

Legends and Legacies Book Chapters

10-1-2008

Janet M. Bruner, MD

Janet M. Bruner MD

The University of Texas MD Anderson Cancer Center

Follow this and additional works at: <https://openworks.mdanderson.org/legendsandlegacieschapters>



Part of the [Oncology Commons](#), and the [Women's Studies Commons](#)

Recommended Citation

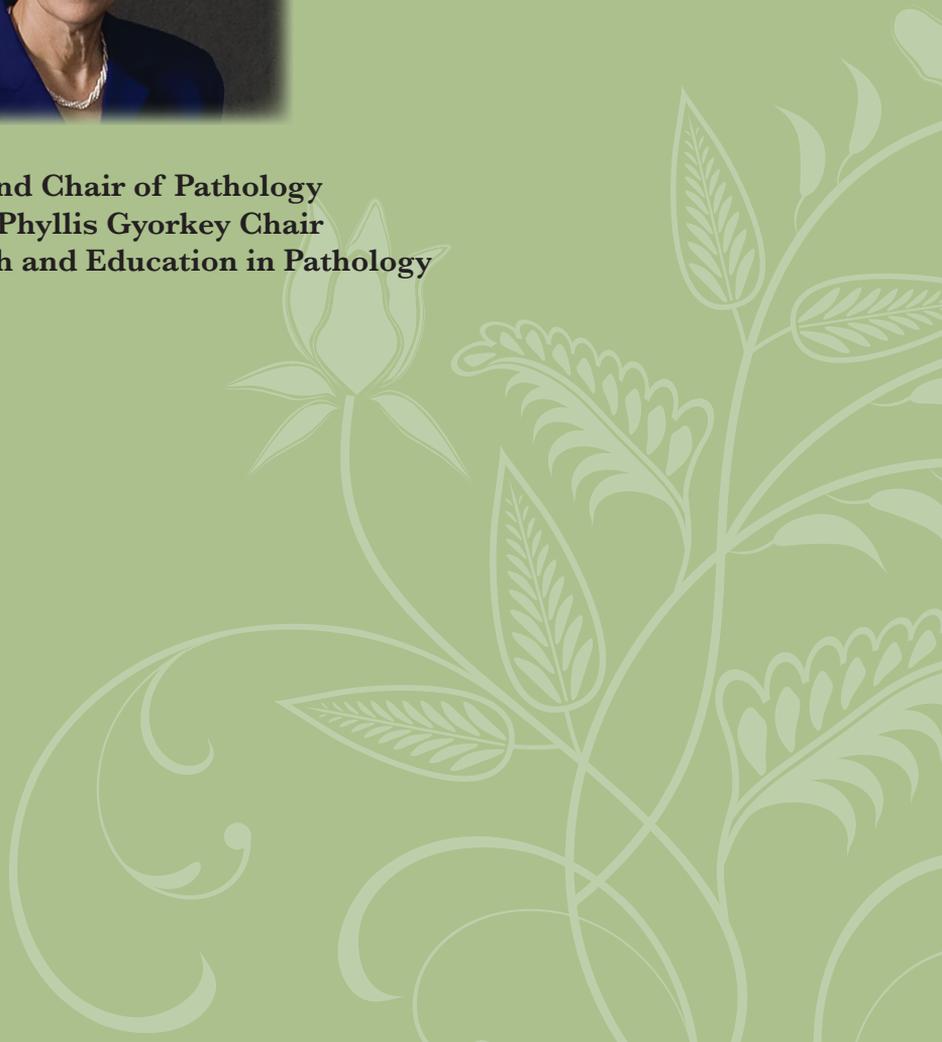
Bruner, Janet M. MD, "Janet M. Bruner, MD" (2008). *Legends and Legacies Book Chapters*. 3.
<https://openworks.mdanderson.org/legendsandlegacieschapters/3>

This Book is brought to you for free and open access by OpenWorks @ MD Anderson. It has been accepted for inclusion in Legends and Legacies Book Chapters by an authorized administrator of OpenWorks @ MD Anderson. For more information, please contact rml-help@mdanderson.org.

Janet M. Bruner, M. D.



**Professor and Chair of Pathology
Ferenc and Phyllis Gyorkey Chair
for Research and Education in Pathology**





Janet at age 5 (fourth from left) with her two siblings and four cousins while visiting her paternal grandmother in October 1954.



Janet and husband Chuck Bruner enjoyed a holiday celebration with colleagues from Neuro-Oncology and Neurosurgery in December 2001.



