



Stanford | MEDICINE

**STANFORD MEDICINE
LEADERSHIP ACADEMY**

2014-15

Participant Biographies & Reflections

About the Stanford Medicine Leadership Academy

The Stanford Medicine Leadership Academy (SMLA) supports Stanford Medicine's vision by strengthening the capacity of faculty to shape their future through ethical influencing and effective change management.

Included in this document are individual biographies and self-reported experiences of the inaugural class of SMLA participants.

Participants were nominated by their departmental leadership for inclusion in the SMLA, which was an 18-month commitment that began in May 2014. Each participant led a complex strategic initiative that prototyped future ways of working and served as a "leadership laboratory." Other SMLA activities included customized learning with an executive coach, regular peer consultations, monthly learning sessions and retreats, leadership networking and structured leadership interviews. At the midpoint of the program, participants engaged in a comprehensive multi-rated leadership assessment.

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Aileen Adriano, MD

Clinical Associate Professor

Department of Anesthesiology, Perioperative and Pain Medicine

Originally from Los Angeles, California, Dr. Adriano has been part of the Stanford family since the beginning of her residency in 2000. She graduated magna cum laude from the University of California, Irvine (UCI) with dual degrees in biology and chemistry, after which she matriculated at the UCI School of Medicine and interned at Santa Clara Valley Medical Center in San Jose, California. Her main clinical roles include attending on the Liver Transplant, the Multi-Specialty Division, and the Obstetric Anesthesia services. In addition to her clinical work, Dr. Adriano has focused on resident education and operating room efficiency. She has served as the Associate Program Director for the residency program since 2008 and oversees a residency of over 80 trainees. As part of this role, she mentors the finest anesthesia residents in the country, recruits outstanding candidates to the program, redesigns core curriculum and spearheads crucial educational initiatives. Her most recent achievement includes incorporating the ACGME milestones into the residency program. In another major administrative role, she has served as one of Stanford Hospital's Operating Room Schedulers since 2011. In this challenging position she works closely with surgeons and nurses, coordinating all adult surgical services and ensuring that over 35 operating theaters run efficiently and effectively.

Dr. Adriano is mother to Emilia Rose, age 4, and Leo, age 1, and she is married to her college sweetheart, Buddy James, who is a Professor of Music.



DR. ADRIANO'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

Participating in the Stanford Medicine Leadership Academy (SMLA) has been a transformative experience in both professional and personal ways. I feel that my leadership and professional choices will be dramatically affected by my participation in this program.

On a professional level, dedicated time to focus on leadership development has truly been a career enhancing experience. First, interfacing with the Graduate School of Business through intimate seminars with their faculty and interacting with innovative thinkers outside of Stanford has given me invaluable insights. Second, the pace and spacing of the monthly sessions has allowed me to reflect on my own leadership philosophy and style. I have come to realize that effective leadership grows and evolves over time as one's career unfolds. As the Academy progressed, I was excited to utilize what I had learned to see how I could effect change in my own dominion. Lastly, and perhaps most importantly, SMLA has brought together a diverse and dynamic cross section of faculty from different departments. The professional and personal relationships I have developed by being in the inaugural class have created an important peer mentorship group that I envision could tackle the hospital and School of Medicine's future challenges.

Insights/Lessons

The pearls gleaned from being in SMLA are many. What stands out in my mind as the three most important insights that I will be taking away from this experience include the following:

- Conflict and disagreement are opportunities for problem solving: One of our sessions was on negotiations, and our speaker, Maggie Neale, had a brilliant way of presenting adversity and conflict as an opportunity for problem solving. This perception switch was enlightening. It is this attitude that will help me face future difficult situations.
- Chance happens to the prepared mind: One of our summer assignments was to conduct leadership interviews. I had the privilege of sitting with a Senior Associate Dean to discuss the path to her present leadership role. During this time, we discussed leadership lessons and anecdotes. We had asked her to give a prescription for leadership success, and she stated, "Chance happens to the prepared mind." What I took away from the time spent together was that a successful career, as well as effective leadership, requires presence, dedication, willingness, and conviction.
- Listening is perhaps the greatest asset to a leader. Knowing the viewpoints of all stakeholders is crucial for building consensus and buy-in toward any goal, strategic initiative or culture shift.

Strategic Initiative

My strategic initiative was to create a perioperative anesthetic pathway for patients undergoing gyn-onc surgery at Stanford Hospital and is part of the interventional home initiative. To do this, I formed a work group of anesthesiologists and gyn-onc surgeons. The goal was to create a clinical pathway that focuses on high quality and streamlines perioperative care in this patient population. Implementation of this pathway will begin with a sub-set of patients and will be expanded over time to the entire service. During this whole process, I will be monitoring the integration of this pathway and refining along the way to better suit our patients. It is my hope that we can expand perioperative clinical protocols for all types of surgical patients.

DR. ADRIANO'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Leading this work has been most rewarding, as I believe that collaborating with compassionate and innovative minds will truly lead to the best patient care. It has also taught me the value of listening and the importance of patience when one is building consensus.

Learning About Leadership

There have been so many great experiences to draw upon during my time spent in the SMLA. I am honored to have been selected for this endeavor. Geno Schnell is truly amazing and his insights on leadership will stay with me throughout my career. During the 18 months of the program, he truly delivered an enlightening, individually customized, and unexpected experience.

Enlightening: The speakers during the academy were top notch. Many of them such as Huggy Rao, who spoke on High Quality Decision Making, were from the Stanford Graduate School of Business. The exposure to the ideas and philosophy from a management sciences perspective fostered a different way of thinking about medicine and leadership – these are perspectives I would have never gained nor appreciated without this academy.

Customized: SMLA customized the experience for each individual. We received and were assigned an executive coach that best fit our needs, had individual assessments such as the Myers–Briggs personality assessments to better understand how we perceive the world and how it affects our judgment, had 360 leadership assessments that evaluated our leadership style and identified areas of improvement, and even worked with a communication consultant to help us be more strategic and effective in our messaging. To elaborate further, working with an executive coach has been one of the highlights of the program. To have an objective confidant with whom to discuss professional topics and struggles, as well as identify areas of improvement that will directly affect my leadership has led to enormous personal growth. I enjoyed my monthly sessions with my executive coach immensely as she helped me navigate professional and personal hurdles.

Unexpected: Participation in this academy was far from the passive classroom-based structure that I expected. The experience has been intimate, interactive and introspective. Perhaps the most unexpected outcome of participation in SMLA was the invaluable peer mentorship. Our sessions always began with an opportunity for peer consultation on our strategic initiatives, professional obstacles or personal struggles. This time spent together was a community building experience and, thus, born out of this inaugural class is a group of 14 peers that I can call upon for advice or collaboration, a personal “cabinet” of professional development, if you will. The peer consults and small groups have really personalized and humanized the experience. We had a great group of faculty from diverse disciplines throughout the hospital, and by the end, we were all a bit sad that we were going to dissolve.

Continued Growth

Being part of the Stanford Medicine Leadership Academy has been inspiring and motivating. I want to continue to challenge myself beyond my current roles. Specifically, I want to learn more about leadership at higher levels – either at the executive, Dean's Office, or University level. I would find the opportunity to engage in a Dean's Office or University initiative through some sort of Administrative Fellowship/Internship exciting. I would also like to explore how leadership styles may need to evolve in academic medicine that will be particularly effective for the Millennial Generation.

DR. ADRIANO'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Topics of Interest

I believe the future issues that Stanford bears are the result of our continued expansion and the increasing presence of Generation Y, or the Millennials, on the faculty. First, maintaining the excellence in the Stanford mission of education, clinical care and research may be challenging as we move forward with our expansion outside the immediate University. While the potential of a vast network of physicians is immense, the potential for marginalization is also great. A key issue will be how we can keep those physicians engaged in the School of Medicine's core mission. I believe endeavors that will continue to forge strong connections will keep these physicians invested. Secondly, as Associate Program Director for the Anesthesia Residency, we have adopted various programs which address the needs of the next generation of physicians, Generation Y or the Millennials. Similarly, I believe Stanford needs to consider how it is shaping the future workplace and culture to not only attract and retain these individuals in academic medicine but to also better address this generation's differing perspective on traditional medicine work-life balance.

Future Leadership

It is difficult to predict where I will be five years from now, but I do know that I will continue to seek leadership opportunities within my department, the hospital, School of Medicine, and University at large as well as at the regional or national level. I feel better equipped to take on future initiatives and challenges. I am committed to continuing to develop my leadership toolbox through further education. It is my hope that the invaluable relationships that have been forged through SMLA with my colleagues may one day result in meaningful collaborations in the hospital and the School of Medicine. Prior to the Stanford Leadership Medicine Academy, I had perceived leadership to be a natural born skill but have come to believe that effective leadership is acquired and refined as one's career evolves.

Neera Ahuja, MD

Clinical Associate Professor

Department of Internal Medicine

Dr. Ahuja received her medical degree from the University of Texas Health Sciences Center, Houston in 1997 and went on to complete her residency training in Internal Medicine and Pediatrics from the same institution. After serving as an academic emergency medicine physician for two years, she transitioned to the role of an academic hospitalist. In 2004, Dr. Ahuja became the residency program director for the Combined Medicine/Pediatrics residency program, while attending the adult and pediatric wards at the University of Texas Medical Branch at Galveston; she found her passion in hospital medicine and medical education.

Dr. Ahuja relocated to Stanford University in 2009 with the goal of further developing a niche in hospitalist medicine and medical education. She currently serves as the Director of the Stanford Hospital Medicine Program and an associate residency program director for the Internal Medicine Training Program. She oversees a group of 24 faculty who are divided into three clinical subgroups integrating into several departments in the School of Medicine.

Her role in caring for inpatients on the General Medicine wards has inspired her to work with her colleagues to find ways to optimize patient care/satisfaction through quality improvement initiatives. She enjoys caring for patients in the inpatient setting, working with Lean principles to improve the patient experience, and being engaged in medical education and quality improvement research. The ample contact she has with housestaff and hospitalist faculty provide her with many enriching opportunities for teaching and mentoring in her career.

In her free time, Dr. Ahuja enjoys yoga, family time with her daughters and husband, reading fiction, and cooking.



DR. AHUJA'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

The Stanford Medicine Leadership Academy has had a greater (positive) impact on my professional development than I could have predicted at the start of the program. In working closely with my colleagues in the program, I have come to appreciate that although our clinical work and administrative roles may be different, the leadership challenges that we face are often similar: being able to effectively influence upward and downward, learning how to successfully handle challenging conversations and negotiations, finding optimal ways of working within the confines of limited resources, all the while trying to maintain some sort of work-life balance and professional satisfaction.

Insights/Lessons

One of the most unique aspects of this particular leadership program has been working directly with a coach. Through these productive coaching sessions, I learned how to better approach 'difficult conversations' and strategies to build resilience. Through the coach's analysis and feedback of my personality assessments and 360 evaluations, I became more aware of my strengths and areas for improvement. Of the many 'lessons' I have learned through this experience, the top three are:

- 1) Begin each challenging conversation with "What is it that we both agree upon?"
- 2) Resilience is key, and there are methods to fortify oneself with this.
- 3) One's skills shine best through authenticity of self.

Views on Leadership

Although my overall view of leadership hasn't changed much, my appreciation of the skills for effective leadership has grown significantly. And I have come away with a much richer repertoire. Whereas much of my leadership methods prior to this program were from 'trial and error' and retrospective reflection, I now have a 'leadership toolkit' to guide me.

Strategic Initiative

My strategic initiative was centered around finding a more effective way to coordinate the care of our inpatients, improve communication between the multiple disciplines caring for the patient (nursing, case managers, pharmacists, social workers, physical therapists, occupational therapists, and the primary physician), and improve patient flow and patient satisfaction. Working with an extensive team from these various disciplines and the Performance Excellence department, we created a model in which all of the different providers above communicate in person on the nursing unit about each patient on a daily basis. Fortunately, with the support of many on the hospital side, we have sustained this initiative for over a year now, and rolled it out to many other units within the hospital. From working intensively on this strategic initiative, I learned how many different perspectives there can be from the various parties involved and how challenging it can be to find a best practice that meets the needs of the majority without compromising the intention for it which it was created.

DR. AHUJA'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Learning About Leadership

Perhaps the best experience of the program was the off-site retreat. This forum allowed us to delve deeper into aspects of leadership and hear perspectives of others without the distractions of work. It also fostered deeper friendships amongst my colleagues in the program. I hope that these colleagues and I can continue to stay in touch, collaborate, and contribute collectively to Stanford's clinical and academic missions.

Continued Growth

Leadership, as I have discovered, is an iterative process. Using the toolkit (above), I hope to continue to refine and strengthen my skills. Specific goals include building resilience, incorporating techniques for successful influence, and promoting leadership (through what I have learned) to those that I will mentor along the way.

Topics of Interest

Although I remain interested in and committed to many initiatives at Stanford, a few topics that I think have great potential and that I hope to see further developments in include the use of more innovation in medical education. Simulation and the concept of the flipped-classroom are some examples of innovation that have been regularly incorporated into the education of our students and trainees. But I would be interested in learning about and contributing to the discovery of more such innovative techniques. Additionally, I am looking forward to the opening of Stanford's extension of the existing hospital ("500P") in the winter of 2017. Being a member of the cabinet that discusses the design of this hospital, I have come to appreciate that there will be many technologically and architecturally innovative aspects to this hospital. Being able to take care of the patient in this environment is very exciting for me as a clinician, and I look forward to working with various disciplines to optimize the care of our patients, advance the education of our learners, and contribute to scholarly work in this area.

Future Leadership

At the beginning of this program, if you had asked me where I saw myself in 15 years, I would have had a specific answer. However, my perspective on my professional future is now much more open-ended. And this is liberating. Now I just have domains in which I hope to live (patient care, medical education, building productive and creative initiatives, faculty development, and scholarly work within these domains). I am excited to see what the future will bring.



