Dean's Newsletter
July 7, 2008

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Welcome to New Residents, Fellows – and Summer Students

With Commencement just a couple of weeks ago, most of the university is on summer session. And while summer brings a pause to the rhythms of most of the university, it heralds new activity for the medical center. During the past days 905 residents and clinical fellows commenced their training in one of the 77 ACGME (Accreditation Council on Graduate Medical Education) training programs at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children's Hospital (LPCH). I extend a welcome to each of these important members of the Stanford community along with those commencing their research postdoctoral fellowships in one of our laboratories or programs.

While we often feature the accomplishments of our medical and graduate students (appropriately so, of course), individuals pursuing graduate medical education (residents and clinical fellows) and postdoctoral fellowships also play incredibly important roles in the life and success of Stanford Medicine. In addition to being informed learners they are also a source of knowledge and expertise to students as well as our faculty, they provide care and service to our patients, contribute to the advocacy efforts of our institution, and are often the central players in advancing our mission in research. Their work is incredibly demanding and while the ACGME has limited this to 80 hours per week for residents, their contributions transcend time as a metric. Indeed without our residents, clinical fellows and postdocs, we simply could not be a leading academic medical center and research-intensive school of medicine. It is also important to remember that each of these individuals has already invested many years in developing her or his knowledge and skills in medical and graduate school, and they join Stanford to further their personal pathways to success in clinical medicine and research. We wish each the greatest of personal and professional success. Welcome to Stanford!

During the past couple of weeks, we also have welcomed gifted high school and college students who will spend the summer at Stanford – hopefully as a prelude to their future careers in science and medicine. Among these are the students joining the Stanford Medical Youth Science Program led by Dr. Marilyn Winkleby (Professor of Medicine), the Stanford Institutes of Medicine Summer Program led by Dr. PJ Utz (Associate

Professor of Medicine), the Stanford Summer Research Program/Amgen Summer Scholars Program led by Dr. Ellen Porzig (Associate Dean for Research and Professor of Developmental Biology) and Anika Green (Assistant Dean for Graduate Education). We also welcomed a group of incoming medical students who joined the Early Matriculation Program led by Dr. Fernando Mendoza (Professor of Pediatrics). Each of these programs brings talented high school, college and new medical students for a summer experience that will hopefully be exciting and even transformative.

So while the rest of the university takes a summer pause, the Medical School and Medical Center begins another cycle of revitalization, welcoming students, residents and fellows who begin their time at Stanford and who add to the excellence and success of our institution. Please join me in welcoming them – and, of course – in wishing them all great success in their endeavors.

Dr. Beverly Mitchell Will Become Director of the NCI- Designated Stanford Cancer Center

On August 1st Dr. Bev Mitchell, George E. Becker Professor of Medicine and Deputy Director of the NCI-Designated Stanford Cancer Center, will assume the role of Director and Principal Investigator. Dr. Irv Weissman, the Virginia and DK Ludwig Professor, has served until now as the Director of the Cancer Center, the Ludwig Center at Stanford, and the Stanford Institute for Stem Cell Biology and Regenerative Medicine. Given the remarkable and unprecedented growth of the stem cell programs at Stanford (see below) , and the growth of the Ludwig Center, which is mainly involved in cancer stem cell discovery, diagnosis, and therapy, Dr. Weissman requested that he be permitted to step down as Director of the Cancer Center so that he can focus his energies on the Stem Cell programs and the Ludwig Center. At the same time, he agreed to remain a senior scientific advisor to the Stanford Cancer Center , and will continue to be involved in its fundraising efforts,- which is, of course, wonderful news.

