

Stephen Tomasovic, Ph.D.

Interview Session Two - August 2, 2011

Chapter 00B
Interview Identifier

Tacey Ann Rosolowski, PhD

[000:00]

So this is session two. And we're starting this afternoon on August 1st at just a couple minutes after 2:00.

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Chapter 9

B: Key MD Anderson Figures

The MD Anderson Presidents: Continuity of Leadership

Story Codes

B: MD Anderson History

B: MD Anderson Snapshot

C: Portraits

B: Institutional Processes

B: The Business of MD Anderson

C: Understanding the Institution

C: The Institution and Finances

D: The Healthcare Industry

Tacey Ann Rosolowski, PhD

[000:00]+

And we left off this morning at a real turning point in the institution's history. In the mid '90s with many many changes. And before we embark on a description of those inner workings of the changes, one of the points that I wanted to touch on this morning but we got lost with, because there was a lot of important detail, was a comparison between MD Anderson and peer institutions. The turning point that we're talking about in the mid '90s it was obvious many of these things were internally generated. But I'm also wondering about how some of the changes were necessitated because of other movements that other institutions were responding to because of changes in cancer research or cancer treatment.

Stephen Tomasovic, PhD

[001:00]

Well, the primary -- I can reflect on that from a couple directions. First, MD Anderson was very -- and still is unusual relative to most universities and even other cancer centers, comprehensive cancer centers, in the tenure, the length of tenure of our leaders. So we just celebrated our 70th anniversary this spring, and we had a director initially but very shortly after that progressed to having our first president R. Lee Clark. So over the course of that nearly 70 years we've had three presidents. And John Mendelsohn is finishing 15 years. The average in the United States is around eight years for university presidents. And you can contrast us to the UT Health Science Center across the street, which has probably had double that many. I don't know the exact count. But they've been through a number more than we have. Their last one, Dr. Kaiser, left after only two or three years. And so that has had some advantages to us in that the board of regents have chosen well. They've each been the right person for their time and have set a course for the institution that was correct for most of their tenure here. And it's been a very stable strategic direction and vision for long periods of time, which has helped the institution

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move very progressively, very stably along its path, without a lot of veering as leadership changes occurred. And since they have been good leaders, that's been helpful. And I've lost track of the original question. The outside influences. Well, I can talk about that a little bit.

CLIP

C: Portraits

“R. Lee Clark; Charles LeMaistre”

Stephen Tomasovic, PhD

R. Lee Clark was the master politician and visionary who established the strong culture of the institution and who gained us our reputation within the state and began to position us as an international leader near the end of his term. Dr. LeMaistre was also a very sophisticated politician. He had been chancellor of the University of Texas system before he came to us. He was also on the national stage as he was one of the original participants in the smoking panel, the national commission that studied the effects of smoke on cancer and respiratory problems and so forth. And he came into the institution and continued along the path of growth and tried to -- as I talked earlier -- develop the research strength. Another area that he was foresightful about was cancer prevention. Probably going back to his time studying the effects of tobacco, smoking, and how you could prevent lung cancer and many respiratory diseases or greatly reduce the chance of them by preventing people from smoking. And so he established our Division of Cancer Prevention and began to emphasize prevention in the institution. And that was something new to the institution and new to comprehensive cancer centers, which had previously focused mostly on dealing with cancer after people already had it.

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Tacey Ann Rosolowski, PhD

[005:31]

I think I read that in establishing the Department of Preventative Cancer Prevention in '79 it was the first department of that sort anywhere.

Stephen Tomasovic, PhD

[005:40]

Yes. That was a very new and innovative idea. And one of the most important things that he did for MD Anderson. Near the end of his tenure here in the early '90s we began to be threatened by some external events. Managed health care was happening. And more rapidly so in some states than others. And in California it had had dramatic effects on the reimbursement of hospitals and the way in which -- the impact that it had on academic health hospitals in particular. There was a lot of concern that patients would move into managed care plans and wouldn't have access to these advanced academic centers. And they would lose all their income and wouldn't be able to do their mission. So we were concerned about that. We commissioned a study by some external consultants that basically said yes in fact MD Anderson is going to suffer a big decline in its income. And you're going to have to tighten your belts and do a number of things. And with that forecast in mind Dr. LeMaistre set myself and others -- I was a participant in this -- to looking at ways to reduce the expenses of the institution. And that was -- just looking to see if I can find that committee, what it was called. Let's see. That would be an internal committee. Let me flip pages here. So I had been a member, I was the faculty senate chairman. And so I got involved in this. I had been. So I was one of the people picked to work on this. Institutional reengineering process steering committee.

Tacey Ann Rosolowski, PhD

[008:27]

Oh my. I hear drums rolling.

Stephen Tomasovic, PhD

[008:32]

Institutional reengineering process steering committee. 1994 to '96. Fred Becker, myself, a number of other people were charged to suggest ways that we could reorganize and reengineer the institution to meet this threat that we were worried about and that the consultants had warned us was coming. And so we did a number of different things in '94 to '96, one of which was to realign a bunch of people. We cut our workforce. That had a very negative effect on the institutional culture that lasted for some time. And there's still some suspicion around that. But other things that were done were to change some of the legislative things that impacted the way we did business. We got approvals to -- we got exemptions from some of the state agency regulations that made it hard for us to act as a medical business. And we got the ability to have

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for the first time patients to refer themselves directly to MD Anderson. Prior to that time from the 1940s to the mid 1990s patients only came to MD Anderson through referral of a referring physician. Now they could send themselves directly if they chose to do that. And the outcome of that was to begin to open MD Anderson up to patients in a way that had a huge impact. And in I guess it was '96 when Dr. Mendelsohn arrived -- so this was at the end of LeMaistre's tenure, some measures that were pretty severe that we were taking to prepare for the impact of managed care on the institution. Dr. Mendelsohn came in then in '96 and had heard this advice. Needed to reduce the growth of the institution. And he didn't take that advice, and decided to grow the institution. And he was greatly aided by the things that had happened just before his arrival. But those steps that we took -- not the reduction in staff. That was a stupid thing to do, because we hired almost all those people back within a year or two, and many many more, yet still had created some damage to our culture. So it was the dumbest thing we did as it turned out. But the institution began to double every few years during -- from that point on through Dr. Mendelsohn's whole tenure here. And we had completely turned on its head the projections of the consultants. And we weren't affected in any severe way at all at that time by those types of health care reform.

Tacey Ann Rosolowski, PhD

[012:07]

Were other institutions taking similar measures?

Stephen Tomasovic, PhD

[012:09]

I think they were, yeah. People were very concerned about that. I don't know much about --

Tacey Ann Rosolowski, PhD

[012:13]

Were they equally successful?

