

Paul Brandfonbrener: 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 Paul Brandfonbrener, a student in the School of Medicine.

Chloe Sales: And I'm Chloe Sales. This season, we're sparking a new conversation across UCSF. Where do you find joy, meaning, or purpose in your work? All right, Paul, so you know the drill. Who is our guest to this episode?

Paul Brandfonbrener: Yeah, this is such an exciting guest. All of our guests are exciting, but this was a really fun interview to do. Today, our guest is the Dean of the UCSF Medical School and the Vice Chancellor for Medical Affairs since 2015. He is a renowned researcher with over 300 papers and eight books to his name. He's a medical leader, a pulmonologist who won the 2007 Trudeau Medal, which is the highest honor awarded by the American Lung Association and American Thoracic Society. I had a chance to talk with Dean Talmadge King.

Chloe Sales: Awesome. Well, I'm looking forward to hearing everything that y'all talked about in this episode, so without further ado, here is Dean King.

Paul Brandfonbrener: I am so excited for our next guest here. The way that I first met him, he was the person who fist bumped us on stage for the white coat ceremony, which is a very memorable fist bump. I'm here with Dean Talmadge King. Dean King, thank you so much for being on the podcast.

Talmadge King: Thank you. Thank you for inviting me.

Paul Brandfonbrener: I'd love to start there, just kind of giving, it gives a perspective of the type of people in medical leadership here where even with your busy schedule, you were there for our white coat ceremony our first year. Why is it important for you to be there for the first year students and show up on that important day for us?

Talmadge King: It is an important day and it's a relatively new tradition in medicine. Didn't happen when I entered medical school many years ago, and I think it actually sets the stage for everybody, not just the brand new students walking onto our campus and into our community, but the people who are already there get a renewed vigor from that event as well. It's very moving for me. Often, the speakers present things that are important for everybody to remember and know and try to live, and so it's a renewal for me as well as a beginning for the new students, and it's just so much joy to see the young faces and the expectations that they have and the family there with them when they can attend. It's just a very good feeling and one of the many good feelings you have, but that one is noteworthy because it's singled out as a main event and a key event, so I like it. I like being there.

Paul Brandfonbrener: Yeah, that was such a special moment. I'd love to talk more about your role as Dean. For our listeners, what is it like being dean? What are those responsibilities besides, I guess, being at white coat ceremonies?

Talmadge King: Well, so the dean is basically a steward and a custodian. I'm a steward of the vision that the faculty, staff, and learners have for their lives and for the lives of those that they're going to take care of and for our communities and for the community of UCSF. I see my job as being someone who's to protect that and to make sure that people have an opportunity to express things that are interesting to them, identify and define new knowledge, use what we know for good, and my job is to make sure the systems are in place to allow that to happen, and as a custodian, I see my job as, I have to leave it better than I found it. I have to make sure that the resources that are here are built upon to make sure that this goes on for the next generation and the next generation. My job is not to drop the ball, to make sure we move down the field and continue to progress.

Paul Brandfonbrener: Yeah, it's so great to hear coming from leadership like that. What are, in your opinion, your main goals to progress now? Where do you see UCSF going and what are some of your important values as a leader to kind of lead us in that direction?

Talmadge King: UCSF is a research intensive university and we value the generation of new knowledge. A lot of what we do at the bedside, at the desk, or in a laboratory is done in an effort to figure out what the truth is and how to use that truth to improve the health of our communities. Our motto is to advance health worldwide. Well, we look at it from all aspects. From the individual person, actually I guess the individual molecule, to the whole community. We have people here working on almost every aspect of it. This university's job is to, and my job is to, help make sure that that continues to happen.

On a day-to-day, basically, I guess I'm a convener of the leadership and I try to figure out what they're working on and how they want to work and do they have the right resources, and as I just said, I have to make sure I protect those resources and value them, and I believe that the core of anything that we do at UCSF should start with the people and support of the people, and then around that, we build infrastructure and a value system. Our values are embodied in the word pride. We try to live those values every day. As Dean, I am working hard to make sure we do that, and make sure we allow voices to be heard from all aspects of our community.

Paul Brandfonbrener: Yeah, it really sounds like bringing together different people for that common purpose. It seems like a lot of pressure to represent such a large university and have all these expectations, but you've been so successful at that these past, since 2015. What for you, do you think makes a good leader and what is helpful in bringing these different voices together?