Dr. Weissman also recommended that Dr. Mitchell assume the role as Director and I am pleased to say that she has agreed to do so. The National Cancer Institute and the Stanford Cancer Center's External Advisory Board have also enthusiastically supported this recommendation. Please join me in thanking Dr. Weissman for the critically important role he provided as Director of the Cancer Center – which proved instrumental in achieving NCI designation. And also please join me in congratulating and thanking Dr. Mitchell for her willingness to assume the role as Director at this most important time in the history of the Stanford Cancer Center. Since joining Stanford Dr. Mitchell has been instrumental in moving our cancer agenda forward. She has worked tirelessly and successfully on behalf of our faculty and students and has won wide respect and admiration throughout Stanford as well as nationally. I am enormously pleased that she will take on these new and critically important responsibilities.

A Different Door to NIH Advocacy and Support

Over the years I have written frequently about the NIH and the importance that it has played in helping our nation to be the world leader in the biosciences. I have also increasingly commented on how that position of global leadership is now threatened

because of the serious lapses of funding for research that have characterized the past several years and that threaten to continue in the years ahead. And, of course, I have highlighted the efforts that others and I have put into championing the importance of the NIH and biomedical research to the Congress and the importance of their bi-partisan support. This theme was echoed in Dr. Roger Kornberg's commencement address on June 14th http://med.stanford.edu/commencement/).

Having spent some 23 years as an intramural investigator at the NIH, I am also quite cognizant of how members of Congress resonate to the impact the NIH has in their home communities and states. And even when they recognize that it is the great discoveries made by NIH supported investigators around the nation that truly shape the discovery and innovation agenda of the USA, they are also touched by the human stories of their constituents who have benefited from a research discovery that helped treat or cure a serious disease. Those experiences make evident to Members of Congress why research is so important and why the NIH is the essential resource to making that happen. And this is something that crosses traditional political party lines and which in the past has resulted in the NIH being widely viewed as the "jewel in the crown" of government agencies.

I also learned the importance of patient advocacy in promoting the value of the NIH as a (much younger) investigator on the Pediatric Branch of the National Cancer Institute. I was reminded of this on June 25th when I attended the 20th Anniversary of the Founding of the Children's Inn at the NIH that was held at the National Building Museum in Washington, DC. This gala celebration was attended by many dozens of Members of the House and Senate along with numerous Washington dignitaries and guests. It was an event that brought back many memories and lessons since my wife Peggy and I first conceived the idea of the Children's Inn nearly three decades ago.

The idea was simple. Children, accompanied by their families, came to Bethesda to participate in clinical research protocols sponsored by the NIH. The vast majority of these children had cancer and since I was working on the pediatric oncology service at that time, I witnessed nearly every day the impact that separation from home and community had on these children, many of whom spent weeks to months in Bethesda, housed in motels with few amenities or emotional support for them or their families. This seemed both unfortunate and inappropriate and there was need of a creative solution. A child advocate and policy leader, my wife Peggy agreed that we might be able to do something for these families by advocating for a "home" on the NIH campus that would house these children and families who traveled from all over the USA and world to participate in clinical research and treatment. Because such a facility would provide emotional and physical comfort it made sense that the NIH would embrace this concept as an alternative to the then practice of contracting with local motels to house these children while they were coming to the NIH. Or so it seemed.

Together with my colleagues in pediatrics in the NIH Clinical Center we put together what we felt was a compelling proposal but despite numerous and repeated attempts we failed to gain any traction with the NIH leadership. It was a good idea – but

just not a priority. Virtually every angle was tried but the bureaucracy was impenetrable. And then serendipity opened a door.

In the mid 1980's we were investigating the role of bone marrow transplantation and intensive chemotherapy for children and adolescents with sarcomas. Among these patients was a teenage girl who, like others, felt separated from her home community. The impact of those challenges was quickly appreciated when she was visited by a woman named Carmela Walgren. It turned out that this teenage patient had been the babysitter for Mrs. Walgren's own children. When Ms. Walgren shared her concerns about the social isolation of this young patient with our Head Nurse, who was both aware and engaged in our efforts to get a home for children at the NIH, she called me to meet with Ms Walgren. After a couple of visits Mrs. Walgren, who turned out to be a Congressional spouse, indicated she would help. And indeed she did. She first united with two other Congressional spouses, Debbie Dingell and Chris Downing, and through their networks and contacts, they accomplished what had been previously impossible. After a call from the Congress, the NIH Director pledged to provide land for a Children's Inn at the NIH. A major breakthrough. Indeed together they not only moved mountains – but also the "Congressional Hill!" But then came the next challenge – how to find the sources to build what would become the Children's Inn.