Mark Buyounouski, MD, MS

Associate Professor and Director of Clinical Operations, Genitourinary Cancers and Billing
Department of Radiation Oncology

Dr. Buyounouski received his Masters of Science from the School of Engineering and Applied Science at Columbia University and his Doctor of Medicine from the New Jersey Medical School, University of Medicine and Dentistry of New Jersey. He completed his internship at Saint Barnabas Medical Center and his radiation oncology residency at the Fox Chase Cancer Center in Philadelphia.

Dr. Buyounouski's chief clinical focus is the treatment of patients with prostate cancer, using radiotherapy and brachytherapy. His passion for prostate cancer and radiation therapy centers on developing treatments that reduce burden of prostate cancer by developing a program centered on patient-centric decision making and utilizing convenient courses of treatment that seek to optimize patient satisfaction and quality of life while maximizing efficiency and cost-effectiveness. At Stanford, he directs the Genitourinary (GU) Program in the Department of Radiation Oncology. This includes developing and implementing new treatment approaches, creating a clinical and translational research program, and overseeing the genitourinary education program for residents and the GU Fellow.

Nationally, he is a member of the Radiation Therapy Oncology Group (RTOG) Foundation Advisory Board, which is a legacy national research cooperative group within NRG Oncology. He is a Principal Investigator for NRG Oncology leading a Phase III clinical trial of postprostatectomy radiotherapy. Dr. Buyounouski currently serves as the Prostate Cancer Section Leader for the 8th Edition of the American Joint Cancer Committee (AJCC) cancer-staging manual and editor of Clinical Genitourinary Cancer Journal. He is a member of the Code Development and Valuation Committee for the Health Policy Council of the American Society for Radiation Oncology (ASTRO). He has formerly served as Chair of the Emerging Technology Monitoring Subcommittee of the ASTRO Health Policy Council as well as Treasurer and Secretary of the American Brachytherapy Society (ABS). He is a member of the GU Committee of the American Board of Radiology (ABR) that creates and administers the written and oral examinations and has served as Associate Senior Editor to the International Journal of Radiation Oncology, Biology, and Physics. He has twice served as Co-Chair of the Prostate Brachytherapy School for the ABS and three-times represented ASTRO in the organization the GU Cancers Symposium cosponsored by the American Society for Clinical Oncology and the Society of Urologic Oncology.

His hobbies include cycling, running, and karate. Mark has completed a 1,200 mile cycling challenge over 10 days and 100 cols in Corsica, France. Mark and his wife Jodi run together with a local club and compete regularly in regional races. Mark and his son Andrew (age 6) study karate together with weekly father and son lessons and have recently earned blue belts.



DR. BUYOUNOUSKI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Insights/Lessons

Leadership is about keeping it simple. Here are my simple rules:

- 1) If you see yourself as a leader, then you are a leader.
- 2) If others see you as a leader, then you are a leader.
- 3) If you feel a little uncomfortable, then it's probably leadership.

Views on Leadership

The leadership academy changed my preconceptions about leadership in the following ways:

- 1) Leadership is *not* something that can be assigned or designated. It's something you choose for yourself.
- 2) Leadership is *not* something you can turn down. If you have a follower, you're a leader. Leading by example, therefore, is very important.
- 3) Leadership is *not* something that can be orchestrated. Leadership is something that you do when you feel the time is right. What you do takes skill. Recognizing the feeling takes practice. Leadership is an improvised art, like jazz is to music.

Changes in My Own Leadership

The Academy has changed my own leadership in two important ways:

- 1) Group Confidence – Shared information bias is a tendency for groups to spend more time and energy discussing information with which everyone is already familiar. This bias negatively impacted my self-confidence in groups when I had a different perspective. I now have greater appreciation for the value of a unique opinion to a group's discussion and how one can positively influence creativity and decision making. Consequentially, I have greater confidence speaking up and offering my ideas. And, I do my best to encourage group members to contribute their ideas because, as unique individuals, everyone has a perspective that is worth considering.
- 2) Observable Leadership – To be an effective leader means to understand how you influence people. So often the influence one possesses stems from the actions we take every day. As a leader, I aim to be increasingly aware of my verbal and non-verbal communication to be sure the message accurately, clearly, and consistently reflects the values of the group.

Strategic Initiative

My strategic initiative seeks to develop patient-centric, user-friendly solutions that engage and educate patients faced with important medical decisions through a process of experiential learning and decision analysis. My area of expertise is prostate cancer, and prostate cancer treatment decision making is the focus of the initiative. This initiative aims to provide patients with an expertly designed framework for treatment decision making and physicians with tools to more easily and broadly deliver high-quality care.

DR. BUYYOUNOUSKI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

An important lesson I learned working on my initiative was to do something – *anything* – consistently. Of course you can't do just anything, but abandoning the idea of perfection and recognizing you don't need to have the next leg of the journey mapped out to make a step forward helps to keep the ball rolling.

Learning About Leadership

- 1) Coaching – The experience of coaching taught me the importance of self-awareness and reflection as a means for self-development. Simple, yet consistent, attention to my actions and reactions creates new opportunities for growth and influence.
- 2) Guest Speaker – David Stephenson was a memorable speaker who taught me how to be a more effective leader. His discussion about the art of providing feedback and approaching difficult conversations provided practical advice and approaches to diffusing conflicts and creating bonds within groups.
- 3) Fellow Faculty – Group learning was an important part of the SMLA. Sharing experiences accelerated the learning. The faculty was a great sounding board for ideas and solutions when challenges would arise. And, I am a happier person because of the friendships I made in the Academy.
- 4) 360 – I learned the need to occasionally evaluate how others view your habits to be sure they align with the values you embody. Your words and actions are the vehicle for your beliefs and they project the person you are. The effort you take with regard to these habits lays the path for your future.

Continued Growth

My plan for continued growth is to read broadly so as to expand upon my knowledge and broaden my perspectives. Also, I am striving to be increasingly collaborative in all my endeavors and focus on enhancing my communication skills.

Topics of Interest

Mentoring – A major area of interest for me is education and mentoring of medical students and residents. Beyond my own personal teaching and mentoring, I would like to participate in growing a mentoring pipeline across the various phases of professional development in the School of Medicine.

Expanding the Health Care Pyramid – With an ever increasing demand on the health care system, physicians will need to further develop and refine a system and process for engaging with patients through a variety of health care professionals, especially advanced care practitioners.

Future Leadership

I hope to use what I've learned in the program to influence national health toward a more personalized approach to cancer care that tailors treatment decisions to patients by developing formal practice standards for assessing patient preferences and guiding patients' decisions using a framework constructed through best-evidence and expert opinion.



Daniel Chang, MD

Associate Professor

Department of Radiation Oncology

Dr. Chang graduated from the University of Michigan in 1998, receiving a BS in chemistry and biochemistry. He received his MD from Wayne State University School of Medicine in Detroit in 2002. He completed his internship year at Oakwood Hospital in 2003 and his Radiation Oncology residency training at the University of Florida in Gainesville in 2007. He joined the faculty in the Department of Radiation Oncology at Stanford University as an Assistant Professor on the MCL line in 2007. In June of 2012, he was promoted to Associate Professor.

In 2011, Dr. Chang was made Director of Clinical Research in his department, managing the clinical research staff, improving the research infrastructure, and ensuring compliance of all departmental research activities. Under his supervision, the department successfully completed an audit by the Radiation Therapy Oncology Group (RTOG).

In April 2012, Dr. Chang was appointed to be the Radiation Oncology Residency Program Director because of the strong support he has shown for his residents in their training and career development. In his role, he oversees the education and training curriculum, provides career mentorship, ensures compliance of the program to all ACGME guidelines and requirements, and advocates for program improvements to ensure high quality teaching. During his tenure, the residency program successfully passed an accreditation site visit by the ACGME and was awarded a 10-year accreditation. In addition, in 2014, he was appointed to become the fellowship director.

Dr. Chang's clinical focus is on radiation therapy for gastrointestinal malignancies, and he is an active clinical researcher for radiation therapy for these diseases. In 2011, he was invited to become an associate editor for the International Journal of Radiation Oncology, Biology, Physics, the main specialty journal for Radiation Oncology in the United States, as part of a newly formed editorial group headed by a senior editor for the GI section with four associate editors. In 2013, he was promoted to senior editor for the GI section, where he oversees the handling of all GI cancer manuscripts.

In his spare time, Dr. Chang enjoys spending time with his wife, Frances, and his three children, Gabriel, age 9, Hanna, age 6, and River, age 2. When he can find the time, he enjoys playing golf, exercising, and traveling with his family.



DR. CHANG'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

Participation in the Stanford Medicine Leadership Academy has had a tremendous impact on me. Prior to this course, I had not really given leadership much thought, and I certainly did not think of myself as much of a leader. This program was able to help demystify many of the aspects of leadership by examining the different facets of what it takes to be an effective leader, which was tremendously helpful for me to cross that mental threshold and begin envisioning myself as a potential leader in my field.

Probably the biggest eye-opener for me was understanding that being an effective leader is not about exertion of power through domination but rather through the building of consensus and communication of vision. It was quite striking to me that the leaders I met through this course universally made this point to us and changed the way I thought a successful and effective leader operates. In order to be such a leader, one must build trust among those one leads through communication and actions that convey a sense of fairness and a dedication to the common good rather than for selfish gains and motivation. Prior to my participation in this program, I likely would not have realized or appreciated the importance of communication in determining the success of a leader.

Strategic Initiative

My strategic initiative was aimed at addressing a need for our patients who require a 5-7 week course of radiation, but who live a long distance away from Stanford and are unable to commute or afford local housing. My goal was to analyze the financial impact of these lost patients in order to generate a profitable business plan for department and hospital leadership to commit or raise financial resources to help these patients receive treatment here. This initiative was helpful for me to understand the business side of leadership and gain better insight into the competing financial goals of running a department or organization, and I believe it was very successful to this end. My goal as the next steps of this initiative are to use the data collected here to help determine the best funding source to address these needs.

Learning About Leadership

Working with an executive coach was a unique and highly valuable experience for me. I have never had a coach before, so there was a bit of a learning period to determine how best to utilize him. Quickly, though, I had a number of challenges occurring in my professional life that led me to seek his input and advice. Being able to talk through these challenges as “real-world case-studies” and think about the best course of action was tremendously helpful. He was able to give me different perspectives on how to approach my problems, and his ability to dissect the key issues from a third-party point of view in a rational way had a very calming and comforting effect on me. He also had very good resources and reading material to help supplement our discussions. When we were not discussing challenges and crises, we spent much time talking about my future goals and career path, which I also found very helpful. Being able to have some time each month to think about myself and where things are headed has been very effective in helping me mentally embrace this notion of me being a leader such that I feel much better prepared for any future opportunities should they arise.

DR. CHANG'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Continued Growth

In terms of future growth and learning, I am the type of person who derives a lot of my education from real-world examples and case studies. So I have been much more in tune to reading stories about leaders in business, politics, and even sports, to learn how successful people lead. I plan to continue my observations, probably to a much larger degree. The leadership interviews were probably the most valuable experience from this academy precisely because they allowed me to interact with real leaders in a very open and intimate setting. Their insight and advice, not to mention their generosity, had a great impact on me and have helped inspire me to be a better leader. Moving forward, I will likely continue to attempt to hold interviews with leaders purely for my own learning and benefit.

Topics of Interest

I believe one of the biggest challenges facing medicine in general is the lack of active leadership on the more institutional/business/national level. Health care in general is such an important topic for our society, and it is a bit of a frightening prospect that so much is being decided regarding our health care system and health care policy by people who are not physicians. Even at the institutional level here at Stanford Hospital, we as physicians constantly feel the forces of change and management that seem very out of touch with the day-to-day challenges we face taking care of patients. However, the prospect of becoming more involved at the hospital leadership level is seen more as an undesirable burden, because most of us entered this field to help patients, not decide policy or make business decisions. Yet, I believe that this separation of duties (patient care by physicians and running a hospital by business people and lawyers) places physicians at an inherent disadvantage when trying to improve health care and preserve medicine as a highly sought-after profession. While I currently do not see myself as someone who is ready to become more active on the hospital leadership level to address these problems, I recognize this problem and have begun to think about how I can get more involved.

A second challenge I believe exists is the difficulty in faculty balancing their efforts towards clinical care and excellence in academic pursuits. Our primary reason for working at such an outstanding institution like Stanford is for research and advancing our field. In our daily lives, the burdens of clinical care and the motivations of the hospital too often create conflict in finding the proper balance. I believe that the best strategy to promote the Stanford clinical program and draw patients is to continue making significant scientific breakthroughs and build the reputation of the Stanford brand, which, in my experience, has been the main reason most patients seek care at our institution. Being among such brilliant minds was the reason I chose to work at Stanford. The barriers and lack of resources to conduct clinical and scientific research, however, create the perception that clinical productivity is more valuable than our academic mission. I believe that fostering an environment that encourages, supports, and rewards academic pursuit is one of the most important goals of the School of Medicine.

DR. CHANG'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Future Leadership

Along those lines, where I see myself in five years is a little unclear. Knowing my general approach, I believe that leadership opportunities will likely strike when I least suspect, and being thrust into a position is a very effective way for me to embrace new challenges. I have yet to decide what leadership pathway I would like to pursue, but they could range from departmental, School of Medicine, University, or even at the national organization level. Over the next few years, though, in my current position I will continue to hone my leadership skills and be as successful as I can be in order to better prepare for the next challenge. I can honestly say that I will be more willing to consider myself for leadership opportunities that arise in the future after having gone through this academy. This is because I feel better prepared for these roles. So, I cannot thank the Dean's Office and my department chair, Quynh Le, enough for their support and for this opportunity, and, of course, thank you to Geno, Kate, staff, and all the great guest speakers who made this program possible.

