 Baylor I. Clark, M.D., an assistant professor of urology, is being recognized for male reproductive urology. He treats testosterone deficiency, vasectomy, infertility, erectile dysfunction, Peyronie’s, and performs penile implant surgery and urinary reconstruction. 

Julian Ebisu, M.D., Ph.D., an assistant professor of neurosurgical surgery with dual fellowship training in minimally invasive and functional neurosurgery, treats various spine disorders including tumors. His Division of Critical Care Neurosurgery recovery from spinal cord injury and tumor biology.

Sepideh Ghasemlou, an assistant professor of surgery, is board-certified in general surgery and hepatobiliary surgery. She is conducting clinical trials using biomedical engineering techniques, while developing clinical trials involving imaging and immune monitoring imaging.

Clinical psychologist Mehran Hafiz, Ph.D., an assistant professor of psychiatry and behavioral science, specializes in early diagnoses of comorbidity between autism and ADHD. Her research focuses on the emergence of and overlap between, neuropsychiatric disorders.

Bhupen Restrepo, M.D., an assistant professor of pediatrics, is board-certified in developmental pediatrics and behavioral pediatrics. He specializes in early screening, diagnostic and management of neurodevelopmental problems, and support community practitioners in serving patients with neurodevelopmental disorders.

Danielle Marie Tartar, M.D., Ph.D., an assistant professor of urology, is board-certified in female pelvic medicine and reconstructive urology. She specializes in female pelvic disorders, incontinence, defecatory dysfunction and other pelvic conditions.

Megan Pers, an assistant professor of obstetrics and gynecology, is a fellowship trained in female pelvic medicine and reconstructive surgery. She is trained in pelvic floor disorders for pelvic organ prolapse, urinary incontinence, deflectory dysfunction and other pelvic conditions.

About us 

The San Francisco chapter of the American Telemedicine Association. In 2015, he was designated the Chair of the Division of Critical Care Medicine in my department and in the Division of Hematology and Oncology, in 2010, and brought me into contact with a theoretical framework for leadership development that nurtures the professional growth and success of the future leaders. With thoughtful guidance, you may become a leader. That’s why I encourage you (when the time is right) to take the risk of accepting an investigator role. You should seek leadership roles at health systems, universities and other organizations, not because you have, versus the rules we wish we had. Lubarsky used the risk of losing the whole system (including people we love) to his advantage in overseeing the UC Davis Health System and the UC Davis Health System’s team.

David Lubarsky may be pleasantly surprised about your ability to lead. He can develop leadership skills — and become more effective — not by being a part of a team that he sets up, and become more recognized and complete even more innovative work. New Faculty WELCOME 

Faculty Web site is a rich resource for the faculty. It features an online calendar of our daily events and departmental events that include ACOE, Division of Critical Care, Division of Hematology and Oncology, and other academic programs.

There is an important development that people are "born" leaders, versus the rules we wish we had. There is no "natural born" leader. Patient care today is team-based. 

There is a notion that leadership is a skill that one grows) rather than any aspiration for leadership, and you need not have a title in the organization. Ruben’s Weapon Leadership Program valuable because it gave me a theoretical framework for leadership and brought me into contact with numerous other people from other departments and divisions who wouldn’t have otherwise met. I encourage you (when the time is right) to take the risk of accepting an investigator role that you initially may be unsure you could do well. If you follow your curiosity, you may be pleasantly surprised about your ability to lead. untenable. That’s if one of the things that the Leadership and Development Program valuable because it gave me a theoretical framework for leadership and brought me into contact with numerous other people from other departments and divisions who wouldn’t have otherwise met. I encourage you (when the time is right) to take the risk of accepting an investigator role that you initially may be unsure you could do well. If you follow your curiosity, you may be pleasantly surprised about your ability to lead. 

2021 UC Davis Health’s new chief executive officer and vice chancellor for health systems and health care services, as an institution of a busy first 100 days here. "But the time was right to take the risk of accepting an investigator role that you initially may be unsure you could do well. If you follow your curiosity, you may be pleasantly surprised about your ability to lead.

Welcome David Lubarsky

David Lubarsky, a veteran of top executive officer and vice chancellor for human health sciences, reinforced the importance of anesthesiology and perioperative services in the College of Medicine’s overall mission to prevent and treat disease, and brought me into contact with numerous other people from other departments and divisions who wouldn’t have otherwise met. I encourage you (when the time is right) to take the risk of accepting an investigator role that you initially may be unsure you could do well. If you follow your curiosity, you may be pleasantly surprised about your ability to lead. 

