

Dean's Newsletter

November 8, 2010

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The Importance of Service to the Community

I readily admit that when I think about the missions of Stanford School of Medicine my mind is drawn to our individual and collective work in education, research and patient care. But when I step back for a moment, it is readily apparent that we do this work to benefit our community, locally and globally. Moreover, whatever social value our academic medical center accrues is a reflection of how our efforts and contributions are perceived by the communities we serve. They validate our contributions and we endeavor to improve their well-being.

With that mindset and spirit I was pleased to attend the 9th Annual Community Health Symposium, which was a collaborative effort between the Office of Community Health and students and faculty. Special thanks for this year's symposium go to Nayna Lodhia, SMS II and Vibha Mahendral, SMS II along with Ann Banchroff, MSW, MPH; Jill Evans, MPH; Wendy Everett; Evelyn Ho, MPH; Rhonda McClinton-Brown, MPH; and Marilyn Winkleby, PhD, MPH.

I was extremely pleased and gratified by the attendance of students, staff, faculty and community partners who shared ideas, reflections and accomplishments. Many of the contributions were codified in more than 30 posters prepared by students that covered a wide array of topics and issues. These were coupled with a series of oral presentations and lots of discussion.

I sometimes hear it said that our efforts in research and education are at odds with our community efforts. I am always surprised by that perception since to me each is a very vital and important part of what medicine and science stand for – the discovery of new knowledge and the search for ways to utilize innovation and discovery to improve the health of our communities.

The Road to the Lorry Lokey Stem Cell Research Building

Over the past couple of weeks we have had the extraordinary opportunity to dedicate the Li Ka Shing Center for Learning and Knowledge and the Lorry Lokey Stem Cell Research Building (Stanford Institutes of Medicine 1), These two marvelous new buildings, along with their connecting walks and paths, constitute the new face of the School of Medicine, and bring new harmony and architectural integrity to the medical school. As these wonderful facilities now become part of our familiar landscape, it is worth noting that their design and construction defied most predictions, including the amount of money raised, the incredible partnerships that were developed and the pace of transformative construction. As is often the case in projects of this size and scope, a number of critical factors had to come together at just the right time. And a number of key individuals had to be engaged and committed to collaboration and shared success. This was equally true of the Li Ka Shing Center for Learning and Knowledge, about which I wrote in an earlier Dean's Newsletter, and the Lorry Lokey Stem Cell research Building.

Needless to say, the Lorry Lokey Stem Cell Research Building would not have been possible without the incredible gift from Mr. Lokey and the extraordinary funding from the California Institute for Regenerative Medicine (CIRM). Indeed these were closely linked events. The application for CIRM funding required intense interactions and collaborations between scientists and facilities leaders, since both were evaluated in the review process. The architectural design by ZGF and the facilities planning efforts of Niraj Dangoria, Assistant Dean for Facilities Planning and Management, Chris Shay, Facilities Engineer, and Lang Anh Pham, former Institute DFA, were critical to the CIRM proposal on the facilities side of the equation, as were those of Drs. Mike Longaker, Irv Weissman, Rene Reijo-Pera, Bev Mitchell and others on the scientific proposal.

The \$43.6 million construction grant from CIRM provided a critical piece to the puzzle but also raised fortuitous challenges and opportunities. The first was the need to complete the construction within two years of the time of the award. Secondly, with that timeline came the need to complete the funding (and fundraising) efforts so that construction could commence in the summer of 2008. Indeed, the funding from CIRM enabled me to make the case to Mr. Lokey for the need to increase the size of his gift in order to move this exceptional project forward. Those discussions occurred in Mr. Lokey's kitchen over a period of weeks and culminated with his pledge of \$75 million in September of 2008. Amazingly, this agreement was reached just weeks before the stock market plunge of October 2008. Thankfully, Mr. Lokey sustained his commitment – for which we are all deeply appreciative.

Funding was a key essential element to this project, but so too was cooperation among faculty to enable the design to proceed expeditiously and without tension or distraction. Many played important roles in this process, but most notable were the contributions and leaderships of Drs. Irv Weissman, Bev Mitchell, Mike Cleary, Mike Clark, Renee Reijo-Pera, Mike Longaker and Phil Beachy. We owe them, individually

and collectively, a great vote of appreciation. While much of their work was behind the scenes, we now appreciate it every day in the excellence of the completed Lokey facility.