Odette Harris, MD, MPH

Associate Professor and Director of Brain Injury – Department of Neurosurgery
Associate Chief of Staff, Rehabilitation – Palo Alto Veterans Affairs Health Care System

Dr. Harris attended Dartmouth College for her undergraduate education, received her medical education at Stanford, and a Masters in Epidemiology/MPH at UC Berkeley. Her Neurosurgical residency was completed at Stanford University School of Medicine. Additional training included a Fellowship in Peripheral Nerve with Dr. David Klein. She was awarded the Van Wagenen Fellowship AANS & CNS, a professional highlight.

Dr. Harris' scholarly interests focus on improving the health outcomes of patients with traumatic brain injury (TBI), with the integral utilization of epidemiology.

As a female neurosurgeon, she is one of approximately 4.5% of Board Certified neurosurgeons nationally. Her leadership roles within neurosurgery have focused on access and on executive roles in the fields of education and trauma/critical care. These have included President of Women in Neurosurgery (2012); Member of the American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS); Dean of the CNS University (online training and education) – Trauma and Critical Care Section; and numerous editorial boards including Editorial Board of Neurosurgery and Member of the Congress of Neurological Surgeons Inaugural Editorial Board. In 2014, she became the inaugural Recipient of the Women in Neurosurgery (WINS) Leadership Award.

At Stanford/PAVA, she is the Director of Brain Injury (Stanford) and one of seven Associate Chiefs of Staff at the Palo Alto VA. These roles have numerous intrinsic leadership responsibilities, including the management of regional and national programs focused on trauma and traumatic brain injury.

Dr. Harris has a longstanding commitment to outreach and service. Her pastimes are spent with her family members, who also share this interest and life mission. She also enjoys playing with her children and husband in unstructured ways, reading voluminously, and spending time with close friends. Her inspirations are her family, her mentor, and those we impact through service.



DR. HARRIS' REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

The impact of the Stanford Medicine Leadership Academy (SMLA) has been significant. SMLA provided an opportunity to develop and strengthen core skills necessary to lead in today's unique and changing academic health care systems. Although actively engaged in leadership in my roles as a neurosurgeon and as an Associate Chief of Staff, opportunities to engage strategically in the broader health care system are limited. The program has helped me to explore aspects of leadership that are not routinely developed in the clinical focus of our roles.

The impact has also been beyond the professional and has contributed to my holistic development. The strength in perspective and vision that the program enabled and supported allowed for personal growth beyond our established silos. This increased our collaborative networks and overall integrated approach to lead. SMLA has also sharpened my personal perspective of my role as a leader within the health care systems of Stanford and Palo Alto VA. It fostered hope and ambition for additional leadership challenges.

Insights/Lessons

There were many valued insights/lessons learned during the SMLA program. The three most valuable are perspective, understanding of the interrelated nature of leadership, and the development of the core skill sets.

The first lesson strengthened during SMLA is perspective. SMLA was instrumental in shattering pre-existing myopic views held about the institution, our role in the institution, and the broader vision of Stanford itself. This allowed me to gain increased understanding of my role in the greater institution and its impact.

SMLA also served to strengthen our understanding of the interrelated nature of leadership. The program fostered a greater understanding of how Stanford Medicine relates to Stanford School of Medicine; Stanford School of Medicine to the broader University; and the University's role in the broader business and academic communities. The interrelated nature of their governance, fiscal operations, and community impact was an important and valued learning from this program.

The third most valued lesson imparted by the program was the development of the core skill sets integral to leaders in the constellation of the various needed strengths. This was clearly demonstrated and reinforced during the course and was incredibly valuable. The understanding of how an effective leader is multifaceted, able to "wear" many different hats, allowing the value of many different perspectives and the resulting integrated strength.

In sum, SMLA shattered established myopic perspectives and strengthened our understanding and appreciation of the interrelated nature of our leadership roles. In addition, it developed the constellation of core skills needed to lead.

Views of Leadership

My view of leadership has shifted since the SMLA program. One of the key takeaways is the fungible nature of leaders themselves. We are all replaceable. As professionals, we hold ourselves in high esteem and many feel themselves invaluable and irreplaceable. I now hold that, in essence, the power of a good leader or the strength of good leadership is someone who appreciates the very

DR. HARRIS' REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

fleeting nature of themselves and leadership roles, and thus focus on building something sustainable that exists beyond them. SMLA allowed an understanding of the importance of building an infrastructure and appreciating that whatever strategies one devises have to be strong enough to survive the person trying to implement it. This requires tremendous collaboration and buy-in from colleagues, your institution, and all stakeholders. It forces vision beyond the immediate, to the future, and an understanding that the strength of leadership is sustainability.

Changes in My Own Leadership

The SMLA program has allowed a greater appreciation of my strengths in the core skills that define leadership. It has also enhanced my professional confidence and hopes in ever increasing leadership roles.

Strategic Initiative

As the Associate Chief of Staff, Rehabilitation, I have oversight and management of the Polytrauma System of Care, a national traumatic brain injury (TBI)-focused rehabilitation, clinical, and research initiative, extending from the current military conflicts. The Palo Alto program is one of five major programs nationwide. The TBI/Polytrauma cohort is a significant population with unique needs focused on brain injury and characterized by the severity and constellation of concomitant injuries. These existing issues will be compounded by the cognitive challenges of aging + TBI. The goal of my strategic initiative was to instigate an institutional and national dialogue regarding the future of this growing and pending aging population and to establish the rigors of a potential treatment initiative. Success was both in a clear understanding of the pending challenge and in engaging the national content leaders (in DC) in the planning forward that's necessary today for tomorrow. It was also in furthering our understanding that although impact and total cost might not be appreciated in the short term, it would inevitably occur within the next 10 to 15 years. The long term buy-in was an important accomplishment of my program initiative.

The most important learning that I took away from my initiative was that, in planning forward on projects that rely on a future perspective, for which there isn't necessarily available data, flexibility in thought and action are essential. One has to be able to pivot, to develop several prototypes, and, in essence, work with a big grain of faith and hope. The concrete nature of surgical training and medicine limits development of this skill. This initiative fostered that development.

I believe that this project will have far-reaching impact. There exists significant concern regarding the general aging population and their global and health care impact. This growing/pending cohort of TBI patients conflate and compound these mounting concerns. Our data thus far demonstrate the positive impact our developed targeted/integrated and innovative therapies and interventions can have on the long-term health outcomes of this population. We hope to continue to refine the offerings and generalize with expected benefit.

Learning About Leadership

All experiences during the program were of value. The two most notable experiences were the retreats. The invitation to the Dean's Retreat was a program highlight. This experience allowed a view of the greater infrastructure of the School of Medicine and Sciences, the interrelated nature of those programs, and the vision of the Dean, and the external stakeholders, and their perspective of health care and its future. I found that to be one of the most valuable experiences of the academy. The Participants Retreat was also a program

DR. HARRIS' REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

highlight that continues to resonate. The strength of collegiality, collaboration, and intimate appreciation of our future colleagues as we all move forward as a leadership strata was an incredibly powerful moment of the program.

I would also like to comment on the experience with the executive coach during the program. Prior to the program, the concept of a coach was held as an ethereal concept exclusive to the higher echelons of leadership. The opportunity reinforced the value placed on us, as designated members of the program. The experience was incredibly empowering. Leadership roles, by nature, can be a fairly isolating phenomena with few to whom one can speak directly and with whom one can strategize, without breaching confidentiality or raising concerns amongst colleagues. The coach provided this needed audience and sounding board, as a strategist and a thinker. All in all, it was a wonderful, wonderful asset.

Continued Growth

I hope to continue to strengthen my leadership skills and expand my views of health care systems, as I believe this is a lifelong opportunity and commitment. I have specific interest in the broader health care systems issues and feel my background in statistics and epidemiology are strengths in strategic vision and planning. I am excited by pending opportunities, such as an invitation to participate in the VAPAHCS Strategic Planning Leadership Board. I hope that my voice and input will have impact on the operations and ultimately drive benefit and innovation in my field and beyond.

Topics of Interest

There are many exciting challenges facing academic health care and medical education. Specific to Stanford, I am interested in the challenges inherent to our geography. These include limitations in expansion, innovation in teaching and education, recruitment and retention in Silicon Valley for both students and faculty, and issues of limited diversity due to, or enhanced by, the above.

I am concerned about the existing pipeline of women and minorities in the sciences and medical sub-specialties and in the upper strata of leadership. This has significant repercussions, given the changing face of America and inherent value diversity adds to strategic vision. Additional attention to outreach and our commitment to the community is another area of interest that relates directly to these areas.

Future Leadership

My role at Stanford/PAVA is unique in every aspect: I am the only academic neurosurgeon in the country who holds responsibilities in the realm of acute brain injury for the civilian and military populations; I stand alone in being integral to every aspect of TBI recovery, from acute surgical intervention to acute rehabilitation and transition to community re-entry.

As an Associate Professor, Neurosurgery and Director of Brain Injury for Stanford, I am in the ranks of a handful of women in academic neurosurgery nationally. As I am mid-career, I envision a full career ahead filled with continuous growth. I hope for a future expanding my current initiatives with focus and impact both locally and nationally. Additionally, as my career thus far establishes my ability for diversity clinically, with focus on outcomes, I wish to continue with broad aspirations beyond my clinical training, fully using my strengths in the public health realm. My aspirations are focused on strategic vision.

Charles C. Hill, MD

Clinical Associate Professor – Department of Anesthesiology, Perioperative and Pain Medicine
Medical Director, Cardiovascular ICU

Dr. Hill attended Davidson College in Davidson, NC, receiving a BS in chemistry and three varsity letters in football. He then attended medical school at the University of Texas Health Science Center at San Antonio and completed anesthesiology residency at Vanderbilt University. He completed his fellowship in Cardiothoracic Anesthesiology at Stanford University in 2006, where he has remained on the clinical faculty.

Dr. Hill has been active in the Division of Cardiothoracic Anesthesiology and Critical Care at Stanford University since 2005. He works in the operating room and serves as the Medical Director of the Cardiovascular Intensive Care Unit. His academic responsibilities within the Division involve training residents and fellows in cardiothoracic and transplant anesthesia and cardiac critical care. He is board certified in Anesthesiology and Advanced Perioperative Transesophageal Echocardiography. In 2015, the Department of Cardiothoracic Surgery awarded Dr. Hill the Pat O. Daily, MD Memorial Award for Clinical Excellence in Cardiovascular Surgery. Dr. Hill has lectured at national meetings for the Society of Cardiovascular Anesthesiologists, American Society of Anesthesiologists and serves on the Educational Programs Division of the California Society of Anesthesiologists.

In addition to his primary clinical responsibilities, he serves on the Extracorporeal Membrane Oxygenator (ECMO) service and is the clinical liaison with the Pulmonary Hypertension and Adult Congenital Heart Disease services. He serves on the Cardiothoracic Surgery, Transplant Surgery and ICU Professional Practice Evaluation Committees. He is also active in the Cardiovascular Health Service Line, Mechanical Circulatory Support and Transplant Surgery Quality Councils.

His interests outside of work include activities with his three children (ages 10, 7, and 2) and wife. They enjoy swimming, tennis, skiing, cooking, and skateboarding, among other activities. In his free time, he enjoys playing the guitar and reading about music theory.



DR. HILL'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Thank you for the opportunity to participate in this outstanding program. Dr. Schnell designed and executed a curriculum that has been educational, enlightening and, most of all, great fun.

Impact

Participating in the Stanford Medicine Leadership Academy (SMLA) has made me a better listener and observer. The overarching theme of leading by understanding perspectives and motivations more clearly has been an approach I have utilized on a daily basis. Participation in the course has also created a great interest in educating myself further on the principles of leadership. Personally and professionally, the journey of completing the Stanford Medicine Leadership Academy has been remarkable.

Insights/Lessons

Reflecting back over the course and the speakers, there have been many valuable insights and lessons. For me, the importance of actively listening and discarding preconceived notions are the biggest takeaways from the speakers and materials presented during the course. Understanding the power of active listening has changed the way I interact with everyone on a daily basis. When someone feels heard and respected, they are motivated to work toward a common goal. Similarly, when we approach challenges without preconceived notions, we are free to explore options and possibilities that may have previously been concealed.

Views of Leadership

SMLA has significantly impacted and altered my views of leadership. Like many people, my concept of leadership prior to this course was actually more closely aligned with management. Now, I view true leadership as creating a mission and a culture around a team, and then empowering the team members to achieve the stated goal.

Changes in My Own Leadership

Being exposed to the ideas and concepts of leadership relayed through the speakers, reading materials, and group sessions has produced substantial changes to my approach to leadership. First and foremost, I have learned to actively listen to team members' thoughts and ideas. Learning to empower colleagues and other associates through respect has been the greatest gift of my time in the SMLA.

Learning About Leadership

I have immensely enjoyed learning about leadership while participating in the course. Geno's design of small group sessions with speakers and free form discussions greatly facilitated the learning process. The atmosphere was one of encouragement, respect, and confidentiality; this was paramount to the overall success of the course. My participation in SMLA has spurred what I hope will be a lifelong interest in personal leadership evolution.

The 360° leadership assessment served as a tremendous tool for self-reflection and evaluation. I feel very fortunate to have had the opportunity to participate in that program. Understanding how your colleagues and team members view you provides a very unique feedback system for self-refinement and correction.

DR. HILL'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Continued Growth

Exposure to my colleagues participating in the SMLA, the speakers, as well as the material has motivated me to learn more about leadership, organizational systems, and negotiating. Specifically, I would like to earn an executive MBA, as well as participate in a university-based leadership program. Leadership areas of particular interest to me are industrial and organizational psychology, as well as managing difficult conversations.

Topics of Interest

Managing health care resources is going to be a major challenge in the very near future. The decisions around access to and allocation of health care time and dollars will be difficult and require tremendous leadership. The opportunity that academic centers like Stanford University have in forming and framing the discussion around these decisions is precious and should not be wasted.