Talmadge King: My leadership style has been basically to lead from the middle. I don't see myself as the head of anything. I'm actually in the middle of everything and I have to bring everybody into the circle and have everybody take responsibility for their piece of this whole organization. I don't have a top down style. I want to have a more accommodating collaborative style and my experience has been, I have seen the multiple styles that people have as leaders, and the ones that seem to be the most long-lasting are those who have a vision of something that they can then sell to others and have them believe in if the vision is right and they push that vision, and then the other successful ones are people who actually have the vision, see it, but then can actually get everybody to work toward that vision and collaborate and work, and we pride ourselves at UCSF as being a collaborative environment.

We have to work at that. It doesn't just happen. You have to actually think about it. You have to structure meetings so you are showing people that we're listening and that we're collaborating and working together and trying to solve the problem, that two heads are better than one. I believe very much that diversity is critical. All kinds of diversity is important to success. I have always, early in my career, I learned that any issue seen by two different people can be viewed very differently. The exact same thing can be viewed differently. You want to hear both of those sides of it, and then make a judgment based on hearing both sides of an issue of whatever, how many sides there are, but multiple sides, and realizing that you need to hear it all and then collectively, you come to a better decision. I try to lead in that way by letting all the voices be heard.

Paul Brandfonbrener: Yeah, it's so great to hear that because I feel like the culture starts, even though you say you're in the middle, it starts from that leadership position, and it's cool to see that even in first year medical students, we feel that collaborative atmosphere where it's diversity of experience and thought is a key component of that, and we gained so much from that, so thank you for helping set the tone there. Did you always have in mind this medical administration path or what was the role for you to become Dean?

Talmadge King: I always tell people that it wasn't a climb up a ladder. It was a jungle gym and sometimes I was hanging upside down and sometimes I didn't know what direction was up versus down. It wasn't a clearly defined path, but very early on when I joined the faculty at the University of Colorado, that was my first faculty job. I had an opportunity right at the beginning to be in a supervisory role, and I realized that, that was a great opportunity. It was very scary. It was the first time that I actually was the boss of someone, quote unquote. Basically, people would come and ask me questions, I had to have an answer or at least know how to get the answer, and I found that I was fine with that.

I was fine sort of playing that role, but also, I found that I could handle process, meaning I was willing to listen and hear all sides, try to come to a collective decision. I think I struggled most with when the collective decisions were at odds with each other, where there was no clear consensus one way or the

other, and I had to make the decision. I had to come to grips with, okay, now I do have to decide and have to decide in a timely way and move forward, so I learned early on that I was comfortable with that. I then, started seeing the possibilities of greater leadership, and I took various jobs along the way. Often, jobs I didn't even know exactly what I was supposed to be doing, but I figured I could learn and I could adapt and I could figure it out and be successful. And then, as I look back on it, all those jobs made me what I am today because I have seen it from many different sides.

Paul Brandfonbrener: Yeah, I think that's a common storyline we've heard where going through the path, it didn't seem very obvious, but then looking back, each step along the way had its own purpose and built you to where you are today.

Talmadge King: Yeah.

Paul Brandfonbrener: Then, the follow up there is why have you stayed at UCSF so long? What about this community here drives you to stay and wanted to keep serve this subset of people?

Talmadge King: Well, I think it starts with the people who are here. This is a place where we have the good fortune of recruiting and retaining some really, really bright people who I think are here to try to improve the world that we live in, and many of them are committed to that mission of advancing health worldwide. It's the people that have been around. I was lucky that I came and started at San Francisco General, which I absolutely enjoyed the environment there. I enjoyed the mission there. You'd come to work, there are lots of problems there in the sense that the resources are not the greatest of whatever, but the people came with the idea that today we will help somebody. I enjoyed that a lot, and then moved to other positions within the school and stayed here because I basically, enjoyed this environment and feel that people tried to work for the right reason, that they're not... We have the full spectrum of personalities, good people and bad people.

We have all of that, but the collective here is around sort of collaboration, willingness to talk to people, willingness to support people, not being in a mode of backstabbing or trying to always get ahead and push people out of the way. You don't see that or feel that very much here, and so I've enjoyed working here, and I think the other thing I'm saying is that I've enjoyed the people I work with, so coming to work is actually fun for me. I have yet to feel like it was a burden to come to work, and I've said to myself, the day that happens, I just start thinking about something else. Basically, it's the people and the environment and the ethos that we have. And then, the other thing that, for me, has been good since I've been an educator most of my life, the fortunate thing here is we have really outstanding learners.

