Dear Colleagues,

Welcome to the latest issue of EVCP Expresso, and thank you for your feedback to our first two editions. I'm gathering all of the areas that you want me to look into, and my response will be made either directly or covered in a future issue.

This month, I'm going to piggyback a bit on Chancellor Sam Hawgood's recent State of the University address — you can watch it online. In it he outlined four priorities for UCSF: precision medicine, continuous learning, transformative partnerships, and equity and inclusion. In this issue, we'll delve a little more into precision medicine and inclusion, along with career wayfinding for faculty new to UCSF.

Here are the topics for November:

- Taking responsibility: The road to a more diverse and inclusive UCSF
- I wish I knew then what I know now: Tips for new faculty (and anyone else still trying to figure the system out!)
- Shining a spotlight on Precision Medicine

Also, my personal tips (all of two to date) have spurred some of you to share other suggestions for great reads and cinema! Please see what your colleagues are recommending on my Tips and More web page.

I am very grateful that many of you are taking a brief break to scan and read EVCP Expresso. Please continue to share your ideas, advice, and feedback with me at ExecutiveViceChancellor@ucsf.edu.

Best wishes,

Dan

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**Taking responsibility: The road to a more diverse and inclusive UCSF**

I want UCSF, as a world-renowned public institution in the most diverse state in America and in arguably one of the most progressive cities, to not only embrace but also reflect the diversity that makes the Bay Area unique and innovative. Our location and public mission call for us to be not just good enough but the best.
We have more work to do. Among the evidence to support this:

- Results of our own Campus Climate Survey [5] show that many people of color, those with disabilities, and those who identify as gay, lesbian, bisexual, transgender, or questioning, feel disrespected and excluded.
- The lack of diversity in our faculty and leadership.
- The clarion call from our students that shines a light on the fact that the health professions are not doing enough. Case in point: last winter's "#whitecoats4blacklives [6]" protests, which began here at UCSF and sparked a national movement.
- Reports from our students of color on behavior that constitutes microaggressions and profiling leading to exclusion -- at events, on the street, and in day-to-day interactions at UCSF.
- Disturbing incidents of disparaging comments and behavior directed at members of our community because of their religion or religious affiliation -- again, right here on campus. One specific example is the almost daily indignities suffered by Muslim women in our community (please take a look at the extraordinary grand rounds on "Islamophobia" [7] that took place a few weeks ago at SFGH).
- On the clinical side, evidence that the applications of our cutting-edge research all too often do not reach underserved, disadvantaged communities -- typically the communities who need it the most.

We've been working hard at these issues for decades -- I'm sure of this because I've witnessed many of the efforts first-hand -- and some things are definitely better than 30 years ago. The seemingly glacial pace of change can feel disheartening, but this is because the challenges are so deep and complex. Nonetheless, I am more hopeful than ever, because our community seems more activated and committed to change than I've seen in many years. A few examples of what's been going on recently:

- From a mandate by the Chancellor, the leaders of all schools at UCSF are being held accountable for implementation of school-specific efforts to achieve the Chancellor's Priority on Equity and Inclusion [8] to foster a climate where every person feels respected, included, and valued.
- The School of Medicine, building upon this year's "Race Matters" retreat, has just started the "Differences Matter" [9] initiative, with stated goals of enhancing diversity in the leadership, curriculum, and clinical care environment among others.
- The Office of Diversity and Outreach, led by Vice Chancellor Renee Navarro, is also working to achieve the Chancellor's Priority on Equity and Inclusion [8], building on existing efforts to recruit underrepresented faculty, strengthen the pipeline of youth who pursue health sciences careers, and support diverse students once enrolled.
- The entire Chancellor's Executive Cabinet [10] (i.e., all the folks who oversee this place) took part in an immersive leadership retreat this past August with the sole purpose of building a solid awareness of the depth of issues surrounding diversity and inclusion. During the retreat, we learned a lot from one another and from two fascinating national experts. Martin Davidson [11], a business professor from the University of Virginia, teaches leaders of all kinds to view diversity through a new lens and to create organizations that can capitalize on diversity. He helped us recognize that diversity is not only critical to our mission but also imperative to our ability to sustain and excel in our work. Tim Wise [12], a noted anti-racism expert and author of the book "White Like Me," led us through some provocative, eye-opening exercises examining our own life experiences and how they may inform our biases.
Unless we continue to strive toward diversity among our own ranks, and nurture and sustain a true climate of inclusion and respect right here on campus, we will not be able to address health care inequities -- and improve health within our community, city, and ultimately the nation. That is, unless we take responsibility to improve, we will not be able to achieve our mission.

There are many things that each and every one of us can do ourselves, now, to improve the climate on this campus -- for ourselves, for others, and for our community. One specific action that I ask of you is to take the time to really understand the concepts of **microaggressions** and **privilege**, and what it means to be an **ally** to one another.

