



The Future is Now

Adapted from the Dean's State of the School Address, October 14, 2008

I'd like to welcome all of you to our annual faculty and staff meeting. As I was telling one of our faculty members earlier, the School of Medicine is one big family. The spirit of collegiality here is strong, and like all families, we have opportunities and challenges. How we seize our opportunities and meet our challenges is what defines the School of Medicine as a top-ranked place of research and scholarship. Despite a flat NIH budget, the economic struggles of Grady Health System, and refining the new curriculum, we have been successful in all of our missions. Today I want to take a closer look at what we have accomplished in education, research, and clinical care.

Education

We have nearly 500 medical students and 439 allied health students. The Graduate Division of Biological and Biomedical Sciences has about 495 students. Granted, they are not our students per se, but we do play a large role in educating these students, so I think we have some pride of ownership. There are 1,145 house staff and fellows and 81 ACGME-approved programs. We have 504 postdoctoral students. (In fact, for the past three years, the School of Medicine has been named one of the top three academic institutions as one of the best places to work for postdocs, as shown by a national survey by *TheScientist* magazine.) Mary DeLong heads up our postdoc office, and I'd like to thank her for her hard work and dedication.

Class of 2012—We have 132 M1 students: 70 women, 62 men. Over the past 10 years we have seen a trend of more incoming female students, and I believe in the future that medicine will become a predominately female profession. We have 13 African American students, two Hispanic

Americans, and 19 Asian Americans. The age range is 20 to 35. That's a brave 35-year-old who starts medical school, but kudos to this student. Nontraditional students, like this 35-year-old, make up 25% of the M1 class, and these students bring valuable life experience to medical school.

Class of 2012

132 students: 70 women, 62 men

Age Range: 20 - 35 years old

25% nontraditional students

(>2 yrs post-bac)

13 African Americans

2 Hispanic Americans

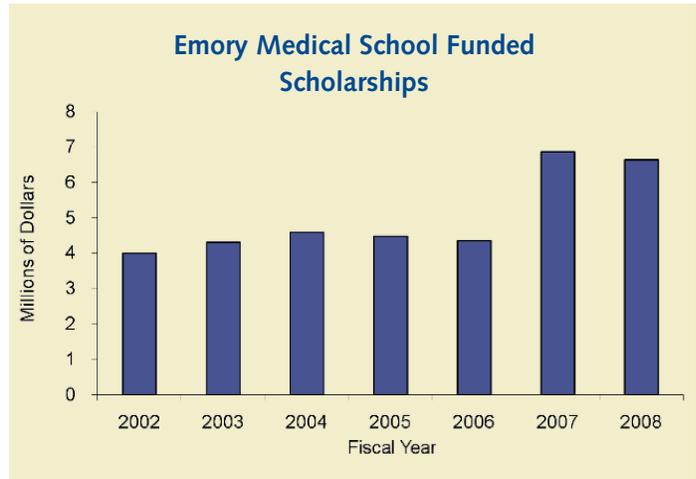
19 Asian Americans

The students come from 61 undergraduate institutions, and this is the first time I know of that the University of Georgia leads the pack. It's usually Emory. We draw students predominantly from east of the Mississippi River, ranging from large state schools down to small private colleges. In addition to the usual premed majors like

biology and chemistry, 41 students have backgrounds in the humanities. I think it brings a diverse atmosphere to the school to have individuals who are not just biology majors, as I was. The mean GPA is 3.7, and the mean MCAT score is 34. That's a very good MCAT score, above the 90th percentile. Thirteen students have postgraduate degrees, and we have nine MD/PhD students and 13 MD/MPH students. It's my goal to have 10% to 15% of the class in the MD/PhD program, though this program is quite expensive because these students are on full scholarship. I'd also love

to be able to have 25% of the class in the MD/MPH program, but we have a little more work to do to reach that goal. Thank you to all those who are heavily involved with this class: Ira Schwartz, William Eley, Alan Otsuki, Gordon Churchward, and Robert Lee.

