

Dean's Newsletter

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The Economy, the University and the School of Medicine: Planning for the Future

In the October 6th issue of the *Dean's Newsletter* I wrote a piece entitled "Preparing for the Future" and offered a perspective on how the rapidly changing economic climate might impact the financial underpinnings of academic medicine generally and Stanford Medicine in particular. I commented on the major sources of support for our key missions in education, research and patient care and reminded you that even in times of plenty, education and research are "cost centers" (i.e., tuition and grants do not fully cover their costs) and that they require institutional support to fully fund them. At Stanford School of Medicine we currently do this with our unrestricted reserves, income from endowment or patent royalties, gifts, and surplus from patient care income. However, these funds are limited and are also affected by changes in the national or local economy.

While we share some common features with the economic profile of the University, the School of Medicine has some distinct differences. In local parlance, we are a "formula school" (as is the Graduate School of Business), which means that we construct and execute a separate budget process and are responsible for funding all of our programmatic and capital projects. The School of Medicine is different from the "non-formula schools" of Engineering, Humanities & Sciences, Earth Science, Law and Education, which receive "operating budget support" from the Provost to support their programs. As I described in the October 6th Newsletter, support for our faculty, students, staff, programs and capital projects comes from tuition, sponsored grants from the federal government (largely NIH), the state (largely CIRM), foundations (perhaps most notably HHMI), income from endowment, accrued reserves, gifts, patent royalties and payments for patient care delivered by our faculty through "funds flow" agreements with Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH).

As I forecast in my October 6th Newsletter, significant changes in each of these funding sources seem inevitable; taken together, they could have a major impact on our programs. The magnitude of the changes in the global economy, as each of you knows all too well, has been startling, and these dramatic changes, as well as the likely onset of a recession, have serious implications on the forecasts we made in constructing our FY09 budget just months ago. Fortunately, we were prudent and fiscally conservative in many of the assumptions that went into our budget plan and financial planning. But even our conservative fiscal forecast is challenged by the economic changes rocking our national and global community.

Regardless of who wins the White House on November 4th, the enormous deficits coupled with the incredible investments being made to bale out Wall Street and relieve the frozen credit market have huge implications for future discretionary federal spending. Almost certainly this will impact the budget for NIH, NSF and other federal research programs, as well as the entitlement programs like Medicare and Medicaid, which play important roles in patient care and graduate medical education payments to teaching hospitals and academic medical centers. And just as you have noted significant losses in your personal investments and 401ks over the past weeks, our University (and related School of Medicine) endowment income has also suffered significant losses that will impact those sources of funding for years to come (and we recognize that we don't even know what further deterioration might occur in the days and months ahead). Since payouts of the income from endowment are subject to a "smoothing formula," we must anticipate these changes (which will be worse than the forecasts made this summer) as part of a multi-year process.

Just as the University endowment investments have lost considerable value, so have those of all private and family foundations – whose losses are proportional to the types and risks of their individual investment portfolios. That means that many of the non-profit foundations that have funded research projects, investigators or even capital projects in the past will also be reassessing what they can afford to do in the year(s) ahead. And as individuals and industries have suffered mounting financial losses we can expect that the size and frequency of gifts will also be delayed and negatively impacted.

At the same time, we still project increased income from our patient care activities based on volume projects, hospital contracts, funds flow and clinical performance. But it should be anticipated that these projections are also subject to change as individuals reduce their personal health care expenditures, especially for discretionary care. As noted, there may well be changes in federal funding through Medicare (especially for GME) and state entitlement programs like MediCal. These changes will almost surely have important implications for SHC and LPCH – and, thus for the School of Medicine as well. Of course, it must also be expected that the economic meltdown will further collide with rising health care costs in what will almost certainly prove to be an unsustainable formula. Perhaps a silver lining of these convergences will be more serious efforts to radically reform health care in the USA – although how this occurs will also have important implications for academic medicine, which, by definition, is more costly than other models of health care delivery.

Clearly there are many uncertainties, and it is likely that these will continue and even escalate over the coming months and year(s). Thus it is important for each of us to be engaged in the reassessment, recalibration and re-prioritization of our individual and programmatic goals so that we can secure and optimize the success of our community and our missions. As I reflected in the October 6th Newsletter, this is a process we have already begun; it will continue to unfold as we better understand the full impact of the economic world in which we will be living in the years ahead.