Stephen Tomasovic, PhD

[012:15]

No. I think we were probably one of the most successful because we had some fundamental barriers that weren't helping us in this business of getting patients referred to us. The state agency purchasing and construction barriers. There were a number of things that made us inefficient. And when we got rid of some of those things -- and I don't know enough about how other organizations are set up around the country to know how they were affected by it or how they chose to react to it. But those things coupled with John Mendelsohn's vision for the institution completely turned this on its head. Now we're at one of those points again. Now we're even more concerned because it's not an insurers-driven change, it's not the insurance companies that are creating the change now, it's the federal government. And we think this time that it's going to be a much more dramatic and longer term effect on the institution. And again we're participating in committees, looking at -- I served on one of these. Institutional ad hoc

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expense analysis committee is the name now. And thinking of ways to save money, make money. We're not talking about reducing staff but we're thinking about we're going to lose 20% plus of our margin over the next five years. How can we make the institution more efficient? And what steps can we take? And that's coinciding with the arrival of Dr. DePinho and we'll see where that all takes us. So again I've lost track of the original question. But there have been external forces that have interacted with this, that have affected the institutional decisions. And so far we've had the right people and the right set of circumstances that when those external stressors, pressures have reached an inflection point or a nexus for us it's happened that they've been close to our leadership transitions. Interesting in a way. And the transition between LeMaistre and Mendelsohn and the transition between Mendelsohn and DePinho have both been during times of -- very close to times where the institution is facing very strong external concerns.

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Chapter 10

A: The Leader

A Lesson About Leadership and an Institutional Blind Spot

Story Codes

A: Personal Background

A: The Patient

B: Building/Transforming the Institution

C: Understanding the Institution

D: On Leadership A Label: Personal Philosophy

Stephen Tomasovic, PhD

I thought of -- you may want to guide me further at this point. But as we were talking about this transition between LeMaistre and Mendelsohn and the point at which I was beginning to move into administration and the effect that had on it, I thought of a story that illustrated for me most closely how leadership can have unexpected consequences, or that made me begin to realize that I had to be very careful as a leader because people were starting to read me and try to understand how to react to me. And I had to be careful about what I said and what I did because people -- there would be interpretations and consequences that I didn't exactly anticipate if I wasn't careful. And I learned that from not a leadership action that I took, but just from the fact that I was recognized as an institutional leader. It wasn't an action I took, but it was a reaction to me being perceived as an institutional leader, somebody important in the institution. And the story revolves around a health episode for me. This was in my late 40s. I was ending up my term as president of the faculty senate. As I said, I was on the president's key advisory group of senior leaders in the institution. I was becoming very visible in the institution.

Clip

A: Personal Background

A: The Patient

B: Building/Transforming the Institution

C: Understanding the Institution

Stephen Tomasovic, PhD

And I still was a professor in my department doing my research. I had these various leadership roles. And I had an episode as it turned out of vestibulitis. I was sitting at my desk and I had a vestibular disturbance possibly because of some viral infection. But I don't know if you've ever had vertigo, but I went just within a very short period of time, a few seconds, from feeling a little dizzy to being unable to stand up, having my eyes exhibiting nystagmus. You're flipping, rolling your eyes. Vomiting, extreme nausea, photophobia, lying on my office floor. Fortunately it was

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a small office, the door was shut, and one of my research assistants to came to ask me about something after a few minutes. And I really didn't know what was going on. Had no idea. Had never experienced that. And they knocked, and I couldn't respond really, but I kicked the door with my foot. And it happened to be locked, because I was -- I don't remember exactly why. But she went and got a key, and they came in and found me like that. And they called a code in the hospital on me, because they weren't sure what was going on. And the code team came to get me. It took them a long time to get there, which I'll come back to in the end. And like code teams often are it was staffed by either a young physician or a fellow. Somebody still in GME training here. Certainly a qualified physician but not somebody with a huge amount of experience. Good enough to do CPR and take care of emergency things. So he looked at me for a minute and looked at my eyes, so forth. And my wife had arrived by that time. Somebody had called her. And there were people standing around there. And I wasn't very -- it was hard for me to concentrate, talk. But I could hear what was going on. And he said in a loud voice well, it looks like it's a cerebral event. Scaring my wife and everybody else. So they put me on this thing. Of course I was miserable. I was throwing up. Any motion at all just sets you off. You just have no -- it's just complete vertigo. They took me down to the emergency center. And like I said, at that time I was deputy -- let's see. Well, I was certainly still president of the faculty senate. And the president's office got word of this. And somebody called from the president's office asking about Dr. Tomasovic. Dr. Freireich, who was a huge figure in the institution, showed up. Couple of other department chairs were calling about it. And the young physicians and fellows in the emergency room just freaked out. They thought they had somebody really important. And they started running every diagnostic test they could think of. So they gave me -- they were started -- they go through everything that could possibly be wrong. They started testing me for meningitis. They did a spinal tap on me. Which caused the most severe long term consequence. Because I got a little postlumbal spinal fluid leak. And when you do that, for the next couple days, until you rebuild the spinal fluid, every time you stand up you get an instant migraine headache. So they ran several thousand dollars' worth of diagnostics on me in very short order. And finally the head of -- the chairman of neuro-oncology Victor Levine came in and looked at me, and he said it's vestibulitis. Just cover him up, put him in the dark, leave him overnight. He'll be fine. So that's what they did. They left me in the emergency room overnight on a gurney or the cot or whatever it was there. My wife came to get me the next morning. And I was still quite dizzy and went out leaning on the wall and in a wheelchair. I was OK within a day. But I had episodes like that periodically over the rest of my career here. But we knew what was going on, and I carry meclizine around in my pocket. If I feel myself starting to get wobbly I can take meclizine. And it's essentially Dramamine, it's for motion sickness. And so I can largely prevent it. But there's been more than one time that I've been wheeled out in a wheelchair to the car and had my wife have to drive me home, because I was just getting -- I just got caught before I could get enough meclizine on board. So the outcomes of this were there was quite an investigation because it took the code team so long to find somebody in the research areas. So they reworked how the code teams worked to make sure. They could find patients really easily. They couldn't find the faculty and staff that were in other parts of the hospital. So

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they did some -- there was a fair amount of investigation by the physician in chief about the cost that was run up and also about the process in general.

Tomasovic: But that taught me that -- I realized then probably for the first time pretty clearly that if you're perceived to be an authority or an influence, people react to that. And you have to be careful what you're projecting, what you say, what you do. And I make mistakes in that way to this day. I'll say something casually, I'll make some comment casually to one of my staff, one of my directors, one of my people, and the next thing I know it's spun out into quite a deal.

Because I wasn't clear enough in my direction to say well I'm interested in this but don't worry about it. Versus this is something we need to take care of, here's the steps I want you to do. So I realized that you have to be careful about leadership and communication and what you project.

Because people are going to be constantly reading you and trying to interpret you, with good intentions. But it can go awry and have consequences you don't intend if you're not careful.

Tacey Ann Rosolowski, PhD

[025:30]

It's an interesting way to discover that. In addition, too, I like the way the mapping of the institution has a certain big blind spot for the clinicians.

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Chapter 11

B: Building the Institution

Institutional Reorganization and Becoming Vice President of Academic Affairs

Story Codes

B: Building/Transforming the Institution

C: Understanding the Institution

D: On Leadership

C: Professional Practice

C: The Professional at Work

Stephen Tomasovic, PhD

[025:40]

Yeah. At that point we were much larger than we used to be. In many areas of the institution we grew so rapidly that we were left with mom-and-pop systems of various types and processes and workflows and responses that were built for a much smaller organization, much smaller institution, and never had been tested in crisis or for a certain set of circumstances. And as that happened we realized we had to change things. And sometimes it took a while for us. And we're still catching up in some regards with the very rapid growth of the institution.

Tacey Ann Rosolowski, PhD

[026:27]

There's always the challenge of certain resistances to that change as well. Would you like to go back to some of that dramatic moment of the mid '90s?

