

PANEL #2:

What do we need to do to optimize and align educational programs across the University?

1. In what way does it make a difference to our education programs that the School of Medicine is part of the broader Stanford University community?

Summary of Comments:

- SoM is “under-leveraging’ what is available on the rest of the campus – statistics, computer science, and engineering have strong programs that we can connect with. They’re already interested and, in some cases, already active.
- These opportunities are actively being pursued. The key to strengthening them is to formalize the opportunities and SoM needs to put more effort in communication (especially to new or potential students).
- Formula/Non-Formula budget issues can be resolved (e.g., Bioengineering).
- SoM’s advantage is its location on Stanford campus. Disadvantages include course cost, variety, and availability.

Suggested Action Items:

- Develop effective strategies for communicating interdisciplinary course offerings to all students:
 - SoM should do a better job of informing folks as they enter (or before they enter).
 - Need to make more students aware of opportunities.
 - Boot camp model may work better.
 - Key is strengthening and formalizing opportunities.
- Develop a better understanding of why our students are going to UCB to get an MPH degree rather than getting that education here at Stanford – and on the fact that our faculty are encouraging them to do that:
 - What are the factors?
 - The desire to get a degree (rather than just taking courses).
 - The utility of the degree.
 - The cost – the big and obvious one – figure out ways to mitigate this barrier.
 - The attitude and lack of engagement of our faculty in the areas that are of such great interest to our students that they want to get additional degrees.
 - Think about how to develop, support and fund co-terminal masters programs.
- Develop a partnership with the GSB for providing leadership training for students and faculty.

2. How can our relatively small SoM increase our educational impact?

Summary of Comments:

- Eighty percent of faculty are clinically active and have little time available to teach.
- Financial constraint: When students work outside the lab, they have to stay in the program longer – the longer they stay, the more they cost.
- Need to communicate true cost. Student Aid and training grants cover much of the tuition costs. Makes no sense to be sending students to Berkley because of our costs.

Suggested Action Items:

- Develop a better understanding of student motivations for pursuing interdisciplinary studies:
 - We need to do more analysis on why people want degrees. Is it the degree or the content?
- Identify the obstacles to taking interdisciplinary courses and fix them:
 - Loan forgiveness programs: Academic or Public Service Programs.
 - We need to address the question of additional tuition fees for joint degrees in a more systematic way.
 - We need to ask if we want to continue to be the school with the lowest debt – and if not, where should we allocate those additional dollars.
 - Need to focus programs on students and trainees as early as possible.
 - Need to encourage advisors to allow students to study outside their lab area.
- Identify institutional resource constraints and strategies to resolve them:
 - Joint degree programs include course trade-offs – allowing both degrees with same resources and within same amount of time.
 - We could admit more students to provide more tuition-funded S&B support.

3. How do we augment the teaching skills and opportunities of our residents, fellows, and postdocs?

Summary of Comments:

- PhD/Postdocs do not have enough opportunities to describe/present their own research to critical audiences.
- Time is a recurring common denominator problem. Role of residents and fellows as link between MD students and faculty is key.
- Challenge for residents and fellows is that they come to Stanford to be academic but clinical demands drive them away from academic interests.

Suggested Action Items:

- Pursue a systematic approach to a redesign of the undergraduate and graduate medical curricula geared toward the development of teaching skills in anticipation of careers in academic medicine:
 - Need more meaningful contact with faculty (other than their immediate advisors).
 - Skeff program last year for residents as very effective.
 - Take more advantage of Skeff resources.
 - We need to come forward with new models for training MDs that ensure experiential rigor and opportunities for academic pursuits.
 - Need more systems-based learning. Need more/better role-modeling.
 - We need to give education the same level of respect and merit as clinical work and research. We have to make the commitment and create incentives. An issue of priorities, not money.
 - Have senior postdocs teach undergraduates.