Fortunately, further contacts gained access to Dr. Roy Vagelos, one of the most extraordinary leaders in American medicine and science, who was then the highly successful CEO of Merck. When presented with the idea, he embraced it immediately and, thanks to his stewardship, the Merck Foundation provided the funds to construct the Children's Inn at the NIH – which opened its doors in 1989. Those of you who have visited the NIH campus may have seen the Children's Inn – but perhaps have not recognized what it was, or the impact that it has had on the NIH. Located near the Clinical Center and recently expanded, the Children's Inn has provided service to over 6,000 children and families from throughout the world during their participation in research protocols in Bethesda.

When I spoke at the Gala last week, I reflected how the Children's Inn has been an important partner to the basic research agenda of the NIH. I noted that when we began planning for the Children's Inn, HIV and AIDS had not been recognized as a problem. By the time that the Inn was opening, we were carrying out research protocols in HIV infected children from throughout the USA. The Inn made it possible for our research group to study many hundreds of children who participated in research protocols and, as a consequence, rapid and tremendous strides were made in the treatment of pediatric AIDS – benefiting children all around the world. These successes, of course, were built on the early studies of retroviruses and some of their key enzymes, reverse transcriptase and protease, that became successful targets for antiretroviral therapy. Indeed basic research that did not anticipate the future emergence of AIDS created the fundamental knowledge that led to some of its solutions. And the Children's Inn became a vital partner in that collaboration.

During the past two decades, many members of Congress, their spouses and friends have gathered each year to help raise funds for the operation of the Children's Inn. In doing so, they are reminded of the value of the NIH and its impact on discovery, innovation and treatment. And while the beauty and elegance of new knowledge is a fitting testimony to the importance of the NIH, the Children's Inn puts a face on some of that knowledge – and helps inspire our Congress to stand behind support for basic research. This is also worth celebrating. And it certainly provides another door for advocacy about the importance of the NIH.

Service Satisfaction Survey Results

In March of this year, our faculty, staff and students received a survey conducted by the Institutional Planning Office to evaluate the services of 19 administrative functions provided by 10 offices within the School. Of the 3,223 individuals receiving the survey, 41% or 1,336 responded. The respondents included faculty (35%), students and trainees (25%) and staff (40%). The offices included in the survey were:

- Academic Affairs
- Communications and Public Affairs
- Facilities Planning and Management
- Finance and Administration
- Health and Safety
- Human Resources
- Information Resources and Technology
- Institutional Planning
- Research Management Group
- SPCTRM

The results of the survey showed a high degree of satisfaction and were very encouraging. Overall satisfaction with the services included in the survey was 4.2, on a scale of 1 to 5, with 1 as "Very Dissatisfied" and 5 being "Very Satisfied." The areas of satisfaction measured in the survey included: Responsiveness, Efficiency, Quality of Work, Interaction, Proficiency and Expertise, and Overall Response to Your Needs. The range of results for these six areas averaged 4.02 (on "Efficiency") to 4.33 ("Interaction"). We also analyzed the results individually for each Office. The individual office scores ranged from 3.67 to 4.66. We are pleased that the results were positive in most areas, but also wish to improve upon these results. Answers to the open-ended questions on strengths and weaknesses were especially helpful in assisting each group in devising an action plan to enhance services in the weaker areas.

Each office was asked to submit their action plan to the Senior Associate Dean for Finance & Administration, Marcia Cohen. Examples of some of the action plans proposed include:

- Establishing response time standards
- Improving workflow and business process to address efficiency

- Communication plans to educate "customers" about services, roles, and responsibilities
- Additional, focused surveying to pinpoint specific issues
- Develop audit protocols to identify problems
- Add FAQs to websites

We anticipate repeating the survey and measuring areas of improvement (or otherwise) on a regular basis moving forward. Many thanks to all for your participation; your responses were invaluable in helping us to assess our effectiveness, and we intend this feedback to be acted upon successfully over the next several months.

