UAB School Of Medicine

THE VIEW FROM THE TOP

Robert R. Rich, MD, former executive associate dean for research and strategic initiatives at Emory University School of Medicine, succeeded William B. Deal, MD, as UAB vice president and dean of the School of Medicine (SOM) on October 1, 2004. Dr. Deal returned to the faculty after serving 7 years as dean.

Dr. Rich brings a history of taking strong research enterprises and transforming them into elite programs. He is a noted scientist, former Howard Hughes Medical Institute investigator, outstanding clinician, and accomplished instructor. In his new administrative role at UAB, he plans to leverage the school’s outstanding strengths to pursue academic medicine’s latest developments in research, teaching, and patient care.

Dr. Rich is simultaneously guiding the school’s strategic planning process, its preparation for the national Liaison Committee on Medical Education (LCME) reaccreditation, and its chair search committees, while assimilating new Association of American Medical Colleges (AAMC) data for 2002-2003 that compares UAB with 125 other medical schools. “This process will take the major part of 2005,” he says, emphasizing the importance of building consensus. “The strategic plan must be faculty driven to move us into elite biomedical status,” he says.

“This is a ‘golden moment’ in strategic planning. I am optimistic about the confluence of three currents — the periodic reaccreditation for education by the LCME in 2006, the Health System CEO oblieng us to do strategic planning for our clinical enterprise, and new clinical and research facilities.

“Backing up a bit, this opportunity yields significant cross-interactions. As we define the SOM research agenda, we can chart its impact on clinical planning and LCME educational processes. Vibrancy of our clinical operation is, of course, the foundation for research and educational excellence.

“Our mission is complex. I have a responsibility to cross the spectrum, taking this year to chart the course of the next 5 years, which is very exciting.

“I came to UAB because of its national reputation for excellence,” continues Dr. Rich, who points to biotechnology as a field with a particularly dramatic growth potential. “The science is only 20 years old, and the next 10 years will bring an explosion of technologies from 2 decades of accumulated knowledge. UAB is a biotechnology powerhouse, with world-class research in a multitude of areas, including, but certainly not limited to, basic molecular biology, immunology, and oncology. Biomedical engineering is another area of extreme future promise.”

UAB also has a great history of translational research, which Dr. Rich believes is critically important today. “The National Institutes of Health has clearly gotten the message that Americans want to support cures and preventions through translational research. With their natural flow from biomedical research through product development in the public sector, academic centers are better able to facilitate this work than pharmaceutical companies” he contends.

“However, seldom does the ‘bench to bedside’ process not involve an ‘industrial bypass.’ Development of fundamental science, up to the point of engineering, application, and product development, goes on in academic centers. Then, the product often returns to the same university (or more commonly another academic institution), where it enters clinical trials and patient delivery. In truth, translational research involves basic and clinical scientists working on the same patient-care discoveries, as opposed to the current linear approach, which is much less efficient.”

NATURAL MEDICAL INVESTIGATOR

SOM is unabashed in its push to capitalize on the medical expertise of its 1,014 full-time faculty members to increase revenue to finance research. “We are an entrepreneurial institution,” Dr. Rich says. “We follow a strategy of maximizing our core assets, and you can see the results.”

Dr. Rich is familiar with the interplay between medical education and research. Author of more than 200 scientific writings, his personal research focuses on biology and genetics of T-cell function — interactions between antigens and major histocompatibility complex molecules — and regulation of that interaction.

“My specific goal was to explore infectious disease defenses,” he says. He continued on page 3
SCHOOL OF MEDICINE RESEARCH STRATEGIC PLAN — HIGHLIGHTS

GRADUATE/CLINICAL RESEARCH TRAINING
Strengthen financial support for biomedical graduate recruitment/education
- Assess current infrastructure and costs of graduate recruitment and core curricula
- Evaluate administrative and financial options for efficient and equitable first-year support
- Determine potential new funding resources for stipend/tuition support
- Consider optimal process for stipend allocation
- Propose multidisciplinary opportunities for extramural graduate funding; assess needs for common support of training grant/fellowship preparation
- Identify incentives for excellence in graduate education and success in graduate funding

Enhance clinical research training infrastructure
- Determine mechanisms to strengthen recruitment of medical students, residents, and fellows for clinical or academic research
- Assess clinical research infrastructure regarding space (administrative and teaching), administrative support, inter-school interactions regarding clinical research training
- Create mechanisms to build a clinical research community at trainee and mentor levels