Because the timeline for construction was faster than anything of similar size and scope in Stanford's prior experience, seamless coordination of the multiple groups and constituencies within and outside the University was essential. First and foremost this included outstanding collaboration with the University's Office of Land & Buildings led by Bob Reidy with our School of Medicine Facilities team led by Niraj Dangoria and Chris Shay. The collaboration of University architect David Lenox with ZGF was essential, and we enjoyed a close and cooperative working relationship with the construction firm of Whiting and Turner. The projects were large in scope and complexity and benefited from new computer design technology and incredible people cooperation. Both were essential.

A final touch of elegance was celebrated this past week with the dedication of the Tre Stelle Di Lapislazzuli Chandelier designed by Dale Chihuly, which has transformed the atrium, entry and very face of the Lorry Lokey Stem Cell Research Building. This too was an incredible partnership and coincidence. It began with a discussion between Ms. Sue McCollum, the founder of My Blue Dots, with Irv Weismann at the groundbreaking event of the Lokey Building in 2008. Over the subsequent year(s), Ms McCollum and her husband Bob McCollum provided the financial resources (along with family and friends) and the inspiration for the glass chandelier. Equally fortunately, the timing of the design permitted the building architects and construction team to prepare the site for installation of the multistory work of art. By combining art and science, creativity and vision, the Lokey Building truly stands as a beacon of hope and inspiration.

It is always amazing to observe how a wide array of seemingly unconnected people and events come together to create a transforming idea or facility. In the case of the Lorry Lokey Stem Cell Research Building, the result is a marriage of individual creativity with a facility that will foster further innovation and symbolize Stanford's commitment to research that improves human life and dignity. Thanks to all who have helped make this come to fruition.

Recommendations of the Teaching Excellence Task Force

Over the past several years we have had numerous discussions about the importance of our teaching mission and how to properly support it. In response to these discussions, I asked Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, and Dr. Charles Prober, Senior Associate Dean for Medical Education, to organize and convene a Teaching Excellence Task Force. This group was charged to develop recommendations on how teaching is measured, how it is supported and whether the necessary and appropriate incentives are in place to recognize outstanding teaching. The perceived and actual value assigned to teaching and education has been the topic of faculty pride as well as concern and sometimes consternation. Indeed, when faculty have been asked to comment on institutional mission priorities, they indicate that teaching and patient care are perceived as having a lower priority than research. The view that teaching

performance is not assessed sufficiently or given sufficient weight in academic appointment and promotion is frequently expressed.

The Teaching Excellence Task Force addressed these and related perceptions. In addition to the Teaching Excellence Task Force itself (Chaired by Dr. Charles Prober with Members including Clarence Braddock, Heather Davidson, Nancy Morioka-Douglas, Cindy Irvine, John Pringle, Kelley Skeff, Stephen Smith, Elizabeth Stuart, Julia Tussing, Thomas Wandless, Sherry Wren), two subcommittees were also appointed. These included a “Teaching Evaluation and Awards Subcommittee” chaired by Dr. Clarence Braddock and a “Funds Flow Subcommittee” chaired by Julia Tussing. The various committees met from March 2009 – September 2010 and developed the recommendations that follow. These recommendations will be discussed at an upcoming Executive Committee, but I share them now in their current form in order to elicit reactions and comments from our community. Please share any comments you have with me or with Drs. Prober or Stevenson.

Draft Comments and Recommendations from the Teaching Excellence Task Force

1. Clearly define teaching activities.

We recommend that the School of Medicine develop a broad definition of teaching activities that “contribute to the educational mission” of the school and is integral to the appointments and promotions process.

- Amend the long form for tenure and promotion to include description and documentation of how this person has contributed to the educational mission of the school.
- Develop explicit expectations for teaching responsibilities of faculty at the department level (recommendation #6 speaks to how these expectations may be conveyed and measured).

2. Increase the visibility of teaching excellence across the School of Medicine.

We recommend that the School regularly promote the expectation that teaching is important and a priority within both the clinical medicine and bioscience environments.

