

Dean's Newsletter

January 19, 2009

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Thinking About the Year(s) Ahead

Although the publication date for this first Newsletter of 2009 is January 19th, it is being posted and distributed on January 20th since the 19th was the national holiday in honor of Dr. Martin Luther King, Jr. As you well know, this year there is a historic connection and alignment of the 19th and 20th of January - the inauguration of Barack Obama will have taken place today by the time you receive this, almost 41 years after the assassination of Dr. King. While we have all been reeling in response to the dramatic economic changes that have transfigured our nation and much of the world, today we celebrate not only a realization of the "American dream" but also an extraordinary time of hope and promise with the election of Barack Obama as our 44th President.

It is of course enormously important to be optimistic about our individual and collective futures – as a community and as a nation. But it is equally important to be realistic about the current world order and to anticipate and plan for future challenges that can transform our institution in ways we can control – or not control. Thankfully, we began our institutional planning nearly eight years ago, when we developed our strategic plan, *Translating Discoveries*. Indeed, during this time, due to the important contributions from many of you, we have been transforming Stanford Medicine across its missions and landscape. Because we are bombarded by so much bad news, it may be helpful to remind you of some of the things we have accomplished together in the past several years:

1. In Education

- a. The New Stanford Medical Education Curriculum
- b. Improved support for graduate student tuition and education
- c. The Masters in Medicine Program for PhD students
- d. The Advanced Residency at Stanford Program for clinical fellows

2. In Research

- a. Supporting faculty and opportunities for basic science research – including support for recruitment and related resources
- b. Success in achieving an NIH Clinical and Translational Science Award
- c. Success in becoming an NCI-Designated Center

- d. Provision of seed grants through the Institutes and other institutional programs that foster innovative and collaborative research

3. *In Patient Care*

- a. Coordinated strategic and programmatic planning with both Stanford Hospital & Clinics (SHC) and Lucile Packard Children's Hospital (LPCH)
- b. In collaboration with SHC and LPCH, dramatic improvements in the financial performance of both institutions
- c. Improvement in the financial support for clinical faculty through the "Funds Flow" methodology (now in its third year SHC and pending with LPCH)
- d. In collaboration with LPCH and SHC, significant improvements in quality performance
- e. Recruitment of clinical faculty and program leaders (including division directors and chairs)

4. *Interdisciplinary and Programmatic Initiatives*

- a. Formation of the Stanford Institutes of Medicine and Strategic Centers
- b. Founding and development of the Joint School of Medicine- School of Engineering Department of Bioengineering – a first at Stanford.

5. *Academic Development and the Workplace*

- a. Significant improvements in promoting a respectful workplace
- b. Creation of the Office of Diversity and Leadership
 - i. The Faculty Fellows Program
 - ii. Coordination with SHC and LPCH in their Leadership/Mentoring Programs
- c. Development of an electronic system for managing the faculty appointments and promotions processes
- d. Reclassification of academic appointments and tracks and progress in delineating the role and expectations for faculty engaged in our missions of research, education, patient care as well as institutional and community service

6. *Integrated Institutional and Facilities Planning*

- a. Delineation of the School of Medicine Master Facilities Plan – which extends over the next 10-15 years – and which will bring physical harmony and organization to the School and Medical Center
 - i. Phase I for the School of Medicine consists of the construction projects now underway, which represent a \$350 million investment. They include the connectivity projects (loading dock and tunnels that will provide underground infrastructure and delivery to the medical school campus), the Li Ka Shing Learning and Knowledge Center, which will be completed in the Spring of 2010, and the Lorry Lokey Stem Cell Research Building/Stanford Institutes of Medicine I – to be completed in the summer of 2010.
- b. Coordination of programmatic and capital planning throughout the Medical Center
- c. Coordination with SHC on the move to the Stanford Medicine Outpatient Center that opens in Redwood City this February.

