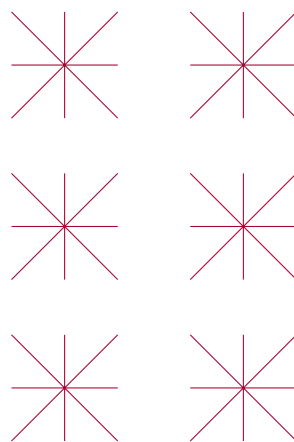
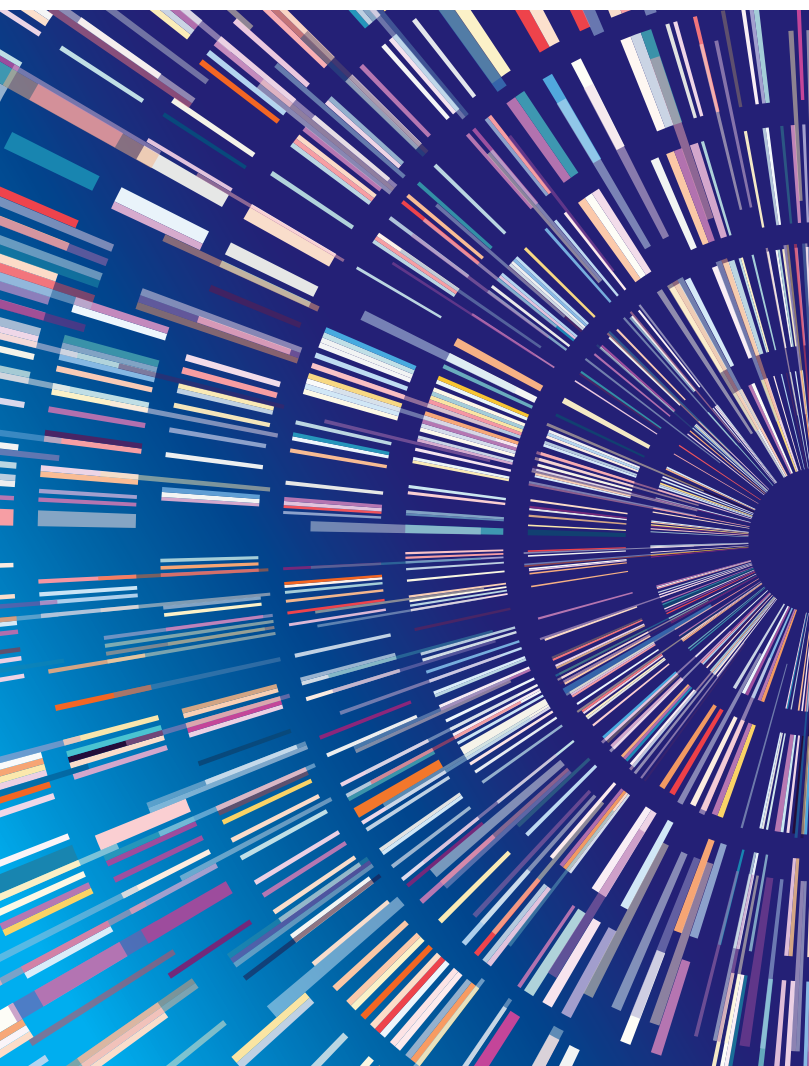


**STANFORD
MEDICINE**
LEADERSHIP
ACADEMY

Cohort 5
Participant Biographies
& Reflections



2022
2023





Top (left to right): Jody Vogel, Kimberly Allison, Robert Chang, Kathleen Poston, Michael Rosen, Julia Simard, Daniel Rubin, Joshua Salomon
Bottom (left to right): Shipra Arya, Amy Yu, Lisa Rogo-Gupta, Ami Bhatt, Shreyas Vasanawala, Jennifer Lee, Linda Nguyen





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 2022-23 class of SMLA participants.

Participants were nominated by their departmental leadership for inclusion in the SMLA, which was a 18-month commitment that began in April 2022. 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-rater leadership assessment.





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Kimberly H. Allison, MD

Professor of Pathology

Vice Chair of Education



Dr. Allison is the first Vice Chair of Education at Stanford Pathology and an internationally recognized expert in breast pathology. She has served as the Program Director for the Stanford Pathology Residency Program and directs a specialized Breast Pathology Fellowship. Her academic interests are focused on the development of high-quality education and diagnostic standards, and she is active in setting practice guidelines in diagnostic testing relating to breast cancer. She is on the editorial board for the 5th edition of the WHO Classification of Tumours of the Breast, is co-chair of the ASCO/CAP ER/PR Testing in Breast Cancer committee, was on the steering committee for the 2018 ASCO/CAP HER2 Testing Guidelines Update, and serves as the sole pathologist on the NCCN Breast Cancer Treatment Guidelines committee.

She earned a B.A. from Princeton University in Molecular Biology, an M.D. from New York Medical College, and certification in anatomical and clinical pathology from the American Board of Pathology. Her residency and fellowship training were completed at the University of Washington Medical Center with fellowship training focused in breast/gyn pathology.

Dr. Allison has also experienced “the other side of the microscope” as a breast cancer patient which inspired her to publish her memoir, “Red Sunshine,” and to advocate for public awareness of pathology’s role in cancer care.

Dr. Allison is a popular invited speaker, with talks and courses offered to a wide spectrum of audiences in pathology, medicine, and the general public.

Outside of work, she is both supported and entertained by her husband and three teenage children. Her household also includes two dogs, five chickens, one bearded dragon and one parakeet. She enjoys hiking in the redwoods in nearby Wunderlich Park, attempting to be creative in art (oil, acrylic and mixed media painting) and being a sports fan.

Dr. Allison’s Reflections on the Stanford Medicine Leadership Academy

Impact:

SMLA created a space to reflect on our own leadership journeys as well as the opportunity to learn from others. In this new SMLA space, with our emails and alerts off, everything was on pause while we learned to see where we are and how we could continue to grow and to test ourselves as leaders. In medicine, being “a leader in one’s field” is the typical standard for achieving excellence in one’s career. SMLA has helped me see possibilities beyond the career arc of becoming an expert, to the broader landscape of building and leading larger systems.

Insights/Lessons:

Leaders need space and time for reflection in order to think strategically and see new possibilities. Dean Minor gave us each a journal at the start of SMLA and spoke with us about how leadership requires reflection. As someone who tends to use journals to write to-do lists with check-boxes rather than reflections and take-aways, this was one of the most high-impact threads that SMLA wove into my leadership conscience. We learned that making space and time for bigger leadership roles often means being ready to let go of other aspects of your career as you shift from a specialized expert position to a coach of the team that celebrates others’ efforts for a victory. I am grateful that SMLA created a leadership development space for us for over the last eighteen months; going forward, I will continue to leave room for strategic reflection in my career.

Through our leadership academy interviews and exposures to other leaders, I was impressed by the ability of the most adept and resilient leaders to continue to lead with curiosity and a system-wide vantage point when problem solving, rather than taking bumps on the road as frustrations or personal failures of their leadership. Leaders are imperfect and will inevitably be learning on the job. I learned the most from interviewing leaders when they talked about their mistakes, pivots or

growth. When leaders were transparent about what they were learning, curious about new solutions (or examining failures) and interested in input from the teams they led, you could see how the process of problem solving became invigorating rather than draining or isolating.

I also learned the value of playing to your strengths as a leader and building diverse teams that can provide input or skills that you may not possess. This means you have to know yourself well so you can be strategic about your interactions and teams. SMLA provided us with many ways to hold up the mirror and learn more about our workplace presence from others (360, peer counseling etc.) as well as through specialized tools (personality assessments, etc). When you have a clear picture of your skillsets as a leader, you can make better choices about what opportunities to say no to and focus on the ones that help build your professional legacy. Similarly, by knowing the strengths of those around you, collaborations you create and teams you help build will magnify these collective strengths exponentially and build sustainable institutional legacies.

Views of leadership:

Earlier in my career, I thought leadership looked quite simple. You take the helm with your vision of what needs to be done, fix the things that need to be fixed, and a period of calm and productivity follows - or else it is a failure of your leadership. With experience and through SMLA, I have come to see effective leadership as something much more about the continuous process of listening/observing, adapting and empowering to both achieve goals and to continue to evolve and innovate. As a leader, you need to actually set up systems to do this continually (like QI or RITE projects, innovation funds, platforms or forums to exchange ideas). Especially at a place like Stanford, where you have so many excellent faculty and staff, to lead them you need their ideas, collective wisdom and help to adapt to change and to support the entire team to achieve excellence or innovate.

Changes in my own leadership:

I think bigger and more strategically after SMLA, and I understand better the broader Stanford Medicine system. I am also more intentional in both my everyday and broader career decisions. I am now better at saying no to things that will fracture my time and ability to lead the things I care most about. I think about mission statements and re-focusing teams on our mission each time we meet as we work towards new ways to support, improve and innovate in our programs.

Strategic initiative:

As former Residency Program Director and current inaugural Vice Chair of Education in Pathology, I was interested in coming up with an innovation in pathology residency education that would provide an on-demand modular learning curriculum to supplement apprentice-style learning. My initial vision was to replace current didactic Zoom lectures with on-demand, self-directed content.

Why?

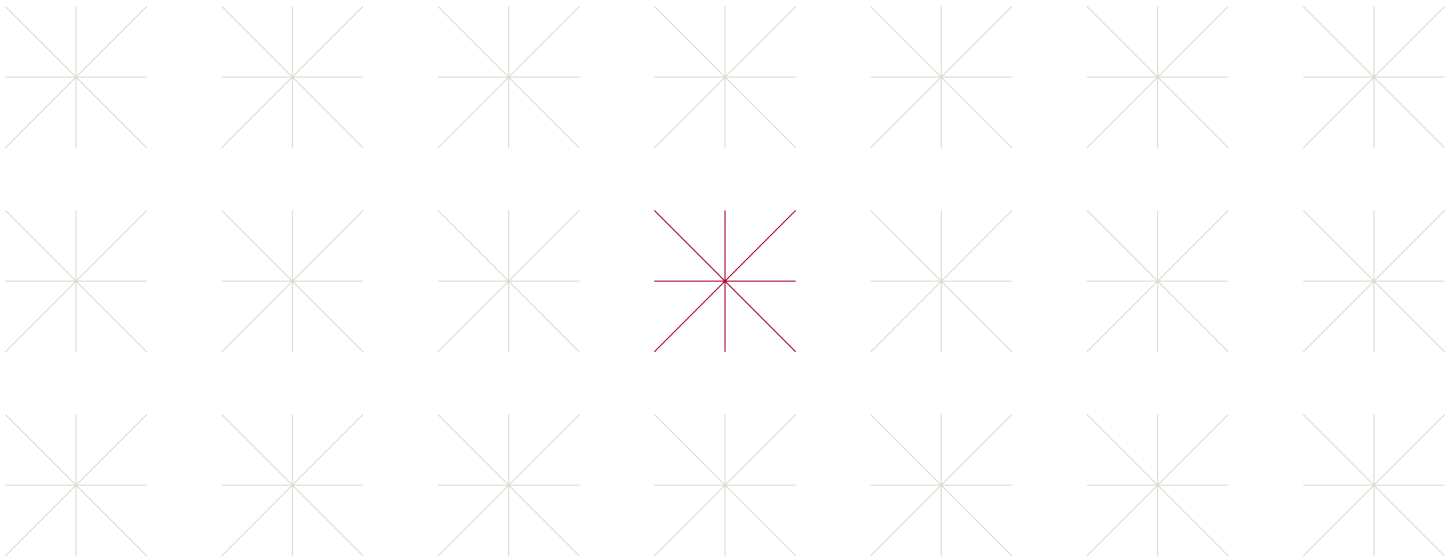
1. To increase professional satisfaction in pathology trainees. The skills and diagnostic knowledge base used in anatomic pathology are not learned on clinical rotations in medical school. This results in a sometimes-traumatic start to clinical training in pathology residency, with completely new skills and large amounts of new knowledge to digest quickly in order to practice. I wanted to help increase the speed with which they achieve some professional satisfaction and early practice mastery using more timely, high-yield curricular content.

2. To avoid Zoom didactic lecture boredom (for both faculty and multi-tasking trainees) and to make the content more relevant to the unique clinical rotation each trainee is on. The modules are interactive and include questions to ensure the content is understood before moving on.

3. To create enduring but modifiable content that trainees need to know about each pathology subspecialty. We would avoid the need to schedule busy faculty every year for the same content delivery as lectures, avoid gaps in content when faculty are out and reserve faculty teaching for more dynamic and interactive microscope sessions and workshops where their teaching skills can really shine.

My initial plan was ambitious, and I have appreciated learning that strategic initiatives often continue to build long past the SMLA program. After examining different potential learning platforms for the modules, I decided to use aspects of different platforms that we could create and modify easily in our own simplified system. With input from current pathology trainees, we created our first set of modules in my area of expertise (breast pathology) as the initial beta version of this concept. I learned that the highest yield for these on demand modules was with the earliest learners. The “Breast Pathology 101” module was a new concept developed during this project, designed to deliver the highest-yield “need to knows” for brand new residents rotating onto the breast pathology service. Instead of having to watch over five hours of recorded lectures or read several chapters of a textbook, this intro module was a roadmap for their learning and introduced key concepts. Our faculty and new residents on the service so far have given very positive feedback about this first module series. I will now shift my focus to expanding these intro modules to other subspecialties as a next step in addition to expanding other topic-specific modular content.

My hope is that we can create a system for some of our more advanced learners to practice being educators by creating additional modules with faculty mentors in our other subspecialties. With time and improvement, it may become a more public resource and showcase of Stanford Pathology expertise or a potential CME platform.



Learning About Leadership:

I was initially expecting SMLA to be more of a course on leadership, but it has really been an academy in the truest sense. With our strategic initiatives, peer consultations, workshops, and interviews, we learned by doing rather than by studying texts. Our SMLA cohort formed a leadership learning community that became a laboratory to test our ideas and our skill development. I had never before had an executive coach, and I really found it to be a valuable resource. I saw my coaching sessions as a refreshing space for self-reflection (we so rarely get this!) as well as to help me problem-solve as needed. I also appreciated Geno’s leadership coaching of our entire group as well as the coaching we received from our cohort peers. I think I am a better peer-coach for others because of this experience.

Continued Growth:

I would like to knock on more doors, more often and to broaden my connections across Stanford Medicine.

I would like to transition from a busy clinician with additional leadership responsibilities to a leader who also has clinical expertise.

Topics of Interest:

I am interested in faculty development. I have largely focused on trainee development in my career as a residency and fellowship program director. As Vice Chair of Education (and beyond this role), I would like to explore how to better support and innovate for our faculty. I would be interested in using my experience the last several years serving on the School of Medicine A&P Committee to develop programs within my department or beyond it to make faculty feel supported and remain energized, enthusiastic academicians.

I am interested in strategic planning in Stanford Medicine. With expansion, our academic practice has changed dramatically. I am interested in how we can better incorporate physicians into strategic planning so that our academic research and teaching missions are not overshadowed by an expanded clinical mission. I will be leading the Clinical Education working group for my department’s strategic planning group, and I am excited to help build our long- term vision.

Future Leadership:

After SMLA, I am more open to a wider variety of leadership roles. I see my career as potentially having many phases and potential pivots, rather than one linear trajectory. SMLA has taught me that to stay robust, leadership positions should be cyclic and have succession planning. Therefore, I hope to continue to evolve as a leader and to be ready for new leadership opportunities as well as to create leadership legacies for others. Thank you to Stanford Medicine and the Dean’s Office for investing in developing our leaders!

Shipra Arya, MD, SM

Professor of Surgery
Section Chief of Vascular Surgery at VA Palo Alto
Healthcare System (VAPAHCS)



Shipra Arya, MD SM is a Professor of Surgery at the Stanford University School of Medicine and Section Chief of Vascular Surgery at VA Palo Alto Healthcare System (VAPAHCS). She has a Master’s degree in epidemiology from the Harvard School of Public Health with focus on research methodology and cardiovascular epidemiology. She completed her General Surgery Residency at Creighton University Medical Center followed by a Vascular Surgery Fellowship at University of Michigan.

Dr. Arya is a national and international leader in health services research, surgical quality improvement, clinical trials and peripheral artery disease research. Her area of scholarly focus is improving surgical quality and patient centered outcomes for vulnerable patient populations. She has expertise in large database quantitative research, mixed methods, pragmatic clinical trials and implementation science. She has been funded by American Heart Association (AHA), National Institutes of Health (NIH) and VA Health Services Research and Development (HSR&D). Currently she is the PI of a large multicenter stepped wedge cluster randomized hybrid effectiveness-implementation clinical trial called “Patient-centered multidisciplinary Care for veterans Undergoing Surgery (PAUSE) trial”.

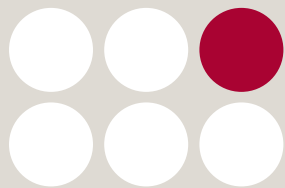
She has multiple leadership roles in surgical quality improvement as Director of Surgical Quality at VA Palo Alto and the Medical Director of the Northern California region of Vascular Quality Initiative (VQI). She serves on the steering committee of the Vascular Implant Surveillance and Interventional Outcomes Network (VISION) to improve the quality, safety, and effectiveness of vascular care through an FDA-VQI collaboration. She also serves as the President of the Surgical Outcomes Club, a national organization of surgical health services researchers, and chairs multiple national committees. Her excellence and contributions to the field of vascular surgery were recently recognized as she received the status of Distinguished Fellow for the Society for Vascular Surgery in 2023.

Dr. Arya is passionate about delivery of high value patient centered care and healthcare equity. An important driver for her academic career is the development of a diverse workforce in surgery. She has developed multiple initiatives through surgical societies to increase the representation of women and minorities in academic surgery and strengthen the leadership pipeline. She is mentor and sponsor for trainees and faculty and all levels of their careers and actively advocates for systemic change to promote diversity and inclusion through her leadership roles in academia.

Dr. Arya’s Reflections on the Stanford Medicine Leadership Academy

Insights/Lessons:

Looking back over the last 18 months, I find have grown both professionally and personally through this program. The biggest revelation is that leadership is not about authority and titles but instead about influence and vision. Its ok not to have all the answers as a leader. It’s been refreshing to see the approachability and humanity of the leaders at Stanford Medicine and beyond. Most leaders I met through this process were curious, asked the right questions and were open to feedback and embraced change. I personally viewed leadership as mastery of your craft and then ascending to lead a team. But what became abundantly clear through this process is that you can’t know or be a proficient in every task or area of expertise that your team is working on. The job of a leader is to assemble the right team, set a course of action and then for a lack of better phrase “ get out of the way”. Leadership is not doing everything on your own but guiding highly skilled and capable people and enable them to perform at their best.



