

The Dean's Newsletter: July 23, 2001

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Update on Bio-X and the Clark Center

During the past month, the ever-deepening construction site adjacent to the Dean's Lawn and across from the Fairchild Building gives evidence to the future location of the Clark Center. This building, scheduled to open in 2003, will house investigators from the Schools of Medicine, Engineering, and Humanities & Sciences. It will be a unique opportunity to further extend the interdisciplinary research model that has been evolving at Stanford for some years, and which has been codified under the banner of Bio-X.

The focus of research in the Clark Center is likely to follow several themes (e.g., tissue engineering, biodesign, biocomputation, molecular imaging) in an environment that has been physically designed to foster interaction and collaboration, both within its walls and extending outward throughout the campus. Indeed, the Clark Center and Bio-X are experiments in their own right and will shed insight on how these unique interdisciplinary models will work and evolve.

To help guide the role of the School of Medicine in both the Clark Center and Bio-X, I have appointed an Advisory Committee that is meeting during the summer to address the opportunities as well as challenges relating to this exciting new venture. Importantly, the fundamental underpinning of our work is to do everything possible to assure that the Clark Center and Bio-X meet every expectation of success and that the participants of the School of Medicine help enhance the new partnerships that will emerge from this unique collaborative model unfolding. The Advisory Committee will present its recommendations to the Clark Center/Bio-X leadership on an ongoing basis. In addition,

we are planning to have a presentation regarding the Clark Center/Bio-X to the Medical School Executive Committee in the Fall. I will provide a more detailed update in the Dean's Newsletter following those presentations.

More about Benefits

Since posting the highlights of the upcoming benefits changes in my newsletter, we have been advised by the Benefits Office that faculty and staff interested in the Child Care Subsidy Grant pilot program should contact the Work Life Office at 723-2660; or their web site: <http://www.stanford.edu/dept/ocr/worklife> rather than contacting the Benefits Office. Please note that Post Docs are not eligible for this program.

Also, we were informed that some of the other benefits programs have not yet been finalized. However, the Benefits Office will provide communication about each of these new or revised programs prior to the November 1, 2001 benefits open enrollment period.

New Senior Associate Dean for Clinical Affairs is Appointed

As you likely know, Dr. Peter Gregory will be stepping down from his positions as Senior Associate Dean for Clinical Affairs and Chief Medical Officer at SHC at the end of August. For more than a decade Dr. Gregory has played a critical leadership role and has served as a valued colleague and collaborator for the School and the Hospitals. In doing so he has won the respect and admiration of senior hospital administrators as well as faculty leaders. Although my personal acquaintance with Dr. Gregory has been limited to the past three months, I can understand why he has been so admired. He is enormously knowledgeable, diligent, collegial and collaborative. He is a problem solver and his contributions to the clinical programs and faculty, especially during these periods of dramatic change in health care, have been significant and enduring. We owe him a tremendous debt of gratitude and respect and I want to thank him for all the help he has provided to the School and Medical Center. Dr. Gregory has been a terrific advisor and colleague.

In anticipation of his retirement, Drs. Gregory, Bauer and I have given considerable thought to his succession and to the roles that individuals will play. Based on a careful examination of Dr. Gregory's current responsibilities, and a review and discussion with our Clinical Department Chairs, we have decided to eliminate the role of the Chief Medical Officer. By doing so, we plan to distribute the related responsibilities to the Senior Associate Dean for Clinical Affairs and the Chief of Staff at SHC (currently Dr. Larry Shuer).

Anticipating Dr. Gregory's planned retirement, I have also spent considerable time and effort during the past several months in seeking the best individual to succeed Dr. Gregory as our next Senior Associate Dean for Clinical Affairs. I am very pleased to announce that Dr. Norm Rizk has agreed to accept this important position. As with our other Senior Associate Deans, Dr. Rizk will carry out his Decanal responsibilities part time (approximately 50%) so that he can continue to remain the Director of the Intensive

Care Unit and serve as an ICU attending and pulmonary medicine consultant. I am very pleased that Dr. Rizk will carry out the clinical functions since I am certain they will enable him to be even more effective as the Senior Dean for Clinical Affairs. Dr. Rizk is currently Professor of Medicine (Pulmonary and Critical Care Medicine) at the Stanford University Medical Center. I have admired his intellect and leadership on a number of hospital and school-wide issues during the past three months and have every confidence that he will do a superlative job as Senior Associate Dean for Clinical Affairs.