- d. Major planning for off-site facilities for administrative staff in Menlo Park (and in the future the North Campus) as well as new leased facilities for research in Palo Alto (California Avenue and an expansion at Arastradero Avenue) – that have become available in 2008 and will continue to open over the next year.

7. *Improved Interactions Among Faculty Within the Medical School and With the University – the Basis for Cultural Transformation*

- a. The divide between basic and clinical science leaders that was so dominant when I first arrived has been bridged – although there is always going to be work to do in bringing our diverse community into alignment.
- b. The negative relations with the greater university that existed during and following the merger and de-merger (and almost certainly prior to that) have been very significantly reversed and improved.

8. *Improvements in Communications Within and Outside of Stanford*

- a. A decade ago Stanford Medicine was portrayed quite negatively in the press, which tended to focus on its negative and hostile workplace and only in a limited way on the role that Stanford Medicine played in transforming health and science. That pattern of communication has been reversed – both because of the improvements in our work place and the contributions of our faculty and through the efforts of our Office of Communication and Public Affairs.

9. *Leadership in Public Policy and Related Initiatives*

- a. Stanford has played a leadership role in advocacy and support for research – including funding at both the State and National levels – and in efforts to reverse the anti-science views that have been so dominant during the past eight years.
- b. Stanford has played a leadership role in addressing issues of conflict of interest in education, research and patient care.

10. *Success in Fundraising*

- a. During the last several years Stanford Medicine’s success in fundraising has been among the best compared with medical schools in the nation. Even though the years ahead will be challenging, we have made major progress in this area (although, as noted below, we will need to search for a new Director of the Office of Medical Development)

While it is helpful to look backward – at least to reflect briefly on where we have been – it is more important to be looking forward. Needless to say, the current economic landscape makes progress more challenging. Our task now is to re-calibrate our priorities, anchor them against our bigger dreams and aspirations, and continue moving forward.

Interestingly, I spent this past weekend at the annual Retreat for the Board of the Association of Academic Health Centers, where I serve as a Board Member and Chair-Elect. Not surprisingly, an important focus of discussion was the rapidly changing landscape we have been discussing – but framed at a national level. Each of the eleven board members represent different facets of American academic health centers, which include public and private institutions, those with a single professional school and those

with multiple schools , those with large regional systems and those that are more narrowly defined, and those that are more research intensive than others, as well as institutions located in the Northeast, South, Central and South Central as well as the West. The issues and concerns among different institutional leaders varied, but there were a number of common themes.

First, each center has been impacted significantly economically– by loss of state support (or its pending loss), loss of endowment income, concerns about cash flow and the influence of further job loss as well as increases or decreases in state and federal entitlement programs. We shared in common our concerns about support for education and research – although the focus and areas of concentration varied considerably among the institutions and leaders. But all shared the perspective that business as usual was certainly changing and that the solutions of the past years and decades will have less, or even little, relevance going forward. Notable were concerns about growth and especially debt – which was more commonly attributed to the clinical than the basic science arms of the programs. We all expressed concerns about how health care reform will both benefit and potentially challenge academic medical centers. We noted in particular that the health care plans recently outlined by Secretary of HHS Tom Daschle (*Critical: What We Can Do About the Health Care Crisis*) and by Zeke Emmanuel (*Healthcare Guaranteed: A Simple, Secure Solution for America*), recently named as Senior Advisor to the White House Office of Management and Budget for Health Policy, are silent in reference to academic centers, education and research.

We are all anticipating the proposals the Obama Administration and the leaders in the Congress will put forward to address the multifaceted and inter-digitating issues that impact a wide array of domestic and international issues. Some glimpses are becoming available with the release of the “American Recovery and Reinvestment” proposal by the House, which proposes major investments, as follows: 1) Create Jobs with Clean, Efficient, American Energy; 2) Transforming Our Economy with Science and Technology; 3) Modernize Roads, Bridges, Transit and Waterways; 4) Education for the 21st Century; 5) Lower Healthcare Costs; 6) Help Workers Hurt by the Economy; 7) Save Public Sector and Protect Vital Services; 8) Other Important Policy Provision – focusing on Medicare and Medicaid. Each section has considerable detail, and major expenditures are proposed to “stimulate” the economy. There will surely be debate and compromise about these and related proposals, but there seems little doubt that something significant will come forth, likely by mid-February. What is – and is not – included in the stimulus package will certainly affect our academic medical centers as well as science and medicine more broadly.

