Wenonah B. Ecung, PhD

Interview Navigation Materials

Interview #81

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Interview Information

Three sessions: 21 September 2016, 3 November 2016; 27 February 2017

Total approximate duration: 4 hours 30 minutes

Interviewer: Tacey A. Rosolowski, Ph.D.

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About the Interview Subject

Wenonah B. Ecung[1] (b. July 10; Washington, DC) came to MD Anderson in 1977 in the role of Nurse Clinician II in Medical Oncology. When she retired in 2016, she was serving as Vice President of Clinical Administration reporting to the Executive Vice President and Physician in Chief.

During her long career with the institution, Dr. Ecung had an impact on the organization of nursing care and the transformation of the role of nurses in partnering with physicians in patient care. She contributed to the evolution of multidisciplinary care at MD Anderson, and participated in organizing the institution's formal shift to the multidisciplinary care model.

Major Topics Covered:

Personal background and education

Perspectives on the role of nurses, oncology nursing, and nursing leadership

Views on racial bias

The Department of Developmental Therapeutics; organization of Station 16, Station 55, Station 65

Leadership, mentoring, career decision-making processes

[1] Pronounced "ee-sung".

Evolution of multidisciplinary care

Views on executive leadership; institutional change with shifting leadership

Electronic medical records

A note on transcription and the transcript:

This interview had been transcribed according to oral history best practices to preserve the conversational quality of spoken language (rather than editing it to written standards).

The interview subject has been given the opportunity to review the transcript and make changes: any substantial departures from the audio file are indicated with brackets [ ].

In addition, the Archives may have redacted portions of the transcript and audio file in compliance with HIPAA and/or interview subject requests.

Wenonah Ecung, PhD

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Wenonah Ecung, PhD

Chapter Summaries

Interview Session One: 21 September 2016

Chapter 00A
Interview Identifier

Chapter 01
Memories and Details about Family
A: Personal Background;

Codes
A: Personal Background;

In this chapter, Dr. Ecung sketches her early family experiences. She notes that she was from an "Air Force family" and lived overseas for a time, arriving eventually in San Antonio, where both her father and mother worked on planes at the Lackland Air Force Base. She shares memories of her father, who committed suicide when she was ten years old. She notes that her father named her "Wenonah" for her Shawnee grandmother and because the name means "morning star", alluding to the fact that she was her father's first born.

Chapter 02
Finding the Way to Nursing
A: Educational Path;

Codes
A: Personal Background;
C: Leadership; D: On Leadership;
A: Character, Values, Beliefs, Talents;
A: Experiences Related to Gender, Race, Ethnicity;

Dr. Ecung begins this chapter by noting that when she began college (San Antonio College, transferring to Texas Woman's University, BS in Nursing conferred in 1977) she believed she would focus on business. She talks about how ambitiously she approached her first jobs in high school and her success as a young employee. She then explains how a guidance counselor limited her sights for study in college to teaching and nursing because of her gender, though she notes that "he didn't know he was doing me a favor."

Next she discusses her sense of independence, tempered by a close relationship with her mother, and the stresses of leaving San Antonio when she transferred to Texas Women's University in Houston.

Chapter 03
An Education that Stressed Nursing Leadership; Experiences of Bias
A: Educational Path;

Codes
C: Leadership; D: On Leadership;
A: Character, Values, Beliefs, Talents;
A: Experiences Related to Gender, Race, Ethnicity;

Dr. Ecung talks about her nursing education at Texas Women's University in this chapter. She talks about the value of the Socratic method employed and shares anecdotes about racial bias she observed and experienced.

Next, she explains that nursing education at TWU was geared toward graduating nursing leaders.

Chapter 04
Making a Commitment to Oncology Nursing
A: Professional Path;

Codes
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: Joining MD Anderson;
C: Human Stories;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: This is MD Anderson;

In this chapter, Dr. Ecung explains how she decided to focus her career on oncology nursing despite her first reservations. She explains how she first took a job (after graduating in 1977) as a floor nurse at MD Anderson, caring for patients with testicular and breast cancer. She shares stories of working with patients and describes why she found it so difficult that she left after a year and a half.

Dr. Ecung then talks about how working for several months in the emergency service at Hermann Hospital made her change her mind and returned to MD Anderson in 1978, working with outpatients in the Department of Developmental Therapeutics.

Chapter 05
Nursing in the Department of Developmental Therapeutics
B: Building the Institution;

Codes
A: Joining MD Anderson;
A: The Clinician;
A: The Leader;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Discovery and Success;

In this chapter, Dr. Ecung provides a portrait of her work in the Department of Developmental Therapeutics when she returned to MD Anderson in 1978. She explains the physical organization of the clinic (Station 16). She discusses how she reorganized patients by disease type and assigned specific nurses to each disease type to deepen their knowledge so they might be more effective working with faculty and teaching patients about their diseases. She talks about the impact –notably in the retention of nurses. Next, Dr. Ecung talks about the working relationships between research nurses and clinical nurses in Developmental Therapeutics.

Dr. Ecung speaks in general about the culture of nursing at MD Anderson and how it was based on care and a relationship of trust with both patients and faculty. She notes the philosophy of nursing in Developmental Therapeutics at the time: that a nurse could become a protégé of a physician. She explains that nurses developed good relationships of trust with physicians through expertise, their understanding of drugs and their ability to calculate accurate dosages. She explains that their clinic was one of the few where nurses calculated dosages. She talks about communications challenges working with physicians about dosages. She compares the "nurse as protégé" model with the assumption that nurses are physicians' handmaidens.

Dr. Ecung notes that she became a role model in Station 16. She discusses other projects she undertook to develop nursing in the clinic and department. She speaks about her promotion to head nurse and lists her accomplishments, also noting that she started her family during this period. Finally, she comments on the "big egos" in Developmental Therapeutics, the challenges of working with some of those individuals, and her reputation for refusing to allow faculty to mistreat her nursing staff.

Chapter 06
Developing Nursing Care in the New Clark Clinic
B: Building the Institution;

Codes
A: The Clinician;

A: The Leader;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Discovery and Success;

In this chapter, Dr. Ecung talks about her shift to a new position as Nurse Manager of Station 55 (in 1987), which was moved to the newly constructed Clark Clinic. She talks about the physical organization of the new clinic space and how it functioned more effectively. She outlines changes that she helped make to nursing care between 1987 and 1993, including combining the roles of research nurses and clinical nurses into the Primary Attending Nurse designation. She talks about the challenges of effecting this change and the increase in patient satisfaction it created. She notes that she "had a list of nurses waiting to get into Station 55," and she was extremely careful to bring in new nurses who fit with the culture of the group. She also recalls that other clinics were asking for information on how Station 55 had been so well reorganized.

Interview Session Two: 3 November 2016

Chapter 00B
Interview Identifier

Chapter 07
Reorganizing Station 65 [now the Breast Center], the Preceptorship Program, and Multi-Disciplinary Care
B: Building the Institution;

Codes
A: The Clinician;
A: The Leader;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Discovery and Success;
C: Leadership
C: Mentoring

In this chapter, Dr. Ecung discusses the period when she was managing Station 55 and was also tapped to reorganize Station 65, now known as The Breast Center. She explains that this was the first of a number of situations in which she would serve as a "turnaround agent." She describes

some of the skills she brought to that role and then sketches the situation in Station 65 when she took over. Dr. Ecung explains that she wanted to bring a new view of nursing and nursing culture through a rapid team transformation. She explains that she was successful in establishing a core group of people who supported her vision of empowering nurses as decision makers working in concert with physicians.

Dr. Ecung gives examples of the expanded role for nurses her turnaround involved and notes that the changes resulted in increased patient confidence.

Next, Dr. Ecung comments briefly on the evolution of multi-disciplinary care at MD Anderson. She also explains that on her own initiative she negotiated an increased salary when she took on the reorganization of Station 65.

Dr. Ecung next talks about the Preceptorship Program, which was designed to instruct representatives from pharmaceutical companies in how their drugs were used in MD Anderson procedures.

Chapter 08
A New Role as Clinical Administrative Director: Instituting Multi-Disciplinary Care
B: Building the Institution;

Codes
C: Leadership; D: On Leadership;
B: MD Anderson History;
B: MD Anderson Culture;
B: The MD Anderson Brand, Reputation;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
C: MD Anderson Impact;

In this chapter, Dr. Ecung tells the story of taking on the role of Clinical Administrative Director (in 1996). She begins by talking about the interview process, which took place during a difficult period of her life. She then talks about her responsibility to build multi-disciplinary care teams as the institution went to a "one stop shopping" model. She also talks about the effects of this "huge change" on faculty, nurses, and on patients. She also notes that at the time other cancer centers were discussing this change, but MD Anderson took the step of instituting it and "became the way" of organizing care.

Next she notes that she has always had "great nurses" who wanted to "do more than put a patient in a room." She talks about the interview process she used to select nurses. She also recalls her Master's program, where she began to understand her administrative philosophy.

Chapter 09

A Period of Transition for a Leader
A: The Administrator;

Codes
C: Leadership; D: On Leadership;
C: Mentoring;
C: Understanding the Institution;
C: Evolution of Career;
C: Professional Practice;
C: The Professional at Work;

In this chapter, Dr. Ecung talks about a period of transition she went through in her focus on leadership. She begins talking about an MD Anderson-sponsored leadership development program she attended, then shifts gears and explains how Dr. Charles LeMaistre invited her to chair a group of classified employees tasked with interviewing candidates for the new presidency of the institution. She notes that this role gave her visibility among staff outside of medicine; she also recalls lessons learned, illustrating with an anecdote about how she had to handle an awkward moment during an interview with Dr. John Mendelsohn. She notes that these experiences prepared her for leading larger interdisciplinary teams.

Dr. Ecung then returns to her original story about her leadership training, telling a story about how she intervened as a bridge builder when Dr. Mendelsohn and Dr. Todd Pritchard got into an argument about mentoring.

This set the stage in which Dr. David Callendar asked her to interview for the role of Associate Vice President for Clinical Programs. She explains that Dr. Barbara Summers (oral history interview) was chosen for the position. She tells a story of how she demonstrated her support for Dr. Summers in her new role: Dr. Summers eventually asked her to lead the Clark Clinic Renovation project, her second major opportunity for exposure to executive leadership. [Dr. Ecung's husband, Ramone, comes in briefly at the end of this chapter.]

Chapter 10
Professional and Personal Values and Changes in Institution Culture
B: Institutional Change;

Codes
B: MD Anderson Culture;
C: Leadership; D: On Leadership;
C: Mentoring;
C: Evolution of Career;
B: Growth and/or Change;
A: Professional Values, Ethics, Purpose;
B: Ethics;
B: Institutional Politics;
B: Controversy;

B: Gender, Race, Ethnicity, Religion;
C: Women and Minorities at Work;

Dr. Ecung begins this chapter with some brief comments about mentoring: she notes that "I am a product of mentoring" and talks about her own strategies of mentoring. She tells an anecdote about mentoring staffmembers who are already fairly highly placed but looking to rise higher in the institution. She notes that by virtue of her mentoring, she began to serve as "the doorway" to the Physician in Chief's office. She explains that honest and integrity are key concepts in her personal and professional philosophy and these values served as motives for her decision to retire.

Next Dr. Ecung offers her observations on changes that she has seen in MD Anderson's culture over the past five years, noting that the institution does not feel "as wholesome" as it did during her years of service and that the place is "reshaping" in ways that do not match who she is. As an example, she explains that for 37 of her 39 years at the institution she never felt that she was looked at as black, but now feels invisible in meeting with the president [Dr. Ronald DePinho; oral history interview]. She also explains that she has observed Dr. DePinho's wife, Dr. Lynda Chin, behave in ways that were damaging to moral.

She notes that in the past, she observed situations arise where the faculty might not like an institutional policy or decision, but nevertheless supported the president. Today, she explains, the faculty does not feel heard and this support is not as strongly expressed.

She also notes changes in the Physician in Chief's office. The atmosphere was very close and trusting in the past, but now sees a kind of class system in place.

Interview Session Three: 27 February 2017

Chapter 00C
Interview Identifier

Chapter 11
The Decision to Retire and Reflections on Working Under Two Physicians in Chief
B: Institutional Change;

Codes
A: Professional Path;
A: Obstacles, Challenges;
B: Institutional Processes;
B: Working Environment;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;

B: MD Anderson Culture;
A: Professional Values, Ethics, Purpose;
C: Faith, Values, Beliefs;
C: Evolution of Career;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;
B: Critical Perspectives on MD Anderson;
C: Critical Perspectives;
C: Women and Minorities at Work;
C: Understanding the Institution;

In this chapter, Dr. Ecung explains the factors that led her to retire at the end of 2016, setting her decision in the context of her work with two physicians in chief, Thomas A. Burke, MD [oral history interview] and Robert Brigham.

She begins by noting that she was serving as Associate Vice President of Clinical Operations when Dr. Burke came in as physician in chief, and he made the conscious decision to keep her in that role. This gave her to opportunity to observe the process by which he was removed from that position and notes that she felt it was "not done with integrity." She talks about Dr. Burke's accomplishments in his role and explains that he had the habit of "speaking truth to power" while also being a "citizen of power." She explains the process of removing him (2013) and why integrity is so important in executive levels of an institution.

Next, she talks about her expanded role as Vice President of Clinical Operations under Dr. Thomas Buchholz because another key individual had left the institution and Robert Brigham had come in as new Senior Vice President for Hospital and Clinics, working closely with Dr. Buchholz. She describes the new perspective that Mr. Brigham brought from his years at Mayo Clinic and the changes that he and Dr. Buchholz instituted.

Dr. Ecung explains how her role changed and was ultimately diminished in this new administrative context. She talks about her decision to retire and cut off from all contact with MD Anderson for one year, explaining her reasoning. She also talks about how people who remained in the office of the Executive Vice President felt they had lost an advocate when she left.

Chapter 12
Associate Vice President of Clinical Operations, an Evolving Role
B: Building the Institution;

Codes
A: The Administrator;
A: Overview;
B: MD Anderson Culture;
B: Working Environment;

B: Institutional Processes;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
C: Professional Practice;
C: The Professional at Work;
C: Collaborations;
C: Leadership; D: On Leadership;

In this chapter, Dr. Ecung talks about her role as Associate Vice President of Clinical Operations (2003 – 2014). She explains how she was selected for this position then talks about the steep learning curve she had during her first two years: it was a few years before a task crossed her desk that she had performed previously. She gives examples of the tasks she took on during Hurricane Katrina and during the Joint Commission Survey to accredit the institution.

She observes that after five years, she was familiar with the role. She gives examples of how she instituted processes that could be repeated: evaluating faculty salaries; the holiday letter program; advisory board contracts. She compares her view of the role to Dr. Barbara Summers, who had held it previously.

Chapter 13
Key Projects
A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
B: Building the Institution;

Dr. Ecung begins this chapter by identifying her role as Chair of the Clark Clinic Renovations Project Team as one of her most significant (2005 – 2008). She ran the first interdisciplinary committee comprised of forty-three individuals from all over the institution to have input. She notes that it was extremely successful. She talks about the impact of her decision to have committee members present to the Dr. Buchholz, rather than presenting their conclusions herself.

Next she talks about addressing long wait times (sometimes twelve hours) in the Emergency Center (though the recommendations were not implemented). She speaks on more detail about the survey conducted to gather information for the American College of Surgeons' accreditation process, noting that MD Anderson most often received a "commendation" level evaluation.

Chapter 14
Vice President of Clinical Operations, and a New Working Environment
A: The Administrator;

Codes
A: The Administrator;
A: Overview;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Processes;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;

Dr. Ecung begins this chapter by narrating the story of how she was promoted in 2014 to Vice President of Clinical Operations (along with others in the Office of the Executive Vice President). She notes that her official role didn't change, as its scope was already "huge" and she was required to have a great deal of agility to take on new projects.

The role did shift, however, along with circumstances over the next two years, she explains, because Dr. Buchholz had taken over as Physician in Chief in 2013. Once Robert Brigham came in as Vice President of Hospital and Clinic, she explains that she was expected to do more, but also serve a more restricted and diminished role.

She notes that projects effectively stopped when Dr. Buchholz came in as he adjusted to the new role.

Chapter 15
Instituting Multi-disciplinary Care and Electronic Medical Records
B: Institutional Change;

Codes
A: The Administrator;
A: Overview;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Processes;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;

In this chapter, Dr. Ecung sketches some of the major changes she saw during her years working for the Physician in Chief.

First she talks about the process of adopting electronic medical records. She explains that under David Callender, the institution looked at a variety of vendors and determined that the MD Anderson-developed system, ClinicStation, exceeded what was on the market. In 2014, she explains, leadership decided to adopt the EPIC EMR system. She talks about the pros and cons of ClinicStation and notes that the administration planned on a $250 million loss when instituting EPIC.

Next, she talks about the process of supporting the evolution of multidisciplinary care at MD Anderson, a process that involved helping faculty and staff understand what it was about and then managing the transition of practice to a team approach. She talks about the difference between physically bringing the different specialties together versus creating a culture of collaboration. She talks about some of the strategies used to foster collaboration, including the importance of cross-training nurses and holding planning conferences with faculty across specialities. She talks about the importance of spatial support in design of clinics, developing teams, holding formal conferences, and including multidisciplinary teams in patient visits, the latter resulting in a "show of force for a patient."

Dr. Ecung talks about working on the Clinical Effectiveness Committee that formalized multidisciplinary approaches in the MD Anderson algorithms of care. She points out that the Sarcoma center did a costing of each algorithm.

Chapter 16
A PhD and Teaching Leadership Theory and Policy after Retirement
A: Post-Retirement Activities;

Codes
A: Professional Path;
A: The Educator;
A: The Leader;
A: The Mentor;
A: Activities Outside Institution;
A: Career and Accomplishments;
A: Post Retirement Activities;
A: Professional Values, Ethics, Purpose;
C: Evolution of Career;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;
C: Mentoring; D: On Mentoring;

In this chapter, Dr. Ecung first explains her decision (in 2010) to get a PhD and then talks about teaching Leadership Theory after her retirement in 2016.

First she explains how she came to earn a PhD at Our Lady of the Lake University at San Antonio after that institution established a cohort in Houston in 2010. She talks about her husband, Ramone's support of her work and the challenges of doing a PhD (conferred 2013) while involved in a demanding position. She recalls her graduation.

Dr. Ecung then discusses the impact of her program of study as she served as Associate VP and VP of Clinical Operations.

Next, she explains how she was invited to teach leadership theory and policy after her retirement. She explains that she wants to give back to the University and this is her contribution of community service.

Finally, she notes that her heroine is her mother.

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Wenonah Ecung, PhD

Interview Session One: September 21, 2016

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The views expressed in this interview are solely the perspective of the interview subject. They are not to be interpreted as the official view of any other individual or of The University of Texas MD Anderson Cancer Center.

Chapter 00A
Interview Identifier

Tacey Ann Rosolowski, PhD
[00:00:01]
So for the benefit of the archives, I'm Tacey Ann Rosolowski. And today is September 21st, 2016. The time is 11:30, and I am at the home of Wenonah Ecung for our first interview session. Dr. Ecung first came to MD Anderson in 1979 [correction: 1977], and if any of these details are incorrect, you could just let me know—in 1979 in the role of Nurse Clinician II in Medical Oncology. [Correction/addition: She worked on the 8th floor of what was then identified as the Lutheran Pavilion. Individuals on that floor provided care to patients with breast cancer and testicular cancer.] When she retired earlier this year, 2016, she was Vice President of Clinical Administration, reporting to Thomas Buchholz, who is the Executive Vice President and Physician in Chief. As I said, we're interviewing at your lovely home in Houston, Texas. This is the first of probably a couple, maybe three interview sessions. And I want to thank you for taking the time.
[00:00:58]

Interview Session: 1
Interview Date: September 21, 2016

Wenonah Ecung, PhD
[00:00:59]
You're welcome.
[00:01:01]

Tacey Ann Rosolowski, PhD
[00:01:00]
We really, really appreciate it.
[00:01:03]

Wenonah Ecung, PhD
[00:01:03]
I actually started at Anderson in December of '78 [corrected: 1977].
[00:01:04]

Tacey Ann Rosolowski, PhD
[00:01:05]
Oh, really?
[00:01:07]

Wenonah Ecung, PhD
[00:01:07]
So it was right before '79 [corrected 1978].
[00:01:08]

Tacey Ann Rosolowski, PhD
[00:01:08]
Okay.
[00:01:08]

Wenonah Ecung, PhD
[00:01:09]
It was December of '78 [corrected 1977].
[00:01:10]

Interview Session: 1
Interview Date: September 21, 2016

Chapter 01
Memories and Details about Family
A: Personal Background;

Codes
A: Personal Background;

Tacey Ann Rosolowski, PhD
[00:01:10]
Okay. All right. Well, I wanted to begin in kind of the traditional place, which is, can you tell me where you were born and when? And tell me a little bit about your family. And you look shocked.
[00:01:28]

Wenonah Ecung, PhD
[00:01:30]
Well, that's because I am. I guess I won't play poker. So I was born in Washington, DC. My dad was Air Force. So we traveled quite a bit when I was young. We left Washington, DC, went to Paris, and from Paris ended up in Germany, where he was stationed at Ramstein Air Force Base. We were there, oh, I was a little girl, up until right before the first grade. It was at that time we moved. He was transferred to Texas, specifically San Antonio. Gosh, I can't remember the Air Force Base in San Antonio, but we ended up in San Antonio for me to be able to start the first grade. I think my most vivid memory about that was that when we arrived in Texas, I was so disappointed because I didn't see the cowgirls and the cowboys. I was looking for the cowgirls and the cowboys riding horses. I remember my mom telling me, she really had to kind of calm me down and try to help me understand that no, people in Texas don't always ride horses.
[00:02:49]

Tacey Ann Rosolowski, PhD
[00:02:51]
Let me just pause for a second. All right. What did your father do in the Air Force?
[00:03:00]

Wenonah Ecung, PhD
[00:03:00]
That's sort of a mystery. I know he worked on planes. He and my mother both worked on planes. She was a civilian, so she wasn't per se in the Air Force. But I'm not really clear. I know what I remember of my dad is, he was always studying. His last promotion was to Master Sergeant. But I guess I should convey, my dad died when I was 10 years old. He actually committed suicide. So all I remember of my dad is, my friends coming over, him really being

really playful with all of us. He taught judo and karate and archery, I was very good at archery. He would—planes would fly over and he'd test me by asking me to identify what the belly of the plane was. I remember him sharing that our ancestral history, he shared with me his mom was Shawnee, and frequently he would test me on things related to that. My name, Wenonah, actually is American Indian, and it means "Morningstar," [and also] according to my dad, "first-born daughter," which I was his first-born daughter. So that's kind of my memory of my dad.
[00:04:25]

Tacey Ann Rosolowski, PhD
[00:04:25]
Wow. Your birth date, would you share that?
[00:04:31]

Wenonah Ecung, PhD
[00:04:31]
Sure. Do you need the year?
[00:04:34]

Tacey Ann Rosolowski, PhD
Well, I'm not going to force you, if you really don't want to.
[00:04:37]

Wenonah Ecung, PhD
[00:04:37]
But it's July the 10th.
[00:04:38]

Tacey Ann Rosolowski, PhD
[00:04:39]
Okay. You're going to keep the year secret for now?
[00:04:42]

Wenonah Ecung, PhD
[00:04:43]
For now. If you need it later, I'll reveal it.
[00:04:45]

Tacey Ann Rosolowski, PhD
[00:04:45]
Okay. And do you have any siblings?

[00:04:48]

Wenonah Ecung, PhD
[00:04:48]
I do. I have two sisters.
[00:04:51]

Tacey Ann Rosolowski, PhD
[00:04:51]
And their names?
[00:04:52]

Wenonah Ecung, PhD
[00:04:53]
Joslyn Merean Fairrow.
[00:04:55]

Tacey Ann Rosolowski, PhD
[00:04:54]
Merean?
[00:04:56]

Wenonah Ecung, PhD
[00:04:56]
M-E-R-E-A-N.
[00:04:59]

Tacey Ann Rosolowski, PhD
[00:04:57]
M-E-R—?
[00:04:57]

Wenonah Ecung, PhD
[00:04:59]
E-A-N.
[00:05:00]

Tacey Ann Rosolowski, PhD
[00:05:00]
E-A-N? Oh, that's an interesting name.
[00:05:00]

Wenonah Ecung, PhD
[00:05:02]
[She was named] after my mother.
[00:05:02]

Tacey Ann Rosolowski, PhD
[00:05:02]
And I'm sorry, the last name?
[00:05:04]

Wenonah Ecung, PhD
[00:05:06]
Fairrow. F-A-I-R-R-O-W.
[00:05:08]

Tacey Ann Rosolowski, PhD
[00:05:09]
Oh, okay.
[00:05:11]

Wenonah Ecung, PhD
[00:05:11]
And Tambela, T-A-M-B-E-L-A, Danyelle, D-A-N-Y-E-L-L-E.
[00:05:18]

Tacey Ann Rosolowski, PhD
[00:05:20]
Y—
[00:05:20]

Wenonah Ecung, PhD
[00:05:20]
Franklin.
[00:05:21]

Tacey Ann Rosolowski, PhD
[00:05:22]
Franklin. Okay.
[00:05:24]

Wenonah Ecung, PhD
[00:05:26]
And the first one is older, and the second one is younger.
[00:05:26]

Tacey Ann Rosolowski, PhD
[00:05:28]
Okay.
[00:05:27]

Wenonah Ecung, PhD
[00:05:27]
So I'm the middle child.
[00:05:28]

Tacey Ann Rosolowski, PhD
[00:05:29]
Okay. And you parents' names?
[00:05:30]

Wenonah Ecung, PhD
[00:05:32]
My dad was James William Brent. And my mother, Merean Beatrice Tandy, T-A-N-D-Y, Brent.
[00:05:47]

Tacey Ann Rosolowski, PhD
[00:05:51]
Okay. And just for your information, all of this stuff I'm writing down, all the names, I'm going to send you a list of those so you can correct them before they go for transcription.
[00:05:56]

Wenonah Ecung, PhD
[00:05:58]
Okay. Okay.
[00:05:58]

Tacey Ann Rosolowski, PhD
[00:05:58]
That it helps with the accuracy.
[00:06:00]

Wenonah Ecung, PhD
[00:06:00]
Okay. You can add—she did remarry, so Sheffield, S-H-E-F-F-I-E-L-D.
[00:06:13]

Tacey Ann Rosolowski, PhD
[00:06:12]
Okay. All right. Now, so your father passed away when you were 10?
[00:06:19]

Wenonah Ecung, PhD
[00:06:21]
Mm-hmm.
[00:06:22]

Tacey Ann Rosolowski, PhD
[00:06:23]
And what happened with your family at that point?
[00:06:25]

Wenonah Ecung, PhD
[00:06:26]
Well, we were in San Antonio. He and my mom had divorced by then. So we remained in San Antonio. My mother hadn't remarried at the time. But we remained in San Antonio. I continued through middle school and high school. She—I do remember she started working at that time. But that's—so anyway, through middle school, high school, then I went off to college.
[00:06:58]

Interview Session: 1
Interview Date: September 21, 2016

Chapter 02
Finding the Way to Nursing
A: Educational Path;

Codes
A: Personal Background;
C: Leadership; D: On Leadership;
A: Character, Values, Beliefs, Talents;
A: Experiences Related to Gender, Race, Ethnicity;

Tacey Ann Rosolowski, PhD
[00:06:58]
Okay. Now, tell me a bit about your educational experiences. What were the things you loved? How did you kind of say, oh yeah, these are the directions I'm drifting in.
[00:07:07]

Wenonah Ecung, PhD
[00:07:07]
(inaudible), yeah.
[00:07:09]

Tacey Ann Rosolowski, PhD
[00:07:09]
Yeah.
[00:07:09]

Wenonah Ecung, PhD
[00:07:09]
Well, that is interesting, when we look at what's going on today. So I started—college-wise, I started at San Antonio College. It was abbreviated SAC. It was a two-year community college in San Antonio. And it was in preparation for me to take all the prerequisites to move to something, which I thought at the time was going to be business. Shortly—well, not shortly, about a year and a half into that, I met with my school counselor, a male. He advised me that as a female, I needed to consider nursing or becoming a teacher. And I didn't want to do either one. So I went home to discuss it with my mom. And being who she was, she said, "Well, he's the expert. If that's what he's telling you, then we need to choose." And we narrowed it—I said, "Well, I really don't want to teach." She said, "Well, then, you'll have to be a nurse." And that is how I ended up in nursing. That is totally different from what's going on, and all the options that girls have before them today. But I do want to add, my counselor at the moment didn't know he was doing me a favor. But it actually turned out to be one of the best things that ever happened to me. Nursing turned out to be a scuffle board to launch from in terms of pretty much any

direction I wanted to. So he really did me a favor without knowing it.
[00:08:38]

Tacey Ann Rosolowski, PhD
[00:08:38]
What were some of the assumptions that you made about nursing at the time, that made you think, "No, I don't want to do that"?
[00:08:44]

Wenonah Ecung, PhD
[00:08:44]
What I wanted to do was go into the Air Force. That, I know, was following the path of my father. My mother, being a mother, said, "Absolutely not." She felt she didn't want me in harm's way. So she, without discussion, took that option off the table. When he mentioned nursing or teaching, I, without realizing, I think I saw those as professions dominated by females, and I just thought I could do so much more. I could contribute so much more, something different. I think that was what initially turned me off about either being a teacher or a nurse.
[00:09:26]

Tacey Ann Rosolowski, PhD
[00:09:28]
What—now, that's really cool that at that age, you felt, wow, I've got a lot inside me. What were some of your ambitions at the time?
[00:09:35]

Wenonah Ecung, PhD
[00:09:36]
Well, I knew I wanted to go into business. I didn't know exactly what "business" meant, but I had had a couple of jobs prior to that. I worked at—it was a grocery chain in San Antonio, and I don't know if it's still there, called "Handy Andy." Pretty much—well, they had Handy Andy, and H-E-B. So it was a grocery chain, like H-E-B. I worked my way up there from being on the floor to the cashier to the office. So I knew there was something there in terms of me being somewhat business-astute. I had also worked for—and I remember it to this day—
Frank T. Drought Engineering Corporation. And that was a small engineering firm, where the owner, Frank Drought, whose daughter was going off to a university and they wanted someone to replace her in the office. But it was pretty much like a girl Friday, where you did everything. You were receptionist, you greeted visitors, but you also did payroll for the office. And so I just knew there was more—I felt there was more that I could do. I had been able to take over that

entire office and produce for the family the way they wanted.
[00:10:57]

Tacey Ann Rosolowski, PhD
[00:10:59]
How old were you at the time?
[00:10:59]

Wenonah Ecung, PhD
[00:10:59]
Probably—I graduated from high school a year early. So I was probably 16.
[00:11:07]

Tacey Ann Rosolowski, PhD
[00:11:07]
Wow, that's amazing! So you had a lot of confidence.
[00:11:10]

Wenonah Ecung, PhD
[00:11:09]
I did.
[00:11:11]

Tacey Ann Rosolowski, PhD
[00:11:11]
Yeah. Did you have other kind of extracurricular activities? Or you pretty much worked?
[00:11:18]

Wenonah Ecung, PhD
[00:11:18]
Well, when I was in high school, I was in the brigade. It was called the Card Brigade. And that was, instead of being a cheerleader, that was a section where if you were looking from an aerial view, you could look down and see that the cards were spelling out words. So that's what I was a part of. In college, no. I pretty much worked and I focused on school.