Stephen Tomasovic, PhD

[026:38]

Yeah. As I said, at that point I was acting department chair. Dr. Bowen was visualizing me as someone who could take on his position someday. We had a new president coming in in '96. And Dr. Becker leaving, Dr. Bowen leaving over a period of several years. And Dr. Mendelsohn trying to find the right executives to fit with him, and the right organizational structure. And so that was a time of change and opportunity in the institution. And he ultimately decided that he wouldn't have a vice president for research, and ultimately decided that he would have a chief academic officer type of structure. The chief academic officer would be responsible for research and academics.

Tacey Ann Rosolowski, PhD

[027:52]

What was his reasoning there?

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Stephen Tomasovic, PhD

[027:54]

I didn't participate in the conversations. I'm not sure what the reasoning was. I think Dr. Becker wasn't a good fit for him. I think the basic science departments reported to Dr. Becker, and they wanted a more direct reporting relationship. They weren't -- many of the new chairmen weren't very comfortable with Dr. Becker as the strategist and the leader for the research area. And so I think there was a certain amount of lobbying to try to get more direct interaction with the president, or at least not to have Dr. Becker in that role.

Tacey Ann Rosolowski, PhD

[028:43]

Did that serve the long term needs of the institution you think?

Stephen Tomasovic, PhD

[028:49]

Well, that's a question that we may still be trying to search out. And we've almost come back full circle to that again, because now we have a vice president for basic research, Mien-Chie Hung [Oral History Interview]. But with less authority than Fred Becker had. I can talk about that more in a few minutes if you like. Anyway, what was happening was that they were trying to figure out. So Bowen left, and then Fred Becker was still there. And they went through some processes of trying to find a replacement for Bowen. And in fact I applied for the position. They had a temporary, one of his associate vice presidents, Gene McKelvey, was the ad interim vice president for academic affairs. Then I think Andy von Eschenbach was given that job. And I believe that he was the one that was the chief academic officer for a year or so. And I'm a little fuzzy about that timeline. But between 1996 and '98 was when McKelvey was the acting vice president for academic affairs. Fred Becker was still the vice president for research. Then I think Andy von Eschenbach became the VP for academic affairs. Fred Becker was still there. Then Dr. Mendelsohn eased Fred Becker out. And Andy von Eschenbach wasn't working out well with him either. He left ultimately to take the job at the NCI. And in that period of time I applied for the vice president for academic affairs, didn't get the job. Margaret Kripke was head of the search committee and ultimately she was asked to take the job. So Margaret Kripke became the senior vice president and chief academic officer. And she took on the academic role. And when Fred Becker left the basic science chairs reported to her rather than through a vice president for research. And I had been made an associate vice president for educational programs by Dr. von Eschenbach because they wanted to take me out of the role of department chair ad interim. They wanted to retain Mien-Chie Hung. And they wanted to give him the department chair. He was much better qualified to be a research department chair than I, because he's a much stronger researcher. They wanted to retain him in the institution. But they at that point felt I had administrative strengths that they wanted to use. So in 1998 I moved out of the department chair ad interim. Mien-Chie Hung [Oral History Interview] became the chairman of

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the Department of Tumor Biology. And shortly thereafter changed its name to molecular and cellular oncology. And I became an associate vice president for educational programs under I think Andy von Eschenbach initially. And then Margaret Kripke. And Margaret within a couple of years promoted me to the vice president for educational programs. I can come back here a bit to the history with Garth Nicholson. I mentioned that within a couple of years after Garth Nicholson was recruited here Dr. LeMaistre recruited Josh Fidler and his wife Margaret Kripke. He was given the chairmanship of cancer biology. She was given the chairmanship of immunology. They were good friends with Garth. They were living in Kingwood as was I and was Garth. And so there was some socialization. I saw them occasionally. I knew them but was not close friends with them. During the period that Garth lost his balance and very severely damaged his relationship with them, Josh Fidler and probably Margaret as well probably gained some respect for me as an individual because of the position they saw me put in and the way that I managed that. And I remember Dr. Fidler, who's of Jewish ancestry and practices that religion, referred to me by the Jewish term for a man, a mensch.

Tacey Ann Rosolowski, PhD

[034:55]

Mensch.

Stephen Tomasovic, PhD

[034:56]

And I think he saw me in the way that Jewish people use the terminology. It's a pretty respectful kind of a term as I understand it.

Tacey Ann Rosolowski, PhD

[035:13]

You're a real decent human being, yeah.

Stephen Tomasovic, PhD

[035:15]

Yeah, and so I think he and Margaret [Kripke, PhD [Oral History Interview]] shared that view of me. And Margaret also got to see me talk about academic affairs because she chaired the search committee until she actually got the job herself, they weren't satisfied with the other candidates, including myself. But I put some effort into that. Jim Bowen had prepared me for many of the roles. I thought about it. Somewhere around here I even -- I don't know if I still have it. I had a binder that I used to put together my thoughts and to prepare for that role. So I think she may have had a favorable impression of me as a mensch. And then she saw me applying for this position. So I think when she got this role as the senior vice president and chief academic officer, she had a good impression of me. She continued me then as the vice president for educational programs. And promoted me within a couple years to the vice president for educational programs, and was satisfied with my performance in that role. I did that for about

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three years. And we were a good fit. These executive positions all serve at the will of the president, or the will of the next highest person that you report to. I was and still am a tenured professor in the University of Texas system. But the provost or the president could call me today and say you no longer have that job. And that's what happened to my chairman when I got the job as the chairman ad interim of tumor biology. You have no recourse, you serve at the will of. And so they have to be good matches in terms of performance but also other more intangible kinds of things. Personalities, characteristics that make you a good interpersonal match. So over that period of 2000 to 2003 I had that good match with her. And she I think felt comfortable with the role I was doing as the vice president for educational programs.

Tacey Ann Rosolowski, PhD

[037:51]

What were a couple of the things that you accomplished during that period that were very significant to you?

Stephen Tomasovic, PhD

[038:00]

Well, I changed -- the Office of Education was the predecessor to trainee and alumni affairs. And that office itself went through a couple name changes after Office of Education. But the leader of the Office of Education wasn't a good match with me. And I wasn't satisfied with the performance of that. So I created -- I terminated the director. I had a review done, as it turns out by the current leader of the department, of the department's functions to try to improve it. And then I terminated its director and hired Toya Candelari, who was a dean at the University of Texas School of Public Health, to be my associate vice president and to run that office. So that was one thing that I did there. I'm trying to remember when Margaret and I created the education council.

Tacey Ann Rosolowski, PhD

[039:00]

Yeah, that's on my list of --

Stephen Tomasovic, PhD

[039:03]

Let me look at that for a moment and see where that landed in that period of 2000 to 2003.

Tacey Ann Rosolowski, PhD

[039:07]

And it wasn't clear to me. I was interested in what the role of the council was and also where it was located in the institutional structure.