It is within this context that the President and Provost have shared their views with the University and that the Provost engaged in a Q&A in the October 29th issue of the *Stanford Report* (see <http://news-service.stanford.edu/news/2008/october29/provost-102908.html>). As noted above, because we are a “formula school,” the School of Medicine will adopt different fiscal remedies than those described by President Hennessy and Provost Etchemendy in an email they sent to the Stanford community on October 30th. At the same time, their general advice is extremely important, and I think that portions of their commentary bear repeating:

“We are confident that we can make strategic adjustments, so that we do not harm the momentum we have built up in recent years, especially our investment in the quality of our faculty. The strength of the university is the excellence of its people, and we will strive to protect this excellence. To protect as many jobs as possible, we intend to have a quite modest salary program for the next few years. And we will honor the substantial commitments we made to financial aid for both undergraduate and graduate students, preserving opportunity for the best and brightest to attend Stanford.”

We will act decisively, but not foolishly. We are in the midst of a major capital program that includes some vital construction projects. Halting projects in mid-construction, even temporarily, would cost us more money in the long run. But not all our projects will be built on the schedule we had originally hoped. We will reexamine the need for projects that would require us to incur significant amounts of debt, and likely postpone such projects.

We ask the campus community to apply the same mindset to all of our resources: What is the cost versus benefit? Are there things we can do in a less costly way? Can we be more purposeful? After a period of rapid growth, it can be healthy for an institution to pause and examine its strategic priorities.

Finally, we must stay true to our core values and goals as we make any financial decisions. Excellence is at the heart of Stanford, and undermining quality would be shortsighted. Stanford has achieved leadership positions across the academic spectrum, and through our ongoing campaign is poised to become a leader in important new areas. We remain committed to excellence in research and teaching, and to the search for solutions to the world’s greatest challenges. Our

goals will remain ambitious, and our contributions to society will continue to be substantial.”

From my perspective it is imperative that we continue to think boldly as well as prudently. We have been initiating our Strategic Plan, *Translating Discoveries*, since 2002, and much work remains to fully implement our ideas and our investments in people, programs and facilities. As I have previously commented, times of fiscal constraint require greater vision and leadership – from each of us. They also require improved collaboration, cooperation and communication. Having lived and led through different periods of economic downturn (although none likely as bad as the one we are now facing), I often use the analogy of operating a sailing ship that has entered very stormy (and worsening) waters. Without question we need to pay attention to staying afloat, and that likely means bailing water to stay as light as we can, taking down the sails and altering our speed to avoid fighting winds and gales. And while that might keep our boat afloat it is not sufficient. At the same time we need to use our compass to stay focused on our direction so that when the storm abates we will be going in the right direction and able to pick up speed quickly and successfully to reach our destination. Planning for the moment and anticipating the future are equally critical – and together we can do both successfully. What will this mean on a practical basis?

- **Overall planning:** I think we have a great vision for the future, and we must not lose sight of it despite the challenges we now face. As a “formula” school projected decreases in endowment income may not translate into the types of reductions in the operating formula budgets noted by the President and Provost for the non-formula schools and other areas of the University, since our budgets and resources are constructed differently. Nevertheless, we may need to shift priorities in different areas, delay programs or recruitments, reduce investments and adjust expectations as well as timelines. That said, I continue to believe that the course we have been on during the past nearly seven years is the correct one for Stanford Medicine and that we need to work diligently to keeping moving forward. Although running a marathon uses a different skill set, as an experienced marathoner, I also know that mid-course corrections are frequently necessary depending on the conditions one is facing and that they do not preempt one from getting to the finish line. That analogy holds true for Stanford Medicine – but we will clearly need to sustain and enhance our vigilance, adaptability, flexibility and focus.
- **People:** Without question, what makes Stanford a great institution is the excellence of our faculty, students and staff. One of our highest priorities must be sustaining them and thus doing all we can to retain all who share our commitment to excellence in education, research and patient care. But it is also people who constitute the largest portion of any budget and thus we need to be particularly sensitive to our human resources during this period of restraint. This will require scrutinizing all vacant positions and in some cases delaying, postponing or even canceling new appointments. This will also likely mean slowing down faculty recruitments in selected areas – unless a financial or programmatic need mandates

otherwise. That said, we recognize that recruitment of new faculty is essential to our future vibrancy and success – but that the timelines for some of these recruitments will need to be delayed. I do not envision any impact on medical or graduate student numbers, but we will all need to be more vigilant on postdoctoral fellow appointments – especially if clearly defined funding sources are not already in hand or forthcoming when a postdoc appointment is being made.