Tacey Ann Rosolowski, PhD
[00:11:48]
So tell me about your experiences at the two-year school. And I turn my page over, this is San Antonio College.
[00:12:00]

Wenonah Ecung, PhD
[00:12:00]
San Antonio College. Well, I think that was, like any young person, that was my first time going off to school. My mother was pretty strict. I didn't really get to date, so this was, like, freedom. (laughter) Even though at the end of the day, I would go home, not to a dorm. But I started out probably the first six months not focusing on my classes, and getting caught up in just what young college students do, like playing cards or hanging out and watching the soap operators. I remember Young and the Restless started for the very first time. And then I remember getting my grades and being on probation, and then having to have a discussion with my mom. And she's kind of one person you didn't want to hold those discussions with. So after that, I gave up playing cards and I gave up watching soap operas, and I focused on school. We charted a path of what was to come after the two years, and she made it clear that she felt having an Associate degree was pretty much not having a degree at all. So we charted the path in terms of where I was to go. And we chose Texas Woman's University. So from that point on, it was using what was required in their curriculum, me making sure I was taking those classes, so that I could transition there. And I did. Two years later, I transitioned to Denton, Texas. I'll never forget, my mom helped move me up. She cleaned the room, Cloroxed down everything, and then two weeks later I was called to their office and told that I could come to the Houston campus, that I didn't need to stay there. That I pretty much had everything except for one course, which was a physical education course. And we had agreement that I would take that from the University of Houston. So I went there—
[00:14:01]

Tacey Ann Rosolowski, PhD
[00:14:02]
Now, what did that move represent? Is the Houston campus the flagship campus?
[00:14:05]

Wenonah Ecung, PhD
[00:14:05]
Yes. In terms of nursing.
[00:14:05]

Tacey Ann Rosolowski, PhD
[00:14:07]
I'm not from—
[00:14:07]

Wenonah Ecung, PhD
[00:14:07]
In terms of nursing.
[00:14:08]

Tacey Ann Rosolowski, PhD
[00:14:08]
Okay. Okay.
[00:14:09]

Wenonah Ecung, PhD
[00:14:09]
Yes. It meant that I was headed straight into the nursing program at that point on.
[00:14:13]

Tacey Ann Rosolowski, PhD
[00:14:14]
Wow.
[00:14:15]

Wenonah Ecung, PhD
[00:14:15]
Yeah.
[00:14:15]

Tacey Ann Rosolowski, PhD
[00:14:15]
Now, after you'd kind of buckled down and was paying more attention to your classes and everything, what was evolving for you? How were you understanding your own abilities differently at that time? If you were, I mean sometimes people don't—
[00:14:38]

Wenonah Ecung, PhD
[00:14:39]
I'm not sure—I think one thing we'd have to understand is, because of who my mom was and because of who my father was, I've always—I think I was always a pretty independent child. Not just independent, but reasonably assertive. I think that was—I think I was placed in situations to where it was expected. That was expected of me from my parents. So moving—the strongest emotion I had, moving from Denton to Houston was, I was somewhat a "mama's girl," if you would. So it had been very difficult for me to leave my younger sister, Tambela, and my mom and go to Denton. It seemed like I was just sort of beginning to settle in when—it was a

happy occasion I was told I could come to Houston. But at the same time, I had just started to make friends.

[00:15:45]
So it was like being behind, somewhat. Everybody in Houston had already had those two, three weeks ahead of time to meet people, and develop maybe some beginning friendships. Here I was just coming, I had never been to Houston before. It was like starting over again, having my mom coming up, having to leave her all over again. So that part was pretty scary. But it was something that my parent had instilled in me. I knew I could do it, I just had to push through the fear. And I remember standing at a bulletin board looking at a schedule, and this girl, young girl, coming up to me and saying, "You look lost." And I said, "I am." And she befriended me right at that time. Her name was Yolanda Franklin. And we just immediately became friends from there on. And she was in the nursing program. So it was kind of godsend.
[00:16:49]

Tacey Ann Rosolowski, PhD
[00:16:48]
Yeah. Yeah, you had a life saver thrown to you at that very moment.
[00:16:54]

Wenonah Ecung, PhD
[00:16:53]
Yes. At that—.
[00:16:55]

Tacey Ann Rosolowski, PhD
[00:16:57]
Well, I guess I wanted to ask you, again, going back to Denton, it sounds like maybe there was some confusion, or distraction from the academics. But it sounds like you were learning things about interpersonal interactions and social—
[00:17:15]

Wenonah Ecung, PhD
[00:17:15]
I was learning life skills. Yeah.
[00:17:16]

Tacey Ann Rosolowski, PhD
[00:17:16]
So what were some of the things that you learned about yourself from that perspective?
[00:17:20]

Wenonah Ecung, PhD
[00:17:20]
Well, I guess I learned that even though I was attached to my mom, I guess I learned at that point that I could survive with an extended umbilical cord; I can't say that it was detached, but with an extended umbilical cord. Because we stayed in touch pretty much every day, every other day. I do remember at some point it became weekly. But it was always at least weekly. So I guess I learned I could do things without her, I guess, I don't want to say "directing," but helping me navigate. I learned I could do it myself. But I don't think I was really—I don't think being there two to three weeks, I was really there long enough to develop formal friendships. Although I remember one girl—I don't even remember her name, though—that helped me pack up everything to come down to Houston. But I think that experience just helped me know that, yeah, you can do this. You can do it by yourself. You can do it. You can do this. I don't have any other way to put it. Yeah.
[00:18:41]

Tacey Ann Rosolowski, PhD
[00:18:41]
Yeah, it's funny when that feeling comes over you, yeah, and you suddenly realize that. Yeah. So tell me about navigating Houston with Yolanda's friendship, thank goodness.
[00:18:53]

Wenonah Ecung, PhD
[00:18:54]
Yeah. Well, that was interesting. I did have a car. I had my first new car back in 1977, I think it was. At that time, my mom—I remember her saying to me, "For every dollar you save, I'll match, and that will be your down payment. Your goal has to be if you can't afford the car in three years to pay it off, you can't afford the car." So that became my goal. I remember driving back. It was a yellow Vega. It was lemon yellow, as a matter of fact, because I wanted canary pink, and they weren't making pink cars at the time. Anyway, I drove back, I drove to Houston in that car. And I got here, and I was terrified of the traffic. And literally, the car was parked for three months, until one day I was so homesick, I literally found the courage to get in the car, get on the freeway, and drive home to San Antonio. But prior to that, I hadn't been home for three months. But that was a turning point for me. Again, it was like knowing, oh my God, you really can do this. And you can do it by yourself. And you can enjoy doing it by yourself. I think that was the big revelation there, pushing through the Houston traffic and embracing it, and getting out in it and driving.

[00:20:19]
Also, the mandate was, I would come here to take the PE course. And so when I went over to the University of Houston, it was large to me. Texas Woman's was small, here in Houston, at least. I remember being somewhat fearful, not knowing how to navigate that campus. But doing

it—and I ended up enrolling in racquetball and had a great time with that. Houston was special to me, because we had special professors. The classes were reasonably small. I think it was 25. We started out with more, but it dwindled down to 25. But for whatever reason, the professors took an interest in me. It was not an easy school. But I was always proud to be at that school, because I came to understand the rivalry between Texas Woman's School of Nursing and the University of Texas School of Nursing. And I came to appreciate that we had always done—our graduating seniors had always done better on the nursing board than they had. So I've always been a competitive person, so that was appealing to me.
[00:21:50]

Tacey Ann Rosolowski, PhD
[00:21:50]
Now, I'm going to—
[00:21:53]

Wenonah Ecung, PhD
[00:21:55]
And I'm sure I'm jumping all over the place.
[00:21:55]

Tacey Ann Rosolowski, PhD
[00:21:55]
No, no, no, that's fine. No.
[00:21:57]

Wenonah Ecung, PhD
[00:21:59]
Okay. (laughter)
[00:22:00]

Tacey Ann Rosolowski, PhD
[00:22:01]
So just so I'm clear, you were at Texas Woman's?
[00:22:04]

Wenonah Ecung, PhD
[00:22:04]
Mm-hmm. [affirmative]
[00:22:07]

Tacey Ann Rosolowski, PhD
[00:22:07]
And, in fact, you were also there for your master's?
[00:22:09]

Wenonah Ecung, PhD
[00:22:09]
Yes.
[00:22:10]

Tacey Ann Rosolowski, PhD
[00:22:10]
Right. So I'm just unclear, did you take classes at the UT School of Nursing, or—
[00:22:19]

Wenonah Ecung, PhD
[00:22:19]
No. No, no.
[00:22:19]

Tacey Ann Rosolowski, PhD
[00:22:19]
Okay, so this was—all right. Okay.
[00:22:22]

Wenonah Ecung, PhD
[00:22:22]
Went to University of Houston to take the PE classes.
[00:22:25]

Tacey Ann Rosolowski, PhD
[00:22:25]
The PE.
[00:22:25]

Wenonah Ecung, PhD
[00:22:25]
But all my other classes were taken at Texas Woman's University.
[00:22:29]

Tacey Ann Rosolowski, PhD
[00:22:30]
So tell me about your experiences there academically. How were you—kind of your understanding of nursing and yourself in this profession growing at that time?
[00:22:40]

Wenonah Ecung, PhD
[00:22:41]
Mm-hmm. Pretty much with the exception of going off to school, the community college for the very first time, I've always been a very good student. Our household, when my mom and dad were together, was one of study. At 5:00 when he would enter—it was a very strict home. When he would enter, all chatter would stop. He was king of the kingdom, if you will. And at that point, it was dinner, and it was study time, whether you were studying what you had for school, or he was studying what he was going to try and promote within the Air Force the next time. So going off, that was my goal. I was the first to go to college. And my goal was to make my mom proud, because of the sacrifices she was making.

[00:23:39]
So I was what you would call a bookworm. I studied. But I also enjoyed it. And I enjoyed—Texas Woman's University was—I don't know if they would have said it back then, but it was very Socratic in its method that it used. You had to be prepared, because your professors were going to ask you question after question after question after question, which again, has turned out to be, I know from my PhD program, which was one of the best things, because I'm not afraid of questions—I kind of got lost. What did you ask me? (laughs)
[00:24:22]

Tacey Ann Rosolowski, PhD
[00:24:22]
No, no, you're not lost at all. No, I was talking about your experience there academically.
[00:24:27]

Wenonah Ecung, PhD
[00:24:27]
Okay. Right. So I excelled academically.

Interview Session: 1
Interview Date: September 21, 2016

Chapter 03
Experiences of Racial Bias and an Education that Stressed Nursing Leadership
A: Educational Path;

Codes
C: Leadership; D: On Leadership;
A: Character, Values, Beliefs, Talents;
A: Experiences Related to Gender, Race, Ethnicity;

Wenonah Ecung, PhD
[00:24:27]+
Now, I did have one experience that I would, if I were labeling "good" versus "bad," it was a bad experience, but there was a life lesson in it. During my period there, in order to graduate, you had to take a Research Nursing course. And we had a professor, Dr. Sanchez, that I'll never forget. First time—I always sit in the front, no matter what class. Walked into the room—she walked into the room. And she proceeded to let us know how many of us in that class would fail, how many of us in that class would pass. And I found it terrifying. And I left the class, and I dropped it. The next semester, I re-enrolled in the class, because you couldn't graduate without the class. And she started along the same lines. And I left the class, and I dropped it. And the third time, I had a discussion with myself that, "You cannot let her stand in the way." And I enrolled in the class, she gave her standard talk, and I made a point to focus even more—I stayed. I didn't leave. But I made a point to focus and buckle down even more in that class. Even in doing that, I'll never forget, I think there were some biases operating for her. Even though there were minorities at Texas Woman's University, there were very few. I was actually one of two in my class.

[00:26:20]
And I'll never forget, during a test, one of the other young ladies in the class that later ended up also working at MD Anderson, Cathy Meshaw, we had our Research test, Research Nursing test. And during the test --Cathy and I were friends-- I sat in front, Cathy had sat to the side, but to the back; there was 25 of us, kind of like auditorium or theater style. [Cathy and I] made the same grade on the test. And I'll never forget, I was accused of cheating on Cathy, which was literally impossible. So administration decided that she would have to retest us. And she did. And this time, she set us far apart, which was—and I'll never forget my mother telling me, "This is life. And you have to do what is necessary." She sat us far apart, and I actually scored considerably higher than Cathy on the test. And it was obvious that it irritated Dr. Sanchez, but there was nothing else she could do. So I finished that class. That was the only untoward experience that I had at Texas Woman's University, even though I knew bias was operating. I think all my other professors appreciated who I was, and what I brought to the table.
[00:27:49]

Tacey Ann Rosolowski, PhD
[00:27:50]
What were some of the other indications within the culture there of bias?
[00:27:56]

Wenonah Ecung, PhD
[00:27:56]
Well, I keep saying I was one of two in my class. It started out with far more minorities in the class. But I think there was active weeding out. So that, even back then, I was aware of. It was very—I'm not going to say "clique-ish," but the few minorities that were there were pretty segregated. So there were [five of us although] we didn't graduate together. One girl, Patsy, was ahead of me. But we would congregate, and it was that little foursome group that would have lunch; Yolanda, myself, Patsy, and Elaine, and Patricia. So there were five of us. We were at different points in the program. But we found each other. So I didn't really—I didn't have a lot of friends that were non-black, although I had a few. I guess that was also a signal to me. Then the fact that most were weeded out.
[00:29:20]

Tacey Ann Rosolowski, PhD
[00:29:22]
Were you politicized at all at this time?
[00:29:24]

Wenonah Ecung, PhD
[00:29:24]
No. No. Not at all.
[00:29:29]

Tacey Ann Rosolowski, PhD
[00:29:30]
Do you consider yourself to have been at any point? Politicized? Yeah, just curious.
[00:29:35]

Wenonah Ecung, PhD
[00:29:36]
I really don't.
[00:29:36]

Tacey Ann Rosolowski, PhD
[00:29:36]
Yeah. Okay, yeah. Interesting. I mean, I was just curious, because—
[00:29:41]

Wenonah Ecung, PhD
[00:29:41]
Why? Yeah, why do you ask that?
[00:29:42]

Tacey Ann Rosolowski, PhD
[00:29:44]
Well, I was just wondering because I was in school in the north around this time. And African American students were becoming very politicized at that time. So it may be—some of it may be personal differences, some of it just may be regional differences. You know? You never quite know.
[00:30:03]

Wenonah Ecung, PhD
[00:30:04]
If anything, the difference was, I think, that I had been exposed to other cultures with my dad being in the Air Force, and with our travel.
[00:30:12]

Tacey Ann Rosolowski, PhD
[00:30:12]
Right.
[00:30:13]

Wenonah Ecung, PhD
[00:30:14]
Even in San Antonio, the schools I attended were mixed. And they were predominantly white.
[00:30:18]

Tacey Ann Rosolowski, PhD
[00:30:19]
Interesting. Yeah.
[00:30:19]

Wenonah Ecung, PhD
[00:30:21]
This was new to me to experience this type of bias. I hadn't experienced it before in the junior high or high schools that I had attended. And the high school was predominantly white. Yeah. Yeah.
[00:30:35]

Tacey Ann Rosolowski, PhD
[00:30:35]
So what were your attitudes when you were confronted with it?
[00:30:39]

Wenonah Ecung, PhD
[00:30:40]
Anger.
[00:30:40]

Tacey Ann Rosolowski, PhD
[00:30:40]
Yeah.
[00:30:41]

Wenonah Ecung, PhD
[00:30:42]
Anger. Very much so. But determination that if this is what you need, I'll prove to you who I am, because my mantra pretty much became, I want what you have, and you're not going to stop me from getting it. Yeah.
[00:30:59]

Tacey Ann Rosolowski, PhD
[00:31:01]
So tell me how your ideas about nursing as a profession began to evolve? You know because you said he didn't know—your counselor didn't know he was doing you a favor.
[00:31:12]

Wenonah Ecung, PhD
[00:31:12]
Yeah. Well, it just goes—I didn't know there were so many different facets to nursing. It was kind of like, nursing is nursing is nursing. And I think what I came to realize—well, I know what I came to realize, is that it's not. And there are so many different areas that you can go into. And I actually fell in love. I fell in love with my—not literally, you understand—but my OB

professor. And so there was a point where I thought, this is what I want to do. Then when we started going out into the clinical arena, I was at Methodist, and I was on the cardiovascular floor with [Michael E.] DeBakey [MD]. And that was really what I wanted to do. So there were just so many disciplines to choose from for nursing, to where it didn't [feel like a job but an actual career]. And I was always disappointed in people that saw nursing as a job. I really thought, why can't we be thinking of this as a profession, as a career? As something, a segment, a discipline that we could focus on and really develop deep knowledge in, like the physicians do. So cardiovascular nursing was what I thought was to be my area to do that. But it turned out not.
[00:32:41]

Tacey Ann Rosolowski, PhD
[00:32:42]
So you were already thinking in career terms, a pretty young woman. So how are you starting to visualize that? Were you taking steps to develop yourself?
[00:32:53]

Wenonah Ecung, PhD
[00:32:54]
Well, I can't take credit for that. I think that was something TWU instilled in us. They weren't developing—at that time, men did not attend TWU. So they weren't developing women to go out and do the hard labor of working the floors. Their [ ] stance at that time was, we're developing nurse leaders. So being young enough and embracing that, that was the direction I saw my career taking. We were to be the leaders out on the different floors. We needed to know the skill, but that wasn't our focus. That wasn't a hundred percent of our focus. It was developing those leadership skills.
[00:33:43]

Tacey Ann Rosolowski, PhD
[00:33:44]
What were some of the ways—what were some of the skills? And how were they beginning to do that at TWU?
[00:33:48]

Wenonah Ecung, PhD
[00:33:48] Well, there were the task-oriented skills, like insertion of Foleys [catheters] and IVs, things like that. But there was also development of teams, introducing us to Leadership Theory. So there—I haven't been back to the school. But their stance, I think, was somewhat more enlightened than a lot of the nursing schools at that time.
[00:34:13]

Tacey Ann Rosolowski, PhD
[00:34:14]
Why do you think that was?
[00:34:16]

Wenonah Ecung, PhD
[00:34:17]
I don't know if it was because it was all women—
[00:34:25]

Tacey Ann Rosolowski, PhD
[00:34:25]
Yeah, it may very well be.
[00:34:26]

Wenonah Ecung, PhD
[00:34:27]
I mean, it could be. I mean—
[00:34:30]

Tacey Ann Rosolowski, PhD
[00:34:31]
Was there a need in Texas for that? I mean, was there kind of an absence of women leaders in nursing in Texas? Now, I 'm just—
[00:34:39]

Wenonah Ecung, PhD
[00:34:40]
No, I don't think so. Although I do think men progressed faster in nursing as leaders, and I think they still do to this day. But no, I don't think there was a lack of at that time.
[00:34:52]

Tacey Ann Rosolowski, PhD
[00:34:53]
Maybe just visionary leadership at TWU.
[00:34:55]

Wenonah Ecung, PhD
[00:34:56]
Maybe so.
[00:34:56]

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Interview Date: September 21, 2016

Chapter 04
Making a Commitment to Oncology Nursing
A: Professional Path;

Codes
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: Joining MD Anderson;
C: Human Stories;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: This is MD Anderson;

Tacey Ann Rosolowski, PhD
[00:34:56]
Yeah. So tell me about the next step. You graduated in '77? You got your BS.
[00:35:04]

Wenonah Ecung, PhD
[00:35:05]
Mm-hmm. Graduated in '77, went out looking for a job. Like I said, I thought I was going to gravitate towards cardiovascular nursing. And at that time, we, recent grads, you had your choice, especially being down here in the medical center. You had your choice of jobs. And I'll never forget when I—I had interviewed at several places, but when I interviewed at Anderson, the Director of Nursing, Mandy Blanco, interviewed me. And she said, "Well, I have one opening, and it's on the hardest floor that we have here in the institution." And she went down that path. And I remember saying to her, "Well, I'm up for a challenge." And that was what drove me towards taking the position at Anderson and building a career in oncology. That was the first step. There was definitely a second step. But that was the first step. So I ended up on the floor, it was called 8LP, and it had testicular patients on one side and breast patients on the other side, and we would go between the two. That's where I started out on, 3:00 to 11:00. And Cathy Meshaw, who had been in the Research class with me, was a nurse on the floor, Suzanna Cruz and Rebecca Garcia were the three that took me pretty much under their belt and decided for whatever reason, we were to be the foursome, the force to be reckoned with. And they mentored me. Cathy spent time with me, as well as Suzanna and Rebecca. As I was studying for the boards, they would quiz me on things. It was just—I don't know. I've been blessed. And that was just another blessing.
[00:37:19]

Tacey Ann Rosolowski, PhD
[00:37:20]
Why was that floor considered to be so hard?
[00:37:23]

Wenonah Ecung, PhD
[00:37:24]
I never asked her why. I know just working there, there was the perception that women are very needy—
[00:37:36]

Tacey Ann Rosolowski, PhD
[00:37:37]
You mean as patients?
[00:37:38]

Wenonah Ecung, PhD
[00:37:38]
As patients. And they were half, 50 percent of the floor. I didn't find that. I found that whether it was the breast patient on one side or the testicular patient on the other side, I think what most impressed me is, we were just all there fighting for the same reason. That was life. So I don't know why she considered it the most challenging floor. I don't know whether it was the physicians, which I developed great relationships with, but they were tough. And they expected a lot from nursing. You pretty much became their partner. That could be the reason why. I didn't work the other floors, so I don't know.
[00:38:28]

Tacey Ann Rosolowski, PhD
[00:38:29]
A couple of questions. First, I've heard it said over and over again, and I've interviewed people, that it's hard—it can be hard to attract professionals to oncology nursing.
[00:38:42]

Wenonah Ecung, PhD
[00:38:43]
Mm-hmm. [affirmative]
[00:38:44]

Tacey Ann Rosolowski, PhD
[00:38:44]
So maybe you could talk a little bit about that? And also, why you began to embrace it.
[00:38:52]

Wenonah Ecung, PhD
[00:38:52]
Well, I think attracting professionals to oncology, you're having to move through what they've heard about working with cancer patients. Now, I think being young and coming straight out of school, I hadn't heard things, so I didn't have a basis for comparison. So for me, working with oncology, other than it being oncology, wasn't going to be any different than working with the cardiovascular patient. I think the reality is, once you start working with the oncology patient—or this is what happened, this became my reality. I found it very difficult. I was—at that point in time, I was 20 and 21. And I had folks that were 18 and 19. How many years later, and I can still remember it. But they would be with us for eight, nine months at a time. We would celebrate birthdays and we would celebrate Christmas. And then sometimes, their family didn't make it, and we were there holding them as they took their last breath. And I can remember that to this day. And at 20 and 21, that got to be a little bit too much for me. So I thought, I can't do this anymore. So I left. I left after being there a year and a half, two years. And I drove back to San Antonio, and I told my mother, "I cannot do that anymore. I can't do it anymore." And I stayed home until January, and then I went back. I actually terminated employment, then I went back after talking to her. And I applied back at Anderson for an outpatient position. So I was inpatient, and I applied for an outpatient position.

[00:41:03]
I was offered it, and it was an area that had been without leadership for four months. I've always been an organized person. So when I went in, the area was in such disarray. Staff were constantly leaving, and I went in and I literally organized the area. And I'll never forget, Dr. Burgess, Andrew Burgess came up to me after four months, and he said, "If you want to apply for the"—I don't know what they were calling it, Head Nurse or Nurse Manager position at the time, he said, "I'll support you." And that was my first thought of, okay, I'll do that. And he did. And I got the position. And that was Developmental Therapeutics, which had multiple disciplines within it. And I stayed there a number of years, getting to know the physicians, coming to realize I'm working with a group of world-renowned individuals; Kenneth McCredie, Michael Keating, Andy Burgess, Evan Hersh in Immunology—each in their own discipline. What was different was that I was still young, but I was at the beginning where I was seeing patients come, and they could leave and go home. Or, they would come, they would go inpatient, and I kind of missed what would happen on the inpatient side. I'd see them again when they came outpatient, which was some semblance of health.
[00:42:43]

Tacey Ann Rosolowski, PhD
[00:42:45]
Why did you come—I'm sorry—why did you come back to MD Anderson? Why didn't you just say, wait a minute, I can't do the cancer route.
[00:42:50]

Wenonah Ecung, PhD
[00:42:51]
Well, I actually did. And I went to—at that time, it was Hermann. It wasn't called Hermann Memorial, or Memorial Hermann. It was just Hermann Hospital. And I worked their Medical Intensive Care for—I think it was a period of several months, maybe four months, four or five months. And I'll never forget, one night we had a young lady, and she was early teens, not too much younger than I was, who had overdosed with pills—didn't work, then proceeded to try to hang herself—didn't work, then cut her wrists. I remember as we performed CPR on her, resuscitated her. They assigned me to her. I remember when I was gavaging her, I remember thinking, oh my God, you've just attempted to do everything you possibly could to end your life. And I've come from a place where people were doing everything they possibly could to save their life. And that was the moment I made the decision, I'm going back [to MD Anderson]. That's who I am. That's what I want to be [--an oncology nurse]. So I guess there was a period of me maturing, if you would.
[00:44:17]

Tacey Ann Rosolowski, PhD
[00:44:24]
Now, just so I'm clear, when you were first hired at MD Anderson, you were in inpatient. So that's actually kind of different. The departments—you were kind of working in those two areas.
[00:44:40]

Wenonah Ecung, PhD
[00:44:40]
Areas. Mm-hmm. [affirmative]
[00:44:41]

Tacey Ann Rosolowski, PhD
[00:44:42]
Okay. So when you came back, and this was as the Nurse Clinician II, I guess, in late 1978?
[00:44:50]

Wenonah Ecung, PhD
[00:44:51]
Yes.
[00:44:51]

Tacey Ann Rosolowski, PhD
[00:44:51]
Okay. So when did you first start with MD Anderson? That would be '77?
[00:44:55]

Wenonah Ecung, PhD
[00:44:54] So I graduated in December of '77, so that would have been when I started with Anderson. Yeah. I graduated in December of '77.
[00:45:10]

Tacey Ann Rosolowski, PhD
[00:45:11]
And so you were with the institution for just a few months?
[00:45:14]

Wenonah Ecung, PhD
[00:45:15]
So I was with the institution a year and a half before I left.
[00:45:19]

Tacey Ann Rosolowski, PhD
[00:45:21]
Okay.
[00:45:22]

Wenonah Ecung, PhD
[00:45:23]
So '77, so then '78. So it would have been in '78 that I would have left.
[00:45:27]

Tacey Ann Rosolowski, PhD
[00:45:28]
Okay.
[00:45:29]

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Wenonah Ecung, PhD
[00:45:29]
Okay.
[00:45:29]

Tacey Ann Rosolowski, PhD
[00:45:30]
And so then you came back in late, late '78?
[00:45:34]

Wenonah Ecung, PhD
[00:45:35]
[ ] Came back in early '79. [ ] I wasn't gone very long.
[00:45:46]

Chapter 05
Nursing in the Department of Developmental Therapeutics
B: Building the Institution;

Codes
A: Joining MD Anderson;
A: The Clinician;
A: The Leader;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Discovery and Success;

Tacey Ann Rosolowski, PhD
[00:45:47]
Okay, yeah. Okay, just wanted to get the dates right. Okay. So tell me more, I thought it was really, really interesting that when you mentioned the people you were working with, when you came back. Pretty amazing group. And getting this inside view of Developmental Therapeutics, which was just a pretty amazing place, from what I gather. So tell me about that. You came in, you reorganized things. Why was it in disarray? What were the challenges that you helped them sort out?
[00:46:21]

Wenonah Ecung, PhD
[00:46:22]
Well, they hadn't had a leader in the area for at least the four months I was there. And I think it was several months before [I arrived]. They hadn't been able to recruit anybody there. Developmental Therapeutics at that time was—the environment was challenging, and it was an open area. It was basically, you were working two hallways. And at the end of one hallway was the library. So you had traffic transversing through the hall that didn't have anything to do with what was going on in the center. So it was an open environment. That added complexity to it. I don't know who they—to this day, I don't know who had led the area prior to [me], but apparently they hadn't been able to get anyone to agree to take an interest in the area. That probably had to do with Developmental Therapeutics at that time. It really meant it was a hodgepodge of diseases. I had Leukemia there, I had General Oncology there, I had Head and Neck there. I had Sarcoma there. So it was just a hodgepodge of diseases which, again, adds a whole other area of complexity; not just learning the disease, but learning the faculty that work with that disease, their preferences, the patients there. But I was able to build an effective team.

