

Dean's Newsletter

February 7, 2011

Table of Contents

- The Importance of Password Protection and Encryption
- The Economic Value of Research
- The NIH and Graduate Education
- Stanford Hospital & Clinics Celebrates Its Corporate Partners
- Celebration of the Opening of the Byers Eye Institute at Watson Court
- Continuing the Discussion on Smoking Cessation
- Developing Guidelines for Innovative Care
- The Half-Century Club and Stanford University Alumni Association
- Update on Staff Employee Survey
- The Augustus A. White III and Family Professionalism Award
- Upcoming Events
 - The Stanford Medical Staff Conference
 - Rewiring the Brain
- Celebrating New Endowed Professorships
 - Dr. Tom Robinson
 - Dr. Michael Levitt
- Awards and Honors
- Appointments and Promotions

The Importance of Password Protection and Encryption

The shift in use from personal computers to mobile devices – cell phones, tablets and laptops - over the past several years has been remarkable and promises to accelerate with new innovations in information technology. While the benefits of smaller size and increased mobility are clear to each of us, these devices come with a risk of violating privacy. In particular, physicians and healthcare providers have an increased responsibility to ensure that patient personal identifiers are not lost or stolen – a risk that is surely increased with small, portable mobile devices. The solutions are straightforward and begin with clear care and precision about the kind of information that is contained on one's phone, tablet or laptop. But because information can be received in so many formats, including email, it is possible that inadvertent storage of patient information can occur. That is why mobile devices need protection – beginning with password protection and encryption of laptops. These are easy to put into place and are part of our individual and shared responsibility.

While all this seems straightforward, I am reminding you of it now because I was surprised to learn about one of our faculty who recently lost his cell phone, which contained patient information. As soon as he realized that the device had been lost, this faculty member did notify the privacy officer and also discontinued the cell phone service. While these were the right things to do, there was one major error. The cell phone had not been password protected, making the privacy information immediately

accessible to anyone who found (or stole) the device. This underscores that password protection is something each of us should do – for every device we carry. Nothing is totally protective (as readers of the Stieg Larsson trilogy well know) but it is simple to do and should be the first step of device security for each of us.

I asked *Dr. Todd Ferris, Privacy Officer*, to share some advice for us on mobile devices. Here is what he provided for your information:

“Password, PIN codes, and security questions may feel like time-wasting nuisances, but that couldn't be further from the truth. These vital nuggets of secret information, when paired with encryption technology, keep patient and other restricted information safe. Without these protections in place, a lost or stolen device leads to an immense amount of time spent investigating, reviewing files, and notifying affected individuals - much more time than spent entering passwords.

Encryption and passwords go hand in hand. One without the other provides no protection. And remember, giving out your password is just like removing it. Never share your password with anyone, even if they appear to work for the technology group. The various Stanford technology groups will never ask you to reveal your passwords.

These same rules apply to smartphones (Blackberry, iPhone, Android, etc) and tablets (iPad). Only devices that are encrypted and password-protected can be used to access or store patient or other restricted information (See http://securecomputing.stanford.edu/dataclass_chart.html for more information about what constitutes "restricted" information.) The Stanford email system frequently contains restricted information and consequently, should only be accessed on encrypted and password-protected devices. At this time, only Blackberry, recent iPhones (3gs & 4) and iPad have encryption. Smartphones and tablets without encryption should have passwords in place and must only access campus email and calendar via mobile webmail (<https://webmail.stanford.edu>), which doesn't download information onto the device.

Please remember, failing to properly protect your devices and passwords places you, the institution, patients, and research subjects at risk.

The Information Security Services group in the school has a website (<http://irtsecurity.stanford.edu/>) with more information about securing your devices.”

In addition, and as I have communicated previously, the State of California is particularly rigorous and firm on personal privacy violations. Laws passed in 2009 (Senate Bill 541 and Assembly Bill 211) make it a responsibility of institutions to report breaches of information security and to notify each person whose information may have been stolen or lost. While this danger is certainly known to each of us, the fact that violations of privacy security have been occurring (and even increasing) makes attention

to password protection, encryption and privacy security an imperative. Healthcare workers are subject to major fines and disciplinary action: some have even lost their jobs.

