

Chloe Sales: Welcome to The Spark: Medical Education for Curious Minds. We present the stories behind the people at UCSF and get to know the human behind the professional. I'm Chloe Salas, a student in the School of Medicine.

Paul Brandfonbrener: And I'm Paul Brandfonbrener. This season we're sparking a new conversation across UCSF. Where do you find joy, meaning, or purpose in your work?

Chloe Sales: All right, Paul, round us out, who is our final guest for this season of The Spark.

Paul Brandfonbrener: Yeah, we save a very exciting guest. For our last one. Today we have the Chancellor of UCSF since 2014, who was formerly the dean of the medical School from 2009 to 2014, during which time UCSF became the number one funded institution from the NIH. He is a pediatrician, a researcher who did important work on the uses of pulmonary surfactant for infant respiratory distress syndrome, which is something we learn about in class now. He is a professor and academic leader. I keep going on with his titles and achievements, but that would be the whole episode. He is Chancellor Sam Hawgood,

Chloe Sales: And I have to tell all of our listeners out there. When Paul and I first found out that we had this opportunity to interview Chancellor Hawgood, we were completely taken by surprise and so ecstatic to be interviewing him. So without further ado, here is our final episode for this season of The Spark with Chancellor Sam Hawgood.

Paul Brandfonbrener: All right, welcome back into The Spark Podcast. We are so excited for our next guest. We are sitting here with Chancellor Sam Hawgood and Chancellor Hawgood, thank you so much for being on the podcast today.

Sam Hawgood: It's a pleasure, Paul, to be here. I'm looking forward to the conversation. Yeah.

Paul Brandfonbrener: I mentioned you've been the chancellor since 2014. Can you tell our listeners what it is you do as a chancellor, what that role entails?

Sam Hawgood: It's a great question. It take me a long time, but I think clearly I represent the university in a lot of different forums. The big difference about being a chancellor relative to the other leadership jobs I have had such as a departmental chair or dean of the school of medicine is it's a much more outlawed focused job. Of course, I am very interested in pay attention and remain very connected to the inner workings of UCSF, but I am looked to represent UCSF in a number of outward facing or public forum. For instance, I meet with elected officials on a fairly regular basis, the mayor of Oakland and the mayor of San Francisco. I'm the representative of UCSF to the Board of Regents who are our fiduciary board. So I have the pleasure, he says chuckling, attending all of the regents meetings. And then I meet with the other nine chancellors across the system on a regular basis. Actually during the pandemic, we have been meeting weekly and we get together in Oakland monthly.

And then of course the donor community and our general advocates and supporters in the community to let them know of all the exciting work that's going on at UCSF and try to get them to feel part of our community and be who we are. So you can piece all that together and figure what a day looks like. So bounces around. I try to be visible on all of the campuses. So for instance, today's a Friday, so in fact... I should be careful to say what's my most favorite thing I do, but I'll say it anyway.

On Fridays at noon at Mission Bay, there's a faculty only basic science seminar, which is where our great discovery faculty present their work that hasn't yet been published. And I sit there and just lap it up because it's both fascinating and exciting and speaks to a big piece of what we do, and that is the discovery side of it. So I really enjoy that. My assistant counsels it every now and again because some other issue takes precedent, but I try and stay grounded, stay in touch, and then do my best at representing the fabulous missions of UCSF to the outside world.

Chloe Sales: And I'm really curious, Chancellor, what led you on the path toward becoming a chancellor? Did something spark it? Were you interested in the position?

Sam Hawgood: Chloe, I get asked that a lot, as you can imagine, and I've tried to be as honest as I can with myself about that. I would say it's being in the right place at the right time. Did I early in my career, sit down and say, "My dream job would be to be the chancellor of a university"? And the honest answer to that is no. In fact, my entire professional career, by that I mean career where I've actually been paid a salary, post-residency and fellowship, has been at UCSF. I've been here since 1982 and every job I've held, I honestly have thought that's the job I will retire from. It's a job that I've loved and it's the job that I thought I would just try to get better and better and better and better at it and would feel I've had a successful career if that's what I retired from.