I know all of you are concerned, as am I, about student debt. Along with the other deans, I have spent a great deal of time raising funds to increase scholarship money. Scholarships allow us to admit any qualified student and to give students enough money so that debt at graduation is not crippling. We want students to have the choice to practice any specialty in any area, including rural or urban areas, where they may not earn as much as in other locations. For students to consider those choices, we have to make sure they don't graduate with crushing debt. We have made progress, particularly over the past couple of years, in increasing scholarship money, the majority of which comes from our alumni. They understand the value of an Emory education and how important it is to graduate with only a modest amount of debt. We were able to give away \$6.6 million last year, and we are hoping to give away more in the coming years.



LCME Accreditation—We went through this cycle in March 2008. The LCME team and board members thought our leadership was very good and our financial position, solid. Student advocacy, particularly HealthSTAT, was noted as excellent. They were, of course, very impressed by the medical education building. They also complimented us on our research enterprise and opportunities provided for students to work with investigators.

There are three areas on which we need to improve, though. I can tell you that if a school gets only three areas cited, it is doing very well. (I sit on the LCME board that adjudicates the reviews, although I recused myself for our review.) We were cited for having relatively little outpatient experience. It is true that some of our major rotations are almost exclusively inpatient, and those are being revised.

Another area for us to improve is the timely return of student grades for classes. There were a couple of courses in which the students had to wait a couple of weeks to receive their grade. We have talked to the chairs of the departments involved, and that matter has been resolved. Last, LCME said there was a relative lack of awareness among students about the school's policy on student mistreatment. LCME knows that we have such policies in place and that they have been distributed to students. But the policies were little known to students. So we will press forward with another mechanism to increase students' awareness.

I thought these items were pretty minor, so kudos to our LCME steering committee for helping prepare this report, which was a massive undertaking. It took between 12 to 18 months to put together the required information and documents. The individuals who deserve special thanks for this are Alan Otsuki, who headed up the process as associate dean for medical education, and Jennifer McCormick, associate director for medical education. In addition, emergency medicine chair Kate Heilpern played a key role, and it goes without saying that William Eley deserves thanks, as well as the many chairs who devoted their time.

Teaching Excellence Awards—Before I move onto research, I wanted to mention the winners

of this year's teaching excellence awards. These individuals are nominated by their peers, students, or residents, and all nominations then go to a committee, which renders the final choices. This year there are seven awardees, and they represent a wide cross-section of departments: Erica Brownfield, medicine; Victor Faundez, cell biology; Nicolas Krawiecki, human genetics and pediatrics; Kimberly Manning, medicine; S.R. Panini, biochemistry; Douglas Parker, pathology; and Winfield Sale, cell biology. These are extremely dedicated, accomplished teachers who deserve our thanks.

Research

We have developed enormous depth in our research enterprise that allows us to attract and retain outstanding scientists and to compete effectively for federal funding. One of our school's statisticians told me that there are 101 faculty who bring in more than \$750,000 a year in research awards. Within that 101 is a subset of 71 who bring in more than a million. To grasp the sea change in the ability of our faculty to compete for NIH grants, know this: Just 12 years ago, there was a total of eight faculty who brought in more than \$750,000 a year.

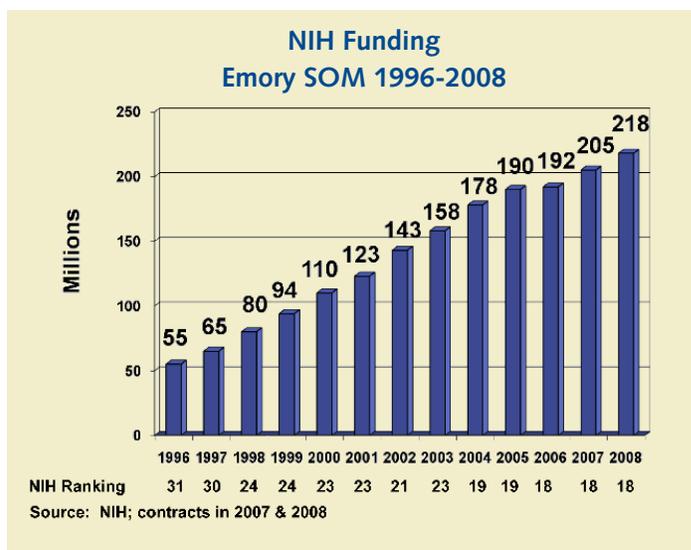
We are ranked 18th in NIH funding with \$223 million, the same position as last year. That's an increase of 9% over the past year—remarkable given that the NIH budget has decreased. The SOM continues to grow at the second fastest rate of the top 20 medical schools, 12% over the past 12 years, in fact.