So this is a good time to pause and check your own devices. If you have not installed password protection, please do so now. If you have a laptop it should be encrypted (a process that will be available to other devices in the near future). A violation of privacy information creates major personal and institutional risks. Nearly all are preventable - and that prevention begins with each of us.

The Economic Value of Research

The funding for basic science research included in the American Recovery and Reinvestment Act of 2009 (ARRA) provided the opportunity not only to create knowledge and, potentially, future cures of human disease, but also to create jobs and stimulate the economy. Both are important for clearly different reasons. The economic benefit of ARRA funding has been previously presented in this Newsletter.

Following a similar theme, the California Institute for Regenerative Medicine (CIRM) recently issued a report of the economic impact of the stem cell funding that began in 2004 with the passage of Prop 71 by the citizens of California, which authorized \$3 billion of funding to support research and infrastructure. This is the most significant investment in stem cell research in the world. In the report, issued on January 27, 2011 (see http://www.cirm.ca.gov/pressrelease_2011-01-27), Dr. Jose Alberro from the Berkeley Research Group, who was commissioned by CIRM, reported that from April 2006 (when the litigation blocking stem cell funding was overruled in Court) through July 2010, CIRM has awarded over 364 grants to more than 50 institutions in California. The grant portfolio totaled \$1.1 billion (and it is expected that these awards will be fully expended by the end of 2014). Included were 12 major facilities awards enabling California to develop new research laboratories for stem cell research. Importantly, these awards were matched by \$844 million from donors and institutions, creating an important leveraging effect of the taxpayer investment in research. According to this report, a number of important one-time and on-going economic impacts are being achieved. These include the creation of 24,654 new jobs in California between 2006-2014 as well as the payment of \$157.6 million in tax revenues to the State of California and \$44.4 million to local governments.

The impact of CIRM funding on Stanford has also been notable. Since 2006, Stanford faculty and Stanford University have received \$186.5 million. Just this past week six faculty received a \$10.6 million in the latest round of CIRM grant funding. Notably, Stanford was successful in competing for a major facilities grant worth \$44.6 million, which was critically important in the construction of the Lorry Lokey Stem Cell Research Building that opened in 2010.

More broadly, academic medical centers (whose missions include education, patient care and community service in addition to research) have a major impact on our local and national economy. A 2009 report from the Association of American Medical

Colleges estimated that the overall economic impact of academic medical centers totaled \$512 billion – or 20% of the health-care sector.

The CIRM report on research, coupled with the stimulus from ARRA funding and the overall impact of academic medical centers, offers clear evidence of the benefits of investments in research. This is one of the reasons why President Obama highlighted the importance of investments in innovation to our national security, preeminence and prosperity. And while the economic payoffs are critically important, the societal and personal benefits to discoveries that improve our world and wellbeing are surely the most valuable dividends for continuing to invest in research, innovation and discovery.

The NIH and Graduate Education

Much has been written, including in this Newsletter, on the economic forecasts for the NIH in the post ARRA pre-deficit reduction. This past week the National Institute of General Medical Sciences (NIGMS) turned its attention to graduate education and circulated for comment its Strategic Plan for Biomedical and Behavioral Research Training entitled “*Investing in the Future*” (see: http://publications.nigms.nih.gov/training/NIGMS_Research_Training_Strategic_Plan201101.pdf). The NIGMS recognizes that it is just one of the sources of training support from the NIH but acknowledges that their plan is designed to examine whether the training programs it supports are aligned to NIGMS commitment to build an “excellent, diverse work force.” Interestingly, the report mirrors the discussions we have been having at Stanford about the future of graduate education – at our think tank last fall and at our Leadership Retreat just a couple of weeks ago. One of the major themes of the report is the importance of educating and training students for various career pathways, not just academia, and of elevating the status of diverse pathways in the public and private sector. There is also the recognition that the length of time to independence is too long, taking into account both graduate education and postdoctoral training. Further, there is the continuing challenge that the US biomedical workforce does not mirror US diversity.