- For those of you already familiar with the meaning of microaggression and privilege, please take a few minutes to read this superb essay, titled “What does it mean to be an ally?” written by our own Professor Erica Monasterio in the School of Nursing, and watch the four-minute video, “Cracking the Codes: A Trip to the Grocery Store” (YouTube).
- If you'd like to learn more about microaggressions and privilege, check out the following links:
  - "Unmasking 'racial micro aggressions’” (American Psychological Association)
  - "What Is Privilege?" (BuzzFeed, July 4, 2015)

Wouldn't it be great if we created a culture that had so much awareness of and respect for our differences that microaggressions and exclusionary behavior were a thing of the past?

Let's do it.

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**I wish I knew then what I know now: Tips for new faculty (and anyone else still trying to figure the system out!)**

When I first joined the UCSF faculty -- after serving as an intern and resident here -- I discovered a bewildering and Byzantine system of rules. Why was I paid the salary I was paid? What did I need to do to advance in my career? Who could serve as a mentor to me?

It wasn't easy to find answers back then, but we're making it easier now, and a lot of the progress is a result of improved access to information through the Internet. I put my head together with my friend Brian Alldredge (we started our careers here around the same time, and now he's the Vice Provost for Academic Affairs), and we came up with five questions we wish we'd known the answers to as new UCSF faculty members. Check them out -- we hope they help you as much as they could have helped us (way) back then!

1. **How do I know if I'm in the right faculty series?**
   We have five different faculty series at UCSF, more than most universities, which makes things confusing. The five series do give us a lot of flexibility, but you'll need to make sure your work is a good match with your series. If you are supposed to do research, but you find yourself in the operating room four days a week (and charting and returning...**
calls on the fifth), then you probably need to check with your department chair and make an adjustment. To get a sense of the five series, and what you need to do to keep pace, take a look at the charts from this slide presentation [17] Brian showed at Faculty Development Day. (Start on the eighth slide to see the five series, and from there you'll see the distinct promotion criteria.)

2. **How can I find a faculty mentor?**
   UCSF has a fantastic mentoring program [18] for junior faculty, through our Campus Council on Faculty Life. We didn't have one until Mitch Feldman started it in 2001, and now the program is a national leader in health sciences faculty mentoring. Your departmental mentoring facilitator should pair you up with a mentor; if you have questions, check with your department chair.

3. **UCSF salaries are complicated! How can I make sense out of the various components of my faculty salary?**
   Ah, you've seen our crazy alphabet soup of X, X prime, Y and Z salaries. I strongly encourage you to attend the annual Faculty Development Day [19], where we explain this system. If you missed it (it was in September), Assistant Vice Provost Cynthia Lynch Leathers, who works with Brian, has put her really useful faculty compensation slides online [20].

4. **How do I fit within the entirety of the UCSF organization?**
   No doubt about it, this place is huge. If you ever wonder who your Dean reports to, or what exactly is a Vice Provost (or an EVCP, for that matter), check out the campus org chart [21]. You can also have a voice in campus life through the Faculty Senate.

5. **Where can I go to get easy-to-understand advice about policies that affect my faculty appointment?**
   The policies are in the Academic Personnel Manual, an incomprehensible text that makes James Joyce's "Ulysses" feel like light reading (here's the link [22] if you really want to find it, but I only recommend it for hardcore wonks and insomniacs). Thank goodness the aforementioned Faculty Senate publishes the UCSF Faculty Handbook for Success [23]. The handbook is a great place to look for an easy-to-read explanation of certain campus policies. Say you're going to have a baby, and you want to know how much time you can take off, and whether that will count against the eight-year limit in your series. Check the handbook. I have to offer you a disclaimer: The handbook isn't "policy" per se, so be sure to touch base with others -- your department chair, your dean, or even Brian or Cynthia -- on the issues that are important to you.

Last but not least, if you have a question or are concerned or confused -- speak up! Don't be afraid to ask about policies, compensation, series, changes -- the office of the Vice Provost is here for that purpose. I'd suggest beginning with your Chair or Associate Dean, but feel free to contact Brian's office at (415) 514-0421. We are all here to help.

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**Shining a spotlight on Precision Medicine**

I've been a doctor for 33 years, and while I've loved every minute of it, I've never been more excited to practice and study medicine than I am right now. One big reason: the way precision medicine promises to change health care in the coming years.
It starts with a simple notion: Every person is unique, with their own molecular, environmental and behavioral factors shaping who they are. So shouldn't we use all of this individual data to provide tailored care for the unique patient, and to better understand health and disease for everyone? Can we connect and use the massive datasets -- from biomedical research, routine clinical practice and people's daily lives -- to accelerate research discovery, inform preventative care and develop more precise diagnosis and treatments? Because precision medicine depends upon data contributions from diverse groups of people, can this approach help us address health disparities? It sounds a little like science fiction -- building a "knowledge network" that harnesses diverse datasets from millions of people and across scientific disciplines to analyze patterns, find correlations and better predict outcomes -- but believe me, it's coming.