Strategic Initiative

My strategic initiative is ongoing and focused on creating a Perioperative Surgical Home for Cardiac Surgery. Fundamentally, this would be a joint venture with the surgeon and anesthesiologist, allowing the creation of a patient-centered, longitudinal perioperative care pathway. The patient would experience a seamless transition between the preoperative, intraoperative, and postoperative phases involved in performing successful cardiac surgery. Consideration of institutional and government-oriented performance metrics would be integrated into this multidisciplinary, team-based health care paradigm.

Future Leadership

The greatest attribute of this course is that the lessons and insights learned from the speakers, materials, and group sessions are applicable to any field or endeavor, including evolving as a father, physician, and citizen. I hope to utilize these lessons and concepts in an ongoing process of personal improvement, both personally and professionally.



Chris Holsinger, MD, FACS

Professor and Chief, Division of Head and Neck Surgery

Department of Otolaryngology

Dr. Holsinger received his medical degree from Vanderbilt School of Medicine, completed his internship and residency at Baylor College of Medicine, and his Fellowship in head and neck surgical oncology at the University of Texas M. D. Anderson Cancer Center. In 2003, he was awarded a Fulbright Scholarship to study surgery at the University of Paris with Professor Ollivier Laccourreye and with Professor Wolfgang Steiner at the Georg-August University in Göttingen.

Dr. Holsinger leads the multidisciplinary Head and Neck Oncology Program at the Stanford Cancer Center. From 2003-2013, he worked at the Department of Head and Neck Surgery at the University of Texas M.D. Anderson Cancer Center, where he founded and led the Program in Minimally Invasive and Endoscopic Head and Neck Surgery and co-directed the program in Minimally Invasive Technology in Oncologic Surgery.

His research and clinical expertise focus on clinical trials research, robotic surgery, and improving the quality of cancer care both within head and neck oncology and beyond.

At Stanford, he founded the Program in Robotic Surgery, which coordinates clinical operations, as well as provides education to residents, fellows, and staff. This multidisciplinary program is also studying the value and cost of robotic surgery across several organ sites, measuring the impact of reduced length of stay and post-operative dose reduction of adjuvant therapies.

At the Cancer Center, Dr. Holsinger has led several efforts to transform cancer care delivery. He currently leads the initiative to improve the quality of multidisciplinary tumor boards across the Cancer Center. He also serves as the surgical principal investigator for RTOG 0920, "Radiation Therapy With or Without Cetuximab in Treating Patients Who Have Undergone Surgery for Locally Advanced Head and Neck Cancer."

Dr. Holsinger coordinates credentialing for ECOG3311, a prospective randomized clinical trial evaluating the role of transoral robotic surgery for patients with HPV-associated oropharyngeal cancer.

Dr. Holsinger has authored or co-authored numerous articles and abstracts, which have appeared in publications such as the New England Journal of Medicine, Journal of the American College of Surgeons, Journal of Clinical Oncology, Clinical Cancer Research, Head & Neck, Laryngoscope, and Archives of Otolaryngology – Head and Neck Surgery. Board-certified by the American Board of Otolaryngology, Dr. Holsinger is a member of numerous societies including the American College of Surgeons, the American Society of Clinical Oncology, and the American Head and Neck Society.



DR. HOLSINGER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Strategic Initiative

Arriving at Stanford in 2013, I was impressed by the innovative clinical work being done across the surgical specialties in the heart of Silicon Valley. A group of dedicated robotic and minimally invasive surgeons was working hard to deliver premier care, but had no opportunity to collaborate and partner across individual divisional and departmental silos. I wanted to create an organization within Stanford that could help to unify these ongoing efforts and to provide a platform for innovation in robotic surgery focusing on education, research, and clinical operations.

In January 2014, my surgical colleagues and I created the Stanford University Program in Robotic (SUPR) Surgery in order to improve the quality of minimally invasive surgery. This working group of surgeons spans the full breadth of surgical specialties, including general surgery, colorectal surgery, thoracic surgery, urology, gynecologic oncology, head and neck surgery, and cardiovascular surgery. The primary objective of the program is to advise and manage clinical operations in robotic surgery within Stanford Health Care. This group came together to improve our fragmented and uncoordinated efforts across the system to promote robotic surgery and the potential benefits this minimally invasive surgery might offer.

We identified several critical challenges. First, there was inconsistency of robotic surgical platforms across the ASC and MAIN operating rooms, as well as outdated technology. Our group chose not to dwell on the irony that a hospital in the heart of Silicon Valley used a robotic platform from 2006. Rather, our group reached out to Sam Wald, just arriving as the new Medical Director of Perioperative Services, to study the financial and logistical feasibility of upgrading our technology and establishing better clinical operations to ensure adequate utilization of this potentially costly technology. By the end of 2014, robotic utilization of existing resources improved by 24%. The robotic working group then put forward a plan for capital upgrades, which was approved in December of 2014. On March 13, 2015, the first surgery was performed on DaVinci Xi at Stanford, the latest technology incorporating “chip-in-tip” high-resolution visualization, as well as fluorescence imaging. Since this acquisition, robotic utilization has continued to improve and has increased 35%.

Since these programmatic changes, SUPR surgery has begun to study how this minimally invasive technology may improve outcomes. We are studying the value and cost of robotic surgery across several organ sites, measuring the impact of reduced length of stay and other specialty-specific post-operative outcomes. Finally, SUPR surgery has created annual and quarterly educational programs to train residents, fellows, and staff in robotic surgical techniques.

Our next goal is to translate this clinical program into a medical staff committee and to obtain funding to support our educational and research initiatives, especially with regard to the cost and value of robotics in surgery.

Changes in My Own Leadership

In order to unify the disparate ongoing efforts, I learned that I needed to establish a reliable framework within which surgeons could begin to work together. The group required a consistent forum and a defined structure, in which ideas could be discussed, vetted, and then implemented. Meeting consistently then allowed us to make course-corrections and further refine our efforts. To that end, I established a monthly meeting with bagels and coffee (furnished from my own academic development fund). Minutes were taken and circulated. Speakers from a variety of academic departments and SHC units were invited. This created the synergy and trust that

DR. HOLSINGER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

allowed the team to later submit our capital budget requests for program upgrades. Once the program was established, we also learned that we needed to coordinate our efforts. Each robotic surgeon reached out to her or his departmental chair to explain the value of our program and its impact on patient care. These efforts were critical to obtaining resources needed to establish, develop, and maintain the program.

I may have been confident as a leader before I joined the program, but being part of the Stanford Medicine Leadership Academy provided me with an introduction to executive skills, organizational leadership, and important insights into my personality. I believe these opportunities will help me to now deliver on that confidence and provide a higher quality of leadership and direction, both for my strategic initiative but also in my role as Division Chief and Cancer Program Director.

Learning About Leadership

The peer exchange “consults” and executive coaching were invaluable aspects of the SMLA. Oftentimes as clinician-leaders, we can become stretched so thin, so overcommitted, that we don't actually have the opportunity to use one of the most precious resources around us: getting help and advice from our peers. When Geno established the “peer-consultation” process that started off every SMLA meeting, I have to admit: I was a bit skeptical. But over the course of the program, I came to truly value this aspect of the program. These peer consults were a truly unique and invaluable interaction. In small groups, we could talk openly about our frustrations, some of our starts and stops, and how we might do things differently or better. In these small sessions, my fellow participants and I could speak openly about how to do a better job of not just completing our project and strategic objective, but how to be a better leader.

Having the opportunity to work with an executive coach for the first time was also a critical part of the program's success. My coach was first and foremost a great sounding board—a voice completely separated and divorced from my own world and expectations. My sessions provided the freedom to vent, without fear of retaliation or judgement, and the opportunity to explore unconventional ideas. Getting honest feedback was sometimes hard to hear but it helped me to overcome stumbling blocks, recover from some false starts, and redirect stalled or frustrated efforts. In summary, my executive coach was an invaluable resource. She helped me overcome what seemed initially to be insurmountable obstacles on the way to success and finishing my project.

Insights/Lessons

Looking back over this last year, and my 18 months in the SMLA, there are a couple of key take-home points for me. First, I understand even better now that leadership is about service. I was really inspired by the many examples of great leaders that came and spent time with us. I learned that to truly lead is to serve. An effective leader has to serve and have a clear vision.

At some level, I knew these things coming to the program. But the SMLA let me look under the hood, if you will, to learn how to become that kind of a leader and be the leader I've always wanted to become.

Most critically, I learned that a leader doesn't impose a vision, but has the confidence and intelligence to look around him or her, to peer keenly into the strength and opportunities lying dormant in the group. A good leader doesn't impose an outside vision, a good leader pulls that vision out of the group and then takes that group forward together to deliver on that shared hope for the future.



Aya Kamaya, MD

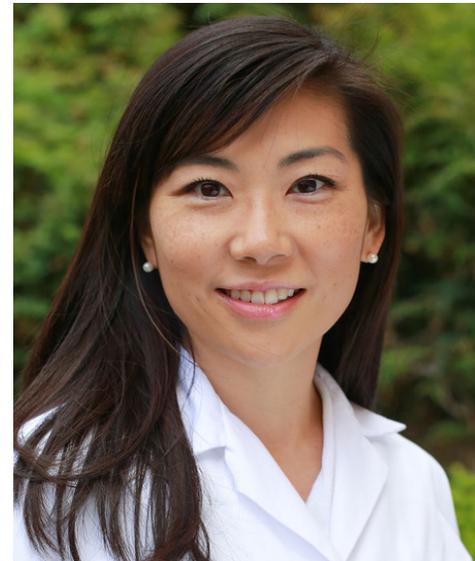
Associate Professor

Department of Radiology

Originally from Salt Lake City, Utah, Dr. Kamaya completed her undergraduate degree in Engineering Sciences at Dartmouth College in Hanover, New Hampshire, and her medical education at the University of Utah School of Medicine in Salt Lake City, after which she completed residency training in diagnostic imaging at the University of Michigan in Ann Arbor, and a Body Imaging Fellowship at Stanford University, where she has continued as faculty since completing fellowship.

Dr. Kamaya has been in the Department of Radiology at Stanford University in the MCL track since 2007. Her scholarly interests include abdominal and pelvic imaging, in particular, hepatobiliary cancer imaging, perfusion CT of abdominal tumors, gynecologic and urologic imaging, novel ultrasound imaging, and thyroid cancer ultrasound imaging. She serves as the Associate Program Director of the Body Imaging Fellowship at Stanford University and is Program Director of the Stanford Body Imaging CME series. Her leadership roles in national and international societies include Chair of the LI-RADS (Liver Imaging Reporting and Data Systems) Ultrasound Working Group, a multi-institution working group that is building recommendations for HCC screening and surveillance; Chair of the Media Committee for the Society of Radiologists in Ultrasound; and Team Captain for the electronic exhibit and poster judges at the Radiologic Society of North America. Dr. Kamaya recently completed a comprehensive textbook on Ultrasound of the Abdomen and Pelvis for which she is the lead author and editor.

In her free time, Dr. Kamaya enjoys spending time with her husband, two children (ages 4 and 1), skiing, snowboarding, surfing, and yoga.



DR. KAMAYA'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

The impact of participating in the leadership academy is that I have begun to see myself differently, and this academy has opened my eyes to new strengths and qualities that are important to cultivate. I'm more aware and observe traits in others that help me to figure out ways to improve myself. The things I've learned are applicable in all facets of my career, and it is very exciting to be a part of this dynamic group of high achieving physicians at Stanford. It's truly been a privilege.

Insights/Lessons

Looking back over the year, the three most valuable insights/lessons about leadership I have taken away from the experience include:

- 1) Look at the big picture and the situation from the other person's point of view and how that may play to create an optimal win-win situation.
- 2) Difficult conversations are necessary from both sides, and there are some great techniques on how to approach them.
- 3) It is important to empower others as a leader.

Views of Leadership

Before this leadership training, I viewed the role of leaders as decision makers and visionaries. While I still believe those are important roles that a leader plays in any organization, I now see that there is much more legwork that goes into any decision or vision that is put forth. To be effective in moving an organization forward, one must work on buy-in, agreement, and ultimately empowerment of the group. Good leaders are able to listen to others, understand their position, and then utilize those existing undercurrents, motivate others, and allow them to become invested, experience personal growth and satisfaction, and believe they are making an impact.

Changes in My Own Leadership

I will make more of an effort to listen and understand the perspectives of others and to acknowledge their opinions and perspectives. Although I hope I do this already, I am more conscientious about it now. In addition, I will give more feedback. I have learned that people really crave feedback. Providing feedback also offers an opportunity to give a little nudge towards a specific goal at the same time.

Strategic Initiative

I am chair of the hepatocellular carcinoma LI-RADS ultrasound screening and surveillance working group in which I led a group of radiologists from across the country to come up with a set of guidelines on how to perform, interpret, report, and manage screening and surveillance for hepatocellular carcinoma in high-risk patients. Everyone performs screening ultrasounds, but there are no set guidelines, and we are creating these guidelines. This has required coordination and leadership of experts in the field from all across the country to come to a consensus and to create a product that will impact all radiologists and hepatologists.

DR. KAMAYA'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Learning About Leadership

The best experiences were during the retreats. They were intense and highly motivating, and provided both the time as well as the tools for deep introspection. The tools provided included the 360-degree assessments, personality tests, a presentation coach, and direct feedback from the members of the group. I suspect I come across a certain way, but to have one or several people tell me so is very eye-opening. It is not comfortable, for sure, but when will I ever get that kind of brutal honesty? Possibly never again.

Working with an executive coach was one of the most exciting things about the program. In the beginning it was hard to see the benefits for me, but this ended up being a great tool. Someone is studying you and trying to provide you personalized tools to make you better. In addition, when you are dealing with specific difficult decisions, they are there to talk it through and help you determine the most appropriate course of action.