The report attempts to define what success means for graduates of biomedical education and training programs. It specifies that a well-trained scientist:

- is conversant in a common set of biological/biomedical principles
- can identify an important problem and knows how to address it
- has a range of career options and the ability to choose among them, and
- is competitive in his or her chosen field, interest area, specialty or discipline

With those goals in mind the strategic plan articulates four themes:

- Research training is a responsibility shared by the NIH, academic institutions, faculty and trainees
- Research training focused on student development, not simply selection of talent
- Breadth and flexibility enable research training to keep pace with opportunities and demands of contemporary science and provide the foundation for a variety of scientific career paths.
- Diversity is an indispensable component of research training excellence, and it must be advanced across the entire research enterprise

Based on these broad statements, the plan advances a number of action steps, some of which could change the funding landscape, potentially including the evaluation of RO1 funding. Some of the controversial issues are further enunciated in a News and Analysis report in *Science* (see: <http://www.sciencemag.org/content/331/6017/525.full>), and both this article and the report are worth reviewing during the period of public comment.

While these are incredibly serious matters and are consistent with the planning activities independently underway at Stanford (activities that will be further developed as follow-up from the January Retreat), I want to end on an uncharacteristical (for me) note by sharing a funny but poignant (and now viral) YouTube video parody on the impact of a bad project (see: <http://www.youtube.com/watch?v=Fl4L4M8m4d0>). No further comments are necessary or appropriate!

Stanford Hospital & Clinics Celebrates Its Corporate Partners

On Monday, January 31st Stanford Hospital & Clinics announced that six leading Silicon technology companies (Apple, eBay, HP, Intel, Intuit and Oracle) have become founding members of the Stanford Hospital Corporate Partners Program. Together these six companies will contribute as much as \$150 million over the next 10 years to help build the new Stanford Hospital. Equally importantly, these innovative companies will work collaboratively with Stanford Medicine to develop novel approaches to patient access, navigation, education, information, and more. The inauguration of this outstanding program is due largely to the incredible work and dedication of SHC Board of Directors member Ron Johnson. Over the past several years he tenaciously developed the program and worked directly with each of the six companies (and others) to engage their participation.

The new Stanford Hospital Corporate Partners Program was celebrated at a lovely event at Cantor Art Museum that was hosted by Ron Johnson, Mariann Byerwalter (SHC Board Chair) and Amir Rubin (SHC President & CEO). President John Hennessy set the stage for the Corporate Partners Program, noting that “ *There is no better time to invest in the future of health care than now, and no better place than Stanford, in the heart of Silicon Valley. By joining with us at this moment, these companies have demonstrated great leadership that reflects their ongoing commitment to improve the quality of life on a global scale.*”

Celebration of the Opening of the Byers Eye Institute at Watson Court

On January 26th the Eye Institute at Stanford hosted a Symposium and Tours to celebrate its inaugural home at the beautiful Watson Court facility in Palo Alto (see: <http://stanfordhospital.org/eyeinstitute/>). The Institute was constructed by Stanford Hospital & Clinics with the support of a number of private donors and benefactors, most notably Brook and Shawn Byers. This facility, which now houses the clinical offices and ambulatory programs for the Department of Ophthalmology, has been named the Byers Eye Institute at Stanford. The plans and successful completion of this new facility are the

fruit of the dedication and vision of Dr. Mark Blumenkranz, Professor and Chair of the Ophthalmology. For more than a decade Dr. Blumenkranz and his colleagues have worked diligently to develop a state of the art care and treatment facility. Thanks to his commitment and endurance – and the support of patients, donors and SHC – this new facility has opened its doors for all outpatient care, including urgent care. In the very near future, the facility will also house surgical facilities, making this the most advanced eye care facility in the Bay Area and beyond.

I want to extend special accolades and appreciation to Shawn and Brook Byers for their wonderful contribution and, of course, to Dr. Mark Blumenkranz and his colleagues. Their dedication to improving the care of patients with eye disease has been unwavering and is now evidenced in this wonderful new Byers Eye Institute at Stanford.

Continuing the Discussion on Smoking Cessation

In 2007 Stanford Medical School became “smoke free” throughout its campus. We were joined by Stanford Hospital & Clinics and the Lucile Packard Children’s Hospital in, thus making the entire medical center smoke-free. This is an important statement on health and disease prevention to our community and the patients we serve. In tandem, Dr. Rob Jackler, Sewall Professor and Chair of the Department of Otolaryngology: Head and Neck Surgery, has played an important role in demonstrating and highlighting the role of physicians in the history of smoking and, of course, the role they now play in helping to prevent smoking and the related diseases it causes. While progress has been made, much work remains.