What was also surprising to me was the realization that you can adapt your personality into your leadership style and there is no “formula” for being a successful leader. I met many introverted leaders too which I always thought would be a hurdle I would have to overcome. My thinking has turned on its head as many successful and very innovative leaders are introverts. I realized that I need to communicate early and often. I also realized that a leader can be generous and patient while still setting clear expectations and hold people accountable. I think the biggest change for me has been leading with presence and belief in myself that I can be an effective leader while being true to my values.

Strategic Initiative:

My Strategic Initiative was creation of a Frailty Screening and Preoperative Optimization Pathway to identify high risk patients and develop a multidisciplinary workflow for optimization and improving outcomes for the Department of Surgery. This came out of work that I have done in my research to show how frailty is associated with poor outcomes after surgery and that identifying frailty early can allow us to provide patient centered and goal-concordant care while mitigating adverse outcomes.

I was hoping to start frailty screening in surgical clinics across department of surgery and create a multidisciplinary meeting of multiple stakeholders groups (surgery, anesthesia, geriatrics, palliative care, case management, nutrition and rehabilitation) in the preoperative setting to optimize patients.

The strategic initiative has been successful but in a scaled down version. In my initial efforts, I realized I would have to start small and show proof of concept before all surgical services would adopt this. I started the initiative in my own division of vascular surgery as I had more support and buy-in from my team.

A critical breakthrough was getting nursing support to perform the frailty screening for operative candidates as the initial resistance took months to overcome. While everyone believed in the importance of the endeavor, there wasn’t clarity on who owns the screening process and how would it best work in an operational environment. Another important lesson was that things may not always go as you envisioned it, and one has to adapt. I realized early in the stakeholder engagement process that we wouldn’t get all the operational partners together at the same time due to logistical issues. We started with who we had and added more stakeholders as time went along.

The most important lesson through the SI was that coalition building take time, constant effort and small gains happen after asymmetric efforts. Once wins are established- more momentum can come but change is hard!! There are financial/ reimbursement considerations for any health system change that should be tackled early and kept front and center in ongoing discussions as ROI must be clear. For me it was showing reduction in length of stay and re-admissions and that’s why I think we got the support from SHC.

The initiative didn’t roll out as planned and I had to make huge changes after a lot of time spent on getting agreements. Starting in familiar supportive environment where you already have influence is easier. Creating change in a new area where people don’t know you as well is harder. Also make sure you have the time to devote to a big effort like this. Can’t just be added on top of everything else you are doing!

All that being said, I was able to create a multidisciplinary pathway for vascular surgery and seeing results with reduction in length of stay and readmissions in vascular surgery. I have the green light to pursue this an ICDP project for another year to spread to other clinics and hoping to use my skills from SMLA to achieve a broader impact. I am proud of the team we

have been able to create and the healthcare impact for our most vulnerable patients. My boldest hope is to scale this up across our entire interventional platform and tie this effort with precision medicine to create a personalized approach to improve outcomes for all our surgical patients at Stanford.

Learning About Leadership:

There are so many strengths of SMLA and its difficult to say what was the best part of the program. I have made amazing friendships through this program, met fantastic leaders and experts and learnt a lot about myself.

I really loved working with my executive coach. The time to reflect with someone from an independent perspective is invaluable. My coach would challenge assumptions and distill my particular experiences into leadership frameworks that I could assimilate and use in the future. While the strategic initiative was a big test case to learn about leadership with my coach, she was very flexible in talking through difficult conversations, unexpected occurrences at work as well as big picture strategic thinking about my future.

The speakers and guests were all masterful in their communication and left lasting impressions. For instance, Benoit Monin, was a very engaging speaker. I really resonated with his concept that power comes in various forms and you can influence in many different ways. It made me challenge dominance as the only source of power. Debra Howard was another wonderful speaker whose session stayed with me on difficult conversations and understanding verbal and nonverbal cues in communication.

The peer consultations was another huge part of my learning. First of all, I felt lucky to be in such a talented group of individuals and to be considered in the same company was validating in a way. I really appreciated the ability to get advice, a different perspective or sometimes just support unconditionally!

The 360-degree leadership assessments, Myers Briggs, FIRO-B, the leadership retreats, observing and interviewing senior leaders and very relevant reading materials, all contributed to an immersive experience. It did not feel didactic or overwhelming, but it wasn’t easy either to take in all these concepts and feedback. It was also gratifying to apply the lessons in real time, see the outcomes of those changes, share the experience with a peer group and to debrief with my coach.

Topics of Interest:

I think Stanford Medicine and academia in general is facing huge changes coming its way in terms of remote care delivery as well as the emergence of AI and machine learning. The pandemic has shown as that remote delivery of healthcare at home is possible. The digital revolution has made technological

advances accessible to patients and changed the consumer expectations. The corporate world is also looking at reimagining what healthcare delivery looks like. Embracing the power of these technological advances and translating them into clinical practice is very important for academic medicine to stay relevant. Our strength is the next generation of clinicians that we train and applying a lot of the digital advances in training for medical school and residencies/ fellowships would also help us keep pace with this change and help the next generation think innovatively about adapting delivery of care. While Stanford is more technologically forward than a lot of peer institutions around the country, it is still not very nimble to change when it comes to patient facing activities and hospital workflows. We have to develop a more efficient way of bringing simple innovations to clinical operations.

Continued Growth and Future Leadership:

Looking ahead, I want to continue to grow the efforts with preoperative optimization at Stanford. I know I will use a lot of the skills I have acquired through SMLA to grow this program and think about scaling up and setting a bigger goal. It will involve even more coalition building, having crucial conversations and continuing to push my boundaries to delegate, manage time and communicate early and often. Stanford medicine has embraced precision health in a comprehensive way and I believe my work can tie into these efforts to apply precision medicine approach to surgical care and recovery. There are opportunities to bring experts from AI, machine learning, informatics, implementation science and behavioral health together with the interventional platform to personalize surgical care. I would love to create and lead a center like this and I would never have re-imagined my work as “precision surgery” without SMLA.

Ami S. Bhatt, MD, PhD

Associate Professor
of Medicine and Genetics



Ami Bhatt is an Associate Professor at Stanford University in the Departments of Medicine (Hematology; Blood & Marrow Transplantation) and Genetics. A physician scientist with a strong interest in microbial genomics and metagenomics, she received her MD and PhD from the University of California, San Francisco (Alpha Omega Alpha), followed by residency, chief residency and fellowship training at Brigham and Women’s Hospital and the Dana-Farber Cancer Center at Harvard Medical School. She joined the faculty at Stanford University in 2014 after completing a post-doctoral fellowship focused on genomics at the Broad Institute of Harvard and MIT.

Prof. Bhatt’s laboratory develops and applies novel molecular and computational tools to study strain level dynamics of the human microbiome, to understand how microbial genomes change over time and predict the functional output of microbiomes. She is keenly interested to understand how microbes use microproteins to “talk” to one another and to human cells, and to leverage this understanding to improve health and treat diseases. Her work is actively being translated from bench to bedside; for example, enzymes that her lab mined from microbes are now being developed these as human genome editing/engineering tools in a start-up company that she co-founded.

She has received multiple awards including the Chen Award of Excellence from the Human Genome Organisation (HUGO), the Distinguished Investigator Award from the Paul Allen Foundation, and the Sloan Foundation Fellowship; she is also an elected member of the American Society of Clinical Investigation and the 2024 American Society of Microbiology Microbiome Data Prize winner. She has disseminated her distinguished research globally, delivering more than 150 invited presentations. A committed mentor, she has served as the primary research advisor to a diverse cohort of over 50 undergraduate, medical, PhD, and post-doctoral scholars.

Dr. Bhatt is also leading efforts to ensure equity and access in research and medicine. She carries out research with the H3Africa Genomics Consortium, volunteers for the nonprofit she co-founded in 2012, Global Oncology, and serves as the Director for Global Oncology for Stanford’s Center for Innovation in Global Health. She continues to practice clinical medicine, caring for patients with hematological disorders in the hospital setting. Outside of work, she has been diligently iterating on her vegan ramen recipe.

Dr. Bhatt’s Reflections on the Stanford Medicine Leadership Academy

Impact

In the process of my journey through the Leadership Academy, my perception of leadership transformed. I’ve come to realize that leadership is a multifaceted concept, far more than just a top-down approach. It encompasses the ability to lead from the heart of a community, placing a strong emphasis on collective welfare.

Furthermore, the power of collaboration has become evident. I have learned that building coalitions and working with others to identify and address challenges is more effective than attempting to resolve them in isolation. This collaborative approach has improved the quality of solutions that I have participated in developing, and has also empowered those around me, nurturing their leadership skills.

My leadership style has evolved over my time in SMLA. I’ve transitioned from a more hands-on approach that involved “blocking and tackling” for my team to a more sustainable and scalable approach. This shift focuses on empowering team members to problem-solve independently, thereby fostering leadership development and facilitating the discovery of innovative solutions.

Strategic Initiative:

During my participation in the Leadership Academy, I identified a pressing need; namely, we need to enhance the recruitment of outstanding physician scientists into Stanford’s faculty. Despite Stanford’s illustrious history in clinical care, research, and education, we face challenges in recruiting and retaining top-tier talent in the field of academic science.

Physician scientists, despite their extensive training, are opting to leave academia due to various obstacles, such as the timing of job openings, geographical restrictions, funding issues, excessive workloads, and limited career advancement prospects. My strategic initiative is focused on optimizing the faculty hiring process to address these pressing issues.

Initially, my initiative was met with enthusiasm, and I was able to garner support and resources for the launch of a faculty search at the departmental level. Unfortunately, this endeavor was momentarily interrupted by a change in leadership. I look forward to resuming this initiative when we secure the backing of a future Department chair. This experience has underscored the importance of acting swiftly when an opportunity arises and the value of incorporating diverse perspectives in decision-making processes.

I hope to see this strategic initiative come to fruition in the future and believe that it will significantly enhance connectivity between translational researchers and clinicians at Stanford.

Learning About Leadership:

One of the most enriching aspects of my Leadership Academy journey has been the opportunity to build meaningful connections with my fellow participants. Our initial gathering, during which we set aside our laptops and cell phones to connect on a personal level, was a highlight. This experience emphasized the exceptional quality of people at Stanford, reinforcing my belief in the university’s greatest asset—its people. My fellow SMLA colleagues have played a significant role in my growth as a leader. They’ve challenged my existing beliefs and encouraged me to embrace my strengths. The retreat and leadership interviews further solidified my confidence by showcasing that successful leaders are not fundamentally different from me or my peers, rendering leadership an accessible pursuit.

My engagement with an executive coach was an eye-opening experience. She helped me recognize the self-imposed limitations that had been hindering my potential. Her encouragement to aim higher and gain a deeper understanding of my personal motivations has been transformative. She has helped me appreciate that my two decades of experience in medicine and scientific research has earned me much wisdom. Most importantly, she has helped me understand how valuable and important it is for me to share that wisdom with others beyond my field, department and laboratory.

The session on managing difficult conversations was another crucial component of my leadership development. It equipped me with the necessary skills to help others navigate their own complex interpersonal conflicts, which I had previously sought to solve for others.

Continued Growth:

As I move forward, my focus is on leveraging my experiences and wisdom for the greater good. I aspire to leverage my experiences and knowledge for the betterment of organizations. This includes serving as a board member for both non-profit and for-profit organizations, where my ability to think strategically about scientific and medical issues can be aligned with my interest in optimizing organizational effectiveness. Simply put – I like to use knowledge, experience, and effective collaborative work to get important stuff done!

Moreover, I’m committed to mentoring and supporting the development of future leaders, sharing the insights and wisdom I’ve gained through my leadership journey.

Topics Of Interest:

I’m deeply passionate about unlocking the full potential of physician scientists in the realm of modern academic medicine. These individuals possess unique expertise in both medical and scientific fields, and I believe they can be better leveraged.

Reimagining the reward structure within academic medicine is an area of particular interest. I believe that by making strategic modifications to the current system, which relies on very rapid and repetitive cycles of fundraising and short-term trainees, we can encourage greater contributions that have a substantial impact on the world.

Future Leadership:

My vision for the future involves guiding and advising organizations to make a profound impact on society, healthcare, and public health.

Looking ahead, I see myself in the role of an advisor and guide for organizations composed of bright, talented, and creative individuals. Together, we will work toward achieving the most significant social, medical, and public health impact possible.

I firmly believe in the power of honest science, compassion, technology, and effective leadership to address some of the world’s most complex challenges. Moreover, I am dedicated to supporting a new generation of leaders, empowering them to leave their own mark on the world.

In conclusion, my journey through the Leadership Academy has redefined my approach to leadership, given me a sense of purpose, and illuminated the path to impactful leadership in the future.

Robert T. Chang, MD

Associate Professor of Ophthalmology



Professor Chang is a medical innovator fighting blindness at Stanford since 2009. He has performed thousands of glaucoma and cataract surgeries, where he is known for early adoption of new technologies in minimally invasive and premium lens procedures. As Co-Director of the Stanford Glaucoma Fellowship Program and Medical Director of Stanford Employer-Based Optometry, Dr. Chang has mentored many trainees in glaucoma but also brings a unique perspective as a physician inventor and entrepreneur who completed the Stanford Biodesign Faculty Fellowship in 2016. One of his early licensed co-inventions was the first universal smartphone adaptor to take pictures of the front and back of the eye. Later, he co-founded a consumer health company which spun out of Stanford's StartX Med Incubator program.

Dr. Chang is a multi-grant funded researcher with extensive industry consulting experience, and his clinical trial coordinator and data science team manage Stanford's EPIC Glaucoma Registry with growing Biorepository of aqueous samples to look for new glaucoma biomarkers. He is very active in studying and validating portable ophthalmic devices and glaucoma remote home monitoring.

He earned his MD from the University of Missouri, Kansas City School of Medicine's (UMKC) combined BA/MD accelerated program and completed residency at the prestigious Washington University in St. Louis (WUSTL), followed by a two-year glaucoma fellowship at the renowned Bascom Palmer Eye Institute (BPEI) in Miami. He has published over 80 peer-reviewed articles, delivered hundreds of invited academic lectures all around the world, and holds several patents. One of his original contributions is the creation of the digital health design sprint, a week-long, fully immersive, project-based learning experience to help doctors, engineers, and business experts be more aware of the challenges in starting a healthcare company.

Outside of work, he enjoys family time, playing basketball/tennis, travel, reviewing restaurants (approaching 6000 since

2007), studying longevity, and playing around with new tech gadgets (e.g. Meta Quest 3 Mixed Reality).

Dr. Chang's Reflections on the Stanford Medicine Leadership Academy

Impact:

The Stanford Medicine Leadership Academy (SMLA) is an 18-month commitment to digging deeper into organizational leadership principles and effective change management. Who are the key hospital decision makers and how can you influence without authority? How do you deliver negative feedback, manage conflict, and develop high performing teams within hierarchical organizations? SMLA is a powerful journey of personal insight, growth, and self-improvement. Having regular reflection sessions facilitated by an executive coach, sharing real challenges through peer consults, and interacting with preeminent leaders helped evolve my thinking on the important aspects of a trusted leader. My faculty peer cohort served as a safe space to talk about departmental and people challenges as well as personal career goals and objectives.

As a former biodesign faculty fellow with entrepreneurship experience, I approached leadership from the startup co-founder point of view. Now, after SMLA, I have a better understanding of how Stanford Health Care and the School of Medicine function and what to do when you are not the key decision maker. Learning about influencing upwards and power dynamics helped expand my view on leadership from vision first, to urgency and coalition before vision. This is critical when thinking about bringing forth a new idea within a large organization. I now appreciate diverse leadership styles working in different situations.

Strategic Initiative:

The Strategic Initiative (SI) was an opportunity for me to examine cost savings and waste reduction in cataract surgery from the hospital point of view. I was surprised to learn that it can be a challenge to break even with Medicare fee for service

insurance, so I started examining Stanford specific costs in order to identify areas of opportunity such as cheaper surgical pack bundling, and alternatives to single use eyedrop bottles in preop. It took a while to get to the right people who have access to the purchase data and to figure out how to align incentives for all stakeholders. It was a slow process working through hospital charges, insurance payments, supply chain management, contracting, ordering, legal, hospital-specific policies, relevant committees, etc. My journey involved a lot of pivots and eventual narrowing my SI focus into an achievable outcome. The most important learning was how much time and effort it took to mobilize others if the urgency and coalition were not already present. Having a vision of efficiency and waste reduction is great, but sometimes timing changes when an "end of life" moment occurs can be more effective than trying to persuade others to change habits while everything is still working. After SMLA, I plan to continue my SI work, interface more regularly with the finance and supply chain teams, and put together a Cost Savings Reduction Program (CSRP) proposal.

Learning About Leadership:

For me, one of the most valuable insights during my leadership journey was learning about how I was being perceived by others. As a rising leader, since it becomes harder to spend equal time with everyone, personal branding may be just as important, if not more so, than your achievements. It is something that I had not given much thought before, yet we all can be very intentional about controlling our personal narrative. In the modern interconnected world, leaders are expected to be in the public eye.

Leadership involves unique scenarios in place and time, and thus the right answer is not always known. Learning from your experience as well as the experiences of others is key and thus the reflection process, both internally and externally, is very valuable. Reflections guided by an experienced coach (who you feel open with) can be a game changer. It is hard to know how an executive coach will help until you practice reflection regularly. Getting your thoughts outside of your head with a neutral third party, especially if you have an introverted side, can help you process them differently. Peers can also act like a coach if they are brutally honest and not too close to you. However, there are fewer and fewer suitable peers as you ascend the leadership ladder.

Honest feedback is so critical to one's growth and yet it is hard to come by, especially in the hierarchical world of medicine. As a physician, most of our accomplishments have been self-driven. Leaders are tasked to bring up others even more than themselves, and it can feel like a dramatic shift to cut back the things that you already good at, including clinical care, research, and teaching, to spend more time leading. Figuring out that transition is a vital part of one's leadership journey, as it is impossible to be both the star player and the coach.