Stephen Tomasovic, PhD

[039:20]

Let me see if I can find where I set that up. Where am I looking for? 2000 to 2003. Yeah, that was 2001. So if you look at those institutional committees. So 2000 to 2003 was when I was the vice president for educational programs. And in that period I participated in an education strategic planning committee with Margaret. We looked at various leadership forums. We created a trainee recognition day. We did some education strategic planning. And I came up with the idea of -- or Margaret and I, sometimes I can't remember who suggested these things. But there was a research council and a clinical council. And council has gotten to be used a little bit more loosely now. And the reason is people view the council as something important. And so we did at that time as well recognize that there was a research council, there was a clinical council, but there wasn't a similar unit that had that level of visibility in the institution to deal with education. And so she and I came up with the idea of forming this education council. And we cochaired it. But in some respects it was very similar to what I did with Garth Nicholson on the interdisciplinary studies in cancer biology. I did a lot of the work in leadership for it, and used her stature and prestige to help give the council initial credibility. And technically I still cochair it with Ray DuBois but I'm the one that runs the education council. And I can give you the charge of the education council. But the intent was -- and prior to that I had resurrected an old committee of Jim Bowen's. He had a kind of educational resources committee that was used to think about education in the institution. I resurrected that and it became eventually a committee of the council. So the council was to bring together senior leadership at the institution that had educational programs across the institution. So I dealt with academic education with the exception of nursing programs. I got the chief nursing officer on the education council so that she and I were on a leadership group that talked about education and education needs in the institution. I got Steve Stuyck, who's the vice president for public affairs, which had all the patient education and public education activities. I got the leader of the human resources area that dealt with trainee -- employee development. So I tried to get -- I got Lew Foxhall, who's the public policy VP who dealt a lot with education out in the community in a different way -- professional education in the community. Steve Stuyck dealt with public education in the community. So brought together the vice presidents, very senior leaders, to think about education in broad terms across the institution. How do we continue to maintain the importance of education as a component of the institutional mission? How do we raise the visibility of education in the institution? How do we recognize and reward individuals' contributions to education, whether they were staff or faculty? And various things came out of that over time. An education strategy retreat that generated the graduate education committee for example that works with Dr. DuBois. Education Week, which is held every year with a bunch of events for faculty and staff. Staff Educator of the Year, to help balance the faculty education awards that I helped create when I was in the faculty senate. And we talked about -- created standards for the conference meeting rooms so that when a faculty member came in and stepped up to the podium the electronic interfaces were the same, didn't matter what room you went into. Tried to make sure we conserved education space, when they built new buildings. Tried to build education

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space into it. Tried to make sure we had enough meeting space as the institution grew. Tried to make sure we had enough resources and that we didn't get lost in the press to push research or push hospital and clinic operations or clinical research. And so it was that kind of an effort. So I think you had that on your list. The education council I think was -- creating the education council was one of those important strategies I believe that I was primarily responsible for. Other things I think that happened during that time was the elevation of faculty development in the institution. That was a nascent effort when I took over the role as vice president for educational programs. And Janis Apted was here or came here shortly thereafter. But she and I worked to create faculty development in the institution in a bigger way than it had been previously. And I want to come back to that. Another leadership lesson related to the faculty leadership academy. So you may want to prompt me if I don't get back to that again. Of course I was involved in a gazillion institutional committees of all types all during that period of time. During the period of 2000 to 2003 Dr. Kripke felt a need for a vice president for faculty affairs. She did a search for that. She settled on Kathleen Sazama. But Dr. Sazama as it turned out made some mistakes. And I think the key one was she took over a department that wasn't functioning very well.

Tomasovic: During the period of 2000 to 2003 Dr. Kripke felt a need for a vice president for faculty affairs. She did a search for that. She settled on Kathleen Sazama. But Dr. Sazama as it turned out made some mistakes. And I think the key one was she took over a department that wasn't functioning very well.

Tacey Ann Rosolowski, PhD

[047:47]

Which department is this?

Stephen Tomasovic, PhD

[047:48]

The faculty academic affairs. And I've told you what that department does. But that department wasn't functioning particularly well. And it was a very important department to Dr. Kripke because it touched faculty a lot. And if you make a lot of mistakes when you're dealing with faculty, a lot of complaints start landing in the president's office and the chief academic officer's office. They were dealing with faculty contracts, with appointments that had commitments of significant dollars. And so they were doing a lot of things that had important consequences. And they were making a lot of mistakes. And Dr. Sazama took over that leadership role. But she made one really bad mistake. I can't recall if her office director -- she had a director level person who managed the day-to-day activities and the people in the department. I can't remember if she hired him or if he was there when she arrived. But he was really bad. Really bad. And all the problems that they had only got worse. And they had some bad individuals in that department. Underperforming, poorly performing. Even shady in some respects as it turned out. But Dr. Kripke ultimately realized that Dr. Sazama would not be able to fix the problem for

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her. And I was asked to take on that vice presidency. So I became the vice president for academic affairs in 2003. And then I had those two roles then. Education affairs, faculty academic affairs. So that's where I was taking on two vice presidential jobs in 2003.

Tacey Ann Rosolowski, PhD

[050:08]

It seems as though they're very intersecting in a certain way in terms of the issues that they're dealing with. And did that change your understanding of how to manage the situation?

Stephen Tomasovic, PhD

[050:22]

Yeah. It was now instead of dealing with educational programs and only from the aspect of faculty how they touch, intersect with trainees, now I was dealing with an increasingly large faculty population. And this is where my attention to detail and some skill in getting the right people in the right jobs and recognizing that served me well. Dr. Sazama had realized her fundamental problem but too late. She had gotten rid of this guy and had placed Dana Kurtin into the role. But it was too late. So I came in and now Dana Kurtin was relatively new to the job. We still had quite a few dysfunctional people. Dr. Kripke expected me to fix it. And that department not only had credibility problems with Dr. Kripke, but because it interacts constantly with all the other departments in the institution, all the departments that have faculty work with that office constantly to get their faculty appointed, to get them promoted, get them evaluated, whatever problem they have with faculty, that's the department they interact with. And so it had a lack of credibility with her and a lack of credibility with many of those departments. So Dana and I worked for several years to try and fix that, to get rid of people who weren't doing the job, and get new people in. And I did that successfully, realized Dana could do the job, kept her in the role. And we straightened out that department. And by and large it has a good reputation now. Still makes mistakes. But was able to figure out how to get that department back on the right path. And again Dr. Kripke I think's confidence in me as being able to be a problem solver rather than a problem creator was increased. And so when she had another problem in the area of global -- of extramural programs -- the vice president for extramural programs made a personal mistake and had to step down from that job. And she again turned to me to take that on because I had this history with her and her confidence that I could solve that problem for her and she could rely on me to do that. And she turned it over to me.

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Chapter 12

B: Building the Institution

The Education Council, Sister Institutions, and Views On Leading Faculty

Story Codes

A: The Administrator

B: Building/Transforming the Institution

B: MD Anderson History

B: MD Anderson Culture

D: On Leadership

Tacey Ann Rosolowski, PhD

[053:18]

I wanted to talk about the extramural programs. But I'm just wondering in terms of telling the story about these issues with faculty and education. We haven't talked about the creation of the faculty senate. And would that give us some context to understand some of these other things? Your choice.

Stephen Tomasovic, PhD

[053:37]

Yeah, some of that. Let me just wrap that up by saying that when I became the VP for extramural programs, that's when I had the jobs of three vice presidents. And so a year after I got that job as the VP for extramural programs, which is now Global Academic Programs, she convinced the president that I should be promoted to a senior vice president. So in 2006. So that's how I got to this current job.