Again, I am deeply appreciative for the many contributions that Dr. Peter Gregory has provided and continues to offer. I am also enormously pleased that Dr. Rizk will be assuming this very important role and I look forward to working with him in the years ahead.

Proposal for a Vision Center and an Important Partnership

At the Medical School's Executive Committee meeting on Friday, July 6th, Dr. Mark Blumenkranz, Professor and Chair of the Department of Ophthalmology, presented a proposal for the creation of a Vision Center. This Center would house the clinical, education and research programs of his department and which would be based at the VA Hospital. Dr. Blumenkranz has been working on a conceptual design for this proposal for nearly a year and has won the support of the VA leadership to pursue more serious discussions. The opportunity to improve the diagnosis, care and treatment of eye disorders, to improve collaborations and important interactions with the VA Hospital, and to provide greater resources for research and education, was viewed with considerable enthusiasm by the Medical School Leadership. My own discussions with the leadership at the Palo Alto VA Hospital affirm that the Vision Center proposal offers an opportunity for a special partnership between Stanford and the VA.

As evidence of the School's support for the Vision Center proposal, the Executive Committee voted unanimously at its July 20th meeting in favor of Dr. Blumenkranz's proposal. He will proceed to further discussions with the VA leadership. I will keep you informed of the further developments in this important project as they unfold.

Thanks to the President and Trustees for the Thank You

On Friday, July 20th, we had the pleasure of having President John Hennessy, University and Hospital Trustees Isaac Stein, Denise O'Leary, and John Freidenrich along with VP for Development John Ford, attend our Executive Committee meeting. The President and Trustees wanted to thank the basic and clinical science chairs for the tremendous work they have been doing on behalf of the School and the Hospitals. President Hennessy and the Trustees indicated their continued commitment to the Hospitals during these very difficult times in academic medicine. They acknowledged the significant and tangible ways that the Chairs had demonstrated their support and how these efforts were helping the Medical Center to initiate important clinical and capital needs and opportunities.

Importantly, President Hennessy, Mr. Ford and the Trustees also affirmed their support

for the important fundraising efforts that the Medical School and Medical Center wish to initiate in the months and years ahead. Recognizing that the University has a number of priorities, Mr. Ford acknowledged that the needs of the Medical Center were enormously important and that he understood them well having begun his own career at the Medical School.

Our next steps will be defining the components of the Stanford Medicine campaign that we will seek to initiate in the months ahead. To help with that, we are beginning to put together the foundations for a Trust Board comprised of volunteers who will work closely with the School, Medical Center Development Office and University. I am very pleased that Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor of Cancer Research, Emeritus will play a lead role in interfacing between the School, Medical Center and Development Office on this important issue. I expect to be able to give you a more comprehensive update about our plans in the early Fall.

Good News from the LCME

You may recall that the Liaison Committee on Medical Education (LCME) had put Stanford University School of Medicine on notice in 1999 because it had neglected to renew its education and library facilities. I became intimately connected to this matter shortly after I accepted the offer to come to Stanford in December, 2000 because of the evolving plans regarding the GALE project. The latter was a \$185 million dollar project designed largely to renovate education, library, research laboratories, administrative space and infrastructure support in the Grant, Always, Lane and Edwards Buildings. Unfortunately, the financial and physical constraints on this project, which was due to commence this summer, meant that no single component was fully satisfactory. Accordingly, following considerable review and discussion with Medical School leaders, faculty, students and others, I recommended that the GALE project be terminated. This was done in February, before my actual arrival in April. However, unresolved was whether the recommendation to cancel this project in favor of a more focused and prioritized effort to renew education and library facilities, depended on the favorable review and decision of the LCME. To address this question, Mike Hindery, Senior Associate Dean for Administration and Finance, I went to Washington in early March to make our case to the leadership of the LCME for an extension. That was followed up by a written proposal in April.