It is noteworthy that we continue to do well in garnering large grants. For example, Mark Mulligan in the vaccine and treatment evaluation unit; Rafi Ahmed for an immune inhibitor protein grant; Chris Hillyer for a blood transfusion grant; molecular translation in the imaging center with Carolyn Meltzer and Mark Goodman in radiology; and Paul Doetsch with oxidative stress and colon cancer.

Researchers won't get large grants if their medical school doesn't have highly ranked departments. Eight of our clinical departments are in the top 20, and six are in the top 10. Five of our basic science departments are rated in the top 20, and two are in the top 10. Again, we have seen this increase year after year, a testimony to the quality of the faculty.

As many of our researchers know, we have a shortage of space. We have more people doing more research in less space than ever before. As a result, we have increased the efficiency of our space utilization. We also have rejuvenated the space committee under Executive Associate Dean for Research Ray Dingleline. In the new Rollins School of Public Health building, which is set to open in 2010, we will occupy one floor, about 20,000 sq. ft. In addition, we are planning to construct a building with up to 200,000 sq. ft. of space on the Turman site, and then at our midtown location we will have up to 100,000 sq. ft. of new space.

These new buildings will provide enhanced space for our existing departments and centers and enable them to expand their research and broaden collaboration. Translational and clinical research



efforts will be furthered by the hospital and clinic space. Both are being designed with knowledge that research and education are key differentiators for Emory Healthcare and that it will make the clinical enterprise even more successful.

Clinical Care

U.S. News and World Report ranked seven of our programs in the top 25. Cancer made the rankings for the first time. The Emory Winship Cancer Institute went through a site visit for NCI cancer status, a wonderful effort on the part of a lot of people. The collaborators I'm going to expand upon are our major ones, though we have lots of collaborations that take place within the health sciences center, within the college, and other places within Emory.

Emory Healthcare—Emory Healthcare had another terrific year. The leadership of John Fox and Wright Caughman has been nothing short of stellar. They maintained positive bottom lines in the clinic and the hospitals, and in this day and age that is not an easy thing to do. There were 48,500 patient admissions into Emory hospitals and almost 2 million patient visits to Emory Clinic. Both figures are a tribute to Emory Healthcare and faculty.

Emory Healthcare will see some major changes in the next few years. A strategic plan calls for the construction of new Emory University Hospital and Emory Clinic facilities on Clifton Road. The new clinic building will be about 400,000 sq. ft. Around the corner will be our new research building that I mentioned earlier.

The Midtown master plan is a bit less advanced than the Clifton Road project but again points out the need for new hospital beds, as well as research space. We believe that we will build approximately 100,000 sq. ft. of research space there. There is an enormous amount of planning going on due to the leadership of Fred Sanfilippo, executive vice president for health affairs, and things are moving ahead.

These new facilities will enable us to deliver better patient-centered care. They will create opportunities for enhanced efficiency, and that's good for our patients, physicians, and nurses. These facilities and the atmosphere of collegiality that you create are going to make Emory an evermore attractive place for patients and employees.

This past year Emory Healthcare established a system-wide quality office and a quality council and installed chief quality officers at each hospital and clinic. William Bornstein, chief quality officer for Emory Healthcare, has been the point person for these efforts, and he deserves great credit. A number of you have been involved in the quality committees and quality and safety exercises. I, too, participated recently in a quality-control exercise. I donned scrubs and went into a storage room at Emory University Hospital and worked with a team to help clean out old supplies and organize others. We found that trying to locate three items before the clean-out took 13 minutes, and afterward, just three minutes. It's a telling example of how quality control affects day-to-day jobs.