As you also know, we operate under a faculty billet cap – which we have been carefully monitoring. We anticipate that fewer faculty and staff will feel financially ready to retire in the foreseeable future. It seems clear that as individual faculty take into account their personal losses in pensions and savings, some who may have planned to retire may modify, adjust or delay their plans. If so, this will have individual as well as institutional implications.

- **Programs:** The Stanford University Medical Center, comprised as it is of the School of Medicine, SHC and LPCH, is a complicated weave of many different and sometimes overlapping programs – supported by various entities including departments, institutes, centers, the dean’s office and the hospitals. The financial sources for program support are also highly diversified and come from public and private dollars as well as a multiplicity of reserve accounts of varying amounts. Because oversight over these resources is decentralized, decisions about spending rates will need to be made by individual faculty as well as various institutional leaders. That said, we will encourage prudence and caution, especially since the major impact of reductions in endowment and reserve balances will not be truly felt for two or more years.

At this point I am not anticipating the discontinuation of any major program or initiative. However, we will need to be increasingly critical of how our investments are being deployed and this may, in time, result in recommendations to cut back or discontinue selected programs. It will also necessitate a high bar for initiating new programs, although I anticipate that some are forthcoming, including an incipient effort in global health that we have been planning for some time.

We also need to reserve some of the funding we have used for new recruits or programs for bridge funds at the department and institutional level. We need to anticipate that federal funding for research will remain challenging and that faculty will periodically face serious funding shortfalls that might benefit from short-term interventions.

Even before the current fiscal crisis we were planning ways to diversify the support for our research programs – an issue I have addressed in prior Newsletters. Progress in gathering ideas and recommendations about how to accomplish this was achieved at a mini-retreat on Saturday, October 25th, led by Marcia Cohen, Senior Associate Dean for Finance and Administration, Harry Greenberg, Senior Associate Dean for Research, and David O’Brien, Director of

the Office of Institutional Planning. Some 24 basic and clinical science faculty reviewed the funding trends of the medical school and made a number of recommendations about how we can become more successful at a time of restraint. Those ideas are being collated and will be shared with our Executive Committee – and then with you. I am also eager to hear thoughts and recommendations from you as well.

A very important programmatic effort that we must enhance is faculty and career development. While we have made some progress it is clear that we have much to do in this important area. This will be the major theme for our 2009 Leadership Retreat. Our efforts in supporting career development will almost certainly impact our success as an institution – especially during the challenging era that we are now entering.

- ***Personal Support:*** We are fortunate in having financial resources to support our medical and graduate students and, while those resources will be more strained, I do not currently envision that we will witness reductions in the support for education – either in tuition aid or in other programs we currently have in place. Nor do we envision imminent changes in support for housing or other benefit programs. We are extremely aware of the toll that the current fiscal crisis is having on each of you as individuals and on your families, and we will do our best to preserve our commitments. We have not made decisions about how faculty and staff salaries will be adjusted in future years, but we do anticipate that there will continue to be merit pay programs as well as adjustments for promotion, etc.
- ***Facilities:*** Obviously we have a number of major facilities projects underway, including the completion of the Connectivity Project (aka the new loading dock and tunnel system), the Li Ka Shing Center for Learning and Knowledge (LKSC) and the Lorry I Lokey Stem Cell Research Building (SIM1). Thankfully, we have the resources for these projects and fully expect them to be completed on time. We are also initiating architectural planning for the Foundations in Medicine-1 building (FIM1) and the Freidenrich Center for Translational Medicine. However, the timeline for construction of these and future facilities that are part of our master plan (as I presented in the October 20th Dean's Newsletter) will be contingent on our revised financial forecasts and on the balance between needs for program support and those for capital requirements. That said, there seems no question that our timelines will require reconsideration and revision. As I also mentioned in the last Newsletter, we also need to give a high priority to the fulfillment of the hospital's renewal plans.
- ***Philanthropy:*** Of course we need to be realistic about our fundraising expectations. We have been extremely successful in recent years, but we all recognize that the current fiscal climate will almost certainly have a negative impact on private and foundation donations. That said, it is important that we continue to share our vision with current or potential donors and that we search for new sources of funding that may be less affected by current events. This will