Enhance graduate education and recruitment
- Evaluate graduate entry programs for effectiveness of recruitment and training; compare with benchmark models
- Propose modifications to current graduate training program
- Evaluate alternatives to faculty participation in training programs by departmental appointment process
- Assess long-range desirability for interdisciplinary, rather than departmentally, based degrees
- Evaluate support services and interactions with the Graduate School
- Strengthen or create new recruitment initiatives, such as minority, summer research, science honors programs, and Web interfaces

ENHANCEMENT OF RESEARCH INFRASTRUCTURE
Centers, Cores, and Bridge Funding
- Evaluate level of central and school support for University-wide interdisciplinary research centers
- Evaluate cores for utility and financial plans
- Gather data on best practices for core support at other universities
- Evaluate funding streams for cores including animal resources
- Evaluate regular review process for cores and emerging technologies
- Evaluate desirability of centralized management for, and increased interrelationships among, cores
- Evaluate feasibility and desirability of improving access to Southern Research Institute capabilities
- Consider promotion criteria appropriate for core leaders
- Evaluate information technology support for research
- Institute a transparent process for bridging investigators through funding lapses

Ease regulatory burdens on investigators
- Create an individualized, integrated Web-based research tool kit that alerts individual faculty as to when training is needed, when last completed, etc.
- Establish links to all required training modules (Institutional Review Board [IRB], Conflict of Interest Review Boards, institutional animal care and use committees, HIPAA, effort reporting, diversity training)
- Add information about effort reporting status on this personalized research page
- Evaluate frequency of effort reporting and training

Improve clinical research infrastructure
- Develop and define responsibilities of Office of Human Research
- Enhance effectiveness of interface with IRB
- Implement of Social Sciences/Behavioral IRB with new protocol forms and training
- Evaluate HIPAA implementation
- Define policies on residual accounts
- Examine indirect rates for nonfederal clinical trials
- Examine administrative costs and charges
- Facilitate Western IRB billing

Improve interface with Grants and Contracts Administration/Accounting
- Make suggestions for improvement of Oracle
- Expedite new award account and budget setup
- Develop integrated electronic internal grants submission capabilities
- Implement electronic grant submissions to NIH, etc.
- Codify and streamline issues with material transfer agreements and contracts (intellectual property, indemnification, publication rights, etc.)
- Develop contract templates with private sponsors
- Examine review and negotiation expertise for funding sources other than NIH
- Examine systems for identifying and broadcasting opportunities
currently serves as editor-in-chief of the Journal of Immunology, a leading international peer-reviewed biomedical research journal.

He also has served as a science policy advisor to NIH and the AAMC, sat on the boards of directors of the American Board of Allergy and Immunology (past chair), and the American Board of Internal Medicine. Most recently, he served as president of the Federation of American Societies for Experimental Biology. He is past president of the Clinical Immunology Society.

SETTING PUBLIC POLICY

Recognizing the immense challenge of competition for research dollars, Dr. Rich says, “biomedical research, particularly the recent completion of human genome sequencing, offers an unprecedented opportunity for improvement of human health.” He notes the growth curve also will change dramatically as the federal government limits funding increases.

“UAB has followed a strategy of making its assets shine.”

Dr. Rich earned a Bachelor of Arts degree magna cum laude from Oberlin College, where he did honors research, and a medical degree from the University of Kansas Medical School in his home state. He completed graduate medical training at the University of Washington, clinical and research fellowships at NIH, and a clinical fellowship in allergy and immunology at Harvard.

The son of a country doctor whom Dr. Rich says had an unmet interest in research, he lives in Birmingham with his wife, Susan, who holds a PhD in immunology and is associate dean for life sciences in UAB’s Graduate School. Their avocations include opera and symphonic music, Native American art and culture, and cooking — Dr. Rich particularly enjoys anything involving a “complex and troublesome recipe.” The Riches have three children.

Though a creature of urban society, I was raised in a Mennonite home and my rural Kansas background and a community of less than 800 inhabitants,” Dr. Rich continues. “I have rural values and am the only person in my family who hasn’t spent his life in Kansas. My career path has taken a different twist, but I deeply admire my relations. They are wonderful and accomplished people.”

Synopsis: How does the medical dean’s role relate to UAB’s research enterprise?