Continued Growth:

Becoming a better leader is a constant learning process. Most physicians are heavily trained in biological sciences with less formal education in people management. Based on our own personal style of communication, we may default to a certain way when interacting with others. But after SMLA, I now spend more time trying to figure out the way others process information and their personal goals so that I can become a more effective leader. I have started to adopt more variety in the ways to show appreciation, avoided getting sucked into the drama triangles, and worked on increasing my visibility and impression management within the department. I am continuing to grow in time management optimization, the graceful no, and articulating my thoughts more clearly to others.

One specific area I wish to explore more is participatory management. Great leaders can really empower others and inspire people to take on tasks even without a transactional reward. As new generations enter the workplace, and have different motivations and expectations from our own, I hope to be able to adapt and adjust to constantly changing environments while continuing to grow.

Topics of Interest:

I really enjoy the topic of longevity--not only in the context of healthspan over lifespan--but also longevity in the workplace. Currently, there is a lot of talk about wellness, mental health, professional fulfillment, and burnout. Physicians are often asked to do more and more tasks (healthcare is heavily regulated), and academic MD overcommitment is common among the four pillars of patient care, research, teaching, and service. Now add work-life balance with physician side gigs routinely available in Silicon Valley, and no wonder so many feel overwhelmed with not enough hours in a day.

One challenge Stanford Medicine faces is that there are so many high performing faculty who are visionary leaders, but there are not enough positions for all of them to stay. Thus, figuring out longevity in the workplace is key and the paradigm of academic MD professional advancement should not encourage the highest productivity output during the most challenging work-life balance years.

Future Leadership:

I will double down on the things that I enjoy now and cut back on the activities that matter less in the long run. Leadership is about serving and enabling others so that everyone can rise together toward a common goal, preferably with high positive impact. SMLA opened my eyes to how much I still must learn when it comes to leading and communicating with others.

Jennifer Y. Lee, MD

Clinical Associate Professor of Otolaryngology –
Head & Neck Surgery
Clinic Chief, Adult Otolaryngology Service Line

Dr. Lee is a clinical associate professor in the Department of Otolaryngology–Head and Neck Surgery at Stanford University School of Medicine. She went to medical school at the Albert Einstein College of Medicine in the Bronx, NY. She underwent her otolaryngology residency training at the University of Pennsylvania and came to Stanford in 2013.

She is a comprehensive otolaryngologist who manages and operates on pathologies from a perforated ear drum to thyroid carcinoma to sinusitis to salivary tumors. She has received regional and national recognition for her work in management of dysfunctions of the Eustachian tube. She has received praise from patients about her knowledge and ability to communicate clearly with kindness.

Dr. Lee serves as the medical director of the Stanford Health Care adult otolaryngology service line. She collaborates with administrators and physicians and nurses to provide high quality healthcare access to patients across the network. This role has helped foster her dedication to quality improvement and to communication between team members to help improve outcomes for the patients in their care.

Dr. Lee’s research has focuses on outcomes of patient care relating to dilatory and patulous dysfunction of the Eustachian tube. She also has received regional and national recognition for her innovations in the management of dysfunctions of the Eustachian tube.

She helps to educate the specialists of the future in her field by leading the Stanford otolaryngology residency training program in simulation education. Her goals are to improve patient outcomes as well as establish the foundation for how doctors lead teams through otolaryngology emergencies.

Away from her clinical practice, teaching, and research, she enjoys time with her family, cooking, and walking in beautiful California.



Strategic Initiative – Bridge to Future

Academic medicine has supported the balance of the tripartite mission: patient care, research, teaching. Stanford has long supported the structure of a dyadic partnership between doctor and nurses to oversee the clinical operations of different service lines and departments. My initiative proposes to expand the roles of the dyadic partner to a collaboration across different disciplines to improve patient access, staff and physician engagement and wellness. The initiative has three different components. The first is an ENT collaboration that involves Stanford Medicine Partners, Stanford Health Care, University Medicine Partners and School of Medicine within Otolaryngology to create network access to our patients which can be supported by physicians of the service line. The second is to collaborate with Technology Digital Services to leverage machine learning to improve the efficiency of clinic visits. The third is to partner with the Center of Advanced Practice to create a structure of support to nurse practitioners and physician assistants that maintains quality of care while increasing access to our patients. These projects involve coordination of many important individuals and groups to communicate in collaboration for a common goal of engaging physicians, providers, nurses, managers and patients in a meaningful way.

Dr. Lee’s Reflections on the Stanford Medicine Leadership Academy

Impact: Insights/Lessons:

1. Great leaders are humans – we are all fallible and make mistakes and have blind spots – leaders recognize that they exist and find techniques to compensate for them.
2. Leaders do not have to be alone – it can feel lonely but it doesn’t have to be and finding others in different fields can lead to broadening of ones perspective and hence growth as a leader. There is a community of leaders – one must find your tribe.

3. Leadership is an expression of service. Service to others to influence their behavior for the betterment of even more people.

Views of Leadership:

Three areas – past, present and future. Through the leadership academy, I reflected upon my prior style of leadership and mended relationships then progressed to change the approach on how I start new projects namely to broaden my perspective and seek out stake holders. I learned that I may not know who the stakeholders are until I ask and then I have to create an environment that allows others to volunteer ideas or potential stakeholders that can advance the desired outcome. Going forward, I am excited and hopeful on the continued growth of my leadership skills through reflection, experimentation, failure and change.

Changes In My Own Leadership:

I am less eager to do for the sake of doing something and hold the desire to find a fix. I try to create more of an open environment with questions in an attempt to invite people to share information that I may not know or may not even expect. Then use my inherent curiosity as a source of strength to dive into core motivations and desires. Then I try to look for a consortium with a common principle to achieve a goal that satisfies the whole.

Strategic Initiative:

The intent of my Strategic Initiative was to collaborate with people of other disciplines to improve outpatient clinical practices.

There were three parts of the SI. 1. Establishment of a otolaryngology council of leaders across School of Medicine, University Medicine Partners and Stanford Medicine Partners and Stanford HealthCare known as the ENT collaboration to create a forum of communication. 2. Leveraging of technology to increase clinic efficiency. 3. Standardization of advanced practice provider training, education, and templating for the Otolaryngology service line.

The origin comes from frustration of the tension between different people who share the same principles but different styles of expression leading to gap in execution at the operational level.

I was hoping for a set deliverable product that was fixed and done but realized this is a process that would take much more time.

The current state of the ENT collaboration is that a council was created with the collaboration of many high-level executives leading to joint clinic space, staff and equipment shared by physicians from different institutes. It has led to a potential role of a medical director for the service line that crosses institutes with the support of University Medicine Partners, Stanford Medicine Partners, Stanford HealthCare and School of Medicine.

The gains remain to be seen whether they can be sustained over time. I wonder if it is a unique factor of the individuals who have made this collaboration a reality or if the repeat patterns of the individuals will lead to a cultural change.

The current state of the use of technology is still in the viability testing and resource acquisition state. We have an actively invested consortium working together to create a minimum viable product, but it is unclear if it will be broadly usable or be sustained. Technology is advancing at such an astounding rate that it seems possible to create a product that supports clinical triaging of new patient referrals or consolidates prior records that is valuable to a patient and physician for a clinical visit but it remains to be seen if it is usable at the current state. This was a project that I shifted my approach from thinking of it as a one solution problem that I try to obtain buy-in to a broader perspective of presenting the problem and asking for input to several different stakeholders. The second approach led to new avenues and collaboration with Technology Digital Solutions and more opportunities.

The current state of the standardization of advance practice providers (APP) within the ENT service line is a collaboration with the Center of Advanced Practice. It has led to champions within the service line who can execute the desired vision and maintenance of the practices through active supervision from the APP manager.

One of the most important lessons is that one cannot make significant change that I would like to do alone. It takes a community of people to move together. Change is slow. The degree of openness of people to give time was surprising. The verbal agreement was easier to obtain than expected but the securing of tangible resources was much harder to gather. Even harder was getting visible or tangible outcomes. Small wins would need to be celebrated and communicated no matter how trivial it seemed because doing so led to building momentum that eventually led to a tangible result. I learned that others look to read deeper into my intent than I explicitly state and that over time people learn that my intent really is explicitly stated and no more. The time it takes to establish trust needs to be accounted for in the timeline of project building. The greatest disappointment for me was that gap between the ease of upfront verbal agreement and hardship of the securing resources to execute the agreed upon plan. It takes a great deal of tenacity and focus to stay with the project during that gap so that it can continue to advance. If I would do it again, I would begin with active seeking of stake holders and openness for advice on stakeholders that I may not expect. I would also signal more actively and repeatedly the desire for open feedback so that I can elicit information that allows movement of the project in a positive direction. My advice to others would be to be patient with yourself and others. Find a consortium of likeminded people and find a common principle then a goal then keep at it. Keep an open mind and lead with curiosity.



I hope that the project outlives me. If the change can be an expected part of the service line whether I am involved in it or not, then I think that the change was meaningful. I think I am most proud of moments when other people do or say the things that I would have but I don't have to say or do them myself. My boldest hope would be that it is not limited to the Otolaryngology service line but the idea of collaboration regardless of institution, pushing of technological boundaries and standardization of practices go beyond to other service lines. I recognize many people are aiming to do the same thing in different ways at this moment. I hope that the idea is not only verbalized but the actions of the individuals reflect that vision.

Learning About Leadership

SMLA is different than any other leadership program available across the institutes. It focuses on the transformation of the person so that person can influence others to change which provides a hope for a systemic change. It changes the perspective about leadership as an extension of an existing house of a physician to a separate room being built out with its own skill set and tools that can be used. Two experiences that stand out to me are the fellow faculty and executive coach. Connection with my colleagues in cohort 5 helped me feel connected to the Stanford community in a way that was genuine and grounded. Because it is with physicians who are in different departments, it provides different perspectives to similar problems. You are challenged in a vulnerable and safe environment to help you grow. Because of the questions my cohort have posed to me, I have made changes in my life that I think led me to be a more effective leader. The executive coach is a new aspect of leadership training that I did not have experience with before this program. It was helpful because the coach provided active feedback on responses I would want to make or suggestions on changes of ways I can present problems or methods of communication that are effective. The coach taught me the language an executive may use which is different than the language a manager or patient would use. The coach was very helpful to me when I wanted to practice presentations or interviews or difficult conversations or feedback with difficult personalities. Hence, it was the community building and individual change that was memorable.

Continued Growth:

Two areas that I would want to learn more in leadership at this time are resistance management and change management. One is about reflection of the past and one is about looking to the future. Expression of resistance can be subtle and varied. I would like to learn to recognize the different ways people can manifest them. Then I would like to learn if there are times when one should ignore it vs acknowledge it vs influence it. If one is to influence, how does one do that? What tools would a leader use, when do you use it and how do you use those tools to be effective? Finally, I would practice it and figure out how to make the skill something I feel comfortable using in the future.

Change management is difficult because change is hard. I would like to learn how to translate a vision or goal effectively for an individual's behavior to change in a system that is changing. I find it interesting that a system change can alienate individuals that are necessary for that change to be a reality. How does one keep influential individuals connected and invested so they continue to positively contribute to a growing system where it is easy to get lost? How do you recognize them and then keep them engaged? How do you not lose sight of the desired goal?

I have many questions and I look forward to having some time to continue to lean on my colleagues in Cohort 5, continue to get feedback from mentors and colleagues and look through the folders of valuable resources in Box.

Topics of Interest:

Two particular challenges that I think may influence the future is the right balance of the missions of Stanford Medicine and the translation of that into the Integrated Strategic Plan (ISP). If the mission of Stanford Medicine was a chair, then the three legs are research, education and patient care. The clinical enterprise or patient care has had tremendous growth. As we look to the future, we need to maintain the strength of the other two legs because it is I think what makes Stanford unique to others in the clinical market and allows us to have a leg up to other health care options. What is enough clinical expansion? What is enough clinical volume to our faculty?

The second challenge is the refresh of the ISP which sets the tone and direction for another several years. It is an amazing feat that the three institutions of the two hospitals and the School of Medicine are aligned in vision and that is accepted as a reality for many people. One next step is how that is translated into actionable and visible changes that impact smaller groups. I recognize that has already happened and is happening. I think there are still gaps at the day to day level or the individual level. I think there are many opportunities for transparency and expression of vulnerability that leads to increased trust and then effective action. It would be great to see the ISP in the visibility boards of clinics. It would be interesting to see highlighted projects on posters or waiting rooms in clinics and not only on the websites. It would be amazing to have managers and directors and physicians and nurses talking about ideas to submit to known lines of communication or pathways within the ISP. I think this may also show my limitations of understanding or knowledge as well because all of these would likely have already been thought out with action plans. I think that the fact the question is being asked shows that leadership cares to know which is positive.

Future Leadership:

I expect to use what I learn every day as I am doing now. I don't know how much or where I will be in 5 years because it is shifting at this time. Part of me wants to pursue a MBA, another wants me to retreat and read and think, another feels that pressure to keep going because there is so many more process experiments that need to be done.

My perspective is different now than before. Before I may have sought out a narrow answer that seemed pre-determined, but now I am more open and curious. What am I trying to do here? How can it make a difference within the constraints of our current reality?



Linda Anh Nguyen, MD

Clinical Professor of Medicine, GI & Hepatology
Clinic Chief, Gastrointestinal Service Line



Dr. Linda Nguyen is a Clinical Professor of Medicine at Stanford University and Clinic Chief in the Digestive Health Center. She completed medical school at UCLA School of Medicine and GI fellowship training at California Pacific Medical Center in San Francisco, CA. Dr. Nguyen is an internationally recognized gastroenterologist who specializes in the field of Neurogastroenterology and Motility.

Dr. Nguyen is a self-proclaimed foodie who understands the role of food and eating in our society and their impact on physical, mental and social well-being. It is this intricate interconnection between the brain and the gut which drew her to the field of Neurogastroenterology & Motility. These disorders represent chronic digestive disorders that are poorly understood with significant unmet needs, such as gastroparesis, functional dyspepsia and irritable bowel syndrome (IBS). Dr. Nguyen is a problem-solver who is renowned for her out-of-the-box thinking. Her research portfolio encompasses a vast range of topics, from nutrition to virtual reality, vagus nerve stimulation and novel diagnostics, while maintaining a singular purpose of improving patient care and quality of life.

She is dedicated to developing cross disciplinary collaborations to advance the understanding of chronic digestive disorders. This has led to research exploring the overlap between gastroparesis and migraine, gastroparesis and autonomic dysfunction, small intestinal bacterial overgrowth and chronic fatigue syndrome and chronic abdominal pain and widespread pain. This has led to the creation of multidisciplinary clinics in collaboration with pain specialists, neurologists, psychologists and dietitians. She spearheaded efforts which resulted in the creation of the first Autonomic Neurogastroenterology Fellowship in the US, which is joint neurology and GI motility fellowship. Her unwavering commitment to patient-centric care and application of cutting-edge science earned her the “Master Clinician Award” for the Stanford Department of Medicine in 2021.

She is a staunch advocate for justice, equity, diversity, inclusion (JEDI), professional development and workforce wellness. She has initiated and championed numerous programs locally and nationally to support women and those underrepresented in medicine, including junior faculty mentoring programs, midcareer career development awards and wellness workshops.

Dr. Nguyen is a lifelong learner who values innovation and collaboration. These values have been instrumental in her leadership roles, driving changes such as flexible work hours and work from home. This accomplishment is a testament to her unwavering commitment to quality of life, which touches every aspect of her life as a leader, mother, wife, daughter, sister, clinician, researcher and educator.

Dr. Nguyen’s Reflections on the Stanford Medicine Leadership Academy

The Lasting Impact of Stanford Medicine Leadership Academy

I love what I do and where I am in my career and life. When asked would I do it again, the answer is a resounding “Yes”. Yet when my youngest started talking about wanting to become a doctor, my first responses were, “Are you sure? It’s a tough life.” He was perplexed by similar responses from every physician he encountered.

Medicine was once thought to be a noble profession where we are entrusted with the lives of others. In academic medicine, we are entrusted with the lives of patients and the next generation of physicians. How noble is that? So, why the disconnect? As with most things, the answer is complex. The healthcare system is broken and depersonalized. As I reflect on my career and what brought me to, yes, it was finding my Ikigai in everything I’m doing. As I look to my future, I don’t have a specific role in mind. What I do know is that my next must allow me to do 3 things: 1. have an impact, 2. learn and 3. innovate. The 3 areas where I hope to make an impact are 1. advancing

the care of digestive disorders, 2. improving healthcare delivery and 3. mentoring the next generation.

Prior to participating in the Leadership Academy, I would not have been able to articulate my future. Sure, I’ve thought about my future, but in more linear terms based on my clinical expertise such as Chief of Gastroenterology or Digestive Disease Institute Director. Instead of specific roles and titles, I’ve been thinking more about what things do I want to do and what impact I want to have as well as transition planning as take on new leadership roles.

The greatest impact the Leadership Academy has on me was learning about myself and learning to trust me. As a first-generation physician and introvert, I frequently struggled with imposter phenomena and spent my earlier years trying to show up as the academic I thought I needed to be, rather than the person I am. I often second-guessed my decisions or shied away from difficult problems that risked failure. Over time, the real me got lost in the shuffle. Through SMLA, I became reacquainted with myself and learned about me as a person and me as a leader. The FIRO-B, MBTI and 360 assessments helped me gain a better understanding of my leadership style, my preferences, my strengths, my weaknesses and my potential derailers. Mostly, I learned that an overdone strength could become my greatest weakness. I hold myself to the highest standards which had led to my success, but I am also my greatest critic and need to learn to give myself grace. Learning about me was an emotional rollercoaster but I’m grateful for that gift.

Speaking of gifts, the greatest gift came in the form of an expanded network. My SMLA colleagues became friends and trusted advisors, friendtots. The mid-point retreat at the Chaminade resort was the highlight of SMLA. It was an opportunity to bond with my cohort and the best way to reveal our 360’s. It was great to be surrounded by supportive peers when learning about how others see and experience you. It was human nature to focus on the negative and having the emotional support meant the world to me (The Korean face masks capping off the night also helped to lighten the mood). Leadership is indeed lonely. Having a network of advisors and intentionally expanding my personal “board of trustees” has helped me tackle challenging problems personally and professionally. So, when I’m asked, who do you go to for comfort, to challenge you, to celebrate you or for clarity, my list has expanded beyond my husband and my sister.