They come and they challenge us, they push us, they brighten our day, they make it challenging, and that challenge is actually exactly what I want to feel all the time. It's like, okay, I used to always joke when I had my lab and I had

fellows in the lab is, the fellow would come and have a really good idea and I would say, "It is a bad, no, that's not a bad idea. Don't do it." And then I'd tell them, and I would always, in my meetings, I'd say, "If I tell you not to do something, go do it, because I'm probably wrong." We had this agreement that if you really think it's important and you think I've missed the point, let's talk about it again. Let's figure out how to do it and let's just go do it because I work around and with really bright people who come up with good ideas, and sometimes what I think is just, turns out to be completely wrong.

Paul Brandfonbrener: That humility and just open listening is so refreshing to hear. Yeah, that's such an awesome sentiment. We've talked a bit about your role to becoming the dean here. I'd love to hear more about your path into medicine to start with.

Talmadge King: I think that even when I was a little boy growing up in a small town in Georgia, I would say I, people ask what you want to be. I'm sure I said doctor, but I don't remember as being the thing I was aimed for, and I went to college in a small college in Minnesota, and when I got to college, I majored in psychology and I had decided I would be an industrial psychologist. My mentor at the time, my advisor said, "I really think you should think about medicine," so then that sort of pushed me over to saying, "Well, if he thinks that I can do it, maybe I should actually focus more on that." And then, I started to focus on going to medical school. It was around my sophomore year in college when I really started saying, "Yeah, I think I'll go toward medicine and not psychology." I majored in psychology, but I didn't.

Paul Brandfonbrener: I feel like it really always takes just that one person to give us that confidence or that view that we can do this, and it's so cool to hear that, that was the case for you, too. And then from there, you have these different interests where you're interested in, education, research, clinical care. How have you found being able to balance those at the beginning of your career and how did you come to have those diverse interests, too?

Talmadge King: I think one of the characteristics of people like me and a lot of people I meet here at UCSF is that we like all of it. The whole thing is more or less fun. There's some areas where you just don't find a lot of joy in that particular kind of science or that particular specialty, but I fundamentally sort of liked it all. Certainly as I was going through, most things seemed really interesting to me, and I always joke when I was doing clerkship that month, I wanted to be that kind of doctor, and I think that, that was really good because then that kept me going through the whole thing and I had to decide what specialty to be in, and I decided a specialty where I didn't have to decide. I picked internal medicine, right?

Paul Brandfonbrener: Exactly.

Talmadge King: internal medicine gives you a broad opportunity to delay your decision and keep working to find what you want to do. And then when I was a resident, I actually thought that I wanted to be a Robert Wood Johnson Scholar and was interested

in policy, but I was told by the chair of medicine then, who I worked with him one-on-one and got to know him pretty well. [inaudible], he said, "Talmadge, the world is changing and you probably should do a subspecialty." And then I had to decide, well, what subspecialty do I like? And I could eliminate some, and I ended up picking pulmonary and critical care, and so then I got into that, and then as I got into pulmonary critical care, that's when I started to really evolve into what areas of education are of interest to me, what research am I going to do? And then, the administration was sort of a hanger on throughout all of that.

Paul Brandfonbrener: I feel very similar, where kind of everything in medicine seems so interesting, and the idea of having to picture just one is overwhelming. How was it for you to have to narrow down to that subspecialty?

Talmadge King: It was really hard. I actually did it. I was a second year resident, and honestly, it really jumped at me when we had a new attending come to, I was at Emory Grady, and we had a new attending come who was fresh out of his training, and he was absolutely a joy to be around. He loved what he was doing. You could just see the excitement in his work, and he was doing pulmonary and critical care. I was on a rotation with him, and he just made it seem real and interesting, and I was at Emory and it seemed everybody was doing cardiology, and I decided I didn't really want to do cardiology. Pulmonary and critical care seemed like, and I like critical care a lot, so it seemed like the right thing for me, and he made it feel like that.

I remember that my month with him was, it was just all arounds were fun, and he was very smart and he was a very good educator, certainly at the bedside. And so I said, "No, this looks good." And then he, basically, I learned that pulmonary could also include some of my other interests, which I liked rheumatological diseases and I liked infectious diseases. It turned out those things could be folded into pulmonary as well, and so that helped narrow them down to something that became... And I went into it not entirely knowing much. It wasn't that I was sitting around reading about the lung when I was resident, I wasn't, but it seemed like critical care and lung disease would fit and allow me even to delay decision, but still do something that I really liked.