Dr. Rich: Centrally. When I joined Emory in 1998, I oversaw clinical and basic science research at the medical school and guided unfolding of the school’s strategic research plan. Emory’s research funding from NIH has since increased dramatically. In fiscal year 2003, it received more than $158 million from NIH, nearly double the amount when I arrived. (UAB received more than $208 million in FY 2003.)

Prior to Emory, I spent 25 years at Baylor College of Medicine, where I rose from assistant professor to vice president and dean of research. I maintained my lab at Baylor and commuted from Emory to Baylor twice a month to continue my investigations.

Synopsis: Tell us about the LCME accreditation progress.

Dr. Rich: LCME is the nationally recognized accrediting authority for medical education programs leading to the MD degree in U.S. and Canadian medical schools. It is sponsored by the AAMC and the American Medical Association.

Synopsis: How does one prepare?

Dr. Rich: The School of Medicine’s preparation for the March 5-6, 2006, LCME accreditation review and visit is ongoing. Basically, we have created five self-study committees involving more than 100 faculty, staff, and students from the school’s three campuses. These groups will prepare a Self-study Summary Report for submission in December 2005. The report also will feature databases (restricted to University access) that offer a snapshot of the school’s current situation, which the self-study committees will use to review programs.

LCME review is organized around five areas: institutional setting, educational program for the MD degree, medical students, faculty, and educational resources. The purpose of LCME accreditation is to certify the school meets prescribed educational standards and to promote institutional self-evaluation and improvement.

“My vision is to raise this great medical school to another level of distinction.”

Synopsis: Please tell us about the research retreat.

Dr. Rich: From April 29 to May 1, more than 60 department chairs, center directors, and other school officials participated in a retreat launching the iterative strategic planning process.

It provided core administrative information across departments and centers, helping our leaders take an objective look at scientific strengths, weaknesses, and opportunities, compared with our peers and our own history. We had particularly informative and provocative discussions on such topics as cardiovascular biology; immunology/host defenses; biodefense/homeland security; cancer biology; neuro-

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In terms of administrative work, I have made some key appointments as our administrative structure evolves.

New senior advisors include:
- Dr. Dennis Boulware, Senior Associate Dean for Academic Affairs; his expanded role now also assumes responsibility for Medical Student Services, Admissions, and Continuing Medical Education.
- Dr. Kathleen Nelson, Senior Associate Dean for Faculty Development; this is a new role.
- Dr. Cleveland Kinney, Senior Associate Dean for Clinical Affairs, also a new position. Partnerships with clinical care affiliates impact our educational programs, research, faculty appointments and compensation, compliance efforts, funding, and delivery of care. Interface

will now be more carefully managed between our faculty and important clinical partners, such as Children’s Hospital, Veterans Affairs Medical Center, Cooper Green Hospital, and other institutions.

- Dr. Richard Marchase, Senior Associate Dean for Research — an expanded role.
- Mr. Allen Bolton, Senior Associate Dean for Administration & Finance.

“The School of Medicine is fortunate. We are represented in every corner of the state by medical alumni, who support our students and programs.”

Synopsis: What challenges lie on the horizon?

Dr. Rich: In addition to our obvious strengths, there are opportunities to develop. We need to continue our emphasis on problem-based learning, as opposed to lectures. Adults learn best when solving relevant problems; however, we recognize that problem-based learning is inherently more labor-intensive. We must continue improving integration of the basic sciences into the clinical sciences. Also, perhaps surprisingly, we should begin to focus on the converse — integrating more basic sciences into the clinical practice years so third and fourth year students can formally revisit biochemistry, molecular biology, and other basics.

Synopsis: Is medicine evolving?

Dr. Rich: Yes, in many ways. Especially because of the genome project, medicine is evolving toward understanding disease risk in a more specific fashion. Also, we will increasingly become able to intervene before many diseases become symptomatic, similar to the way cardiovascular diseases are handled today. Millions of people take statins daily because they know they are at risk for heart disease. Even the lay press is focusing on C-reactive protein as a measure of atherosclerosis. Inflammation, for instance, is a more specific fashion.

I’m also seeking to add real research experience to the formal curriculum, even for students with no research interest. Medical school is about learning how to learn. Creating new data is the best way to learn how to evaluate information.

In truth, UAB has done less well in training physician-scientists than in training clinicians, and we must enhance the MD-PhD training program. Academic physicians come from research-intensive medical schools. UAB is one of these schools, but the percentage of graduates joining medical school faculties is low in proportion to our research enterprise intensity.

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