There are additional details in the American Recovery and Reinvestment proposal that are more closely connected to our specific concerns in science and medicine. I detail a few of them here, while recognizing that they are all subject to debate and change. But this is the starting point. For instance in the section on Transforming our Economy with Science and Technology, some specific details are given that are of interest:

- National Science Foundation (NSF): \$3 billion, including \$2 billion for expanding employment opportunities in fundamental science and engineering to meet environmental challenges and to improve global economic competitiveness, \$400 million to build major research facilities that perform cutting edge science, \$300 million for major research equipment shared by institutions of higher education and other scientists, \$200 million to repair and modernize science and engineering research facilities at the nation's institutions of higher education and other science labs; \$100 million is also included to improve instruction in science, math and engineering.
- NIH: \$2 billion, including \$1.5 billion for expanding good jobs in biomedical research to study diseases such as Alzheimer's, Parkinson's, cancer and heart disease, and \$500 million to implement the repair and improvement strategic plan developed by the NIH for its campuses.
- University Research Facilities: \$1.5 billion for NIH to renovate university research facilities and help them compete for biomedical research grants.
- Center for Disease Control (CDC): \$462 million to enable CDC to complete its Building and Facilities Master Plan as well as renovations and construction needs of the National Institute for Occupational Safety and Health
- Biomedical Advanced Research and Development, Pandemic Flu and Cyber Security: \$900 million to prepare for a pandemic influenza, support advanced development countermeasures for chemical, biological, radiological and nuclear threats and for cyber security protections at HHS
- In addition, significant support is proposed for the Department of Energy, NASA, National Oceanic and Atmospheric Administration, National Institutes of Standards and Technology, Agricultural Research Service and the US Geological Survey.

The section entitled "Lower Healthcare Costs" contains a number of relevant provisions, including:

- Health Information Technology: \$20 billion to jumpstart efforts to computerize health records to cut costs and reduce medical errors
- Prevention and Wellness Fund: \$3 billion to fight preventable chronic diseases.
- Healthcare Effectiveness Research: \$1.1 billion for Healthcare Research and Quality programs to compare effectiveness of different medical treatments funded by Medicare, Medicaid, and SCHIP.
- Community Health Centers: \$1.5 billion, including \$500 million to increase the number of Americans who receive quality health care and \$1 billion to renovate clinics and make health care technology improvements.
- Training Primary Care Providers: \$600 million to address shortages and prepare for universal healthcare by training primary healthcare providers including doctors, dentists, nurses as well as helping pay medical expenses for students who agree to practice in underserved communities through the National Health Service Corps.

- **Indian Health Service Facilities:** \$550 million to modernize aging hospitals and health clinics and make healthcare technology upgrades to improve health care for underserved rural populations.

The specifics of these proposals will surely undergo further debate, but I share them with you to offer some notion of where the Administration and the Congress will be focusing their efforts in the next weeks. Of course, these proposals are only partially related to the larger effort of major healthcare reform, which is still said to be very high on the agenda of the White House and Congress. You might wish to look at two articles in the January 15th issue of the New England Journal of Medicine that offer some additional perspective on this topic: JK Inglehart “*Visions for Change in US Health Care – The Players and the Possibilities*” (see: <http://content.nejm.org/cgi/content/full/360/3/205>) and VR Fuchs “*Health Care Reform – Why So Much Talk and So Little Action*” (see: <http://content.nejm.org/cgi/content/full/360/3/208>).