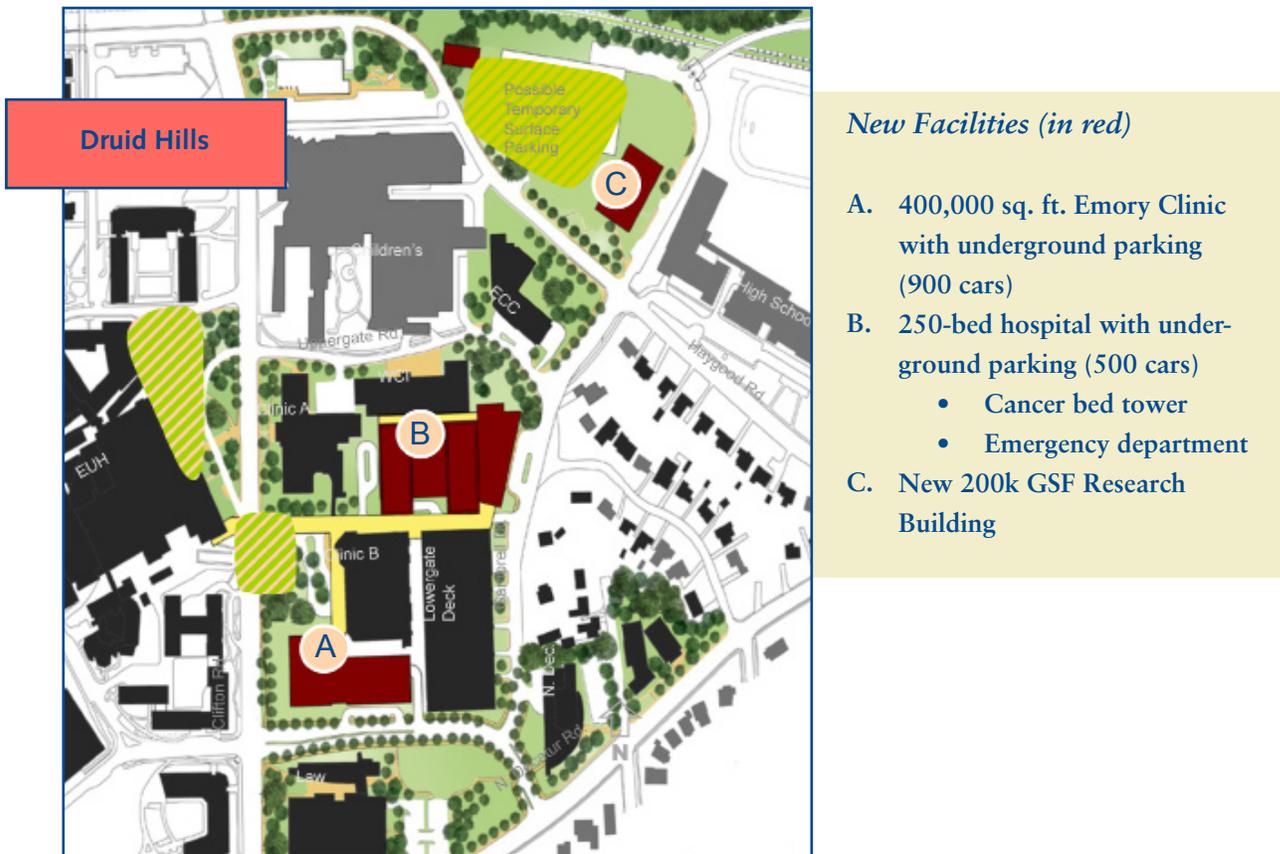
U.S. News & World Report Clinical Rankings

Specialty	2007	2008
Cancer	--	47
Ear, Nose and Throat	21	19
Geriatric Care	11	11
Heart & Heart Surgery	16	13
Kidney Disease	35	20
Neurology & Neurosurgery	25	13
Ophthalmology	11	9
Psychiatry	12	11

In the past several years there has been a national emphasis on measurably enhancing quality of patient care. Emory has embraced these principles. There is a significant effort under way to educate everyone on the importance of creating a culture of quality and safety that should pervade everything we do. As we examine policies and procedures to enhance quality and safety for our patients, we need the wholehearted cooperation of our faculty. We want Emory to be a leader in quality of care, and with hard work, dedication, and your cooperation, we will achieve it. Emory Healthcare also wants to implement clinical-improvement processes, accelerate the implementation of patient- and family-centered care, use a computerized provider order entry system for all inpatient settings in the coming year, complete preparation for a magnet designation application by the end of 2009, and increase patient satisfaction results system-wide. Under the leadership in the Woodruff Health Sciences Center and Emory Healthcare, there's no question that these efforts will be successful.