So that includes being a member of the faculty, running a basic science lab and practicing clinical newborn intensive care medicine and teaching medical students and residents. I thought that was heaven. And then I was asked to be the head of the division of neonatology. My predecessor in that job was someone that I deeply respect, still do. He'd held the job for 24 years. So I thought, okay, well that's what you do. I'll become a division chief and I'll retire as the division chief, which he did. When I say right person at the right time, my then chair of the department of pediatrics, who I also deeply respect, on relatively short notice, left to go and be the dean of his alma mater, back at Wash U.

So I was asked by the then dean to step in and be interim chair while there was a search. I did that. The dean retired, had to wait for the new dean to come in who started a search and asked me to be the chair and I'd be an interim. So I knew what the job was. I knew it would mean giving up something, but I enjoyed working with all of my colleagues in the department. And I had a vision that the thing I could do as a chair perhaps would be to convince the larger

university to build a freestanding children's hospital. So I thought that's a good career ending capstone. That's what I'll do.

Chloe Sales: A cool thing to do.

Sam Hawgood: So I was happy doing that for four years as chair. And then I was asked to meet with the chancellor and asked me very short notice, I would say, to serve as interim dean of the school 'cause he was making a change, but promised me he'd do a quick search, knew I was committed to the children's hospital, then he decided to retire. So I was interim dean for a while, and then the new chancellor came in and asked me to be the dean. I did get the children's hospital bill, and then my predecessor, Sue Desmond Hellman, who was the chancellor, left to become the president of the Gates Foundation. So I was asked to be interim chancellor. There was a search, and now I'm chancellor. I've enjoyed every single job along the way.

I've learned a lot in every position, but I've never aspired to be the next position. But I think my experience, and obviously it's a choice that you make personally, whether you're going to apply for the job, but I became sort of intrigued by administration. There's a skill that's a different skill, you use a different part of your brain than if you are worrying about a really sick patient or if you are teaching or if you are working in a lab. It's a different skill, but if you commit to it, it can be equally intriguing. You have to use different skills. Believe it or not, and you probably won't, but I'm sort of an introvert at heart and it's been a learning curve to figure out how to be a public face of a big organization when most of the time I'd prefer to just be reading a book. But it's a learned skill and I enjoy it. I think you can definitely learn leadership skills. You are not necessarily inherently... No person is inherently equipped to be a leader. You do have to work on it.

Paul Brandfonbrener: I'd love to hear more about that because it sounds like you've held so many leadership positions and we know you've been so successful each step of the way. What are some aspects of a good leader do you think, that are important to lead such a large and diverse group of people?

Sam Hawgood: Yeah, I think the thing that has helped me the most and that I inherently liked anyway is listening. Even though you might have the title, you don't have to be the leader in the room or the smartest person in the room. You need to listen to people and actively listen, intentionally listen, not just... Silence is not necessarily listening. You have to be really trying to understand what the person is actually saying to you and what you think they're trying to say to you. So listening I think has been a very helpful skill for me. And then the other thing... If I'm going to keep it relatively narrow, I'll say two other things. One is to be curious. I went into medicine, curious about biology and science, and then understood that it was a lot about relationships and dealing with other people, other team members, family in my cases, a pediatrician, parents, grandparents.

But as I advanced, I had to be curious about things that I not only didn't think I'd find interesting, but purposely avoided like human resources, like labor negotiations, like spreadsheets, finances, projections, balance sheets, debt ratios. But I'm innately curious, so I'll give you an example. When I became the division chief of neonatology, the primary job of the division chief is to take care of the faculty that are in your division, make sure that their professional goals are being met, whether they're to be better clinicians, opportunities in research, balance portfolio, those kind of things. But I was also working in the biggest intensive care unit in the hospital, and I became aware that it was a financial engine for the hospital.