I realized that everything about leadership boils down to the people. The people we lead. The people we follow. The people we care for. Being a leader is about the ability to influence people and their behaviors rather than accomplishing specific tasks or carrying out a grand vision. Leading change required that I learn to improve communication, have difficult conversations, and become curious about my triggers. I used

to think that leadership with about having a strategic vision, carrying out that vision, having answers and being an expert. I learned that leadership involves making decisions with missing data and navigating uncertainty. I have become more comfortable with being uncomfortable with the unknown. Rather than experiencing imposter phenomena when I don’t know the answer to a problem. I still don’t like failure (who does?) but I am now able to reframe failure as an opportunity to learn.

Leadership Lessons via the Strategic Initiative

I had a difficult time deciding on what strategic initiative (SI) I wanted to work on. Like so many things, I had a difficult time narrowing it down to just one thing. We were tasked with identifying an SI that we were passionate about and that would be a stretch goal. I chose a project that intersected with a problem I had faced throughout my career and that I was tasked to solve in my role as the Clinic Chief of the Gastrointestinal Service Line. The problem I needed to solve was patient access. Countless times, I received emails or calls to help get someone in need of a sooner appointment in our clinic. I often mused; How could I get the right patient in to see the right GI specialist at the right time without needing a “hook” to jump the line? My SI had two goals: 1) reduce referral wait times for patients needing a GI specialist and 2) schedule patients with the right specialist the first time.

As a tertiary and quaternary specialist, I often saw patients with mild symptoms that did not require my level of subspecialty expertise, but patients scheduled with me because I was “THE EXPERT”. My goal was to leverage technology to empower primary care providers (PCP) to provide subspecialty level care for common digestive disorders to decrease patient wait times and suffering while awaiting the consultation. By utilizing healthcare resources more effectively, my goal was to improve access for patients who did require more complex gastroenterology consultation. For those patients who ultimately needed specialty care, I wanted to develop a process akin to Match.com; to streamline referrals to better match the right patient to the right clinician to improve the patient experience.

Over time, my SI eventually merged with an institution wide initiative, “Network Access Optimization”. Instead of improving patient access to one clinic in Redwood City, we were now looking to improve access across Stanford Medicine, including satellite clinics and GI clinics at Stanford Medicine Partners. This project became A LOT bigger than I had envisioned but it did come with a lot more resources than I had. This work required understanding the operational workflows across the network and working to align multiple stakeholders. After 15 years at Stanford, I thought I knew Stanford Gastroenterology, but there was so much I didn’t know about the people and the operations. The work was hard with many hurdles and difficult conversations, but it was well supported. We are currently on track to launch in April 2024. This launch means that patients will

have a single touch point to Stanford Medicine Gastroenterology & Hepatology which they will be scheduled with the appropriate specialist in the appropriate geographic location. Once we’ve ironed out the infrastructure and “matching” process, I plan to resume the work of empowering PCPs.

What I learned along the way is to love a problem and not the specific solution. I learned to ask questions then listen carefully without bias. Solutions I had envisioned with a specialist lens did not work from the perspective of a PCP who had different needs and priorities. I realized that the problem I was trying to solve was too big of a problem. I chose a problem that was shared across our system and healthcare in general. To think that an educational tool to empower PCPs would help solve the problem of access was naïve. If I were to start my SI again, I would choose to start with a smaller piece of the bigger problem to solve. To get an early win that I could build upon. I did end up doing this through the NAO project of streamlining our referral process and infrastructure. This will serve as the foundation for future optimization projects of getting the right level of care to the right patient. I learned to shore up the foundation before adding the bright lights.

I also learned that change management starts with establishing a sense of urgency and forming a coalition rather than starting with the vision. Ultimately, there must be alignment with the vision; however, alignment takes time and compassion. Small wins do help to move the vision forward. I found my coalition in surprising places with people I assumed would not support the project. I learned to never assume. The reality is, I know that. I just forgot and working on this SI reminded me of that. I learned that skills I acquired as a clinician scientist and educator are transferrable to other sectors, including healthcare administration. Approaching an operational problem is like approaching a clinical conundrum: establishing the chief complaint, asking probing questions like the history of present illness, examining the data like labs and forming a differential diagnosis to arrive at the solution.

Leadership Learnings

I’m still processing everything that I learned during the Leadership Academy which I know I will be going back to relearn over the years. The summer leadership interviews collectively stood out the most to me. I loved hearing different paths and approaches to leadership. Most importantly, I could see myself being in their shoes/roles one day. People I admired became more real rather than idols on a pedestal. There were standout lessons that I learned which I want to highlight with my one and only list:

1. Active listening and leaning into curiosity. I always thought I was a good listener, especially as a physician. What I realized was that I listen with an intention to solve a problem rather than listen to listen. The acts of active listening and asking clarifying questions are superpowers that I feel are underdeveloped and

underutilized; yet, effective and powerful. These are skills that I will continue to work on and develop. Ask more questions. Be curious. Call out emotions or shifting body language. Be comfortable with uncomfortable.

2. Building and engaging a network authentically. I once held a very tight circle of trusted advisors, but I realized how much pressure I was placing on them to be my everything. I also learned that a broader network helped shed more light on my blind spots.

3. Leadership identities and transition planning. I never thought of leadership as an evolution in our identities. It’s scary to think that as we take on new roles, we need to think about transitioning and letting go of old identities that no longer serve a purpose. This lesson really hit home as I thought about how I’m seen nationally.

4. Scaling up excellence. Asking what is needed or what friction needs to be removed to create an environment where one can be the best version of themselves. This is an exercise I strive to perform on a regular basis. Like exercise, it hasn’t been part of my routine but something I strive to do more of.

I am going to go back and revisit the lessons on negotiations. It’s a skill I really wish I could be better at and feel that I only scratched the surface. I do recall that negotiation is not zero sum where there is a winner or loser or a midway compromise where no one is happy. I aspire to be able to negotiate where everyone walks away satisfied.

In summary, the SMLA experience was so different from what I expected. I thought I’d walk away with leadership skills like how to develop and execute a vision with the SI project. What I learned was that the SI project was a vehicle for learning leadership skills irrespective of the outcome of the project. The final product of my SI project was developing a leadership mindset. SMLA was a priceless investment in me as a person and a leader. The connection to peers within the School of Medicine and leaders across the enterprise was an unanticipated bonus that contributed to my personal and professional growth. My advice to others who are contemplating leadership development is, “Just Do it!”. Make the time to learn and reflect. Build in the white space then extend it because you’ll want more.

Kathleen Poston, MD

Professor of Neurology & Neurological Sciences
Chief of Movement Disorders Division



Dr. Poston is a clinician scientist and the Edward F. and Irene Thiele Pimley Professor in Neurology and Neurological Sciences. She is the Director of the Movement Disorders Division at Stanford University, Director of the Stanford Parkinson’s Foundation Center of Excellence, Co-Director for the Stanford Lewy Body Dementia Association Research Center of Excellence, and Director of the Sue Berghoff LBD Research Fellowship. She serves on the Executive Steering Committee for the Michael J. Fox Foundation sponsored Parkinson’s Progression Marker Initiative, the landmark initiative that has become the most comprehensive study of longitudinal biomarkers in Parkinson’s disease. This study identified the first validated biological marker to objectively diagnose Parkinson’s disease and developed the first biological definition and integrated staging system for Parkinson’s disease, redefining the field and revolutionizing the landscape of clinical trials.

Dr. Poston’s research seeks to understand and develop biomarkers for the motor and non-motor impairments that develop in patients with Lewy body diseases such as Parkinson’s disease and dementia with Lewy bodies. Her lab uses functional and structural imaging biomarkers, along with biological and genetic biomarkers, to study the underlying pathophysiology associated with disease and progression, including the development of dementia. Given her dual interests in movement disorders and dementia, she also holds an appointment in the Memory Disorders division and is a founding member of the Stanford Alzheimer’s Disease Research Center. She has over 100 peer-reviewed research publications and is funded by the NIH, the Michael J. Fox Foundation for Parkinson’s Research, and the Alzheimer’s Drug Discovery Foundation. She is assistant editor at Annals of Neurology and associate editor at Movement Disorders.

Dr. Poston received her Bachelor’s of Science in Bioengineering at the University of Pennsylvania, her Master’s Degree in Biomedical Engineering and her MD at Vanderbilt University. She completed her Neurology residency training at UCSF where she was co-chief resident, and she completed a fellowship in clinical Movement

Disorders at Columbia University and post-doctoral research fellowship in Functional Neuroimaging at the Feinstein Institute.

She has been at Stanford since 2009 and her favorite Bay Area perk is being able to swim outdoors year-round.

Dr. Poston’s Reflections on the Stanford Medicine Leadership Academy

Impact:
The impact of SMLA has been immense. One particularly impactful aspect was the seemingly simple process of taking dedicated time to focus on leadership skills and personal growth. I’ve not only embraced the value of taking that dedicated time, but now I have a whole tool chest of techniques to leverage when I take time in the future. I also appreciate how hard leadership can be at times, but I feel far more equipped to do the hard stuff better.

Insights/Lessons:
One insight has been realizing that leadership isn’t necessarily about having a title. Rather, leadership can be part of how you approach any number of situations and tasks within any job you assume. For instance, I’ve always had an eye on the big picture and a vision for what I am working on, but what SMLA taught me was how to express that vision better to others and how to create a vision that others see themselves being part of and can contribute to. That is one form of leadership.

I also learned that communication is not just presenting your ideas or speaking with clarity, but it’s also how to listen better. A part of that is how to probe with better questions and then how to create space for others to think about things and explore their own ideas.

Finally, I learned to be open to learning about new leadership opportunities. Even if at first, I don’t see myself in a particular role I can be curious about it and feel comfortable learning more.

Views of Leadership:

I’ve learned that in many ways, leadership is about service. Prior to SMLA I had not viewed leadership quite like that. I always saw leadership as the person in the front of the room, but sometimes it’s the person finding ways to get other people in front of the room. It’s about finding the best way to help the group attain collective goals, regardless of what recognition you get or what’s in it for you. And other times its about finding ways to enable people to find their own success. But a service-oriented vantage point is often the theme.

Changes in My Own Leadership:

I’ve learned to slow down and create space for others in my ideas. This is most important so that I can Listen, Listen, Listen. I’ve always felt that it was important for everyone to have a voice, but I see that my bias towards action can sometime, inadvertently, keep people from expressing their thoughts. I have much better tools now to make sure others have the space to understand what I am thinking and that they have a voice to let me know what they are thinking before moving full steam ahead.

I’ve also learned to have more flexibility in my leadership. Drawing on my strengths is not always the best thing for every situation. Some situations require a different approach that might not be as natural for me. I’ve been able to work with my coach to develop some of these alternative approaches and identify situations where a unique approach might be more effective. I hope to continue to gain familiarity and comfort trying different leadership styles, so I can more readily adapt to what is most appropriate in real time.

Strategic Initiative:

My Strategic Initiative launched the LB-SPARK initiative, a Scientific Partnership Advancing Research and Knowledge in Lewy body diseases. An overarching goal was to bring collaboration and alignment between different groups of people across the University, who are studying Lewy body diseases, which includes both Parkinson’s disease and dementia with Lewy bodies. The initiative creates opportunities to bring people together from different areas of the science and clinical medicine so there is are fewer barriers to working together to progress our understanding of and treatments for people living with Lewy body diseases.

After talking to key stakeholders, we chose to leverage a longitudinal observational Lewy body disease cohort to drive key collaborations. There is often a barrier between basic/ translational neuroscientists and human samples/data from people with Lewy body diseases. We began to close that gap by creating a research cohort of participants from whom we will bank key research resources, such as blood, CSF, fibroblasts, and accompanying clinical data. We now have IRB approval, two clinical research coordinators, and a clinical faculty to oversee the sample and data collection. These efforts have spurred on two multi-disciplinary grant proposals, and one is already funded! The next steps are to go back to stakeholders

and show what we have to offer, starting at the Knight Initiative for Brain Resilience Symposium on Lewy body disease in January 2024.

One major lesson learned from the Strategic Initiative was how to create urgency around a goal, but also be patient as the project unfolds. Bringing people together takes time and input to understand their needs and expectations. I learned to take more time than I am used to in order to share and listen to ideas before formulating a plan. Because this process took longer than I had imagined, I’ve also learned to account for these steps better when generating timelines.

I’m really excited to see how the LB-SPARK initiative evolves next! Serendipitously the field of biomarkers in Lewy body diseases has been rapidly advancing. As a contributor and co-author on the newly developed biological definition and integrated staging strategy to advance therapeutic development in Lewy body diseases, the LB-SPARK initiative places Stanford at the forefront of research and development in the field.

Learning About Leadership:

The best part of SMLA are the people! Geno, my coach, and everyone in the cohort were amazing to work with – I’m so grateful for the opportunity to know all of them and to have had the chance to learn from all of them. The peer consultations were one of the best experiences. They were an incredible time for reflection and seeing challenges in new ways, but also realizing my challenges were not as unique as I thought. I learned a tremendous amount from how others approached similar problems. Seeing the situation from many other angles – and having people you trust to help you understand your blind spots. I will cherish the comradery.

I had no idea what it would be like to work with a coach. To my surprise this opportunity ended up being one of the biggest areas of growth for me personally. I’ve learned how to reframe situations when I feel stuck, how to prepare better for difficult situations or conversations, and how to better reflect on experiences that didn’t go according to plan.

I really enjoyed the different speakers from within Stanford. I liked being able to understanding the infrastructure of the leadership within the SOM. That has been very important to better understand the larger enterprise, where things are going, and what is possible for my own leadership potential.

A highlight of SMLA was taking the time to reflect and learn during the 360. I was especially thankful for the time and honesty people put into it. It was great to be able to work with my coach to realize that there were things that I could work on, but they were more shifts rather than completely doing things a different way. I feel like I have a better approach to digesting feedback and incorporate it into my actions, while staying authentic to who I am.

I thought SMLA would be more didactic style, and the lectures were great, but the heart and soul of the program is the experiential knowledge. SMLA was also more personal and honest than I expected. That was a refreshing realization.

Continued Growth:

Being authentic is very important to me, and I hope that my leadership journey continues to explore how I can embrace authentic leadership as best as possible. I look forward to continuing to work with a coach on this, as I have found talking and reflecting is incredibly helpful. I also aspire to bring my best self to every interaction at work and at home, but particularly anytime I am in a position of leadership. While this is not an attainable goal, it is a worthy aspiration! I’ve learned to value the self-care and support necessary for me to be my best self, but it’s a daily decision and practice that can be hard to at times when things get really busy.

Topics of Interest:

A topic I am very interested in is how to sustain and positively grow culture as the enterprise grows – and changes. Creating culture in small groups is one thing, but scaling that in a multitiered organization is quite another. So much of what happens in an organization is reflective of the culture, and change is practically impossible if it is orthogonal to the culture. Therefore, culture has to be taken into consideration, but fostering that culture during any kind of growth or change is a challenge.

It is also interesting to me that integrating clinical, research, and education is foundational to every academic medical center, yet this also seems to be the core challenge and stumbling block for academic medical centers. Most physicians went into medicine with a passion across these three areas, but real-world implementation on an organizational level is the source of so much conflict and negativity. Stanford Medicine is no different in this challenge, and perhaps it is even more of a challenge here because we set the bar so high for excellence in each area. But addressing the tension between the clinical, research, and education enterprises is critical for success.

Future Leadership:

Because of this experience I have this leadership resource bag at my disposal that I can go to in different situations and see, what from SMLA can help me here or help me there. I look forward to the day when I realize I’m using something that I gained from this experience, which I never could have expected would have been pertinent for me.

Most importantly, because of SMLA I don’t have constraints on where I see myself five years from now. I don’t necessarily have a clear plan, but rather I have an open eye toward opportunities as they present themselves.



Lisa Rogo-Gupta, MD

Clinical Associate Professor of Obstetrics & Gynecology
Clinic Chief, Gynecology Service Line

Dr. Rogo-Gupta is a urogynecologist and Associate Division Director of Gynecology and Gynecologic Specialties, Clinic Chief of the Ambulatory Gynecology Service Line, and Well-Being Director for the department of Obstetrics and Gynecology.

In her current roles, Dr. Rogo-Gupta seeks to incorporate physician well-being into strategic decisions impacting all parts of the academic mission—clinical care, education, and research. She is particularly proud of operational changes to increase efficiency, improve specialty care access, integrate digital health, and improve patient and physician experience. Under her leadership gynecology was recognized as one of the TOP 10 patient experience drivers across the enterprise. Dr. Rogo-Gupta is passionate about teaching and mentoring and has received numerous awards throughout her career and enjoys lecturing locally and abroad.

Dr. Rogo-Gupta’s experiences in clinical operations and medical education have given her a unique perspective on faculty development needs at academic medical centers. She is actively involved in the design and implementation of department-wide programs including mentorship and coaching, critical event support, faculty didactics, and the Obstetrics and Gynecology Stanford Network for Advancement and Promotion program.

Dr. Rogo-Gupta proudly joined Stanford in 2013 following residency at Columbia University and fellowship at the University of California, Los Angeles, where she also completed the NIH K30 Graduate Research Training Program. Dr. Rogo-Gupta’s research interests include surgery outcomes and institutional and national levels and her work has been widely published and recognized by the American Board of Obstetricians and Gynecologists. She currently serves on the Editorial Board of her specialty journal, Urogynecology.

Dr. Rogo-Gupta is a native Californian who enjoys being her husband’s sous chef for their weekly 25-person family

dinners and crafting with their two daughters. Dr. Rogo-Gupta dedicates her career to her grandmother with whom she shared beliefs in the importance of education and the power of women in the workplace.

Dr. Rogo-Gupta’s Reflections on the Stanford Medicine Leadership Academy

Impact

SMLA profoundly impacted the intersection between my professional identity and personal strengths. Instead of seeing a leadership path with a single destination, I see a series of branching paths where choices take me on a journey to accomplish my overarching career goals. SMLA prepared me to consider options at branching points, assess the best choice for me personally and professionally, and confidently jump in and see where it takes me.

Insights/Lessons

- 1. Leadership journeys are intentionally created. Leaders need a deep understanding of their values, strengths, and styles to inform meaningful choices along their leadership journeys. This understanding is essential to identify opportunities that align with key professional goals and broaden perspectives. Making intentional choices rather than relying on external directives will, over time, allow a leader to end up on the journey they want to take, rather than the journey they believe they are supposed to take.
- 2. Leaders accept how things are “for now” while simultaneously pursuing their long-term goals. As academic physicians we often spend tremendous time and effort on small-scale issues before advancing to a larger scale. While this strategy may work in other settings, it does not serve us well in leadership when navigating the nuances of collaboration across a large organization.