clearly require effort and time – but it too is a very high priority. On the programmatic side, my highest priorities for the medical school are to achieve greater programmatic support for the Stanford Cancer Center, for our programs in neurosciences, for graduate students and for our research programs. And, as mentioned, we will work diligently to support the efforts of our hospitals. This is not an exhaustive list but I do want to offer some priorities. Naturally we will support other good ideas or opportunities as they arise.

This is a partial assessment that is meant to provide some guidance about how I am thinking about the currently unfolding events and how they will impact our community. I do very much want to continue to offer a message of optimism and excitement about our future – but to do so in a way that is cognizant of realities. We will continue to think and plan boldly and then modify our plans as resources permit. Of course, as much as we can we will endeavor to modify the forces acting on us so that we can be as successful as possible – as an institution, a community and beyond.

East and West Experiments in Medical Education

On Monday, October 20th I had the opportunity to present the keynote address at an international conference on medical education in Beijing, China. In my presentation, I delineated some of the overarching values and goals that I believe should guide the future of medical education. These include a solid grounding in science and the continuing integration of science with clinical medicine throughout undergraduate and graduate medical education continuum. Also needed is a focus on professionalism, compassion and ethics as well as an emphasis on preserving health in addition to diagnosing and treating disease. An emphasis on lifetime learning is also essential given the rate at which current knowledge becomes obsolete. Educating students and all learners with technologies and techniques that engage them and that foster ways of improving outcomes is increasingly important. Also critical is an ever-increasing awareness of cultural diversity and global health and environment issues, which can also affect individual and societal expressions of disease, unfortunately including the forces of economic disruption, war, violence and even torture. Within this general context, I reviewed the evolution of medical education in the USA, highlighting the early impact of the Flexner Report in 1910 and the evolution of programs that have supported research (predominantly the NIH) as well as federal entitlement programs like Medicare and Medicaid. These programs had a major impact on shaping the development of academic medical centers in the USA.

Since a number of countries in Europe and Asia are seeking to develop academic medical centers similar to those in the USA, I reviewed the organization and governance of these centers, how they are impacted by being publicly or privately funded, and how the sources of support and funding they achieve affects their missions in education, research and education. I pointed out that there is a large array of academic medical centers and underscored the fact that there is no model that is easily generalized – and that nearly all are influenced by their history, community, university affiliations, location, culture and related factors. These influence the goals and objectives of medical schools

and medical centers in their specific focus in the education and training of doctors. For example, medical schools and medical centers may vary in their emphasis on primary vs specialized care, or on the degree of their focus on those who aim for careers as physician-scientists or other pathways related to medicine, healthcare, science and policy. I underscored that medical schools should not aim to be similar one to another, but should individualize to develop unique programs and areas of emphasis and expertise. To foster this variance, nations should support schools that develop different missions and that ideally complement each other in their expertise and excellence.

Because the course of medical education varies widely around the world, I reviewed the scope and spectrum of training in the USA, beginning with college and then extending through undergraduate and graduate medical education to the various career pathways in clinical medicine, academics, business and beyond. I discussed the impact of the duration of training and its costs on career choice as well as the ways that the current generation of students is selecting their personal career pathways. In doing so, I pointed out how the lack of an organized healthcare system in the USA is impacting education, training and career choice. For example, the comparative lack of primary care physicians compared to other nations is one manifestation of this deficiency, as is the relative maldistribution of doctors. Currently there are approximately 800,000 physicians in the USA for a population just over 300 million – but a number of the population remains underserved because of economic factors and the imbalance of generalists versus specialists, among many other factors. I also pointed out that the current directive from the AAMC (Association of American Medical Colleges) to increase medical school classes by 30% appears misguided (at least to me), since it fails to present ways to correct the present imbalances of specialties and their distribution and also fails to incorporate other health care providers (especially nurses) into the health work force. It was interesting to learn that similar patterns also exist in other nations and that efforts to balance the workforce are being more rationally designed and developed by some countries than by the USA.

