It has been my distinct privilege and pleasure to serve as the Interim Chair of the Department of Internal Medicine since April 2007, when our former Chair, Dr. Marc Lippman, departed to the University of Miami. “Interim leadership” often raises concerns over loss of momentum and support of academic missions. However, I am happy to report that thanks to the full encouragement and support of Dean James Wooliscroft, the financial well-being of the department, and the dedication of an outstanding leadership team (both at the division and departmental levels), the Department of Internal Medicine has continued to prosper and invest in new initiatives, taking full advantage of the resources and talent within our academic portfolio.

In the area of faculty development, we have successfully recruited 81 new faculty, including 57 clinical-track, 14 tenure-track, and 10 research-track recruits. Among the most notable recruits to the department is a group of 11 faculty (along with research staff and graduate students totaling approximately 35 individuals) recruited from SUNY Upstate Medical University in Syracuse, New York to create a U-M Center for Arrhythmia Research. The two leaders of this group, Drs. Jose Jalife and Mario Delmar, are internationally respected scientists in arrhythmia research, and the recruitment of these individuals, along with their junior faculty colleagues, will greatly enhance the pre-existing national reputation of the Division of Cardiovascular Medicine in all aspects of arrhythmia research.

Despite intensive pressure from other institutions, at least eight tenure track faculty have been successfully retained with significant department and institutional support. Thirty of our existing faculty have been recommended for promotion with Provost’s office review in progress. Four department faculty (Drs. Fendrick, Herman, McQuillan, and Moran) received 2007 Dean’s Office Awards. Dr. David Ginsburg was elected to the National Academy of Sciences and Drs. David Pinsky and Peter Arvan were elected to the Association of American Physicians.

In response to Faculty Group Practice concerns regarding nationally competitive faculty compensation, the department took the proactive step to markedly enhance the clinical incentive program (CIP) and make significant mid-year market equity salary adjustments (particularly for those faculty whose salaries were at less than the 50th percentile of the AAMC/MGMA salary national benchmarks).

With respect to department progress in the research arena, the department rose in the national NIH rankings from #9 (175 grants totaling $88.2 million) to #7 (183 grants totaling $94.9 million), despite intense competition for funding at the national level. The department took a leading role in the development of a medical school-wide research space policy to ensure appropriate allocation of space based upon extramural support. Our direct and indirect extramural research dollars per square foot of laboratory space surpass the average for both the Medical School and the clinical departments combined. In the current fiscal year, the department invested significant resources—in excess of $7.5 million dollars—for faculty recruitments and retentions; enhanced support of existing programs such as the Southwest Oncology Group, Center for Behavioral and Decision Sciences in Medicine, and The George O’Brien Kidney Center; and supported the launch of new programs including the Microbiome Core Facility and the CTSA Cost-Sharing and Pilot Grant Program.

In order to further foster both training and the development of infrastructure to support patient-oriented clinical research, a new administrative position, Associate Chair for Clinical Research was created, and Anna Lok, MBBS, professor of Gastroenterology, was recruited to fill this post beginning in 2008.

In 2007, the department embarked on several patient care initiatives, including a proposal to expand space for ambulatory care by leasing 17,000 square feet at Domino’s Farms, providing “swing space” that will permit a major renovation of the department’s existing office and clinical space in the Taubman Center. Other ambulatory care initiatives included the proposed creation of a home ventilator clinic in the Taubman Center, the involvement of multiple divisions in a planned new multi-specialty health center located in Brighton, and a partnership with the Cancer Center to develop a new Phase I experimental therapeutics unit to make it possible for Division of Hematology/Oncology faculty to provide state-of-the-art therapy for patients with cancer. In the inpatient arena, new initiatives included a partnership with the Departments of Psychiatry, Pediatrics, and Neurology to develop a Multi-Disciplinary Program in Sleep Medicine; the creation of an Intensive Insulin Service by the Division of Metabolism, Endocrinology, & Diabetes to enhance the care of inpatients with diabetes; the development of a Sub-Acute Care Program by faculty in the Division of Geriatric Medicine to enhance the care of patients requiring sub-acute care (in cooperation...
with multiple sub-acute care facilities in southeastern Michigan); and a significant expansion of the Hospitalist Program (from 20.0 to 26.3 faculty positions) to meet the growing need for inpatient medical care. In response to a request for proposals from the Hospital and Health System, the department submitted four proposals for the creation of “destination programs” with the goal of attracting out-of-state patients to receive state-of-the-art care related to kidney disease, gastrointestinal motility disorders, dyspnea, and cardiac arrhythmias. In partnership with the Comprehensive Cancer Center and other relevant clinical departments, an additional four destination programs were proposed with a focus on the care of patients with hematologic malignancies, cancer of the pancreas, cancer of the liver, and cancers of the endocrine system.

In the area of medical education, particular progress was made in post-graduate medical education with the successful recruitment of a new director of the Med/Peds Residency Program, Dr. Michael Lukela; the recruitment of Dr. Davoren Chick as Associate Graduate Medical Education Program Director, who was charged with the revision and enhancement of the curriculum for Internal Medicine House Officers; the successful recruitment of 56 outstanding house staff “matriculants” in 2007, and the attraction of a record number of applications received for 2008. Department faculty provided approximately 25 percent of all undergraduate teaching effort at the Medical School as well as serving in many leadership roles.

In further support of all of the department’s academic missions, multiple administrative initiatives were instituted. These included a restructuring of core administrative services to enhance the efficiency and quality of the department’s administrative support functions such as human resources, faculty affairs, post-award accounting, and clinical trials pre-award administration. Beginning with the recruitment of Mr. John Perry as the department’s Director of Development, a new development team was created with a plan to re-focus the department’s development efforts toward major gifts. In just the past year, we have been able to put recent gifts into action, establishing seven new Endowed Chairs. Recognizing the need to enhance its efforts in support of diversity, Dr. Richard Simon (who was recruited to the position of Associate Chair for Faculty Affairs) took the lead of a new ad hoc Diversity Committee which was asked to review the current status of diversity efforts within the department and make specific recommendations to the Chair to enhance gender and ethnic diversity, including the recruitment of women and under-represented minority trainees and faculty. As previously indicated, a new administrative position, Associate Chair for Clinical Research, was created to enhance the training and research infrastructure in support of patient-oriented clinical research—supplementing the already outstanding efforts of Benjamin Margolis, MD, who has provided excellent leadership of the department’s basic and translational research mission.

In summary, the department has continued to make significant progress to expand its national stature in the arenas of research, patient care, and medical education. Accordingly, the department is well positioned for 2008, ready to accept the many challenges and opportunities that will be presented to us.