Paul Brandfonbrener: Yeah, it sounds like you picked a subspecialty that still allowed you to have your hands in all these different areas and really delay that decision. I've heard that, a similar story before where it's, you find an attending or a group of people in a certain field that really kind of gel with you, and that's how that decision's made. Do you have any tips or advice for people in my level of trainer, at the beginning or middle of medical school who are trying to figure out where they want to go in medicine, or any kind of advice for those situations where it seems-

Talmadge King: Yeah, you sparked a memory, which is that, when I went to Harvard Medical School, I actually was interested in general surgery. That's what I thought. What I tell people, it wasn't until I was a senior there that I met a surgeon I liked.

Paul Brandfonbrener: Wow.

Talmadge King: This is a little bit of exaggeration, but it's close. And then, I found surgeons that if I had met them earlier, I would probably be a surgeon, so the personalities of the different specialties has been interesting to me because clearly there. It's blurry, but it's not so blurry that you can't see that these personalities exist in these different specialty areas, and people pick them for, I guess they pick each other, the people and the specialties sort of pick each other, and so I ended up, the internist that I met just fit my personality and how I thought about things, and when I did medicine, I did it at Beth Israel Hospital in Boston. That was my core clerkship in medicine, and I had just fantastic resident. I remember to this day, many, many years ago, I don't remember the specifics, I just remember the feeling of sitting with them, going over cases, talking through the patients, how they approached it, and I liked that a lot. That was actually, that is what sort of drew me even more toward internal medicine.

Paul Brandfonbrener: Really sounds, there's this common thread throughout a lot of your career that it's all about the people and their relationships, and that drew you to your specialty, to your position today, and that just shows how important that is. Our big theme for our season this year is where our guests find joy, meaning, or purpose in their work, and it sounds like you find some of that in the relationships and the people you work with. Are there any other things that come to mind of what brings you joy or meaning in your work today? And if that's changed at all throughout your career?

Talmadge King: It definitely has changed. When I first started on the faculty, I basically wanted to... Well, as I finished my fellowship training, I wanted to sort of find an area where I thought I could make a difference in pulmonary medicine, and I ended up serendipitously picking interstitial lung disease. At the time I took it, at that time I got interested in it and started taking it seriously, it was a nascent field, but very few people were really paying a lot of attention to it. There was not a lot of research being going on, and this is where the serendipity comes in. I actually happened to work with an attending where that person had that interest, too. There were only two or three people like that who were around that were thinking about it, and then we started thinking about fibrotic lung disease because most people were focused on asthma and infectious lung disease, like tuberculosis or emphysema. That's the core of pulmonary medicine.

I had to learn that as well, but I ended up picking this area and working with an attending who was interested in it, so that got me going. I helped finish work on a project that they were doing, and then I just got interested in and I said, I'm going to really focus on it and learn everything I can learn about it, become a real expert by knowing what the history was, and then what are the unanswered questions, and then I found that there were very few answers and lots and lots and lots of question. I just tried to figure out a way to, okay, let's identify what the questions are and let's see if there's something in my life or in my environment that would allow me to help answer any of these questions. I just kept trying to figure that out, and then you need to figure that out because

you got to write grants to survive in academic medicine, and you got to have a good question, and you got to have good hypothesis.

You got to figure out an experimental plan that people would give you money to try to execute on it. That part of my career, I would say the first 20 years was basically focused just on being an expert in my field, and then in trying to do that, I then integrated with the societies and with other people like me across the country, and then across the world. For the first, for sure, 25 years of my career, that was what I was focused on. I loved it, and then I realized that I had the ability to explain what I understood about this disease to others, and I had to figure out where my place was in that environment. There are people who are bench scientists who go after fundamental knowledge. I tried that and I wasn't really good at bench science, and I realized I wasn't good at it, because I fundamentally liked being around people. So I said, well, wait a minute, if I'm going to be around people, I should probably try to figure out how to do clinical research, so I'm working with people.

I had help from mentors who said, "Go do that. That sounds good. Figure it out." There was no manual, so you had to sort of figure it out on your own. And then I found success there in terms of putting together cohorts of patients and studying them. Then I did that, and then I realized my audience when I would go to talk where other doctors who were taking care of those patients, so I would speak to them and talk to them and tell them what I understood and listened to what their questions were, and then I'd try to answer their questions. I enjoyed that a lot and had some success being a spokesman for it, and then in the background of all of that, I had to pay the bills, and it turns out some of the administrative roles I took were primarily so I could pay the bills. You have this research career where you have to do grant writing and fundraising and stuff to make enough money to keep your labs going.