Tacey Ann Rosolowski, PhD

[054:09]

While we're on the subject of the extramural programs, what was the role of that particular program?

Stephen Tomasovic, PhD

[054:19]

At that time it had been established several years before. I wasn't paying a lot of attention. I don't recall when that was. But it was intended -- Dr. Mendelsohn was very interested in global partnerships and trying to create collaborative relationships. But also we had a marketing executive that thought by forming formal relationships with certain institutions the MD Anderson could draw patient referrals of international patients, which are the most profitable patients to any hospital in the US, because they're largely self-insured, self-paid. And they're the most -- the charges that they pay generate the most income to hospitals in the United States relative to any other kind of patient they can have. So international patients are very important.

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So this individual was thinking that was a good strategy. Let's create sister institutions with some clinical hospitals in several other countries. And that relationship will help us get more patients from them. Well, that didn't work. And it morphed into sister institutions as an academic relationship. And it began to grow under the leadership of Dr. -- I think Brown was the VP that I replaced for extramural programs. And so it became really more of an academic than a marketing or business strategy to create academic relationships that would foster access to different types of patient populations, different prevalences of cancer in different parts of the world, depending on diets and genetic backgrounds. Help have opportunities for exchange of bright minds. And extend our brand reputation around the world as a scientific center but also as a clinical center. And Dr. Mendelsohn was very interested in that. So we developed an increasing number of sister institutions. And it changed from that strategy of marketing to get more international patients, although it still had some minor effect in that regard. But to formalize academic relationships with good institutions, some of them almost our peerlike institutions in other countries, like Institut Gustave Roussy in Paris and others, very developmental in nature, in countries that were aspiring to reach our level of clinical and research expertise.

Tacey Ann Rosolowski, PhD

[057:40]

What's one of the most productive relationships that's been established? And why has it been productive?

Stephen Tomasovic, PhD

[057:48]

Well, I think the one -- well, I don't know that one stands out as being dramatically better than the others. There are some that are longer term than others. So the total accomplishments are you've got a bigger list. I think the one with the Institut Gustave Roussy, the one in Germany, FKZ, I can't quite remember the English version of that, it's a German cancer research center. The one in Chile, the Clinica Alemana, is a very good one. One of the more recent ones -- well, not very recent, but another good one is in Norway, which is unusual. It's a partnership with Stavanger University Hospital, the Norwegian Radium Center, and the Norwegian Cancer Registry. In fact our global academic programs annual meeting for the first time is going to be held in another country. It's going to be held there in Oslo next year. But all of those relationships, the ones that work best and the most productive ones were those where there was leadership in the institutions being very aware of it and interested in it, and also faculty rank and file, because as an executive leading faculty, in some respects you only have faculty on loan. Research faculty, academic faculty work in a global view of their world. So if they are prominent in their profession and successful they can work almost anywhere in the world. So they tend to think in terms of -- it's not that they're disloyal to an institution or more or less loyal to the institution. But it's their global coin, their papers, their research grants. That's their value. You can also get them to do education and service. But as time pressures increase or

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competition for their time increase, they tend to gravitate toward the research, because that's the coin of the realm. If they're successful in that they can say adios to you and head off to MIT or wherever they want to go. And so I lost my train of thought when I went down that little sidetrack.

Tacey Ann Rosolowski, PhD

[061:06]

Talking about the different international institutions where there were partnerships and how you could move faculty around them.

CLIP

D: On Leadership

Stephen Tomasovic, PhD

I was trying to get to the point about how you can't really totally direct research faculty. First there's the old what do you call it, chestnut of academic freedom. But also they will only work diligently on things that are personal interest to them and self-interest to them. So I can say as any executive in the institution can say we're going to do this, and faculty will do some of it. But they won't necessarily get their heart and souls behind it unless they see the value to advancing their discipline. Maybe that's a better way to phrase it. They sounded a bit selfish in the first way I was phrasing it. But they're really all about advancing their discipline, making scientific advances, making clinical advances. And that's where they want to focus their time and energy. And so you can't just say we're going to establish a relationship with Hunan University in Shanghai, go forth and do it. You have to have faculty champions. And it's only going to succeed if you have faculty who really see the value to advances in research, advances in clinical care, and want to put the time in on it. So that's one thing that you have to remain aware of, in working in academic institutions and working with faculty. You have to have them see -- the strategic alignment between their discipline area interest and their interest in advancing science and medicine with the institutional direction works best if those things -- if they can see the connection. If we take the institution in a direction that is -- we wouldn't do that. But if we were to go off in a direction that they couldn't see the link to conquering cancer or enabling people to live with cancer, we wouldn't be as effective. So I don't think I explained that in the best possible way. But I learned that more clearly in extramural programs, that you can't just dictate we're going to have these institutional relationships, or any type of program really. You have to find ways for faculty to see the interest, how it aligns with their interest. And then they will participate and the program has the potential to be successful. And that's part of what I applied and learned from faculty academic affairs as well, is that faculty have a lot of demands on their time. You have bureaucratic things you want them to do. Those bureaucratic things take away from their primary interest often. You have to try to make sure that they're related in a way that they can see is going to be useful to them. And we've gotten off, too far down the

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bureaucratic path within MD Anderson right now in my view. I've contributed to that certainly. But I think over the next few years there's going to be quite a bit of push to reduce the bureaucracy within MD Anderson if possible. I'm asking my directors to think about that before they launch new things. To look at the processes that we're doing. And I think one of the big advantages of me leaving my role is that we'll have a fresh outlook on all that. I believe that executive leaders should stay no longer than ten to 15 years, and then they should step down or be replaced, and get someone in who's going to be no better, no worse, perhaps better, probably not any worse. But they're going to have a new perspective and they'll look at some of the things that I've set up or done over the years and say I've got a better idea and here's why. And that's welcome, and that should be done.

Chapter 13

B: Building the Institution

The Faculty Senate and a Vision of Faculty Influence

Story Codes

B: MD Anderson History

A: The Administrator

B: Building/Transforming the Institution

D: On the Nature of Institutions

C: Understanding the Institution

Tacey Ann Rosolowski, PhD

[065:58]

Shall we return to the faculty senate issue? And talk about the founding of that and what was at stake in creating the faculty senate at that particular time in MD Anderson's history.

Stephen Tomasovic, PhD

[066:11]

Yeah. I think the regents' rules -- I don't know. Currently the regents' rules do say that you need a faculty governance organization. I don't know for sure when that appeared in the regents' rules. I don't know if that was -- likely that was always in the regents' rules. But it really hadn't -- it was probably only predominant in the -- it was much more the climate within the four-year universities to have a faculty senate, faculty governance institution. Those types of academic settings were much more concerned about faculty tenure, because tenure was lifetime. Much more concerned about protection of academic freedom, because they were teaching topics that were potentially politically sensitive. And so faculty senates, faculty governance organizations have existed at those kinds of universities for almost as long as the institution of tenure if not longer. In the health-related institutions, which had a lot of clinical faculty and were dealing with patient care and not teaching as many controversial things, I don't think it's -- the faculty urge to participate in those sorts of things and the faculty interest wasn't as high. And certainly at MD Anderson we had never had a faculty governance organization of that nature. I think at the Health Science Center they might have had an interfaculty council, which would be a similar related thing. And in fact I participated in that because of my membership in the graduate school. I served on that one time many years ago. But as I said Dr. LeMaistre and Dr. Bowen got to talking about that, and felt that MD Anderson should have a faculty governance organization, that we should be more universitylike. We were participating in the graduate school. I don't know if Dr. LeMaistre received any push from UT system about that. But technically we probably should have had a faculty governance organization. Maybe he'd gotten some questions about that. Maybe that's what drove him to ask. I'm not sure. But the regents' rules call for faculty to participate through a governance organization in lots of matters relating