- Regularly highlight achievements and awards of teaching excellence in school-wide publications.
- Work with Communications to promote stories of teaching excellence in on-line, school-wide and national publications.

3. Develop an orientation for new faculty that focuses on teaching.

We recommend that all new faculty to Stanford School of Medicine be provided with an “education orientation,” including basic faculty development to promote their effectiveness as teachers.

We have existing resources in the Stanford Faculty Development Center and University-based Center for Teaching and Learning that can be mobilized in this effort. Topics to be addressed would include the following:

- Mission of teaching in the School of Medicine
- Explanation of teaching as a factor in the appointments and promotions process
- Specific expectations for faculty contributions to the teaching mission
- Core skills in teaching and core content in teaching and learning
- Invitation to have one's teaching evaluated by peers (see below)
- Set aside time for existing faculty at Stanford as well as the Palo Alto VA, Kaiser Santa Clara, and SCVMC to have the opportunity to participate in an "education orientation."

4. Develop a program for peer evaluation of teaching.

Peer evaluation of teaching would enhance the quality and quantity of formative feedback and professional development for faculty in their teaching role. We recommend the development of a pool of faculty who can offer voluntary peer observation and peer feedback on teaching.

A cadre of faculty would be identified to serve as evaluators by virtue of their own level of attainment in teaching, as evidenced by their evaluations, teaching awards, and participation in faculty development programs. Being named to this group would be an honor/acknowledgement of these faculty's instructional achievements (the "master teacher" or Academy model). This group of faculty would need support in developing their skills in peer evaluation. Membership in the Academy would be based upon demonstrated excellence in teaching. Members of the Academy would accept the responsibility to participate in ongoing professional development as teachers, and to participate in peer evaluation and coaching of others.

- Develop adequate funding mechanisms for encouraging junior faculty to participate

5. Develop policy on student and housestaff accountability for evaluation of faculty teaching.

We recommend a school-wide policy that requires students and housestaff complete faculty and course evaluations of teaching.

In order to create a robust system for evaluation of individual faculty, we need to develop mechanisms to consistently gather data from students and housestaff. It is

essential to create a culture in which evaluation of faculty is understood to be part of the same process by which students and housestaff seek feedback from faculty on their work; we must also help students understand the ways in which their feedback factors into the appointments and promotions process.

- Requiring completion of a certain percentage of evaluations to obtain a passing grade in a course (e.g. 80%) across all courses in the MD program.

Possible additional strategies in this regard include the following:

- Withhold credit for attendance at lectures unless evaluations are submitted (for those courses where lecture attendance is mandatory)
- Select a random sample of students to be evaluators for each class or lecture
- Promote professionalism among students as it relates to giving feedback (i.e., continuing efforts to orient/train students through such activities as the Doctors' Roundtable, creating a system in which student evaluations do not remain anonymous if professionalism is not maintained, etc.)
- Work with GME to integrate similar mechanisms into the housestaff evaluation process

6. Develop a standard method of collecting and reporting teaching activity to the appointment and promotion process.

We recommend that all teaching activity and reports on evaluation of teaching at all levels (e.g. medical student, residency) be compiled electronically into a portfolio for each faculty.

The data sources for this effort would be multiple, but include E*Value[®], MedHub, EventApp, and others. The School should explore ways in which this evidence of the amount and evaluation of teaching could be captured and reported in a standard way, for use by the faculty member and his/her division chief of chair for annual feedback discussions, and by appointment and promotions committees at the appropriate intervals. We would envision that this system might work similarly to the Community Academic Profile, perhaps even becoming a component of that system.

7. Use NIH cap to determine Faculty salary support.

We recommend that salary support for all core faculty be based upon the NIH cap. We recognize that this effort may create a disincentive for senior faculty to serve. Efforts to re-examine the salary support scale need to take into consideration how to continue building in incentives for senior faculty participation.

8. Institute a formal review of courses to determine funding needs.

We recommend that the School institute a formal review of courses to determine whether the current distribution of funds is adequate and appropriate.