Janet holds Louis, a black miniature schnauzer, on his first day at home in June 2006. Louis' favorite activity is daily walks with his humans.



I am the oldest of three children, with a younger sister and younger brother. We grew up in a medium-sized Midwestern city in what I know now would be called a “middle class” neighborhood. Neither of my parents had the opportunity to attend college. My Dad certainly could have succeeded, but he graduated from high school at the depths of the Great Depression and chose instead to find a job and help put his younger sister through college. (She became a teacher.) Serving in World War II, my Dad was uprooted from his Midwestern life and stationed in Virginia, where he met my Mom. They married during the war and were separated for a time, of course. On returning home, my Dad resumed his job as a retail store manager, one he held for over 40 years, until he retired at age 65. My Mom also was a high school graduate. My parents’ limited educational opportunities made them both determined that their children would not have the same limitations. It was always assumed that we would all go to college and even beyond. We were never forced — it was just a given. In our cases, the expectation worked. My sister has a Ph.D. and has been on the faculties at Harvard University and at the Massachusetts Eye and Ear Infirmary. My brother has an M.B.A.

I was a pretty quiet child and enjoyed reading. I especially loved Sherlock Holmes mysteries, and I think that love of mysteries contributed significantly to my life and my choice of a career. After all, pathology as a medical specialty involves continuously solving mysteries. Every case is an unknown, a puzzle to be solved.

I always preferred science to the humanities. To me, science was so much cleaner, neater and more logical. When it came time for me to choose a college and a major, my Dad in his practicality (especially since he had two other children to send to college) told me to choose some field that would allow me to go out and get a “good job” after graduation. I chose to major in pharmacy, as it seemed to fit both the “science” and “job” criteria. I attended the University of Toledo in my hometown and was a commuter student, as I didn’t have the chance to live on campus. During my first year of college, I found a job with one of my early mentors, Dr. Gerald Schumacher, in a laboratory and had my introduction to research. I still remember doing a series of experiments to determine the concentration of a chemical in a solution using a spectrophotometer.

The summer after my first year of college, I had to find a job working in a pharmacy in order to start my internship. This internship had to be done over the summers following the first four years of the five-year pharmacy program. I found a great job in a small compounding pharmacy located in a medical building. At least I didn’t have to also sell makeup and candy. All I had to do there was actually practice filling prescriptions. It was great! I worked at that same pharmacy during my entire college tenure. I also

met my future husband, Charles Bruner, during that first summer, and we married soon after I graduated from college in 1972.

It was during my college years that I decided I wanted to do something other than just practice retail pharmacy as a career. I wanted to do scientific research and decided to pursue a Master of Pharmaceutical Sciences degree at the same pharmacy college where I had received my Bachelor of Science in Pharmacy. It was a new program, and I was the first student. I had a great experience and finished my degree, taking advanced courses and doing research, in two years. I thought about continuing study for a Ph.D. in pharmacy or a basic science, but after talking to several advisors and discussing the situation with Chuck, decided to attend medical school instead so that I would also have access to patients for clinical research. My plan was to do some sort of research in pharmacology, combining my pharmacy background with medicine and patient care. But life can change unexpectedly! As a second-year medical student at the Medical College of Ohio, I discovered pathology and, suddenly, I couldn't imagine doing anything else in medicine. I was fascinated to learn about the disease processes and how critical it is to have an accurate diagnosis as you begin treatment of the patient.

Everyone knows what a surgeon does and what a pediatrician does. But how many people — even medical students — really know what a *pathologist* does? I needed to find out, so I spent a year during medical school doing a pathology student fellowship. I had the wonderful opportunity of working alongside pathology residents, finding out what a pathologist's life is like and what they really do every day. I never looked back! Pathology has been my calling ever since. In addition to providing puzzles to solve, pathology is also a basic medical science with plenty of opportunities for scientific research.

I entered a pathology residency program and enjoyed learning both anatomic and clinical pathology. Initially I intended to specialize in forensic pathology, but I found the egregious brutality and bizarre trauma cases too difficult to endure on a daily basis. During those residency years, I met a young neuropathologist who encouraged me to think about neuropathology as a subspecialty. At the time, it seemed quite difficult and also quite esoteric, but gradually I began to appreciate the anatomic organization and functional intricacies of the brain and nervous system. I decided to enter a neuropathology fellowship. Up to that point, nearly my entire life had been spent in my hometown of Toledo, Ohio, but now I was forced to leave Toledo, as the city had no fellowships in neuropathology. I interviewed at several academic centers, but my choice of programs brought me to Houston and to Baylor College of Medicine. Baylor has an excellent and broad program in neuropathology, and so we moved from the North to the South, from cold weather to hot, from a small city to a massive one, and

from cultural monotony to wondrous diversity.