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to academic life. Probably another reason it wasn't as big an issue at MD Anderson for many years is we never had lifetime tenure at MD Anderson. Dr. Clark again, he had a vision that he wanted to make sure that faculty were -- the less charitable would say that he could get rid of them any time he wanted to. The more charitable would say that he wanted to be sure that faculty were always motivated to be productive and get out there and cure cancer. But he convinced the structure of the institution for MD Anderson to have a renewable form of tenure called term tenure. And so every seven years everyone who has term tenure at MD Anderson stands for renewal of tenure. In practice it acts much like lifetime tenure for most of us. And the rigor of it decreases with time. After the second renewal you don't even have to seek outside letters of support. But still to this day we can choose to not renew the tenure of anyone after seven years. And so the consequences of that were probably there wasn't as much at stake for research faculty. Tenure in clinical faculty, lifetime tenure, is very unusual, even in most universities today. The clinical faculty, very few of them get lifetime tenure, because it commits salary, or has historically. And most universities that have medical schools and so forth didn't want to have the whole clinical salary to be tenured. If they are tenured, it's just for a base piece of the total salary. So getting lifetime tenure for a clinician at the university, Southwestern for example, it's a small portion. And they're usually very heavy researchers. Here at MD Anderson it's much easier for our clinical faculty to have term tenure because it's not as big a commitment for someone to give it away a little bit more freely. So I think those kinds of things, we were so focused, we didn't have things that we worried a lot about academic freedom, protection of tenure, and that got us off to a late start in thinking about faculty governance being important in the institution. And early on many of our faculty were clinical faculty. Our research faculty was a smaller proportion. As we got more research faculty that gave us a different composition and interest began to increase. I don't know if Dr. LeMaistre was hearing from faculty themselves about wanting a faculty governance organization. Anyway we began to work to create that because Dr. LeMaistre indicated that he wanted us to create an organization. So we looked at what other institutions were doing. We had a task force -- I think I referred to that a few minutes ago -- in the early '90s that dealt with trying to develop the structure for it, and setting up an election process, and determining what its bylaws would be.

Tacey Ann Rosolowski, PhD

[073:10]

What were the issues it took on when it was first formed? And was it a new -- how did people respond? How did the faculty respond to suddenly having this governance body?

Stephen Tomasovic, PhD

[073:23]

It wasn't governing the faculty per se. It was a mechanism for the faculty to have participatory governance of the institution with administration. And the early years, I'd almost have to go back to the minutes to remember. The things that concerned them were things like grievance procedures, if they're being treated unfairly by administration, how do they participate in

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evaluating their leadership, how do they give their views to the president and the other executive leaders without having it filtered by their department chairs, division heads.

Tacey Ann Rosolowski, PhD

[074:30]

I think I read in Dr. Olson's book that they had some say in the allocation of space and resources.

Stephen Tomasovic, PhD

[074:37]

Yeah, they wanted to have say in lots of matters related to conditions that affect their lives in the institution. But I'd say in the early years they were relatively less aggressive than they are now. Now they're much more involved and strong than they were in the early years. Their leadership meets more frequently with the president than I do.

Tacey Ann Rosolowski, PhD

[075:18]

Was the creation of the faculty senate part of the whole development of a culture that you were participating in with Margaret Kripke in -- that was the faculty development move. Let's create a context in which we're doing everything we can to support the lives of faculty. And it sounds like faculty senate was evolving into a piece in that puzzle.

Stephen Tomasovic, PhD

[075:39]

Yeah, it could be considered in that way. Yes I agree. It was trying to have faculty have more of a role in the institution as we grew. And also one of the challenges that we were having was hearing from faculty. We would tell things to department chairs or division heads as executive leaders. We'd give them information, direction. And we continually would discover that the message wasn't getting to the faculty or the message was not getting accurately to the faculty. And it's a problem that still we're challenged with today. But it was a more direct way of getting information to the faculty through their representatives. There was one elected representative for each eight faculty. They were elected from departments and they could theoretically go back to the departments and bring issues from the departments. And then those could be taken right by in essence any administrative barriers that they might have had directly to the provost, chief academic officer, president, whatever their titles were at the time. So it was an opportunity to directly provide feedback and get more accurate information theoretically. We still have lots of communication problems. And for them to recognize their achievements and honor faculty. So the faculty honors convocation was created during the time I was senate chair. The faculty achievement awards in research and education and clinical care were created to get significant recognition to faculty who excelled. And to celebrate ourselves as an academic institution. It was part of that going from a very hospital-focused, clinical-research-focused kind of an organization, patient-care-focused organization into a more universitylike environment. And we

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had faculty governance and faculty senate and honors convocations, and the things that universities did.

Tacey Ann Rosolowski, PhD

[078:35]

Was the faculty leadership academy that you had asked me to mention, how was that related or was it related to that push?

Stephen Tomasovic, PhD

[078:44]

Not related to the faculty senate push, but it was something that we had -- one of the issues that we were concerned about and are still concerned about to this day was leadership of faculty and quality of faculty leaders. Then and still to a large extent until today faculty leaders in organizations like ours are chosen primarily on an examination of their CV. And great scientist, great clinician, let's make him department chair or division head or vice president. And many times that works well. But the reality is in the preparation of someone to be a physician or a scientist, that's a very narrow training process, and increasingly so all the time, as disciplines have split out from fairly broad fields. And the need to focus. And there's almost no attention given whatsoever to understanding business practices or administration or managing people, leading people, dealing with conflict. The only way you learn anything about those are just from your mentoring experience in your GME training or in your PhD training. And so we then and we now hire individuals that fail miserably at being faculty leaders and cause lots of problems. So we've had several runs at trying to work on enhancing those skill sets in faculty that are no longer working in an individual lab or an individual clinic. They're working in a very complex organization with a \$3 billion plus budget and close to 20,000 employees. This is a strange hybrid of a very large and busy hospital and clinic operation with a research enterprise, with a university type research enterprise. And so one of our -- Andy von Eschenbach I think was the one who first got to thinking about this. He had somehow run across, got interested in business administration program at Rice. And so he I believe was the one who set up one of our first attempts to teach faculty about leadership. And I was one of the people selected for that program because I was -- this occurred in the period when I was chairman of the faculty senate. So they were looking at current and potential and future leaders to increase their leadership skills, their understanding of business administration. We were an increasingly big business and couldn't afford to have people who had no skills in those areas taking on leadership roles. So we set up an executive development program with Rice University's business school, ran it in 1991. It was a fairly typical business school program. And people who took it liked it. Liked getting together with folks they didn't normally get together with. We talked early in the first session about interprofessional education, interprofessional interactions. And so whenever we do one of these business type leadership programs, what everybody always likes best about them is the cohort that they're with, and getting to know those people, establishing those personal networks, and thinking about that.

Tacey Ann Rosolowski, PhD

[083:30]

Are the individuals who come to these programs self-selected? Or how does that work?