And to be a good division chief, I had to understand that a little bit. So I asked to meet with the chief financial officer of the hospital who I'd never met before in my career, if I could have coffee with him. And I told him, I know nothing about what he does, but could he... Just like you're doing now, could he tell me what a chief financial officer does and what would a good partner to him look like? How could I show up? And instead of as he mostly told me, he experiences from people like me at the time was instead of saying, give me money 'cause I want more money, how can I help you? Tell me about what keeps you up at night and what are the things I can do in my job to make your life easier and better? And so we would meet coffee or in the cafeteria on a regular basis.

And he quickly learned that I knew nothing about finances because just like as doctors, you use all these in acronyms that people, parents don't have a clue what you're talking about. I didn't have a clue what he was talking about when he used certain financial terms. And I would have to slow him down and just say, "Explain to me what EBITDA means." I can spell it E-B-I-D-A, but I have no idea what it means. And it was fabulous. And I've done that on multiple occasions. When I became chancellor, the things I had to learn about were government relations, community relations, what does it mean to have a relationship with the mayor, or how important are the board of supervisors to UCSF? Why should I care, kind of thing. Real estate, we're one of the biggest real estate owners in San Francisco, and it's a complicated business out there.

And in each occasion, just ask for help. And it's amazing that people, how they respond to you, you kind of bond because you're acknowledging that A, they're doing something really important, and B, they've got a lot to teach you and make you better at your role. So it's a lesson that I've taken throughout my career that's been helpful. And of course many people do that, but I've also seen people who are either reluctant or don't think they need to do that. I've seen the negative consequences of that because you can still be great at what you do, but you're not really great at being a team, and that's what leadership is.

Chloe Sales:

Chancellor, I'm really curious. You've described throughout your career having to change hats every so often. And I'm curious, when you were in our shoes as a medical student, what are some things that you wish you had known then for

our listeners out there who are medical students and for our classmates, what can we learn for the future?

Sam Hawgood: So I went to medical school in Australia. It's a little more like the American system now than it was then. It was very much modeled after the British system. So I went straight from being six years in an all boys boarding school into first year medicine. I had my 17th birthday in my first year of medicine.

Chloe Sales: Oh my gosh.

Sam Hawgood: And I graduated when I was 23. So I'm not sure I even knew what the world was because my world had been an all boys boarding school. But I loved every part of medicine, every clinical rotation, I would end and say, that's what I'm going to be. I'm going to be a neurosurgeon. I'm going to be a psychiatrist. I'm going to be a rural doctor in Western Queensland. And I can't really remember whether pediatrics was my last rotation, and that's why I ended up being a pediatrician. But I think just soak it up, soak it up. Don't feel like you have to be making a decision earlier than... You ultimately do have to make a decision, but don't preclude anything. And even if you know what you want to do, even if you know were born wanting to be an orthopedic surgeon and nothing has changed that decision, there's still a lot you can learn in a psychiatry rotation that will make you a better orthopedic surgeon.

So keep your mind open and just enjoy it as much as you can. I know it's a stressful, and that sounds naive, and I don't mean it to sound naive. I know you've got lots to do and a lot of information to absorb and exams to take and all of that. But I think my medical student days, and particularly my residency and fellowship days where you're starting to put what you'd learned into real practice and were starting to be held accountable for decisions, but you were still learning were probably the most enjoyable. I mean, I've enjoyed my entire career, but as I look back, that was a time when just stuff was falling into place. And finally after six years in medical school, you were going, okay, so now I know why I needed to know that. I'm still not sure I needed to know the Krebs citric acid cycle.

Chloe Sales: No.

Sam Hawgood: Yeah, there's inborn errors of metabolism in newborn medicine. So yeah, you do.

Paul Brandfonbrener: Full circle. We just had that in our unit, so I'm happy to hear that, but I'm really also glad to hear you kind of highlight how important it's to stay open-minded and really enjoy each step of the way. I think that's exactly what me and a lot of my classmates as first year students need to hear at this point. And so coming from someone like you just means a lot. I would love to hear more too about your path into medicine initially, I guess starting at the all boys boarding school and beforehand, what initially drew you to medicine?