Atlanta VA Medical Center—With its leadership team of James Clark, David Bower, Tony Laraquente, Robert Pollet, and Norberto Fas, the VA and the school continue a great relationship. There are 203 faculty and 133 residents who are paid in part or exclusively by the VA. We have about 660,000 outpatient visits, and the research enterprise is now up to \$29 million there. We are coordinating a VA human study center with David Stephens of the Atlanta Clinical and Translational Science Institute and increasing mental health research on veterans who served in Afghanistan and Iraq who have traumatic brain injury or posttraumatic stress disorder. It's a great relationship and one that we prize. And we have a pedestrian bridge now that joins the Emory and VA campuses. It took a lot of time, about a decade, but we finally got it!

Children's Healthcare of Atlanta—This is another important collaboration for us, with its leadership team of Donna Hyland, Jay Berkelhamer, and our own pediatrics department chair Barbara



Stoll. Together, we formed the Emory-Children's Center in 2006 to house our pediatric practice, and that has made great progress. We also are jointly recruiting a Children's Healthcare chief research officer.

We are active partners in strategic planning for Children's, what they refer to as Vision 2018. Their vision includes increasing access, physician alignment, and the numbers and growth of centers of excellence. They want a world-class pediatrics facility. They want to have a research engine that generates significant external support. They want to be the wellness leader in Georgia and a model for the country. They want financial growth and stability, and they want to increase their fund-raising. This is a wonderful vision for them. It includes us, and I am confident we will be successful together.

Grady Hospital—We've partnered with Grady since 1892, and we provide more than 600 physicians and 375 residents there. In fact, those physicians and residents make up 80% to 85% of Grady's staff. The Morehouse School of Medicine provides the rest. Together the two schools oversee about 800,000 outpatient visits and about 31,000 admissions each year.

The good news is that Grady has a new board of directors and new CEO, Michael Young. I have had the opportunity to meet with him on a number of occasions since he joined Grady on September 1. I must say he's off to a fast start as he begins the task of reinvigorating and rejuvenating Grady.

There are many opportunities at Grady to improve care, education, and research. One such opportunity I talked with Mr. Young about is the creation of a center for neurosciences that would focus much of its effort on the diagnosis and rapid treatment of stroke. There's nothing quite like that in Atlanta. We can bring to bear all of the applicable specialties that would be necessary for this, neurology, neurosurgery, and rehabilitation medicine, among others. The conversations about this indicate to me that Grady has turned the corner. We're not talking now about merely saving Grady. We're not talking about Grady merely surviving but about creating a center of excellence that's unique for Atlanta, and that's a huge change.

On the front burner for us at Grady is the 2009 budget. William Casarella and I continue to work through budget issues with our Grady colleagues. We have made it clear that we cannot continue to subsidize Grady at the rate that we have been called on to do in the past. At the same time, though, we are hopeful that we will be able to work through these issues and maintain a very strong presence at Grady.

Faculty

Now let's talk about you. In my estimation, you are the greatest single asset of the School of Medicine. Our ability to perform our missions of patient care, education, research, and community service begins and ends with you. Your value is immense. Whether implementing our new curriculum, making remarkable research breakthroughs, providing high-quality patient-centered care to thousands of individuals, or being the role model for the next generation of physicians, you do it—you do it day in and day out and with great skill and dedication. I want you to know that I appreciate you and all that you do.

Our faculty now totals more than 2,100, which puts us up among the largest medical schools. Most of our faculty are in clinical science departments. We had a net gain of 106 faculty last year, an 8.5% growth in basic science departments, and a 5% growth in clinical departments. We were able to appoint four new chairs in 2008, Walter Curran of radiation oncology, Doug Eaton of physiology, Fadlo Khuri, the founding chair of hematology/oncology, and Robert Swerlick of dermatology. We have two current chair searches under way, (1) microbiology and immunology and (2) surgery. Rick Cummings is head of the microbiology and immunology search committee, and for surgery, Carolyn Meltzer and Dan Barrow have co-led the search. Both search committees

have made substantial progress, so we should be able to bring those searches to a close soon.

I thought you would be interested to know that we had 34 appointments or promotions to professor last year, 56 appointments or promotions to associate professor, and 286 junior actions. I think these figures are interesting to look at because they address the demographics of the faculty.