Within this context – and keeping in mind the path we have been traveling with our Strategic Plan, “*Translating Discoveries*” – we have much to think about and consider for the years ahead. Clearly one important factor is to have a plan and, while ours is hardly perfect in all regards, it has helped us to sustain some focus on our key missions and to benchmark our progress. But we also need to be flexible and prepared for major shifts that will require re-calibration while staying true to our mission and avoiding formulaic or generic change that would result in a loss of our uniqueness and identity. Achieving this balance is predicated on assuring that we have the resources we need to move forward, including financial, capital and, most importantly, the human capital – our faculty, students and staff – that truly differentiates Stanford from other medical schools.

In addition to continuing our focus on the ten mission and support areas noted above, I would like to highlight several related goals and objectives that will require increased attention over this and future years. They include:

- ***Fostering Career Development and Satisfaction.*** As noted above, our most important asset is the quality of each of you - our faculty, students and staff. Far more than our facilities and other resources, it is your intelligence, creativity, vision and hard work that make Stanford the unique institution it is today. That said, we are comprised of groups who have very different roles – in research, patient care and education, including those who are teachers and learners and those who help make our missions successful. Whether one’s primary focus is research or patient care, each member of our community faces significant pressures – many of which have been exacerbated in recent years. I am also well aware of how easy it is for one group within a complex environment to feel more or less valued than others, due to longstanding cultural issues, perceived and real priorities and a series of internal and external forces. With that in mind, one of my major themes this year will be to seek ways of fostering faculty career development and satisfaction across our missions. Indeed, this will be the major topic of our Strategic Leadership Retreat on February 6-7th, and I anticipate

having a number of concrete recommendations to share with you in the months ahead.

- ***Stewarding Our Resources and Investing in the Future.*** I won't review all of these issues again, having covered many in recent Newsletters. But clearly, given the dramatic economic changes that have occurred – and continue to occur, we must be realistic about what we can afford to do and what needs to be deferred. Here our Strategic Plan helps provide a compass, but we must also be mindful of new opportunities based on what unfolds from the federal stimulus package, the negative impact of the State economy or the forces that may guide healthcare reform. Of particular note is that we want to continue to invest in outstanding people who propose exciting programs. And we want to do all we can to provide bridge support for faculty who may experience transient downturns in funding.

Of course this means that we need to be sure that we have secure reserves and that we do not become over leveraged on debt or expectations. Thankfully, the debt burden for the School of Medicine is relatively low, and it is important that we keep it low given the uncertainties of cash sources and flows in the immediate future. Also, while we have had to put a hold on basic science recruitments this year, we surely want to find ways to selectively invest in key recruitments in the not too distant future, since that is the best way of assuring our future success in research excellence. In addition, we also need to recruit outstanding clinicians-educators and clinician-scholars to key areas of need and opportunity. This includes primary care as well as our cancer programs along with other important clinical programs.

Making Our Systems Work Better: We are all aware that the increased emphasis on compliance and regulatory issues has stifled some of our efforts – or at least it is being felt that way. It is important that we continuously examine our systems and do all we can to reduce unnecessary or unneeded bureaucracy – and do all we can to make things work better and more effectively. This is a very high priority for our Finance and Administration leaders.

- ***Make Our Healthcare Programs at SHC and LPCH More Patient Centric and Better Address the Sustainability and Enhancement of Excellence of Stanford Medicine.*** In recent years we have focused considerable effort on improving the quality of patient care programs for the hospital and the physicians. We have made progress, although much work remains. But we have not focused enough on the value of professionalism and patient centric care – a topic I addressed in my December 1st Dean's Newsletter. This must be a high priority for all of us – which if we do not address, will surely undermine and erode our value to patients and providers. In tandem with this, we must also recognize that the healthcare market in northern California is consolidating with two major systems, Kaiser and Sutter, dominating the Bay Area. Accordingly we need to develop new programs and systems that permit us to relate to our community physician colleagues and to train and develop physicians (both in primary care and specialty areas) who will join regional communities in continued partnership with Stanford.