- An appointed committee should conduct a formal review of courses that acknowledge the course value, cost structure and potential for innovation in relation to the comprehensive curriculum.
- To evaluate a course's standing relative to the larger curriculum, a formal review should consider whether a) the core courses are adequately funded in the full model, b) scrutinize elective courses to evaluate whether TECU allocation is warranted, and c) develop and advertise grant opportunities (see recommendation #10) to provide incentives for innovation that promotes more effective learning. If it is not appropriate for a course to receive TECU funding, a grant opportunity should be available to help the director develop a course with a submitted budget.
- *Current activities:* HHD and POM funding are being re-evaluated. The current budget for these courses is based on an amount that was established several years ago and has been inflated each year.

9. Remodel the current method for funding teaching and administration of Clerkships.

- *Current activities:* Changes to the core clerkship funding model have been implemented for FY11. In order to address issues of transparency, inconsistent practices and a lack of adequate support for required clerkships, the Dean has approved a new model for funding clerkships. Rather than distribute TECUs for required clerkships to departments, only a standardized amount for faculty compensation (.4 FTE at the NIH cap) will be distributed. The remainder will be held in Educational Programs and Services and the department will charge to those accounts a standardized amount for Clerkship coordinators (.8 FTE at an average salary) and all non-compensation costs up to \$15,000. Costs in excess of this amount must be supported by the department, or in cases in which the expense is a required, extraordinary need, there is a small fund to which the clerkship can apply for funding. Additional administrative support to the clerkships will be supplied in the form of a half-time Administrator who will help to organize and optimize the activities of the clerkship coordinators.

10. Provide internal grant opportunities for innovation in teaching.

We recommend that the School set aside a pool of funds to offer seed grants for promoting innovation in teaching projects. Further discussion is needed to design a creative method for reserving funds and a process that would promote experimentation with new teaching technologies and pedagogy.

If you have comments or suggestions please send them to me (ppizzo@stanford.edu) or to Dr. Charles Prober (CProber@stanford.edu) or Dr. Stevenson (dstevenson@stanford.edu).

What Are Multiple Mini-Interviews?

Admission to medical school remains a daunting process for applicants and admissions committees. Our medical school receives nearly 6000 applicants each year for 86 places. Like in other medical schools, a number of factors are carefully considered in reviewing applicants, including academic readiness (GPA, MCAT), life experiences and personal qualities. Assessing personal qualities as a surrogate for professionalism and clinical competence is challenging and imperfect, and the traditional interview (as has been performed at Stanford) has considerable inter-rater variance and a relatively low predictive value for assessing clinical skills. Nor has the traditional interview been validated by strict metrics. In recent years behavioral interviewing techniques have been emerging, one of the more noteworthy examples being the “mini-multiple interview” (MMI) that has been pioneered at McMaster School of Medicine in Canada (the same school that brought forth problem-based learning a couple of decades ago). Based on the experiences at McMaster and an increasing number of medical schools in the USA, members of our Admissions Committee and other senior education leaders at Stanford critically reviewed the MMI methodology and visited centers where it has been utilized. Based on a review of the literature, experience and observations, MMI will be employed this year at Stanford as an alternative to the traditional interview process.

Simply put, MMI includes short structured scenarios observed and scored by trained raters. Specifically, each candidate does 8-10 mini-interview scenarios in a two-hour session during which they move from one interview station to the next. The putative benefits of MMI include the fact that the interviews are structured and consistent for each applicant (which enhances fairness) and the fact that the process includes multiple scenarios and raters, which helps to minimize the potential bias of individual “interviewers.” In addition, the scenarios can be specifically designed to assess issues important to a specific school or setting (including ethical reasoning, critical reasoning and communication skills). Further, the interviews are not specifically knowledge based, and they expose the applicants to new scenarios that permit them to articulate their beliefs and judgments. And importantly, the rating scales are numeric and normalized, which permits the assessment to be quantitative.

Raters are trained and become knowledgeable in the specific scenario they oversee and rate. There is more than one rater per scenario – and the specific scenarios can include an applicant’s discussion of a topic or question (e.g., ethical dilemma), role-play scenarios and problem solving (including team problem solving). Here are some examples:

- **Example of a Teamwork Scenario:** Two applicants participate in a scenario in which one applicant is asked to perform a complex test (such as assembling or repairing a model) with the other applicant giving directions for dealing with or

assembling the model. In this scenario the rater(s) observe the communication and teamwork of the applicant(s).