I was specifically asked to discuss the model of medical education at Stanford; I did so within the broad context of our programs but with the caveats about what is unique to our environment. I underscored that it would be difficult to easily replicate our model in other settings. I also discussed how the current economic forces could impact on the missions of a research-intensive medical school like Stanford, referencing some of the challenges I discussed above. I was impressed by the differences as well as the similarities in medical education taking place in Europe and Asia. While each of the programs faced different challenges, it is clear that we have much that we can learn from each other.

Launching Connections: A Program for Junior Faculty Career Development

I am pleased to announce that as part of building increased support, networking and mentoring for new junior faculty the Office of Academic Affairs is launching a pilot program called *Connections: Fostering Junior Faculty Careers and Community at*

Stanford School of Medicine. This program, developed in partnership with the Office of Diversity and Leadership, builds on the successful experiences we have witnessed with the Faculty Fellows Program initiated by Dr. Hannah Valentine and her colleagues. In announcing the pilot *Connections* program I want to thank Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, along with Dr. Lucy Tompkins, Associate Dean, and Rebecca Robinson, Academic Affairs Manager, for putting this new program together.

As currently envisioned, all Assistant Professors and Clinical Assistant Professors hired in 2008 will be invited to participate in the 2009 *Connections* program. The goal of the program will be to permit junior faculty members to meet and network with colleagues across departments and disciplines to:

- Learn more concretely how the School of Medicine functions
- Obtain useful career development information
- Learn about resources available to them at the School and the University
- Have a helpful forum for raising questions and topics and receiving information and guidance

In a manner analogous to the Faculty Fellows Program, the *Connections* program will consist of small cross-departmental group meetings to share and discuss experiences related to career development. Likely discussion topics include expectations for establishing successful mentor/mentee relationships; balancing clinical and scholarship activities; integrating into professional and personal communities; hiring postdoctoral fellows when you have not attracted your ideal applicant pool; grant writing and review; and how others address family/work life challenges so that individual and group learning experiences can be exchanged.

Each of the groups will be led by more senior faculty leaders who will share their expertise, experience, and perspective with their junior faculty colleagues. Importantly, these experiences will be enriched by the shared experiences of the participating faculty. To help guide junior faculty about “who’s who” and “how things are done” at Stanford, presentations on the criteria for academic promotion, compensation, networking and related issues will be presented for information and discussion.

It is hoped that the new *Connections* program will enable junior faculty to better navigate their career development at Stanford and will allow them to feel more a part of this vibrant and exciting community. For questions please contact Associate Dean Lucy Tompkins (lucytomp@stanford.edu), or Rebecca Robinson, Academic Affairs Manager, at robinso@stanford.edu.

Implementing Transitions: Dr. Gary Schoolnik

In the August 25th issue of the Dean’s Newsletter I gave an update on the work of the Transitions Task Force for senior faculty. A number of important recommendations were put forth but their implementation will require focused leadership. I am very pleased

to announce that Dr. Gary Schoolnik, Professor of Medicine and of Microbiology and Immunology, has agreed to take on the role of Associate Dean for Senior Faculty Transitions on a part-time basis starting January 1, 2009.

As highlighted above, Dr. Schoolnik has served as chair of the Task Force on Senior Faculty Transitions. Under his leadership, the Task Force identified, considered and made recommendations to address issues associated with various types of transitions experienced by our senior faculty. These included faculty who transition from active to emeritus status, those who step down from a period of administrative service to a more focused faculty role, faculty who move from a phase of intense research activity to one of lesser intensity, or faculty who transition from more full-time clinical work to either reduced clinical loads or other activities. Dr. Schoolnik will be responsible for translating the recommendations of the Task Force into actions that will help transitions occur smoothly, ideally with anticipatory planning and with dignity.

Dr. Schoolnik is an incredible faculty member and I am truly pleased that he will commit some of his time to this important role.

What CIRM Has Meant for California

On Monday, October 27th we had the wonderful opportunity to celebrate the official groundbreaking of the Lorry I Lokey Stem Cell Research Building. This is the first of our Stanford Institutes of Medicine buildings and represents a special public-private partnership. Thanks to Lorry Lokey's naming gift of \$75 million, along with wonderful gifts from other exceptionally committed members of our community, the funding for the \$200 million project cost for SIM1 has been achieved. An important component of this support comes from the California Institute for Regenerative Medicine (CIRM), which, based on a highly competitive process, awarded Stanford a construction grant of \$43.6 million. In fact, the impact of CIRM on the research and construction economy of California has been notable.