And I said, "Well, I need some foundational thing here where I know if I do this, I'm going to get paid," so I took a number of early administrative jobs just because 30% of my salary would be paid no matter what else happened, and it secured the job. I would be there. That's how I did the first. And then, when I moved to San Francisco 26 years ago, that was when I really started to move. I didn't completely give up the research or doing that work that first 25 years, but I actually then spent more time thinking about other things than just my lab. Now, I'm Chief of Medicine at San Francisco General, pretty large faculty, you worry about what they're doing. It just took on a whole different meaning and a different spear. And then from there, chair medicine and then dean. Those administrative things just got bigger and bigger and bigger, and essentially the same number of balls, maybe a couple more, but the balls got much bigger.

Paul Brandfonbrener: How did you balance those roles as you started to dig deeper and deeper in each of them because you're able to keep them all up as you were going? That sounds-



Talmadge King: I don't know that I did it. I don't even know. Balance is not the right word. I would say it is, if I think about it from a musical, I had too much base. It wasn't balanced. I don't recommend this to others, but I ended up working 24/7, and it turns out, and the lucky thing for me is, it never seemed like I was working that hard, but I was working that hard and it had an impact on my family, and my wife tolerated the fact that I was always reading or writing or traveling or whatever, and she supported me, and I think that was really helpful because then with the kids and everything, and at each phase you do different things and you have to focus on different things. When the kids were little, even though I was trying to do all these other things, I had to find a way to go to the soccer game.

And then, the kids get older and you become an ATM machine, and then there's a different relationship with them, and then they go off and go and start their own lives, and that's another phase. Each phase moves you in a different place. So over time, you evolve. You don't get from A to Z in one step. It is a whole bunch of things in between, and that's what happened to me. In between, I kept building on and building on and building on, and I took a lot of courses on leadership. I did a lot of reading about how to work with others. I made that a part of my job is to trying to figure that. I do that, I still am trying to figure out how to be the best person and leader and father and husband and that sort of thing, that I can be, and each phase had a different requirement to get you through.

Paul Brandfonbrener: Yeah, I feel like you're always open to learning, and it seems like each step of the way, you're just loving what you're doing and that allows you to keep learning and progressing. I really see you as the face of this university, and I'm so proud to be a part of a university that's led by a person like you that is open to listening and learning, and it's been really just eyeopening, great to be able to hear your story today, so thank you-

Talmadge King: Well, thank you.

Paul Brandfonbrener: Thank you so much for being on the podcast, Dean King, and it's been an honor to be able to talk to you.

Talmadge King: Oh, thank you very much. I really appreciate it. I hope that people find my thoughts useful, and it's a joy. Thank you for being here. Thank you for being part of our family and doing this. I've listened to some of the podcasts. They've been excellent, so thank you.

Paul Brandfonbrener: Thank you, Dean King.

Chloe Sales: Awesome interview as always, Paul. I loved hearing your conversation with Dean King. What do you think your biggest takeaways were?

Paul Brandfonbrener: I think for me, just seeing what kind of person Dean King is was really just eyeopening to me, and I think a lot of that is exemplified in what happened actually after our interview. I stopped recording and was ready to pack up and leave, and Dean King, who's an incredibly busy person, was still there and took a moment, asked me more about myself, and asked me how I was doing, how school was, what my goals were, and then spent the next few minutes giving me advice and taking the time just to be with me and see me as a person, and I think having someone in his position with this much responsibility in the university care that much about the students, some random first year medical student, just made me feel so grateful to be at this university and to show the culture that's built at UCSF.

Chloe Sales: Amazing. I also have felt that in my time here at UCSF. One way that this becomes really apparent, I think, is in the way that you call your attendings, either by Dr. So-and-so, or by their first name, and there's a lot of nuances that go into this. Of course, attending preference, the culture of the institution, but at least while I've been at UCSF, all of the attendings when we're not interacting with the patients, have requested that I call them by their first name, which I think is really cool. It's acknowledging, as you mentioned in your interview with Dean King, that you as a medical student are now a colleague. You're a part of the team. Yes, you're a trainee, but your input is valuable, and I think that can often be reflected in the way that you reference your team members.

Paul Brandfonbrener: Yeah, I totally feel that. I think the hierarchy of medicine is something that is kind of broken down at UCSF where there's definitely leaders. The attendings are always going to be-