[00:47:49]
So one of the first things, when I went there, one of the things that we were doing, this moment you might work with a leukemia patient, and the next moment you might work with a sarcoma patient. And I just thought, this is craziness. There's no way—and again, this is where I said if a physician can specialize in a discipline, why can't we as nurses do that and build our knowledge base? That was one of the first things I did. I organized them into disciplines. I put all of leukemia together. I placed all of General Oncology together. I placed all of head and neck together on a separate hallway. I placed the Sarcoma Group together. Then I assigned my nurses to become one—a nurse in that area. So she didn't have to cross, within that same day, within two minutes later, to another area. You could develop deep knowledge in the area. You did have to cross-cover each other, but it would be for whole days at a time. But you knew you had a primary assignment, and that's where your knowledge base could become deep. That's where you could begin to build the relationship with the faculty. Robert Benjamin with Sarcoma—you could begin to learn his preferences, learn about the different treatments for the patients. Really begin to dive into teaching the patients about their disease, and how the Sarcoma physicians are going to treat them. You could develop relationships. And I believe to this day that's pretty much the crux of what nursing and medicine needs to be, that true support for each other. But that was the primary way that I organized it, and began to hold onto nurses. It actually became one of the places that people wanted to get into.
[00:49:46]

Tacey Ann Rosolowski, PhD
[00:49:47]
I was going to ask you—
[00:49:48]

Wenonah Ecung, PhD
[00:49:49]
It built tenure.
[00:49:49]

Tacey Ann Rosolowski, PhD
[00:49:51]
Yeah, yeah. Obviously that's key, you make a huge investment in nurses.
[00:49:55]

Wenonah Ecung, PhD
[00:49:56]
Right. Right. And then for our patients.

[00:49:57]

Tacey Ann Rosolowski, PhD
[00:49:58]
Yeah.
[00:49:58]

Wenonah Ecung, PhD
[00:40:59]
And you get to come back, and you know Wenonah's—or you call and you know it's Wenonah you're going to talk to.
[00:50:03]

Tacey Ann Rosolowski, PhD
[00:50:04]
Right. Right. Now, how did your patients intersect with the clinical trials that were ongoing in Developmental Therapeutics, because obviously that was a real crucible of that kind of research activity.
[00:50:21]

Wenonah Ecung, PhD
[00:50:22]
Mm-hmm. Mm-hmm. So we had patients on phase I, phase II, and phase III. [ ]So phase I, phase II were the clinical trials. And moving from bench to patient, determining what side effects were going to be experienced. So I don't really know what else to say other than we had patients on all three phases at that time. Not the same patient, but different patients.
[00:50:54]

Tacey Ann Rosolowski, PhD
[00:50:55]
Did that become—I was wondering if it became a challenge, that there were a lot of different protocols? How did you manage all of that?
[00:51:01]

Wenonah Ecung, PhD
[00:51:02]
No, we always had Research Nurses that we worked with. So I guess that was different for me in Developmental Therapeutics. Now when you had your Clinic Nurse, and you also had a separate Research Nurse that saw the patient, and the Research Nurse was the ones that really managed the trials, which would sign them up for the clinical trial. The clinical nurse would do the teaching, in terms of the drugs that were going to be received, and what they needed to look

out for. But it was a Research Nurse that would sign them [up]. So there were a couple of handoffs that, later in my career, I was able to minimize.
[00:51:46]

Tacey Ann Rosolowski, PhD
[00:51:47]
I was curious, how these different groupings of nurses began to create a perhaps unique, I don't know, culture of nursing at MD Anderson. Is there something different about this environment, where there are Research Nurses and clinical nurses who are specializing?
[00:52:07]

Wenonah Ecung, PhD
[00:52:08]
Mm-hmm. Mm-hmm.
[00:52:09]

Tacey Ann Rosolowski, PhD
[00:52:10]
Talk to me about that a bit.
[00:52:13]

Wenonah Ecung, PhD
[00:52:14]
The culture—when you talk about the culture of nursing at MD Anderson, I know Dr. Summers kind of ended up with that phrase. But I think it started—we didn't call it that, I guess. But it started even long before then. And I don't know if it was the culture of nursing, or whether it was the culture of care. That partnership between—as a nurse, developing a true understanding of sarcoma, deep knowledge in that area of the different diseases created a path for you to pretty much become the protégé for the physician. [ ] We did have fellows. But fellows would come and go. At the end of their—each July we'd get new fellows. The constant was the nurse. My philosophy was, if we can become their protégé, we are the ones that they depend on. We are the ones that they literally [ ] teach everything, to recognizing we're going to be the ones [that are] taking care of their patients. Their patients are going to be calling us. We are going to be their eyes and ears, even though we're not inpatient. We're still on the ground. It created that culture of care and trust between nursing and faculty.
[00:54:11]

Tacey Ann Rosolowski, PhD
[00:54:13]
I've never heard anybody use that phrase before, the nurse is the "protégé of the physician." I mean, that implies something really strong.

[00:54:20]

Wenonah Ecung, PhD
[00:54:21]
Mm-hmm.
[00:54:21]

Tacey Ann Rosolowski, PhD
[00:54:22]
Now, what did that look like for you?
[00:54:24]

Wenonah Ecung, PhD
[00:54:27]
We were able—those trusting relationships resulted in, I think, us becoming really good partners with the physicians. So at that point in time, my nurses, there was nothing that they would say no to in terms of doing. They not only developed a knowledge of the drug and could teach it to the patient, they developed [in depth] knowledge. Again, this is through that close relationship with the faculty. They really came to understand, this is how you calculate the dose that's going to be given to the patient. So if X physician is writing all of these orders, my job as a nurse, because we didn't have pharmacists right next to us, part of my job as a nurse was to make sure my patient was getting an accurate dose of whatever drug we're getting ready to give.

[00:55:24]
So they learned to calculate the BSAs, and the dosages of the drugs based upon that, and be a second check, if you will, for the physician. You can imagine if you're the physician, and I'm coming to you with, "I don't think this dose is quite correct, and here's what my thoughts are." You come to realize yes, you've made an error—there's immediate trust developed there. I haven't attacked. I've presented it in such a way that we make the correction. Now you know in these stressful days, because we're all human, there's somebody else checking behind you to make sure you calculated the dose the way you want it to be calculated. I think we were one of the—I know we were one of the few clinics doing that. I was one of the few nurse leaders that embraced that. Many others saw it as being handmaidens to the physicians. I did not see it that way, because the end product was going to impact the patient. That's why I saw it as protégé. []
[00:56:34]

Tacey Ann Rosolowski, PhD
[00:56:35]
Yeah, I was going to ask about kind of that philosophical difference.
[00:56:39]

Wenonah Ecung, PhD
[00:56:40]
Mm-hmm?
[00:56:40]

Tacey Ann Rosolowski, PhD
[00:56:41]
Because as you were talking, I was recalling some of what Barbara Summers said, this importance of visualizing the nurses in autonomous field of activity. It's not that you're saying that they're not—
[00:56:56]

Wenonah Ecung, PhD
[00:56:56]
Exactly.
[00:56:57]

Tacey Ann Rosolowski, PhD
[00:56:57]
But it's—
[00:56:58]

Wenonah Ecung, PhD
[00:56:58]
But there is some codependence, or interdependence there.
[00:57:01]

Tacey Ann Rosolowski, PhD
[00:57:02]
That's a kind of a different way of thinking about that.
[00:57:04]

Wenonah Ecung, PhD
[00:57:05]
Mm-hmm.
[00:57:05]

Tacey Ann Rosolowski, PhD
[00:57:06]
Now, I'm curious, when you started to work with this system of calculating dose and double-checking and all that, you talked about that example of the right way to communicate about that.

Was that some teaching that you did with your nurses? How do you present this information? Was that part of it? Or did people already know how to do that correctly?
[00:57:29]

Wenonah Ecung, PhD
[00:57:29]
No, I'm sure they didn't already know. But not only was I leading this area, I was out there working the area. So a part of my philosophy has always been to role model how you want this done. Model the way, if you will. So they understood that our goal was to support the patient and the physician. There was a pretty strenuous interview process to get into Developmental Therapeutics with me. It wasn't just interviewing with me, it was interviewing with a panel of nurses that worked in the area. We had all come to share the same philosophy, and as you can imagine, part of that was garnered through—you tend to choose people that are like you. So those were the folks that entered into—actually, it was called Developmental Therapeutics, or Station 16 at that time.
[00:58:36]

Tacey Ann Rosolowski, PhD
[00:58:37]
So what were some of the things you were looking for as you were interviewing for nurses there?
[00:58:43]

Wenonah Ecung, PhD
[00:58:44]
Someone that was open to partnering with physicians, that didn't feel this burden of being a handmaiden, if you will. Someone that was truly centered around the patient, recognizing everything we did, whatever the outcome was, they were the ones that were going to be impacted. So we needed to do everything upstream as much as possible to make sure that that outcome was what we wanted it to look like. Someone that was keen on working with others—I wasn't looking for long-rangers. Folks that truly wanted to be autonomous. I wanted somebody that really valued the concept of a team, because it was important to me if one area was busy and your area was quiet, I didn't need to go and prompt you to go and help out Tacey. You just went because you saw Tacey needed help. So those were some of the characteristics that we looked for.
[00:59:53]

Tacey Ann Rosolowski, PhD
[00:59:54]
Now at this time, I mean, multidisciplinary work has always been part of MD Anderson. But as I—
[01:00:01]

Wenonah Ecung, PhD
[01:00:02]
But the words weren't there.
[01:00:03]

Tacey Ann Rosolowski, PhD
[01:00:04]
The words weren't there. And also, it seems that there were some areas that were doing it more aggressively than others. And obviously, Developmental Therapeutics was one of the areas—
[01:00:11]

Wenonah Ecung, PhD
[01:00:12]
Was. Mm-hmm.
[01:00:12]

Tacey Ann Rosolowski, PhD
[01:00:12]
—that was doing it very aggressively. So how did that add something to this work you were doing?
[01:00:20]

Wenonah Ecung, PhD
[01:00:21]
Well, I think I mentioned, one, that it was an open environment. So when I reorganized it—so with an open environment, you could easily have a head-neck physician next to a Sarcoma physician next to a leukemia physician. Well, that wasn't an ideal setting to host a conversation around, maybe, a leukemia patient. So one of the first things I did in organizing, like I said, was put disciplines together. That started chatter amongst themselves right there. [Dr. Hagop] Kantarjian could turn to McCredie or Michael Keating and speak about his patient with other leukemia experts. Sarcoma experts could turn to each other and speak. I also had a conference room, identified a conference room that they could gather in. We didn't hold meetings in there, this was early on in the process. But it was a physician conference room where they could gather. That didn't mean that nurses couldn't go into it, they certainly could. But it was sort of their own little watering hole that they could go in and hold professional conversations with each

other. So I think doing some of those things helped foster that type of environment.
[01:01:42]

Tacey Ann Rosolowski, PhD
[01:01:43]
Now, you were in the position of head nurse from 1980 to 1987, yeah. And that seems like you had segued from 1979, 1980, you were the Nurse Clinician II, and then you kind of segued into this, doing more of the same?
[01:02:08]

Wenonah Ecung, PhD
[01:02:09]
No. What do you mean by, "more of the same?"
[01:02:13]

Tacey Ann Rosolowski, PhD
[01:02:14]
Well, I mean, there was a physician—I can't remember his name—who said if you wanted to apply for the—
[01:02:19]

Wenonah Ecung, PhD
[01:02:20]
Oh, Dr. Burgess.
[01:02:19]

Tacey Ann Rosolowski, PhD
[01:02:20]
Dr. Burgess. So how did your role change, then, when you shifted from Head Nurse to Nurse Manager? Or, I'm sorry, from Nurse Clinician II to Head Nurse?
[01:02:32]

Wenonah Ecung, PhD
[01:02:33]
Well, what we'd been—I only functioned—well, Nurse Clinician II was on the inpatient side.
[01:02:39]

Tacey Ann Rosolowski, PhD
[01:02:40]
Okay. Oh, okay. Okay. Okay.
[01:02:41]

Wenonah Ecung, PhD
[01:02:41]
Yeah, that was on the inpatient side.
[01:02:42]

Tacey Ann Rosolowski, PhD
[01:02:43]
Okay. So, well, let me ask this question a little differently.
[01:02:45]

Wenonah Ecung, PhD
[01:02:46]
Okay.
[01:02:46]

Tacey Ann Rosolowski, PhD
[01:02:46]
When you were serving as Head Nurse, I mean, that was for a seven-year period, what did you feel—
[01:02:52]

Wenonah Ecung, PhD
[01:02:52]
Probably, I guess.
[01:02:53]

Tacey Ann Rosolowski, PhD
[01:02:54]
What did you feel you had accomplished during that time?
[01:02:54]

Wenonah Ecung, PhD
[01:02:55]
Well, I had brought stability to an area that had experienced turmoil. I had built relationships between nurses and physicians. I had developed—I had created an area that nurses wanted to come into, as opposed to running from. And I think in terms of the patient, they were experiencing far greater satisfaction in what was being delivered to them, because now I had a host of not just knowledgeable physicians, but knowledgeable nurses about the diseases.
[01:03:46]

Tacey Ann Rosolowski, PhD
[01:03:48]
What did that period of time do for you as a nurse, as a leader?
[01:03:53]

Wenonah Ecung, PhD
[01:03:54]
Well, I had a whole lot going on with me during that period. I was getting married, I was having my first kid. So—
[01:04:07]

Tacey Ann Rosolowski, PhD
[01:04:07]
Your name of your husband?
[01:04:08]

Wenonah Ecung, PhD
[01:04:09]
At that time, Burnett Nelson.
[01:04:12]

Tacey Ann Rosolowski, PhD
[01:04:16]
And your children?
[01:04:18]

Wenonah Ecung, PhD
[01:04:21]
Blair and Britt Nelson. Blair Elizabeth and Britt Elyse. I'll never forget Dr. McCredie, who was world-renowned in leukemia. I had no idea his name was Kenneth Blair McCredie. And when I had Blair and named her Blair, he went back. He sent flowers and he went back—this was just the competitive spirit of all the guys that were there—he went back and told everybody I had named the kid after him. (laughter) And so I had to explain why I hadn't named her Michaela after Michael Keating, or—I mean, it was just funny. But I had not just developed a nursing staff that had partnered with faculty. It was the beginning of my MD Anderson family, if you will.
[01:05:18]

Tacey Ann Rosolowski, PhD
[01:05:19]
Did your first husband work at MD Anderson?
[01:05:23]

Wenonah Ecung, PhD
[01:05:23]
No. No.
[01:05:24]

Tacey Ann Rosolowski, PhD
[01:05:25]
Okay. Okay. What year were you married?
[01:05:28]

Wenonah Ecung, PhD
[01:05:29]
Nineteen eighty-one.
[01:05:30]

Tacey Ann Rosolowski, PhD
[01:05:31]
Okay.
[01:05:32]

Wenonah Ecung, PhD
[01:05:33]
And we divorced in 1998.
[01:05:37]

Tacey Ann Rosolowski, PhD
[01:05:38]
Fun, fun!
[01:05:42]

Wenonah Ecung, PhD
[01:05:44]
Mm-hmm. And my mother died in 1998.
[01:05:46]

Tacey Ann Rosolowski, PhD
[01:05:46]
I'm sorry?
[01:05:46]

Wenonah Ecung, PhD
[01:05:47]
I said and my mother died in 1998.
[01:05:47]

Tacey Ann Rosolowski, PhD
[01:05:48]
Oh, wow.
[01:05:48]

Wenonah Ecung, PhD
[01:05:48]
It was a tumultuous time for me.
[01:05:49]

Tacey Ann Rosolowski, PhD
[01:05:50]
Wow. Yeah. Oh, dear. So tell me how you transitioned—or, maybe I'll ask actually another question. You were with Developmental Therapeutics for that seven-year period and brought some stability. I mean, Developmental Therapeutics, from what I am gathering, always had a kind of odd reputation, if you will, within MD Anderson. What were some of your observations you made about that at the time?
[01:06:19]

Wenonah Ecung, PhD
[01:06:23]
Other than the fact they were all extremely strong egos?
[01:06:26]

Tacey Ann Rosolowski, PhD
[01:06:27]
Mm-hmm.
[01:06:27]

Wenonah Ecung, PhD
[01:06:28]
Yeah. They were pioneers in the field. We had Jordan Gutterman there, and like I said, Evan Hersh on the Immunology side. We had JP Hester, which was one of the few females on the leukemia side who specialized in apheresis, removing cells, who really was a pathfinder in that area. You had just huge, huge—and rightfully so—egos all working together. Yeah.
[01:07:08]

Tacey Ann Rosolowski, PhD
[01:07:09]
It sounds like you found it really stimulating.
[01:07:09]

Wenonah Ecung, PhD
[01:07:10]
Probably. (laughter) It was a different time. A physician—I mean, now we have, and we should, and I applaud that we do, cordial environments. But back then, if a physician got angry, he'd pick up the phone and he'd throw it at you. Or he'd take the desk and throw it off of the wall. So you had to be strong enough to recognize, this isn't being directed at me personally. But, dear buddy, you don't get to behave this way. And handle it. So I had situations like that, too. I had to get over these are very hefty egos, and recognize bottom line, though, they are still people. And we are all people deserving of respect. I think that's one of the things I became known for was, you did not mistreat my nursing staff. You could pull me in and scream at me all you want to, but you did not scream or mistreat my nursing staff.
[01:08:14]

Tacey Ann Rosolowski, PhD
[01:08:16]
What were some—what issues would come up that would create that kind of inflamed response? I mean, just in an evaluative sort of way?
[01:08:29]

Wenonah Ecung, PhD
[01:08:31]
Right. Oh, it could be bloodwork had been ordered on a patient and the results hadn't come back in the amount of time that that physician felt they should have come back. It could be just—I

can remember walking, I can remember being reasonably new and walking up to Dr. McCredie and saying, so-and-so, a patient is here, and needs a prescription for X, and him puffing up and saying, "Do you know who I am? How dare you walk up to me and tell me a patient needs a prescription!" Or, Eli Estey maybe being upset when he arrived in the clinic; who knows what went on in the lab, or wherever he was coming from, or what he was dealing with. And maybe one of his patients wasn't doing well. And just exploding. And like I said, taking the phone and pulling it out of the wall and throwing it at the nurse. So I don't always know what would trigger it. I do know the behavior was never appropriate. And that's what we had to address.
[01:09:55]

Tacey Ann Rosolowski, PhD
[01:09:55]
Right. Right. Yeah. That's interesting. I've had a number of faculty members observe the fact that they've mellowed over the years.
[01:10:07]

Wenonah Ecung, PhD
[01:10:09]
Yes. That would be a nice way to put it.
[01:10:10]

Tacey Ann Rosolowski, PhD
[01:10:10]
I guess we all do.
[01:10:11]

Wenonah Ecung, PhD
[01:10:12]
Yes. Yes.
[01:10:12]

Interview Session: 1
Interview Date: September 21, 2016

Chapter 06
Developing Nursing Care in the New Clark Clinic
B: Building the Institution;

Codes
A: The Clinician;
A: The Leader;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Discovery and Success;

Tacey Ann Rosolowski, PhD
[01:10:12]
Well, tell me why you made the move from that position in 1987 to Nurse Manager Station 55.
[01:10:28]

Wenonah Ecung, PhD
[01:10:29]
We were moving to a new concept at that time, and they were opening a new building. I don't know if so much we were moving to a new concept. We were opening a new building, a new ambulatory building. It was Clark Clinic. And like I said, the open environment that we had, which wasn't the best—we were moving away from that to where we would be in reasonably enclosed environments, and so Station 55 was one of them. And a lot of what I had in [16], in Station 16, moved to Station 55. And at that point in time, they changed the title. But the role really didn't change. I went from Head Nurse to Nurse Manager. Right.
[01:11:13]

Tacey Ann Rosolowski, PhD
[01:11:14]
Okay, so you were still with Developmental Therapeutics?
[01:11:16]

Wenonah Ecung, PhD
[01:11:16]
But it wasn't called Developmental Therapeutics anymore. Each discipline was its own. So the umbrella was Station 55, whereas [ ] the umbrella was [previously] Developmental Therapeutics. The umbrella was Station 55, but it still had Sarcoma, it still had Head and Neck. It still—we had Sarcoma, we had Head and Neck. We had five, so I'm blocking on the other three. We did

not have leukemia. I lost leukemia at that time. It went—well, we put solid tumors together and liquid tumors together, and leukemia was considered one of the liquid tumors. So they went together. So I did lose that discipline.
[01:12:00]

Tacey Ann Rosolowski, PhD
[01:12:02]
Was there—I mean that—how was the situation in Station 55, reorganized? I mean, it was physically different, or—?
[01:12:13]

Wenonah Ecung, PhD
[01:12:14]
It was physically different. We had a true lobby for patients. The work was done, what I mean by "closed environment," so the lobby was separated from the work being done by the nurses and the physicians through walls and doors. It wasn't an environment you could just traverse through to get to another area. So you were contained, which was a lot better. If you were in the area, you belonged in the area. It was very difficult in 16 to even—I mean, you really had to get to know people. Charts were out in the open. In 55, it was a closed, contained environment.
[01:13:01]

Tacey Ann Rosolowski, PhD
[01:13:02]
Were you involved at all in the design? Was there input solicited from people?
[01:13:08]

Wenonah Ecung, PhD
[01:13:08]
There was—I remember there was input solicited, but were boots on the ground really involved in the design? No. And that, I have to say, Anderson did learn from. Because as we moved to the concept of one-stop shopping, true multidisciplinary care, they truly, at that point, administration, the architects came to boots on the ground, local actors, to find out what was the best way. So but for 55, no. We didn't have a whole lot of that.
[01:13:43]

Tacey Ann Rosolowski, PhD
[01:13:44]
So tell me about the high points of this period—and I do realize we're kind of coming up on your

time. Would you like to stop in five minutes, so I have time to pack up, and—
[01:13:53]

Wenonah Ecung, PhD
[01:13:54]
Yeah, if that's okay with you.
[01:13:55]

Tacey Ann Rosolowski, PhD
[01:13:56]
Oh, yeah, absolutely.
[01:13:57]

Wenonah Ecung, PhD
[01:13:57]
However long it takes you to—yeah. Okay.
[01:13:58]

Tacey Ann Rosolowski, PhD
[01:13:59]
Yeah. Yeah. I just didn't want to—wanted to make sure you—
[01:14:01]

Wenonah Ecung, PhD
[01:14:02]
I can't believe we've talked this long! (laughter) And we're only just a little ways further. It's, like, you are challenging me to remember things.
[01:14:13]

Tacey Ann Rosolowski, PhD
[01:14:14]
And I have to say we're going a lot faster than normal. Usually it takes 90 minutes or so to get to MD Anderson.
[01:14:18]

Wenonah Ecung, PhD
[01:14:18]
Really? Okay. Well, good. Good.
[01:14:23]

Tacey Ann Rosolowski, PhD
[01:14:24]
Not that there's a race on. There isn't. So during this period, so you were Manager at Station 55 between '87 and '93. I mean, that's a good period of time. Six years. So what kind of happened? What did you see developing for care and working environment for nurses, and the partnership, nurses and doctors, during this period? Or, if I'm missing something, let me know.
[01:14:49]

Wenonah Ecung, PhD
[01:14:50]
No, I think what we began to see—well, a couple of things were happening for those of us that were in 55 at that time. One, you asked me early on about the Research Nurses in Developmental Therapeutics. That had become very apparent to me, that there was this handoff between the Clinic Nurse and the Research Nurse. And I became interested in learning what—well, I started to feel we were sending a message to patients, and maybe not such a positive message. If you worked with a clinic nurse, the message was you were kind of doing well. You're on phase III. But if I have a research nurse coming in to see me, I'm not doing too well, and they're coming in to talk to me about phase I or phase II [therapy].

[01:15:46]
But nonetheless, they're both nurses. Educational backgrounds were similar. Why can't we combine those roles? And I was fortunate enough to work with Robert Benjamin, who was chair of Sarcoma at the time. He agreed to let us try combining those two roles. So we were the first to come up with—and I remember presenting this to different division heads at that point in time. But we came up with the concept of the "total nurse," PAN in Greek.
[01:16:32]

Tacey Ann Rosolowski, PhD
[01:16:33]
I'm sorry, what was that phrase?
[01:16:34]

Wenonah Ecung, PhD
[01:16:35]
PAN, which means "total" in Greek. And it became an acronym for us, meaning, Primary Attending Nurse, just like we had primary attending physicians. The only difference was, the Research Nurses and the Clinic Nurses had to agree to perform each other's role, the total role, with the patient, whereas before maybe the Clinic Nurse placed the patient in the room, took the vitals, did a history, and then would hand it off to the Research Nurse to do consent forms, signing for the protocol, discussion of the protocol. I combined the two to where if you were previously the Research Nurse, you did it all. If you were the Clinic Nurse, you did it all. And

patients signified that they were a lot more satisfied. There was not this handoff anymore. Now, it meant lots of education. The Clinic Nurses had to learn what the Research Nurses knew, less difficulty for the Research Nurse because she had that minimal nursing background of being able to take vitals and a history. But you had to change the attitude there.

[01:17:51]
There was also the attitude as Research Nurse, I'm at a higher level, I'm better than the Clinic Nurse. So we had to change some attitudes there. And we had to change—we had to have a group that was willing to learn what they didn't know. But that went quite well. I was fortunate enough, like I said, to work with Robert Benjamin, who was open to that type of idea. So that was one of the things that was different for us. The other thing was, I truly would have a list of nurses wanting to get into 55. So we could have an opening. My nurses understood, I had the final say-so in terms of who came in. But they had a huge voice in who was to come in. So not only were we looking then, at that time, for your ability, skill-wise, your clinical skills, but we were looking for your fit with the group. And then ultimately, if they said this is the person, Tacey is the person, then I was looking at your fit with me. I was already convinced that clinically you were competent enough to come in. We had other clinics beginning to ask us how we were doing things, and beginning to mimic the way we were doing things, like the panel of interviews.
[01:19:22]

Tacey Ann Rosolowski, PhD
[01:19:23]
That sounds like a good place to stop.
[01:19:25]

Wenonah Ecung, PhD
[01:19:26]
Okay. Very good.
[01:19:27]

Tacey Ann Rosolowski, PhD
[01:19:28]
Well, we will continue with this when we resume our conversation.
[01:19:30]

Wenonah Ecung, PhD
[01:19:31]
Okay. All right. Well, I hope I'm—I don't know. I don't know what I hope.
[01:19:36]

Tacey Ann Rosolowski, PhD
[01:19:38]
Yeah—well, this is great!
[01:19:39]

Wenonah Ecung, PhD
[01:19:39]
I'm not just taking you in circles, or it's—
[01:19:40]

Tacey Ann Rosolowski, PhD
[01:19:41]
No, not at all.
[01:19:41]

Wenonah Ecung, PhD
[01:19:43]
It's what you expected, or something.
[01:19:44]

Tacey Ann Rosolowski, PhD
[01:19:44]
Yeah. No—
[01:19:44]

Wenonah Ecung, PhD
[01:19:45]
Okay.
[01:19:45]

Tacey Ann Rosolowski, PhD
[01:19:45]
This is fine. It's great, thank you. It's very interesting.
[01:19:47]

Wenonah Ecung, PhD
[01:19:48]
Okay.
[01:19:48]

Tacey Ann Rosolowski, PhD
[01:19:49]
No, it's always nice to go into a new corner of the institution that you haven't seen before. And I was really excited when I began reading your background. I thought, wow, this is an individual who really did have a hand in working very closely with these multidisciplinary teams. Because obviously, every person I interview talks about that as a theme at MD Anderson.
[01:20:11]

Wenonah Ecung, PhD
[01:20:13]
Mm-hmm.
[01:20:13]

Tacey Ann Rosolowski, PhD
[01:20:14]
You know, so—
[01:20:15]

Wenonah Ecung, PhD
[01:20:16]
But we got to live it before and during.
[01:20:18]

Tacey Ann Rosolowski, PhD
[01:20:19]
And during. Yeah. So no, I'm very grateful for your view on this.
[01:20:23]

Wenonah Ecung, PhD
[01:20:24]
Yeah. Well, my pleasure.
[01:20:25]

Tacey Ann Rosolowski, PhD
[01:20:25]
Yeah. And I will look forward to our next conversation.
[01:20:26]

Wenonah Ecung, PhD
[01:20:27]
Okay. All right. And you know how to get here.