- ***Be Leaders in Communication, Policy and Advocacy***: Clearly as the world rapidly changes, we need to do all we can to have a seat at the table in the policy debates and discussions that will impact science funding and support as well as the future of healthcare reform. We can do this both through Stanford and in partnership with regional and national professional groups and societies. I am currently doing what I can in my Board and leadership roles at the Institute of Medicine, the AAMC, the Association of Academic Health Centers, the California Healthcare Institute, the California Institute for Regenerative Medicine and the Foundation for the NIH. Many of you hold important leadership roles in state and national organizations and societies and can play an important role in your advocacy for science and medicine during this time of dramatic change.
- ***Digging Deeper Wells***: At times of resource constraint we need to open new wells and resources by getting our message out more broadly, developing new relationships and providing insights and opportunities about why investment in Stanford Medicine is valuable – and worth doing. And then we need to re-think about how to use investments to better support students and faculty at different stages of their career development. For decades medical schools have been highly leveraged on federal support and while that conduit needs to be sustained, we also need to find new and more diversified support pipelines and to distribute resources in a manner that makes the whole greater than the sum of our parts.

Clearly there is much to think about – and while there are many areas of concern – we need to keep our eyes on the areas of opportunity where we can play an important role both for Stanford and for our broader community. As I complete these words on Martin Luther King, Jr. Day, I end with his words – which are still highly relevant and deeply moving: *"...tomorrow is today. We are confronted with the fierce urgency of now...Now let us begin. Now let us rededicate ourselves to the long and bitter, but beautiful, struggle for a new world...to transform the jangling discords of our world into a beautiful symphony of brotherhood."*

Thanks and Best Wishes to Doug Stewart

Doug Stewart, our Associate Vice President for Medical Development, has decided to leave Stanford for a consulting practice at Marts & Lundy – a change he has been considering for some time. I want to begin by thanking Doug for the exceptional leadership he has provided to the School of Medicine Office of Medical Development. When Doug arrived at Stanford in 2004, OMD needed a major rejuvenation and Doug did just that. In his first two years he and his colleagues recruited over three dozen excellent leaders, he reorganized the program and activities, participated in the development of a strategic plan to improve our fund-raising activity and led the OMD to achieve the highest recorded fundraising successes in its history over the past 2-3 years. This included meeting or exceeding the fundraising targets for both the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building/Stanford Institutes of Medicine 1 – both of which are now under construction.

Importantly, he and the OMD staff collaborated with chairs and faculty throughout the School to raise funds for new professorships, programmatic initiatives, seed grants and incredible support from foundations and individuals. It has been a remarkable journey.

Of course we all recognize that the current economic downturn has taken the wind out of the fundraising sails. But Doug and OMD have positioned us well for continued stewardship and for future fundraising success when the economic situation improves in the (hopefully near) future.

We will be recruiting Doug's successor, while acknowledging that he will be hard to replace. We will miss him and wish him well during the next exciting phase of his career.

2008 Faculty Fellows Celebrate Graduation on January 13th

Recognizing that career development and the training of future leaders are among the most important goals for Stanford Medicine, I was once again honored to attend the graduation ceremony for the 2008 Faculty Fellows. This program was launched three years ago by Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, and it has proven to be a wonderful success. Among the measures of its success is the degree to which the faculty selected to participate in this program gain confidence and skills for leadership, become better aligned with their Department Chair and cognizant department and begin to feel that they are part of the greater Medical School and Medical Center community. At each graduation event we have the opportunity to hear the perspective of the senior faculty member (or department chair) who nominated the faculty member to participate in the program, as well as the reflections of the participating Faculty Fellows. These further affirm the value of this program and how much it is appreciated. The success of the program is also a reflection of the tremendous efforts and commitment of Dr. Valentine as well as Julie Moseley, Director of Organizational Effectiveness, along with Jennifer Scanlin, Program Director, and Lydia Espinosa, Administrative Associate.