With that in mind, Dr. Jackler asked me to let you know that a conference on smoking cessation will take place on April 1st in the Li Ka Shing Center for Learning and Knowledge from 8 am – 4:30 pm. The program features world-renowned speakers including: Dr. C. Everett Koop, 13th U.S. Surgeon General (videotaped for this conference), and Dr. Michael C. Fiore, Chair of the Joint Commission’s Tobacco & Alcohol Advisory Panel and author of the USPHS Treating Tobacco Use and Dependence – Clinical Practice Guideline.

Developing Guidelines for Innovative Care

At the Executive Committee on February 4th, Dr. Frank Longo, George and Lucy Becker Professor and Chair of the Department of Neurology, and Dr. Norm Rizk, Senior Associate Dean for Clinical Affairs and the Berthold and Belle N. Guggenheimer Professor in Medicine, presented the report of the task force they co-chaired to develop Innovative Care Guidelines for the Stanford University Medical Center (SUMC). As stated in the preamble to their report: *“The Purpose of these Guidelines is to assist members of the medical staffs of the SUMC hospitals and clinical academic units at Stanford University School of Medicine in appropriately identifying and making the distinction between innovative care and research. The Guidelines provide the definitions that support this distinction and a process for guidance and oversight of innovative care... These*

Guidelines are designed to support, not impede, physicians in their consideration of care and protection for their patients.”

This first review of the new Guidelines for Innovative Care stimulated a thoughtful discussion that will be continued by the SHC and LPCH Medical Staff Executive Committees as well as at departmental meetings with faculty. We are interested in comments and reflections.

Over the next months I plan to share the Guidelines with you more fully but at this juncture, I wanted to let you know they are being developed, formulated and circulated for discussion and further input. We envision this as a starting point with subsequent changes based on experience and thoughtful reflection and data.

The Half-Century Club and the Alumni Association

On February 1st I had the pleasure of meeting with members of the Half-Century Club – medical school alumni who graduated from the Stanford School of Medicine 50 or more years ago. The nearly 100 attendees included one graduate from the Class of 1938 along with colleagues who graduated in the 1940’s and 1950’s – all when the School of Medicine was housed in San Francisco. It was wonderful to visit with physicians who shaped medicine during the latter half of the 20th century and who laid the foundations for Stanford Medicine as we know it today. I want to thank Patrick Delahunt, Sandra Handy and Kirstin Krimsley from our Office of Medical Development for making all of the many arrangements that allowed our senior faculty to reunite with each other and to reconnect with Stanford. I also want to thank Dr. Linda Clever, Associate Dean for Alumni Affairs, and the Stanford University Medical Association for their important efforts to bridge and connect our generations of graduates.

Update on Staff Employee Survey

I want to thank all of the SoM staff who participated last fall in the Stanford Staff Employee Survey. The survey is an effort by the School and many other Stanford schools and units to get feedback from employees about their experiences in the work environment. This vital information will help us make Stanford and the School of Medicine an even better place to work.

The confidential, online survey went to 2,794 employees at the School of Medicine (those who were on the payroll as regular staff as of June 1, 2010). I’m pleased to report that 69% of them responded – an excellent response for a first survey of this kind. In the university at large, some 4,000 employees, including the SoM completed the survey.

I applaud the very positive results that are emerging from the survey, which make clear that, in general, School of Medicine employees are highly committed; genuinely care about those we serve (such as students, faculty, patients, parents, etc.); feel their individual work is meaningful; and are proud to work here.

At the same time, the survey has disclosed a number of areas where we can improve. Some employees expressed concern about the feedback and coaching they receive, and some indicated that they felt they were not included in the process – or fully informed – when organizational changes are made. Some indicated they did not feel their opinions were always valued. Clearly, these are areas in which we need to focus.

To fully understand the survey results, each department or unit will meet over the next month to discuss its specific survey findings with staff and to create an action plan to sustain or improve the work environment. Typically a department will concentrate on the 2-3 highest priority areas, to start, and will work only on the issues they can influence at the local level. I urge you to take an active role in these meetings and provide any additional feedback and ideas you may have. It is essential that we hear from staff so that we can make changes for the better.