3. Learning how to scope a problem for the near-term so you can have the desired impact in the long-term is essential for longevity in the leadership space. I found my interactions with Dean Minor and Dean Boxer to be particularly impactful in this area.

Views of Leadership

- 1. The leader defines the role, the role does not define the leader. Before SMLA I viewed effective leadership as the ability to execute the requirements of a specific role, and I now view it as the ability to combine my unique skills and experiences into strategies to approach leadership challenges.
- 2. There is space for diverse leadership styles at Stanford Medicine. The first SMLA session completely shifted my image from the leader ‘out in front’ to a style that inspires leaderful followers by working closely together and sharing both our future visions and the hard work it takes to get there.

Changes In My Own Leadership

I will embrace the unknown. As physician scientists we are experts in goal-setting, timelines, and checklists. We repeatedly use the same standard method to ask and answer questions, collect data and share results. We follow in the footsteps of many others who help us to advance at each step. In contrast, as leaders our goals are constantly evolving, our decisions are rarely black-and-white, and many of our resources are out of our immediate control. Learning how to navigate away from the comfortable ‘known’ and journey into the unknown is something very valuable I learned through SMLA.

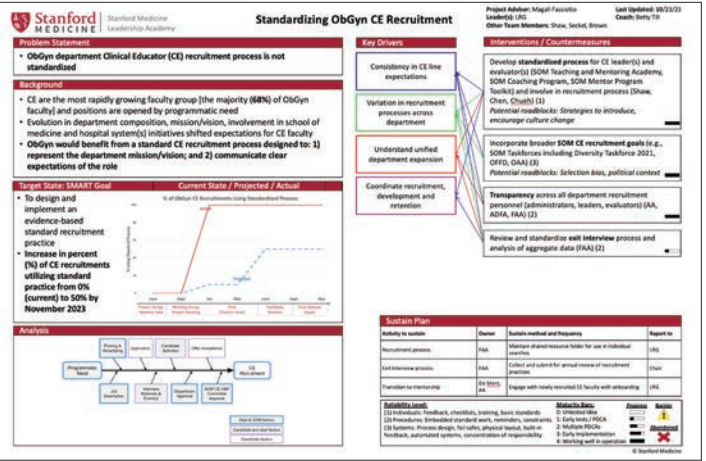
I will help junior faculty progress from an ‘undifferentiated stem cell’ to the differentiated state required to evolve into a successful faculty member. I lead junior faculty who strive for excellence across the three-part mission. They are deeply passionate about delivering high quality patient care, providing inspiring educational experiences, and participating in practice-changing research. While these are all admirable goals, their simultaneous pursuit endlessly swallows time and energy. I hope to inspire faculty to find what brings them joy in this environment and build a career around it.

Strategic Initiative

My Strategic Initiative (SI) is to develop and implement a standard recruitment process for clinician educators in my department. The purpose is:

- 1. To apply recruitment best-practices used across Stanford Medicine
- 2. To recruit diverse individuals who will deeply engage with our mission to advance and transform reproductive health across the lifespan
- 3. To clearly communicate role expectations through a consistent process

Through this work I learned the power of connecting individual roles to a shared mission. My boldest hope for the future is that I can apply this work more broadly across Stanford Medicine. Recruitment is a necessary part of our continued growth trajectory and I would like to support evolution of the recruitment process to represent our values and the responsibilities of clinician educators in our current healthcare and academic environments.



Learning About Leadership

SMLA provided valuable information that jumped above and beyond my earlier professional development experiences. Overall, SMLA is more personal than other leadership programs. Instead of traditional didactics and group work in a one-lecture-fits-all approach, you really focus on taking guiding principles and applying them to your leadership in real time.

Executive coaching taught me to lead from where I am right now. Leadership is a state of mind and a series of behaviors that in turn allow me to define the culture in my sphere. Leaders change the culture through consistent words and actions delivered with an authentic leadership style.

Speakers

- 1. Dean Minor’s visit really connected with me on the topic of how to maintain focus on a future vision and resist derailment by everyday work challenges. As you advance in leadership there is a constant stream of important issues that occur without warning so maintaining focus and accomplishing long-term progress requires intentionality.
- 2. Stanford’s Chief Wellness Officer reminded me that we can use data to help formulate our decisions as physician leaders. As clinicians we use data to drive decisions and we can do the same for teams to drive individual performance and understand behaviors in context.

Interviews

1. I learned the difference between being a woman on a leadership team and being a woman leader. The women leaders I met through SMLA embrace responsibility, take

chances, lead intentionally, and promote diversity in experience and in thought. This deeply resonates with me because advocating for underserved people, equity, and justice is part of my DNA as an Obstetrician/Gynecologist.

2. My fellow faculty taught me that you never reach a point where everything is easy. Everyone still struggles along this journey. Leaders simply get better at doing very hard things.

Continued Growth

I will continue learning about the risks and benefits of toggling between being a surgeon and being a clinician leader. Before SMLA I believed the clinical skills translated directly to leadership, but I learned in SMLA that my leadership path will require an increasing focus on adapting leadership skills and adopting a different mental model. As a specialty clinician/surgeon I am rewarded for efficiently solving problems with consistent results. Repetition coupled with targeted skill development very successfully creates capable clinician/surgeons from a carefully selected pool of bright young aspiring adults. In contrast, as leaders we move away from the ‘clinical known’ into an unknown area and learning the difference between the two frameworks has been the single most important realization of my SMLA experience. I look forward to deepening my understanding of this challenge.

I want to see academic medicine build an environment where people feel valued. As a leader in clinical operations I certainly value output, as each person has a particular role in our healthcare system. As a mentor and well-being leader, I value the professional development and specific characteristics of each member of my team. As I lead individuals across generations and career stages, I would like to align my team across shared values and experiences to support a positive professional environment.

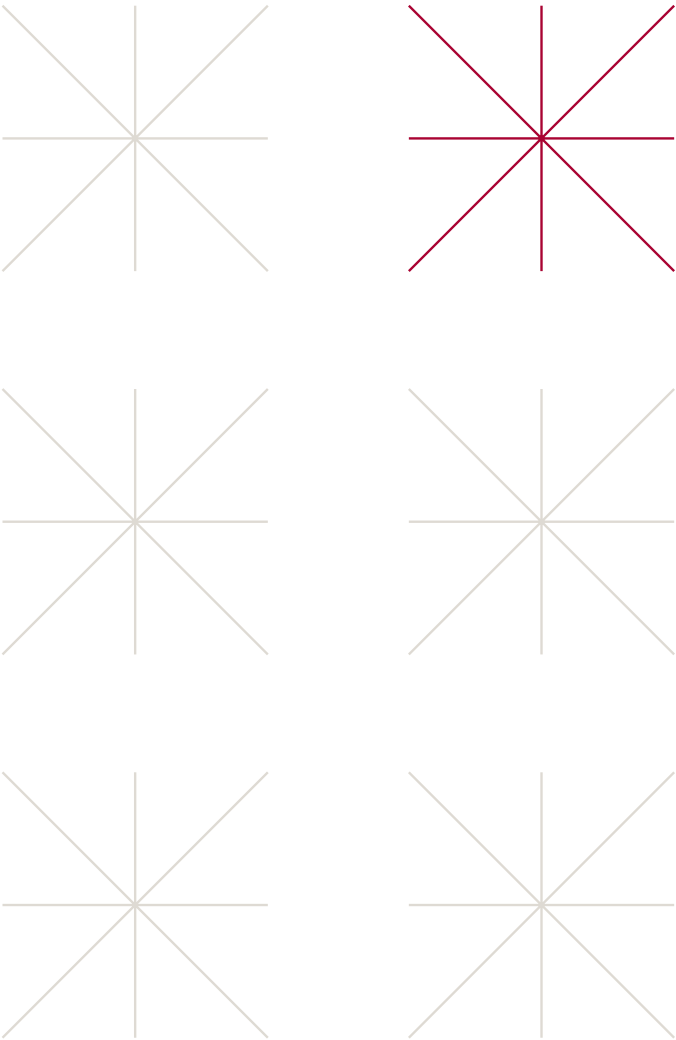
Topics of Interest

Academic medicine faces future challenges with recruiting, developing, and retaining individuals with a range of skills and interests. The first step, recruitment, was the focus of my SI. The second step, development, is an opportunity for academic medical centers to support faculty in the areas they value most. Providing a supportive career development plan can promote longevity in academic medicine and accomplish the third step, retention. Having met like-minded individuals through SMLA I see the potential to collaborate in this area at the intersection of well-being, professional development, and clinical education and I look forward to future partnerships.

SMLA taught me to bring my clinical operations experience to what I hope to accomplish in professional development. I now see career transitions as an opportunity to take what I learned in one role and apply it to the next.

Future Leadership

SMLA has prepared me to follow my leadership path, trust my instincts, and confidently embark on a new chapter at this fork in my career. My experience in clinical operations leadership has given rise to a greater overarching professional goal—to apply best practices in professional fulfillment to strategic decisions impacting all parts of our academic mission (clinical care, research, and education). Clinical operations work requires ongoing evaluation of resources, needs assessments, partnership across organizations, and strategic decision making to address opportunities and accomplish goals. Through this process I realized that missing from the conversations about patient experience, access, and financial stability was the impact of those decisions on our most valuable resource: the physician. We cannot be successful in sustaining a top-tier healthcare experience without explicitly supporting professional fulfillment.



Michael J. Rosen, MD, MSCI

Professor of Pediatrics (Gastroenterology)
Director, Children’s Health Center for IBD
& Celiac Disease



Dr. Rosen is a pediatric gastroenterologist and physician scientist who has been devoted to advancing inflammatory bowel disease (IBD) research and care for over 20 years. He is the inaugural Stanford University Endowed Professor for Pediatric IBD and Celiac Disease. He is also Director of the Stanford Medicine Children’s Health Center for IBD and Celiac Disease, which has achieved nationally leading clinical outcomes under his direction.

Dr. Rosen’s research expertise crosses mucosal immunology and epithelial biology and clinical and translational investigation. His NIH-funded laboratory has demonstrated the protective role for type 2 cytokines in chronic intestinal inflammation and advanced intestinal organoids as a model to study IBD. His clinical research has demonstrated how proactive therapeutic drug monitoring can be incorporated into clinical practice to optimize ant-TNF therapy treatment response. Dr. Rosen recently led the multicenter ARCH Study, which demonstrated the importance of intensified anti-TNF drug dosing in pediatric acute severe ulcerative colitis. Presently, he is co-principal investigator for the Crohn’s & Colitis Foundation’s Cohort for Pediatric Translational and Clinical Research in IBD (CAPTURE IBD) which will advance precision medicine for children with IBD.

After graduating from Duke University, Dr. Rosen attended Harvard Medical School, followed by pediatrics residency at Boston Children’s Hospital and Boston Medical Center. He pursued his pediatric gastroenterology fellowship at Vanderbilt University Medical Center, where he received a Master of Science in Clinical Investigation. He started his faculty career at Vanderbilt and then moved to Cincinnati Children’s Hospital and the University of Cincinnati College of Medicine. There he rose to Medical Director of the Schubert Martin IBD Center and Associate Director for Faculty Development in the Gastroenterology division before moving to Stanford in 2021. Dr. Rosen serves on the editorial boards for the journals Gastroenterology and Inflammatory Bowel Diseases and the

National Scientific Advisory Committee for the Crohn’s & Colitis Foundation.

Outside of work, Dr. Rosen enjoys spending time with his wife and two children at their activities, watching movies, downhill skiing, and getting outside.

Dr. Rosen’s Reflections on the Stanford Medicine Leadership Academy

Impact

SMLA has given me a new lens through which to view leadership and entirely altered my perspective. The most relevant comparison is the foundational change in how I viewed research after completing a master’s degree in clinical investigation (MSCI). Prior to my MSCI degree, I skipped to the results and discussion when reading a research paper. Since the MSCI degree, I now spend most of my time digging into the methods section of a paper to critically appraise how the investigators achieved their results and to learn the best approaches to apply to my research. After all, you can only truly understand what the results of a study mean and how the investigators got there, by deeply studying their methods. In a very similar way, I previously overweighted my evaluation of leaders by the results they achieved. Although a leader may grow a department, philanthropy, or extramural grant funding, those outcomes alone tell me nothing about how I could replicate such results or if the methods favored short term gains over sustainable success. Now, after SMLA, I study leaders for their methods. How do they present themselves? Build relationships and trust? Enable and motivate others? Manage conflict and react to world events? Just as my MSCI training created a new space in my brain to continuously contemplate research, SMLA built a place to study and appraise leadership - a place where I compare leaders, sample effective behaviors that align with my values, and that seeks new data and perspectives on leadership, and where I am self-reflective about my leadership.

I learned innumerable valuable lessons on leadership through SMLA. I will share three here and how my perspectives and behaviors have changed as a result of these lessons. The first is the fundamental importance of building relationships and is best reflected a quote by American poet and civil rights activist Maya Angelou, that was shared in an early SMLA session.

People will forget what you said. They will forget what you did. But they will never forget how you made them feel.

As a logical and outcome-oriented person, I had to wrestle with the meaning of this quote because it implied the need for a shift in how I focused my interactions with others. SMLA taught me the importance of being aware of the effect you are having on others, and that, as a leader, every interaction you have with someone is an opportunity to strengthen that relationship, build trust, and garner respect. I learned that for each person, I must understand what their needs are, how do they best process information, make decisions, and approach the world. Moreover, I must use this assessment to adjust the way I interact with them. I've learned to limit "getting straight to business" and have greater appreciation for the value of "small talk" to get to know people on a personal level. I am more conscious about exploring what I can say to make people feel valued, feel empowered, and feel effective.

Another valuable lesson I learned, is that there is no single personality type that is most fit to lead. I previously thought that confidence, clarity, and decisiveness were the hallmarks of strong leadership. I've learned that introspection and self-doubt or second guessing are not only acceptable at times, but these behaviors can be a strength. They can enable leaders to learn from mistakes and timely change course when the tides change, or initial strategy is flawed. With this understanding, I became more confident in my aptitude for leadership and embraced feelings of imposter syndrome as normal, and even valuable at times. A corollary to the lesson that no personality type is best for leadership, is that effective leaders must be aware of the ways of thinking and approaching the world that are less well developed for them. Therefore, I am working to exercise the aspects personality that come less naturally to me so I may recruit them to them as the individual or situation requires.

The third lesson I will highlight was to reframe my thinking around problems. People will come to expect their leaders to fix their problems, and I learned we must resist that reflex at times. In fact, jumping to solve problems can limit solutions and inhibit individual and collective success. I learned that a leader's job is to enable those they lead, connect them to the right people, and create an environment where people are empowered and fulfilled because they can solve problems for themselves and in the service of the mission. According to the theory of adaptive leadership, this work requires careful modulation of a tonic level of tension that drives growth of the people one leads. I've also learned to appraise problems from new angles and start with questions rather than solutions: What is the opportunity

in this problem? Who does the perpetuation of the problem serve and why? Is the problem even important enough to solve? The work of leadership is not to independently generate all the solutions for an organization, but to cultivate a solution-driven organization. Therefore, I now pause before offering a quick solution to a complicated problem. I ask myself and those I work with these questions, think about how I can remove barriers for people, and coach them to work through the problem, or better yet, "the opportunity".

Strategic Initiative

I had the privilege of joining the faculty at Stanford in August 2021 to build and direct the new Stanford Medicine Children's Health (SMCH) Center for IBD and Celiac Disease, which is supported by a transformative philanthropic gift. I started only 8 months prior to the start of SMLA and was entrusted with an ambitious mandate. In truth, I was simultaneously embarking on multiple strategic initiatives including an intramural grants program, building a robust data and biorepository shared resource, and elevating care quality and patient outcomes. I decided to focus my SMLA strategic initiative on improving care quality and outcomes for two reasons. First, such an initiative would advance the mission of Stanford Medicine tangibly and in the near term by improving human health. Second, to be successful, I would need to garner influence across heavily matrixed organizations of the School of Medicine and SMCH, and this would be a major developmental opportunity for me.

In believe that each child we care for with IBD deserves the best outcome possible. Therefore, the goal of my strategic initiative was to elevate the outcomes of our IBD patients by igniting collaboration between two culturally distinct SMCH pediatric GI practices in improvement science and collaborative learning. SMCH providers care for 700 children with IBD within two distinct practice organizations, the Faculty Practice Organization (FPO) and Packard Children's Health Alliance (PCHA). PCHA is comprised of four pediatric GI practices across the San Francisco Bay Area. Our goal was to create a sustainable system that maintains the number of pediatric IBD patients in corticosteroid-free disease remission above 80%.

Between 2021 and 2023, we increased the percentage of children with IBD we care for in clinical remission from 58% to 84%. This translates to 150 more children we care for feeling well at any given point in time. Moreover, between 2022 and 2023, we increased the percentage of children in sustained clinical remission (feeling well for 1 year without relapse) from 34% to 55%. We achieved this goal through several interventions. Dr. Rachel Bensen, our IBD Quality Improvement (QI) Lead, convened a QI Counsel including PCHA administrative and physician leadership to establish a coalition and joint vision. We created an electronic outcomes dashboard and disseminated outcome reports to individual providers monthly. We also developed formal guidelines for the optimal use of biologic drugs. Another key intervention was the

gathering of standing joint FPO/PCHA population management meetings to review patients not in remission together and provide feedback and suggestion on care strategies.