Success in Stem Cell Research Continues

June has been another exciting month for stem cell research at Stanford. The Land & Buildings Committee of the Board of Trustees voted for partial construction approval for the Stanford Institutes of Medicine 1 (SIM1) building that will serve as the future hub of Stanford Institute for Stem Cell Biology and Regenerative Medicine. With that approval, construction for SIM1 is beginning this summer. Final construction approval is expected at the October Board of Trustees meeting and with that, we should be on track for the completion of SIM1 by the summer of 2010. As you will recall, an important source of funding for SIM1 is from the California Institute of Regenerative Medicine (CIRM) which awarded Stanford $43.5M – the highest of any institution in California (see http://med.stanford.edu/mcr/2008/cirm-0514.html). I will have further announcements about contributions to SIM1 in the next weeks.

Stanford also continues to be the leader in research funding from CIRM. On June 27th, the Independent Citizens Oversight Committee (ICOC), the governing board of CIRM, of which I have been a member since 2004, awarded another $24M in research funding for two programs: the development of new lines of pluripotent human stem cells and planning grants for research teams that will compete for subsequent disease planning grants later this year. Indeed, Stanford faculty successfully competed for four of the 16 new cell line awards (including Drs Julie Baker, Michele Calos, Mike Longaker and Renee Reijo Pera). In addition, two Stanford faculty (Drs. Tom Rando and Bobby Robbins) competed successfully for two of the 22 disease planning grants. Overall Stanford faculty will receive $5.6M – again the highest amount of any institution in California (see http://med.stanford.edu/news_releases/2008/june/CIRM.html). This is wonderful news and I offer my congratulations to each of these faculty members. Recognizing the importance of the future disease grants, the School also funded four pilot awards with internal resources in late 2007.

Clearly it is our faculty and students who are setting the agenda for stem cell research at Stanford. But thankfully we will soon have a new home to house them in as well. Given the paucity of funding for stem cell research through the NIH, these awards and their impact on this important field of science are all the more critical – thanks to CIRM and the citizens of California. Without this support and these efforts, the USA

would be at great risk for losing its prominence in this area of research. Thankfully CIRM and California scientists are working hard to not allow that to happen.

Continuing the Discussion about USMLE Step One

Exams and metrics can shape the agenda of institutions and people. Consisting of "three steps," the United States Medical Licensing Examination (USMLE) has had both primary and secondary effects on medical education and training. Established as a licensing exam, the USMLE has had a much wider impact – some intended and some inadvertent. Just as the Medical College Admissions Test (MCAT) plays an intended role in setting the agenda for premedical education, it also impacts the course of study of many undergraduates interested in a career in medicine. Similarly, The USMLE has assumed importance beyond its role in licensing *per se*, since it is used as a screening exam for some of the most competitive residencies in the USA. Thus when it became apparent some months ago that significant changes were being planned for the USMLE considerable concerns were expressed to the National Board of Medical Examiners (NBME) about possible changes in the USMLE. Most concerning was the proposed move of USMLE Part One to the third (traditional) year of medical school, along a perceived lesser emphasis on basic science knowledge, which could potentially undermine the importance of the scientific underpinning of medicine. Accordingly, along with a number of my colleagues in the Council of Deans and the Council of Academic Societies, serious concern was expressed about changes that had not been fully vetted and which could have significant and serious unintended consequences. Thankfully the National Board of Medical Examiners and USMLE agreed to engage in thoughtful dialogue before proceeding with any changes. This commitment was codified in (see http://www.nbme.org/programs-services/medical-students/news-updates.html) and was the topic for a discussion that I participated in along with members of the AAMC and NBME at a meeting in Philadelphia on June 30th.