[01:20:29]

Tacey Ann Rosolowski, PhD
[01:20:29]
I do now, yes.
[01:20:29]

Wenonah Ecung, PhD
[01:20:30]
All right.
[01:20:30]

Tacey Ann Rosolowski, PhD
[01:20:31]
And I am, just for the record, turning off the recorder at about 12:52.
[01:20:35]

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Wenonah Ecung, PhD

Interview Session Two: November 3, 2016

Chapter 00B
Interview Identifier

Tacey Ann Rosolowski, PhD
[00:00:01]
Okay, we are recording. And it is ten minutes of one on November 3rd, 2016. And I'm Tacey Ann Rosolowski. And today I am at the home of Wenonah Ecung for our second session together.
[00:00:18]

Wenonah Ecung, PhD
[00:00:19]
Mm-hmm.
[00:00:19]

Tacey Ann Rosolowski, PhD
[00:00:19]
So thank you very much, again, for participating.
[00:00:21]

Wenonah Ecung, PhD
[00:00:22]
My pleasure.
[00:00:22]

Tacey Ann Rosolowski, PhD
[00:00:22]
Inviting me into your home.

Interview Session: 2
Interview Date: November 3, 2016

Chapter 07
Reorganizing Station 65 [now the Breast Center], the Preceptorship Program, and Multi-Disciplinary Care
B: Building the Institution;

Codes
A: The Clinician;
A: The Leader;
B: MD Anderson Culture;
B: Working Environment;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
B: Growth and/or Change;
C: Discovery and Success;
C: Leadership
C: Mentoring

Tacey Ann Rosolowski, PhD
[00:00:22]+
And we were strategizing a little bit beforehand, reminded ourselves that we left off last time talking about your role working on Station 55. And so now I wanted to kind of talk about that expanded role when you were in charge of both Station 55 and Station 65. So maybe you could talk a little bit about how that happened, and what Station 65 is?
[00:00:53]

Wenonah Ecung, PhD
[00:00:54]
Okay. Or was, at that time.
[00:00:56]

Tacey Ann Rosolowski, PhD
[00:00:58]
Was. Okay.
[00:00:56]

Wenonah Ecung, PhD
[00:00:56]
Okay. So yes, I had Station 55. Station 65 was, at that time, the Breast Center. Or it saw all breast patients. It wasn't necessarily called the "Breast Center," but the patient population were breast patients. It was in quite a bit of turmoil. Leadership had turned over involuntarily. An individual had been let go.

[00:01:26]

Tacey Ann Rosolowski, PhD
[00:01:27]
Can you say who that is, or—
[00:01:30]

Wenonah Ecung, PhD
[00:01:30]
I'd rather not.
[00:01:30]

Tacey Ann Rosolowski, PhD
[00:01:31]
That's fine. And who took over?
[00:01:32]

Wenonah Ecung, PhD
[00:01:33]
So I took over.
[00:01:33]

Tacey Ann Rosolowski, PhD
[00:01:33]
Oh, okay.
[00:01:33]

Wenonah Ecung, PhD
[00:01:34]
So they asked me to go in. And that was sort of the beginning. I think that was the beginning of where an area was in trouble, I became like a turnaround agent. When an area was in trouble, they'd ask me to go in to organize it, straighten it out, initially do an assessment of what was going on. Implement and then we'd hire somebody to come in and be the leader of the area, and I would move out. So it would take me usually about a year to do that.
[00:02:08]

Tacey Ann Rosolowski, PhD
[00:02:09]
Can I ask you, I mean, what were the special skills that you brought to that kind of a role?
[00:02:13]

Wenonah Ecung, PhD
[00:02:14]
I think what they saw in me was my ability to organize, my ability to listen, my ability to form relationships. Not just with the nursing staff, but with the faculty. And I think that's—I also had a good running center in terms of Station 55. I was respected by the faculty. I had a group of nurses that worked with the faculty. They were a cohesive team. And I think administration at that time wanted to transplant that in other areas. So I believe that's why. I'm pretty sure that's why I was asked to go in.
[00:03:02]

Tacey Ann Rosolowski, PhD
[00:03:03]
Who was responsible for making the request to you, and—
[00:03:08]

Wenonah Ecung, PhD
[00:03:08]
Right. At that time, Cecil Brewer was my Director.
[00:03:12]

Tacey Ann Rosolowski, PhD
[00:03:14]
And his title was?
[00:03:16]

Wenonah Ecung, PhD
[00:03:16]
He was the Director of Nursing.
[00:03:17]

Tacey Ann Rosolowski, PhD
[00:03:18]
Okay.
[00:03:18]

Wenonah Ecung, PhD
[00:03:18]
He had inpatient areas as well as outpatient areas.
[00:03:23]

Tacey Ann Rosolowski, PhD
[00:03:24]
Okay. And so he—
[00:03:24]

Wenonah Ecung, PhD
[00:03:25]
So he was the Director of Nursing. And Joyce Alt was the Chief Nursing Officer.
[00:03:31]

Tacey Ann Rosolowski, PhD
[00:03:32]
Okay. And so they were the ones that approached you and asked you to take on this role?
[00:03:34]

Wenonah Ecung, PhD
[00:03:35]
Cecil actually did.
[00:03:36]

Tacey Ann Rosolowski, PhD
[00:03:36]
Okay. Did you think about it or say, "Yeah," right away?
[00:03:41]

Wenonah Ecung, PhD
[00:03:43]
I'm sure I thought about it, but I'm also sure—Cecil never asked me to do anything he didn't believe I could do. So I saw it as a huge vote of confidence. He was not only my Director of Nursing, but he was one of my mentors throughout my career. And he had always shared with me, when you're asked to take on complex assignments, you don't say no. You go in and you do. So I did. I was assured—I felt good that he would be by my side to support me if I had questions, if I ran into areas that I didn't quite have a solution for, I knew I could go to him and we'd talk out loud about things. And that turned out to be true. I had to develop reports for him on a quarterly basis to share with him what my findings were at the time, what action plans I had put in place, and an evaluation of those action plans. At the same time they were also speaking with the faculty to see what their thoughts were. They were speaking with the staff to understand what their thoughts were. So not only was I asked to turn the area around, but the actions I was taking were also being evaluated. Yeah.
[00:05:00]

Tacey Ann Rosolowski, PhD
[00:04:59]
I see. Now, what was your—did you have a vision for what was going to happen in this turnaround? Or how did you approach the task?
[00:05:10]

Wenonah Ecung, PhD
[00:05:10]
Well, what I understood back then was pretty much, there weren't any relationships. And you have to understand, this really centered around nursing and faculty. There weren't—those relationships didn't exist. Nurses were quick to say, "That's not my job," so faculty didn't feel supported in the area. And it was just the opposite in Station 55. I hired in nurses that understood we work as a team. I think I used the word with you last time, "protégé."
[00:05:46]

Tacey Ann Rosolowski, PhD
[00:05:47]
Yes.
[00:05:48]

Wenonah Ecung, PhD
[00:05:48]
You kind of become a protégé of the physicians. I believe firmly, if they were within their skill range, in supporting the physician, because ultimately when we do that, we're supporting the patient, not just from a nursing perspective, but holistically. So that part was missing in 65. [There were] fiefdoms, if you will. And so my vision at that time was to bring those groups together, to help those nurses feel good about the work they were doing and the work that they could do, to help them understand it is okay for us to practice in a broader fashion. Yes, we are nurses, we are bound by what we can do in nursing. But if there's more that we can do, our license doesn't bind us. It actually says our duty is to protect the patients. So if that means double-checking a dose, then that's what we need to do.

[00:06:49]
So I can remember vividly one of the first things I did with—and Dr. [Gabriel] Hortobagyi was [the Chair and Dr. Theriault was] the Center Medical Director at the time, I believe. But one of the first things I did was, we had a meeting with faculty and nurses together and talked about how we were going to build a team. One of the things I always did, because this wasn't the first area that I'd gone into as a turnaround agent. But I would hold a meeting with the nurses, be very clear about what my vision was. And I was very frank in terms of they had a decision to make, whether they wanted to stay or they wanted to go. If they wanted to go, I was happy to try to help them find a position. But what I wanted was people that were willing to embrace the

team's transformation that we were going to undergo. And it was going to be a quick transformation. So it meant there was going to be some pain with it.
[00:07:57]

Tacey Ann Rosolowski, PhD
[00:07:58]
What was the reason for the pain? I mean, change is always tough. But what did you see? And what became the pressure points?
[00:08:06]

Wenonah Ecung, PhD
[00:08:06]
Well, I think the biggest pressure point was that nurses didn't want to be handmaidens to faculty, to the physicians. And prior to me coming in, some of the tasks that they were asking them to take on, that was their view. It was creating this handmaiden situation. And I just didn't see it that way. So my challenge was to not only find what motivated them from a nursing perspective, but what would motivate them and help them turn that corner in focusing not on the handmaiden concept, but on the concept of the patient, and recognizing, again, what we do, even if we do it on behalf of the physician, is impacting the patient. And that's our ultimate goal. So I had to keep at the center, at the core, the patient.
[00:09:05]

Tacey Ann Rosolowski, PhD
[00:09:06]
So how did you do that? I mean, what was the communication process to—
[00:09:11]

Wenonah Ecung, PhD
[00:09:12]
Well, one thing I did, the first thing I did was make sure after I had this talk about did you want to stay or did you want to go, I identified a core group of nurses that were willing to get in there and dive in with me. And I did that. Like I said, 65 wasn't the only place I did that with. I think it was Station 87 at the time. It was General Oncology, I ended up going in there and doing the same thing. But I'd surround myself with a core group that was committed to the vision that I had. So that was important, developing that team right up front. Then I would empower them. I wasn't there to be in charge, tell them what to do. They knew breast better than I did. I knew administration, and I knew how to organize. But they knew their disease. So it was pulling them [together] and empowering them. And you can be an important part of this decision-making team; it's not just taking orders from the physician, it's giving input into what's going on. I have to admit in each of the areas, the physicians were ready for this.

[00:10:24]

Tacey Ann Rosolowski, PhD
[00:10:25]
Really?
[00:10:25]

Wenonah Ecung, PhD
[00:10:25]
Mm-hmm. They weren't—the pushback was on the nursing side. It wasn't on the faculty side.
[00:10:32]

Tacey Ann Rosolowski, PhD
[00:10:33]
So just so I get a clear idea, so because I'm a little thin on specifics, because I don't really—I don't go to a clinic, I don't see these relationships in action. What kind of conversations would an empowered nurse have with a physician, in an ideal sense?
[00:10:54]

Wenonah Ecung, PhD
[00:10:55]
Yeah. So traditionally, before I entered the area, basically they saw their job as putting the patient in the room, taking the vital signs, and recording that. Okay. They saw that as their job, and they were content to have that as their job. So where I wanted to move them to was, one of the things I did was reorganize where everybody met, so if I was going to be—I changed things and started talking in terms of primary teams. And so I would assign a nurse to work with a specific physician. And that nurse and that physician would literally sit side by side together. And when he would write an order for pharmacy to carry out, like chemotherapy, that nurse was responsible for knowing how to calculate that patient's BSA—this was new—knowing how to calculate that patient's BSA and verifying that the dose he had written was appropriate for that patient's BSA. That was a whole new mindset. That was a whole new level of responsibility, that some nurses didn't want, because not only did they not want it, but once a physician comes to rely on that, I mean, you have to understand, they were seeing, many days, 30 and 40 patients a day, and writing chemotherapy, mistakes can be made. But if I know as a nurse, I'm responsible for helping to check that dose, then suddenly I'm accountable if there's a mistake made, right? It didn't relieve the pharmacist of their responsibility, but we didn't have pharm Ds in the clinics at that time. So it was the nurse and the physician. So that's an example. Checking chemotherapy doses.

[00:12:55]
Nurses were responsible for now—it's not just putting Wenonah in the room and taking her

vitals. I expect you to go in and say, "Dr. Tacey, I've just roomed Wenonah. Remember, here's what we did for her last time." So it was taking him through that patient's history, what had been done, what his plan was for next time. Many times the fellows would do something like that. But fellows in the centers, and really in the inpatient area too, would come and go [ ]. They weren't permanent fixtures. I wanted the nurses to understand, [ ] you and your faculty member are the permanent fixtures for the patients, so it's really helpful if you know as much as [you can although] you're never going to know as much as your faculty member knows. But if you're truly a part of that patient's plan of care and you can help remind him of what had been done, and the direction he wanted to take. It also built relationships between the nurse and the patient. Patients came to rely on—they knew Wenonah was their nurse. So they had an increased level of confidence. What I knew about them, what I knew of the plan of care for them that their physician had designed. So there was additional trust there. But like I said, that was a whole new level of responsibility that some people just didn't want.
[00:14:34]

Tacey Ann Rosolowski, PhD
[00:14:35]
So this was in kind of '93—or, I'm sorry, I'm looking at this—'89 to '90 was when you did that transition year.
[00:14:46]

Wenonah Ecung, PhD
[00:14:46]
Okay.
[00:14:46]

Tacey Ann Rosolowski, PhD
[00:14:48]
And, yeah, so what did you—how did the process go of kind of shifting this mindset, and what was really accomplished at the end, by '90, by the end?
[00:15:04]

Wenonah Ecung, PhD
[00:15:05]
By the time I left, they were working in teams. There was primary care nursing, nurses were assigned to physicians. They weren't accessible to any and every physician.. Like you turn around and suddenly Dr. X is asking you to do something, and you turn another way and Dr. Z is asking. I had built the relationships to where there were cohorts of nurse, physician and the clerk [teams]. So they were functioning as small teams throughout the center. So I had been able to accomplish that. And the agreement was, once I go in, build the relationships, put in new systems, the agreement was always to hire a permanent leader for that area, nursing leader for

that area. So after 12 months, I felt they had accomplished that. And we began to look for a new person to come in. And also, part of the agreement is that I would ease out. I didn't just drop things and go, it was, like, a three-month transition.
[00:16:21]

Tacey Ann Rosolowski, PhD
[00:16:22]
Who was hired to take on the role full-time?
[00:16:24]

Wenonah Ecung, PhD
[00:16:24]
I knew you were going to ask me that.
[00:16:25]

Tacey Ann Rosolowski, PhD
[00:16:26]
Oh, that's okay, I mean—
[00:16:26]

Wenonah Ecung, PhD
[00:16:27]
And I don't—I know Fran Zandstra, but she wasn't the one immediately hired. Was it Nancy—I don't remember. Yeah.
[00:16:38]

Tacey Ann Rosolowski, PhD
[00:16:39]
That's okay. It might be something that comes later, we can pop it into the transcript or something. Now, I had wanted to—is this a good time to ask you about your observations about multidisciplinary care? Or—
[00:16:52]

Wenonah Ecung, PhD
[00:16:53]
Well, we weren't talking in terms of multidisciplinary care at the time. We were still—you still had Medicine working. The patient would go see Medicine, they'd leave and they'd go to another area and see the surgeon, different station to see the surgeon. So we weren't talking in terms of the one-stop shopping, the multidisciplinary care [concept]. But the areas that I oversaw were unknowingly moving in that direction.
[00:17:23]

Tacey Ann Rosolowski, PhD
[00:17:23]
And what were the signs that you saw? Okay
[00:17:25]

Wenonah Ecung, PhD
[00:17:25]
The teams having—you know, I think the first disciplines coming together were the nurse and the physician. Those two disciplines coming together. Now, when I went to—it was after Station 55 that [ ] the discussion started on multidisciplinary care, one-stop shopping and the concept of centers. That's when multidisciplinary care actually began. And it was at the end of—I don't know what year it was, but there was transition year where all—we weren't called CADs at the time, Nurse Managers, I guess, is what we were called, even though I had a different title, because I had the two areas.
[00:18:22]

Tacey Ann Rosolowski, PhD
[00:18:23]
And what does CAD stand for?
[00:18:24]

Wenonah Ecung, PhD
[00:18:24]
CAD is Clinical Administrative Director.
[00:18:27]

Tacey Ann Rosolowski, PhD
[00:18:28]
Okay.
[00:18:28]

Wenonah Ecung, PhD
[00:18:28]
Yeah. But the discussion started, the plans were underway. Everybody that oversaw a station had to re-interview, because they were looking for a certain phenotype, if you will, although I'm not sure they were clear on what phenotype that was. (laughter) So we all had to re-interview for our jobs. And—
[00:18:55]

Tacey Ann Rosolowski, PhD
[00:18:56]
So this was in '93 when you moved into the new role?
[00:18:59]

Wenonah Ecung, PhD
[00:19:00]
It was when I entered the Sarcoma Center. What year is that on—I don't have my resume in front of me.
[00:19:07]

Tacey Ann Rosolowski, PhD
[00:19:07]
Yeah, I'm just—well, let's see. I don't think I put—oh no, I have yours in here, too. You can probably find it faster than I can.
[00:19:19]

Wenonah Ecung, PhD
[00:19:20]
Yeah. Yeah.
[00:19:20]

Tacey Ann Rosolowski, PhD
[00:19:29]
So is this still—
[00:19:31]

Wenonah Ecung, PhD
[00:19:31]
Right. Right. So I was actually with the Breast Center and 55 through '96.
[00:19:38]

Tacey Ann Rosolowski, PhD
[00:19:39]
Okay. Oh, really? Okay, through both. Wow. Okay.
[00:19:40]

Wenonah Ecung, PhD
[00:19:41]
Mm-hmm. From '93 to '96.
[00:19:44]

Tacey Ann Rosolowski, PhD
[00:19:45]
All right. And so the transition—so the Ambulatory Administrative Practice Coordinator title, when and why did that happen? And did it reflect a different type of—
[00:20:00]

Wenonah Ecung, PhD
[00:20:00]
Yeah, so we've probably confused things, because the Ambulatory Practice Coordinator position was the combined role at 55 and 65.
[00:20:09]

Tacey Ann Rosolowski, PhD
[00:20:10]
Got you. Okay.
[00:20:10]

Wenonah Ecung, PhD
[00:20:11]
So it was to give me a broader—to differentiate me from the other Nurse Managers, a broader title, a larger title. And that was something I negotiated with Cecil.
[00:20:22]

Tacey Ann Rosolowski, PhD
[00:20:23]
Can I ask you a personal question and see if you got paid more for that?
[00:20:30]

Wenonah Ecung, PhD
[00:20:31]
I did.
[00:20:31]

Tacey Ann Rosolowski, PhD
[00:20:31]
Yeah. And was that part of the negotiation process?

[00:20:33]

Wenonah Ecung, PhD
[00:20:34]
It was part of the negotiation. Mm-hmm.
[00:20:35]

Tacey Ann Rosolowski, PhD
[00:20:35]
What were your other parts of the negotiation?
[00:20:37]

Wenonah Ecung, PhD
[00:20:38]
Well, there was an understanding that I would be paid more during the time I was overseeing the area, but I would give up that portion of the salary once I went back into the singular area.
[00:20:50]

Tacey Ann Rosolowski, PhD
[00:20:51]
Sure.
[00:20:51]

Wenonah Ecung, PhD
[00:20:52]
So that was fine. Yeah. The title was negotiated. The fact that I had deliverables due to him in terms of the progress, that was part of—it was contingent upon me continuing in the area. And he had meetings, like I said, with the faculty to find out what their perception was in terms of how things were going, were they turning around? Was there positive movement?
[00:21:25]

Tacey Ann Rosolowski, PhD
[00:21:25]
Now, did you ask anybody for advice in negotiating this? Or how did that all work? Well, assessing your own value is tough sometimes.
[00:21:38]

Wenonah Ecung, PhD
[00:21:39]
Yeah. Yeah, yeah.
[00:21:39]

Tacey Ann Rosolowski, PhD
[00:21:40]
I'm just curious how you approached the challenge.
[00:21:41]

Wenonah Ecung, PhD
[00:21:42]
No, I didn't ask anyone for advice. No one had—no one on the ambulatory side, and to my knowledge on the inpatient side, had been asked to cover multiple areas. But certainly not on the outpatient side. So there wasn't anybody for me to go to, to ask. So why did I do it? Maybe because I knew it was going to take me a lot more time. I had, by that time, two girls at home. It was going to be taking me away from them, and it did. Even though the centers would close at 5:00 and 6:00, there were—I didn't give up my day job with 55. And 55 was a late-running center. So that meant that I had to be visible, not just in 65, but I couldn't diminish my visibility in 55. And I remember—so that was probably part of why I negotiated this is going to cost a little bit more, because I was going to be doing—and I do remember having that thought—I was going to be doing the job of two people, and I knew I couldn't have the salary of two people, but I well recognized that they could do something for me. Yeah. Yeah.
[00:23:05]

Tacey Ann Rosolowski, PhD
[00:23:03]
Were you nervous about asking?
[00:23:06]

Wenonah Ecung, PhD
[00:23:06]
No.
[00:23:07]

Tacey Ann Rosolowski, PhD
[00:23:07]
Good! (laughter)
[00:23:08]

Wenonah Ecung, PhD
[00:23:10]
No. My mother always said, "If you don't ask, you don't know. And all one can do is tell you, 'No.'" That's the only thing you have to—
[00:23:17]

Tacey Ann Rosolowski, PhD
[00:23:18]
Absolutely.
[00:23:18]

Wenonah Ecung, PhD
[00:23:19]
Yeah. But what I was going to say, what came back to me in terms of visibility, I can remember I made a point to always take the stairs between 55 and 65, going from one center , one station to the other, at that time, because that gave me my mental time to change my hats. So and no one told me to do that, either. It just became a part of how I transitioned.
[00:23:46]

Tacey Ann Rosolowski, PhD
[00:23:47]
Yeah. Those transitions can be really hard, wearing different hats. Very interesting. Well, it sounds like you had a good kind of "inner compass" about those career moves. I mean, I've had a lot of conversations with people about sort of those career markers; how do you ask, how do you negotiate? And they're tough moments. They really are. Where do you want to go from here? Have we talked about everything we should in this particular period?
[00:24:23]

Wenonah Ecung, PhD
[00:24:23]
I think so. I think the important area, yes.
[00:24:27]

Tacey Ann Rosolowski, PhD
[00:24:28]
Okay. So the next situation was the Preceptorship, and Clinical Exchange?
[00:24:34]

Wenonah Ecung, PhD
[00:24:35]
Well, actually—right. The Preceptorship Clinical Exchange, Program Director. I carried that

title and enacted those duties while I was head oversight of 55, and while I had oversight of 65 and 55.
[00:24:53]

Tacey Ann Rosolowski, PhD
[00:24:54]
Wow.
[00:24:54]

Wenonah Ecung, PhD
[00:24:54]
So that was a third hat that I wore. And that was attributed to Dr. Robert Benjamin there. So he ran the Preceptorship program, and the Preceptorship program is where we had different pharmaceutical companies wanting to come in for a day, two days, or as much as a week, and spend time with our faculty, actually hearing their plans for the patients and actually visiting with the patients while they were there. So they wanted to see usually, if it was a drug that they delivered, how we were using the drug. And actually going on rounds with the faculty, sitting in lectures where the faculty would come in and share with them what we used to call the "MD Anderson experience," with their particular drug.

[00:25:58]
So [one of the research nurses], Terri Armen, I do remember her name, we had a good relationship. But she was moving and he wasn't going to have anybody for this role. And at some point, I had worked a little with Terri, or absorbed what she was doing. There was a point where he asked me to take on that role. Now, he was the [ ] Medical Director for Station 55. And he was one of the—he was the chair of Sarcoma when I had Station 16, of which Sarcoma was one of the disciplines there. So I had been with Dr. Benjamin for years. So I took on that role when Terri left.
[00:26:52]

Tacey Ann Rosolowski, PhD
[00:26:52]
Okay.
[00:26:53]

Wenonah Ecung, PhD
[00:26:51]
But it was a role that wove throughout any other role that I had, until I became the Associate Vice President for Clinical Programs. And even then I maintained it, but there was a transition. I'm getting way ahead of myself. But I maintained it [for a while even as the] Associate Vice President. I had three Physician In Chiefs, so with the first Physician In Chief, part of the

negotiation for being Associate Vice President was that I would maintain being the Preceptorship Clinical Exchange Director.
[00:27:31]

Tacey Ann Rosolowski, PhD
[00:27:32]
That was your request, or their request?
[00:27:34]

Wenonah Ecung, PhD
[00:27:34]
No, it was Dr. Benjamin's request.
[00:27:35]

Tacey Ann Rosolowski, PhD
[00:27:36]
Dr. Benjamin's request, okay.
[00:27:36]

Wenonah Ecung, PhD
[00:27:38]
To David Callender. With the second Physician In Chief, [Dr. Thomas Burke], he wanted that part of the role to go away.
[00:27:44]

Interview Session: 2
Interview Date: November 3, 2016

Chapter 08
A New Role as Clinical Administrative Director: Instituting Multi-Disciplinary Care
B: Building the Institution;

Codes
C: Leadership; D: On Leadership;
B: MD Anderson History;
B: MD Anderson Culture;
B: The MD Anderson Brand, Reputation;
B: Building/Transforming the Institution;
B: Multi-disciplinary Approaches;
C: MD Anderson Impact;

Tacey Ann Rosolowski, PhD
[00:27:45]
Okay. Well, I was kind of going off my notes, but it seems like the way I've organized things maybe isn't the most efficient way to tell the story. So what do you want to tell me about next in terms of the movement of your major role?
[00:28:03]

Wenonah Ecung, PhD
[00:28:03]
So I think the Clinical Administrative Director was the right direction to go.
[00:28:07]

Tacey Ann Rosolowski, PhD
[00:28:08]
Okay.
[00:28:08]

Wenonah Ecung, PhD
[00:28:10]
So again, that's when multidisciplinary care, one-stop shopping for the patient, everybody re-interviewing for their jobs, and I was fortunate enough to be, if you will, I guess, "hired" into the role. That was a critical time for me. I remember vividly because I went through 21 interviews for the role. It was in December, it was around Christmas. My mother had just been diagnosed with pancreatic cancer. I was very angry that I was having to interview with so many people, although I have to say, it was probably misplaced anger, because all the people I was interviewing with, they were all very supportive of me. But I was also dealing with my mom

being diagnosed with pancreatic cancer at that time. And I saw it as a huge imposition, because I would be at home with her, and I would be called in just on the spot to go and interview with someone.
[00:29:16]

Tacey Ann Rosolowski, PhD
[00:29:17]
Who were these people you were interviewing with?
[00:29:18]

Wenonah Ecung, PhD
[00:29:18]
I had to interview with the Vice President for Ambulatory Operations, I had to interview with all the faculty chairs that were going to be housed in the Sarcoma Center, which meant I had to interview with Dr. Raph Pollock, I had to interview with Gunar Zagars, who was the chair of Radiation Oncology at that time, specifically for Sarcoma. Robert Benjamin, he had Medical Sarcoma. Raph was Surgical Sarcoma. Donna Sollenberger, those are the ones that come to mind right away. I remember with Dr. Zagars, Gunar Zagars, I remember feeling resentment during the interview, but I remember telling myself, okay, if this is how he wants to do it, this is how we'll do it.

[00:30:25]
And what I mean by that is, it was obvious he did not want to interview me. It was obvious he felt he didn't have time for me. So he told me if I wanted to interview with him, I'd have to walk with him. And as he—I'm not really sure where we were going, but he was very tall, very long stride. And I remember literally running to keep up with him as he would throw out questions, and I'd answer them. I remember thinking, okay, if this is how you want to do it, this is how we'll do it. So that was how my interview with him went. But I guess they all—like I said, they were all supportive of me. I know Raph, Dr. Pollock, I think had somebody else in mind. But after the interview, I ended up being the person offered the position. And he was very supportive after I entered the position. Yeah.
[00:31:27]

Tacey Ann Rosolowski, PhD
[00:31:28]
So tell me about the changes that took place with this one-stop shopping reorganization.
[00:31:35]

Wenonah Ecung, PhD
[00:31:35]
Yeah. So that was the first time, we had all the disciplines in one center. So the patient no

longer had to go to Station 55 to see Medical Sarcoma, and then Station—I think it was 82 [corrected 1980] —to see the surgeon. They got to come to the Sarcoma Center to see every specialist in Sarcoma. So one of the first things, in setting up, before we opened the doors I did was take the concept of this primary team and broaden it. So I identified work rooms that would have surgeon, Medical Oncologist, Radiation Oncologist, all in the same workroom, and their nurse. I didn't have the clerk in the room. The clerks were decentralized throughout the area. So the nurses had a—again, they were still assigned to a primary physician. And they were assigned to a primary physician. The clerks were assigned to a primary team. So Karen knew Dr. Pollock was her physician, Dr. Pollock and Karen knew that Ada was their clerk. Ada got to know the schedules of those patients, the preferences and desires of not only Dr. Pollock, but Karen. So the teams really came to rely on each other.