Stephen Tomasovic, PhD

[083:34]

No, they're almost always nominated. They've always been very expensive programs to run. And we select people. So there was a group selected for that program, some of whom, like myself, now have prominent leadership roles in the institution. At that time I was deputy chairman I think still and president of the faculty senate. Shortly after that I got more leadership roles. So that program was considered somewhat successful but there was no follow-through. It just didn't go any further. A few years later we weren't sure what the outcomes were from our expenditure of the money. And it tended to be like they'd give business examples like Coca-Cola. Tended to be a business school approach to giving examples of business practices, the lessons learned, but mostly from the corporate world. That's the way they were oriented, and they weren't used to working much with hospital. And so there were people who felt -- certainly the principles were perfectly applicable. But it's not a very sophisticated group of trainees for that purpose. And they really needed more examples that they could relate more directly to. So that had a mixed outcome. And then we had another run at it about eight years later in 1999. This time I'm not sure who set this one up. It might have been one of our chief business officers. Lost track of that. But this time it was with the University of Texas in Austin, their business school. This time it got worse reviews, and just wasn't considered successful, because they really didn't help the participants -- and I participated in that one as well. They really didn't help the participants connect what they were learning to our situation. And so the outcome of those were -- Dr. Kripke and I thought those programs were valuable. So that was '99, 2000. I became the vice president for educational programs in 2000 and was then reporting to Dr. Kripke shortly thereafter. And so she and I had participated in both of those programs, both felt it was important to do that. But we hadn't done it successfully. And in 2000 when I took on the vice president for educational programs, I had an associate vice president or an assistant vice president, don't remember what he was, named Robin Sandefur. And he had hired Janis Apted. And we were doing some faculty development. And she had come to us from I think the University of Wisconsin in Madison where she'd been involved in some faculty development. And the kind of faculty development that it was was how do you run a laboratory, how do you do effective speaking. Basic stuff related to faculty careers more on an individual basis, how do you succeed as a faculty member in your discipline, in your department, whatever. And it wasn't really focused on leadership skills or training. But there's a whole gamut of other programs related to developing faculty careers that help them in lots of ways that aren't about leadership. And we still do lots of those programs. And I'm not sure if I can pull up the exact -- I'd have to do some research in my files. But somehow or other I thought of creating a faculty leadership academy. I don't know that I was using that terminology. But I talked to Dr. Kripke about it,

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and it resonated very well with her. We developed that, and needed to present it to the president and his executive team. Don't remember if it was the PAB at that time or whether it was the management committee. But to propose that we would do faculty leadership training within the institution. And have a continuing program to develop our future leaders, succession efforts within the institution, to train people that we hire to be better leaders, to train junior faculty to be future leaders. And so I was scheduled to present the proposal, and here's where I made a leadership mistake. Your allies, you need to make sure your most influential allies are there when you're presenting controversial programs. Had done some groundwork in that regard, but clearly the most influential voice and credible voice in that regard would be the chief academic officer. And I was scheduled to make the presentation, and it got scheduled either when she wasn't going to be there, or she got pulled away for something. And I should have dropped it from the agenda and waited for her to return, but I went ahead, and that was a mistake. I gave the presentation, they were polite, I left the room, they just bombed it. There was a faculty leader who referred to the whole thing as amateur night at the rodeo. I heard that subsequently. This gentleman as it turns out has never been a great leader in the institution, a poor administrator, a poor leader. Has never participated in any effective way in the programs, and has never risen any farther than where he is currently. But he had an influence that day. Margaret came back into town, discovered what had happened, went to the president. Backed me, pushed it forward and got it approved to do it. And so then Janis, who's now an associate vice president, and I worked with Margaret to have the creation of this faculty leadership academy. And Janis could tell you more details. But we've put hundreds of faculty through that program. And it has influenced. And we created a parallel program for administrative leadership. We work with HR. They have a parallel program. So a lot of faculty who are leaving here now or who have left to take leadership positions elsewhere have been through our leadership academy, have taken subsequent programs. And it's helped as we've moved forward from Margaret Kripke to Ray DuBois. He's very interested in mentoring of faculty and faculty development. And we've continued those programs and created new programs in mentoring, and mentoring awards. Dr. DePinho coming in has said that he's very interested in faculty mentoring and developmental plans for faculty. So Janis I think expects to continue to work with him and my successor and Dr. DuBois to continue to evolve that. We're not by any means - - we have a lot to go. We really haven't totally succeeded in making your leadership skills an important part of your recruitment here. There's still a tendency for department chairs to be hired or division heads to be hired based on their scientific and clinical expertise and questions about -- and behavioral interviewing is barely a topic that we understand here. We've worked on it for several years. But we still have a lot of work to do in defining leadership as part of your job. For example only in the last year have we tried to pull out from the total salary of faculty leaders a piece that says this \$50,000 is what we're paying you to be a department chair. If you're no longer department chair you lose that money. So we're trying to create clear competencies for leadership for department chairs. We're trying to set clearly that there are dollar amounts that are at risk if you don't do this job well. We're trying to set an expectation that when we hire you you're going to continue to evolve your leadership skills. We're trying to

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coach and train recruitment search committees and others to ask questions. Behavior-related interviewing to try to elicit how they would handle leadership situations. So we're still making mistakes. We still have a ways to go. And it's a bit of a struggle because again the coin of the realm in this academic world is your research credentials, your academic credentials. And it's still very difficult to take someone who's a great leader but substantially lower academic credentials than someone who has tremendous academic credentials and the leadership is a little shaky. It's still very difficult to do that. Because if you want those great people, and they want responsibility, you're going to have a tough time getting them here unless you can give them that responsibility.

Tacey Ann Rosolowski, PhD

[095:19]

Yeah, I got a copy of your narrative biography. Mary Jane Schier sent it to me. And the phrase I remember -- I'm paraphrasing here. But it talked about securing the future of MD Anderson. And strategic plans for securing the future. And as you're describing this faculty leadership academy I'm just seeing how you're trying to create a situation in which you're making an institutional investment in an individual from the very moment they're hired or they're targeted as someone who may become a leader. Not only the research, but in as you said their behavioral skill sets. Is that innovative in an institution?

Stephen Tomasovic, PhD

[096:02]

Not especially. Businesses have been focusing on it for years.