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A CONVERSATION WITH GENE CRUMLEY

**Q.** How does the Advanced Leadership Development Program (ALDP) benefit the university?

**A.** ALDP is an intense, year-long program that is beneficial to major public and private institutions. The participants in this program are mid-level leaders at UC Davis, and the program aims to bring them together, providing leadership development for Faculty Development and Diversity (FDD). The desire of the program is to help participants develop the skills and perspectives to lead diversity and equity initiatives, which can lead to the organization's success because of their unique “from the middle” perspective. Participants receive training in anti-racism, empathy, leadership, and conflict resolution from experts in the field. The program is designed to help participants be more effective leaders and improve their communication skills.

**Q.** How is the Advanced Leadership Development Program structured?

**A.** The ALDP is based upon a participative, interactive format. Learning takes place through a number of key components, including workshops, as well as conversations with experienced leaders. The goal is to foster a learning environment where participants can reflect on their own experiences and develop new skills.

**Q.** What does the Advanced Leadership Development from mid-level leaders mean?

**A.** Mid-level leaders are critically important in large organizations. They are often partisans to either the view from below or the perspective from above. Their role is to bring that detail to senior leaders. Additionally, mid-level leaders often bring fresh perspectives to the table and can help solve problems from new angles.

**Q.** What is the Advanced Leadership Development Program duration?

**A.** We meet one afternoon per month, January through December, from 4 to 6 p.m. It is an intensive, year-long program designed to help participants develop the skills and perspectives needed to lead diversity and equity initiatives.

**Q.** Why did you apply to the ALDP?

**A.** I wanted to develop my leadership skills and gain a deeper appreciation for organizational diversity and inclusion. The program is designed to bring mid-level leaders together, allowing them to share experiences and learn from one another.

**Q.** What do you hope the ALDP will accomplish?

**A.** I hope the ALDP will help participants develop the skills and perspectives needed to lead diversity and equity initiatives, allowing them to bring fresh perspectives to the table and solve problems from new angles.

**Q.** What is the current status of the ALDP?

**A.** The ALDP is currently in its second year, and participants are working together to bring about change and improve the university’s diversity and inclusion efforts.

**Q.** What is the desired outcome of the ALDP?

**A.** The desired outcome of the ALDP is to bring about change and improve the university’s diversity and inclusion efforts. Participants are working together to bring fresh perspectives to the table and solve problems from new angles.

**Q.** What is the role of mid-level leaders in the ALDP?

**A.** Mid-level leaders are critically important in large organizations. They are often partisans to either the view from below or the perspective from above. Their role is to bring that detail to senior leaders. Additionally, mid-level leaders often bring fresh perspectives to the table and can help solve problems from new angles.

**Q.** What does the ALDP mean to you?

**A.** The ALDP means a great deal to me. It has provided me with the opportunity to develop my leadership skills and gain a deeper appreciation for organizational diversity and inclusion. The program is designed to bring mid-level leaders together, allowing them to share experiences and learn from one another.

**Q.** What is your advice for participants considering applying to the ALDP?

**A.** My advice for participants considering applying to the ALDP is to apply. The program is designed to bring mid-level leaders together, allowing them to share experiences and learn from one another. It is a great opportunity to develop leadership skills and gain a deeper appreciation for organizational diversity and inclusion.
**Profiles**

James P. Marin, M.D., MPH

Recently appointed CHT director credits mentor with enhancing leadership development

The participants in the leadership development program (LDP), an initiative of the Advanced Leadership Development Program (ALDP), are just beginning their journey as leaders. After 6 years of mentoring that the ALDP and the UC Davis Office of the Provost considered a "pilot phase" since February 2013, the ALDP is intended for UC Davis Health faculty members who currently serve in a variety of roles, including division chief, associate director, chair, residency or fellowship director, principal investigator with laboratory or other similar leadership roles, and are interested in improving their leadership skills.

How is the Advanced Leadership Development Program structured?

The ALDP is based upon a participative, interactive format. Learning takes place through a network of mentorship, with each participant having one or more mentors among the 30 physicians doing mentored education at UC Davis Health. The program is designed to develop leaders who are skilled in identifying and articulating their core values and beliefs.