[00:33:07]
So that was one of the first things I did, I made sure that everybody was in close proximity so that communication could take place. Then we identified a conference room that the faculty and nurses could congregate in when they needed to share information, ask questions. They also knew they could go from one workroom to the other to do that. We developed planning conferences where anybody and everybody that touched the patient would meet from 4:00 to 5:00, I don't remember which day of the week. But we had planning conferences several days of the week, where everybody would meet, including the social workers, folks from physical therapy, all the disciplines [--pathology, radiology, oncology, surgery, medicine, diagnostic radiology, etc.--] would congregate. And all new patients would be presented at this conference. And anyone that had input would provide input at that time. So that was huge for the patient. And then afterwards, a team would go in and see the patient and share with them the feedback from all the disciplines coming together in terms of the direction, or the diagnosis [ ] and the plan that they would like to take with the patient.
[00:34:30]

Tacey Ann Rosolowski, PhD
[00:34:32]
I'm trying to figure out how to ask this. Was there—this sounds like an enormous change.
[00:34:39]

Wenonah Ecung, PhD
[00:34:40]
Mm-hmm. It was.
[00:34:40]

Tacey Ann Rosolowski, PhD
[00:34:41]
And was it controversial? What were the reactions? How did it change the atmosphere and

culture?
[00:34:48]

Wenonah Ecung, PhD
[00:34:49]
We weren't the only ones.
[00:34:51]

Tacey Ann Rosolowski, PhD
[00:34:52]
I know you weren't.
[00:34:52]

Wenonah Ecung, PhD
[00:34:53]
That this happened. So for faculty, yes, there was suspicion in the beginning. Why are we having to do this? I can say for the Sarcoma Center: [we] put systems in place to make sure we were listening to the things that weren't happening, [ ] that weren't happening as quickly as they should. I had a communication board. If a faculty member ran into any problem, he could write it on the communication board that was front and center in the back of the Center. I had a nurse assigned to the communication board. If it was something as simple as, "The lightbulb under this desk is out." It went on the communication board, and you had an immediate turnaround. That nurse was empowered to call physical plant to call somebody up to get that lightbulb changed. So we put systems in place to help people adjust. And I think over time, well, I know over time, they did. You look puzzled.
[00:36:07]

Tacey Ann Rosolowski, PhD
[00:36:07]
No, I'm just really trying to get my head around it. I mean, there have been so many stories that people have told about the collaborations that would take place at the institution across disciplinary boundaries, from, really, the beginning of the institution.
[00:36:26]

Wenonah Ecung, PhD
[00:36:27]
Mm-hmm. Mm-hmm. This just made it easier. That's all.
[00:36:30]

Tacey Ann Rosolowski, PhD
[00:36:31]
Right. It's like an incremental thing. Obviously, the people who were engaging in these collaborations, very frequently, were self-selected. They had a mindset to do it. There were certainly other folks that were, like, no, I'm not going to do that. So suddenly it's a decision in the institution that this is—
[00:36:48]

Wenonah Ecung, PhD
[00:36:49]
The direction.
[00:36:49]

Tacey Ann Rosolowski, PhD
[00:36:50]
The way it's going to be. So I'm just trying to imagine what kinds of shockwaves, were there people who suddenly decided, hmm, MD Anderson is not where I should be? Or—
[00:37:05]

Wenonah Ecung, PhD
[00:37:05]
I don't—I recall people not being offered the position, so that decision was made for them. I don't recall anybody saying, I refuse to participate. This is just another concept coming down the pipe, another—and I don't want to do it. I don't remember anybody opting out like that.
[00:37:33]

Tacey Ann Rosolowski, PhD
[00:37:34]
What was the impact that you saw on patients?
[00:37:36]

Wenonah Ecung, PhD
[00:37:37]
In terms of physical, there was certainly less travel time, going between centers. You suddenly had the physicians right there talking to each other. [ ] From a cost perspective I'm not sure this benefitted the institution. But you had a patient visiting in an exam room, and you would have the Medical Oncologist and the surgeon going in at the same time, whereas before, we would have had two charges for that. Now, you got—and these are just examples—you've got Dr. Benjamin and Raph Pollock both going in to see the patient simultaneously, and presenting this concerted front of, here's what our thoughts are. And here's how we want to do it. Can you imagine being a patient and knowing not just one, but two of these guys are here talking to me

about this? I think it had a tremendous impact on the psyche of the patient.
[00:38:39]

Tacey Ann Rosolowski, PhD
[00:38:40]
And did you feel that—what sort of path did that put the institution on?
[00:38:48]

Wenonah Ecung, PhD
[00:38:49]
Well, I think it put us front and center in terms of other academic medical centers, other cancer centers. MD Anderson became the way. And I'm proud to say that. Everybody talked in terms of multidisciplinary care, and defined it the way we were defining it. We became the benchmark for multidisciplinary care.
[00:39:20]

Tacey Ann Rosolowski, PhD
[00:39:21]
And so when did this change—this change took place—in '93 was when the—that's when you took on the—
[00:39:29]

Wenonah Ecung, PhD
[00:39:30]
Around '96.
[00:39:31]

Tacey Ann Rosolowski, PhD
[00:39:32]
Ninety-six, it was effected.
[00:39:34]

Wenonah Ecung, PhD
[00:39:34]
Right. And prior to that, I actually took on the role in '96. I know there was a period where we actually went through team building sessions, if you will, with the faculty we were going to be working with. Sure, if I had been working Medical Sarcoma, I really knew that side of the disease really well, but I didn't know Surgical Sarcoma. I certainly didn't know Radiation Sarcoma. So I remember we put on a Saturday event where all the nurses, all the physicians—there was an expectation that you attend, and we had different presentations from the different disciplines, basically teaching. They were teaching what to expect, what to look for, what that

side of the disease was all about. I remember organizing that, and what really stands out for me that people seemed to like, I remember going down off of Washington Avenue to the warehouse there and getting fortune cookies. I had them put in every fortune cookie, when you break it open, it was your fortune: "Sarcoma Center is your fortune." (laughter) So that was a surprise.
[00:40:59]

Tacey Ann Rosolowski, PhD
[00:40:59]
That's cool. That was cool.
[00:41:01]

Wenonah Ecung, PhD
[00:41:02]
Yeah, it was cool.
[00:41:02]

Tacey Ann Rosolowski, PhD
[00:41:03]
So what was the impact—I mean, we've talked about the impact for patients. What did you see changing among the nurses who were participating in this?
[00:41:11]

Wenonah Ecung, PhD
[00:41:12]
Oh, I think they were—it's just like previously when we were separated. Dr. Benjamin, he knew his nurse and her value. But he came to appreciate not just his nurse, but the nurse that had been working on the surgical side, and her value. So you saw a lot of openness to teaching them about the other aspect of the discipline, and simply appreciating how broadly that nurse could function. So, yeah, I do believe that nursing—I know nursing benefitted from that. But I've always had a special group of nurses work for me, in terms of wanting more than just putting a patient in a room and taking vital signs. They saw it as their career, not just a job.
[00:42:13]

Tacey Ann Rosolowski, PhD
[00:42:14]
Yeah, you look very contented with that.
[00:42:18]

Wenonah Ecung, PhD
[00:42:19]
Yeah, yeah.

[00:42:20]

Tacey Ann Rosolowski, PhD
[00:42:21]
It sounds like you were pretty careful about who you picked, though. I mean, you were talking about that last time.
[00:42:26]

Wenonah Ecung, PhD
[00:42:27]
Mm-hmm. So they're—of course, we look for people, the movers and the shakers, the ones that were really knowledgeable. So I would always identify the nurses up front, going through resumes. They'd have an initial interview with me, pretty much where I would set the tone in terms of what we were looking for. But in addition to that interview, there was always a panel of nurses that would interview any incoming nurse, and I did that for a couple of reasons; one, not only was it important for the person to fit with me, but they weren't going to be working beside me every day. They were going to be working with their other friend nurses. So it was important that they fit with them. So that was a huge part of the interview. Perhaps more important, or just as important, I felt like if I could place you, have you interview with the panel, the panel buys into you, what I saw was that that group of nurses was going to ensure that you were a successful nurse. They weren't going to let you fail. You were, from the beginning, you wouldn't be alone. So when the panel bought into you, they were buying into, we're going to ensure your success in this area.
[00:43:51]

Tacey Ann Rosolowski, PhD
[00:43:52]
Sounds like you've got a pretty good read on how groups of people work, and that whole team building perspective. Where did you kind of get that intuition, or any experiences from past work?
[00:44:10]

Wenonah Ecung, PhD
[00:44:11]
No, Anderson was my—well, Anderson was my first truly professional job. I think it just goes—some of it has to do with when I was in school working on my master's in Nursing Administration. And I remember one of the courses that stood out—there were a couple of courses—but one of the courses that stood out is where we had to really put in words our concept of what it meant to be a nursing administrator. And I think that was where I synthesized that it really couldn't, shouldn't be about me. It had to be about the team that I was working with. And

as long as—the way I wrote about it, and the way I envisioned it then and tried to live it was, if I would take care of my nurses the way I wanted them to take care of the patients, then we'd all be headed in the right direction. So that was how I saw my job, was to take care of them, their job was to take care of the [patient]. I had to be as good with them, and be the role model with them, for them, in terms of what they were to be for their patient. [ ] It wasn't about any one of us, ever. It was about our patient. I think I was just fortunate enough to have faculty around me that also believed in that, was very giving faculty.
[00:45:54]

Interview Session: 2
Interview Date: November 3, 2016

Chapter 09
A Period of Transition for a Leader
A: The Administrator

Codes
C: Leadership; D: On Leadership;
C: Mentoring;
C: Understanding the Institution;
C: Evolution of Career;
C: Professional Practice;
C: The Professional at Work;

Tacey Ann Rosolowski, PhD
[00:45:55]
Very, very devoted to patient care. Where shall we go next to tell your story?
[00:46:03]

Wenonah Ecung, PhD
[00:46:04]
So after spending time as the Clinical Administrator/Director for a number of years, I attended a leadership—I was in a leadership program, and it was offered through MD Anderson. And part of the program was, we had to identify a project. And the projects were identified in teams. And the team that I worked with identified—our project was going to be mentoring. And we were trying to help administrators and faculty understand what a mentoring program would look like. So I remember we were at the Houstonian, and it was kind of the finale, where we got to present to the president who, at that time, was Dr. [John] Mendelsohn—something that happened before that, and it just hit me. So I'll need to come back to that.
[00:47:19]

Tacey Ann Rosolowski, PhD
[00:47:19]
That's fine.
[00:47:20]

Wenonah Ecung, PhD
[00:47:21]
But I think one of the other turning points in my career, I was actually the Nurse Manager—I was Nurse Manager for Station 55, and [Charles] "Mickey" LeMaistre was the president of the institution. And he was getting ready to step down. And they were interviewing for, they were beginning to develop a process for interviewing for the next president of MD Anderson Cancer Center. And somehow, I don't know how to this day. What I do remember, as I was driving

down Greenbriar, I was on my way to work. And Dr. LeMaistre's assistant called me. And I can see her face, and I can't remember her name, and that's awful. She called me and she said, "Wenonah, the president would like to speak with you. Do you have a moment?" I was, like, "Well, of course." I was at the stop light of Greenbriar and Holcombe. I said, "Yes, I have a moment." And he came on the phone, and he asked me if I would lead a classified group of staff in interviewing and helping to choose the next president of MD Anderson Cancer Center. So of course, I said, "Yes." So that was a major turning point, because now it was placing me outside the boundaries of nursing. My boundaries had been nursing and faculty/physicians. It was placing me in a space where I had to work with other disciplines; not just work with them, but lead them, develop what we were going to do as this classified committee. And I had Physician Assistants, I had classified staff from all disciplines on that committee.
[00:49:18]

Tacey Ann Rosolowski, PhD
[00:49:19]
What does that mean, a "classified committee"?
[00:49:21]

Wenonah Ecung, PhD
[00:49:21]
It was a committee of classified staff. Not faculty, not administrative staff, they were classified staff. Now, they were usually supervisors and directors, but nonetheless, they were classified.
[00:49:36]

Tacey Ann Rosolowski, PhD
[00:49:36]
Interesting. Okay.
[00:49:38]

Wenonah Ecung, PhD
[00:49:39]
So that was a turning point for me, in that it gave me visibility outside of medicine, if you will, with others. So I led that committee. I was the one that sat at the table, when everybody had to go around, and this is with faculty, with administrators, after we had interviewed all of the candidates for that position, I was the one who had to speak on behalf of that group [regarding] why we were choosing who we were choosing. So that really opened up exposure to MD Anderson and others for me. It's my exposure to them, and their exposure to me.
[00:50:24]

Tacey Ann Rosolowski, PhD
[00:50:24]
Did you have a—what kind of relationship did you have with Dr. LeMaistre that he tapped you, or—
[00:50:33]

Wenonah Ecung, PhD
[00:50:34]
That's—that's—I don't know to this day.
[00:50:35]

Tacey Ann Rosolowski, PhD
[00:50:36]
Oh, okay.
[00:50:36]

Wenonah Ecung, PhD
[00:50:37]
That's what I was saying. I didn't have a relationship with Dr. LeMaistre. I wouldn't have even known that he knew my name.
[00:50:43]

Tacey Ann Rosolowski, PhD
[00:50:42]
Interesting.
[00:50:44]

Wenonah Ecung, PhD
[00:50:44]
So there had to be a circle where it came up, and he trusted whoever his advisors were, and he went with me. All I can say is that it turned out to be a very pleasant experience for me. He was one of the most genuine, one of the warmest individuals I've ever had the pleasure of working with. I recall walking into the room with all these folks that were on the Board of Visitors, wealthy individuals, executive leaders. And here I was, just classified staff. And I remember him walking up to me and taking me and introducing me to people, as if I was somebody. So I'll just never forget that feeling. That feeling. So that was a turning point for me. So now I guess I should pivot back to—
[00:51:45]

Tacey Ann Rosolowski, PhD
[00:51:46]
Well, actually, before we go back to that other instance, I wanted to ask you, was there anything about that experience? What did it teach you? Did it give you new perspective, kind of as a leader, and as a person functioning within this complicated place?
[00:52:05]

Wenonah Ecung, PhD
[00:52:06]
I think the biggest moment there was when I knew we had—and it was Dr. Mendelsohn. He was interviewing, and one of the things I had asked people to do was, we wanted to make sure we covered all areas, specific areas. So each member of that panel was tasked with a specific question. So we knew the questions ahead of time that we were going to ask, and who was actually going to ask them. And when we had a panel member ask Dr. Mendelsohn about diversity, he went to an immediate response, and he started talking about rats in his lab, and I remember looking around my panel, and I could just see their eyes, like, oh my God, how do we redirect him—how do we get him to—we were talking about people.

[00:53:10]
And he went on and on, and I sat there, and I realized it's my responsibility to help him understand the question, to help him pivot back to what we were—what the member was asking. And so I thought, well, I'm not going to interrupt him, I'm going to let him finish. And I did. And I remember saying, "Well, Dr. Mendelsohn, in addition to that, what do you think about—" And then he realized himself that he had gone down a path that wasn't the path we were looking for. And he immediately began speaking to diversity among individuals. So I think that was a learning moment for me, realizing—I had been used to the responsibility of having folks work together. But for me, the stage was different. It was bigger. And suddenly, all eyes were looking to me to help correct this curve ball we had been thrown.
[00:54:20]

Tacey Ann Rosolowski, PhD
[00:54:21]
And get out of an awkward moment.
[00:54:23]

Wenonah Ecung, PhD
[00:54:23]
An awkward moment was what it was, right.
[00:54:25]

Tacey Ann Rosolowski, PhD
[00:54:26]
Letting everybody save face.
[00:54:27]

Wenonah Ecung, PhD
[00:54:28]
Right. Without him being humiliated. And that was important to me, that he not feel, "Well that was dumb." You know.
[00:54:36]

Tacey Ann Rosolowski, PhD
[00:54:37]
Yeah. Well, that's the kind of thing if it happens over and over can poison an interview process. Yeah.
[00:54:43]

Wenonah Ecung, PhD
[00:54:44]
Mm-hmm. So it went well.
[00:54:46]

Tacey Ann Rosolowski, PhD
[00:54:47]
Yeah. Were there other kind of lessons learned during that whole process? Did you make some coalitions with people?
[00:54:54]

Wenonah Ecung, PhD
[00:54:55]
Oh, I did. It was the beginning—I didn't realize it at the time, but it was opening the door for me to lead much larger interdisciplinary teams, because I was, at that point, everybody—I had them do an evaluation of the process afterwards, what did we do well? What did we do that could have been better? What would you have done different? And I think they all appreciated the leadership, my leadership, with them on that committee. So I did develop allies as a result of that, people sharing they really enjoyed working with me, they'd love to work with me in the future. I know Todd Pritchard, who was the Physician Assistant, that was my beginning moment of knowing him, and that lasted throughout my experience there. So yes, yes. But I think it opened the door to when I was Associate Vice President—no actually, it was before I became Associate Vice President, which I think was the test to become—it was the second test to become Associate Vice President. But I think it opened that door for me. I don't know if you

want me to talk about that, or—?
[00:56:11]

Tacey Ann Rosolowski, PhD
[00:56:12]
Well, why don't we go back to the moment where you kind of started telling the story.
[00:56:17]

Wenonah Ecung, PhD
[00:56:18]
Okay. Okay.
[00:56:18]

Tacey Ann Rosolowski, PhD
[00:56:19]
You can go back, maybe finish that.
[00:56:19]

Wenonah Ecung, PhD
[00:56:20]
Okay. So that was, I think—so we were at the Houstonian. I'm going back to, I've been in this leadership training, we had this project, our project was mentoring. And this was the day that we were to present to the president, who now was Dr. Mendelsohn. And our group, it was a group of four, five of us, and we had Dr. Mendelsohn there. We had several of the leukemia physicians there, Dr. Karp was one of the leukemia physicians there. And we were in the midst of presenting, and each of us had a part to present. And we were in the midst of presenting. And then Dr. Mendelsohn and Dr. Karp got into this really—I should also say David Callender was there, and at that time, David Callender was the Physician In Chief. Dr. Mendelsohn and Dr. Karp got into this really weighted discussion that piqued, and became argumentative over what mentoring was.

[00:57:34]
And it became obvious to me that we, my team, we were getting ready to lose our entire project because they were in such disagreement with each other. And I remember finding myself, my voice, hearing it just out of nowhere, saying, "Excuse me, excuse me, but if I could say—" And at that point I had their attention. I said, "What I'd like to say is that you both are saying the same thing. You're coming at it from different ways, but what I hear Dr. Mendelsohn saying is—" And I said, "And what I hear Dr. Karp saying is—" And I said, "So really, the paths aren't as divergent as they may sound. And afterwards, I remember out in the hallway, David Callender came up to me and said, "I'm going to have this Associate Vice President open. I'd like you to interview for it." And that was it. He was off. So that was—I think he watched

me in that meeting, had no idea of who I was, really. But he watched what I did in that meeting. And as a result, his interest was piqued in terms of the possibility of me functioning in that position.

[00:59:03]
So he did end up having an Associate VP position, I did interview for the position. I went through a host of interviews for that position, with all the division heads, some in a panel, some separately. That was at the same time that Barbara Summers was also interviewing for the position. And there were other people interviewing. It came down to Barbara Summers and I were forwarded to him as either one of us would be viable candidates. Ultimately, he made the decision for Barbara to be his Associate Vice President. So that sent me back to the—Barbara and I had been peers; she was a CAD, I was a CAD.

[00:59:51]
So suddenly I was back at the table to where, now, she was his Associate Vice President. He's leading the CADs, and we're reporting not to her, but indirectly to her. So I had a decision to make, just like I would tell people, you have a decision to make. Either you want to stay and support the new kid on the block, or you need to go. And I made the decision that I wanted to support Barbara in the role. So I remember in making that decision, I called her up, and I invited her to lunch. And I remember sharing with her how much I did enjoy working with her, but that I wanted her to know—the main reason for the lunch was I wanted her to know that I was there to support her, that we had competed fiercely, I think we had learned things about each other. But the main thing was, I was there to support her. Then—
[01:00:53]

Tacey Ann Rosolowski, PhD
[01:00:54]
What was her reaction?
[01:00:56]

Wenonah Ecung, PhD
[01:00:56]
Pleasant, welcoming, receiving, trusting. And then a couple of years later, and I'm pretty sure Barbara was the one, he needed a—we were going to renovate the Clark Clinic. And this wasn't a nursing renovation, this was an institutional renovation. And Barbara was charged with the project. Barbara knew she was not a detailed-oriented person. Barbara is a big-picture thinker. Barbara is not an organizer. So Barbara tapped me to do that. And of course, I said yes. So in that, I was reporting directly to Barbara on.
[01:01:39]

Tacey Ann Rosolowski, PhD
[01:01:40]
Now, your role with the Clark Clinic?
[01:01:43]

Wenonah Ecung, PhD
[01:01:44]
I was the lead person to facilitate the renovation of the Clark Clinic, which meant I formed the first committee of 43 interdisciplinary individuals from across the institution, and this included police, it included Facilities, it included nursing, it included pharmacy. It included everybody and anybody that was going to be involved in touching a patient. And it culminated in a presentation to Barbara and Dr. Callender on what our recommendations were. It was a project that took a little under a year to lead and come up with the recommendations. And so I think that was the second test. So Barbara now had been the Associate Vice President for a couple of years. So I think that was the second test, exposure, to David Callender. The first had been the Houstonian event. And then the second was this. At the same time that that project was ending—have you met my husband?
[01:02:51]

[Ramon Ecung enters briefly]

Tacey Ann Rosolowski, PhD
[01:02:51]
I think we did last time, but I'm ashamed to say I don't recall your name. I'm very—
[01:02:54]

Wenonah Ecung, PhD
[01:02:54]
Ramon.
[01:02:55]

Ramon Ecung
[01:02:55]
Ramon.
[01:02:55]

Tacey Ann Rosolowski, PhD
[01:02:55]
Ramon.
[01:02:56]

Wenonah Ecung, PhD
[01:02:56]
And Tacey.
[01:02:56]

Tacey Ann Rosolowski, PhD
[01:02:57]
Good to see you again, Ramon.
[01:02:57]

Ramon Ecung
[01:02:57]
Okay. Nice to see you, Tacey. Okay, I'll leave you guys alone.
[01:03:01]

Tacey Ann Rosolowski, PhD
[01:03:00]
We're chatting, yes. (laughter)
[01:03:04]

Wenonah Ecung, PhD
[01:03:05]
Let's see.
[01:03:06]

Tacey Ann Rosolowski, PhD
[01:03:08]
You were talking about this was the second instance in which you were brought to David Callender's—yeah.
[01:03:12]

Wenonah Ecung, PhD
[01:03:12]
Exposed to David. Yes. Oh, so the project was ending, successfully ending in terms of the renovation of the Clark Clinic. But there was an executive change being made with the Chief Nursing Officer at that time, who was John Crosby. So I didn't really know the inner workings of why that decision was made, but what I did know was that Barbara was going to be asked to, on an interim basis, at least step into that position, and possibly interview for it on a permanent basis.

[01:03:55]
And I remember at eight o'clock one night receiving a call from Barbara. And you know, she was, "Hello, how are you? Is this is a good time?" "Yes." She said, "Would you mind speaking with my boss?" I said, "Your boss?" She said, "My boss." I said, "David Callender?" She said, "Yeah." I said, "Sure." So he got on the phone and he said, "First go-around, you weren't my Associate Vice President. But how would you like to be it the second go-around?" And I remember standing in my entry—not this house—saying—and I don't know why I did this, or where it came from, I said, "Sure." I said, "But I just want you to know I'm not going to go through any additional interviews." (laughter) And I remember he laughed. And he said, "No, you wouldn't have to." And so that's how I became his Associate, when Barbara moved into the Chief Nursing Officer, the VP for Nursing and Chief Nursing Officer role.
[01:04:52]

Tacey Ann Rosolowski, PhD
[01:04:53]
Right.
[01:04:53]

Interview Session: 2
Interview Date: November 3, 2016

Chapter 10
Professional and Personal Values and Changes in Institution Culture
B: Institutional Change;

Codes
B: MD Anderson Culture;
C: Leadership; D: On Leadership;
C: Mentoring;
C: Evolution of Career;
B: Growth and/or Change;
A: Professional Values, Ethics, Purpose;
B: Ethics;
B: Institutional Politics;
B: Controversy;
A: Experiences Related to Gender, Race, Ethnicity;

Wenonah Ecung, PhD
[01:04:54]
So Barbara inadvertently became—Cecil was probably my first mentor. Barbara was definitely one of my mentors at MD Anderson.
[01:05:06]

Tacey Ann Rosolowski, PhD
[01:05:07]
So that was in '03?
[01:05:08]

Wenonah Ecung, PhD
[01:05:09]
No, that was in '90—no, that was in—yeah, '03. November, '03. Yes. Yes.
[01:05:14]

Tacey Ann Rosolowski, PhD
[01:05:14]
November of '03. Yeah. Wow.
[01:05:17]

Wenonah Ecung, PhD
[01:05:17]
When you said '03, I was thinking '93. But no, '03.
[01:05:20]

Tacey Ann Rosolowski, PhD
[01:05:21]
Oh, okay. Yeah. Wow. Well, that's a great story.
[01:05:24]

Wenonah Ecung, PhD
[01:05:25]
Yeah. Yeah.
[01:05:25]

Tacey Ann Rosolowski, PhD
[01:05:26]
I know, I mean, I do want to talk about that particular role. But I didn't want to lose the thread that was sort of a sub-story about the mentoring. Did you end up doing a program on mentoring?
[01:05:38]

Wenonah Ecung, PhD
[01:05:39]
We ended up making the recommendation, but nothing really ever came of it.
[01:05:43]

Tacey Ann Rosolowski, PhD
[01:05:43]
Okay. That's too bad. Yeah. Yeah.
[01:05:45]

Wenonah Ecung, PhD
[01:05:46]
We completed our task for that leadership course, but nothing came of it.
[01:05:50]

Tacey Ann Rosolowski, PhD
[01:05:51]
All right. Okay. What's your view on that?
[01:05:55]

Wenonah Ecung, PhD
[01:05:55]
Specifically—?
[01:05:55]

Tacey Ann Rosolowski, PhD
[01:05:56]
In terms of why at the time was mentoring an important subject of conversation? And what is the need for it in your mind?
[01:06:06]

Wenonah Ecung, PhD
[01:06:07]
Yeah. Well, at that time, we were specifically focused on faculty. And the reason we were focused on faculty is, you know the surveys that are done, usually every three years?
[01:06:19]

Tacey Ann Rosolowski, PhD
[01:06:20]
Was it the BIG survey?
[01:06:20]

Wenonah Ecung, PhD
[01:06:21]
The BIG survey. The employee opinion survey.
[01:06:24]

Tacey Ann Rosolowski, PhD
[01:06:24]
Yep.
[01:06:25]

Wenonah Ecung, PhD
[01:06:25]
I don't know if we were calling it the EOS at the time, but they had just completed a survey. And that showed up as an area that was extremely deficient for faculty. So that's why there was a lot of discussion around that. What do I think of mentoring? I'm a product of mentoring. So not only am I a product of mentoring and successful mentoring, I've tried to make it a point throughout my career to make myself available to those that are interested in being mentored. So I've usually had two to three folks that I have committed time to. But it's been—it's been a relationship contingent upon, I have deliverables to you, but you also have deliverables to me.

Because I don't enter into mentoring relationships that aren't serious. Yeah.
[01:07:26]

Tacey Ann Rosolowski, PhD
[01:07:27]
So give me a sense of what that would look like.
[01:07:29]

Wenonah Ecung, PhD
[01:07:30]
Well, I had one young guy, gentleman, young man, who asked me to take him on and be his mentor. I shared with him before that I'd like to meet with him. I didn't know this person at all; they had been informed that I might be a good person for them to see out. When I met with him, I remember sitting back, saying, "One thing that's important for me as anyone's mentor is to be able to be completely honest with the individual." And I said, "Sometimes honesty is painful. Are you willing to enter into such a relationship with me to where I can be candid with you?" I said, "Because if I can't, then I can't help you." He agreed to that. And so I said, "Immediately I'm going to share with you what I have experienced the past 45 minutes, in just listening to you." And I said, "You carry a big chip on your shoulder. You carry a victim sign that, really, you've created." And I said, "Remember, I said communicating what I'm saying isn't always nice, sometimes it's harsh, and sometimes it's painful. This is one of these times." So that was—it accomplished what I was trying to accomplish, which was shock him. And—
[01:08:59]

Tacey Ann Rosolowski, PhD
[01:09:00]
How did he react?
[01:09:00]

Wenonah Ecung, PhD
[01:09:01]
He went back, like that.
[01:09:03]

Tacey Ann Rosolowski, PhD
[01:09:03]
Wow.
[01:09:04]

Wenonah Ecung, PhD
[01:09:04]
So I knew what I wanted to do had been initially effective. We ended it there for him to go away and think about, and he came back . I only met with him once a month, he came back, sharing his appreciation. And it really had opened the door to him now receiving and beginning to work on—I remember during that first meeting, he was having—he had taken on a new role. So he had new co-workers, he was working—this guy I was mentoring was in his late 30s, early 40s, and I'm guessing that. But his coworker that he had been working with and sorely complaining about and feeling victimized by was an older gentlemen who had worked for the Houston Chronicle, was probably late sixties to early seventies. But the guy I was mentoring totally discounted what this older gentleman was bringing to the table.

[01:10:15]
So I think I was successful in helping him see how he was discounting this gentleman. They later developed a good relationship, and I think it was because of that mentoring. Now, I've also had people come that want—they say they want mentoring, but what they're really wanting is a spotter for maybe a higher-level position that's paying more money. It's not true mentoring. And I'm not necessarily interested—especially when they are people making already six figures, and you get that they're not really wanting more responsibility, just really wanting more money. So I've said no to people, too. Yeah. But there's kind of like an initiation interview, if you will--
[01:11:07]

Tacey Ann Rosolowski, PhD
[01:11:07]
Sure.
[01:11:08]

Wenonah Ecung, PhD
[01:11:08]
To where we're deciding on each other. You may think I'm the person you want, but I might not really be the person you want. Yeah.
[01:11:16]

Tacey Ann Rosolowski, PhD
[01:11:17]
Interesting. So these are individuals that would be in basically leadership positions, and pretty advanced in their career already?
[01:11:27]

Wenonah Ecung, PhD
[01:11:28]
Some. Not all, though. Not all. I worked with one young lady who actually, I was in my Associate VP role, and my Administrative Director, one of the girls that reported to me, had been in conversation with this other individual who was struggling with her boss, who was a VP. So she did report directly to the VP. And my Administrative Director suggested she seek me out. And I worked with her. She felt undervalued, she felt that she would take on the duties he would ask, but he was very much a micromanager, so she felt there was very little trust, and always a tremendous amount of direction, and very little support. And she carried it out to the troops. And the troops didn't like that he wasn't being supportive. And she felt she couldn't—that was the core of what was going on for her.