While the discussions will be ongoing, the good news is that there is a clear recognition of the importance of basic science education and the importance of demonstrating knowledge and proficiency in its related disciplines. It was further acknowledged that this proficiency needed to extend throughout medical school (not just the "preclinical years") and, in fact, to be continued through residency and continuing medical education. This is something we are currently already doing at Stanford. It was also acknowledged by the NBME that having a test of this basic science knowledge prior to beginning clinical education (defined as clinical rotations), was appropriate and that moving this later into the medical school curriculum was not the ideal. That said, the NBME wishes to also provide flexibility to medical schools which wish to pursue different curricula or areas of emphasis. At the same time it was recognized that the USMLE was also being used as a gatekeeper for competitive residency programs and that this may be an unintended consequence.

While there has now been a reasoned pause in the previously announced plans of the NBME to change the timing and content of USMLE 1, it was also clear that changes will occur over the next several years – as part of testing changes that will unfold over the

next 10-15 years. Thus keeping a dialogue open and engaged is important and the NBME and AAMC agreed to do that – which is good news. If you have any thoughts or recommendations about this process, please do let me know.

2008 McCormick Faculty Awards

The Office of Diversity and Leadership of the Stanford University School of Medicine invites applications for the 2008 McCormick Faculty Awards. The McCormick Funds 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. Awards are unrestricted and will be for $30,000 per year for two years. The committee expects to make three awards each year. Proposals should be submitted electronically to Jennifer Scanlin in the Office of Diversity and Leadership at jscanlin@stanford.edu by 5pm on August 31, 2008.

Further information and details on how to submit your application can be obtained at: http://med.stanford.edu/diversity/faculty/08mccormickcall_apps.html. Questions can be directed to Claudia Morgan, Office of Diversity and Leadership (med.stanford.edu/diversity), at 650-723-2329, or at cjmorgan@stanford.edu.

Upcoming Events

Science Outreach Summer Lecture Series
Thursday evenings
7:00 pm
Cantor Art Center

Stanford's Office of Science Outreach invites the Stanford community and general public to campus this summer for four Thursday evenings filled with the wonders of art and science! Come in the late afternoon to visit the acclaimed Cantor Arts Center, then enjoy dinner at the Cool Café at the Cantor or bring a picnic. Settle into chairs that will be provided or bring your own lawn chairs/ picnic blankets and hear Stanford's top scientists talk about their research in terms you will understand. Lectures begin at 7:00 p.m. More information at http://oso.stanford.edu/lectures.html.

The 2008 lecture topics and faculty speakers include:

- July 10 – "Why is Earthquake Prediction So Difficult," with Gregory C. Beroza
- July 24 – "Global Warming: Is the Science Settled Enough for Policy," with Stephen Schneider
- August 7 – "Wired for Speech: How Voice Activates Interactions with People and Computers," with Clifford Nass

- August 21 – "Powering the Future with Sustainable Energy," with Stacey F. Bent

Skills Building Workshop: "Scientific Writing"
Thursday, July 17
5:30 – 7:30 pm
Always Building, Room M-112

The Office of Diversity & Leadership continues the Skills Building Workshop series with "*Scientific Writing"*, on July 17th with Michaela Kiernan, Ph.D., a Senior Research Scientist at the Stanford Prevention Research Center (SPRC) at the Stanford University School of Medicine. She received her PhD in social/health psychology from Yale University and has expertise in research methodology and statistics. Funded by the National Institutes of Health (NIH) and the American Heart Association (AHA), her research focuses on behavioral interventions for weight management, dietary change, and physical activity.

Registration is open to Instructors, Assistant and Associate Professors. Please visit the ODL website at http://med.stanford.edu/diversity/ for details on registration and location as well as other events offered by the Office of Diversity and Leadership.

Appointments and Promotions

- James W. McCarrick III, has been promoted to Adjunct Clinical Assistant Professor of Obstetrics and Gynecology effective 6/01/08.