I loved the negotiation speaker (Meg Neale) and the power speaker (Deb Greenfeld). They both brought to light very interesting aspects of social and professional interactions that made me have many "a-ha" moments. I thought, of course, what they are saying is correct and true! It just took someone like them to articulate these social truths for me. Now that I am cognizant of these ideas, I will think about them and utilize the tools they suggest. In fact, now that I think about it, just today, I utilized some of the negotiation tools I learned.

My fellow faculty were incredible. It felt like we were all in the same boat and it was so interesting to see where everyone is coming from, to see who was selected and why; everyone's individual struggles, accomplishments, and strengths. We had great chemistry in our group: lots of positive energy, everyone was engaged, committed, and thoughtful. We confided in each other ("cone of silence, what is said here, stays here" agreement), comforted each other, and congratulated each other on our accomplishments through the year. Although Stanford tends to have a very collegial culture, this group was exemplary in this regard. I could not have asked for a more amazing group of colleagues with whom to share this leadership academy journey.

The 360-degree leadership assessment was an eye-opening exercise and it was great that we spent so much time dissecting the nuances of the results. It was also very informative to see what qualities are considered to be assets for leaders. And, finally, I learned a lot about where my strengths and weaknesses lie along the spectrum of leadership skills. For instance, I didn't know that I don't come across as funny. Some of the data was a bit difficult for me to completely comprehend at first, but it is an incredible tool that I will continue to refer to in the future.

I thoroughly enjoyed interviewing senior leaders. I loved using this leadership academy as an excuse to get to know people I admire or wanted to get to know better. I found it fascinating to hear what these people felt were the secrets of their success and how they chose to navigate their careers. If it is any indication of how much I enjoyed this part of the program, I ended up interviewing more senior leaders than anyone else in the group!

The reading materials were all excellent. I realize from this course that the HBR is a good resource and will read the magazine on a more routine basis. I now have it on my iPad.

DR. KAMAYA'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Initially, I thought Leadership Academy was going to consist of a series of didactic lectures. The initial email did warn me about the time commitment involved, but I did not expect it to be this engrossing and transformative.

Continued Growth

I would like to learn more about how leaders choose to craft their message, speak in public, and communicate to large groups.

Topics of Interest

The new generation of physicians entering the faculty look at the world differently (Millennials), with different expectations and aspirations, and we need to understand how to make Stanford an enticing place for them. In addition, the attraction of nearby Silicon Valley and the entrepreneurial abyss both distracts but also enhances our faculty. Moreover, Silicon Valley puts a significant strain on the economic stability of our faculty who struggle to buy a home in the most expensive area of the country, which, in turn, puts the Millennials in a particularly difficult position.

The demand for transparency in care, the rise of the internet health “education,” as well as miseducation of the public, often popularized through social media, for example, pose significant challenges to proper patient care. We can, however, utilize this phenomenon to our advantage, and I believe Stanford is and should be at the forefront of this wave of knowledge dissemination.

Future Leadership

I had not previously thought much about this to be honest, but my view of where I will be in five years has dramatically changed since starting this program. I do envision myself taking on many more and challenging leadership roles. The hardest part will be parsing through what I think will be a good fit.

Joseph Kim, MD

Clinical Associate Professor – Division of Pediatric Hospital Medicine
Department of Pediatrics

Dr. Kim received his MD from State University of New York at Syracuse and completed his pediatric residency training at UCSF. After residency, Dr. Kim became a pediatric hospitalist for LPCH. In the last 11 years at LPCH, he has fostered interests in the areas of LEAN methodology, standardization of care, and family centered care. These interests have allowed opportunities in leadership within the institution. He is currently the Associate Vice-President of Medical Affairs and has been recently named the interim Chief of the new Division of Pediatric Hospital Medicine. His new responsibilities include medical director oversight, implementation of a Hospitalist Program at John Muir Hospital, improving patient flow and throughput, and leading the Division of Pediatric Hospital Medicine.

Outside of work, Dr. Kim sits on the Board of Directors for a non-profit organization, Harvester's Reaching the Nations, which runs orphanages, schools, and a hospital in South Sudan.

Dr. Kim has recently picked up the game of golf (again). He also enjoys watching sports and taking walks with his wife and new Labrador in the city and nearby trails.



DR. KIM'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

As I reflect back on the past 18 months of the Leadership Academy, the one simple, yet hard to grasp, realization I had is that I am not alone. There are others like me who struggle, who don't know the answers, who persevere, and who hope. Leadership is not done in a bubble or on an island. Having a core group of peers in whom you trust has become invaluable in my growth as a leader. We may all have mentors to whom we can go for advice, but it has been such a different experience to have peers to turn to. We are learning together. We are growing together. I guess it's such a simple concept, but in reality, so difficult to find...peers you can trust and from whom you can learn. It has been encouraging to see the passion in my colleagues making a difference in their areas. I have become familiar with their struggles and they have become familiar with mine. I appreciate that the leadership academy has created such an environment and also teaches the lesson of how invaluable peer mentoring is. Wherever my career takes me, I will seek out peers from different disciplines in hopes of establishing similar camaraderie.

Through this safe environment, I also learned a few pearls:

- 1) You need to take risks, and grand ideas will have grand pushback.
- 2) Strategy may need to change on the fly, and your initial perspective may not always be the right one.
- 3) People are complex, but most are coming from a good place. Seek to understand, then attempt to resolve.

Strategic Initiative

My strategic initiative changed. It initially was about building a hospitalist program at one of our joint venture sites. Since this project involved many moving parts not in my control, I chose a different initiative. In my role as the AVPMA, I chose to create and implement a plan to educate the Packard Medical Directors about Value Based Medicine in preparation for the coming changes in health care reimbursement and quality metrics.

Needless to say, convincing physicians that they may need to change how they practice medicine is very difficult. Learning how to communicate this change has been invaluable. Physicians are essentially well intended; focusing on the patient and how the change can benefit their patients has been key in changing the minds/attitudes of the physicians.

I hope that each of the medical directors will develop pathways and order sets for the most common diseases in their areas.

Learning About Leadership

The best aspects of the program have been peer mentoring and the 360-degree assessment. Peer mentoring has been a surprising highlight of the Academy. I initially didn't see how talking to other learners can teach me about leadership. I wanted to hear from the experts. What I found was that the time initially meant for receiving feedback on our strategic initiatives quickly turned into peer coaching sessions. We not only shared about our initiatives but also about other work-related issues. It was a safe haven to share reflections, triumphs, struggles, and to receive feedback for important upcoming decisions. This was the time when I learned that I was not alone in my struggles and that many of us faced similar obstacles and concerns. Knowing that there is rarely one right

DR. KIM'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

answer in leadership, hearing the many perspectives on situations was hugely beneficial. The feedback I received from these sessions probably guided my decisions more than anything I learned from any one of the speakers. I recall during our retreat, we had the opportunity to give mock presentations of our initiatives to one another. This was such a great experience to receive feedback from my peers regarding my presentation style as well as the content of my talk. For some reason, the feedback they gave me was much more powerful than the feedback I received from the professional who reviewed the taping of the presentation.

I also learned quite a bit from the 360-degree assessment. It's always quite interesting to see how different you perceive yourself from how others perceive you. Some perceptions were in alignment, but others were quite discordant. I was surprised to find out that people thought that I was a relatively closed, private person, not available, affecting their ability to possibly trust me. I, on the other hand, always thought of myself as a relatively open and transparent person. This knowledge has made me take more effort talking about personal things and trying not to open conversations with purely work-related concerns/issues.

I also enjoyed my time interviewing prominent leaders. One of the biggest takeaways from interviewing one CEO is the value of being authentic. This person genuinely loved what he was doing and it showed. He was being authentic to himself and his persona did not change when he went into the workplace. His enthusiasm and authenticity were contagious, and I bet his life was less stressful by not trying to be someone he was not.

Continued Growth

I want to learn how to effectively articulate my vision/ask, whether in a 2-minute version or a 45-minute presentation in front of the Board. I am really impressed by people who can articulate their ask or defend their position on the fly. They do so with facts, emotion, and conviction. It's really artful to see.

I would also learn how to influence upwards. I would like to learn how to give feedback to those above me without sounding critical, as well redirect their focus when they sometimes have gone off the path.

Topics of Interest

Millennial Generation: I believe the SOM is going to face a huge challenge in the recruitment, retention, and education of the Millennial Generation. This generation is the product of the success of the previous generations. They are probably the first generation who has never experienced "struggle," given the prosperity of their parents' generation. In turn, they have different expectations of the workplace and have difficulty in handling negative feedback and failure. I fully admit, I do not "get" this generation, but I am seeking to understand. I once had a job applicant of the Millennial Generation address an email to me with "Hey, I heard you have job opportunities. My name is XXX...". Needless to say, this generation is vastly different, and hierarchal titles do not mean much to them, which I can sometimes appreciate. This generation expects more from the workplace, and the traditional expectations of "paying your dues" and "success is determined by what you do between 5pm-8am" are no longer acceptable. The SOM needs to learn to bend while holding firm to certain traditional standards and principles. The Stanford name alone will no longer be able to recruit and retain the best.

DR. KIM'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

The SOM will also need to adjust relatively quickly to the advent of health care reform and value based reimbursement. As things become more transparent, the fact that Stanford and LPCH are two of the most expensive hospitals among their respective counterparts will no longer be viable or acceptable. We should be leaders in adjusting to the changes and be at the national forefront of delivering value-based care for our patients. Developing an effective Clinical Effectiveness program is one way to be leaders of this change.

Future Leadership

At the risk of sounding undirected and lacking focus, I have no idea where I will be in five years in terms of my leadership role. Thus far, my career has been fortuitous and opportunistic as I have stepped into roles that lacked leadership and was asked to step in. I am thankful for these opportunities, yet it was at some opportunity cost. I foresee myself continuing to step up to roles that are needed as long as I continue to see that 1) I am able to bring value to that role, and 2) that the role itself provides value to our patients, staff, institution, and community.

Ruth Lathi, MD

Associate Professor

Department of Obstetrics and Gynecology

Dr. Lathi was raised in the east bay and completed her undergraduate education at MIT. She attended medical school at UCSF and completed a residency at Baylor College of Medicine in Houston. She returned to Stanford in 2000 to initiate her subspecialty training and stayed on as faculty after completing her fellowship.

Dr. Lathi's primary scholarly interests are evaluation and treatment of women with recurrent pregnancy loss, the role of preimplantation genetic diagnosis in the treatment of reproductive disorders, the prognostic value and utility of genetic testing of miscarriage tissues, and long-term outcomes of fertility treatments. She comes from a genetics background and has a growing interest in the role of genetics and pre-implantation genetic diagnosis of embryos for couples at risk for offspring with genetic disorders. The application of this technology has the power to greatly reduce the risk of having a child with a genetic disorder and she hopes to make this treatment more available to couples who are interested in it, through the development of a reproductive genetics program at Stanford. She also has a strong interest in the effects of obesity on fertility and pregnancy outcomes.

Her current leadership roles are, primarily, Director of the Recurrent Pregnancy Loss Program, and she is also the President Elect for the Pacific Coast Reproductive Society and the immediate past chair for the American Society for Reproductive Medicine, Early Pregnancy Special interest group. Additionally, she has roles within Stanford as the Associate Director of the fellowship program and Director of Medical Education within the reproductive endocrinology and infertility division.

Aside from work, she enjoys spending time with her family and spends a considerable amount of time and energy trying to raise two teenage daughters. She loves every minute.

Her latest hobby outside of work and family is golf. If you ever saw her play, you would say, "Stick to your day job!" She loves it, but still could use a few tips on how to stay out of the sand traps (or at least get out of them with grace.)

She is inspired by anyone who is extremely good at something, anything. You name it. Celine Dion, Oprah, Jordan Spieth. She admires the work and dedication it takes to excel at anything and is inspired by anyone who is at the top of their game, job, or craft.



DR. LATHI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

I view leadership as an active continuous process of planning, evaluating, reevaluating, and supporting and being supported by my team. Leadership takes time! I have learned that the time spent planning and finding support is well worth the investment and the larger the group, the more time this takes. By preparing and planning better for meetings and difficult conversations, I have been able to move the needle forward and see change where I once thought it was not possible. By taking a more active role in meetings and showing that I care about the group as a whole, I was seen as a more effective team member and promoted to a leadership position.

Insights/Lessons

The many insights I have gained through participation have changed my interpretation of successful leadership. I discovered that there were many paths to influence change.

Views of Leadership

Again, leadership takes time and patience. The skills of a good leader are often different than a good scientist or good physician. It requires understanding the needs, concerns, and fears of your team. Patience and listening are invaluable. But never lose sight of the goals and the vision. I have learned that we may have to change as our roles and responsibilities change.

Changes in My Own Leadership

I will view struggles and opposition differently. We have learned many leadership stories where the greatest strides have come through meeting these challenges with an open and creative approach. Giving all a voice and hearing all points of view seem to be powerful, even if we still don't agree in the end.

Strategic Initiative

My strategic initiative was to begin a reproductive genetics program within the fertility and reproductive medicine clinic. We were able to hire a genetic counselor to be the point person for this program who will be available to our patients and referring physicians to increase awareness and education around preimplantation options for family building for couples at risk. We have seen our referrals and demand go up dramatically. Our genetic counselor is developing web content and printed information to distribute. Eventually, we will reach out and meet with various physician groups, provide more referring provider information, and learn more about how we can be more helpful to them.

DR. LATHI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Learning About Leadership

The combination of strategic initiative, coaching, and peer consults was the strongest part of this program. It was extremely comforting to hear that many of us have similar challenges and can learn from each other. I felt immense and unconditional support from the other participants. Geno set the stage for this with his "Geno's rules." What a great group. We were able to learn and share without judgement in a supportive environment.

Continued Growth

How to maintain what I have learned and resist the urge to get too comfortable. I would like to use what I have begun to learn in order to be strong and fearless as the challenges get bigger and harder. Choose the right battles. Engage more. Think bigger. Make the world a better place.

Topics of Interest

How technology is changing how we educate students.