I am aware that some employees also expressed concerns about issues that are set by the central university, such as pay, the job classification system, benefits, and so forth. The School will make sure that the university is aware that these issues are of concern, and we will advocate for changes that may bring improvements in these areas.

The survey creates a base line that we can use to measure our progress in a number of areas. Where we did well, we want to sustain those high ratings. Where we can improve, we want to take those incremental actions that will let each of you know that your time in completing the employee survey and participating in the action planning process is well spent. Again, my congratulations and thanks for the terrific work you do.

Dr. Augustus A. White III and Family Professionalism Award

The Stanford Community is invited to submit nominations for the Dr. Augustus A. White III and Family Professionalism Award.

The first African American graduate of Stanford Medical School in 1961, and the first African American Chair of the Department Orthopaedic Surgery at Harvard Medical School, Augustus A. White, III, M.D., Ph.D, has been a pioneer and role model for underrepresented minorities in academic medicine. In collaboration with Dr. White, Stanford School of Medicine has established the Dr. Augustus A. White III and Family Faculty Professionalism Award. This award, administered by the Office of Diversity and Leadership seeks to identify outstanding individuals who make major contributions toward eliminating health disparities, through their research, teaching, mentoring, and by example.

WHO MAY NOMINATE: Any member of the Stanford community (student, faculty or staff) may nominate an individual (or team) whose contributions fit the descriptions above.

HOW TO NOMINATE: Submit a statement that summarizes the activities, contributions and achievements that stimulate the nomination; a biographical sketch of the nominee or leaders of the team; and letter of support (a maximum of 3) that attest to the nominee's demonstrable major contributions and sustained achievements in research, teaching, mentoring or university community service that contribute to strengthening underrepresented minorities in health care and/or eliminating health disparities. Please send your nomination material to the Office of Diversity and Leadership at the School of Medicine (attention: Jennifer Scanlin, Office of Diversity and Leadership, MC 5216 (for US mail send to 291 Campus Drive, LK3C14, Stanford, CA 94305). Email nomination letters may be sent to: jscanlin@stanford.edu. All nomination letters must include the name and position of the nominator and be received by **February 28, 2011**. The confidential nature of the material will be respected.

SELECTION PROCESS: Nominations will be reviewed by the **Dr. Augustus A. White III and Family Award** Committee. The award recipient will be announced by March 30, 2011. The award will be presented at an inauguration celebration on the Stanford Campus on April 15, 2011.

Upcoming Events

- ***The Second Medical Staff Conference*** will be held on Tuesday, April 5th at 5 pm in the Li Ka Shing Center for Learning and Knowledge. This event will feature a panel discussion on the Implications of Healthcare Reform for Stanford. The featured panel speakers will include:
 - ***Robert K. Jackler, MD***, Sewall Professor and Chair, Department of Otolaryngology-Head & Neck Surgery; Professor, Departments of Neurosurgery and Surgery; and Associate Dean, Postgraduate Medical Education.
 - ***Arnold Milstein, MD, MPH***, Professor of Medicine and Director of the Clinical Excellence Research Center.
 - ***Alan M Garber, MD***, Henry J. Kaiser Jr. Professor of Medicine and, by courtesy, of Economics; Professor of Health Research and Policy & Economics in the Graduate School of Business; and Senior Fellow at the Freeman Spogli Institute for International Studies at Stanford.

All SHC and LPCH Medical Staff members and house officers are invited to attend. For additional questions please contact Jean Hengst (jhengst@stanford.edu) at the Stanford Center for CME.

- ***Rewiring the Brain: Present Realities and Future Hopes***: This symposium featuring a multidisciplinary faculty will be held on February 28th in the Clark Center from 7:30am – 4:30pm

Celebrating New Endowed Professorships

We recently had the opportunity to celebrate two professorships, each honoring exceptional faculty and the families who made them possible.

- **Dr. Tom Robinson** was officially named as the first holder of the Irving Schulman, MD, Professorship in Child Health in a celebration on January 25, 2011. Thanks to the support from the Lucile Packard Foundation for Child Health and the Lucile Packard Children's Hospital (LPCH) this professorship was created to honor the exceptional contributions of Dr. Schulman to American pediatrics, LPCH and Stanford. Dr. Schulman, who died in 2009, was a renowned pediatrician with special expertise in pediatric hematology. He became the chair of the Department of Pediatrics at Stanford in 1972, a position he held until 1991. Dr. Schulman was a major contributor the development of LPCH and to the career development of generations of pediatric trainees and faculty.

