

## DEAR FACULTY, STAFF, ALUMNI AND FRIENDS,

**O**n October 1, 2009, I delivered my third annual “State of the School” address to faculty, students, and staff of the School of Medicine and Biomedical Sciences.

As I have done in previous years, I will recap portions of the address here in order to provide an overview of the school’s accomplishments over the last year, as well as its goals for the future.

As envisioned by UB 2020, the university’s long-term strategic plan, our school is a key player in an effort that is now taking shape to create a robust and enriched Academic Health Center on the Buffalo Niagara Medical Campus (BNMC) in downtown Buffalo. Under this plan, all five of the university’s health sciences schools will migrate to the BNMC.

Currently, as part of Phase 1 of the plan, UB is partnering with Kaleida Health to construct the Global Vascular Institute and Clinical Translational Research Center on the BNMC adjacent to Buffalo General Hospital (see the summer 2009 issue of *Buffalo Physician* for more details). Once this 10-story facility is completed in 2011, it will be the centerpiece of a campus where world-class medical treatments, education and research will take place.

Under Phase 2 of the plan, the medical school will move to a yet-to-be-determined location on the BNMC, followed by the School of Nursing and the three other health sciences schools (dentistry, public health and health professions, and pharmacy and pharmaceutical sciences).

Each of the schools will then be in close proximity to UB’s New York State Center of Excellence in Bioinformatics and Life Sciences, Roswell Park Cancer Institute, Hauptman Woodward Medical Research Institute and our hospital partners, as well as other UB biomedical facilities located on the BNMC.

In addition to these physical moves and construction of the new building, our efforts to build a robust Academic Health



Center will require: (1) leadership recruitment, (2) carefully thought out clinical service lines, (3) outstanding students and trainees, (4) recruitment and retention of talented faculty, (5) funding, and (6) mechanisms to communicate with one another and the outside world about our programs and successes.

In several of my past Dean’s Messages, I described in detail how we are working to meet several of these requirements, so I will focus here on items that reflect new developments and how they are interrelated.

With regard to leadership, active searches are now under way for chairs for the departments of structural biology (which will become structural and computational biology), dermatology,

pediatrics, microbiology and immunology, pathology, gynecology and obstetrics, radiology, neurology, biomedical engineering, and the newly formatted Hunter J. Kelly Institute in Neurosciences.

In addition, I have recommended to the Faculty Council that rehabilitation medicine transition from a university-based department to a hospital-based clinical service.

Shortly after I came to UB, Harvey Stenger joined the university as dean of the School of Engineering and we discovered that we share similar views about the importance of biomedical engineering. As a result, we were successful in facilitating the establishment of a Department of Biomedical Engineering at UB, which reports to both the school of engineering and the school of medicine.

I view this new department as a major asset to the overall biomedical research program that our school is committed to in

collaboration with UB’s other health sciences schools. The four initial research foci for the department include: (1) cell and tissue engineering, (2) computational biomedical engineering and modeling, (3) biomedical sensors, instrumentation and diagnosis, and (4) medical imaging and analysis.

The new Center for Clinical and Translational Research will be the “glue” that brings together the traditional school of medicine with the Department of Biomedical Engineering, as well as the other four health sciences schools to create the Buffalo version of a university hospital. Close collaboration between these entities will serve as a constant reminder that we are here for the purpose of discovery, education and clinical medicine in an effort to treat human disease and enhance human wellness.

The promise of a vibrant Center for Clinical and Translational Research allows us to transition into the phase we are now in, where we are actively recruiting and building on those groups that have already demonstrated they are capable of performing proof-of-concept and early validation research. This is what the National Institutes of Health (NIH) refers to as T1 translational research, which essentially means that it shows relevance to fundamental basic discoveries related to human health.

As we continue to make progress in this area, we will be in a position to begin migration to T2 research, which involves broader investigations with community physicians in order to demonstrate that the principles we established during proof-of-concept studies are in fact valid when applied to larger populations. These increased efforts to enhance the infrastructure that supports our research programs and to recruit physician-scientists are essential to our application for an NIH Clinical and Translational Science Award (CTSA).

David Dunn, MD, PhD, vice president for health sciences, and I, in conjunction with the provost and the president’s offices, have developed an aggressive plan over the next three to four years to recruit 58 new physician-scientists to our faculty in areas where we have gaps in expertise or where we would like to enhance our expertise. We have also looked hard to find resources that will enable us to fulfill the growth of the strategic plan, and in this regard I continue to work closely with our school’s Office of Development to identify and educate potential donors.

Also key to the success of our plan is the work being done by staff in our Office of Communications, who are participating in

the university-wide Web Content Initiative. This UB 2020 project will provide standard tools, infrastructure and procedures that will enable all UB schools to build more vital, up-to-date websites in order to communicate more effectively.

In August, we welcomed the Class of 2013 to our campus, 71 percent of whom come from the state of New York, including 29 percent from Western New York (WNY).

Over the last few years, there has been a steady increase in the caliber of our incoming students as measured by MCAT scores and overall grade-point average. As part of our overall strategy to favorably impact the physician shortage in Western New York, we have expanded the class size from 135 to 140 students. We are investing heavily in our medical education efforts and, under the direction of Avery Ellis, MD, PhD, our new senior associate dean for medical curriculum, we have worked with the Faculty Council to reorganize a Curriculum Committee that is chaired by Chris Cohan, PhD. This group is working hard to review our school’s curriculum in a way that will allow us to make data-driven changes as necessary.

I am pleased to report that our Graduate Medical Education program continues to do well, as indicated by the fact that its programs are routinely reaccredited for longer intervals. Too, we have a growing number (57 percent) of American medical graduates entering the program. While we are admitting very good residents from WNY (35 out of our own class of 135 graduates this year), only a small percentage are staying in the region to complete additional training, join the faculty or practice in the community. I feel that the best way to reverse this trend is to address gaps in our clinical service lines and to build a stronger Academic Health Center.

In closing, I’d like to acknowledge the enormous amount of hard work that our faculty and staff are doing to prepare for our scheduled eight-year accreditation site visit in October 2010; recruit new department chairs; design research programs that will be housed in the new Clinical and Translational Research Center; and prepare our CTSA application. Their efforts are helping to lay a foundation for the progressive improvement and betterment of our school and the community in which it resides.

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Dean, School of Medicine and Biomedical Sciences