During my two-year tenure at Baylor, I was one of three neuropathology fellows. We had two professors in the program (male and female), but the three of us spent the most time with Dr. Dawna Armstrong, and I think we all viewed her as our role model. She was (to us) the better diagnostician and was also quite serious about her research. She spent many didactic hours teaching us and preparing us to take our American Board of Pathology exams. It was during an elective period at Baylor that I came to M. D. Anderson Cancer Center for the first time and met Dr. Bruce Mackay, who at that time was chief of the Electron Microscopy section. He had an international reputation in the field, and I could not imagine being in Houston without learning from him. I was also nearing the end of my fellowship, and Dr. Mackay suggested that I might consider joining the Pathology department faculty at M. D. Anderson. He spoke to the chairman about this, and it seemed that there was a need for a neuropathologist to support a new effort in neuro-oncology and neurosurgery. I had always intended to return to Ohio to practice, but I couldn't pass up this opportunity at M. D. Anderson.

In my first few years at M. D. Anderson, I did general pathology diagnostics in addition to neuropathology, but the Brain Tumor Program eventually grew large enough to occupy all of my time. As the only neuropathologist here at that time, it was difficult for me to find others to help me as I continued to develop my diagnostic skills. However, I was fortunate to have many colleagues in the Texas Medical Center, and I was able to keep in close contact with my former mentors and associates. We formed a neuropathology group for the Houston-Galveston area, and we still meet monthly to exchange glass slides and discuss interesting or challenging cases.

I soon formed very rewarding collaborations with colleagues in the departments of Neuro-Oncology and Neurosurgery for research and for patient care. Several of us had laboratory programs, and we worked together to obtain a Program Project Grant for brain tumors that continued for about 10 years. We also initiated a tissue bank for human brain tumors that still exists today and is utilized for research efforts by the entire Brain Tumor Program. Both of these departments grew rapidly, and, as the only pathology support for their collaborative research, I was overwhelmed with riches. By the late 1980s there was too much work for one person. Fortunately, I was able to justify my need for help and recruited two additional neuropathologists in the early 1990s.

The late 1980s to mid-1990s was a significant period for my career development. I was an associate professor, and my research was going well, especially with collaborations in the Brain Tumor group. I was also asked to be an editor for a major textbook on neuropathology, a significant

and rewarding effort. I owe much gratitude to the Pathology department chairman and division head at that time, Dr. John Batsakis, for some events that took place. He and I both happened to be “early birds” and were in the office by about 6 a.m. each day. He was in the habit of having coffee with several other senior faculty at around 7 a.m. in the cafeteria. Since my office happened to be next door to his, one day he stopped and asked me to join their informal group. Those informal discussions over coffee contributed significantly to my knowledge and growth in the areas of institutional issues and politics. I became acquainted with more faculty outside my department. Dr. Batsakis also made sure that I was invited to serve on institutional committees. Although I can’t say that every minute spent on every committee meeting was entirely productive, I was able to meet lots of faculty and administrative folks from across the institution, and this has continued to be of great benefit to me in my career.

One day during another conversation with Dr. Batsakis, he gave me some advice on what I should do if I ever aspired to be a department chair in the future. I recall that my immediate response to him was that such an aim was definitely *not* in my career plan. However, I never forgot that conversation, and, within a year or so, I knew that this, in fact, *was* something I eventually wanted to do and needed to prepare myself for. There were few leadership courses at M. D. Anderson in those days, and few women were invited to attend the one that we developed with Rice University. There were certainly no pathologists invited to that course! I heard about the American College of Physician Executives and its excellent series of courses available at various locations across the United States. I began taking many of those courses and considered working toward an M.B.A. at that time. I learned much from such diverse offerings as “Managing Change and Innovation,” “Communication Skills,” and “Health Law.” I continued taking courses for several years but never made the commitment to an advanced degree. I nevertheless believe that this experience benefited me the most in the role that I have now. It also taught me that you need to be persistent in finding what you think you need to move forward. You can’t let roadblocks get in your way.

Another key event that proved to be beneficial for me arose from my frustration with the organization and with my job during this period. I decided to consider a major relocation, sought out opportunities for positions with more administrative responsibility, and interviewed for several. In doing this, however, I came to realize what a wealth of professional opportunities we have at M. D. Anderson that are not really available at other academic institutions. Nevertheless, I am glad that I looked outside, as this allowed me to make a more informed decision to remain here.