Dr. Robinson is a fitting first incumbent of the Schulman Professorship. He has made major contributions to the study and treatment of obesity in children and has developed a unique interdisciplinary research and care program that spans the full spectrum of Stanford University. He champions a "solution oriented" approach that is designed to address questions relevant to clinical care from an individual to a societal level. Dr. Robinson has been honored with numerous awards and recognitions for his research, and it fitting that he is now honored by being named the Schulman Professor of Child Health.

- **Dr. Michael Levitt** was installed as the Robert W. and Vivian K. Cahill Professor on February 3, 2011. This wonderful event brought together three Cahill Professors (Paul Berg, the first incumbent; Stan Falkow, the second; and now Michael Levitt, as the third and newest incumbent) with three generations of the Cahill family. We had the opportunity to honor a distinguished family with close and enduring ties to Stanford along with three remarkable faculty members who have transformed science and medicine in extraordinary ways. Like his fellow exceptional Cahill Professors, Dr Levitt has created new insights of exceptional importance. His pioneering work in computational biology has elucidated the prediction of protein structure, folding and function, including the development of methods to humanize antibodies – which has had a major impact on modern medicine. He has also used powerful computational and computer analyses to study nucleic acids and their relationship to protein structure and function. His contributions have led to numerous prizes and honors including election to the National Academy of Sciences and as a Fellow of the Royal Society.

Please join me in congratulating Drs. Robinson and Levitt.

Awards and Honors

- **Dr. David Gaba**, Associate Dean for Immersive and Simulation-Based Learning and Professor in the Department of Anesthesia, has been named the first-ever recipient of the Under Secretary for Health's Award for Excellence in Clinical

Simulation Training, Education and Research. VA Under Secretary for Health, Dr. Robert A. Petzel, presented the award during the International Meeting of Simulation in Healthcare in New Orleans Jan. 24. *"This award honors an individual who has made a national impact through the direct provision of clinical simulation training, education and research in VA," said Dr. Petzel. "Dr. Gaba's influence on the skills of clinical staff throughout VHA has benefited the millions of Veterans cared for in our health care system."*

Please join me in congratulating Dr. Gaba.

- **Dr. Barbara Sourkes**, Associate Professor of Pediatrics, has received the 2011 Outstanding Clinical Care award by the American Psychosocial Oncology Society and will receive the award at their annual conference in Anaheim on February 18. Congratulations to Dr. Sourkes.
- **Dr. Preetha Basaviah**, Clinical Associate Professor in the Division of General Medicine / Department of Medicine, received the Northern California SGIM Region Clinician Educator of the Year Award in November, 2010. Dr. Basaviah serves as Course Director of "Practice of Medicine", a two-year pre-clerkship clinical skills course, and is one of the Educators for CARE advisors at the medical school.

Appointments and Promotions

Arthur J. Abrams has been reappointed to Clinical Associate Professor of Dermatology, effective 11/1/2010.

Anne Brunet has been promoted to Associate Professor of Genetics, effective 2/1/2011.

Rosalind S. Chuang has been appointed to Clinical Assistant Professor of Neurology, effective 4/1/2011.

James E. Egbert has been reappointed to Clinical Associate Professor (Affiliated) of Ophthalmology, effective 9/1/2010.

David Gregg has been appointed to Clinical Associate Professor of Surgery, effective 1/1/2011.

Kevin Malott has been promoted to Clinical Associate Professor of Anesthesia, effective 2/1/2011.

Kalpana Nathan has been appointed to Clinical Assistant Professor (Affiliated) of Psychiatry and Behavioral Sciences, effective 3/1/2011.

Matthew Porteus has been appointed to Associate Professor of Pediatrics, effective 2/1/2011.

Amy S. Sturt has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 10/1/2010.

Gloria Wang has been reappointed to Clinical Assistant Professor (Affiliated) of Ophthalmology, effective 2/1/2011.

Katherine Williams has been reappointed to Clinical Associate Professor of Psychiatry and Behavioral Sciences, effective 12/1/2010.