junior faculty men or women who support the advancement of women in medicine and/or medical research. The awards are supported by the McCormick Funds, which were established to support the advancement of women in medicine and/or medical research directly, or by supporting the mentoring, training and encouragement of women pursuing the study of medicine, in teaching medicine, and engaging in medical research. This year 29 applications were submitted and the winners were chosen by a review committee that included: Craig Albanese, Marcia Stefanick, Alice Whittemore, Ray Gaeta, Claudia Morgan, and Hannah Valentine. Three award winners each year will receive \$30,000 per year for two years.

This years McCormick Award winners include

- *Anne Brunet*, PhD, Department of Genetics
- *Jennifer Cochran*, PhD, Department of Bioengineering
- *Amreen Husain*, MD, Department of Obstetrics and Gynecology

Congratulations to each.

Burt and Marion Professorships. On November 5th we had the opportunity to celebrate the awarding of two Burt and Marion Professorships in Immunology. We were joined by members of the Avery family and faculty leaders in immunology and microbiology. The two Burt and Marion Avery Professors are:

- *Dr. Mark Davis*

- ***Dr. Yueh-hsiu Chen***

Congratulations to both Drs. Davis and Chen – and special thanks to the Avery family.

The American Institute for Medical and Biological Engineering elected three of our faculty as Fellows, including:

- ***Russ Altman, Professor of Bioengineering and of Genetics***
- ***Steve Quake, Professor of Bioengineering***
- ***Charles A. Taylor, Associate Professor of Bioengineering and of Mechanical Engineering and Radiology***

Congratulations to each.

I. Robert Lehman, Professor Emeritus of Biochemistry has been awarded the 2008 Herbert Tabor/Journal of Biological Chemistry Lectureship to be presented at the 2008 Annual meeting of the American Association of Biochemistry and Molecular Biology in March 2008. Congratulations to Dr. Lehman.

Donna Cronister, administrative services manager for the Radiological Sciences Laboratory (RSL), was honored as this year's recipient of the Marsh O'Neill Award. Since 1990, the Dean of Research Office has given the Marsh O'Neill Award annually to a staff member who has provided exceptional support for research at the University. Congratulations to Donna.

Jonathan S. Berek, MD, MMS, Professor and Chair, Department of Obstetrics and Gynecology and Division of Gynecologic Oncology, Stanford Cancer Center, has been elected to the Presidency of the International Gynecological Cancer Society (IGCS) for 2008-2010. The IGCS is the world's largest group that is dedicated to research and treatment of gynecologic malignancies. Dr. Berek has also been elected to the Commission on Cancer of the American College of Surgeons for a 3-year term.

Appointments and Promotions

- ***Timothy P. Angelotti*** has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 11/01/07.
- ***Michele P. Calos*** has been promoted to Professor of Genetics, effective 11/1/07.
- ***Drew Endy*** has been appointed to Assistant Professor of Bioengineering, effective 6/01/08.

- **Jason R. Gotlib** has been reappointed to Assistant Professor of Medicine (Hematology) at the Stanford University Medical Center, effective 1/1/08.
- **Dimitre H. Hristov** has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 11/1/07.
- **Robert Lowsky** has been promoted to Associate Professor of Medicine (Blood and Marrow Transplantation) at the Stanford University Medical Center, effective 11/1/07.
- **Sean Mackey** has been promoted to Associate Professor of Anesthesia at the Stanford University Medical Center, effective 11/1/07.
- **John D. MacKenzie** has been appointed to Assistant Professor of Radiology at the Lucile Salter Packard Children's Hospital, effective 11/1/07.
- **Claude M. Nagamine** has been appointed to Assistant Professor of Comparative Medicine at the Veterinary Service Center, effective 3/1/08.
- **Olaf Reinhartz** has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center and the Lucile Salter Packard Children's Hospital, effective 11/1/07.
- **Audrey Shafer** has been promoted to Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 11/1/07.
- **Weiva Sieh** has been appointed to Assistant Professor of Health Research and Policy, effective 11/1/07.
- **Christina Smolke** has been appointed to Assistant Professor of Bioengineering, effective 6/1/08.
- **Hua Tang** has been appointed to Assistant Professor of Genetics, effective 11/1/07.
- **Abraham Verghese** has been appointed to Professor of Medicine (General Internal Medicine and Infectious Diseases), effective 11/1/07.