Special thanks also go to the senior faculty mentors who meet regularly with assigned groups of Fellows and provide guidance, education, mentoring and a sense of community. This years Mentors included: Linda Boxer, Professor of Medicine, Al Lane, Professor and Chair of Dermatology and Oscar Salvatierra, Professor of Surgery Emeritus.

One of the wonderful things about this program is that a mentoring community emerges among physicians and scientists with very diverse backgrounds and interests. The view that basic or clinical science faculty can only be effectively mentored by someone who shares similar experiences or disciplines is proved fallacious – since in the program basic or clinical faculty learn about career developments across and beyond traditional discipline-based boundaries. This further affirms how much we can share and learn from each other as a Stanford Medicine community.

The 2008 Faculty Fellows who completed their program on January 13th included:

- ***Ranjana Advani***, Associate Professor of Medicine
- ***Howard Chang***, Associate Professor of Dermatology
- ***Sanjeev Dutta***, Assistant Professor of Surgery (Pediatric Surgery)
- ***Rebecca Fahrig***, Associate Professor of Radiology
- ***Julieta Gabiola***, Clinical Assistant Professor of Medicine
- ***Jill Helms***, Associate Professor of Surgery (Plastic Surgery)
- ***Paul Keall***, Associate Professor of Radiation Oncology (Radiation Physics)
- ***Christina Kong***, Associate Professor of Pathology
- ***Joseph Liao***, Assistant Professor of Urology
- ***Swaminatha Mahadevan***, Associate Professor of Surgery (Emergency Medicine)
- ***Bruno Medeiros***, Assistant Professor of Medicine
- ***Carlos Milla***, Associate Professor of Pediatrics
- ***Tirin Moore***, Assistant Professor of Neurobiology
- ***Upinder Singh***, Assistant Professor of Medicine
- ***Roland Torres***, Clinical Associate Professor of Neurosurgery
- ***Daya Upadhyay***, Assistant Professor of Medicine

Congratulations to this year's Faculty Fellows. We will be eager to benefit from their newly acquired leadership skills as new opportunities and challenges occur across the medical school and medical center.

Students Pursue University-Wide Smoking Ban

Promoting health is an important aspect of our mission. Lifestyle choices can impact the health of individuals and communities; as a consequence, wellness is an important facet of Stanford's mission (e.g., the Be-Well initiative) as well as a key component of the health care reform plans of local as well as national communities. Attention to diet and nutrition and exercise are vital parts of wellness. So too is avoiding exposure to drugs, toxins and products that can negatively impact health. Among these one of the most notable has been tobacco – leading us to ban smoking anywhere on the School of Medicine campus beginning September 2007. More recently Stanford Hospital & Clinics and the Lucile Packard Children's Hospital have limited the areas available for smoking and, while this is a step in the right direction, it would be an important initiative for the entire Medical Center – and indeed the University – to be completely smoke-free. Thus it is gratifying to note that a group of undergraduate Stanford students are currently working on a university-wide ban on smoking and are gathering signatures from faculty, students and staff to accomplish that important goal.

Under the banner of Stanford Colleges Against Smoking, these students are carrying out a grassroots effort to encourage Stanford to become a smoke-free campus. If

you wish to read – and sign – the petition they are circulating, you can do so at: <http://www.petitiononline.com/smokefre/petition.html>. Thanks.

Update on the Department of Pathology

On Friday January 16th, Dr Stephen J. Galli, MD, the Mary Hewitt Loveless, M.D Professor of Pathology and of Microbiology and Immunology, and Chair of the Department of Pathology, gave an update about his department to the Executive Committee. In addition to outlining the current state of the department, Dr. Galli described the changes in the department since his last such report in 2004, and outlined its current challenges and opportunities. I report the summary that he provided to me about his presentation:

Dr. Galli emphasized that, at Stanford, pathology is defined broadly as the branch of medicine concerned with the study of the nature of disease and its causes, processes, development, and consequences, as well as with the diagnosis of disease. As a result, the department includes many scientists who pursue basic or translational research projects related to disease pathogenesis; some of these are MDs trained in pathology but many others are not. The department also includes many world-renowned experts in various areas of pathology practice within anatomic and clinical pathology, as reflected, for example, in the fact that over 40% of the specimens examined in surgical pathology or hematopathology are referred to experts at Stanford from physicians outside of SUMC.