A recent, and still quite preliminary, analysis of the impact of CIRM funding state-wide reveals that, to date, 229 grants have been committed to 27 institutions, with a total amount of funding of over \$614 million. To date, \$285.1 million of these expenditures have been committed to facilities and equipment and \$329 million to research and training grants. Of these, Stanford has received 32 grants (13.9% of the total awarded) and \$93.8 million (15.2% of the total funding). The impact of CIRM across California is significant. At least 45 senior researchers, along with numerous young investigators and scholars, have been recruited to California since Proposition 71 was passed in November 2004. It is estimated that matching funds average over 226% of those provided by CIRM for major facilities, shared laboratories and core. This has been facilitated by significant philanthropic contributions totaling over \$900 million to various organizations and institutions in California that have received CIRM funding – a testament to a significant and important leveraging effect. Equally important is a burgeoning of biotechnology companies in stem cell biology in California as well as a number of international collaborations. At a time when stem cell research supported by

the federal government has been stifled by political agendas, California has assumed an important leadership role – which is important for the state, the nation and the world.

We are clearly in the early days of stem cell research, but we are also witnessing important progress. While it is likely that a change in the Administration in the White House will signal a change in regulations regarding stem cell research, the deficits in the federal budget make it unlikely that a significant national stem cell research agenda will be launched. This makes the work going on in California all the more important. It also means that the Lorry I Lokey Stem Cell Research Building at Stanford will be one of the epicenters for stem cell research for many years to come. While this is gratifying it also underscores the importance of using our resources well and wisely so that the maximum impact on advancing knowledge and translating findings into human clinical trials is achieved as quickly and as well as is possible.

Stanford Health Policy Begins with a Discussion of War and Medicine

On Wednesday, October 29th, the first Stanford Policy Forum was held, thanks to the leadership of Dr. Keith Humphrey, Professor of Psychiatry and Behavioral Sciences, and Ryan Adesnik, Director of Federal Relations. The topic was “*How War is Changing Medicine,*” and it featured presentations by Drs. Ken Kizer, former Under Secretary for Health in the US Department of Veteran’s Affairs; Dr. Craig Rosen, Assistant Professor of Psychiatry and Behavioral Sciences and Acting Deputy Director, Dissemination and Training Division of the National Center for PTSD; and Dr. Eugene Carragee, Professor and Vice Chair of the Department of Orthopaedic Surgery.

The Policy Forum was noteworthy for reviewing the various facts about war and medicine and their intersection over time. But it was particularly meaningful for the human portrait offered by Gene Carragee, who based his presentation on his personal experiences as Commander of US Army Surgical Teams in Iraq, Afghanistan and numerous other war zones. He pointed out that the nature of war injuries has changed dramatically in the recent conflicts in Iraq and Afghanistan, in part because of the nature of the inflicted injuries (more explosive devices than bullets), the availability of body armor that leaves some parts of the body protected and others not, and the profound psychological impact facing soldiers and citizens. Accordingly, the major injuries are now disabling back pain, musculoskeletal disorders and psychological trauma. While not traditional combat injuries *per se*, these traumas take a true human toll, with acute and chronic challenges to individuals, families and societies. Something more to consider on Election Day tomorrow.

COI Features Prominently at the Annual Meeting of the AAMC

Issues and concerns regarding conflict of interest loomed high at the October 31-November 4th national meeting of the AAMC (Association for American Medical Colleges). The major focus was on academic-industry relations – a topic that was explored in numerous sessions. In fact, I participated in two panels on this topic – one for students and a second one that was a major focus session. In addition, Dr. Harry

Greenberg, Senior Associate Dean for Research, also participated in a panel on COI for chief medical officers. It was clear from the presentations and discussions that the landscape regarding institutional policies and restrictions on industry funding in association with education, patient care activities and research (especially those involving human subjects) is changing rapidly. Earlier this year the AAMC announced recommendations regarding industry relations which it hopes all medical schools will be compliant within the next year. Thankfully, Stanford is widely regarded as a leader in this area and our policies are viewed as among the most informed and important. This is a dynamically changing area and it is important that policies be applied prospectively and not retrospectively. Having discussed this topic with you on a number of occasions, I hope you are familiar with the Stanford Policies and Guidelines. If you need a refresher, please consult (<http://med.stanford.edu/coi/>).