Sam Hawgood:

I grew up in a small seaside town. By small, I mean at the time it was maybe 20,000 people, about an hour north of Brisbane, which now is a pretty big city, but then was a capital city, but sort of a country town. But both my parents were pharmacists. We lived above the pharmacy that they owned, and they rented rooms immediately below where we lived to what we call a general practitioner, a primary care doctor. So I was kind of in and around pharmacy. I think my first job was counting pills into bottles. And then from a scholastic point of view, I was drawn more to the sort of life science than the... I was a pretty good student, so I could cover most things, but I didn't particularly enjoy math or physics, but I enjoyed biology, which was at that age rudimentary stuff, but I enjoyed it. So I think those are the things that drew me to medicine. To be honest, for a long time... We live literally on the beach, I mean literally on the beach.

So I spent a lot of time in the water. And for quite a while, I was quite serious about being a marine biologist actually. But my father, who was a very practical person, did a little homework and discovered that there was exactly one marine biologist gainfully employed in the whole country of Australia back in the 1960s. So I went into medicine really because of an affinity, I guess, for biology and science, and a rudimentary understanding of what taking care of patients was. Because I'd worked behind the counter in my parents' pharmacy and I'd see the general practitioner patients waiting in the waiting room, and we had to walk past the waiting room to go into our house. So I had a sense of that. But of course, the true understanding of that came later once in a medical school.

Paul Brandfonbrener: Did you come to UCSF for the first time for your fellowship?

Sam Hawgood:

So in Australia, after you graduate, you have to do, sort of what you'd probably call in today's language, a rotating residency. So you couldn't go straight into a discipline like pediatrics. You had to get your license, you had to be a resident in internal medicine, a resident in surgery, a resident in anesthesiology, and a resident in... Might've been pediatrics, there were four of them anyway, and you did three-month rotations. And so I did that thinking that I was starting to gravitate towards pediatrics, but I had an opportunity to work abroad for a year. My second year out of medical school, my wife and I went to Hong Kong. This was 1977, so it was still a British colony. And we worked in the new territories up close to the Chinese border. Again, doing pretty much everything. And pretty much some of the things shouldn't have been doing that just because I was too young.

But during that year, I solidified on pediatrics. I didn't know what part of pediatrics I would be doing, what specialty I would be doing. And then I went back to Australia and did my pediatric residency. During that period of time, sort of really fell in love with newborn medicine because a lot of it's developmental and you're seeing developmental biology play out in front of you, and it still had lots of need for technical dexterity, so you could use your hands as well as. I don't mean that surgeons don't use their brains, of course, but it had that and the intensity I liked. So I did my neonatal fellowship in Australia, combination of

Brisbane and then Melbourne, and then came here with all of the qualifications I needed to practice in Australia to really get some research experience. I felt that I'd had a wonderful clinical training that I'd been taught state-of-the-art medicine, but I didn't have a deep appreciation on where that state of the art came from.

I mean, who invented it? And I understood it came from research, but I hadn't been involved in it. So I picked UCSF because at that time, back in the early 80s, the biggest problem was respiratory distress syndrome of premature babies and person working here had discovered the fundamental cause of that and had a big research program. So I came on a J visa, a two-year visa. I didn't bother to get my clinical license here 'cause I wasn't planning on practicing. I was planning on two years in a lab and then going back to a job that I had secured back there and fell in love with the research side of it. And at that time in Australia, it was pretty much a binary choice. You are either a clinician or a researcher. It was very hard to mesh the two things together, and that was possible here as a physician scientist. So I fell in love with UCSF and UCSF asked if I wanted to stay, and were very helpful with immigration and helping me do the visa thing. And 41 years later, I'm still here.

Chloe Sales: That's one thing that I have found really fascinating about UCSF in particular, when I look at my mentors who are attendings, when I look at my role models, they're all physician and or physician dash, and physician dash scientists, physician dash thought leader, physician dash writer, things like this that I feel like show the scope of medicine can go so far beyond what we originally thought however many hundreds of years ago.

Sam Hawgood: Yeah, yeah. I never would've predicted in medical school in Australia that this is where my career would've gone. I mean, I loved being a clinician and that's what I was trained to be in Australia, a clinician.