- **Example of an Ethical Decision Making Type Scenario:** The applicant is giving the following statement (as an example) to read over 2 minutes before entering the room.

“Recently in Congress, there has been a discussion concerning the issue of deterrent fees for all individuals on either Medicare or Medicaid (a small change, say \$20, which everyone who initiates a visit to a health professional would have to pay for every contact) as a way to control health care costs. The assumption is that this will deter people from visiting their doctor for unnecessary reasons. Consider the broad implications of this policy for health and health care costs. For example, do you think the approach will save health care costs? At what expense?”

In assessing this scenario the rater(s) understand that there is no right or wrong answer *per se*, and they are not assessing specific knowledge or whether they agree or disagree with applicants’ points of view. Rather they are assessing the applicants’ interpersonal skills, their interests in the situation or dilemma, ability to address multiple perspectives, and communication skills (both verbal and non-verbal).

In assessing applicants, the raters are trained to score and evaluate each student on both a Likert scale measuring specific skills or characteristics and a summative statement about how the score was determined. Because each applicant will have proceeded through 8-10 scenarios and each rater will have assessed multiple applicants, the aggregated assessments are felt to be more objective and able to provide evaluations of specific and important issues, skills and personal attributes.

At this juncture it is best to consider the MMI as an experiment – albeit one that has a fair amount of data and experience behind it. Our hope of course is that it will make our medical school admission process even more successful. We certainly hope that will be case – and updates will follow after we have had a year or so of experience with MMI.

Nuclear Medicine and Molecular Medicine Opens New Facilities

After nearly 8 years of planning, Stanford Hospital & Clinics (SHC) opened its new Nuclear Medicine and Molecular Imaging Clinic on October 21st (see: <http://stanfordhospital.org/newsEvents/newsReleases/2010/nuclear-medicine-clinic-opening.html>). This new \$25 million 16,000 sq ft facility located on the second floor of SHC features state-of-the-art PET and CT facilities and will house developing technologies that will shape the future of early diagnosis. The ability to track health and disease states down to the molecular level has been the vision of Dr. Sam Gambhir, who is the Director of the Molecular Imaging Program at Stanford and director of the Division of Nuclear Medicine. This incredible new facility will not only utilize the latest and most advanced diagnostic imaging facilities but also create innovations and technologies that will advance this rapidly emerging field of early diagnosis – with immediate applications to cancer, cardiovascular diseases, neuroscience and other disorders. This new facility

places SHC and Stanford in the forefront of modern imaging and offers yet another way that our patients and communities will be uniquely served.

Launching of the Association of Adjunct Clinical Faculty

Academic Medical Centers (AMCs) are comprised of a number of intersecting groups: basic and clinical faculty, students, staff and members of the community who contribute to the enrichment of our programs. In March of 2003, as part of a number of organizational changes in the School of Medicine's professoriate, we developed the category of Adjunct Clinical Faculty for valued community-based physicians who volunteer their time to help teach students and trainees. The ACF replaced the preceding appellation of "Voluntary Clinical Faculty," and included clearer criteria for appointment as well as advancement. I am extremely grateful to our community colleagues but also recognize that, unlike our full-time faculty, they have not had an institutional presence or a means of collectively communicating their views. Clinical departments appoint ACF, and we certainly want to continue the important anchoring and interaction that occurs at the discipline or department based level.

Because ACF are primarily located in their clinical practice settings, there have been times when misunderstandings or miscommunications have arisen. This was somewhat dramatically illustrated earlier this year regarding certain interactions of community physicians with industry that prompted the extension of our Stanford Industry Interaction Policy to everyone with a Stanford title, including ACF. This led to considerable confusion and anger by a number of valued community physicians who either disagreed with the policy or felt it should not apply to them. Importantly, this episode also illustrated that we lacked a regular and clear means for bilateral communication – which clearly would result in future challenges and problems. Accordingly, after a number of communications and discussions, we agreed that an Association of the Adjunct Clinical Faculty (AACF) at Stanford should be formed. A number of faculty led this effort in discussions with me and members of the Dean's Office and they have formed an Interim Executive Committee that is chaired by Dr. Harvey Dondershine, Adjunct Clinical Associate Professor of Psychiatry and Behavioral Sciences. This week the AACF launched its new website at <http://aacf.stanford.edu>.