University and Biodesign Collaborate on Bike Safety

In the October 20th issue of the Dean's Newsletter I commented on my continuing concerns over bike safety on campus. While this remains a concern I am pleased to note how seriously members of our community are taking it. Most notably, the Biodesign Program and the Parking & Transportation group have joined forces with the Stanford Entrepreneurship Network for the 2008 Invention Challenge – which will be focused on bike safety (see <http://bikechallenge.stanford.edu/>). In this challenge students will be asked to “invent a device, method, process or technique that will have a positive effect on the prevention or mitigation of bicycle injury. This is great news.

In addition, I am informed by Ariadne Delon Scott, the Bicycle Program Coordinator at Stanford, that another education safety program was held this past week – this one at the Clark Center. Over 200 individuals visited the event, 82% of whom took – and passed – the bike safety quiz, for which they received a free bike bell. Bike helmets were sold at the event and bikes were registered and riders informed about basic principles of safety. I am extremely appreciative to all who participate in these programs and to those who are working diligently to foster a greater sense of safety for bikers and for the Stanford community.

Nominations Sought for 2009 Dean's Medal

You may recall that last spring, as part of the School's Centennial Celebration, we initiated a new School of Medicine tradition by making an annual award of the Dean's Medal one of the highest honors bestowed by the School. The Medal is an expression of recognition and appreciation by the School of Medicine community for individuals whose life work has resulted in outstanding contributions to one or more of our missions in education, research and patient care. The 2008 recipients of Dean's Medal were John and Jill Freidenrich, Stanford alumni and longtime supporters of the medical school, and Paul Berg, PhD, the Vivian K. Cahill Professor of Cancer Research, emeritus (see <http://med.stanford.edu/mcr/2008/dean-medal-0402.html> for the full story).

I now invite you to submit nominations for the 2009 Dean's Medals. Recipients may be educators, research scientists or scholars, healthcare practitioners, humanitarians, philanthropists or civic leaders. Among the qualifications we will be seeking are:

- Stanford alumni whose achievements and service have brought honor and distinction to their alma mater;
- Senior or emeritus faculty members whose work has greatly contributed to the advancement of their field and/or the School of Medicine;
- Educators, scientific or healthcare leaders, or advocates whose record of leadership has substantively advanced the causes of health, medicine, and knowledge;
- Volunteers and/or philanthropists whose sustained support and leadership has substantively advanced the School of Medicine and/or other community or global causes related to health, medicine and science.

Each year we will honor up to three Dean's Medal recipients. Please submit your nomination and a brief explanation of why you believe your nominee merits a Dean's Medal to Mira Engel, Executive Assistant to the Dean, at mengel@stanford.edu by December 1. Please note that elected officials are not eligible for the Dean's Medal while in office.

Awards and Honors

- **Dr. Tom Krummel**, Emile Holman Professor and Chair of the Department of Surgery and Susan B. Ford Surgeon-in-Chief at LPCH, has been elected Vice President and President Elect of the Halsted Society. Congratulations to Dr. Krummel
- The School of Medicine and the Office of Diversity and Leadership are pleased to announce the recipients of the 2008 McCormick Faculty Awards. The McCormick Funds were established to 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. This year 32 applications were submitted and the three award winners are:
 - **Dr. Kari Christine Nadeau, Assistant Professor of Pediatrics (Allergy & Clinical Immunology)**. Her project is entitled "*The Role of Diesel Exhaust Particles in the Modulation of the Immune System in the Development of Atopy*"
 - **Dr. Iris Schrijver, Assistant Professor of Pathology (Pediatrics)**. Her project is: "*Identification and characterization of CFTR mutations among African Americans with cystic fibrosis to improve the clinical sensitivity of neonatal screening and diagnostic testing*".
 - **Dr. Jane Tan, Assistant Professor of Medicine (Nephrology)** for her project entitled "*Sensitization to Y chromosome encoded minor histocompatibility antigens H-Y affects clinical outcomes in kidney transplantation and is manifested by newly detectable antibodies*".