Through leading this strategic initiative, I learned about the importance of building a coalition early in change management and how a deep understanding organizational structure and culture must inform the strategy. Regarding coalition building, I was advised by some to have measured expectations regarding the success of a strategic initiative that relied on collaboration between the very different FPO and PCHA practices. However, when we came together as equals with our ears and minds open, we found that our common mission to provide the absolute best care and outcomes to our patients was much stronger than our differences. We received particularly positive feedback from PCHA physicians about our joint population management sessions, where we provide advice to each other on the care of patients with the most challenging disease or psychosocial barriers to good health. Another key learning came when expanding my understanding of the structure and culture of the organizations led to key breakthroughs. I was struggling to identify a staff leader for quality improvement within our Center. My initial push for nursing leadership in this role, based on my experience in my past institution, was meeting significant resistance. My SMLA strategic initiative advisor, Stephen Roth, had deep knowledge of the structure and culture of the School of Medicine and SMCH as a former Division Director of Pediatric Cardiology and former Interim SMCH Chief Quality Officer. He recognized the role I needed within SMCH and connected me to the current Chief Quality Officer. This connection led to the hospital hiring a fantastic Quality Advisor for our Center, who is accelerating this strategic initiative. Another example of the importance of understanding structure and culture came after frustrations in our inability to analyze our outcomes data to identify care gaps. It took some time, but after inquiring about the barriers in a one-on-one meeting with our Clinical Effectiveness Analyst, he told me he knew what we needed but he was denied access to such tools in his role. Our requests to grant him access to the data sources and tools were denied. Only after learning about the Divisions involved in these policies and their interests did we discover that the Chief Analytics Officer was entirely invested in supporting our goals. We then followed a very open path of collaboration with the Analytics Department. Now unhindered, and strengthened by this collaboration, our team members applied their unique talents to build a sophisticated outcomes dashboard that surpassed my imagination. In summary, our ability to reach an exceptional outcome depended upon timely engagement of key stakeholders and learning the institutional structure and culture.

Moving forward, we are raising the bar. Our new target is to increase the rate of sustained clinical remission to over 65%. We will maintain and improve our current interventions and focus on two new areas. First, we are standardizing best practices for therapeutic drug monitoring and establish

systems to make it easier for providers to follow them. Second, we are assessing racial and ethnic disparities in our outcomes and health resource utilization and will implement an intervention to improve such disparities. Our QI Lead, Rachel Bensen, secured a grant from the Gut It Out Foundation to advance this health care equity work. By achieving these goals, we will have nationally leading outcomes for children with IBD and will bring our experience back to our national QI learning collaborative (ImproveCareNow) to disseminate our experience to pediatric IBD centers across the country.

Learning About Leadership

I entered SMLA with the expectation it would teach me leadership skills, when really it taught me how to think about leadership. As my 18 months of SMLA comes to an end, I appreciate that this is just the beginning a lifelong leadership journey of learning and self-discovery. The SMLA experience pulls from disciplines as diverse as performance, personality, negotiation, and finance. Lectures, readings, interviews, peer-counseling, retreats, and interactive sessions all complemented and built upon one another to fundamentally change my approach to leadership. The absolute highlight of the experience was becoming close to the exceptional faculty in the cohort. We learned from each other's strengths and experiences, counseled each other on leadership, and supported each other. As a relative newcomer to Stanford, I am so grateful to now have this exceptional peer network to lean on in the future. Another part of the program that will stay with me is the interviews with industry and academic leaders of my choosing. Coming at the end of the program, this experience reinforced for me the concept that leaders come in many forms. I had several intimate conversations with leaders in research or academic medicine I knew or had worked with and valued the opportunity to look "underneath the hood" and learn how they approached their exceptional leadership.

I came to Stanford with a mandate to build a world class clinical and research center for children with IBD and Celiac Disease and I am certain I will be a much more effective leader in this effort after SMLA. I endeavor to apply SMLA learnings to create an environment that nurtures the talent and success of my team and attracts the brightest new members with similar values. Such an environment for the Center will lead to the best outcomes for patients. Regarding future leadership opportunities, SMLA has lifted any ceilings I may have previously imposed on myself. I still have important work to do in my current role, but when the time comes to contemplate a next step, the question I ask myself will be the same as when I moved into this role, "Will the role allow me to have a greater impact on the health and wellbeing of children?"

Daniel L. Rubin, MD, MS

Professor of Biomedical Data Science,
Radiology & Medicine



Dr. Rubin is Director of Biomedical Informatics for the Stanford Cancer Institute and Director of the Scholarly Concentration in Informatics and Data-Driven Medicine. He is a Radiologist and data scientist. His NIH-funded research program focuses on artificial intelligence (AI) in medicine with emphasis on quantitative imaging, integrating images with clinical data, and mining these Big Data to discover imaging phenotypes that can predict disease biology, define disease subtypes, and personalize treatment. A particular interest of his lab is leveraging the real-world evidence embedded within electronic medical records data through the use of natural language processing and AI methods for discovery, to guide care, and to enable post-marketing surveillance.

Some of his lab's key contributions include discovering quantitative imaging phenotypes in radiology, pathology, and ophthalmology images that identify novel clinical subtypes of diseases such as glioblastoma, age-related macular degeneration, and solid tumors that help to determine treatments and improve clinical outcomes.

Dr. Rubin is a Fellow of the American College of Medical Informatics, Fellow of the American Institute for Medical and Biological Engineering (AIMBE), and Distinguished Investigator in the Academy for Radiology & Biomedical Imaging. He has published over 350 peer-reviewed scientific paper and pending patents on 10 inventions. He particularly enjoys his role as a mentor to students at all levels, from high school to post-doctoral fellows.

Dr. Rubin grew up in Los Angeles and completed undergraduate, medical school, Radiology residency training, and graduate school at Stanford. He lives in Palo Alto with his wife and in his spare time enjoys classical music, photography, and cooking.

Dr. Rubin's Reflections on the Stanford Medicine Leadership Academy

Impact:

Medical education prepares a physician for a career in patient care, research, and teaching, but the typical curriculum lacks instruction in leadership for academic medicine. The Stanford Medicine Leadership Academy (SMLA) has filled that void by providing me with intensive and comprehensive training in leadership. I gained insights and skills to become a more effective leader that include observation, active listening, strategic communication, soliciting feedback, partnership, and collective empowerment. This growth was spurred by the program's emphasis on self-reflection, experimentation, peer consultation, and learning in a highly supportive environment.

Through the opportunities to hear from and interview leaders across Stanford Medicine, I gained a deeper understanding and broader picture of the Stanford enterprise and the diversity of leadership approaches. As researchers and physicians, we often focus only on the work within our own laboratories and in our clinical practice. We interact mainly with colleagues closely aligned with our work. This results in our being siloed, with limited opportunity to explore the broader university environment and make connections with people pursuing complementary activities. SMLA helped me to broaden my network by introducing me to new colleagues in other departments and in different leadership roles. It has also connected me with 14 other amazing faculty in the program with whom we shared camaraderie and growth throughout our leadership journey.

Insights/Lessons:

A valuable lesson I gained from SMLA is that there is no single formula for successful leadership. Great leaders vary in their leadership style and personality. Their leadership is not simply about having a great vision. It is about relationships, communication, listening, reflecting, and engaging teams.

Leaders inspire and empower people to bring their creative energies to advance the mission of the enterprise.

Another insight for me is how to leverage the talents of a team—to use delegation not only as a tool for scaling up initiatives, but also as a strategy that fosters ownership and professional advancement of team members. Leadership is about service at multiple levels: service to accomplishing initiatives, promoting the development of people in the pursuit of excellence, participating in realizing the mission of Stanford Medicine, and ultimately benefitting the community.

One of the most gratifying experiences of being a leader is to promote the professional advancement and personal growth of trainees and colleagues.

Views of Leadership:

I previously believed that the qualities of a great leader were inborn—that these individuals possess inherent characteristics that make them effective, such as being extroverted, charismatic, and having a gravitational pull that attracts others to follow their vision. I now recognize that each leader can leverage their talents and style through self-reflection and peer feedback. SMLA introduced leadership as a teachable discipline, with lessons and skills we can learn and refine continually throughout our careers. I have learned to tap into my own personal strengths and bring my unique abilities to leadership.

I no longer view leaders as people with all the answers. The leadership interviews highlighted that leaders often do not know the answers, and they frequently have uncertainties. Leadership involves noticing, asking questions, reflecting, and engaging people to participate in collective problem solving. Leaders may at times even share some of their uncertainties, which provides transparency and builds trust.

Changes In My Own Leadership:

I spend more time listening to and thinking about my stakeholders as well as my team. Instead of always being the one to solve problems, I “spend more time in the balcony instead of on the dance floor,” looking at the bigger picture instead of always in the weeds and encouraging people to bring potential solutions that we discuss. This provides them more autonomy, a greater sense of ownership, and it fosters trust. I spend more time noticing, reflecting, and showing appreciation. I also balance the time spent in making progress on organizational objectives with identifying opportunities to advance the growth of those with whom I work.

Strategic Initiative:

A major challenge for students entering graduate training in biomedical science at Stanford is that they are often not familiar with the faculty and thus have difficulty finding suitable research mentors. Given the enormous size of the Stanford faculty and their diverse research, it is daunting for

incoming students to identify faculty who will be good matches to their research interests. The goal of my strategic initiative was to develop a system, integrated into the Community Academic Profiles (CAP) system at Stanford, to enable students to more easily find faculty whose background and research match the interests of the student, and who could be potential research mentors.

I engaged stakeholders including faculty, students, and a leader of graduate education at Stanford who affirmed the need for such a system and defined its requirements. Working with a computer scientist, we collected detailed information about our bioscience faculty, including their department, scientific background and research interests. We built a prototype system that enables students to identify potential biomedical faculty research mentors that align with their interests. Students enter a narrative description of their research and educational interests, and a list of faculty and description of their research and their projects is returned, ranked according to how well they fit the student's interests. A link to each faculty's lab is also provided.

A challenge that emerged while pursuing this strategic initiative was that the CAP team had pressing commitments and limited resources that precluded using it in the short term. It took more time than expected to identify an alternative infrastructure on which to develop the system; the solution was ultimately to build the system separate from an existing Stanford resource. The next step in the initiative will be to deploy the system on the web to and test it with students, and in the future explore integrating it within the Stanford IT infrastructure.

I learned from this experience the value of imagining alternative scenarios of successes or roadblocks to new initiatives in advance of commencing them so that the factors leading to these outcomes can be dissected, understood, and anticipated. This enables strategic planning that can avoid derailers. I also recognized the importance of understanding the stakeholder needs and building alliances. This was critical for validating the importance of the initiative and for stakeholder buy-in and participation. Finally, positive change takes time; patience and perseverance are needed as progress is made incrementally.

Learning About Leadership:

Geno put together an amazing learning experience that trained us in many aspects of leadership through an experiential program of skills development, networking, one-on-one coaching, peer consultation, and learning through leading. One of the best experiences in SMLA was interviewing senior leaders in a variety of roles in Stanford Medicine and in industry. This gave me a unique opportunity to talk candidly with different leaders about their insights into the ingredients for leadership success. They vary a great deal in their leadership style, and there is no single formula for being an effective leader. They shared their successes as well as challenges and uncertainties.

Leaders do not always have all of the answers—they are patient and gain insight through listening and probing. The talks by invited speakers provided an invaluable opportunity to better understand the complexity of the Stanford Medicine enterprise and how leaders get things done.

I benefitted greatly from working with my executive coach. Therese inspired reflection and growth, which led me to see new ways to address challenges. Through our conversations, I gained valuable insights into strategy and team management.

The 360 survey was particularly valuable by shining light on my personal strengths and revealing areas where to focus my energy for continued growth.

The peer consultations were a very special part of learning in the program. My SMLA fellow faculty and I discussed and developed leadership skills and grew professionally and personally together. I learned a great deal from them about other departments and how to advance initiatives within the complex ecosystem of Stanford Medicine. We became a cohort of trusted colleagues who support and inspire each other in our leadership journey.

Continued Growth:

I look forward to building on all that I have learned about leadership in this program. I will strengthen my skills as a mentor of trainees in their scientific work and promote their growth and development, as well as that of my colleagues. I am inspired to continue learning by tapping into the tremendous leadership resources that SMLA has provided. I also look forward to continuing consultations with my SMLA peer faculty to enhance my learning and support their growth.

Topics of Interest:

A challenge I am interested in addressing is improving Radiology trainee education by developing approaches to collect and deliver teaching material more effectively. The Radiology trainees in Stanford Medicine learn by seeing imaging cases and getting feedback on the correctness of their findings and diagnoses. However, it is time consuming for faculty to compile teaching cases. I am developing software that collects teaching information about cases and is integrated into the Radiology workstation. This will enable faculty to collect teaching cases as part of their routine clinical workflow. As teaching cases are accumulated, the trainees will be able to access them and test themselves, and thereby improve their clinical acumen.

I am also interested in developing ways of leveraging the vast amount of historical patient data to enable training AI tools to improve radiology interpretation. As teaching cases are collected with detailed information about patient history, diagnosis, and imaging findings, these data could be leveraged to train AI models that could provide decision support and ultimately improve patient care.



Joshua Salomon, PhD

Professor of Health Policy

Associate Chair for Academic Affairs & Strategy



Joshua Salomon is a Professor of Health Policy and founding Director of the Prevention Policy Modeling Lab. Trained in health policy and decision science, Dr. Salomon leads multidisciplinary research teams dedicated to producing rigorous, actionable evidence to improve the public’s health and reduce health disparities. His work — supported by the National Institutes of Health, Centers for Disease Control and Prevention, and the Bill & Melinda Gates Foundation — combines data synthesis and mathematical modeling to measure and forecast health outcomes and evaluate public health programs and strategies, with particular emphasis on infectious diseases. He has spearheaded methodological innovation in measurement and valuation of health, infectious disease modeling and forecasting, and cost-effectiveness analysis. His applied modeling work on HIV/AIDS, tuberculosis, viral hepatitis, COVID-19 and other major health challenges informs local, state, national and international policies to improve health and wellbeing, particularly among under-served populations in the United States and around the world.

Dr. Salomon established the multi-institution Prevention Policy Modeling Lab in 2014 to conduct health and economic modeling that guides reasoned public health decision-making relating to infectious disease. He has co-authored more than three hundred original peer-reviewed research articles and mentored dozens of graduate and post-graduate trainees in health policy, medicine and public health. Prior to joining the Stanford Faculty, Dr. Salomon served as a policy analyst in the Department of Evidence and Information for Policy at the World Health Organization in Geneva, and as Professor of Global Health at Harvard T.H. Chan School of Public Health. As Associate Chair for Academic Affairs and Strategy in the Department of Health Policy at Stanford, he works on faculty recruitment and development, and leads strategic initiatives to promote interdisciplinary collaborative research, practice partnerships and policy translation.

Outside of work, he is an avid cook and enjoys designing and building furniture that will last for generations.

Dr. Salomon’s Reflections on the Stanford Medicine Leadership Academy

Impact

I am grateful for the privilege of participating in the Stanford Medicine Leadership Academy, which has been profoundly rewarding. It has allowed me to devote time and mental energy to learning and practicing a more deliberate approach to leadership and change, to gain a deeper understanding of the School of Medicine as an organization, and to think strategically about how to drive research toward greater impact on population health.

Insights/Lessons

One important take-away is that effective persuasion and influence and conflict resolution depend as much on how you listen as they do on what you say. Many of the leaders we met emphasized the importance of building a team that complements your areas of strength and supplements your areas of weakness. Embrace feedback from people who will tell you the truth.

Another is that creating change is often better served by finding alignment around core values than by the compelling clarity of a fully-formed vision. The ability to assimilate diverse views and adapt to an evolving understanding of challenges and solutions is a powerful asset for a leader. Effective leadership demands flexibility, humility and curiosity.

Bringing those two insights together, an overarching lesson is to pause and learn, to build a coalition united around values and purpose, and to lead with empathy and earned trust.

Views of Leadership

SMLA has given me a more expansive perspective on leadership. My notion of leadership at the beginning of the program was defined primarily through the lens of organizational roles and responsibilities. Emerging from the

program, I have gained a richer recognition of leadership as a mode of thinking and collaborating to achieve strategic objectives. I also appreciate a more practical understanding of leadership as a set of competencies and practices that can be learned and directed toward bringing together diverse talents to make good on a shared purpose and common goals.

Strategic Initiative

My strategic initiative aims to build a policy translation platform in the Department of Health Policy, with the goal of shortening the path from research to changes in policy and practice that improve health. Key components of the initiative include developing partnership networks, convening people from inside and outside Stanford to create forward movement on important health policy challenges, and fine-tuning our communications strategy to better engage key audiences.

- Some notable achievements related to this initiative have included:
- Successful launch of our Stanford Health Policy Symposium, which attracted hundreds of in-person and online participants and spotlighted outstanding work from our department in the area of health equity;
 - Development of multiple collaborative proposals for research-practice partnerships that can bridge the divide between research and impact;
 - Organization of a series of ongoing conversations in faculty retreats on audiences, goals and partners for translation;
 - Continuing development and refinement of our communications strategy and information products;
 - Consultation with distinguished members of a newly-formed Advisory Council on essential elements of our policy translation initiatives.

The strategic initiative has reinforced the lesson that timetables for change are often ‘lumpy’. Plans and structures should be designed to accommodate unexpected obstacles on the one hand, and serendipity on the other. It is critically important to start by gathering an informed understanding of the different ways that people think about and aspire to creating impact.

I am excited to carry forward the efforts that have been seeded by this strategic initiative, with many of the components continuing to progress. The overall objective of the initiative, to build a robust policy translation platform for Stanford Health Policy, is firmly embedded as a major strategic priority for the department. I look forward to ongoing collaboration with department leadership and faculty to advance this work.

Learning About Leadership

Reflecting on the SMLA program, it has been an exceedingly well-designed, immersive experience that weaves together so many threads of leadership learning, from 360 assessments, to executive coaching, to a curated library of reading materials. Huge credit goes to Geno for creating a program that masterfully combines didactic and experiential learning, blends interaction with introspection, and opens up extraordinary access to leaders at Stanford and outside.

The summer leadership interviews were a powerful capstone to the program. I particularly appreciated conversations with leaders who reflected on their career trajectories as opportunities for lifelong learning. I have been inspired by leaders who embraced unexpected career turns and had the courage to run toward new challenges that sometimes moved them across different sectors and into new arenas for action.

Across many excellent guest speakers, one particularly memorable session drew us toward lessons from the theater, encouraging us to examine how actors present authority and power on the stage, as a reference point for considering how we show up as leaders and connect with people to earn trust and influence change.

Among all the program elements, my faculty peers in SMLA stand out as a distinct highlight. Connecting with other leaders in the School of Medicine has helped open up the terrain of the School to me in a way that I hadn’t been able to traverse previously, especially during three-plus years of a global pandemic. Peer consultations provided practical guidance in navigating challenges and complex situations, as well as opportunities to build new leadership skills – to let down our defenses, to give and accept trust. I look forward, with gratitude, to continuing and growing the professional connections and friendships that I have built through SMLA.