Another seminal event in my career was the retirement of Dr. Batsakis

in 1996 and the decision by our administration to unite the divisions of Pathology and Laboratory Medicine into one. Because the search for a new division head was destined to be an extended one, there was a need for an *ad interim* department chair of Pathology. I wanted to try that position but wasn't given the opportunity. In retrospect, I am grateful for that turn of events, as I have since been advised that a temporary appointment is not always the best path to the permanent position. The department remained in a period of turmoil for two years. When the decision was made to actively search for a division head, I applied for that position, prepared myself for the interviews, seriously designed my strategic plan and vision for the division, and failed to get the job. Nevertheless, the process itself was of great value to me, and I am sure that those from our administration and the search committee who talked with me came to have a different, and more positive, view of me through that process. Because of those interviews and that extensive preparation, I was named the department chair of Pathology after the new division head had been hired. That was in late 1998, and I was the first woman faculty member to chair a clinical department.

I knew that I could not continue to do everything I had been doing and still successfully lead a large department that had significant problematic issues at that time. I decided not to give up my patient care duties, as I needed to know firsthand what problems the other pathologists faced in their daily work. I also couldn't sacrifice education, as the department had and still has a large clinical fellowship program, and we all teach these fellows. I decided that I would cut back on my independent research and move more toward collaborative efforts. I considered my most important job to be developing the careers of my faculty members.

My first few years as a department chair were difficult. We needed to recruit faculty. We made significant changes in our workflow and organization. We also made changes in our educational programs. Moreover, although I was a professor of pathology, most of the department faculty who were senior to me were men, but this turned out to be less of a problem than I had feared. Each faculty member is an expert in a subspecialty area of pathology, and I believe this enhances both our respect for each other and our collegiality within the department. In fact, the first significant change we made as a department was to subspecialize our clinical practice in pathology. This served to make our patient care more efficient and utilized our expertise more effectively. It also strengthened our individual ties to the patient care and clinical research programs. As the number of faculty grew rapidly over the first four years, I had to learn to effectively delegate to leaders in each of our sections of pathology. We had managed to recruit and designate some excellent mid-level and junior pathologists, and I have been delighted with their growth as professionals. I used my learned leadership skills to help

some other faculty move into more significant leadership roles.

Over the succeeding five years, the Pathology department faculty has continued its rapid expansion. We have now nearly doubled the number of faculty that were here when I became the chair. The opening of the Mays Clinic has had a significant impact on us, since we now have large patient care operations there as well as at the Alkek Hospital. We have had to duplicate our services and spread ourselves thinner. The move toward more formal programmatic organization of research has also affected the department, as the research laboratories of the faculty are now spread throughout the campuses. This makes it difficult for patient care faculty to preserve time for laboratory research. We are trying to use digital media strategies to address some of these challenges, but we are also continuing to add faculty to allow everyone to have sufficient protected time for academic productivity.

Coping with such a large operation has forced me to continue my education in leadership and management. Fortunately, M. D. Anderson has also recognized the need for such programs, and now we have our own courses. I use my organization skills to increase my own efficiency and am a master of multitasking (I never attend a meeting without taking along a few articles to read in case the discussion becomes dull). I delegate as much as possible, try to choose the right people for assignments, and give them as much freedom as possible to succeed. However, I do have to make an effort to refrain from micromanaging — it's my worst tendency.

I maintain my balance by trying to accomplish as much as I can during the week while making every effort to reserve my weekend time for my husband and my dog. I love being outdoors, plants and gardening. I don't have much garden space, but I do have lots of houseplants. I also love animals, especially dogs. As a child, I never had a dog. We got our first miniature schnauzer when I was a medical student and have had one or two in the house ever since, for the past 34 years. They have been a great joy to me, and I've learned from them, too. I walk with my dog Louis every morning, and that wakes me up. I have trained them all in competitive obedience and have showed them in obedience trials. Training the dogs in obedience has taught me the power of positive reinforcement and consistency. I have found that these supportive techniques are equally effective with people — even faculty pathologists!

Perhaps because of the scope and importance of the mission we are involved in, developing a successful career at M. D. Anderson is a challenge for all faculty. There is always more work than we can do and always more fascinating research than we can support. Success requires careful selection, blending and balancing of all these factors. And, finally, we need to develop fruitful collegial relationships and make sure that we save time for personal growth as well as our academic careers.