Exploring ways to bridge the generation gap.

We will need to learn how to address the challenges of improving health outcomes given current reimbursement systems and possible future reimbursements. Is it possible to increase access and quality at the same time?

Future Leadership

I have recently been placed in a new leadership role, and I look forward to using what I learned in the leadership academy to approach the challenges of my new position. Prior to participating, I never really saw myself in this role, but now that I am in it, I can see that there is reward in helping the group be more successful. Through the leadership interviews and coaching, I have been able to better define my vision and priorities for the group and navigate the changes that are needed to bring about this vision. I have enjoyed working with my co-participants and hearing how our strategic initiatives intersect on many levels. Ultimately, I hope to support and encourage both my colleagues and the next generation to look beyond the technical aspects of medicine and take on leadership roles to shape the future of academic medicine.



James Lock, MD, PhD

Professor and Associate Chair

Department of Psychiatry and Behavioral Sciences

Dr. Lock has been the clinical director of Stanford Medicine's Eating Disorder Program located at Lucile Packard Children's Hospital and Clinics since 1993. He is an internationally known researcher, lecturer, and clinician in the field of eating disorders. Dr. Lock is board certified in general psychiatry and child and adolescent psychiatry. His research has been continuously funded by the National Institutes of Health since 1998. He has received awards for his work from the American Psychiatric Association, the National Eating Disorder Association, and the Academy of Eating Disorders. The family-centered treatment approach he has developed and scientifically examined is the leading and only evidence-based treatment for adolescent anorexia nervosa identified.

Dr. Lock began his career as an interdisciplinary scholar in psychology and the humanities at Emory University. During his graduate career, he also worked on implementation of treatments for de-institutionalized mental patients in community mental health settings, sparking his interest in medicine and psychiatry. After completing his MD, he completed his general psychiatry residency at UCLA and his child psychiatry training at UC Davis. He also completed a Masters in Health Services Research at Stanford.

During his 21-year tenure as the Director of the Eating Disorder Program at Stanford, Dr. Lock and his team have successfully overcome challenges associated with managed care, changes in utilization of hospitalization, work force transitions, and space limitations. His program has continuously performed well, including improved patient outcomes, patient/family satisfaction, and financial performance. Because his research and teaching is closely integrated with clinical care and programmatic outcomes, his program is often cited and visited as a model treatment program and has been recognized as such by the American Psychiatric Association.

Dr. Lock has been a guest lecturer at universities throughout the US and world. He serves on the scientific boards for the Global Foundation for Eating Disorders, the National Eating Disorder Association, and United Behavioral Health. He is also co-founder of the Training Institute for Child and Adolescent Eating Disorders, a company that serves as a training and consultation platform to disseminate evidence-based interventions for eating disorders in youth. Jim has published 10 books (6 translated into other languages) and over 300 articles, chapters, and abstracts in such journals as the American Journal of Psychiatry, JAMA-Psychiatry, and Psychological Medicine. In particular, his book for parents, *Help Your Teenager Beat an Eating Disorder*, is used nationally and internationally to help parents learn about eating disorders and how they can be of help to their children.

Jim is married and has two children, one in high school and one a junior in college. In his spare time, Jim is an avid reader, creative writer, and runner.



DR. LOCK'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

The impact of my participation in the Leadership Academy is multifaceted. First, I had an opportunity to be introduced to the medical school at a level that I've never experienced before, even though I've been a faculty member for over 20 years. Prior to the Leadership Academy, I had perhaps visited the Dean's Office twice. Subsequent to starting the Leadership Academy, I have been there at least once a month over the past 18 months. This has allowed me to become more familiar with the Dean's office, with the people working there and their responsibilities, as well as how all these relate to our home departments. In addition, I had an opportunity to spend time with the Dean, Vice-Dean, and CEOs of both hospitals. It was the first opportunity I'd really had to be at the table with all the leaders of the medical school at all different levels, including those with a focus on business, communication, strategic planning, clinical practice, and research. I think I have gained a deeper understanding of the role of the Dean's office and how it operates that will have a significant impact on my future leadership here.

As I think over the entire Leadership Academy course, three learning experiences that stand out as highlights from a terrific overall learning experience were 1) the 360-degree evaluation; 2) the Dean's Retreat; and, 3) the leadership interviews. The 360 evaluation was anxiety provoking at first, because it required asking busy colleagues to spend a fair amount of time completing a detailed questionnaire. However, the confidential feedback I received from the people who work for me, peers who work with me, and my supervisors provided extremely valuable perspectives on my strengths and weaknesses as a leader. This information will continue to be useful for years to come. Another standout experience in the Leadership Academy was attending the Dean's Leadership Retreat. This was a rare opportunity to see the leadership of the entire School of Medicine learning and working together. I was able to meet and learn from many leaders in the School during break-out groups and during meals. In addition, I also learned a great deal from the leadership interviews. I conducted four interviews with School of Medicine and University leaders. What I appreciated most about these interviews was making connections with these leaders, hearing about their development and challenges, as well as their vision for the future of medicine at Stanford. I know I will continue to learn from these leaders while I'm at Stanford.

Strategic Initiative

My strategic initiative was to identify opportunities for and to promote linkages between the School of Medicine and the University, particularly in the humanities. Prior to medical school, I had studied humanities, and part of what initially drew me to Stanford was the potential for interdisciplinary work in medicine and humanities. However, I found interdisciplinary work between the Schools of Medicine and Humanities was under-developed despite the great potential for such collaboration. We are a rare medical school that shares the same campus as the rest of the University and also a University with a significant number of world-class academics in the humanities with interests in medicine. The need for medicine to understand itself better, to reflect on the culture it creates, to evaluate the impact of technology on clinical care, to balance demands for clinical efficiency with patient needs, and to assess the impact the use of business models has on the education, training, and clinical activities in medicine are significant and ongoing challenges. Interdisciplinary scholarship involving humanities and medicine can help to understand and identify courses of action to address some of these challenges.

While working on this initiative, I was also taking a part-time sabbatical at the Stanford Humanities Center. Thus, I had the opportunity to forge relationships with a number of scholars in the humanities, including professors and graduate students in philosophy, history, comparative literature, and anthropology. These relationships enhanced and deepened my commitment to the need for continued

DR. LOCK'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

work on my strategic initiative. As a learning tool, my specific strategic initiative worked well because it provided an opportunity to work on a complex organizational issue at the University and School of Medicine level, to develop strategies to approach that complexity, and to gather together others who understood and supported the goals of the initiative.

Learning About Leadership

If I had to choose the single best learning experience, it would be executive coaching. I did not know what to expect from this experience and was skeptical about how helpful it might be. However, my coach clearly had skills and experience related to leadership development and the ability to coach me using them. His style was gracious and generous. He often suggested additional readings related to leadership which I found very useful and complementary to the other readings and lectures which were a part of the Leadership Academy curriculum. His interest in and support of my strategic initiative was a central part of the coaching, and his suggestions for how to advance the initiative were always helpful. He was also interested in my overall leadership development, and, to that end, he met with my department chair and me and provided helpful consultation based on his observations of that experience.

Continued Growth

To develop further as a leader, I have two proposals that I think would be helpful. The first proposal would be to have an opportunity to be an "apprentice" dean with the ability to work alongside one of the existing deans. I believe this would be a logical next step for me after this program because it would provide a ongoing practical context for leadership skill development. The second proposal would be to participate in the University Leadership course so I can better understand the University context and leadership challenges overall in the University/School of Medicine arena. I think this would also help me to develop a stronger capacity to identify and support linkages and support shared initiatives working with both the University and School programs.

Future Leadership

Over the past year, I have identified two issues that interest me, would utilize my skill set and knowledge base, and I believe are critical to the future success of Stanford Medicine: 1) the need to build interdisciplinary scholarship linking the School of Medicine and the University, particularly in the humanities; and 2) to promote diversity in the School, particularly related to LGBT-Q medical education, training, and clinical practice. I am now a member of the 2015-2016 Faculty College, a University initiative to improve course work, where I am involved in re-designing courses in medical anthropology focused on increased medical school faculty and student participation. I will be looking for other opportunities to continue my work on the increasing scholarship and interdisciplinary work in the humanities and medicine through ongoing work with the leadership groups for the Presence program, the Medicine and Muse program, and the Humanities Center. Related to the second challenge on diversity in medicine, I have recently joined the Dean's Diversity Cabinet and will look forward to working in that forum to continue to address this second challenge.



Deirdre J. Lyell, MD

Professor

Department of Obstetrics and Gynecology (Maternal Fetal Medicine)

Dr. Lyell graduated from Stanford University where she majored in biology and history, earned an MD from George Washington School of Medicine, completed residency training in Obstetrics and Gynecology from Harvard's Brigham and Women's Hospital and Massachusetts General Hospital, and completed fellowship training in Maternal-Fetal Medicine at Stanford.

Dr. Lyell's scholarly interests focus on the mechanism of placenta accreta development and techniques for safer maternal outcomes among women with accreta, and prematurity prevention. In 2010, Dr. Lyell founded the Program in Placental Disorders, a multidisciplinary program designed to streamline care and ensure safe delivery of pregnant women with life-threatening invasive placentation, while conducting research on this disorder. She is also the alternate Principal Investigator of the Eunice Kennedy Shriver NICHD Maternal-Fetal Medicine Unit Network Stanford Site, Bethesda, Maryland, and a member of the March of Dimes Prematurity Research Center at Stanford Large Dataset steering committee.

In 2012, Dr. Lyell transitioned from Associate Program Director to the Program Director for the Maternal-Fetal Medicine Fellowship at Stanford, a program that recently received 74 applications for one position. Dr. Lyell is a member of the CHRI at Stanford and serves on the LPCH Credentials Committee. She has served on several Dean's task forces, the Department of Obstetrics and Gynecology's Quality Assurance committee, and internal quality improvement committees. She is currently co-chairing the CHRI Clinical Educator grant review process. Nationally, she served for four years on the Society of Maternal-Fetal Medicine (SMFM) Fellowship Affairs committee, directed the SMFM Fellows' Lecture Series, served as content editor for an SMFM course on Obstetric intensive care, and will co-direct an SMFM course on invasive placentation at the annual professional meeting. She has been nominated to the SMFM Board of Directors.

Dr. Lyell is an avid skier who loves to ski faster than someone her age should, and enjoys spending time with her three children and husband, especially in Lake Tahoe. After college, she bicycled across the United States, and if she had more time now, would cycle, read more books, watch more movies, garden, and spend much time outside.



DR. LYELL'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

From a skills perspective, I've become a better listener, and I've become more comfortable with difficult conversations. Perhaps more importantly, I have more confidence in my own leadership skills and see myself as more of a leader. Finally, not only have I grown as a leader but the project I worked on as part of my participation has resulted in an interdepartmental cord blood banking program that will improve both research and the patient experience.

Insights/Lessons

The three most valuable insights that I will take away from this program are:

- 1) Through the Korn Ferry 360, I learned how much people appreciated some of my skills and behaviors. We are not always aware of the things for which we are valued – in fact I had been planning on changing some behaviors that I didn't realize have a positive impact on those around me.
- 2) I learned the importance of authenticity to leadership; you should remain true to your innate qualities and just be yourself.
- 3) I learned about power dynamics, qualities of effective leadership and change, and that groups need to be led and often follow whatever leadership is available.

Views of Leadership

I had previously held leaders and potential leaders to a standard of near perfection; I now see that people need leadership, and leaders can be effective despite their flaws.

Strategic Initiative

My strategic initiative was to support research at Stanford by creating a sustainable umbilical cord blood collection program on Labor and Delivery without interfering with the patient experience and other critical research initiatives. There were several points when I thought this project would not work. I learned the importance of continuing to move a project forward even when it seems like it will fail, and that people with stated strong opposing opinions often do find common ground. I hope this program proves to serve the needs of Stanford researchers and enables our patients to contribute to Stanford research.

DR. LYELL'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Learning About Leadership

My best experience during the program was meeting Dr. Ruth Simmons, hearing her story and insights into leadership. Dr. Simmons is a professor of French Literature who, as a quiet academic, at first seems like an unlikely choice for President of one of the top universities in the US. Yet she was a highly successful University president who ascended while, and perhaps because of, staying true to her beliefs, even when this meant saying no to a request from a prior University president. It was powerful to hear from someone at her level who was willing to share leadership wisdom at a personal level; she advised us to “Come with all of who you are. Share it. Stay where you are and learn how to lead.”

It was a gift to work with an executive coach, who acted as a personal leadership mentor. My coach gave me much deeper insights into leadership challenges, broadened my leadership skill set, and gave me important insights into how to work best with a range of personalities. Her insights directly impacted two programs that I lead.

The depth with which we explored the 360-degree leadership assessments was particularly helpful. We delved deep into each aspect of the 360, learning how to utilize strengths and compensate for weaknesses. We also learned who in the group had strengths in areas of our own weaknesses and which peers we can tap in the future for advice around challenges that involve our weaknesses. Processing the 360 with our coaches also brought a richness of understanding into the assessment. Many of us learned unexpected things that others like about our leadership, our hidden strengths.

Continued Growth

I look forward to continuing to develop skills in mentorship and having difficult conversations.

Topics of Interest

At a personal level, finding the time required to be a strong leader, a successful academic, and a good clinician is a challenge. More globally, Stanford Medicine and academia in general have a great opportunity to develop cultures of leadership, where physicians and staff at all levels are aligned, more skilled in broad areas that relate to peer and patient relationships (from difficult conversations to working with unhappy patients to participating in or leading a transformation), and more engaged in positive changes.

Future Leadership

My strategic initiative was assigned to me by my division director; it enabled me to explore a new and different side of the University and mission of the medical center. I look forward to exploring broader horizons in the future while also applying the skills I've learned to programs that I currently run, such as our Maternal-Fetal Medicine Fellowship and the Program in Placental Disorders. I have a much broader understanding of leadership and the University, from challenges, finances, and the University mission, and look forward to contributing to future program development.