Tacey Ann Rosolowski, PhD

[096:09]

I'm just wondering about academic settings. That seems --

Stephen Tomasovic, PhD

[096:12]

In an academic hospital setting, it's not been very common. Faculty leadership issues are talked about a lot now. But it's only been in the last ten or 15 years or so that that's really become an issue. And in large part it's because these organizations are so large and so complex and the challenges they're facing in order to maintain an efficient organization that can generate enough revenue to support their research and education missions in the face of these external challenges, leadership has become very important. You can't afford to have -- you could get away with that in the past. Now there's much less tolerance for poor leaders because faculty don't tolerate it. They can go somewhere else. They can go to private practice if they don't like working here, and make more money. At least they used to be able to. Now even that might be a challenge. But these organizations are very very dependent on clinical margin. The federal government and the state don't give them enough money, and it's decreasing all the time, to train future scientists

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and train future clinicians. They don't give them enough money for those educational programs. They don't give them enough money for the research. So we're subsidizing large parts of our research and large parts of our education off the clinical margin, the difference between what it costs us to deliver care and what we're being paid. And as that decreases you've got to have a better organization, and you've got to have better leadership. And so we're trying to change culture with these kinds of programs. And as you know culture is the most difficult thing to change. And you can't just change it in one institution. If you're the institution that's saying we're more concerned about you being a leader than we are about your science or your clinical expertise, you're potentially losing key people you need. So it's a difficult balance that we're trying to move toward while remaining competitive for those people in a national and even a global scale. And we have competitors across the street and up the state. We're all trying to keep these very highly talented people and trying to struggle with how do we change the culture so that leadership is recognized as something that's so valuable that we can't ignore it, and that it's an expectation for your role. If you take on that responsibility. If you want to be a department chairman, this is something you have to know, and this is something you have to devote time to. You can no longer just be publishing in Cell or Nature all the time and not paying attention to these other things. You have to figure out how to hire the right people to help you do that. You have to figure out how to be that kind of a person. And that's becoming increasingly important. And I think these programs and the direction that we've been trying to move strategically for a number of years now will ultimately help us meet the challenges that we're facing now. At least that's the intent.

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Chapter 14

A: View on Career and Accomplishments

A Mark Left on Education and Faculty Achievement

Story Codes

A: Career and Accomplishments

A: Professional Values, Ethics, Purpose

A: Character, Values, Beliefs, Talents

Tacey Ann Rosolowski, PhD

[100:14]

Let me just be aware of the time right now. I know you have to leave in about ten minutes. And I didn't want us to close out the day today without me asking you a few final questions. Because you're looking ahead to retiring at the end of this month. And you mentioned earlier an award that you received and that you helped design. And I wondered if you would comment a little bit on some of the awards that you've received over the years that meant the most to you. And maybe as either an additional question or an alternative question what you feel as you look back are the most important things you've contributed and what you hope would be carried on in the institution.

Stephen Tomasovic, PhD

[101:04]

I think we've touched on some of the latter. Let me just talk about the awards for a minute. Yes, I think one of the awards that -- and I'm not a highly awarded person. But I think education has been one of my strong points in the institution. And I did receive that recognition, a faculty achievement award in education, which is given each year to one of the best educators in the institution. As you said, I helped -- or as I said earlier, I helped to create those faculty achievement awards. And the development office worked for years. They're now all fully endowed and named after various donors. And it's a significant award. It's 30,000 some dollars, you can take a large portion of which as personal funds, or you can use it for research. You get a nice pressed stamped heavy medallion. And so I think I appreciated and welcomed receiving that award. I don't remember. I think that's under my awards when I -

Tacey Ann Rosolowski, PhD

[102:26]

Is that the dean's teaching excellence?

Stephen Tomasovic, PhD

[102:31]

Well, that's a smaller --

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Tacey Ann Rosolowski, PhD

[102:32]

That is the John P. McGovern Outstanding Teacher?

Stephen Tomasovic, PhD

[102:35]

Let me find. Where is that list at anyway?

Tacey Ann Rosolowski, PhD

[102:38]

Outstanding faculty award. Faculty achievement award.

Stephen Tomasovic, PhD

[102:41]

The first one was that McGovern Outstanding Teacher in 1998. You're picked by the students. And that was probably a direct outcome of having created the cancer biology program and the cancer biology course. If you're selected by the students, it helps to have a lot of students that you're interacting with. You teach a course with five people, and that's all that ever meet you, you're very unlikely to get nominated successfully for that award. So I had 30 some students and was doing a job that they appreciated. So that was my first education award that I got here. The dean's teaching excellence award is just a more routine thing that you just did a good job with citizenship in the graduate school. But the McGovern teaching award, outstanding teacher, was as a result of selection by the students in the graduate school. So that was something that I appreciated. The other one was in 1994, that faculty achievement award in education given by the faculty senate. I think that was another significant thing for me, because it was my peers looking at me in comparison to other faculty that year and deciding that I had made a body of contributions to that point in my career that merited that award. Then I think the next really significant one was a few years ago. We created -- I think it was in 2004 -- the executive vice chancellor Dr. Shine created an academy in the University of Texas system for the health science education. And that was to be like most academies an honorific group of individuals that would elect its own membership and have a grant process to further education in the institution, manage a grant process to further education within the University of Texas related to health science, conduct educational conferences and some other tasks. And so the election to the academy is by nomination by the president or the faculty senate or one of the deans to the academy, and then there's a vote of the academy members. So to be elected to the academy it's an honor within the University of Texas health-related institutions. Again you receive a nice medallion. You're given that by the regents. You wear that medallion at commencement ceremonies when you're robed. Graduations, things like that. And also when you're elected to that academy, the president can nominate you to be another title in the University of Texas system that is used not just for the health-related institutions but across all of the University of Texas system. It's called a distinguished teaching professor. And so Dr. Mendelsohn nominated me to be a distinguished

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teaching professor within the University of Texas system, and I received that award in 2007. And with my pending retirement they submitted me to receive emeritus professor status. And that was approved this past month. So I'll be an emeritus professor and an emeritus member of the academy. And I think all of those things were primarily related to my education contributions in the institution. I'm very gratified by all of those awards. And there was a second topic that you wanted me to comment on.

Tacey Ann Rosolowski, PhD

[107:06]

No, actually I wanted to close out with a different question, which is --

Stephen Tomasovic, PhD

[107:12]

What were my -- what I consider the main achievements?

Tacey Ann Rosolowski, PhD

[107:14]

Or the alternative one I was thinking of was what is something you've initiated that you hope will be carried on after your retirement.

Stephen Tomasovic, PhD

[107:25]

I think I talked about some of those, but let me pick them out from amongst all of the talk. One is the faculty development programs and there's various forms. The mentorship, the leadership programs. As a corollary to that I hope that the efforts that we've made to try to foster improved leadership among our department chairs, division heads, our executives, pushing to have job descriptions that are about leadership, pushing to make the search process look for those leadership skills. Once we select those individuals have an understanding and a commitment that they'll continue to develop those skill sets. Having a portion of their salary that's at risk that they lose if they aren't able to continue that position. Those are a couple of things that I think I would like to see continue. I'd also like to see the education council continue. To have that cross-organizational body within the institution that thinks about education in the broad sense and plans for the educational needs and resources of the institution and fosters awareness of the education mission and tries to keep that at a high level of value and importance in the institution. Because fundamentally we are an educational institution. We are a learning organization. If we didn't conduct educational programs, if we didn't try to learn about science and medicine and advance the standard of care, we would be like any other hospital in the United States whose primary role is just to deliver the current quality of care. We're doing more than that. We're trying to advance the standard of care and take that and deliver that out to other organizations that are delivering that care. And so we are fundamentally -- if we weren't about education and learning, we wouldn't be -- achieved what we have achieved as an organization. And we want to make sure that doesn't get -- everybody knows that under the surface, but we want to have that

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up there and visible, and continue to receive appropriate resources and attention by the institution. So I'd like to see that continue.

Tacey Ann Rosolowski, PhD

[110:11]

Thank you very much for your time today. I really appreciate it.

Stephen Tomasovic, PhD

[110:13]

You're welcome. I enjoyed doing it.

Tacey Ann Rosolowski, PhD

[110:16]

Thank you. It's about ten minutes of 4:00. And the second session is ended now. Thank you.

[110:24]

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