For someone inspired by the possibilities of precision medicine, there's no better place to be than UCSF. We've been involved from the beginning and continue to take the lead in the national effort to advance precision medicine. Our former Chancellor Susan Desmond-Hellmann, co-chaired the National Academy of Sciences' committee that issued the original call for precision medicine [24], and our own Keith Yamamoto and Bernard Lo [25] served on the committee. India Hook-Barnard [26], who is now director of research strategy in the School of Medicine dean's office, was the study director.

So what are we doing now?

- Esteban Burchard of the School of Pharmacy is on the expert panel advising the NIH on how to develop President Obama's Precision Medicine Initiative [27].
- UCSF and UC Health co-lead Governor Jerry Brown's California Initiative to Advance Precision Medicine [28] (CIAPM).
- Charles Chiu in the Department of Laboratory Medicine is leading one of the two demonstrations selected by CIAPM [29].
- Atul Butte has recently joined us as the director of the Institute for Computational Health Sciences [30], which will provide education and infrastructure to enable our community to address data-intensive research questions. As executive director of clinical informatics for UC Health, Atul and his team are working to link the nearly 14 million EHR records across the UC Health system. This will be a powerful resource for research and data-driven patient care.
- The group of innovative and dedicated leaders working to make precision medicine a reality at UCSF is expanding, including new additions to our community such as Alan Ashworth [31], president of Helen Diller Family Comprehensive Cancer Center, and Jenny Grandis [32], associate vice chancellor of Clinical and Translational Research.

Check out our Precision Medicine at UCSF website [33] that provides an overview of what UCSF is doing in precision medicine and the many different ways our research and science is having an impact, from the clinics to the research labs, to patients taking a more proactive role in their own care. If you are doing something that relates to precision medicine -- if you publish a paper or have a news item, want to highlight your lab's work or have more questions -- please email India [34].
Dan's Tip of the Month

Have you ever borrowed or rented a car, driven to a gas station, and realized that you have no idea which side had the tank? A few years ago I learned of a fantastic tidbit that might save a little time (though not money) on your next trip to the pump in a car that's not yours... unless you've gone electric (kudos to you!).

Deemed the "World's Best Kept Auto Secret," the gas tank icon on the dashboard of the majority of cars includes a little triangle that points to the side of the car on which the tank is located! Who knew! Your life will never be the same again...

What does it mean to be an ally?

Erica Monasterio, RN, MN, FNP
UCSF School of Nursing

An ally is an individual, not of the oppressed or marginalized group, who consistently and committedly works in solidarity with members of the oppressed or marginalized group. Membership in another marginalized or oppressed group may make one more likely to work towards being an ally, but no one is a "natural" or automatic ally to anyone else's struggle. Even sharing the experience of trauma, such as domestic violence or sexual assault, does not erase the differences of one's lived experience or make a woman who is a member of a privileged group an ally. Being an ally is not a self-defined state or a natural trait, but is rather an on-going process of self-awareness and reflection, awareness and ownership of one's own privilege, willingness to struggle with how each of us contributes to (and benefits from) the oppression of others, and, most importantly, the commitment to listen to, learn from, and follow the lead of those who we are allies to.

Allies must come to their work from a place of openness to listening and learning, and an understanding that they can never know how it feels or what it is like to be a member of the group they consider themselves an ally to. No amount of knowledge about, skills in working with, or personal intimacy with members of a marginalized group can replace or supplant their lived experience and the impact of the historical trauma that they/their people have been subjected to. For these reasons, an ally is never in the position to disagree or provide a rationale when a member of an oppressed group experiences a statement or action as oppressive, biased or unjust, because the ally does not share that particular experience of
oppression.

Working in solidarity with oppressed and marginalized groups is an ongoing and constant process. An ally can't take a day off from anti-oppression work, decide that today they are just too tired so it is okay to let a biased comment pass without addressing it or "tolerate" a racist or homophobic joke because this would be capitalizing on your own privilege. An ally's commitment to ongoing learning, growth and accountability has to be backed with consistent words and actions.

Being an ally means being an effective follower in work with oppressed and marginalized people and an effective leader with those who are most like themselves. Allies need to know when to step up and when to step back, seeking to determine where and how they can make the most effective contribution rather than seeking to be center stage.

Most importantly, an ally needs to understand the power and value of humility. By approaching solidarity work from a stance of humility, an ally can avoid many of the pitfalls that their privilege puts them at risk for. Authentically engaging as an ally means being a person who is always open to learn a new perspective, must always reflect on their words and actions and engage in self-questioning, and is accountable to the individuals and groups that they advocate with for accepting, acknowledging and continually working on their own conscious and unconscious biases, attitudes and values.

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