I certainly encourage all ACF to become active in the AACF, and we look forward to improved communications, interactions and collaborations. And I also want to thank our ACF again for their many contributions to our students, trainees and community.

Berry Fellows Celebrate Twenty Years of Excellence

On October 29th we had the wonderful opportunity to celebrate the 20th anniversary of the Berry Fellowship Program at Stanford. This very special program was established in 1990 by a gift from Walter and Idun Berry, who wished to "benefit humanity through advancing and expanding the understanding of children's health and disease in both the clinical and basic medical sciences." From its beginning, Berry

Fellowships have been awarded to promising postdoctoral fellows from basic and clinical departments. During the past 20 years, 75 Berry Fellows have been named, and their record of success has been outstanding. Overall, over 75% of the Berry Fellows are in full-time academic careers or in research positions in industry. This is a wonderful tribute to the selection committee and, of course, to the fellows and their research mentors and advisors.

What also makes the Berry Fellows Program unique is the dedication and commitment of the Board members and advisors, who visit Stanford each year and take a special interest in each succeeding class of Berry Fellows – and those who have preceded them. Once again Board members Walt Borneman, Michael Cruson and Bill Valentine were in attendance, along with Board Advisor Bob Demmler. Special thanks must also be given to the Stanford faculty and staff who helped launch and spearhead the Berry Fellows Program, including Drs. Charles Prober, Alan Krensky, Harvey Cohen and Mark Kay and Ms. Carol Kersten from the Office of Medical Development.

For the 20th Anniversary a special symposium was held featuring Drs. Don Ganem, Professor of Medicine and Microbiology and Member of HHMI at UCSF, and Dr. Brian Druker, JELD-WEN Chair of Leukemia Research and HHMI Investigator at the Oregon Health & Science Center. Special thanks to Mark Kay for organizing the symposium, which also featured past Berry Fellows as well as posters by the newest Berry Fellows, Gregory Bowman, PhD; James Scott McClellan, MD, PhD; and Ye Zhang, PhD.

Thanks and congratulations to all!

Another Great Beckman Symposium

On October 25th, Drs. Lucy Shapiro, Virginia and D. K. Ludwig Professor and Director of the Beckman Center for Molecular & Genetic Medicine, and Ben Barres, Professor and Chair of the Department of Neurobiology, hosted the 2010 Beckman Symposium. This year's symposium offered a wonderful panel of outstanding presentations by world-class speakers who covered some of the most interesting and challenging themes in neuroscience. Thanks to Drs. Shapiro – and this year's symposium chair Ben Barres – for another great Beckman Symposium.

Peter Sarnow Is New Chair of Microbiology and Immunology

I am pleased to announce that Dr. Peter Sarnow, Professor of Microbiology and Immunology, will succeed Dr. Karla Kirkegaard as the next chair of the department. As you will recall, chairs of basic science departments generally rotate this administrative responsibility among the senior faculty. Dr. Sarnow is well poised to assume leadership.

Dr. Sarnow joined Stanford in 1996 from the University of Colorado Health Science Center. He did postdoctoral training with David Baltimore at MIT and graduate work with Arnold Levine at SUNY Stony Brook. His research focuses on micro-RNA regulation of hepatitis C as well as novel mechanisms of translation initiation by internal

ribosome entry in hepatitis C as well as in picornaviruses and some insect viruses. Dr. Sarnow is currently an editor of the journal *Virology* and is on the editorial board of several other important journals. He was elected a Fellow in the American Association for the Advancement of Science in 2010. Please join me in welcoming Dr. Sarnow as a new department chair and member of the School's Executive Committee.

Thank you to Dr. Kirkegaard for the significant contributions she made to the department during her tenure as chair.