Ravi Majeti, MD, PhD

Associate Professor – Division of Hematology

Department of Medicine

Dr. Majeti earned his bachelor's degree in biochemistry at Harvard, and his MD and PhD (Immunology) from UCSF. He completed Internal Medicine Residency at Brigham and Women's Hospital in Boston, and then came to Stanford for subspecialty training in Hematology.

Dr. Majeti is an associate professor in the Department of Medicine, Division of Hematology, and member of the Institute for Stem Cell Biology and Regenerative Medicine at Stanford University. He is a physician-scientist with the majority of his effort focused on laboratory-based translational research. His group focuses on the molecular/genomic characterization and therapeutic targeting of leukemia stem cells in human hematologic malignancies, particularly acute myeloid leukemia (AML).

In addition to directing his independent research laboratory, he is the co-director of a drug development program, termed the CD47 Disease Team, funded by the California Institute for Regenerative Medicine to a total of more than \$30 million. The goal of this program is to develop a clinical therapeutic antibody targeting CD47 and conduct early phase clinical trials for the treatment of leukemia and solid tumors. The program has now entered clinical trials and has the potential to drastically improve cancer outcomes and survival. In addition, he leads a translational research program in hematologic malignancies, and is the co-director of the Lymphoma and Leukemia Program within the Stanford Cancer Center. Furthermore, he is the co-director of the Clinical Investigator Pathway in the Internal Medicine Residency Program that trains physician-scientists for future academic careers.

Outside of these professional activities, Dr. Majeti spends most of his time with his family. He is devoted to his kids, spending time teaching and coaching their sports. His favorite hobby is playing and watching basketball. He draws inspiration from his parents, immigrants from India who have succeeded in the US through their intelligence, hard work, and personal sacrifices.



DR. MAJETI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

Impact

The Leadership Academy has had a major impact on me both personally and professionally. I have had the good fortune of obtaining extensive training in clinical medicine and laboratory research at top institutions. However, I have not had the opportunity to be exposed to the leadership and development topics presented in the Leadership Academy. Of course, in retrospect there are methods, research, and established approaches to leadership that have been defined and developed, but I did not know about them. The most significant impact of the Leadership Academy has been to provide me with exposure to these topics, and allow me to identify areas for further learning and growth. Apart from the curriculum, the Leadership Academy has allowed me to interact closely with a number of outstanding colleagues working in diverse areas of academic medicine. This has provided me the opportunity to understand leadership challenges in other areas and to learn about successful, and less successful, approaches. Finally, I strongly feel that my interactions in the Leadership Academy have added to my personal growth with a number of activities facilitating introspection and opportunities for self-improvement. Without a doubt, being involved in the Leadership Academy has had a major impact on me today, and will certainly have ongoing impacts on me into the future.

Insights/Lessons

The first insight I take away comes from an early workshop session on the general nature of leadership. We discussed the concept of the “hero” leader who single-handedly led a group/company to success. Such leaders are generally revered in our society and seem to be the benchmark for leadership discussions. However, this workshop session introduced the concept of other very successful leaders who work more from consensus and empowering others, something I had not considered.

The second lesson comes in the general area of the difficult conversation, or in my case specifically, how to deal with a poor performer, which has been a challenging area for me. Particularly in working with my executive coach, I learned multiple techniques for approaching such situations, including using direct non-judgmental language. I specifically learned that sometimes it is not best to start with open-ended questions and be more direct.

The third lesson comes from the 360-degree evaluation. I found this to be the most valuable exercise of the SMLA. In some ways, it was difficult to receive feedback that was not always positive, but it has been valuable in forcing me to consider areas in which I can improve as a leader from those I work closely with, and also given me a framework for my future efforts.

Views of Leadership

Prior to participating in the Leadership Academy, I viewed successful leaders as those who might be termed “hero” leaders, individuals with the talent, charisma, and determination to single-handedly lead an organization to success (Steve Jobs, Larry Ellison, etc.). However, through our discussions, I learned about other models for successful leadership that involve more consensus and empowering others. I think my own personality and style match this type of leadership more effectively, and I am focused on further developing my leadership style in this way.

DR. MAJETI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Changes in My Own Leadership

There are several ways I am changing/plan to change my leadership. First, I continue to develop my teams through more consensus and empowerment. Second, I am not shying away from difficult conversations, seeking to take them head on using methods/skills I practiced with my executive coach, such as being direct and focused on the details of the problem, and not personal issues. Third, I am seeking to mentor my trainees and staff more effectively by considering their individual goals and needs, and trying to identify ways to provide them further training opportunities. Finally, in regards to my colleagues, I am focused on trying to understand their motivations/pressures, in order to determine how to best align them to an overall project goal.

Strategic Initiative

The goal of my strategic initiative was to enhance our leukemia research program within the Division of Hematology by bringing together clinical and laboratory research efforts into an integrated project. Specifically, I tried to bring together our clinical research correlates and outcomes research databases with our tissue and laboratory research databases. The long-term goal is to leverage the research efforts in both areas to facilitate more impactful results, publications, and grant applications. The most important learning I took away from leading this project has been the importance of understanding the motivations of my collaborators. The success of this project depends on aligning the interests of several faculty, in the absence of “carrots” or “sticks.” I learned that in such a situation, it is critical to understand the motivations of my colleagues to help align the collaborative efforts and successfully execute the project. In the end, we submitted a large, collaborative grant application to the National Cancer Institute to fund the infrastructure necessary for this research, and we are hopeful that it will be successfully reviewed. With this funding, we will be able to execute the plans we developed for our leukemia research.

Learning About Leadership

My best experience in the program was the 360-degree leadership assessment and follow-up discussions and work with my executive coach. I found it incredibly valuable to receive the very candid feedback, both positive and negative, from the various groups I work closely with. One moment that stood out for me was the Dean's retreat. I greatly enjoyed interacting with the medical school leadership, learning about the priorities and initiatives from the Dean, and the team building and discussion activities of the retreat.

I was initially not sure what to expect from working with an executive coach, and frankly wasn't sure how such an effort could help me. However, I quickly found it an incredibly valuable experience to work in depth on aspects of the leadership program, and in particular to focus on my real-life issues and concerns. My executive coach helped me with interpreting the 360-degree assessment and turning it into practical steps to improve my leadership skills. The coach also helped me in focusing on difficult conversations, even working on role playing real-life conversations that I was dealing with at the time. Finally, the coach helped me think about my short- and long-term career and leadership goals. As a result, I feel I have a well-thought out plan for what I want to achieve in the next few years.

I think I will remember the presentation from Elizabeth Teisberg the most, as she highlighted systemic issues and changes that are coming to American medicine. These changes will affect care delivery, physician practice, reimbursement, and the general structure of clinical medicine. In order to lead in academic medicine, it is essential to stay on top of these efforts and consider how they will

DR. MAJETI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

ultimately affect academic research. A leader must anticipate these changes and position their organizations to achieve success in a potentially very different academic medicine landscape.

The cohort of fellow faculty is truly amazing. They brought a breadth and depth of experiences and perspectives that were educational and helpful. They helped me grow by providing the opportunity to learn about the challenges in many areas of academic medicine – and the leadership opportunities. They also helped me learn through helpful suggestions and ideas that I didn't think of myself. Finally, they helped me grow personally by sharing their personal experiences with me. I feel honored to have been in this group.

The most impactful activities for me were the 360-degree leadership assessment and working closely with the executive coach. I found both incredibly valuable in improving my leadership skills and developing techniques to identify and address my deficiencies. I also greatly enjoyed the opportunity to interview leaders of my choice and to attend the Dean's retreat. I found the reading materials useful in some cases, but less useful in others.

The Leadership Academy has been a rewarding experience that has helped me improve as a leader and contributed to my personal growth. While I enjoyed interacting with the others in the group, I expected there to be more participants who were primarily engaged in laboratory research as physician-scientists. Many of the challenges and situations I face were not reflected by the others, and so in many situations I don't think I benefited as much from peer interactions/counseling.

Continued Growth

Going forward, I am interested in learning more about leadership in large organizations. Most of my experience is focused on leadership in relatively small groups of fewer than 20 people. However, large organizations require different leadership approaches and skills. This is particularly true in delegating authority and responsibility to others and still retaining overall responsibility for the collective effort. A second area of interest is to further explore my leadership outside of laboratory and developmental research. All of my experience to date has been in the laboratory, and I would like to further develop my leadership skills in other areas of academic medicine including clinical, financial, and programmatic.

Topics of Interest

Two topics of interest that I feel will have direct bearing on the future success of Stanford Medicine and academic medicine more generally are:

I. Health Care Delivery Systems: The future of medicine delivery and finances will be very different than the current system, with more metrics of quality impacting reimbursement as well as patient-defined outcomes being integrated into payment. Practice models will need to evolve to adapt to these changes, and this will have a major impact on Stanford Medicine and academic medicine broadly. In particular, how will we maintain our research focus in the face of these changes? How will academic clinicians respond to practice structural changes that result in delivery of care shifting to teams? How will we train physicians for academic careers in this new system?

DR. MAJETI'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

2. Physician-Scientists: There is an ongoing national decline in the number of physician-scientists conducting research in academic medicine. I believe that physician-scientists are key to the innovation that will be the basis for the future success of Stanford Medicine. The challenge is to develop new/better systems to recruit, train, and mentor physician-scientists for academic careers.

Future Leadership

The ultimate future directions and goals in my professional life are uncertain, but I am at an inflection point in my career where I am starting to consider the directions I would like to pursue. In particular, I feel I have a lot to offer both in vision and implementation for broader initiatives in academic hematology and medicine. My experience in the Leadership Academy has helped provide me the tools to consider my career path in a more informed manner and to enhance my ability to direct future efforts. Moreover, it has also provided me the framework to deepen my continual learning in leadership and related topics. Five years from now, I still see myself as a physician-scientist leading a translational research lab at Stanford, but the question for me is if I will also be serving in other leadership roles in my division, department, or institute. This is the same place I was at the beginning of the Leadership Academy, but I feel much better equipped to make these decisions going forward.



Iris Schrijver, MD

Professor of Pathology and Pediatrics

Director, Molecular Pathology Laboratory

Dr. Schrijver received her MD from the University of Utrecht in the Netherlands and completed a post-doctoral research fellowship at Stanford. She is a diplomate of the American Board of Medical Genetics with specialty certification in Clinical Molecular Genetics. She completed her residency training in Clinical Pathology at Stanford University Medical Center and became a diplomate of the American Board of Pathology.

Her research interests include the characterization of the molecular basis of inherited disorders, genotype-phenotype correlations, and the development of novel molecular diagnostic tools. Specifically, her laboratory focuses on the genetic basis of hearing loss in children and adults, on cystic fibrosis in non-Caucasians, and on the development of novel diagnostic applications.

Her current roles include: Director, Molecular Pathology Laboratory; Director, Molecular Genetic Pathology fellowship program; Associate Program Director for Clinical Pathology residency training; Medical Director (license holder), Stanford Clinical Laboratory at North Campus; Medical Director (license holder), Point-of-Care testing, Stanford North Campus; Member, interdepartmental Dean's Advisory Committee on Clinical Genomics and Pathology Department Leadership group.

In her spare time, Dr. Schrijver enjoys spending time with her husband (they recently authored a book together based on the many fascinating connections between the universe and the human body) and with her pets (a large active dog, cat, and adventurous tortoise). She is recharged by being in nature, and loves to hike. She is also an enthusiastic traveler, loves to read, and cooks gourmet meals for friends.



DR. SCHRIJVER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Impact

The personal and overall impact of my participation in the Leadership Academy has been that I have become a better leader with more versatile leadership skills, in all my areas of expertise and service: directing the clinical Molecular Pathology Laboratory and a satellite laboratory, being a principal investigator, working with and mentoring trainees, and being active in professional organizations.

As an example: the Stanford Molecular Pathology Lab is at the forefront of molecular diagnostic testing in children and adults, and provides increasingly comprehensive testing and result interpretation at the genome level. It is inspiring to help drive the changes in how we teach residents and fellows, and in how our patients are cared for with increasingly accurate and individualized disease diagnosis, subtyping, prognosis, treatment, and monitoring over time. I have been able to apply my leadership to our clinical efforts to actively practice precision medicine, and I look forward to continued advances that can lead us to a bright future in precision health.

Insights/Lessons

The three most valuable insights/lessons about leadership I will be taking away from this experience are:

- 1) Effective leadership is possible with multiple different styles.
- 2) Leaders themselves need support to truly and fully thrive.
- 3) Stanford is serious about developing and preparing its leaders for future roles, and participating in the Leadership Academy and being able to give back through my strategic initiative both have been excellent, rewarding experiences.

Views of Leadership

My view of effective leadership has become larger, more informed, more inclusive, and more flexible. There are many kinds of effective leadership, and leaders.

Changes in My Own Leadership

I have more trust in the process and gained the understanding that leadership often requires time and patience. In addition, there are more tools in my toolbox from which I can draw, and I can lead with a greater sense of confidence from a solid foundation and skill set.

Strategic Initiative

My strategic initiative examined the current experience of physician wellness at our academic center, including perceived barriers to wellbeing. This project brought to light physician concerns and offered physician-suggested improvements that, if addressed in the short or medium-term, could make a substantial and positive difference and thereby improve professional satisfaction for our physicians overall. The project has also resulted in two manuscripts, which I hope will contribute to physician wellness at other institutions as well.

DR. SCHRIJVER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Learning About Leadership

The best experience was probably the group itself, capably led by Geno Schnell. He established an atmosphere of trust and support very early on, which enabled us to get to know each other well and to help each other grow, both during the various interactions of the Leadership Academy sessions and in the private peer-to-peer consultations.

As a moment that stood out for me in the program, I specifically would highlight the leadership retreat in Half Moon Bay: it solidified what we were learning, added to that information, and provided profound learning experiences within the group. Being in a different setting helped us become an even more cohesive, truly supportive group.