The mission of the department is: “To improve the diagnosis, treatment and basic understanding of human disease by clinical service, education and research.” The department is committed to excellence in all of its mission areas, and believes that achieving such excellence requires that it also place a high value on diversity and inclusiveness. The last 5 years have been exciting ones in each of the department’s mission areas. There have been many recognitions of the faculty’s research contributions, including: The 2006 Nobel Prize in Physiology or Medicine (with Craig Mello) to Andy Fire (professor of pathology and genetics), the 2006 Thomas Laureate in Chemistry (with Stuart Schreiber) to Jerry Crabtree (professor of pathology and developmental biology), both the 2008 Koch Prize (with Shinya Yamanaka and Hans Scholer) and the 2009 Rosenstiel Brandeis Prize (with Shinya Yamanaka and John Gurdon) to Irv Weissman (professor of biology and developmental biology and Director of the SISCBRM), and the 2006 American Society of Investigative Pathology - Amgen Award for a young investigator in the broad field of pathology to Jon Pollack (associate professor of pathology).

In its educational mission, the strong performance of faculty in both medical and graduate education has been recognized by Kaiser Awards in Preclinical Teaching to Andy Connolly and Hannes Vogel, by Awards for Graduate Student Teaching to Joe Lipsick and Arend Sidow, and by an Immunology Program Faculty Mentor Award to Sara Michie. The department

continues its strong focus on the quality of its postgraduate training programs; in a survey of all 26 residency and clinical fellowship programs at SUMC, pathology was one of 3 programs rated by >70% of the residents as “excellent” and was the only program in which >70% of all residents and clinical fellows judged the programs to be “excellent”.

In the area of Clinical Services, the department and School of Medicine, working with leaders of SHC and LPCH, reorganized the governance structure of the clinical service, as well as the leadership structure within the service, so that the chair of pathology and the Chief Operating Officers of SHC and LPCH constitute the Laboratory Governance Council (LGC), and the Medical Director of the SHC Clinical Laboratory and Anatomic Pathology Services, Dan Arber, has administrative authority, as well as clinical and administrative responsibility, for the clinical activities of the service, under the direction of the chair/service chief. The LGC recommended to the SHC Board the sale of SHC’s basic laboratory outreach testing program, which provided testing services to clients outside of SUMC, but decided to retain and emphasize outreach services in areas in which we excel, such as surgical pathology, hematopathology, neuropathology and certain areas of esoteric testing. To enhance further services provided to LPCH, the department hired Kim Hazard, assistant professor of pathology and pediatrics, as Director of Pediatric Surgical Pathology, and Amy Heerema McKenney, clinical assistant professor of pathology, as Director of Perinatal Pathology; together with Sharon Geaghan, Co-Medical Director of the SHC Clinical Laboratory for Pediatrics, and Hannes Vogel, Director of Neuropathology, this brings to four the number of faculty with postgraduate training in Pediatric Pathology. The Stanford Blood Center continues to provide most of the blood products used at SHC and LPCH, and volumes of products provided have increased substantially over the last 5 years. However, the costs related to the operation of the Blood Center also have increased substantially.