[01:12:40]
So working with her for probably a year, I was able to help her find her voice with him in a way that didn't offend him. I also happened to know him pretty well, so I think I was able to provide her with some insightful advice and how to approach. And she's still working for him today. And it's a much better relationship. It's an honest relationship. She's able to call him on things when it's happening for her. And she better appreciates that parts of him are just not going to change. But she was able to point out when it's happening.
[01:13:25]

Tacey Ann Rosolowski, PhD
[01:13:25]
Now, we've talked a lot about team building and putting people together, but this is the first time—and this isn't a criticism, it's just the way the conversation's gone—the first time that you've kind of talked about this issue of honesty and transparency in a process. I mean, is that something that you also discuss with teams when you're putting them together? I'm just curious how the mentoring and team building may overlap in certain ways. Because this seems to be a kind of philosophy that you have about relationships.
[01:13:56]

Wenonah Ecung, PhD
[01:13:57]
It is. And integrity. And I think it's one of the things—you ask, did I mentor others in really high positions. Everybody that worked in the Physician In Chief office—and Barbara would tell you this—I became the doorway for last-minute mentoring direction on, here's what I'm thinking about doing. I'm thinking about approaching—and it could be the Physician In Chief—what would you suggest? Do you think I'm headed in the right direction? And when I was leaving to retire, that was one of the things that the VPs in the office would come to me and share how much they had enjoyed working with me.

[01:14:53]
And that part was nice, but it would always end up getting to their need for, what am I going to do? Who am I going to go to? Who am I going to ask when you're not here? And it was one of the things that always showed up in my evaluations, the honesty and integrity in the process. So how did that translate to teams? I think they knew who I was. The person they were getting was consistent. I gave them the story as I had it. If it changed, they were aware as soon as I was aware. So I think there's always been that trust around the folks that I've been with.
[01:15:47]

Tacey Ann Rosolowski, PhD
[01:15:48]
Sort of a style of communication that isn't really a style, because it's very authentic, you know what I'm saying? And it sounds like there's real alignment between your values and integrity, leadership, communication—I mean, there's just—they all kind of line up and participate in the same basic values. Yeah, I could see why that would be a recipe for a lot of confidence. It's like the person doesn't change faces in different people, among different people.
[01:16:26]

Wenonah Ecung, PhD
[01:16:27]
No. This person didn't.
[01:16:28]

Tacey Ann Rosolowski, PhD
[01:16:29]
Yeah. And some people do. They become different people in different situations. Yeah. Very interesting. Is that something that you felt or formed? How did—is it part of who you are? Is it something you had to discover?
[01:16:46]

Wenonah Ecung, PhD
[01:16:47]
No, I think—I really think—I know it's a part of who I am. I also believe—and this may surprise you a little, and so my intent is not to shock you—it's probably what helped me know it was time for me to retire, or I was ready to retire.
[01:17:05]

Tacey Ann Rosolowski, PhD
[01:17:05]
How's that?
[01:17:07]

Wenonah Ecung, PhD
[01:17:10]
In that—this is the part I'm not sure I'm supposed to say.
[01:17:16]

Tacey Ann Rosolowski, PhD
[01:17:18]
We can turn off the recorder, if you like. We can leave it on, and you can make a decision later about whether or not you leave it in.
[01:17:23]

Wenonah Ecung, PhD
[01:17:24]
Okay. I just saw my world at MD Anderson becoming, moving away from—it didn't feel—it wasn't feeling as wholesome as it had, as what I had grown up in. You have to remember, I was 20, 21 when I started MD Anderson. So I grew up there. I grew up with the faculty. And towards—what helped me understand that, just as I would tell people when I would move in, this

may not be the place for you. And that's not a bad thing. And I think that's where I got to at the end. I came to realize the place is reshaping. And I'm purposely not using the world "evolving," but it's reshaping. And it's okay. Organizations grow and mature, and they have to reshape. They have to change in order to continually survive. But it might be changing in a way that is in conflict with who I am.
[01:18:54]

Tacey Ann Rosolowski, PhD
[01:18:53]
What were some of the signs that you were seeing that that was happening?
[01:19:00]

Wenonah Ecung, PhD
[01:19:01]
I was hoping you wouldn't ask that.
[01:19:03]

Tacey Ann Rosolowski, PhD
[01:19:03]
You can not answer.
[01:19:05]

Wenonah Ecung, PhD
[01:19:05]
This part we may end up taking out.
[01:19:05]

Tacey Ann Rosolowski, PhD
[01:19:06]
Sure.
[01:19:08]

Wenonah Ecung, PhD
[01:19:08]
But just like I painted for you who, for me, Mickey LeMaistre was, which was opening, warm, embracing of others, John Mendelsohn was the same way. I remember there was a time—and I don't know who told him—but Ramon is my second marriage. So I was going through a divorce. And Dr. Mendelsohn had a Christmas party at his house, as he always did. And when I got there, he was, as Dr. LeMaistre always was, warm and embracing. And there was a point where he says, "I don't know what's wrong with anybody out there that doesn't understand that they'd be lucky to have you." I mean, just—so that's what I had been used to. Folks that are approachable,

that are open to others. I never, ever in my—I was there 39 years, and 37 of the 39 years I never forgot I was black, but I never felt I wore that on my sleeve. And [I never felt] that's how people were looking at me.

[01:20:29]
My last two years, I was ever aware of the fact that I was a black person. And I felt somewhat diminished in certain circles as a result of that. Not from the people that were immediately around me, but from the president. I felt—and I shared this with Dr. Buchholz, because I was—I felt he supported me. And I actually went from Associate Vice President to Vice President under Dr. Buchholz' reign. So I always felt he supported me. But as I told him, when we'd be in the meetings with the president, I felt invisible. And I had never in all my years there felt invisible. So I don't know how we got on that.
[01:21:25]

Tacey Ann Rosolowski, PhD
[01:21:26]
Well, talking about how the institution began to feel very different from—
[01:21:31]

Wenonah Ecung, PhD
[01:21:31]
Right. So that was—
[01:21:32]

Tacey Ann Rosolowski, PhD
[01:21:33]
And I was actually—the issue of diversity, and the fact of you being a black woman in the institution, I was certainly going to ask you about that. So we're starting to address that issue as well.
[01:21:44]

Wenonah Ecung, PhD
[01:21:45]
Yeah. So it was with the change. (clears throat) Excuse me. That wasn't emotional, that was just choking. (laughter) So it was with the entry of our new president that I think the institution shifted and began to change. When I said it was in conflict with who I am as a person, I saw his wife doing things and saying things that I had never, ever experienced at MD Anderson in my career, things that were demeaning, and things that I firmly believe, had I even ventured down that road, I would have rightfully been dismissed from the institution. I saw less valuing of people. I witnessed comments of Anderson was now made up of nothing but B people. And we need A people here, which diminishes everyone around you. And I saw the looks on faces as

comments like that were made. So over the last two to three years, I just—it just wasn't—and that's not a bad thing, it just wasn't the MD Anderson I had come to know. But again, that does not make it a bad thing. It just means it was—I was at a point where I needed to make a decision.
[01:23:15]

Tacey Ann Rosolowski, PhD
[01:23:16]
Are there—so you've mentioned these specific instances that were concerning to you. Are there some ways in which the shift in administration in 2011 has kind of changed the culture, so it filters down? Have you seen changes in patient care amongst faculty? What's your read on the impact in the general institution?
[01:23:46]

Wenonah Ecung, PhD
[01:23:47]
Before I left, I think faculty—even, so putting it in perspective, there was a point—well, let me just say—I don't need to point that out. Let me just say, faculty were always—administration was—a part of being there is making hard decisions. And what I had always witnessed is, there were hard decisions made, and faculty were still supportive. They didn't like it, and you'd hear the vibrations loud and clear. But they would come on board and support it. They were always supportive of the president, even when Dr. Mendelsohn was going through the concerns related to Erbitux. They were still supportive of him. They believed in him. The integrity was there.

[01:24:53]
But it began to change to where, I think, faculty no longer felt heard. Things that we had tried in the past that clearly didn't work—and this may be because we had a very stable faculty, people stay at Anderson a long time. But it's kind of like when you've been there, and you know you've tried this and it doesn't work, why are we going to try this again? We've kind of moved beyond that. So the credibility that had been there with the faculty, I think, decreased. I wasn't right there with the patient any longer, but I had people sharing with me that MD Anderson has changed, and it's not for the better. I get a lot of that now, it saddens me, especially because I really feel I can't do anything about it. And don't get me wrong, it's not because I'm not there. I don't think if I were there, things would be—I don't think I'm the center of what makes things great. Okay.
[01:26:20]

Tacey Ann Rosolowski, PhD
[01:26:21]
No, but you have a very valuable and reasoned perspective. I mean, you saw the institution over many years, were part of building what it is, and part of the process of it taking—becoming

something different under a new administration.
[01:26:37]

Wenonah Ecung, PhD
[01:26:38]
Yeah. So it does sadden me when people share that with me.
[01:26:44]

Tacey Ann Rosolowski, PhD
[01:26:45]
Of course. Of course.
[01:26:45]

Wenonah Ecung, PhD
[01:26:45]
And then I think the other thing that changed for me was that office, the Physician In Chief office, from the time I entered, has always been a very close office. Clearly one where we would speak up and challenge each other, but clearly one when you walked out, you were supportive of each other, and you could trust what one had said. People kind of showed up as who they were. [ ] It sort of became almost like a class system. The secretarial support would voice to me, they don't—why doesn't [Dr. Buchholz] come by and speak? [Dr. Burkek] used to always speak to everybody. We were a team. We were a family. And it's just how people operate differently. Some folks aren't comfortable. But people throughout the office were beginning to feel this change that was taking place.

[01:28:09]
And then I had the senior VP saying things to me, and when I would ask, "Have you had that discussion with Dr. Buchholz?" And I would be told yes, and I didn't believe it, and I'd share with Buchholz, "Well, this was brought up to me, and I'm surprised that you hadn't discussed it with me." And it hadn't been discussed with me because he hadn't discussed it with—so those things were, like—it's too much in conflict with who I am. I can't—it's not "deal with," but I don't know how to function. I don't know how to move in this.
[01:28:49]

Tacey Ann Rosolowski, PhD
[01:28:49]
Right. Yeah. I can understand, I mean, from the things that you said about transparency, honesty. I just could see where you would feel very disoriented in a place like that. Yeah.
[01:28:59]

Wenonah Ecung, PhD
[01:29:00]
Yeah. So, and I've shared with my husband, no one would have ever thought, anyone in my family, no one at work, that I would have adjusted so well to retirement. But I think that's why. Because it had become—I was kind of like an antibody in a foreign place. So—
[01:29:31]

Tacey Ann Rosolowski, PhD
[01:29:32]
Time to say goodbye.
[01:29:33]

Wenonah Ecung, PhD
[01:29:33]
Mm-hmm. But that's not bad. Yeah.
[01:29:36]

Tacey Ann Rosolowski, PhD
[01:29:37]
No. And I think it could be a much less healthy reaction would be to stay in a situation that isn't comfortable, isn't aligned with your own values, and just beat your head against the wall, and get angry and stressed and have more back pain.
[01:29:54]

Wenonah Ecung, PhD
[01:29:55]
Right. Right, right. Right. Right.
[01:29:57]

Tacey Ann Rosolowski, PhD
[01:29:58]
And, yeah, so it's unfortunate—
[01:30:00]

Wenonah Ecung, PhD
[01:30:01]
But it took me a while to understand what was happening, the internal conflict. It wasn't immediate. Yeah.
[01:30:11]

Tacey Ann Rosolowski, PhD

[01:30:11]
Well, I began interviewing for the project in the summer of 2011, so before the official change of administrations. And I interviewed through kind of the honeymoon period, and then into the period where, suddenly, people were, like, oh my gosh, something's happening here we hadn't expected. I've certainly seen the effects of the change, even if I don't among the circles where people are talking about that every day.
[01:30:46]

Wenonah Ecung, PhD
[01:30:47]
Right.
[01:30:47]

Tacey Ann Rosolowski, PhD
[01:30:47]
Registered that there are some people who are very upset, feeling—you are not the first person who said that the institution is becoming a very different place, by no means. So how people deal with that, they deal with it in different ways.
[01:31:04]

Wenonah Ecung, PhD
[01:31:05]
Right. Right.
[01:31:06]

Tacey Ann Rosolowski, PhD
[01:31:06]
Right. We've got about ten minutes left, or do you want to stop for today? Or do you want to take a few more moments, if you're kind of—your choice. We obviously will need to have—
[01:31:21]

Wenonah Ecung, PhD
[01:31:22]
A third session.
[01:31:22]

Tacey Ann Rosolowski, PhD
[01:31:23]
—a third session, if that's okay with you.
[01:31:24]

Wenonah Ecung, PhD
[01:31:25]
Yes, so we could stop. Yeah, yeah.
[01:31:26]

Tacey Ann Rosolowski, PhD
[01:31:26]
Okay. All right, well, why don't—
[01:31:27]

Wenonah Ecung, PhD
[01:31:28]
I thought sure we'd finish in two sessions.
[01:31:30]

Tacey Ann Rosolowski, PhD
[01:31:30]
I knew we wouldn't, actually.
[01:31:30]

Wenonah Ecung, PhD
[01:31:31]
I was gonna be the one! (laughter)
[01:31:34]

Tacey Ann Rosolowski, PhD
[01:31:34]
All right, well, just for the record, I am turning off the recorder at about 22 minutes after two.
[01:31:38]

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Wenonah Ecung, PhD

Interview Session Three: February 27, 2017

Chapter 00C
Interview Identifier

Tacey Ann Rosolowski, PhD
[00:00:00]
Let me put the identifier on it, and then we'll kind of return.
[00:00:02]

Wenonah Ecung, PhD
[00:00:02]
Okay.
[00:00:02]

Tacey Ann Rosolowski, PhD
[00:00:03]
My name's Tacey Ann Rosolowski, and today I'm at the home of Wenonah Ecung for our third session together. This interview's taking place in Houston, Texas, for the Making Cancer History Voices Oral History project. And the time is quarter after 1:00, and it is the 27th of February, 2017.

Interview Session: 3
Interview Date: February 27, 2017

Chapter 11
The Decision to Retire and Reflections on Working Under Two Physicians in Chief
A: The Administrator;

Codes
A: Professional Path;
A: Obstacles, Challenges;
B: Institutional Processes;
B: Working Environment;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
B: MD Anderson Culture;
A: Professional Values, Ethics, Purpose;
C: Faith, Values, Beliefs;
C: Evolution of Career;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;
B: Critical Perspectives on MD Anderson;
C: Critical Perspectives;
C: Women and Minorities at Work;
C: Understanding the Institution;

Tacey Ann Rosolowski, PhD
[00:00:03]+
And okay, so we were strategizing just a bit before, and you were kind of elaborating on how you had made certain decisions on retiring from MD Anderson. So I was hoping you'd speak a little more about that.
[00:00:36]

Wenonah Ecung, PhD
[00:00:37]
So I guess what I wanted to share was how important it is, or has been for me—we talked about doing one of the interviews at your house, or at MD Anderson. And I declined. One, I wasn't going to be on that side of town to go to your house, but I declined actually going to MD Anderson, because I've made a commitment to myself to stay away from MD Anderson for a year. And during that period of time, it's helped me to reflect upon—I know how I was feeling when I left. And I know what I shared as I left. But it's—the distance has given me some time to reflect on, were those accurate descriptors of why I left? The bottom line I've come to: it was

the right thing to do. It was my decision, and I'm still comfortable in the decision. But again, I've gained a little bit more clarity on what was happening for me at the time, after being there for almost 40 years, I was four months shy of 40 years. And I still had the energy for the job, but I no longer had the desire to do the job. So it's been, again, real important to me to be able to reflect on why, after all those years, that I no longer have the desire, that I no longer experience the joy in getting up and making the drive that I had made for 39 years. Why had it dissipated?
[00:02:05]

Tacey Ann Rosolowski, PhD
[00:02:06]
And what were the conclusions that you came to from that reflection?
[00:02:11]

Wenonah Ecung, PhD
[00:02:12]
Well, we'd had—I think it was building up to that point. So as you know, we had turnover with Dr. Burke, Tom Burke, where he was the Physician In Chief. I'd been hired by David Callender, who had left shortly after he hired me as his Associate Vice President. When I say "shortly," I do mean shortly. It was within six months. And I had left a good role, a solid role. And then when Tom Burke took over, the [Associate Vice President] role was actually affirmed. He made a conscious decision to keep me on, for which I was grateful. And we had a great working relationship for the 11 years that I was his Associate Vice President. And when I saw how things were handled with him prior to leaving the Physician In Chief, he transitioned to another role. But when I saw how it was handled, and him actually leaving, or being removed from being Physician In Chief, I think without me knowing at that time, something began to stir inside of me, because it didn't feel like it had been done with integrity.
[00:03:33]

Tacey Ann Rosolowski, PhD
[00:03:34]
I didn't realize he'd been removed from that position, rather than electing to transition from it.
[00:03:41]

Wenonah Ecung, PhD
[00:03:42]
Well, I'm sure we could probably say it was a mutual decision to leave the role. And initially, he transitioned to the network, and then eventually he transitioned back to being a faculty member, administering patient care. [ ] But even as a mutual decision, I guess I was on the end of maybe having too much knowledge of what was going on; and as I mentioned, the integrity and the way it was done. And I guess I began to question whether or not it was truly the right thing to do, just as many others. He had pulled us back from the brinks of financial disaster on a couple of

occasions. Was not only a faculty champion, but also was able to speak forthright to them in terms of the direction we needed to go, or why we couldn't go the direction they wanted to go. So as I said, things began to stir in me, in terms of—
[00:04:56]

Tacey Ann Rosolowski, PhD
[00:04:57]
I'm sorry, can I interrupt you just for a moment?
[00:04:57]

Wenonah Ecung, PhD
[00:04:58]
Mm-hmm.
[00:04:58]

Tacey Ann Rosolowski, PhD
[00:04:58]
And I understand the sensitivity of these issues. But I'm wondering if you could give me some kind of indication of what you were uncomfortable with. You said you felt it wasn't done with integrity.
[00:05:12]

Wenonah Ecung, PhD
[00:05:12]
Mm-hmm.
[00:05:12]

Tacey Ann Rosolowski, PhD
[00:05:13]
However that feels best to you. Maybe—if you don't want to speak to it, that's fine, but I'm wondering even if you could tell me what could have been done, that would have been a more successful process in your eyes.
[00:05:25]

Wenonah Ecung, PhD
[00:05:26]
Well, I think initially, when he transitioned to the network, my version of the reason, we'll say, had to do with, we had a new president coming in, and Burke's voice was one of truth to power. Although I have to say, he—I learned from him, even though he spoke truth to power. When he left the room of power, he was always an excellent citizen [ ]. So whatever the marching orders were, he would bring them down to his staff, of which I was included, and we would carry them

forth. We didn't know that perhaps there had been disagreement around the board—table in the board room. But he was going to actually carry out the orders. What became reality for me was that he would speak truth to power, even though he'd march out and support [the president]. And as a leader, what became apparent for me was that the individual in power didn't want to hear the truth. And so many of the soldiers sat around the table, and it became one of self-censure, if you will. But because he didn't participate in that, he was transitioned out.

[00:06:51]
Now, every leader has a right to surround themself with who they want. So, fine. But when I said I was able to reflect back—so that was just, if you will, one of the balls or pieces of the puzzle that was put in place. After he left, then Tom Buchholz came on, and I supported him as his AVP [ ]. Later, Tom Burke was going to be completely removed from the administrative structure and returned back to faculty. And again, "completely removed" are my words. We can say it was a mutual agreed-upon decision between the players at hand. But at that point, I knew I had information in terms of who was aware that this was going to take place. And I recall vividly there was a meeting where we set in, and he shared with us what he'd be doing, which was stepping back. He alluded to the turmoil that existed. And I watched other players in the room indicate they had absolutely no knowledge. And I knew they had knowledge. And that's where, I guess, the integrity in what was taking place just began to really unfold, and I started putting—that was another piece of the puzzle, if you will. So I began—one of the things I had always prided myself on MD Anderson being there was, moving forward through a sea of integrity. That's important to me. So I began to question where do I fit in this new environment, if you will. The environment of patient care hadn't changed, but administratively, a new environment was being created. And I began to question where did I fit.

[00:08:50]
So the first two years of being with Tom Buchholz as his AVP, we had additional turnover, so Gerard Colman, who was our Senior Vice President [ ] for Clinical Operations, all of a sudden left. And that really left Tom Buchholz and I to run Clinical Operations, or to come up with some structure to run Clinical Operations. And Buchholz relied upon me heavily. So for a two-year period, I had people truly coming to me. And I was making decisions, of course I was running them by Buchholz. But I was very much in the center of what was going on. In the interim, he was looking for a replacement for Gerard Colman. And after interviewing multiple candidates, settled upon Bob Brigham, or Robert Brigham. Bob came in as our Senior Vice President for Clinical Operations. And this is part of my reflection after being away for a while. While I was there and Bob was on board, what I began to see was his language, Bob's language, was reshaping MD Anderson, and somewhat in the spirit of Mayo Clinic, which was where he had come from. And I began to hear kind of, if you will, "out on the streets," which really means the hallways, of MD Anderson the same concern. We are not Mayo. We don't do things like Mayo. But he proceeded forward.

[00:10:41]
I began to see Bob and Buchholz put in an administrative structure of individuals, some individuals who were very adept at Clinical Operations and others who knew absolutely nothing about Operations. And again, my role as Associate VP with Tom Burke had been, when things were happening out on the street, I let him know what was going on so that he could course correct, continue the course but know what was coming forth—that was part of my role as the AVP. What I found with Bob and Tom was, the role became diminished in Bob's mind. And you have to—what I should share is, right now what I'm sharing with you isn't anything that I didn't share with Tom Buchholz. And I did also share it with Bob Brigham. So I'm fine with this being in the record. But what became very clear to me was, the structure Bob had at Mayo was very different. There was no individual like myself in between he and his boss, or even at the side of his boss. Not in between, but at the side. And as I shared with Bob, in my leaving, I made the decision because it had become very clear to me. He didn't want any daylight between he and Tom Buchholz. And I represented daylight, is what I had figured out. Of course, he denied that. But that is what had become clear for me.

[00:12:22]
So in being able to reflect for these probably nine months now, almost a year, what I've come to realize is the role, even though I had been in it with David Callender, with Tom Burke, with Tom Buchholz, I was used to being agile enough to change roles and shift what the role needed to be. But what became clear for me was Bob's idea of the role did not match at all any of what I had done over the past 11 years. Actually what he envisioned was a lesser role. And why I say that is because, one, I've always had an assistant for the past 20 years, and if they were in meetings, my assistant took the minutes. Well, his idea of this AVP role was the AVP would take the minutes. As I shared with him, that is not a skill of mine. It is not something I went to school to do, and it is not something that I enjoy doing. I have folks in place that are highly confidential that know the art of taking minutes, and are very adept at it, and could they? And his answer was, "No." So for me it became very clear, he was shifting the role, moving it towards places that I believe he knew would become dissatisfiers for me. And there was a point where I decided, as I shared with him, representing daylight, it was time for me to move on. Now, I was fortunate enough to be in a position to be able to retire 10 years prior to that. But because I loved what I was doing, and as our saying, "I am MD Anderson," I truly felt that way. I had stayed. But I no longer had a reason to stay. And I felt very much that if you want to reshape the role, the best way to do it is for that individual to get out of the way so that you guys can move forward with whatever direction you want to go.

[00:14:37]
And so for me, there became role conflict, there became ambiguity in the role. When I would share these things with Tom, he would indicate he hadn't noticed, or he didn't see it. So for me, making a decision that it's time to go was the right thing to do. Although when I made the decision, I walked in on November 4th, and it's very clear to me, with my resignation letter in

hand, indicating I was going to retire that August 31st, so that was at least an eight to nine months' notice. And he declined it, and felt that it was an emotional decision. He really wanted me to go and think about it, and we could talk about it in December. And I recall giving him back the letter saying, "It may be grounded in emotion, but I've had some time to really think about it, and it is truly what I want. So I'll think about it, but I'm going to ask you to hold on to the letter." And in December, when he didn't mention anything, I mentioned it, and we got back together. And he said, "Why don't you just keep thinking about it a while?" So I said, "Fine, but you do still have the letter." And as time passed and it got to be March, and he hadn't talked to me any more about it, I mentioned it to him because I knew clearly, I intended to leave. And it was at that point in time that I think he realized, this is a steadfast decision. There's no changing course. And things went into action.
[00:16:23]

Tacey Ann Rosolowski, PhD
[00:16:24]
Did you find—I mean, as I'm listening to the story, I'm thinking, what a peculiar position to be in. I mean, on the one hand, here are these individuals who are sending you messages that they don't want you doing what you're best at doing. And yet you're being told that they don't want you to resign. I mean, did that seem kind of paradoxical to you? Or—
[00:16:46]

Wenonah Ecung, PhD
[00:16:47]
No, because it was only one individual sending me that message. Tom Buchholz was actually sending me a different message. When I would mention to him things like, "Bob shared with me that I'd be reporting to him, I'm a little surprised that you hadn't had that conversation with me first," and he said, "Where are you getting that from?" I said, "As I said, from Bob himself." And he said, "No, there's been no discussion of that." I said, "Well, as I shared with Bob when he told me I'd be reporting to him," I said, "Tom, I need to let you know that I shared with him, that would be a problem." So when I asked Bob had he talked to Tom about it, Bob told me emphatically, "Yes." And I shared that with Buchholz. [ ] He said, "No, we have not talked about this." He said, "I don't see any reason for your reporting structure to change." So that was clarified. But again—
[00:17:45]

Tacey Ann Rosolowski, PhD
[00:17:46]
It's a weird triangulated situation.
[00:17:47]

Wenonah Ecung, PhD
[00:17:48]
Exactly. Exactly. I would sit in meetings with Buchholz and Ethan Dmitrovsky, as Maureen [Cagley] and I did all the time. And depending upon the topic, either Maureen or myself would have marching orders on how to move forward with it. When I would move forward on the clinical side, what I had been doing for the past 11 years, I would get an email from Bob saying, "You need to come to me, don't go to my direct reports." And anytime I had gone to direct reports it had always been in the name of Ethan and Tom. I had always made a point not to use the power of their position to assert myself. And so that was kind of like the final straw. And I had a discussion with Bob about it, too. But that was kind of like the final straw. That's where role conflict comes into play. I've got my boss telling me to do one thing, his partner saying, no, don't do it. So navigating that conflict and the ambiguity that was developing in the role, I'm pretty sure now is what moved me in the direction of saying, this isn't what I want to do anymore.
[00:19:13]

Tacey Ann Rosolowski, PhD
[00:19:14]
Yeah. Yeah, I can well understand. Yeah. Now, you mentioned not having any contact with MD Anderson for a year. Now, how do you feel that helps—that process helps you, and how do you feel it helps the people that you left behind?
[00:19:31]

Wenonah Ecung, PhD
[00:19:31]
Well, I knew I was comfortable in my decision to leave. I knew we were financially comfortable in me leaving. But I hadn't admitted to myself that there was an underlying current of some anger there in leaving. And so for me, being gone for a year, I needed that time, as I mentioned, to self-reflect on what happened, what was really going on. So that was the "me" part of it. Being the VP, and I think being a reasonably decent VP, I had people—I know I had people that sought me out. I was counselor. I was chief of staff, that trusted me, that could come to me and share things, and knew I'd be able to help whoever was the Physician In Chief understand what was going on, even though the outcome may not be what they wanted. But I was able to act as an advocate on their behalf. So I knew I was leaving people behind that truly valued me. And as people learned about me leaving, they literally came to my office and said, "What am I going to do? What happens when I have this concern? What will I do?" So I felt it would only be fair to them if, again, I needed to step completely back so that they could learn to form relationships with whoever else was to be in that role. My assistant, Martha Hinojosa, had worked for me for 20 years. And I felt some guilt in actually leaving her. I think she was more emotionally mature in that regard, in saying to me, "You've earned this." Not understanding what was behind it, but in saying, "You've earned this," she would be okay. So it was people like her and those in the

office, and throughout the institution that I felt somewhat guilty about, leaving them behind.
[00:21:52]

Tacey Ann Rosolowski, PhD
[00:21:54]
That seems like I can imagine a number of leaders would experience—I mean, depending on the situation, that that seems like it comes with part of the territory of being a leader in an institution that you really believe in, in working with people who you really care for and respect.
[00:22:09]

Wenonah Ecung, PhD
[00:22:10]
I hope so. I hope so. I think those are the operative words; that you care for and that you also respect.
[00:22:17]

Tacey Ann Rosolowski, PhD
[00:22:17]
Well, and clearly it was returned as well. It's sort of a nice compliment to have. Yeah. What do you visualize happening after that year is up? I mean, would you re-establish? How do you see that taking shape?
[00:22:33]

Wenonah Ecung, PhD
[00:22:34]
Well, I've had a couple of people that have reached out anyway, and they want to have lunch. So when that year is up, I will set up some lunches that we can get together and share stories.
[00:22:47]

Tacey Ann Rosolowski, PhD
[00:22:47]
Yeah. Yeah. And kind of see what happens from there.
[00:22:50]

Wenonah Ecung, PhD
[00:22:51]
Yeah.
[00:22:51]

Tacey Ann Rosolowski, PhD
[00:22:52]
Well, thank you for talking about that. You're the first person who's kind of talked about that kind of stepping away process, and what that period of time's all about. I think that's a really interesting and important perspective to have. It speaks to a dimension of leadership that's kind of in a blind spot so far in the project.
[00:23:13]

Wenonah Ecung, PhD
[00:23:14]
Glad I could share it.
[00:23:14]

Tacey Ann Rosolowski, PhD
[00:23:15]
Yeah. Yeah, me too. Would you like to step back in time now?
[00:23:20]

Wenonah Ecung, PhD
[00:23:20]
Sure. We can.
[00:23:20]

Interview Session: 3
Interview Date: February 27, 2017

Chapter 12
Associate Vice President of Clinical Operations, an Evolving Role
B: Building the Institution;

Codes
A: The Administrator;
A: Overview;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Processes;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
C: Professional Practice;
C: The Professional at Work;
C: Collaborations;
C: Leadership; D: On Leadership;

Tacey Ann Rosolowski, PhD
[00:23:21]
Because I—at the end of our last session, or near the end of our last session, we began talking about how you were positioned to assume the Associate VP of Clinical Programs position. That was in 2003. And so I wonder if you could begin clarifying that role. Kind of what was the scope? What was your vision for the role? Maybe if there was a little difference between what your official mandate was and what you saw your mandate as being?
[00:23:53]

Wenonah Ecung, PhD
[00:23:54]
Those are all interesting to learn. My vision for the role, what the official mandate was and the gap, perhaps, I think interestingly enough, my vision for the role was that of being a staffer, if you will, supporting the Physician In Chief. And that vision came strictly from the piece of paper that had been given to me in terms of the position description. I hadn't sought that role. David Callender, as I said, had approached me and asked me to throw my name into the pool of applicants that would be interviewing for the role. And I have to tell you, there were literally two go-arounds. The first time I threw my name in the hat—and I may have shared this—it came down to two candidates, myself and Barbara Summers, Dr. Summers. And Dr. Summers ended up getting the role. Again, at that point, I had to make a conscious decision as to whether or not I wanted to stay at MD Anderson, or it was time to go. Because if I stayed, for me, I would need to support Dr. Summers in that role. Obviously I chose I wanted to stay. From that, I think we became just great colleagues. She's one of the most revered persons that I've come

across in my path at MD Anderson. And I learned a lot from her. After she was in the role for probably five years or so, she called me up one night at eight o'clock, I remember that vividly and asked if I would take a phone call from her boss.