Chloe Sales: Yeah, the box.

Sam Hawgood: In a box with boundaries. You could be a clinician in a rural town or city practice or at a university hospital, but you're a physician. You're exactly right. Your medical degree, your medical training gives you... It opens so many different career doors that are there for you. So it's just been terrific.

Paul Brandfonbrener: So we've heard about all of your various interests and experiences, and the common thread I've really felt just from these 20 minutes together is that you've enjoyed every step of the way. And what do you think has really allowed you to do that for so long? I feel like having a career that's been this challenging where you've covered this many different fields that are really difficult things to do, having at this point and saying that you enjoyed every step is just remarkable and so inspiring. What do you think has of that for you?

Sam Hawgood: I think I'm innately an optimist, and I've mentioned curiosity being important. So it feels like a career that's gone like that, it doesn't feel like 41 years, it feels like one year. It's gone so fast. And part of it is because every day I'm learning something new. I just come from Mission Bay from the basic science seminar, and I learned about condensates in the nucleus and phase change of transcription factors. And I'm like, wow, that's cool. So I think that's what's kept me going, optimism for the future. Obviously things like the Ukraine war, the earthquakes in Turkey, morally distressing, but the arc of progress is just phenomenal. And to be a small cog in that arc is just an absolute privilege.

And if my wife was here, she was a social worker for 30 years here at UCSF first in the AIDS clinic when we first arrived in the 80s and then ended her career in the adult palliative care team, she would tell you that I'm not very good on the work-life balance side of the equation. I don't actually distinguish between the two because work as in an obligation that you have to do and life is the fun part. For me, the two things that [inaudible] kind of... I mean, I love my work. I get so much reinforcement from it that many people would say it's a monochromatic career, but that's what I like. I mean, I'm not saying it's good, I'm just saying it's what I want like.

Chloe Sales: And as you know, Chancellor, how it-

Sam Hawgood: And as chancellor, I shouldn't be telling medical students that not to have a work-life balance. You absolutely must.

Chloe Sales: But our theme for this season is where do you find meaning in your work, in your life. And it seems that the meaning is inherent in all the things that you're doing every single day.

Sam Hawgood: Yeah, I think so. It's strange as I've gone along, I've had to stop doing certain things at certain times and the things that I love. So the two things that I've stopped doing now, because chancellor is pretty much a full-time administrative job, is clinical work. And I closed my research lab in 2015 after almost 30 years of NIH funding. I still wake up in the middle of the night or have a dream about a patient that I should have done this or that to, not necessarily a specific patient with a name that I remember, but a sort of abstract patient that, oh, no, no, you should have done that. And I haven't cared for a patient since about 2012. So that's 10 years later, I still think about it. Sometimes I have good dreams, but mostly the dreams are, you've just made a mistake. You should have known better.

So it's just a joy in the work that I do. In my current job, what gives me the most pleasure is trying to create a culture or trying to maintain a culture at UCSF that I walked into in 1982 and made me fall in love with the place. And that is a culture of everyone respecting each other and working together in a mutually respectful, helpful field. I mean, from a research perspective, I was as green as you could be. I was like, I'm here to learn about research. That's not very inspiring as someone who could employ a fantastic graduate student who's just

got a PhD in basic science. But I joined a team that had a biochemist, an anatomist, physiologist, and three clinicians.

And I just watched them work with each other with incredible mutual respect for each talent and a sense that if anybody succeeds, we all succeed and we all can take pride in anyone's achievement. And we're much bigger now. When I arrived in 1982, literally everyone came through the same front door and got into those elevators in medical science building to go to either your research lab or to the hospital. Now we're in Fresno, we're in Oakland, we're at Mission Bay, we're at Mount Zion. Instead of 9,000 people, we're 33,000 people.

Chloe Sales: Oh my gosh.