- The Gates Foundation announced 104 winners of its most recent Grand Challenges Awards in Global Health (see: <http://www.gcgh.org/explorations/Pages/GrantsAwarded.aspx>) which included three Stanford proposals:
 - **Christina Smolke**, Assistant Professor of Bioengineering: *Genetically-Encoded Technologies that Support the Design of Molecular Sensing-Regulatory Systems for Targeted Disease Treatment Strategies*
 - **Andy Fire**, Professor of Pathology and of Genetics: *Identification of Small RNA Molecules Capable of Eliciting Cellular Immunity During RNA Virus Infection*
 - **Mark Davis**, Burt and Marion Avery Family Professor: *Multiplex Tetramer Analysis of Vaccine Responses*
- **Dr. Lisa Chamberlain**, Assistant Professor of Pediatrics at LPCH, has been selected to receive the Physician Advocacy Merit Award from the Institute on Medicine as a Profession (IMAP). She will attend the IMAP Award Ceremony at their annual meeting in New York and present the specifics of her work.
- **Dr. David Stevenson**, Vice Dean and Senior Assoc Dean for Academic Affairs, the Harold K. Faber Professor of Pediatrics and Professor, by courtesy, of Obstetrics and Gynecology, will be the recipient of the Joseph W. St. Geme, Jr. Education Award for 2009. The award is conferred biannually by the Western Society for Pediatric Research in recognition of outstanding achievement in pediatric education.
- **Dr. Geoffrey D. Rubin**, Professor of Radiology, has been selected to present the annual Charles T. Dotter Memorial Lecture at the 2008 Scientific Sessions of the American Heart Association on Nov 11 in New Orleans. His presentation, "More Surprises from the Healthy Donut," explores the evolving role of computed tomography in the diagnosis and management of cardiovascular diseases.
- **Dr. Keith Humphreys**, Professor of Psychiatry and Behavioral Sciences, has won the American Psychological Association award for Distinguished Contributions to Psychology in the Public Interest. Dr. Humphreys was honored for his work on expanding mental health services for U.S. veterans as well as for his work in Iraq on restoring that nation's health care system.

Congratulations to all who have been honored and have received awards.

Appointments and Promotions

Christina Anderson has been reappointed to Clinical Assistant Professor (Affiliated) of Pediatrics (Neonatology), effective 09/01/2008.

Katherine A. Blenko has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 09/01/2008.

Sarah Eitzman has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 09/01/2008.

Julieta Gabiola has been reappointed to Clinical Assistant Professor of Medicine (General Internal Medicine), effective 09/01/2008.

Norman Gross has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine (Hematology), effective 09/01/2008.

Kimberly S. Harney has been reappointed to Clinical Assistant Professor of Obstetrics and Gynecology, effective 11/01/2008.

Rona Hu has been appointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 11/01/2008.

John Jernick has been reappointed to Clinical Associate Professor of Medicine (Family and Community Medicine), effective 11/01/2008.

Ronald Jimenez has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics (Ambulatory Pediatrics), effective 09/01/2008.

Carolyn Cruz Kerr has been reappointed to Clinical Instructor (Affiliated) of Obstetrics and Gynecology, effective 10/10/2008.

Joseph Kim has been promoted to Clinical Assistant Professor of Pediatrics (General Pediatrics), effective 11/01/2008.

Robert Lieberston has been appointed to Clinical Assistant Professor of Neurosurgery, effective 11/01/2008.

Michael G. Lyon has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 09/01/2008.

Daryl A. Oaks has been promoted to Clinical Assistant Professor of Anesthesia (Cardiac Anesthesia), effective 11/01/2008.

John McKeller has been reappointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 11/01/2008.

Phuong Nguyen has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 09/01/2008.

Lynn Peng has been appointed to Clinical Assistant Professor of Pediatrics (Cardiology), effective 12/15/2008.

Roger Spencer has been reappointed to Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 09/01/2008.

Jennifer Tong has been promoted to Clinical Assistant Professor (Affiliated) of Medicine (General Internal Medicine), effective 10/01/2008.

Roland Torres has been promoted to Clinical Associate Professor of Neurosurgery, effective 12/01/2008.

Edward S. Yee has been appointed to Clinical Assistant Professor of Cardiothoracic Surgery, effective 06/01/2008.