[00:25:43]
Well, her boss was David Callender. And I wasn't going to say, "No, I'm not going to speak to your boss," so I said, "Yes." So when he got on the phone, he asked me if I would be willing to take that position. And he explained to me he had plans for moving Barbara to the VP for Nursing, but they wanted somebody that could hit the ground running for that role. So my only thing to him at that time was, "Sure, I'd be interested, but I'm not going back through the 21 interviews that I had to do initially. And he chuckled and said, "Of course not." So that was the beginning of the 2003 stint.

[00:26:24]
So in terms of my vision, I didn't really have a vision. I was comfortable in the role I had as the CAD for the Sarcoma Center. The phone call at 8:00 that night was a surprise. All I had in my head was what had been on the position description several years ago. When I transitioned into the role, I was fortunate in one regard that Barbara was still there. She had been in the role as AVP, and she had transitioned to VP. So I was fortunate that I had somebody that I could walk down the hall and say, "How did you do this?" Or, "What did you do in this regard?" So she could provide guidance. But her role grew so big, until she really—and it was new for her. It was brand new for her. She really wasn't available anymore. And what I found was the first two years, there wasn't one single item that came across my desk that I had experienced at some point in that two years. And so—and I remember that, because it was a little bit past two years that I received an item, and I went, out loud, "Oh my God, I know how to do this one. I've done it before." So the first two years, I didn't have a vision. It was actually responding to what was coming across, and being agile enough to adapt and move in and out as David [and/or Tom] needed me to do.
[00:28:00]

Tacey Ann Rosolowski, PhD
[00:28:01]
What were some of these new tasks that were coming across your desk?
[00:28:03]

Wenonah Ecung, PhD
[00:28:04]
Oh, analyzing division administrator salaries, and me deciding what components were going to be used to analyze that job. So me coming up with a rubric that would include, like, space and number of people, different variables, if you will, in the rubric. So Barbara had never done that, so I had to come up with it. There was a point where we were presenting to—it wasn't the Board

of Regents—our Board of Visitors [BOVs]. And Barbara became ill, and in a meeting with [the BOVs], David said, "Well Wenonah will give her presentation." Well, I didn't know. I didn't have deep knowledge over what Barbara was doing in nursing. But I had to be responsive to it. So I had, well, she has people that [came in to] debrief me on what was going on. So I called in her big people, and they came and sat until I felt comfortable with the information that I had to deliver.

[00:29:12]
So it ranged the gamut from doing analysis of jobs to faculty salaries, to being able to step in and be the person presenting at any given moment, to being if there was a new—with Tom Burke, if there was a new project that we needed to study, like the Emergency Center, and patient wait times there, me being the support for the faculty member that he was going to assign for that—and when I say "support," it wasn't the take minutes support. It was the faculty typically haven't been exposed to leadership don't know how to get organized in that regard. So I would be the one to say, "Here are the areas I think we need to explore, what do you think?" Then I would set out to get that individual organized, make sure we planned our dates, who's going to be there for minutes. If any work came forth from that that needed to be done by my office, support it, then we would do that. To administering the holiday letter program, I was responsible for our advisory—Healthcare Advisory Board contracts for the entire institution. It was just muddled. And part of that was what made it extremely challenging, quite exhaustive, but so much fun. Yeah.
[00:30:45]

Tacey Ann Rosolowski, PhD
[00:30:47]
So some of this sounds like it's business as usual, and some of it sounds like it's kind of pushing things in new directions. Is that accurate?
[00:30:58]

Wenonah Ecung, PhD
[00:30:59]
I'd say it was business as usual.
[00:31:01]

Tacey Ann Rosolowski, PhD
[00:31:02]
Oh, it was business as usual.
[00:31:03]

Wenonah Ecung, PhD
[00:31:03]
I would say it was business as usual. That job, that position, there weren't any clear-cut guidelines; these are the tasks and this is the path. It was molding as it went.
[00:31:18]

Tacey Ann Rosolowski, PhD
[00:31:19]
As it went along?
[00:31:19]

Wenonah Ecung, PhD
[00:31:19]
As whatever was going on, whatever the temperature was of the institution at a point in time is the way that that role needed to be able to respond, because the Physician in Chief had to be—of course there was planning, I don't mean that it was disorganized by any means. But with any large institution, the best-laid plans are derailed frequently. And we have to be responsive to what was going on. So it was business as usual.
[00:31:49]

Tacey Ann Rosolowski, PhD
[00:31:50]
Can you give me an example of—because I really want to try to get a little bit of an insider view of what this role is like. So infrequently can you kind of get—lift the curtain on all of that. So, and also, I'm kind of asking for your guidance on how to kind of organize the story about this piece of your career. So what would be an example of the sort of best-laid plans, and then having to redirect?
[00:32:24]

Wenonah Ecung, PhD
[00:32:25]
Well, I can remember with Burke, as he was EVP, and I don't remember which one it was, I think it was Hurricane Katrina, it was one of the hurricanes coming through where business as usual stopped. And this is what was dissimilar to the role, also—it was similar but dissimilar—it was similar with Buchholz in the role, and became dissimilar when Brigham came on board. But we would have a war room, and all leadership would report and receive their direction on what needed to be done. And I recall vividly, and I think it was either Hurricane Katrina or Hurricane Rita, [ ] a lot of the people evacuated the city. Facilities didn't have enough people on board, and we were asked to help out. And I can remember going and after collaborating with my Facilities colleague on what I needed to do, I can remember going to patient rooms and checking for air

coming through the structure—not something that would have been on a piece of paper, unless it was under "Other Duties" as assigned.

[00:33:50]
So that would have been unusual. I can remember us putting our teams in place, staying overnight, ensuring that our patients were safe, the facility was safe. So that was not business as usual. But the business of taking care of our patients had to go on. I can remember vividly participating in our joint commission surveys. Burke actually assigned me our ACOS survey. I was the point person for the American College of Surgeons survey. My office coordinated that completely, and if the institution passed with commendations, it was because of the work of the team within the office, and those that were a part of that survey. And if it didn't, it was the work of me at that point. But his trust, David and Burke's trust in me in terms of my abilities and what I could do was huge. And then once Brigham came on, if we were being pulled together because of impending flood, not hurricane, but impending flood, he saw no need for the role to be in the room. So that was extremely foreign to me. So I don't know if that answers your question; gives you a picture of business as usual versus the unusual taking over?
[00:35:29]

Tacey Ann Rosolowski, PhD
[00:35:30]
Sure. Sure. Now what—how did your comfort level, or how did the position evolve over time? You were in the role for 11 years. What were some of the high points from whatever perspective?
[00:35:46]

Wenonah Ecung, PhD
[00:35:47]
Well, I guess the position evolved, and the high points were the fact that after that initial two years, probably five years into the role, I really felt like I knew what I was doing. And that was kind of a sweet spot to be in. But I have to admit, towards the end of that 11 years, it became, probably like any position would be after being in it for that period of time, somewhat mundane. And it was at that—so it wasn't changing. The role was what it was, right? It wasn't changing, so I knew I needed it to change, or I needed to do something to enhance myself. And at that point is when I decided to go back to school. So that was in 2010, and work on a PhD. And then I graduated in 2014. I was able to do that because—I wouldn't have been able to do that initially, because nothing about the role was recognizable to me. After being in it, I was able to do it, because I had come to shape some of what was happening within the role. I knew how to look at the contracts that were coming through. I knew how to evaluate the faculty salaries, and what to

bring to Burke or Buchholz' attention. So what previously took me hours didn't take me hours anymore.
[00:37:14]

Tacey Ann Rosolowski, PhD
[00:37:14]
How did you shape some of these things that were going on?
[00:37:18]

Wenonah Ecung, PhD
[00:37:18]
Well, I don't know if the pattern that I put in place is followed now. But, for example, like the faculty salaries, I don't think Barbara ever went through the faculty salaries. So that was assigned to me. I went through them. I looked for equity. I looked for gender equity. I looked for tenure. So with everything I did kind of, pretty much, I would list out the variables that I'd want to take a look at, and see how things were playing out in that regard. And then in the meetings, it was the way it should be. If you were the Physician In Chief, he would speak, but I would have my notes, my bubbled notes where you put in your comments. And he would use those comments to guide the meeting. So it looked very much like he had spent hours going through the data. What pleased me was, he didn't have to spend hours going through the data. I did that, and he trusted me enough to just use whatever bubbled comments that I had given to him. That was with the faculty salaries. That was with—the holiday letter program, as I mentioned, was just a program where we decide how much money different leaders, like managers, directors, faculty, can apply for funding their program. I would read through all their programs and I would decide which programs were viable, and should be funded, and which shouldn't. Now, that faculty member would never say, "Wenonah made the decision." He would say Burke or Buchholz made the decision. But again, I would develop a rubric, and then I'd use it to make my decisions, and then I'd go sit with Burke or Buchholz, and I'd say, "Now, look at what I did so that you kind of have some idea. And here's how I arrived at these 15 should receive funding. We don't have enough funds to do all 15, so I'm going to fund this partially. But I'm going to take the rest of the funds for that one, because I believe it should be funded from this other pot of money that we have." And of course if they said no, I wouldn't have moved forward. But they always—they trusted me to do it.

[00:39:50]
The contracts, the Advisory Board contract for the entire institution, it started out for Clinical Ops. I was the person so that—what we found was, the Advisory Board would go to you, and they get an agreement put in place. They'd go to another Director, get an agreement put in place, only for us to find out there's so much overlap, and why are we paying twice? So I became the point person for Clinical Operations. Well, somehow, Business Development and [ ] and HR, [ ] and others outside of Clinical Op, somehow it became, oh, Wenonah's the point person for the

Advisory Board contract. And that was fine, because what was needed was one central body or individual that could look out across the institution to make sure we didn't have duplication going on. Again, I don't know what has happened with these different programs. I used to oversee the Arsenio Award, nursing award. And as I mentioned, ACOS, the American College of Surgeons.
[00:41:10]

Tacey Ann Rosolowski, PhD
[00:41:11]
How were these decisions made prior to you coming into the role?
[00:41:15]

Wenonah Ecung, PhD
[00:41:15]
Interesting, because Barbara didn't do a whole lot of those things. So Barbara's role was, I had heard a little in the hallways prior to taking the role of how she was viewed as an impediment to being able to access David Callender. It was always you had to go through her in order to get access. And faculty were not pleased with that. And they actually—I had good relations with the faculty of Anderson, because I grew up with many of them. Many, many of them. And they would—when they knew I was interviewing, they would say, "I hope you're not going to do such-and-such-and-such." And I actually made a point to say, "I'm going to operationalize this role different." I wasn't going to be the gatekeeper to the Physician In Chief. I would know what was going on, but I wouldn't be the one blocking the way to that person, and [have things] only interpreted through my voice. And I think that was appreciated.

[00:42:19]
But that was kind of Barbara's main role. One of the reasons I think she turned to me was, we had this huge project that I think would have landed on her desk to do, which was the Clark Clinic renovation. But Barbara knew, and she would admit, she was a big-picture person, she was not detail-oriented. And it needed somebody that was detail-oriented. And I am detail-oriented. I can step back and first take a look at the big picture, and then decide, how we get there? Well, she could look at the big picture and look far into the future in terms of the impact of the big picture, which I had less of that. But where she didn't have the detail, I did. So she asked me to take this project on. And I reported to her. And it was the first multidisciplinary, interdisciplinary committee of over 40 individuals from different sectors of the institution, whether it was Facilities, the police, nutrition, social service, nursing that came together. And for two plus years, I led that committee, and we redesigned and renovated the Clark Clinic. So if you get anything, it would be that this isn't, or wasn't certainly then, a packaged role, like as the Director of the Sarcoma Center, each Director is responsible for X, Y and Z. This wasn't a pre-packaged role at all. It was what is the need of the institution in this day at this point in time.

And we've got to be responsive to it. And that's what the role would take on. [00:44:10]

Interview Session: 3
Interview Date: February 27, 2017

Chapter 13
Key Projects
A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
B: Building the Institution;

Tacey Ann Rosolowski, PhD
[00:44:10]
So you've mentioned the Clark Clinic. You've mentioned creating these systems of variables for doing this evaluation. What were some of the roles that you consider of projects that you took on within this role, that you'd consider the high and low points? The biggest successes, and maybe one that you say, wow, if I had the chance to do a do-over, this is how I'd approach it differently?
[00:44:38]

Wenonah Ecung, PhD
[00:44:38]
Well, I'll start with the Clark Clinic. That turned out to be an extremely successful project. And I don't know how I knew, but I knew there was [a knowing?]. To this day, I don't know where it came from. But I remember at the beginning—first thing I remember about it is panic, where I panicked at home because it had nothing to do with nursing. Yes, it had somewhat to do with Clinical Operations, patients coming through. But it was really a Facilities project. And why was I heading a Facilities project? And why would these people feel a need to be responsive to me? And—
[00:45:22]

Tacey Ann Rosolowski, PhD
[00:45:24]
What year was this, by the way? When did it start?
[00:45:26]

Wenonah Ecung, PhD
[00:45:27]
Clark Clinic, maybe I can go look at my construction hat that they all signed, (laughter) because I don't have my resume in front of me. It's in the resume.
[00:45:38]

Tacey Ann Rosolowski, PhD
[00:45:38]
It's in your resume, okay.
[00:45:39]

Wenonah Ecung, PhD
[00:45:40]
Yeah, it's in the CV.
[00:45:42]

Tacey Ann Rosolowski, PhD
[00:45:43]
I will have a look.
[00:45:43]

Wenonah Ecung, PhD
[00:45:44]
Yeah, it's in the CV. Probably 2005 to '07 or '08, something like that. It's in the CV.
[00:45:52]

Tacey Ann Rosolowski, PhD
[00:45:53]
Okay, thanks. So you're saying it was—you had no idea why these people would be responsive to you?
[00:45:59]

Wenonah Ecung, PhD
[00:45:59]
Right. So I remember setting it up to where we had multiple meetings. And the first meeting started out with, we're going to clarify what our mission, what our vision is going to be here. And identify—we can't do this alone, all the different stakeholders that we're going to need to get involved. But one of the things that I did was, they had to sign in. When you signed in, the very first meeting you attended—and this will date me some—but when you signed in, you had to also indicate who your favorite—what your favorite music or singer, or just in that genre. And at the very end when we wrapped up our project, I remember my youngest daughter going with me to Best Buy where we bought—there was 40-some CDs, and that dates me, because you probably don't get music on a CD now—we bought 40-some CDs, and we took the list, and it would have, like, Tacey and what you liked, and the next person and what they liked. And I remember her saying, "Gee, mommy, if you're doing all this, I wouldn't mind working for you!" And I was personally funding it.

[00:47:10]
And so, in their very last meeting—well, there were two things, but along those lines, in their very last meeting, their departing gift at each desk, I had their favorite whatever it was. It was a piece of music, or singer. And I think that was—they were just overwhelmed by that. The other thing was, at the end, we had to present to David Callender on what our findings were and what our recommendations were. And I could have easily gotten up there and presented all of their work. And I chose not to present any of it, other than to do the introduction, but to give full credit to the teams of individuals that had done the work, that had been meeting consistently. And that not only gave them an opportunity—it gave them visibility with the Physician In Chief, but I think they developed a different level of appreciation for me in that they knew I couldn't do this without them. And for them, it was, she didn't do it without us. She let our work be *our* work. So that, for the Clark Clinic, I think were the valuable lessons that I gained from that, and what I did right.
[00:48:30]

Tacey Ann Rosolowski, PhD
[00:48:30]
What were some of the—what about the conversations? How did the stakeholders interact? What were some of the key issues that were discussed with the Clark Clinic, in this new—you said it was the first interdisciplinary committee from all over the institution. So—
[00:48:54]

Wenonah Ecung, PhD
[00:48:54]
Right. So we had to come to agreement on, because they weren't all from clinical—most of them weren't from Clinical Operations, their leaders had given them—had agreed that they could sit on the committee, but had also given them a vision of what this committee was to be about, which didn't necessarily [match the real task.] So it didn't always match the amount of time that we were going to have to spend, that they were going to have to spend, really had not been conveyed. The mere fact that we were going to have to look at, how do patients access this institution? How do employees access this institution? What are we going to have to do to change the way traffic accesses this area? What land do we—are we able to use any parts of the garage? If Facilities was saying no, or if the police were saying this would be a problem, then I had to understand why that was such a problem for the police workforce. And I had to listen a whole lot. And in that listening, I had to also get out and walk with them, which I can remember one of the lieutenants sharing with me, nobody had ever really tried to understand what they were talking about, and he felt I had, because I got out and walked the area with them. But they were important voices there. So designing the Clark Clinic impacted pretty much all aspects of Anderson. It wasn't just, are we going to put an aquarium in? It was, where do we start the drive? Do we end the drive there? How's valet going to continue during the construction? [ ]

How are patients going to be able to access them? So that's what made it so different for me; aspects that I had never had to deal with. And—
[00:51:03]

Tacey Ann Rosolowski, PhD
[00:51:04]
Do you think that participating in a committee of this type, which was so important, helped people at MD Anderson understand that a multidisciplinary committee, this could really work and have a positive impact? Did it have a longer impact culturally, maybe?
[00:51:25]

Wenonah Ecung, PhD
[00:51:25]
Well, I think for the leadership that was there during the time, they understood. I don't think—part of me working with Buchholz and supporting him, he had never—he was not aware of me before. So for Burke, he was aware of me, for David—David gave birth to me, if you will. But no, I think that was somewhat lost on Buchholz. Not only that, I don't think Buchholz had—I know he didn't have any idea as to what he was stepping into as Physician in Chief of Clinical Operations and Programs, because he said to me once, "I had no idea of the scope of Clinical Operations and Programs." It is the engine of that institution. And coming from Radiation Oncology, he was from a little subsidy, if you will, within this huge state or country, if you will. He was coming out to lead it. So no, I don't think—the private leaders probably weren't surprised, because we had also embarked on multidisciplinary care for the clinics, and designing and rolling that out. So that spirit, that knowledge, that know-how, the knowing that multidisciplinary and interdisciplinary is the way to go, it was there. I think a lot of that has been lost with the new administration.
[00:53:07]

Tacey Ann Rosolowski, PhD
[00:53:08]
Your comment just a moment ago alerted me to the fact that I didn't really ask you to kind of paint a picture of what the scope of Clinical Operations really is. I mean, what does it comprehend?
[00:53:20]

Wenonah Ecung, PhD
[00:53:21]
Well, you have your 10 divisions, your nine disease entity divisions, or eight plus anesthesia, and I always include pharmacy as one of the divisions. Nursing later asserted itself as one of the divisions. But Clinical Operations is everything that touches the patient. I honestly don't know—I get that question, or I used to get that question frequently. Well, what's in Clinical

Operations? Well, if you can just stand for a moment in a space and say, when I touch the patient, or I touch the patient when I dispense a drug, or I touch the patient when I'm planning for them to go home and they need durable medical equipment, or I touch the patient when they need physical therapy or occupational therapy, or music therapy, nursing, or sending them to Surgery—it's everything that touches that patient. I don't know any other way to help one understand.
[00:54:28]

Tacey Ann Rosolowski, PhD
[00:54:28]
Yeah. It's kind of amazing. So I can see how stepping into that role, there would always be new things emerging. Always new things popping up. So you gave me this example of the Clark Clinic, which was really successful. Was there another example you were going to talk about?
[00:54:46]

Wenonah Ecung, PhD
[00:54:47]
Well, you asked for one that wasn't successful.
[00:54:49]

Tacey Ann Rosolowski, PhD
[00:54:50]
Yeah, something that was a learning experience, you know.
[00:54:51]

Wenonah Ecung, PhD
[00:54:51]
Well, they were always learning experiences for me.
[00:54:52]

Tacey Ann Rosolowski, PhD
[00:54:52]
From a flipside.
[00:54:54]

Wenonah Ecung, PhD
[00:54:54]
But in terms of maybe not turning out quite the way I thought it would, or wanted it to—and this seems somewhat self-serving, but I really can't think of an example.
[00:55:09]

Tacey Ann Rosolowski, PhD
[00:55:09]
Well, that's good! (laughter)
[00:55:13]

Wenonah Ecung, PhD
[00:55:17]
Tacey, I really can't. I would share it with you, if it were there.
[00:55:23]

Tacey Ann Rosolowski, PhD
[00:55:23]
Well, how would you—so the Clark Clinic kind of actually kind of took place sort of in the earlier third, if you will, of your role as AVP. What were some of the other kind of landmark projects that you worked on?
[00:55:39]

Wenonah Ecung, PhD
[00:55:40]
So we had the Emergency Center. That was supported by Paul Mansfield, and I think Jorge Cortes, although he was the co-chair. He missed most of the meetings. And that's where we were looking at—we had long patient wait times in the Emergency Center. Not to access emergent care, but in being transitioned from the emergency room up to the floors. And some of our patients would wait 12 to 16 to 18 hours.
[00:56:15]

Tacey Ann Rosolowski, PhD
[00:56:16]
Really?
[00:56:16]

Wenonah Ecung, PhD
[00:56:17]
So the goal was to understand what was going on, and to bring that time down to something reasonable, two to four hours. So that was one of the projects I worked on with Paul and the committee that we got together. And that's where—whoever was, like, the chair, he was chair, would say, "Well, who do you think should be on this?" Because they didn't have any idea. Another project, and I worked this with Feeley, Tom Feeley, who I heard just retired. And what did we do? I have to think about what we did.
[00:56:56]

Tacey Ann Rosolowski, PhD
[00:56:56]
While you're thinking with one part of your brain, can I ask you, what were the reasons for the long wait times? What did you discover?
[00:57:03]

Wenonah Ecung, PhD
[00:57:04]
Faculty not responsive to pages that they would receive. There was—how do I say this—conflict between faculty in the Emergency Center not being—they were not oncologists. They were true emergency physicians, Emergency Medicine physicians, feeling one decision should be made, and then the oncologists believing a different decision should be made. And not only a different decision, but I, the oncologist, I am the primary. So if I say you need to wait, or if I don't answer your call, you just simply need to wait. So conflict between faculty.

[00:58:01]
One of the great things that came out of that was, we bought Medicine and Internal Medicine together, of which [Robert] Gagel was the division head at that time, to help barter peace, if you will, between those two groups. Ki Hong was the division head for Medicine at the time. And I think the project that—so we came up with recommendations out of that committee that really weren't put into action. And the reason I was thinking about Feeley was because it just seemed so similar. And it was. It was a continuation when Feeley came on, he became—years later, that project was kind of shelved. And then years later, Feeley came in, and I think it was under Burke, he was asked to chair it. And we had a whole different group come together. We used the report from the prior group, even though it had been years earlier, but redid the assessment and came out with the same conclusions, but only that time Burke activated. He acted on the recommendations, which didn't bring him favor with some groups. But I admired him for that [ ]. He would take critical steps that he knew he had to take, even though he knew it would create disfavor for him with some.
[00:59:35]

Tacey Ann Rosolowski, PhD
[00:59:42]
What were some other—
[00:59:43]

Wenonah Ecung, PhD
[00:59:45]
ACOS was one, the American College of Surgeons. That was a project I worked closely with George Chang. And I think George is still there. He's one of the colorectal surgeons. And I think George would tell you, when I worked with him, he didn't have to do anything but show up

at the meetings. I would help guide him in terms of all that he needed to know, and all that he needed to ask. And that project would organize people, patient care-level faculty that could [attend meetings with] the surveyors and actually provide PowerPoint presentations in terms of what we were doing in the area of performance improvement. It would have all division heads represented, and for the many years that I oversaw that, we most often achieved three-year accommodation. Then I think it was, when Bob came in, he felt that shouldn't be—when things were with me, they were reporting directly to the EVP, right? So that was one of the areas he thought, well, why are you doing this? It should be in a different area. And it was removed. The problem is, people don't realize everything that goes into something when something is just removed. So it went to John Bingham. And I shared with John I would do whatever he needed to make sure he could continue the path of accommodation we had been receiving. And I did, as well as my assistant. But ACOS was one of them, and I really enjoyed that experience. But again, you can see how the role works with different faculty throughout different levels of the institution.
[01:01:59]

Tacey Ann Rosolowski, PhD
[01:02:00]
It gets you a really amazing perspective. I mean, I could see how your strengths as a detail person would be very, very valuable there, having this great internal perspective.
[01:02:14]

Wenonah Ecung, PhD
[01:02:15]
And yet, having some knowledge of what's going on in the outer parts of the world so that I could take from there and say, is this going to impact what we're doing?
[01:02:26]

Tacey Ann Rosolowski, PhD
[01:02:27]
Yeah. Interesting. Well, do you want to talk about—I mean, unless there are some other perspectives, do you want to—
[01:02:34]

Wenonah Ecung, PhD
[01:02:34]
No. No, I'd have to look at the CV.
[01:02:35]

Interview Session: 3
Interview Date: February 27, 2017

Chapter 14
Vice President of Clinical Operations, and a New Working Environment
A: The Administrator;

Codes
A: The Administrator;
A: Overview;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Processes;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;

Tacey Ann Rosolowski, PhD
[01:02:36]
Right. So tell me about shifting to Vice President of Clinical Operations, which happened in 2014.
[01:02:45]

Wenonah Ecung, PhD
[01:02:44]
Yeah, that was interesting. And it was interesting because it was something I believed I deserved, but something I had been told because of the structure of Anderson, it would not happen. So that was with Buchholz coming into the role. He didn't tell me that. When he stepped into the role, when Burke transitioned, if you will, to the network and Tom Buchholz stepped into the role, like I said, the first two years, it ended up being Tom Buchholz and I. So I would like to believe he saw what I was capable of doing, and how I had assisted. But what I really believe happened is, Gerard left, lots came to me that Gerard did. Tom Buchholz—and I say Tom Buchholz to differentiate from Tom Burke, nothing more than that.

[01:04:04]
Buchholz was literally learning the role of what it meant to run this huge engine of Clinical Operations and Programs. And as this in parallel, Maureen Cagley on the Research side, was filibustering with her new boss, Ethan Dmitrovsky, as to why she should be Vice President on the Research side. And there were three of us, Maureen on the Research side, myself, Clinical Operations and Program and Chris McKee in Business Development. So Maureen was filibustering in terms of why she should become VP, and Ethan at a point agreed, "Yes, you

should," and promoted her in November. Well, that was kind of the snowball that Chris and I needed, to be honest. So we were on—the reality for me is, because these three roles were so intimately linked to each EVP, our roles were similar, but very different, because they were directed at whatever area our EVP was in. There had always been agreement that whatever happened in one would happen in the others. And once Ethan committed to her, to promoting her, it was inevitable for Chris and I to end up getting promoted. So she was promoted in November, Chris and I were, I think, [April] of that very same fiscal year.