Sam Hawgood: We're just a behemoth. But I hope that one of the things that I keep trying to do is remembering the amazement of what it was like to arrive in 1982 and feel the thrill of discovery, see absolute state-of-the-art clinical care that's being practiced like nowhere else in the world and amazing students and staff and everyone else. And so trying to keep that 40 years later in a bigger, weirder world is complicated. But that's what I try to do.

Paul Brandfonbrener: Wow. After being able to talk with you for this time, I'm just so proud to be able to be a part of this institution. I think that culture really starts from the leadership and that humility and kindness that we feel coming from you is just so appreciated. And thank you again for the time of being on the podcast today. It's been a true pleasure talking with you and hearing your story.

Sam Hawgood: Yeah. Well thank you, Paul. Thank you, Chloe. It's great that you're doing this and I look forward to being on the stage. And what year are you in?

Chloe Sales: I'm a third year.

Sam Hawgood: You're a third year. So next year.

Chloe Sales: Yep, next year.

Sam Hawgood: Yeah. Shaking your parents' hands and watching everyone be proud about your graduation and hearing hopefully what... I don't know how many more years I'll have my wits about me to be hearing what people are doing. But all of our graduates just go on to wonderful careers. So we'll be very proud of you I'm sure.

Paul Brandfonbrener: Appreciate that.

Chloe Sales: Thank you.

Paul Brandfonbrener: Thank you again, Chancellor.

Sam Hawgood: Yeah, thank you.

Chloe Sales: What an amazing way to round out this season of The Spark. Paul, from our interview with the Chancellor, what are some of your big takeaways?

Paul Brandfonbrener: The biggest one for me was how he approached leadership as I feel like a physician would, meaning that the most important thing to him was listening, active listening, asking for help when he needs it, these interprofessional relationships and approaching all of that with this humility. And I thought it was so inspiring and refreshing to hear someone in his position and his role and all of his experience to be approaching his job with this humble listening and humble inquiry. And it just sets the tone for kind of the culture of the university. And I was just so proud to hear this person who's leading the institution I'm at kind of have this perspective.

Chloe Sales: Absolutely. I think listening is one of the greatest skills that you can have as a physician because a lot of the times, if you listen closely enough, you can hear a sort of common theme running through each patient complaint or symptom. And another thing I wanted to say on the topic of listening is a thank you to all of our listeners. I mean, just a moment ago, Paul and I were joking, if so much of medical education is based in listening, then what our listeners have been doing is getting that education in medicine through listening to our podcast. So a big thank you from me, from Paul, the whole Spark podcast team for staying with us throughout this season.

Paul Brandfonbrener: Yeah. Now that we're wrapping up this final episode of this season, Chloe, is there anything that you'd like to share with our listeners? Any reflections from what this experience has been like so far?

Chloe Sales: Yeah, so this is actually my first time ever podcasting in this with a bigger group of people here at UCSF. And one thing that I was sharing with you, Paul, is that in my application to UCSF, I distinctly remember writing in my essay, this one line about wanting to be in medical storytelling and medical journalism and writing this line that was something to the effect of, "I want to be the microphone for people who don't otherwise have a voice in my role as a physician." Which is so funny because now Paul and I are here in our little makeshift recording studio in front of two microphones, and I feel like I was able to follow up on that goal and to make good on that promise to UCSF. So that's one thing that I am really humbled to be able to do now with you.

Paul Brandfonbrener: Oh, wow.

Chloe Sales: And how about you, Paul?

Paul Brandfonbrener: Yeah, I think for me, podcasting was never anything I really anticipated doing. We were talking a little bit about this earlier. I was in speech therapy most of my life, struggling with being able to communicate clearly. And I had a lisp and I was

always very self-conscious about my voice, something I got made fun of growing up. And now having this role where I am recording my voice and talking to people and sending it out for a lot of people to listen to is just a very empowering experience for me. And I'm so appreciative of all the support we've gotten from friends and other listeners who are soon to be friends. And yeah, I'm so grateful for this opportunity and all that we've learned so far. And so with that, we're saying goodbye for now. We'll see you for our next season of The Spark, whatever that might look like. And until then, see you soon. And thank you for listening to this season of The Spark.