Working with an executive coach was a major benefit of participating in the Leadership Academy. My coach helped me to embrace the process of doing something outside my expertise or comfort zone, move away from some limiting beliefs, and enjoy and learn from challenges I encountered. It was a very positive experience.

I was able to learn something valuable from all guest speakers. The mix of external and internal speakers was especially good. Of the Stanford speakers, the session with Marcia Cohen about Stanford finances was very educational for me, and David Stevenson's work with faculty over the years illustrated how difficult conversations, to which a session was dedicated earlier in the course, can be conducted successfully in our setting at Stanford.

The fellow faculty in this inaugural Leadership Academy were phenomenal. It was an amazing group of physician colleagues, and I think we were all able to grow in our leadership because of the support we received from each other in all aspects of our professional lives and in our leadership development. We have established a foundation and a resource network upon which we can continue to build, as a cohort and individually, in the future.

The impact of the Leadership Academy was increased because of the diversity of material and sessions offered, and it was specifically this that made it so valuable. It was an intense process that required a considerable time commitment, and every participant was stretched in new directions by their projects and by the very nature of the program, but the diversity of individual program components made this journey tremendously worthwhile.

The Leadership Academy added value to the leadership courses I had previously taken at Stanford because it incorporated so many different ways of learning and was enriched by the development of a group that worked together closely and knew each other well.

DR. SCHRIJVER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Continued Growth

At the conclusion of this first Stanford Medicine Leadership Academy, continued growth would seem to be a given for all participants, simply because of the nature of the program and because of how we have learned to add new dimensions to our leadership. I would like to continue to explore new directions for my career and for physician wellness at Stanford. There are many initiatives that could be connected, expanded, and ultimately unified. Apart from this area of interest, which fully matured during the course of the Leadership Academy and through my strategic initiative, I would like to continue to explore new possibilities in my leadership and take on new challenges to apply what I learned.

Topics of Interest

There are numerous opportunities for optimization in the area of physician wellness, at Stanford and at other institutions. Addressing this nationally recognized issue will have direct impact on the health of our institution and health care in general. Issues and opportunities range from basic perceptions of wellness needs and synergy between physicians and administration, to the challenge of successfully modifying a culture so that behavior and messaging foster optimal health and engagement in medical practice.

Future Leadership

Above all, my participation in the Leadership Academy has given me increased confidence and the courage to explore new opportunities. I wanted to investigate an additional direction for my career, and this was successful. My strategic initiative, combined with the learning provided through the program, allowed me to engage my physician colleagues and to collect information that could enable a positive difference in their work-life integration at Stanford. In the process, I learned new skills, including giving myself permission to try something entirely new, reaching out to unfamiliar groups and enjoying the process of supporting my colleagues by facilitating successful communication of what would lead to positive change, and motivating others to be part of that change. I hope to build on that skill set in the next five years.

Karl G. Sylvester, MD

Associate Professor of Surgery (Pediatric Surgery) and Pediatrics
Executive Director, Center for Fetal and Maternal Health

Prior to joining the faculty and staff at Stanford, Dr. Sylvester completed his Pediatric Surgical training at the Yale New Haven Children's Hospital. Additional post-doctoral training included General Surgery residency at Pennsylvania Hospital of the University of Pennsylvania and a post-doctoral translational research fellowship in fetal medicine and surgery at the Children's Hospital of Philadelphia.

In his clinical practice, Dr. Sylvester specializes in the surgical care of newborn babies with congenital anomalies, pediatric trauma, and children with vascular anomalies. Since 2012, Dr. Sylvester has served as the Executive Director of the Center for Fetal and Maternal Health (CFMH) for Stanford Children's Health. The center's mission is to provide comprehensive unparalleled care to expectant mothers, complex fetal patients and high-risk newborns by developing the most advanced diagnostic and therapeutic options. Under his leadership, the CFMH is undergoing significant growth in patient volume and clinical care services. Dr. Sylvester is leading the center's transformation to extend the care continuum through in utero fetal interventions for select fetal anomalies including twin-twin transfusion syndrome, congenital diaphragmatic hernia, and spina bifida. Dr. Sylvester is also focused on expanding the translational research portfolio of the CFMH by leveraging the breakthrough discoveries in genomics, immunology, metabolomics, and molecular imaging occurring in Stanford Medicine to drive innovation in perinatal patient care.

In addition to his clinical and administrative roles, Dr. Sylvester is a physician-scientist and leads a federally funded translational laboratory that focuses on the molecular and cellular mechanisms of human newborn disease. Dr. Sylvester has published extensively on a variety of topics and is a recognized authority on the devastating newborn disease, Necrotizing Enterocolitis (NEC). Over the past 10 years, Dr. Sylvester has co-directed a national consortium of leading academic children's hospitals and investigators focused on developing molecular markers of NEC to facilitate its prevention and diagnosis. These efforts have recently resulted in several novel discoveries that include a sensitive and specific diagnostic biomarker and a risk stratification algorithm based upon metabolic newborn screening results. These discoveries are important contributions to the overall mission of innovation of the Center for Fetal and Maternal Health.

An additional interest of Dr. Sylvester includes US health care reform. Specific changes occurring in payment reform, financial risk taking by providers, increasing focus on clinical and cost effectiveness, probabilistic risk stratification as well as value creation and branding, are among the many complex elements that will shape health care in the coming decades. Dr. Sylvester's interest is in the use of analytics and increasingly diverse data sets to meet these many challenges and improve both operational and clinical care efficiencies.



DR. SYLVESTER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY

“At the end of the day, it is all about human relationships.” (Admired leader, Dr. Oscar Salvatierra, Professor Emeritus, Transplantation Surgery)

Leadership is a manifestation of human relationships in order to achieve a higher level of human function and achievement. Indeed, the challenge of leadership, and in particular in academic health care and other domains populated by high-functioning individuals, is to lead in a manner such that the sum of the parts is greater than the considerable and often heralded individual contributions. This is particularly true in my field of surgery wherein the sheer force of independent will is among the most valued personal assets a surgeon is recognized for possessing. However, just as leadership gains for the individual yield personal and professional growth, undeniably, effective leadership in academic health care must be executed in a context-specific manner in order to yield transformational gains that can only occur at the level of the organization.

The vision of Stanford Medicine is “Leading the Biomedical Revolution in Precision Health,” and, accordingly, Stanford Children’s Health has committed to achieving and sustaining preeminence among US children’s hospitals. This vision compels us to develop clinical programs of distinction that leverage our unique strengths as part of a research-intensive university. It is essential that we are capable of translating significant advances through our research and educational missions that transform the delivery of health care through innovation. This cannot be accomplished without the development of leaders and leadership skills broadly throughout the organization.

There is tremendous opportunity within Stanford Children’s Health and Stanford Medicine for transforming health care. Our pursuit of these audacious goals is in a setting that is becoming flatter and involves more cross-functional teams. Among the many leadership challenges in academic health care is the assigning of responsibility, but little line authority to compel anyone to do anything. Thus, making the value of earned influence through skilled leadership all the more pressing. Leadership that is capable of meeting challenges through creative problem solving, that takes an optimistic long view and that constantly finds and creates opportunity is needed for success to be realized. To inspire the necessary changes, leaders must articulate a vision, a shared sense of purpose, and definitions of success. The leader should inspire a sense of confidence among constituents that these shared goals can be achieved. Our current leaders in Stanford Health Care should seek to elevate those emerging leaders with the best ideas and required skills to deliver. I am honored to have participated in the Stanford Medicine Leadership Academy (SMLA) and to take this journey at Stanford Health Care as we reach to fulfill the potential of leading the biomedical revolution.

Impact

I am a far more effective leader in November 2015 than I was in August 2014. The practical application of the many lessons obtained through the SMLA in my current leadership roles provides for a tremendous learning laboratory experience. Having codified many of the necessary skills of effective leadership has inspired a much greater degree of confidence in my own abilities. Accordingly, I am willing to take on more challenges and extend myself through strategic risk taking. I previously relied heavily on instinct and intuition, now I am strategically applying the many resources provided through the SMLA to problem solve and meet challenges. I have a much greater appreciation for my own strengths and weaknesses and opportunities for improvement that the VOICES leadership assessment and personality assessment tools (FIRO-B, MBTI) provided. These take-homes are a tremendous departure from prior

DR. SYLVESTER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

leadership courses and symposia that I have participated in and are an endorsement of the expert domain knowledge and skillful teaching of the academy leader, Dr. Eugene (Geno) Schnell. As a result of the rich experience of the SMLA, I now firmly believe that there is much about leadership that can be taught, that leaders bring a variety of different skills and aptitudes to their relationships, and yet, there is always need for adaptation at the highest levels.

Insights/Lessons

Looking back over the year, the three most valuable insights/lessons about leadership I will be taking away from this experience are:

1) Leaders must be expert at managing change. Humans by nature resist change given the fear of the unknown. The effective leader in defining the new vision inspires their constituents to join the journey by communicating an effective case for change and the view of the future state as both desirable and beneficial to them personally. 2) Given the inherent challenges in bringing about change, the effective leader must define reality so that the path to success appears achievable. This requires the leader to also manage in order to help organizations cope with complexity, plan against unwanted activity and to provide discipline. 3) To improve and to change requires risk taking. In order to realize a multiplier effect from team members, the leader must inspire a new level of performance and goal setting that sufficiently challenges constituents through risk taking.

Strategic Initiative

My strategic initiative was to establish a longitudinal clinical and biologic database (Biobank) to support our translational research efforts in the Center for Fetal and Maternal Health (CFMH). Delivering on the promise of precision health requires a robust clinical record matched with biologic material through which the many platforms of molecular medicine (e.g., genomic, proteomic, metabolomics, cytomic) that support precision health can be realized. This program will have immediate impact on our ability to appropriately risk stratify our fetal-maternal patients for appropriate and many times controversial treatments, report on our outcomes, identify knowledge gaps, develop best practices guidelines, and, perhaps most intriguingly, pursue the development of novel molecular diagnoses and therapeutics (e.g., genomic sequencing for our patients in the CFMH).

I have made significant progress toward these objectives while encountering significant challenges. I wrote an executive summary of the state of clinical analytics at LPCH that prompted a multi-stakeholder meeting including the hospital COO, VP MA, VP of Quality, CMIO, Director of Analytics, Director of IS, and CFO, among others. This summary and meeting resulted in the administration's decision to hire a consultant to review and make recommendations on the state of analytics for preeminent clinical program building at LPCH. Additionally, we are executing a search for a NTL-R computational scientist to help lead the biobank and clinical analytical effort. I will present this opportunity to a core group of potential philanthropic supporters at a cornerstone event in November 2015 on behalf of the Johnson Center and the CFMH.

The key learning is that despite setbacks, making the case for the requested change(s) requires persistence and an ability to create value rather than simply making the case for resources. I anticipate that we will hire a computational scientist within three months, we will initiate the clinical platform (we have a prototype) in production in the first six months of 2016, and we will secure the necessary funding to initiate the biobanking in the first half of 2016.

DR. SYLVESTER'S REFLECTIONS ON THE STANFORD MEDICINE LEADERSHIP ACADEMY, cont'd

Learning About Leadership

The best experience of the program was getting to know my fellow academy attendants, colleagues and the program leader/teacher, Geno Schnell. Through our peer group consultations, two major revelations were provided: 1) There is a tremendous wealth of talented individuals who earnestly desire to make a substantive difference in health care through our collective roles as faculty at Stanford, and 2) We share a tremendous amount of concern and intrigue about leadership challenges and the attendant bureaucracy therein. The SMLA class of participants is a network of valued colleagues that I trust will allow us to synergize and promote our efforts collectively.

I benefitted tremendously from my executive coach. She was a wonderful resource and became a trusted confidant. Over the course of the year, she helped me to navigate a host of leadership challenges. My coach provided extensive outside materials to reinforce meaningful discussions (e.g., *The Golden Circle* by Simon Senik, TED TALKs). This simple example stresses the importance of making the case for “why” in all of our endeavors, not just a discussion of the “how and what.” This reinforced the teachings of other speakers that discussed logic loops involving legitimacy and resources (Bill Barrett, GSB, Stanford). One of my favorite speakers was Professor Maggie Neale (GSB, Stanford University) on negotiating. She is a dynamic speaker and provided for such a unique perspective to problem solving through negotiation in order to create or claim value. I am utilizing her valued lessons on a daily basis. Other highlights include the 360-degree leadership and the personality assessments through the FIRO-B and MBTI instruments. This brought home the difference between how we see ourselves, how we would like to be seen, and how others see us, i.e., how do we “show up?” The lessons on conversations resonated and replay in my mind to be ever cognizant of the difference between intention and impact during difficult conversations.

Continued Growth

I am interested in increasing my skill and awareness of 1) building and sustaining effective teams, and 2) critical decision making.

Topics of Interest

While it is true that some leadership skills and evidence of success translate across new responsibilities, I would posit that health care is changing at a rapid pace that is presenting new leadership challenges. The time it takes to remove ineffective leaders and, conversely, to elevate and empower emerging leaders in academia is blunted by a fear of instability and diminished reputations. It was refreshing and no coincidence to hear so many guest speakers to the academy coming from the GSB, wherein metrics of success and organizational behaviors appear to be stressed and developed keenly. The responsibility of the leader as mentor and coach, that includes providing opportunities for their charges, is of tremendous interest and seemingly should be stressed throughout Stanford Medicine. In brief, how does Stanford Medicine give voice to our emerging leaders?

Future Leadership

My overall professional goals remain essentially unchanged and include engaging in meaningful work that has the potential to significantly impact health care transformation and to do this in an environment and on behalf of an organization that provides the greatest opportunity to deliver on this common goal. As a result of the SMLA, I feel I am much better equipped to pursue these goals and meet the many challenges I will face but will provide even greater opportunity for personal and professional growth. As a result of my participation in the SMLA, I believe that the likelihood of my success has increased significantly.





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