Continued growth

A dimension of leadership that I am excited to explore more intensively is how to harness the power of storytelling more effectively. This has been a persistent challenge in the areas of policy and population health because the work often involves complex data, a high level of technical detail, and multidimensional issues that may not resonate readily with the public. Particular skill is needed to craft narratives that create connection with diverse audiences, while accurately conveying the nuances of policy decisions and health outcomes. Given the high stakes in this arena, it is also essential to avoid oversimplification, misinformation, or misrepresentation. Looking ahead, I am keen to hone skills at communicating in a way that both informs and inspires.

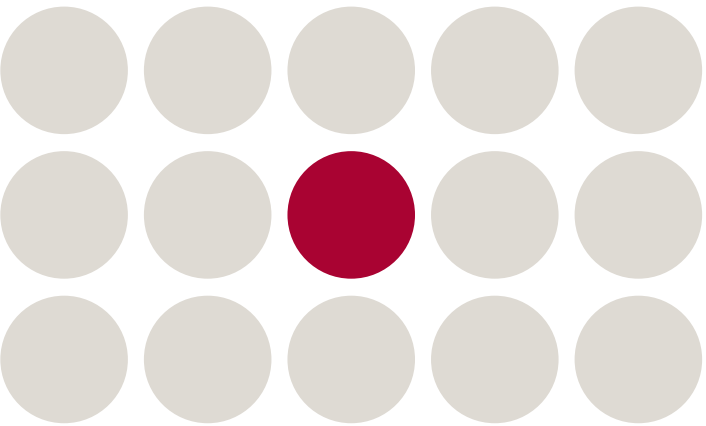
Topics of interest

An array of important challenges derive from Stanford Medicine’s leadership in biomedical innovation. One challenge is to match priorities for innovation to areas of the greatest unmet population health needs. Another challenge is to ensure that technological innovation not only improves healthcare but also narrows rather than widens health disparities. To address these challenges, it will be important to invest in social and behavioral sciences alongside the deep commitment to innovation in biomedical sciences. Doing so will help ensure that breakthroughs in medical technology are accompanied by advances in our capacity to deliver those technologies at scale, in ways that are affordable and equitable. I am excited to contribute to a strong Stanford Medicine response to meet these tests.

Future leadership

Participation in SMLA has broadened my view on the landscape of opportunities to work strategically toward impact on population health, from within academic medicine and through extension of our reach into other sectors. I look forward to putting the lessons learned into practice, to extending this learning, and to sharing it with mentees.

I would like to close by expressing my heartfelt thanks to the many people who made this experience as rewarding as it has been: to Dean Minor and Dean Boxer, to Geno and the SMLA team, to my coach Bill Coy, my advisor Jeremy Weinstein and my Chair Doug Owens, and to my exceptional classmates.



Julia Fridman Simard, ScD

Associate Professor of Epidemiology
and Population Health and Medicine
(Immunology & Rheumatology)

Julia Fridman Simard, ScD, is an Associate Professor at Stanford University, in the Department of Epidemiology & Population Health, as well as Medicine with a focus on Immunology and Rheumatology, and, by courtesy, Obstetrics and Gynecology. She earned a Master’s degree in Epidemiology and a Doctorate of Science from the Harvard School of Public Health, which included essential training in rheumatic disease epidemiology at the Section of Clinical Sciences at Brigham and Women’s Hospital.

In 2008, Dr. Simard embarked on pursued a Clinical Epidemiology Postdoctoral Fellowship at the Karolinska Institute in Stockholm, Sweden. In 2011, she assumed the role of junior faculty within their Clinical Epidemiology Unit. In 2013, Dr. Simard made a significant move to Stanford University, where her contributions and leadership have continued to flourish.

Dr. Simard’s research portfolio is marked by a dual focus. She specializes in clinical epidemiology, with a keen interest in rheumatic autoimmune diseases and pregnancy. Currently, she is at the forefront of two NIH-funded studies. The first study delves into the implications of hydroxychloroquine use in lupus pregnancy, fostering a multidisciplinary approach in collaboration with researchers, patients, clinicians, and epidemiologists across three countries. The second study investigates how misclassification, missed opportunities, and misdiagnosis contribute to health disparities, providing invaluable insights into the field of medicine.

In addition to her research and academic pursuits, Dr. Simard is deeply committed to teaching and mentoring. She has designed courses and curricula for multiple graduate level courses, most recently in reproductive and perinatal epidemiologic research methods. Her dedication extends to nurturing the next generation of scholars, actively mentoring graduate students, clinical fellows, and junior faculty. Dr. Simard’s mentorship is a vital component of her work in the field of epidemiology and rheumatology.



Dr. Simard’s Reflections on the Stanford Medicine Leadership Academy

Impact

The Stanford Medicine Leadership Academy (SMLA) has not only helped me build community within my workplace but has also made me view leadership differently. I now recognize leadership that I have been engaged in and see opportunities to support and sponsor others to lead. I am thinking more strategically and broadly, building more support and structure, and pursuing opportunities with clearer objectives and confidence.

Insights/Lessons:

In work, SMLA has given me the opportunity to reflect on what is, and is not, working. One major insight that I had was realizing how much running a research lab was like running a small business – supporting staff and trainees, strategic planning to ensure sufficient funding over five years, external communications, building coalitions, branding, and so much more. Once that clicked for me, I saw how scientists like me could effectively lead, both locally and beyond.

Another lesson that I have incorporated both at work and outside of work has been to slow down in a difficult or frustrating situation and ask myself: “What is the most generous interpretation I can give the other person in this situation?” It allows me to recognize how little we know about what others are going through, avoid jumping to conclusions, and encourages me to be kinder and more gracious.

Views of Leadership:

I previously viewed leadership, and effective leadership, as a big role held by very few people that felt far off and elusive, often picturing just one or two leaders at the top. When I started challenging that perception, I saw the many ways that people around me were leading, as well as how I was leading. I also now see the opportunities to lead that I may have not noticed or passed up before. This new perspective allows me to recognize the potential scope and demands of opportunities, to prioritize

more effectively, and to find ways to sponsor and support others who may be better suited for certain opportunities.

Changes In My Own Leadership:

Over the last 18 months, I have come to view interactions differently, engage more strategically, and feel more comfortable leaning into my core values and trusting my instincts more.

In the past I have been called a reluctant leader many times. Even though I often step up because I feel compelled to solve problems and deal with inefficiencies, I have tended to shy away from the title of leader. I am now approaching leadership with more confidence, in part because I recognize how much I am already leading, and in part because of the new skills that I have developed.

Strategic Initiative:

My strategic initiative is focused on building a training program in reproductive and perinatal epidemiology, starting with developing new coursework, building an area of concentration in our graduate program, and securing a training grant to support PhD students. There is a lot of great work being done in reproductive and perinatal sciences at Stanford, but training targeted on epidemiology and population health science in this space was sparse. Given the MS and PhD programs in epidemiology and clinical research in my department, there was a clear gap to fill.

Building towards this strategic initiative I launched a new course in reproductive and perinatal epidemiology methods and submitted a T32 training grant to the NIH to support a PhD training program. The course was well attended and well received by students. Just by virtue of having a course devoted to this topic, graduate students came together. Some were passionate about the environment and climate change, others were interested in screening for postpartum depression and intimate partner violence, while others were interested in questions around high-risk pregnancy, the life course, and the overlap of pharmacoepidemiology and pregnancy. Not only did they engage in thoughtful and challenging discussions about research methods, research ethics, and bias, but they connected about one another’s interests and started discussing their own collaborations on research projects. As for the T32, we are waiting for the review and the score. Whether the outcome is a funded application or the opportunity to revise and resubmit, I am excited to continue building this program.

The learning around leading change was particularly relevant here. In some ways building a coalition was easy – there were so many eager contributors and incredibly gracious and generous people who shared resources, time, and ideas. One major challenge was that the scope of the training grant could not meet everyone’s needs. Despite that, building these connections and clarifying our shared interests has fueled more initiatives that can build on one another.

There are multiple goals with this work. Not only are we building a great research training program in reproductive and perinatal epidemiology to support our graduate program in the Department of Epidemiology and Population Health, but we hope that this fuels more initiatives to support myriad trainees in complementary disciplines and brings together amazing scientists to collaborate in training and research.

Learning About Leadership:

I appreciate how my coach, Betty, and I got to know one another as people recognizing the complexity and history behind our behaviors, reactions, and preferences (in life and work). In addition to building off the SMLA curriculum, Betty helped me recognize how to prioritize and communicate more effectively and had a way of connecting things back to my core values. I hadn’t previously spent a lot of time thinking about that, and having someone call it out was helpful. I have heard people talk about their guiding principles or their north star, and these conversations helped to center that for me.

There is a sense of community and support that grew over time, and this was most evident after our overnight retreat. The retreat sessions were challenging but brought us together in a kind and supportive way. Having that foundation of trust, we supported one another constructively. When discussing challenges in peer consults, we learned to talk through alternatives, ask questions, support exploring other sides, and sometimes disagreed. This has made me appreciate a different type of interaction and support and is something that I will miss from our meetings.

Continued Growth:

I want to continue to work on balance and communication. Work can take up all our time if we let it, so I want to improve the balance between work and the non-work part of my life. Within the workplace, I want to learn more about how to balance my preferred working style (scheduling, communication styles, logistics) with the preferences of others. Whether these working styles come from our personality types, work habits, or other experiences, I want to find a way to give others what they need to be more effective as well as communicate my needs and preferences more clearly.

Topics of Interest:

1. Stanford is a vibrant community of scholars, working collaboratively across numerous disciplines, bridging between basic and clinical sciences, dry and wet lab work, and translating from bench to bedside. It is an ideal environment for creativity and innovation, and working on ways to support the future generations of scientists is critical to continue leading in both research and education. I’m interested in how to better fund and support PhD students in the School of Medicine, particularly in programs that are not part of the Biosciences. Funding options are limited and even with research grant support through graduate research assistantships and training grants, caps from the NIH, for example, leave significant

portions of costs uncovered. As a result, we are having to turn down many outstanding applicants.

2. I would love to see expansion of the Well-Being Directors into all the Basic Science Departments and include more of the School of Medicine community in the wellness assessments including staff and trainees. Before COVID I worked closely with Drs. Tait Shanafelt and Mickey Trockel to launch the first non-clinical faculty/scientist survey to assess burnout and job satisfaction among the scientists at Stanford Medicine. Expanding this work to consider unique challenges and stressors of different populations, such as physician scientists, staff, and trainees, could help inform initiatives for many here and improve well-being for the larger Stanford Medicine community.

Future Leadership:

Before SMLA I didn’t see myself as a “leader”, nor as someone actively seeking leadership positions. This was because of my own limited perspective of what that meant. I am now more purposeful and intentional, thinking more strategically about how I lead and what initiatives I want to pursue. I care deeply about research and education in medicine and population health and am looking forward to exploring opportunities to advance impactful research and support the efforts and training of the people involved in that work.

Shreyas Vasanaawala, MD, PhD
Professor of Pediatric Radiology
Division Chief of Pediatric Radiology



Shreyas Vasanaawala is the William R. Brody Professor of Pediatric Radiology & Child Health. He serves as the Radiologist-in-Chief for Stanford Children’s Health and the Chief of Pediatric Radiology at Stanford University. He has recently recruited multiple outstanding new faculty to the pediatric radiology division at Stanford, grown the pediatric imaging clinical portfolio, and built a dynamic translational data sciences group.

Shreyas has a passion for improving pediatric health. He leads an NIH-funded multidisciplinary research group focused on developing fast and quantitative pediatric medical imaging methods. He has transformed the practice of pediatric MRI through a range of innovations, making it safer, more accurate, and more available. The group’s accomplishments include development of new medical imaging hardware, new pediatric-friendly image acquisition methods, novel image reconstruction approaches and unique strategies to image analysis. These endeavors have led to the creation of high density flexible pediatric specific MRI receiver coils, the first routine clinical use of innovative compressive sensing and deep learning medical image reconstruction methods, comprehensive rapid physiologic and anatomic imaging of congenital heart diseases, and the routine ability to obtain high resolution pediatric images with reduced anesthesia. These suites of technologies specifically tailored to children offer an unparalleled capability to diagnose and address the highly complex and acute medical conditions of children seen at Lucile Packard Children’s Hospital, thus opening unique avenues for enhancing their care. This has established LPCH as the leading pediatric MRI program internationally.

With over 180 peer-reviewed publications and 30 patents, he has developed a deep collaborative network within Stanford University and beyond. He is a senior fellow of the International Society for Magnetic Resonance in Medicine and he recently received the prestigious Society for Pediatric Radiology Pioneer Award. Along the way, Shreyas has trained a generation of

clinicians and scientists, who are now leaders across the country and beyond. He is passionate about medical education and serves as the course director and creator for the Stanford MRI Physics CME course.

After completing undergraduate studies in mathematics at the California Institute of Technology, Shreyas came to Stanford University in 1994 to pursue a medical degree and doctorate in biophysics, where his studies led to a resurgence of signal efficient methods in magnetic resonance imaging. After surgical internship, radiology residency, and pediatric radiology fellowship, all at Stanford, Dr. Vasanaawala joined the Stanford faculty with the goal of practicing and improving pediatric medical imaging. He focused on building the MRI programs at Lucile Packard Children’s Hospital and at Stanford Hospital and Clinics, and building the Division of Body MRI. Shreyas’ current clinical practice is focused on pediatric abdominal, cardiovascular, and musculoskeletal MRI. In his spare time, he enjoys table tennis, history, and cooking.

Dr. Vasanaawala’s Reflections on the Stanford Medicine Leadership Academy

Participation in the Stanford Medicine Leadership Academy (SMLA) marked my second opportunity to receive formal in-depth and specialized instruction as a faculty member, with my prior experience stemming from a Biodesign faculty fellowship. This experience at Stanford offered me distinct yet interwoven insights. From a leadership standpoint, one overarching lesson I have gleaned is the paramount importance of genuine listening to achieve a profound understanding. This understanding correlates with the design thinking concepts of need-finding and meticulous observation. Another consistent theme has revolved around the significance of empathy. To truly embody these notions requires nurturing patience and sidelining the urge for instant results.

Building on this foundation, I realized that leadership, much like any discipline, possesses its unique lexicon and taxonomy. Participation in SMLA presented an invaluable opportunity to become conversant in this language and to delve into its varied sectors. Recognizing the intricate nature of leadership, dedicating oneself to honing pertinent skills over time, and demonstrating humility, are pivotal to effectively leading.

This evolution in thought recalibrated my perspective on effective leadership. I have transitioned from a predominantly outcome-centric approach to one that emphasizes the voyage itself. This has made my endeavors more centered around mission, team dynamics, and the inherent satisfaction of the effort, rather than being fixated solely on the destination. Moreover, I have come to understand that leadership, at its most impactful, prioritizes human relationships and supports individuals. This understanding has led me to allocate considerably more time to forging personal connections and engaging in face-to-face interactions. By valuing the process over just the outcome, I have discovered a newfound joy in daily leadership activities, along with a greater freedom to innovate. In many respects, this theme also complements the Biodesign approach of forming a tightly knit multi-disciplinary team.

My strategic initiative is to conceptualize and realize the Stanford Pediatric Radiology Innovation and Translation Center. The goal is to catalyze faster clinical translation and greater impact of innovations across the university on our mission to deliver accurate and available medical imaging-based diagnoses and therapies for children. An equally important goal for the center is to foster a greater alignment between the passions and goals of pediatric radiology faculty and our school's tripartite mission. With the center now operational, there are three major activities worth highlighting.

First, one of the early impacts of the center has been facilitating education on best pediatric medical imaging practices to other institutions. I have secured funding to support the creation of unique educational content, and several Stanford faculty have engaged in this effort. Videos for six topics have been made, and there is ongoing effort to create more. Of note, the SMLA-sponsored media coaching helped in this arena. Another complementary effort is creation of a digital instruction manual that will be freely distributed.

The second major impact has been securing commitments for the commercialization of a major novel pediatric imaging technology that will provide an unprecedented improvement in spatial resolution of medical images. It is anticipated that this innovation will be available globally within eighteen months. The path to this success was quite circuitous, and required a significant shift in my approach; effort here shifted over time to collaborative thought and active listening. The effort also reinforced the tremendous value of keeping a positive mindset in the face of a series of setbacks. However, ultimately, this resulted in an eight-figure investment commitment.

A third milestone is the successful creation of a novel translational pediatric imaging data science team. Over the past year, team of four members has been recruited, with two already having started at Stanford and two more arriving in the coming month. Building this team required building a team! The entire concept of the team was rather new, and thus continuous communication of its vision to multiple stakeholders, including the eventual team members themselves, was a necessity. Stakeholders varied from faculty to hospital administrators to information technology specialists. Further, the team has already made significant progress on two interesting projects: (i) a unique approach to enhance medical imaging resource utilization and thus improve access for children to advanced imaging, and (ii) a system for automatic identification of imaging reports that require urgent communication. These developments are already improving patient care at Stanford Medicine Children's Health, creating unique opportunities for future developments, and enhancing faculty engagement. The next goal I have for the Center is developing a sustainable funding mechanism for a scientific director and a coordinator.

One of the more challenging aspects of leadership in our environment is change management. This is particularly true in our environment which is highly matrixed and often has shared governance. Layering the principle of academic freedom on this issue makes it even more interesting. One of the critical learnings from working on my strategic initiative is the value of building broad support. Consequently, spending significant energy and thought on simple and crisp communication pays dividends. Fortunately, the SMLA experience offered specific instruction and coaching in this arena.

Another invaluable aspect of SMLA was constructive pushback. Stanford's highly congenial culture has its advantages, but it often lacks direct confrontation. However, SMLA introduced new mechanisms that complement the Stanford culture: peer consultations with other members of the SMLA cohort and working with an executive coach. I think this is where new thinking and growth originates. Another facet of this constructive pushback came from a robust 360 leadership assessment. Going forward, I aspire to influence my own faculty group's culture to promote this mindset and also integrate mechanisms that promote this type of open discussion.

As mentioned above, the regular cadence of peer consultations encouraged by SMLA has been a uniquely beneficial experience. Fortunately, over the span of the last eighteen enriching months, I have had the profound privilege of forging bonds with a close-knit circle of SMLA cohort 5 individuals (and our ringleader!) whose roles in my life have gracefully oscillated between advisors, colleagues, and friends. Embarking on this path of mutual discovery, we shared wisdom, challenges, and moments of joy, creating fond memories and lessons that have become integral to both my personal and professional growth. This evolution of relationships, from mere acquaintances to pillars of support, reminds me of the unparalleled joy and

fulfillment that stems from truly knowing and connecting with others.