[01:05:49]
So she was—she'll always be my hero there. (laughter) She was the trailblazer that opened the door for the two of us. Because the role didn't really change. [ ] And we had often talked about this. Our scope, in terms of what we did, and the agility that was required for the roles, she and I both felt—we didn't talk much to Chris—but she and I both felt we should always—we should have been VPs a long time ago. But she, at a strategic point in time, had a listening ear, which is Ethan Dmitrovsky, who was new and dependent upon her. And she was able to open the door. And with that, Buchholz then went to the president, and I knew that, and got approval to promote me.
[01:06:49]

Tacey Ann Rosolowski, PhD
[01:06:50]
Well, that must have felt good.
[01:06:51]

Wenonah Ecung, PhD
[01:06:52]
It did, in a really interesting way.
[01:06:55]

Tacey Ann Rosolowski, PhD
[01:06:56]
Why do you say it that way?
[01:06:57]

Wenonah Ecung, PhD
[01:06:58]
Because it's like you feel you deserve it, the role is there already. But you can't get people to acknowledge it. And then finally, one arm of you gets someone to say, "Okay." And then it happens for the other two.
[01:07:15]

Tacey Ann Rosolowski, PhD
[01:07:15]
Interesting.
[01:07:15]

Wenonah Ecung, PhD
[01:07:15]
Yeah. So interesting in that way.
[01:07:16]

Tacey Ann Rosolowski, PhD
[01:07:17]
Yeah. So tell me about those next two years. Did they have kind of a different character in any way?
[01:07:25]

Wenonah Ecung, PhD
[01:07:26]
Well, they were very different. Not because the role was designed to be different—
[01:07:29]

Tacey Ann Rosolowski, PhD
[01:07:29]
Right.
[01:07:29]

Wenonah Ecung, PhD
[01:07:30]
It was circumstance that surrounded us again. Buchholz came into the role in December of 2013? Twenty-thirteen, I think it was. Gerard, who was our Senior Vice President for Clinical Operations, who would have been his right hand, his partner in crime, if you will—a good kind of crime, if you will, since this is being recorded, resigned, I think it was in January, February-ish, and left soon thereafter to take on a higher position at somewhere in Wisconsin. And part of Gerard 's leaving was because he felt he should be promoted to Senior Vice President, and they had given him a contingency of, well, if you can prove yourself over the next six months, then—you know. And this is the story Ger shared with me from Ron, through Ger, rather. If he could prove himself to Ron DePinho over the next six months, then they would do it, whereas Gerard was kind of like me. He felt like he had already proven himself. So if that's the—he wasn't willing. So he left.

[01:08:51]

Well, that left Buchholz in a predicament, because your partner, the person that is to be your partner—it would be like Trump not having Pence as a Vice President, is what it would be like. And somebody's got to step up into that role while Buchholz was learning the role. It's exactly like that. Trump, who has no background in government, and Pence who is government. Buchholz who had no background in Clinical Operations, Ger who was Clinical Operations, Burke's right hand, gone. The next person has to step up and be that for him, while you carry out the rest of your role that would keep—just keeps him afloat, keeps him going. I was filling in. So it changed. It was different in that regard. But it also—what came out of that for me, and I think what became, I was going to say, problematic for Bob. But it showed me that I could do more. And that—and to be boxed into a role that was less than even what I had been doing would no longer be sufficient for me. Yeah. So it was like kicking into high gear, really high gear. Then when Bob came in, him wanting to kick you back into, maybe, first gear. And that just couldn't happen.
[01:10:26]

Tacey Ann Rosolowski, PhD
[01:10:27]
Yeah. What were kind of the landmarks during that period in terms of projects you worked on?
[01:10:41]

Wenonah Ecung, PhD
[01:10:41]
Well, that took a different feel too, because Buchholz was learning. Our projects really kind of stopped. He was developing some sense of the land at that point; what were the problems, what were the concerns. We really didn't have the projects. So this was really—aside from taking on Ger's portion of Clinical Operations, it was really just running the day-to-day operations. And we had, for Tom Buchholz, a new president. And there was so much going on. We had somewhat of a new president. We had Dan Fontaine, who we weren't sure if he was—was he really the president? Was what we were doing the wishes of the president? So we had another entity that was inserted and that caused some confusion, I think, for the EVPs. But the day-to-day things like faculty salaries, faculty evaluations, making sure our EVPs were prepared for these things, working with our Facilities people. Making sure that clinical Facilities were being designed, renovated—those things continued. That was my role on the Clin Op side, it was Maureen's role on the Research side. Those things just continued.

[01:12:17]
So my first two years was different in that I was picking up the broader scope of what Ger had, but it was also routine in that I had a new EVP, and the day-to-day continued. I guess the only real project I had during that time was our faculty lounge. Tom was, probably still is, a big cheerleader of faculty and wanted them to have private space to convene. So one of the things I

did was work with Facilities to look at the various spaces, look at the cost. Like, did we want to put it on top of the library, which was going to be a million dollar build-out? Or was there space within the institution that we could do it, that would be central? And my recommendation ended up being an area that had been used for Telecom or Blackberry services. We took that area, renovated it, and before I left, it turned out to be a great success. We had over 300 Faculty entering each day at different points in time. We had wine and cheese on Friday that we served. And it became—what started out as a project became my ongoing oversight of the area, checking on it. When I would come in, I'd make a detour to see, had Housekeeping been in? Was the fruit laid out? Did we have the right types of nuts? And if we didn't, once I got up to the office, we were placing calls to make sure it was handled. So that was the only—and that, for me, was minor. But it was fun. But it was minor.
[01:14:08]

Interview Session: 3
Interview Date: February 27, 2017

Chapter 15
Instituting Multi-disciplinary Care and Electronic Medical Records
B: Institutional Change;

Codes
A: The Administrator;
A: Overview;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Processes;
B: Growth and/or Change;
B: Obstacles, Challenges;
B: Institutional Politics;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;

Tacey Ann Rosolowski, PhD
[01:14:09]
Over the course of your roles with Clinical Operations, have there been kind of shifts in the prevailing concerns, or for one thing, the institution continued to grow. You know? Were there certain types of challenges that arose over time, that changed?
[01:14:28]

Wenonah Ecung, PhD
[01:14:29]
Oh, yeah. I guess the first major shift that I was really a part of, aware of and a part of, was when we shifted to multidisciplinary care. So that was the first. Probably the next major undertaking, of course, when we went through the financial crisis in 2008, 2009. But we were responding, as was every other industry throughout our nation. So the next major shift would have been executing the Electronic Medical Record, Electronic Health Record. In between there, we had a period where we had consultants come in, and we thought we were going to have to do a big layoff. But we didn't. We did a small one, I think it was, like, about 500-some people, and that was around—well, that was the early 2000s, if you will.
[01:15:41]

Tacey Ann Rosolowski, PhD
[01:15:42]
Talk to me a bit about the Electronic Medical Records. What were the conversations about, leading up to that?
[01:15:52]

Wenonah Ecung, PhD
[01:15:54]
Well, we had tried—we had—when David Callender was in office, if you will, we had looked at several vendors for an Electronic Health Record. And with each vendor, we had come to realize that our Clinic Station, which was a home-grown tool, exceeded what the vendors could provide. So we spent a lot on consulting fees, but we didn't get a lot, because we didn't actually end up executing. And then when the decision was made to go with—who did we go with?
[01:16:38]

Tacey Ann Rosolowski, PhD
[01:16:38]
EPIC?
[01:16:39]

Wenonah Ecung, PhD
[01:16:40]
Epic, yeah. A lot of the faculty were, I guess you would say, somewhat suspicious, because they knew what ClinicStation could provide. And EPIC had never handled an institution as large as ours in terms of numbers of faculty, number of patients, square footage or anything.
[01:17:02]

Tacey Ann Rosolowski, PhD
[01:17:03]
What was it that ClinicStation could and could not do?
[01:17:08]

Wenonah Ecung, PhD
[01:17:09]
Tacey, I'm not sure of that, because I wasn't intimately [involved] in the conversations. By that time, Bob was on board. And he was in those conversations. I don't know whether it was the link to others outside, or what.
[01:17:26]

Tacey Ann Rosolowski, PhD
[01:17:27]
Sure.
[01:17:28]

Wenonah Ecung, PhD
[01:17:29]
My role became extremely periphery to it.
[01:17:32]

Tacey Ann Rosolowski, PhD
[01:17:33]
Well, I 'm sorry, I kind of derailed you.
[01:17:35]

Wenonah Ecung, PhD
[01:17:36]
That's okay.
[01:17:36]

Tacey Ann Rosolowski, PhD
[01:17:37]
Kind of what, in terms of the conversations that you were part of, how did that conversation evolve from the consultants?
[01:17:46]

Wenonah Ecung, PhD
[01:17:47]
From the consultants?
[01:17:50]

Tacey Ann Rosolowski, PhD
[01:17:51]
I'm sorry, so you looked at various vendors and saw that ClinicStation kind of exceeded. But then there was the moment—
[01:17:56]

Wenonah Ecung, PhD
[01:17:56]
Right. So that was in the David Callender era. And we stayed with ClinicStation from there, until what? This is 2017, so we put it in 2016, so two years prior to that would be 2014. So it

was at that point that it was decided—and that's when I became periphery to the conversation—there was a decision made that we needed to adopt an Electronic Health Record, and that ClinicStation wouldn't suffice for being it. And I know—yeah, that's pretty—I just really wasn't in those meetings.
[01:18:40]

Tacey Ann Rosolowski, PhD
[01:18:41]
Did you have a personal perspective on this at the time?
[01:18:43]

Wenonah Ecung, PhD
[01:18:44]
No. It was whatever was going to be readily available and easy to use for the faculty. I had worked with my own physician's office where I had had the experience with them, where they had shared how difficult it was to bring it up in terms of still having the patient feel they were the center of the conversation, as opposed to the computer was the center of the conversation. And I really can't give you eye contact because I got to look over here at what I'm doing. So I had that perspective. I knew a lot of the physicians, like I said, I had grown up with, so it was going to be a huge change for them. And they really hadn't bought into it. I knew it was—I was in the bigger meetings in terms of the expense, I knew it was going to be a huge, a tremendous expense to the institution.
[01:19:42]

Tacey Ann Rosolowski, PhD
[01:19:43]
What were the numbers that were being discussed?
[01:19:44]

Wenonah Ecung, PhD
[01:19:45]
Oh, it was in the millions, millions. The year we—last year when we actually executed on it, we budgeted for a $250 million loss.
[01:20:00]

Tacey Ann Rosolowski, PhD
[01:20:00]
A loss. Wow.
[01:20:00]

Wenonah Ecung, PhD
[01:20:01]
Loss.
[01:20:01]

Tacey Ann Rosolowski, PhD
[01:20:02]
What were the sources of the loss?
[01:20:03]

Wenonah Ecung, PhD
[01:20:04]
Well, that was because as we were bringing up the system, we knew we had to bring down other systems. And when I say "bring other systems down," that meant that literally, we couldn't have as many patients coming through. And if patients don't come through, then your revenue drops, right? So that was planned. But apparently they ended up losing a little bit more. And then we lost even more.
[01:20:32]

Tacey Ann Rosolowski, PhD
[01:20:32]
I'm always curious about the shift to multidisciplinary care, since that's so key, core, to what MD Anderson is about. I know you spoke a little bit about it in a previous session. But I wonder if you had some additional thoughts on that kind of returning theme, over the course of your career in the institution?
[01:20:59]

Wenonah Ecung, PhD
[01:21:00]
Returning theme?
[01:21:01]

Tacey Ann Rosolowski, PhD
[01:21:01]
Well, you talked about it when you went to work with Developmental Therapeutics, and then with those other roles, and then again the Clark Clinic. How—and then of course the institution had made the formal decision to adopt that, rather than have it be happening piecemeal, because it was an interest of individual faculty.
[01:21:22]

Wenonah Ecung, PhD
[01:21:23]
Right.
[01:21:23]

Tacey Ann Rosolowski, PhD
[01:21:24]
How did you see that changing from that individual interest to a moment when it was, like, okay, that's what really what we're about?
[01:21:31]

Wenonah Ecung, PhD
[01:21:32]
Oh, okay. I think there were two critical points in time. One was the planning of it, the envisioning of it, and trying to help people understand what the concept was all about, and how it was different from what we were doing. And when I say "help the people," I really mean the faculty and staff. Because the initial planning wasn't really with patients. It was convincing faculty that this is the direction we need to go, and that it really is going to be different from the way you're currently practicing. Then I think the other transition in time was when it took place, and not only did it end up being beneficial to the faculty, but it ended up being beneficial—we knew it would be beneficial to the patients. But the patient began to experience—their experience improved as a result of multidisciplinary care.

So for them, they were able to experience I no longer—here I am with cancer, my counts are low, I'm exhausted. And I've got to walk throughout this huge institution. First I'll see my Med Onc. Then I've got to walk this distance to go see my surgeon or my Radiation Oncologist—they no longer had to do that. It was all in one setting. And they began to realize that not only is it all in one setting, but these three guys are talking to each other about me. So the level, the depth, of the conversation has changed in terms of whatever the plan was. [ ] Now they've got the experts altogether and debating on the direction that it should be going, that we should go. So I think that changed. I think those were the two critical points. Initially, even though the vision was bringing the faculty together so that you could have space where you're all discussing and making decisions, initially what took place was, we physically brought them together. There were still barriers. My room is Med Onc, your room is Surgery, my room is Radiation Oncology. So this is my territory, your territory, not our territory. We've just come together in the same space, but we're not truly collaborating, if you understand what I'm saying.

[01:24:17]
And I think it took us a while to—and that was heavily dependent upon—that was a large role of the Center Director, the CAD, the Center Administrator Director was to help bring these folks together. Not just in the space, but now to create the venue for the conversations to really—the

need, the recognition that there was a need, and how to bring these conversations together. So that took us some time.
[01:24:45]

Tacey Ann Rosolowski, PhD
[01:24:45]
I mean, that's a cultural change.
[01:24:47]

Wenonah Ecung, PhD
[01:24:48]
Exactly.
[01:24:48]

Tacey Ann Rosolowski, PhD
[01:24:49]
I mean, you can make people live next door to each other, but—
[01:24:50]

Wenonah Ecung, PhD
[01:24:51]
Right. And they don't talk to each other.
[01:24:52]

Tacey Ann Rosolowski, PhD
[01:24:52]
Yeah. Exactly. So, I mean, I know you talked a little bit about this. But was sort of the array of strategy a Center Administrator Director might use to bring those conversations about?
[01:25:05]

Wenonah Ecung, PhD
[01:25:06]
Mmm. One of the things that I did as the Center Administrative Director, I made sure that we formed—and I probably talked about this before—teams. So the initial teams were a faculty member, it might be Dr. Tacey, and it might be Wenonah as Dr. Tacey's nurse. But Dr. Tacey also had a support person, a clerk that followed that team. So that was the initial. But after that, it was Dr. Tacey, Wenonah, but I also have this nurse that's Medical Oncology over here, maybe Pat, who cross-trains to work Surgery. And Wenonah cross-trains to work Medicine, to where Dr. Pollock gets to know not just Wenonah, but he gets to know Pat. And Dr. Benjamin gets to know these other two. So it was slowly, if you will, interjecting others into their team to where

they developed a level of confidence. And what are you going to begin to ask? Pat's going to be out, is Karen going to cover? So there was some level of confidence.

[01:26:23]
Then with the faculty having what we called "planning conferences," where the Radiation Oncologist, the Med Onc, the surgeon, the Pathologist, the Diagnostic Imaging individual would all meet at a specific time to maybe discuss X-patients, where they were, X-patient is new, here's what we're thinking about doing. Pathologist [confirms] the tumor type. There's discussion of that. If it is, then Medicine and Surgery and Radiation chime in in terms of what they can do, or what shouldn't be done. So it was those multidisciplinary planning conferences. So we had the space, then we build the teams, and then you have these medical conferences that are multidisciplinary in nature where we're all talking together. And then for some of the centers, like us, we would have it to where Barb was a new patient and you're being discussed in conference today, you would come up. And you'd be placed in an exam room when conference was over, the three major disciplines would come out together and talk to you. So it was a show of force for the patient. And can you imagine being a patient and sitting there, and previously, yeah, you went to see each one, but now you have all three in the room. And they're all three in synch in terms of how they want to move forward.
[01:27:56]

Tacey Ann Rosolowski, PhD
[01:27:56]
Now, I neglected to look on your CV to see if you were involved in any way with the Clinical Effectiveness Committee that developed the algorithms?
[01:28:04]

Wenonah Ecung, PhD
[01:28:04]
No. I wasn't. I wasn't on the committee. Alma Rodriguez—
[01:28:09]

Tacey Ann Rosolowski, PhD
[01:28:09]
Alma Rodriguez, yeah.
[01:28:10]

Wenonah Ecung, PhD
[01:28:10]
—headed that. That was her domain. You know.
[01:28:12]

Tacey Ann Rosolowski, PhD
[01:28:14]
I was wondering if there were any observations you had about that, or thoughts on that in relationship to multidisciplinary committee?
[01:28:20]

Wenonah Ecung, PhD
[01:28:21]
Now, I wasn't on that committee. But pre-that committee as a Center Director, I had the fortune of working with Peter Pisters, Raph Pollock, Bob Benjamin, and the Radiation Oncologist. And we developed an algorithm for the different tumor types within Sarcoma. It was not only a treating algorithm, we took it a step further and costed it out. We worked with the Business Office to cost out each algorithm. Then we were able to put it into play, so that our folks that were responsible for the business center, that were responsible for helping me bring in the new patients would get a call, and they'd be able to use the algorithm and say, well, this person has this diagnosis, they've had this treatment, which takes them to this [part of the algorithm]. And they'd be able to offer preliminary guidance on cost. Yeah. But that was—I think that was pre-Alma having Clinical Effectiveness.
[01:29:34]

Tacey Ann Rosolowski, PhD
[01:29:35]
And what's the advantage of something like that?
[01:29:36]

Wenonah Ecung, PhD
[01:29:36]
Huge, in terms of whether or not my insurance—a lot of times our business centers were having to work directly with insurance companies, and convince them that Anderson is the right place. And part of the convincing was the cost. What was that patient going to be getting for that cost that they couldn't get at Centers of America, if you will? So it was huge.
[01:30:04]

Tacey Ann Rosolowski, PhD
[01:30:09]
Is there anything else that you'd like to add about the VP roles and Clinical Operations?
[01:30:16]

Wenonah Ecung, PhD
[01:30:16]
I think we've covered everything, to be honest.
[01:30:20]

Tacey Ann Rosolowski, PhD
[01:30:21]
We have covered a lot. Well, I wanted to ask you about the graduate work, because we didn't really talk about that. And I imagine that that also helped you step into the teaching role, as well.
[01:30:31]

Wenonah Ecung, PhD
[01:30:32]
Oh, absolutely, it did. Yeah.
[01:30:33]

Tacey Ann Rosolowski, PhD
[01:30:33]
If you want to talk a bit about that?
[01:30:33]

Interview Session: 3
Interview Date: February 27, 2017

Chapter 16
A PhD and Teaching Leadership Theory and Policy after Retirement
A: Post-Retirement Activities;

Codes
A: Professional Path;
A: The Educator;
A: The Leader;
A: The Mentor;
A: Activities Outside Institution;
A: Career and Accomplishments;
A: Post Retirement Activities;
A: Professional Values, Ethics, Purpose;
C: Evolution of Career;
C: Professional Practice;
C: The Professional at Work;
C: Leadership; D: On Leadership;
C: Mentoring; D: On Mentoring;

Wenonah Ecung, PhD
[01:30:34]
I didn't know that was—okay, I'd be happy to. As I mentioned, there was a point where I could execute on my role with my eyes closed, if you will. And so it was important to me not to be bored. There was a program that I had looked at for about 10 years, from a distance. And it was a leadership program. They were offering a PhD in leadership. It was Our Lady of the Lake University, and they were out of San Antonio. And I had looked at it 10 years prior to actually entering, but I had, at that time, still one young kid at home. I knew with her still there, I could not make a commute to San Antonio every other weekend. So I put it on the back burner. And then, in 2010, yeah, it was 2010, I got wind that they were going to start a cohort here in Houston. And I applied. That was back in June. No, it was in the spring. It was in the spring of 2010. I applied, you had to take several psychological tests. You had to interview with a panel. You had to do a written essay, timed essay, after reading an excerpt on something. Mine was Y2K. And I ended up getting accepted to the program, started in August, 2010. It was everything—10 years ago, I had looked at the curriculum and thought, wow, this is what I do. This would enhance me. I want this. And got in, and it was one of the best decisions I've made. I had just gotten remarried in 2008, and this—one of the impetus for going ahead with this was, I had remarried, Ramon is my second husband—and the last—(laughter)
[01:32:53]

Tacey Ann Rosolowski, PhD
[01:32:54]
It's always good to be able to say that!
[01:32:55]

Wenonah Ecung, PhD
[01:32:56]
And he, at that time, was working on his master's in engineering. And I found myself doing a lot of what he was—doing a lot of reading with him on his subject matter. And I thought, if I'm doing this, I could be doing something for myself. And that was part of—and he was very supportive. So I got accepted. And it took a tremendous amount of time away from the new marriage. But he was truly my partner in this, because I would usually get up about 5:00, I'd put in an hour at this table, studying. I'd get dressed, go to work, I'd get home about 7:00, we'd eat. And then around 9:00, I'd come back to this table. And if I didn't feel like it, he'd say, "Go to your workspace." And that's what I would do. And he'd disappear somewhere in the house. And I would usually work until about 12:00 midnight, and I did that for about four consecutive years of a new marriage. And I asked him about it, and he says, well, he knew it would change. But I think that says a lot about him to endure like that.

[01:34:15]
And then I was at graduation in San Antonio. And the chair was pinning one of the medallions on me, of the program. And she said, "How would you like to teach?" And my chair of my committee, Dr. Green, who I just loved dearly, she said, "Mark"—she called him Mark—she said, "Mark told me that you might be interested in teaching. How would you like to teach?" [ ] When she asked me, I said, as I told Ramon, I didn't feel like I could say no. So I said, "Of course! Yes!" And that was December 13th. [ ] I graduated on December 13 in 2014. [ ] And I started teaching in January.
[01:35:34]

Tacey Ann Rosolowski, PhD
[01:35:35]
Wow.
[01:35:35]

Wenonah Ecung, PhD
[01:35:35]
Yeah.
[01:35:36]

Tacey Ann Rosolowski, PhD
[01:35:36]
Wow, that's neat. So tell me what you—you said when you were looking at that program over those 10 years, saying wow, this is what I do. So how did that program enable you to develop? What directions did it take you in?
[01:35:50]

Wenonah Ecung, PhD
[01:35:51]
Well, I was able to use it at work. It's heavily-concentrated in theory. One of the nice things about me going through the program was that we did acquire Ethan Dmitrovsky, our Provost, kind of while I was going through the program. And Ethan is extremely knowledgeable about different theories. And so as he would mention things, I would quietly know I was studying about it, and maybe it wasn't quite the way he was asserting. But we were able to have talks about emotional intelligence and the importance of leadership. We were able to have discussions on what we needed to do to help mentor our new division heads that we were bringing. He understood what Servant Leadership was.

[01:36:49]
I remember, I think it was—I don't know whether it was Mendelsohn or DePinho, but one of the two presidents had all of his direct reports. He wanted them to read Greenleaf's book on servant leadership. Well, I had already read it, studied it, written about it. And I know it was with Burke at that time. I remember saying to him, "If you want, I can do the Cliff Notes for you." I knew when I looked at the curriculum, it was something that I'd be using in everyday life, contributing to, or making me better, or helping me understand how I move through some things, that maybe occurred naturally, and I didn't know why or how. But then suddenly there it was, and there was research attached to it, which validated it.
[01:37:47]

Tacey Ann Rosolowski, PhD
[01:37:47]
So what are you teaching?
[01:37:50]

Wenonah Ecung, PhD
[01:37:51]
So my moment was --I knew we had this conversation, and then it hit me; we didn't have the recorder on. Because I was thinking, Tacey doesn't remember? (laughter) You can edit that out.
[01:38:02]

Tacey Ann Rosolowski, PhD
[01:38:03]
No, that's all right, that's—
[01:38:04]

Wenonah Ecung, PhD
[01:38:04]
So anyway, I teach Leadership Assessment. I'm sorry, I teach Leadership Theory, which goes through a host of different theories, like leader member exchange, servant leadership, emotional intelligence, full-range model of leadership. I teach that. I teach Policy I and Policy II. And then this semester, I've picked up—I was teaching one course at a time, because I was also working. And my desire was not to teach more than one course at a time. And then Dr. Green, who was my committee chair, who would fly up here, because it's an in-class program. [ ] He had surgery, he had hip surgery and developed blood clots, and for this year could not fly to Houston, or drive to Houston. So I was honored when he reached out to me and asked me to teach his class. That was, like, icing on the cake. I have not met anyone that hasn't fallen in love with Dr. Green. He is just a phenomenal—he is the type of professor that makes you, as an alum , just because he's there, you want to give back to the school. And that was really what I wanted to do. I wanted to give [back]. And it wasn't just Dr. Green, it was Dr. Green and Dr. Gergen, and Dr. [Ree], the statistician, and Dr. [Sun] and Dr. Duncan. I had never experienced professors in all the programs, and I've not been afraid of school, these people were phenomenal. And it was lots of hard work, but if you were willing to put it in, they were willing to stand beside you. And I had such a desire to be like them, to give back that way. So this is my community service, because it sure doesn't pay anything.
[01:39:59]

Tacey Ann Rosolowski, PhD
[01:39:59]
Yeah. Well, and I can only imagine how valuable it would be, given the depth of your experience. Because you can really contextualize the book learning, if you will, with amazing real-world scenarios.
[01:40:14]

Wenonah Ecung, PhD
[01:40:15]
Right. And I get a lot of that feedback on the evaluations from students.
[01:40:19]

Tacey Ann Rosolowski, PhD
[01:40:19]
Yeah. How wonderful.
[01:40:20]

Wenonah Ecung, PhD
[01:40:21]
And also my context, because I'm able to—like in Policy, I'm able to bring in guest speakers when we're talking about healthcare, or when we're talking about lobbying. I'm able to bring in people that have actually—that are lobbyists. And it becomes real for them.
[01:40:37]

Tacey Ann Rosolowski, PhD
[01:40:38]
How very neat. Is there anything else? Well, let me ask you a different question. We've talked a lot about the professional side. Is there something that you'd like to share to kind of flush out who's the person behind all the roles? Is there a favorite book, or a favorite activity, or place? A hero or heroine? (laughter)
[01:41:03]

Wenonah Ecung, PhD
[01:41:04]
I guess my heroine is my mom. And it wasn't because—instead of stating it in a negative way, I'll say it in a positive. It was because she was a very strong woman. She wasn't always the best mom. My mother was an alcoholic. So she wasn't always present, I mean emotionally present to me. But her resilience demonstrated for me that no matter what I came up against, there was sunshine on the other side. I could move through it. When I look back at my life now, and I've had some challenges, some tribulations, but I wouldn't change any of them. I moved through them sometimes oblivious to what was going on. Some days I'd look back and think, how did I make it through the day? And then I realized that's—not how, isn't the important question. There is no question. What's important is the fact that I made it through the day. And I think that comes from what I saw her go through. And then how she did become present later in life when she got through that part of her life. So she would be my heroine. Yeah. And then I always like to talk about my two gifts, and those were my two girls.
[01:42:39]

Tacey Ann Rosolowski, PhD
[01:42:41]
And their names?
[01:42:43]

Wenonah Ecung, PhD
[01:42:44]
Blair Elizabeth Nelson and Britt, B-R-I-T-T, Elyse, E-L-Y-S-E, Nelson. And Britt will be 28, and Blair will be 33 next month. So, yeah. So they're my legacy.
[01:43:03]

Tacey Ann Rosolowski, PhD
[01:43:04]
They're your legacy. What legacy do you feel you left at MD Anderson?
[01:43:11]

Wenonah Ecung, PhD
[01:43:12]
I hope one of discipline, but with extreme caring, grounded in a foundation of integrity. Yeah. That's it.
[01:43:35]

Tacey Ann Rosolowski, PhD
[01:43:35]
Is there anything else you would like to add?
[01:43:37]

Wenonah Ecung, PhD
[01:43:38]
No. I've enjoyed talking to you during these sessions, and sort of taking the journey through.
[01:43:44]

Tacey Ann Rosolowski, PhD
[01:43:44]
Yeah. It's been really, really interesting. And I'm grateful to you, taking the time, really.
[01:43:49]

Wenonah Ecung, PhD
[01:43:49]
Thank you! I just hope I haven't been boring.
[01:43:52]

Tacey Ann Rosolowski, PhD
[01:43:53]
No! Not at all.
[01:43:54]

Wenonah Ecung, PhD
[01:43:55]
I think of all the people you've interviewed, and it's, like, where do I—I don't know.
[01:43:58]

Tacey Ann Rosolowski, PhD
[01:43:58]
It's always just such a new perspective on the institution. I feel like I'm always going into a new corner of a labyrinth. It really—
[01:44:09]

Wenonah Ecung, PhD
[01:44:10]
I could see that.
[01:44:10]

Tacey Ann Rosolowski, PhD
[01:44:10]
Yeah. So thank you very much for your time.
[01:44:12]

Wenonah Ecung, PhD
[01:44:13]
Oh, it's been my pleasure, Tacey.
[01:44:14]

Tacey Ann Rosolowski, PhD
[01:44:15]
And for the record, I'm turning off the recorder at about two minutes of three.
[01:44:19]