The presentation ended with a discussion of progress in the area of personalized medicine and molecular genetic/genomic pathology, including the establishment, jointly with the Department of Genetics, of a research program to advance the methodology, basic and translational research uses, and clinical applications of ultra-high throughput sequencing (of normal or disease specimens, such as tumors). This program, which was initiated by Arend Sidow (associate professor of pathology and genetics), now includes many faculty and trainees in both departments. One of the objectives of this program is to position Stanford investigators favorably when the cost of re-sequencing an entire human genome drops to the range of \$1000. In addition, Iris Schrijver (associate professor of pathology) established in 2003 one of the first clinical fellowships in molecular genetic pathology in the USA. Steve recounted a number of key areas in the development of the field of molecular pathology in which Stanford has been first, and argued that we now have an outstanding opportunity to build on our historic and current strengths in this area, and to partner with the large group of faculty with interests in this area who are located in many departments and schools at

Stanford, to make Stanford one of the leaders, if not “the” leader, in the field of molecular genetic/genomic medicine.

At the Executive Committee I also noted that in his presentation Dr. Galli had not mentioned any of his own scientific accomplishments – which have been notable in their own right – especially when coupled with his significant responsibilities as department chair. I further noted that in my meetings with faculty, the Department of Pathology is frequently highlighted as one in which the career development and mentoring of junior faculty is given a very high priority and that the role of Dr. Galli in making this an important commitment is frequently observed. Thus, I want to thank Dr. Galli for important and effective leadership of the Department of Pathology and for his contributions as both a scholar and leader.

Emeritus Lecture Series

The School of Medicine Emeritus Lecture Series, which will be hosted by Dr. Ben Barres, Professor of Neurobiology and of Developmental Biology and of Neurology and Neurological Sciences, will take place on Thursday, January 22, from 4:15 – 5 pm, in the Clark Auditorium. U.J. McMahan, Professor of Neurobiology and of Structural Biology Emeritus, will give his farewell lecture on “A Life in the Shadows: What Electron Microscopy has Taught me About Synaptic Physiology”.

Awards and Honors

Four School of Medicine faculty members were recently named fellows of the American Association for the Advancement of Science (AAAS), an honor bestowed upon members of the association by their peers. They include:

- ***Dr. Peter Jackson***, associate professor of pathology, was elected for providing new insights into regulation of the cell cycle, the function of cyclins, protein degradation, and for the discovery of novel signaling mechanisms in the primary cilium.
- ***Dr. Theodore Jardetzky***, professor of structural biology, was elected for his research revealing the mechanisms of viral-host membrane fusion and important structural features of membrane receptors in the immune system.
- ***Dr. Robert Malenka***, the Nancy Friend Pritzker Professor in Psychiatry and Behavioral Sciences, and co-director of the Stanford Institute for Neuroinnovation and Translational Neurosciences (SINTN) was elected for his research on the cellular and molecular mechanisms underlying synaptic transmission, neuroplasticity, and drug actions, and their implications for normal and abnormal behavior.
- ***Dr. Irving Weissman***, professor of pathology and of developmental biology and the Virginia & D. K. Ludwig Professor and Director of the Stanford Institute for Stem Cell Biology and Regenerative Medicine, was elected for his contributions

to developmental biology focusing on cells that make up the blood forming and immune systems, and for the isolation and evolution of stem cells.

Appointments and Promotions

- ***Thomas Clandinin*** has been promoted to Associate Professor of Neurobiology, effective 1/01/09.
- ***David A. Clark*** has been promoted to Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System, effective 1/01/09.
- ***Geoffrey C. Gurtner*** has been promoted to Professor of Surgery at the Stanford University Medical Center, effective 1/01/09.
- ***Neeraja Kambham*** has been promoted to Associate Professor of Pathology at the Stanford University Medical Center, effective 1/01/09.
- ***Carolyn Russo*** has been appointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/09.
- ***Minnie Sarwal*** has been promoted to Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/09.
- ***Karl G. Sylvester*** has been promoted to Associate Professor of Surgery at the Stanford University Medical Center and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 1/01/09.
- ***Daniel Y. Sze*** has been reappointed to Associate Professor of Radiology at the Stanford University Medical Center, effective 1/01/09.
- ***Heather A. Wakelee*** has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 1/01/09.