We are a faculty of one-third female, two-thirds male, and we have been that way for about the past five years. Almost 13% of our faculty are minority—a figure that’s not bad compared with the average in higher education, but it’s not great either. Of our senior faculty, 20% are female and about 80% are male, and our senior ranks include about 6% under-represented minorities. So we have a ways to go. One new development is that we have created an incentive for departments to recruit senior women and under-represented minorities by setting aside \$1 million each year that I will use to match the start-up packages that chairs can provide.

Here are some of the School of Medicine faculty who have received prestigious awards in the past year. Helen Mayberg was elected to the Institute of Medicine and received the Falcone Prize for Outstanding Achievement in mood disorders. Kerry Ressler is now a Howard Hughes investigator. Jeremy Boss was appointed editor of the *Journal of Immunology*. Carolyn Meltzer was elected vice president of the American Society of Neuroradiology. Robert Taylor is president-elect for the Society of Gynecologic Investigation and also received the distinguished researcher award from the American Society of Reproductive Medicine. Robert Lee, associate dean for minority and multicultural affairs, received

a special recognition award from the AAMC Group on Student Affairs. Leon Haley was appointed to the Georgia Trauma Care Network Commission. Max Cooper received a major award from the AAMC for lifetime distinction in research. Lawrence Davis and William Casarella each received the Gold Medal from the American College of Radiology, its highest honor. Last, Malcolm Graham received an award of merit from the American Otolaryngological Society.

<i>School of Medicine Faculty</i>			
<i>Department</i>	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
<i>Basic Science</i>	173	4	177
<i>Clinical Science</i>	1792	189	1981
<i>Total</i>	1965	193	2158
<i>Volunteer Clinical and Adjunct</i>			944

Task Force on Faculty and Staff Development—Two years ago, we instituted a task force on faculty and staff development that was co-chaired by Kate Heilpern and Carlos del Rio. The committee was charged with one goal in mind: We want the School of Medicine to be the best place to work in Atlanta and the best place to work among all U.S. medical schools. We want faculty and staff to make valuable contributions, to know that they are appreciated, and to feel included in the vision, goals, and accomplishments of the School of Medicine. So I wanted give you a follow-up on this committee, which brought forward six top recommendations.

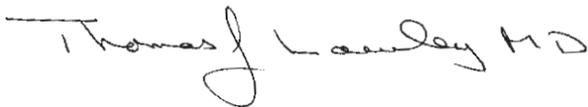
- Provide personalized recognition for accomplishments in all departments. One example is the staff awards event in the Department of Medicine, chaired by Wayne Alexander. A number of other departments have been doing this as well, and we have had lots of positive feedback from faculty and staff.
- Appoint an assistant dean for staff development to facilitate training of chairs, division directors, other faculty, and staff. We have appointed an assistant dean, Rachelle Lehner. She and

Sharon Weiss are working on enhancing training, and they will be rolling out more initiatives in the coming year.

- Incorporate faculty development in the chair evaluation process. We are developing forms for chair evaluations by faculty, and faculty development is already part of the evaluation of chairs in the dean's office.
- Provide more development courses in leadership and teaching skills. The departments of pediatrics and medicine, for example, have a faculty development lecture series and course. Radiology has lecture and leadership programs for mid-level faculty. The School of Medicine has a lecture series and a junior faculty development course. For the chairs who haven't had the time to do this, you really should. Such courses are regarded highly by the faculty and staff.
- Expand and improve mentoring programs at the department and school levels. The biochemistry, pharmacology, and cell biology departments have grant-writing programs, and the school's postdoctoral education office conducts grant-writing classes for junior faculty.
- Review promotion and tenure guidelines of the School of Medicine for the possibility of creating a clinician educator track. This has been done and is about to come before the council of chairs for review. If approved, it then will go before the provost and then, ultimately, to the board of trustees.

We have implemented as many of the recommendations as possible. There's more progress to be made, but the chairs and the departments are stepping up in an important way.

Let me conclude with the following. Emory is a wonderful institution, and you are a great family of faculty, staff, and students. As you know, we are living through uncertain financial times. All educational institutions will need to rise to meet challenges, and Emory University School of Medicine has consistently overcome its challenges. So my message to you from the bottom of my heart is that the future is bright. Thank you very much.



—Thomas J. Lawley, MD

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