I have been privileged and honored to be a part of SMLA's fifth cohort, which provided an outstanding platform to hone practical leadership skills while ardently pursuing two pivotal objectives: the transformation of pediatric diagnostic capabilities and for attracting and retaining top-tier talent at Stanford Medicine. Central to my mission, my strategic initiative merges these intertwined goals. While I am passionate about broadening the reach of bespoke precision diagnostics in a financially sustainable way, I recognize Stanford Medicine's dual imperatives: ensuring the onboarding and retention of exemplary physicians and scientists, and addressing the escalating costs of healthcare. The magnitude of Stanford Medicine's footprint in research, patient care, and education will be shaped by our adeptness in navigating these conjoined challenges. Over the last two years, my interest and commitment to understanding and addressing these issues has deepened.



Jody Vogel, MD, MSc, MSW

Associate Professor of Emergency Medicine

Vice Chair for Academic Affairs



Dr. Vogel is an Associate Professor and the Inaugural Vice Chair for Academic Affairs in the Department of Emergency Medicine at Stanford University. Dr. Vogel is a first-generation college graduate and obtained a Master of Social Work from the University of Michigan. Her experiences as a medical social worker on the midnight shift in the Emergency Department led her to a career in medicine. She obtained a Doctor of Medicine from Wayne State University School of Medicine, graduating with Distinction in Biomedical Research. Dr. Vogel completed emergency medicine residency training at Denver Health Medical Center, serving as chief resident during her final year of training. Following residency, Dr. Vogel completed a clinical research fellowship at the Denver Health Medical Center and obtained a Master of Science in Epidemiology from the Colorado School of Public Health.

Dr. Vogel has a dedicated interest in underserved, at-risk populations and has devoted herself to investigations to improve the delivery of acute care across the healthcare system. She is an active health services researcher with numerous publications. Dr. Vogel's investigations have been supported by the Emergency Medicine Foundation, National Institutes of Health, and Agency for Healthcare Research and Quality.

Dr. Vogel has been a long-standing leader nationally in academic emergency medicine. She has led numerous national task forces, committees, and scientific grant review panels. Dr. Vogel is a member of the Editorial Board of Academic Emergency Medicine. She has been elected to several national leadership positions in the specialty, and currently serves as Member-at-Large on the Board of Directors of the Society for Academic Emergency Medicine. Dr. Vogel has received numerous national awards for her leadership and academic contributions to the specialty of emergency medicine.

Dr. Vogel grew up on a farm in Michigan and enjoys music, hiking, and photography.

Dr. Vogel's Reflections on the Stanford Medicine Leadership Academy

Impact

The Stanford Medicine Leadership Academy has been an empowering and transformative learning opportunity. The program provided focused leadership development with an outstanding facilitator, Dr. Geno Schnell, through a robust curriculum with high-level leadership readings, peer consultation, experiential learning, and many occasions for thoughtful introspection. Throughout the program, there were opportunities to engage with and learn from diverse leaders, each with unique roles, leadership journeys, and helpful insights. Through these experiences it was clear that effective leaders may adapt their approach and style when indicated to successfully engage the team and achieve the desired outcome. These experiences reinforced that leadership is not related to a role or a title, but rather a mindset, and observable behavior that others will want to emulate if one is successful. Moreover, the program demonstrated that leadership is a skill to be developed and refined throughout one's career. The Leadership Academy afforded careful consideration of one's strengths and opportunities for growth, recognizing that self-awareness is essential to being an effective leader.

The timing of the Leadership Academy was particularly opportune. As a new faculty member at Stanford University, the program afforded beneficial insights into the Stanford Medicine Integrated Strategic Plan. It also helped to increase my understanding of the mission, vision, and values of the School of Medicine juxtaposed with informative sessions with effective leaders in the organization.

Insights/Lessons

Among the many important lessons learned about leadership during the program, the three most valuable insights about leadership from the experience include:

1. Effective leadership includes listening and learning about the team, organization, and environment.
2. Empowering others and building consensus are key components of successful leadership.
3. Adaptability is a necessity since change is inevitable.

Views of Leadership

The Leadership Academy demonstrated that effective leaders take many different forms and have varying approaches and styles. Importantly, this allows all of us to be authentic in our own unique approach to leadership. Moreover, leadership is an inspiring life-long journey with continued opportunities for growth and the development of new strategies along the way.

Changes In My Own Leadership

The Leadership Academy highlighted that while it may not be possible to secure universal agreement among key stakeholders for an initiative, it is important for all individuals to feel heard. Utilizing this approach and building consensus whenever feasible is critical to leadership success.

The Leadership Academy demonstrated the importance of developing skills to lead one's team while simultaneously engaging with and contributing more broadly to the larger organization. By collectively engaging across the institution, initiatives will be more likely to be successful and afford greater impact.

Strategic Initiative

The goal of my strategic initiative was to identify opportunities to increase utilization of the National Institutes of Health diversity supplements. The diversity supplement program affords mentored research experiences for aspiring investigators underrepresented in the biomedical sciences. In my strategic initiative, I am investigating barriers to and facilitators of diversity supplements at Stanford University to identify novel approaches to engage candidate trainees and mentors to increase utilization of diversity supplements. An unexpected gain from this project was the significant enthusiasm and strong support from investigators across departments at Stanford University for this initiative. The most relevant learning from the strategic initiative was to be flexible and to celebrate small successes as incremental accomplishments necessary to achieve the goal. I will be continuing my strategic initiative following the Leadership Academy and have engaged collaborators at other institutions

regarding potentially implementing the initiative at their universities. My hope is to lead a multi-institutional initiative to increase utilization of diversity supplements nationally to help enhance the diversity of our biomedical research workforce.

Learning About Leadership

The Stanford Medicine Leadership Academy is unique in that it provides a multi-faceted approach to learning about leadership, with an expert facilitator, high-value readings, introspective exercises, experiential learning, peer consultation, and personal engagement opportunities with leaders. Because of the rich programming, there were many memorable and positive experiences during the Stanford Medicine Leadership Academy that will resonate with and be of help to me throughout my academic career.

The interviews with senior leaders during the program were especially beneficial. These sessions afforded insight into diverse leadership styles and journeys. It reminded me of opportunities during medical training to observe various practice styles among a diverse group of attending physicians and then incorporate the styles we liked best into our own practice. Individuals with different leadership styles can be highly successful leaders even if they have divergent approaches. The leaders we interviewed were honest and often vulnerable in their responses and offered pearls of wisdom that I have already incorporated into my leadership.

During the program, we were fortunate to have many excellent guest speakers. It was especially beneficial to learn from and personally engage with individuals who had achieved such significant leadership success across organizations and settings. Among all the speakers, I will remember the leaders who were passionate, humble, and service oriented the most.

My Leadership Academy colleagues were truly exceptional. They offered honest feedback and helpful insight into challenges in a safe space. They were instrumental in my learning and growth as a leader. I am especially grateful for the knowledge gained from my cohort colleagues and the personal and professional relationships we developed.

The Stanford Medicine Leadership Academy exceeded my expectations. I was a social worker before becoming a physician and social workers have an adage about "meet an individual where they are". Remarkably, the program that Dean Lloyd Minor, Vice Dean Linda Boxer, and Dr. Geno Schnell have developed does just that with high yield programming and introspective activities to engage the individual where they are and help take them to the next level of their leadership journey.

Continued Growth

I am especially fortunate to have had the opportunity to engage with the Stanford Medicine Leadership Academy. My positive experience inspires me to learn about and help contribute to

the successful engagement and training of the next group of academic leaders.

As part of my ongoing leadership development, I would like to learn more about influence without authority, an important skill for any leader. I fully appreciate that this skill can help improve collaboration and motivate a team around an important cause.

I am appreciative of the investment in my learning and development through the Leadership Academy. Going forward, I would welcome opportunities to engage and meaningfully contribute to the Stanford University School of Medicine.

Topics of Interest

The healthcare system is experiencing a high level of demand for medical care. To ensure high-quality, patient-centered care across the healthcare system, opportunities may exist to creatively enhance the delivery of healthcare through alternative care delivery models. These models facilitate the shift of healthcare away from hospitals and clinical locations. There is an increased interest in and potential receptivity to these models which may enable the continuum of healthcare to expand, thereby increasing access and providing enhanced options to patients seeking healthcare.

Artificial intelligence and related technologies are increasingly popular across society. With the complexities and volume of data in healthcare, these technologies are likely to be increasingly utilized within the field of medicine. As with any emerging technology, it will be especially important to develop best practices and an ethical approach to the use of these types of advances within the healthcare sector. The dedicated commitment and expertise of Stanford University to precision health and innovation are indicative of our ability to serve as a leader in the successful, ethical application of innovations in technology in the healthcare field.

Future Leadership

I very much look forward to utilizing lessons learned from this program to enhance my leadership and collaborations across disciplines at Stanford University. In five years, I desire to be leading and inspiring others to help influence the future of academia and the science of medicine to improve patient care. The Leadership Academy helped me envision many more potential rich leadership opportunities to allow me to meaningfully contribute to my team and more broadly, across the School of Medicine and the University.

Amy Shu-Jung Yu, PhD

Associate Professor of Radiation Oncology



Dr. Yu was born and raised in Taiwan. She came to United States to pursue her Ph.D. in Biomedical Physics at UCLA and completed her medical therapy residency at Stanford.

Dr. Yu is a medical physicist providing clinical services in the Department of Radiation Oncology. With the increasing technical complexity of modern radiotherapy, her mission is to pursue the clinical implementation of novel treatment techniques to improve the quality and safety of radiation treatment to our patients. Academically, she has been working on translational research projects to address future clinical needs which led to several publications and awarded patents. She trusts that cohesion of research with the advancement of patient care represents the paradigm of work for a clinical educator.

Dr. Yu views education as the groundwork for future medical physicists. A well-structured medical physics residency program will train next generation physicists to become academic leaders. She believes that such an education does not rely solely on textbook knowledge, but also on bridging the theory with clinical work. One of the most satisfying aspects of academic physics is the opportunity to teach and mentor promising future colleagues and leaders in our field.

Outside of work, she enjoys hiking, baking, and archery. A fun fact: she won the Second Place Archery Competition in the Youth Olympics.

Dr. Yu’s Reflections on the Stanford Medicine Leadership Academy

Impact:

Participation in the SMLA has profoundly impacted my understanding of leadership, revealing that true leadership goes beyond titles and revolves around the art of influence. This journey has imparted several valuable lessons, emphasizing the significance of clear and open communication. Effective leadership hinges on fostering transparent and unambiguous

lines of communication. By ensuring that information flows freely and that ideas are readily exchanged, I have discovered that a leader can navigate complex challenges and foster an environment of trust and collaboration.

Furthermore, the SMLA has taught me the wisdom of pausing and reflecting to see the bigger picture. This broader perspective allows me to make informed decisions, prioritize goals, and steer the team toward success.

As I continue to grow on this leadership journey, I am reminded of the importance of expressing gratitude. A leader is not an island but a catalyst for a collective effort. Acknowledging the contributions of others, showing appreciation, and fostering a sense of unity are essential in creating a thriving and motivated team.

Strategic Initiative:

· Purpose:
My strategic initiative is dedicated to improving operational efficiency and ensuring consistently high-quality treatment within our cancer centers. We are resolute in our commitment to standardizing and optimizing workflows across all locations, guaranteeing that every cancer patient receives top-notch care. By achieving this transformation, we will position Stanford Hospital as a leader in healthcare excellence, setting a new standard for operational efficiency and high treatment quality.

· Results:
The SI project has made significant progress toward its goals in the past year with Drs. Swift and Trakul’s mentorship. The team has successfully standardized six crucial workflows and centralized information on our website. By standardizing these workflows, we enhanced operational efficiency, transparency, and the ease of transferring care between cancer centers, significantly reducing the burden on our staff. Consolidating this information on our website facilitates easy access for all stakeholders and promotes continuous learning and knowledge updates.

One of the noteworthy consequences of this project is the collaboration between the networks. The SI has inadvertently fostered a culture of collaboration, bringing together network physicists and encouraging interdisciplinary cooperation. This cultural shift has been an invaluable by-product of the SI, resulting in a more cohesive and innovative working environment.

· **Learning:**
The most important learning from leading this project was that the change is SLOW. Before implementing any changes, it’s crucial to build trust within the team. Clearly communicating the reasons for the change is essential. I discovered that people are open to positive changes when they understand the purpose behind them.

One surprising aspect was how receptive people were once I explained the reasons for the changes. It emphasized the importance of effective communication in the process of leading a project.

I found that it was easier than expected to gain the support of the team when they saw that the changes were made for the team’s benefit. People are generally reasonable and do not take things personally when they realize that the changes are meant to improve the situation.

One of the most challenging aspects was dealing with the uncertainty of waiting for the unknown. Many times, I found myself unsure about what exactly I was waiting for and who I should reach out to. It often felt like I was navigating in the dark, eagerly anticipating a response without a clear path forward.

My greatest disappointment in leading this project was realizing that not everyone would fully embrace the changes despite the positive impact. It’s challenging when you genuinely want the best for your team, but not everyone shares the same vision.

If I were to lead this project again, I would take more time to express my appreciation and gratitude towards the team. Additionally, I would pay closer attention to understanding the individual needs and concerns of team members. This would help in mitigating misunderstandings and fostering a more positive atmosphere.

For those embarking on a similar project, I would advise taking the time to build trust with your team before implementing changes. Clearly explain the reasons behind the changes and be prepared for the fact that you can’t please everyone. Effective communication and understanding the needs of your team members are the key to a successful project. Additionally, be open to learning from your experiences and adjusting your approach as needed.

I hope that going forward, we can continue to emphasize the significance of optimizing and standardizing our workflow within our network. This focus has the potential to enhance efficiency, safety, and overall staff satisfaction.

I take great pride in the progress we’ve made in promoting and implementing workflow optimization and standardization. It’s a testament to the hard work and dedication of our team, and I’m proud of the positive impact it has had on our operations.

My boldest hope is that this emphasis on optimizing and standardizing workflows becomes a fundamental and lasting part of our organization’s culture. I aspire to see it deeply ingrained in our practices, leading to sustained improvements and long-term success.

Learning About Leadership:
One standout moment during the program was the peer consultation sessions. These sessions proved to be incredibly valuable as they provided a different perspective on the challenges I was facing. They not only helped me gain fresh insights but also helped me to reorganize my thoughts effectively. Furthermore, during the program, the Leadership Academy provides an exceptionally immersive learning experience, especially when integrated with the SI project. It felt akin to learning Spanish in Spain, where you not only acquire knowledge but also immediately apply it in real-life situations. The real-time problem-solving experience surpassed my initial expectations. Additionally, our time with the coach added another layer to this immersive learning journey. There were instances when I was pushed to try things outside my comfort zone, and the results were incredibly surprising and rewarding.

Continued Growth:
Leading with Influence: I’m keen to delve deeper into the concept of leading with influence. While I’ve heard the phrase “lead by influence” and gained some insights during the program, I’ve found that putting it into practice can be challenging. I’m particularly interested in learning more about the practical strategies and techniques that effective influencers employ. Understanding how to inspire and motivate others to follow a vision or idea without relying solely on authority is a skill I’m eager to develop further.

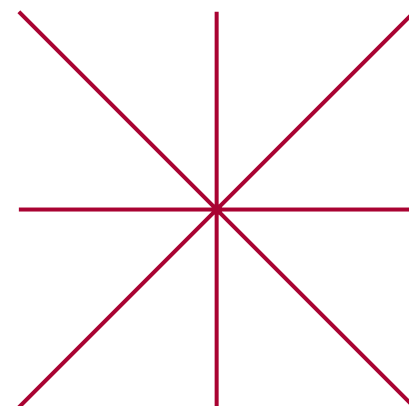
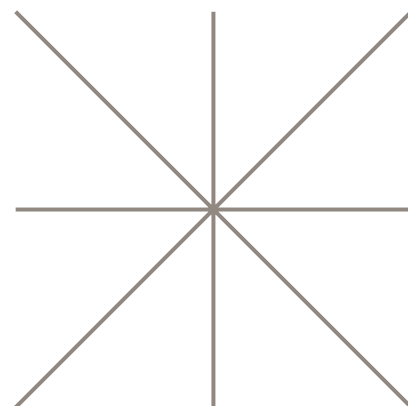
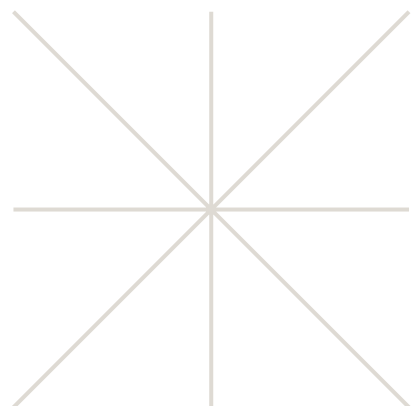
Managing Public Accusations Gracefully: Another area of interest for me is how to handle situations when someone accuses people in a public setting. This requires mastering the art of managing such moments without causing embarrassment to the person making the accusation or escalating the situation further. I believe this skill is essential not only for maintaining professional relationships but also for preserving the overall harmony and reputation of a team or organization.

Topics of Interest:
My key interest is to continue my SI project in the complex field of radiation therapy within a rapidly expanding Stanford Radiation Oncology program. I aim to standardize technologies across multiple locations, optimize their utilization, and build collaborative relationships to ensure consistent, high-quality patient care. This effort reduces patient travel, lessens stress, and enhances overall patient experiences.

Future Leadership:
Previously, I believed that significant projects required a title or position to lead effectively. However, my experience in the SMLA has profoundly changed my perspective. I now understand that genuine leadership isn’t defined by a title but by the power of influence. This newfound understanding has bolstered my confidence, making me more comfortable with the idea of taking on substantial projects and challenges beyond my comfort zone. In the future, I envision myself leading large-scale initiatives with greater ease and competence.









Our Mission

Improving health through leadership, diversity, collaborative discoveries, and innovation in health care, education, and research.

At the Stanford School of Medicine, we are proud of our preeminence in defining health care's future, making and translating discoveries, and developing tomorrow's health care leaders. We lead the biomedical revolution in Precision Health, preventing disease before it strikes and treating it decisively when it does.

We are stronger together than we are apart.



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