Thankfully, we received official notification last week that the LCME had favorably reviewed our petition to cancel the GALE project. This will permit us to now plan for education and library facilities that will provide a learning and information resource center to prepare our medical and graduate students for the important roles they will play in medicine and science in the 21st Century. In the next weeks we will be announcing our Planning Committees and will assure that the process engages students, faculty and the medical school leadership.

Visit to Santa Clara Valley Medical Center (SCVMC)

On Tuesday, July 17th, Dr. Peter Gregory and I visited with the medical and

administrative leadership at the Santa Clara Valley Medical Center. We met with Dr. David Kerns, Chief Medical Officer, as well as with the Chairs of Medicine, Surgery, Pediatrics and Obstetrics/Gynecology. We also met with the Ms. Susan Murphy, Director of the Medical Center, Mr. Robert Sillen, Executive Director of SCVHHS, Mr. Robin Roche, Director of Ambulatory and Community Services and Dr. Kent Imai, President of the Medical Staff. I was extremely pleased and impressed with our visit.

SCVMC, an affiliate of Stanford University School of Medicine, provides wonderful medical care to the community and has been successful in securing impressive physical facilities which communicate a commitment to provide medical care with dignity, comfort and state-of-the-art medicine. In addition to the medical care provided, SCVMC plays an enormously important role in the education of Stanford students, residents and fellows. In reviewing the course evaluation by students, it is clear that the physicians and faculty at SCVMC are doing a superb job as clinician-teachers. We owe them our respect and gratitude for a job every well done.

I will look forward to future visits and discussions with our colleagues at SCVMC.

Update on Hospital Issues

Comments to the SHC Management Meeting on the Medical School and Physician Leadership:

On Thursday, July 19th, I had the opportunity to address the Management Committee at Stanford Hospital and Clinics. I had been asked to offer my views about the future of the Medical Center. I thanked the Management Committee for their diligent work and considerable efforts during these past very challenging years of the merger, de-merger and now financial recovery of Stanford Hospital and Clinics. I also pointed out how important and essential that I and the leadership of the School of Medicine believe that SCH and the Lucile Packard Children's Hospital (LPCH) are to the future of the School. Indeed, I pointed out that the Basic and Clinical Science Chairs had expressed that view in writing to the President and Trustees of the University. In addition, the Chairs are committing professional efforts and resources to assist the Hospitals achieve their programmatic, operational and capital objectives. In short, the commitment of the School of Medicine and the University to sustaining its close association with SHC and LPCH is unwavering.

I also pointed out that it was essential, in my opinion, that physician leadership be defined, embraced and engaged more fully at SHC and LPCH. Physician leaders, such as clinical chairs, service line directors, program directors (e.g., ICU) need to have roles that include authority, responsibility and accountability. In these roles they must work together with the Hospital administration as true partners and collaborators to achieve clinical and programmatic goals. I reaffirmed that I have been meeting regularly with the Clinical Chairs through a Physician Leadership Committee (see reviews in prior Newsletters) to help formalize the manner in which physician leaders will work in joint partnership with the Hospital to enhance patient care and service and to realize improvements in operational and financial arenas. Indeed, I underscored that, in my opinion, enhanced physician leadership and accountability is essential if SHC and

LPCH are to achieve their objectives successfully.

More Work to Do on the SHC Budget for FY02.

In previous Newsletters I have also commented on the efforts underway to improve the financial performance of both SCH and LPCH for FY01 (ending August 31st) and FY02 (beginning September 1st). It is important to note that very significant progress has been made to date and that this has required tremendous efforts by the Hospital Administration as well as faculty and staff. On July 18th, the budget proposals for SHC and LPCH were reviewed by the Finance Committee of the Hospital Board; while appreciating the progress made, the Board advised Hospital leadership at SHC to continue to work on expense reductions prior to the presentation of the final budget at the Board meeting scheduled for August 3, 2001. Although leadership at LPCH also anticipates further expense reduction, the budget proposal from Packard Children's Hospital was approved by the Finance Committee for submission to the August Board meeting.