Bike Safety – A Continuing Issue

Over the years I have expressed a number of concerns about bike safety in the Dean's Newsletter. Thankfully a number of improvements have taken place to make bike safety on campus better, due to the work of Ariadne Delon Scott, the Bicycle Program Coordinator. That said, considerable improvements in safety are still needed, as I can attest to based on my daily travels on campus – especially at night, when few students are wearing helmets or have lights or even obey the rules of the road that I know they have been alerted to during orientation. Currently the Bike Safety Dorm Challenge (<https://pmpplus.stanford.edu/pats/transportation/dormchallenge/>) is underway (October 27-December 10th) with the “Grand Prize” being a free bus charter to Tahoe. I hope that continued improvements in safety occur – knowing full well that I personally experience “near misses” with some regularity.

I also want to thank a number of our medical school students for working with the University to fit helmets for students – including: Bryan Chen, Anthony Kava, Alec Palmerton, Jevon Plunket, Jessica Tsai, Ashley Valentine, and Joselyn Woodward.

Health and Safety Update

At the Executive Committee meeting on Friday, November 5th, David Silberman, Director of the School's Health and Safety Office, provided an update on changes that have been occurring in the regulatory environment and on the need for continued training, awareness and vigilance in this area. He encouraged the chairs to discuss health and safety issues with their faculty and to consult with the Health and Safety Programs office if any questions or situations arise. He encouraged the use of the Training Needs Assessment Tool (TNAT) in STARS, which now allows an individual to assess what training is needed.

I want to underscore the importance of David's message to the Committee. It is imperative that the proper training be completed by everyone in the School, at whatever level is required for his or her position. This is important for the safety of our medical school community as well as the need to be responsive to increasing regulatory scrutiny. I urge you to make use of the TNAT capability now available and to contact the Office of Health and Safety Programs with any concerns you have. Their phone number is 723-0110, and David Silberman can be reached at 723-6336 or silberman@stanford.edu. The web site is: <http://med.stanford.edu/somsafety/>.

Awards and Honors

- **Dr. Michele Barry**, Senior Associate Dean for Global Health and Professor of Medicine, is the recipient of a \$8 million NIH Director's award to help establish a global health consortium at Stanford geared to accelerating progress in diagnostics, drugs and devices. The Fogarty International Center will administer this important effort that is designed to encourage integration of the university's business, design, medicine and engineering programs to cultivate new collaborations and expand scientific progress in global health.

In addition, Dr. Barry was awarded the Ben Kean Medal at the 59th annual meeting of the American Society of Tropical Medicine and Hygiene (ASTMH) in Atlanta. The Ben Kean Medal recognizes exceptional dedication to clinical tropical medicine and to the training of students, fellows, and practitioners of tropical medicine, and is one of the Society's highest honors. Congratulations to Dr. Barry for this richly deserved award

Separately, Dr. Barry with her co-principal investigators **Dr. Bonnie Maldonado**, Professor of Pediatrics and chief of the Division of Pediatric Infectious Diseases, and **Dr. David Katzenstein**, Professor of Infectious Diseases, have received a \$10 million grant from the NIH Medical Education Partnership Initiative to improve medical education at the University of Zimbabwe over the next five years. Congratulations to Dr. Barry and her colleagues.

- **Dr. Joe Wu**, Associate Professor of Medicine and of Radiology, is one of 85 researchers named by President Obama to receive Presidential Early Career Awards for Scientists and Engineers. This is the highest honor that the US government awards to science and engineering professionals in the early stages of their independent research careers. This award was first established by President Clinton in 1996 and provides research support for innovation and discovery. Dr. Wu has won a number of distinguished NIH awards including an NIH Director's New Innovator's Award and an NIH Transformative RO1 Award. He is off to an amazing start in his career trajectory. Please join me in congratulating Dr. Wu.

Appointments and Promotions

- **Harley H. McAdams** has been reappointed to Professor (Research) of Developmental Biology, effective 6/01/11.

- **John Oghalai** has been appointed to Associate Professor of Otolaryngology – Head and Neck Surgery effective 11/01/10.
- **Sharon J. Pitteri** has been appointed to Assistant Professor (Research) of Radiology, effective 11/01/10.
- **William H. Robinson** has been promoted to Associate Professor of Medicine effective 11/01/10.
- **Harley H. McAdams** has been reappointed to Professor (Research) of Developmental Biology, effective 6/01/11.
- **Jamie M. Zeitzer** has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 2/01/11.