Visits with Faculty and Departments

I have continued my visits to departmental faculty meetings and have very much appreciated the opportunity to meet faculty and learn about their goals and concerns in relation to the School, Hospitals and University. Since the past Newsletter I have visited with the Departments of Biochemistry, Ophthalmology and Obstetrics/Gynecology. I also visited with the Division of Cardiovascular Medicine in the Department of Medicine. I want to express my appreciation to the Department Chairs and their faculty for their candor, suggestions and hospitality. I will be continuing these visits with other departments in the weeks ahead and plan to continue them annually in the years ahead.

Student Lunches and Teaching

Soon after my arrival in April, I have been making teaching rounds on Thursday mornings with Dr. Harvey Cohen, Professor and Chair of Pediatrics, for students on their core rotation. It has been terrific and has allowed me to interact with both students and residents.

On July 12th, I began the first of weekly lunch meetings with medical and graduate students. Each week I am inviting about 12 students, from different years and programs, to join me for an informal exchange of ideas and topics. My goals are simple: to get to meet our students and to better understand their interests, concerns and experiences. We have had two sessions so far, each different from the other, but both highly enjoyable (at least to me). I will be continuing these sessions each Thursday.

Cautionary Notes

During the past weeks at least two issues have reached national and international prominence and deserve the attention of our faculty and students. Another issue requires the attention of selected faculty.

Stem Cells

The lay press and scientific journals have been filled with issues and concerns regarding embryonic stem cells. It is unfortunate indeed that the funding for this research has become so highly politicized. Indeed, it has led to a recent official comment regarding the use of NIH funds and this requires your awareness and attention. While our review does not demonstrate current involvement on the part of Stanford faculty in conducting such research, it is important to be aware of the current restrictions, even if one disagrees with them. The latest advice we have received is the following: Investigators are reminded that they may not use NIH direct, indirect, or construction funds for the derivation of human pluripotent cells from human embryos. That is, an investigator may derive human pluripotent stem cells from embryos in a university laboratory only if no NIH funds are used in support of the laboratory, its equipment, personnel working on the project, and/or building infrastructure costs usually charged to costs. In order to meet this requirement, universities seeking to derive human pluripotent stem cells from human embryos may have to establish separate research facilities for such work.

In sum, the work described above cannot be done on the Stanford campus at this time. Clearly this prohibition is being actively contested by researchers and leaders throughout the country, including several prominent Stanford faculty.

Clinical Research

The report this week that the Office for Human Research Protection has suspended almost all of the federally funded medical research involving human subjects at Johns Hopkins is a serious reminder of the need to maintain the strictest scrutiny and care in carrying out patient-related clinical care. Faculty and students are reminded that any deviations from approved practice can compromise an entire university and medical center, as evidenced by the actions at Johns Hopkins. Please be very attentive to these matters.

Conflict of Interest

Based on a recent survey, some 40 faculty have yet to submit their annual disclosure on conflict of interest. Those faculty who have not yet done so have received a number of warnings and on July 20th, their respective Department Chairs were notified of faculty whose disclosure was not completed. Please know that if these forms are not completed by August 1, 2001, research privileges will be revoked for these individuals. If you have not completed your disclosure, please do so immediately.

Congratulations

I am pleased to announce that Suzanne Pfeffer, Professor and Chair of the Department of Biochemistry has been elected the president-elect of the American Society of Cell Biology. This is a wonderful accomplishment. Congratulations to Dr. Pfeffer.

I am also pleased to announce that Dr. Helen Blau, Professor and Chair of the Department of Molecular Pharmacology, has been named a recipient of the McKnight Endowment Fund for Neuroscience Award. Congratulations to Dr. Blau.