What do you hope the ALDP will accomplish?

I hope that the ALDP will enable participants to reflect on their current leadership practices and to develop new skills that will help them become more effective leaders. The program is designed to be a space for ongoing learning and growth, where participants can reflect on their own leadership practices and develop new strategies for improving their leadership skills.

What advice would you give to those interested in the ALDP?

I would advise anyone interested in the ALDP to think about what they hope to gain from participating in the program. They should consider what they want to achieve as leaders, and how the ALDP can help them achieve those goals. It is important for participants to be open-minded and willing to learn from others, as well as to share their own experiences and perspectives.

When Ruth Shin, M.D., M.P.H. (see her story in the November issue of the Pathologist) joined the University of California, Davis, School of Medicine’s Department of Pediatrics in 2014, she knew she had hit the “sweet spot” of her career path. After years of basic science and clinical research, she decided that the time was ripe for a change – is the opportunity to rethink our direction so we can make the greatest possible difference in the lives of the people we serve.

She has always recognized how important it is to have mentors to help guide you, and throughout her career, she has sought to mentor colleagues and new faculty members.

She has been working hard to change the undergraduate medical education experience to make it more appealing to women and underrepresented minorities.

She is passionate about the importance of integration and collaboration, and how these can help buffer the challenges of the modern healthcare environment.

She is a strong believer in the importance of the UC Davis Health system, which she has served for 10 years as a faculty member and leader.

When Ruth Shin, M.D., M.P.H. joined the faculty at UC Davis, she knew that the school had a strong track record of mentoring women and underrepresented minorities. She has been working hard to continue that tradition and to create a more welcoming environment for all faculty members.

We welcome your comments and recommendations to improve the quality of this program. Please visit ucdfa.ucdavis.edu/FacultyDevelopment to learn more.

**About mentors and leaders**

Mentors are central to their development as professionals. Those who mentor others serve as role models and provide guidance and advice to their mentees.

Mentors help mentees identify their goals and aspirations, and provide feedback and support as they work to achieve those goals.

Mentors also help mentees develop new skills and competencies, and provide opportunities for professional development.

Mentors and mentees benefit from the relationship, as mentees gain new insights and perspectives, and mentors have the opportunity to reflect on their own leadership practices.

**About leadership and culture**

The ultimate objective of the ALDP is to build a community of leaders that are committed to improving patient care, advancing science, and fostering innovation. This community will work together to create a culture of leadership development and excellence, where all faculty members are encouraged to be leaders and mentors.
Q. What is the Advanced Leadership Development Program duration?

A. The ALDP is based upon a participant-driven, interactive cohort model. Learning takes place through a reflective process involving critical self-examination and experiences as learners. As a guide to the facilitators, Q. How does one participate in leadership training workshops in the academic and business worlds? or does the career they’ve been in healthcare leadership roles.

C. Many mid-level leaders are critical to the organization’s culture, whereas leaders at the top tend to shape the cultural norms of the organization. People at the top are responsible for making decisions that may affect the entire organization, while those at the bottom are responsible for implementing those decisions. This can create a disconnect between the two levels, as those at the top may not always have a clear understanding of what's happening at the bottom. This can lead to frustration and frustration that get in the way of care, lead to a sense of depersonalization – re-creating personal bonds and the ideas, but thematically it’s about services for underserved populations, competitiveness in the commercial marketplace.

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Julian Ehrlich, M.D., Ph.D., an assistant professor of neurological surgery with dual fellowship training in neurosurgery and radiation oncology, focuses on glioma, metastatic brain tumors, and brain metastases.

Sepideh Gholami, M.D., an assistant professor of urology, is board-certified in general urology and reconstructive urology. She has special expertise in male reproductive disorders and female pelvic medicine.

Bibiana Restrepo, M.D., an assistant professor of pediatrics, is board-certified in general pediatrics and behavioral pediatrics. She specializes in neurodevelopmental disorders.

Omphragmatologist Humera A. Waris, M.D., an assistant professor of obstetrics and gynecology, is a fellowship-trained female pelvic medicine and reconstructive surgeon and has expertise in pelvic organ prolapse, urinary incontinence, defects in pelvic floor anatomy and pelvic organ dysfunction.

There is a notion that some people are “born leaders.” I believe that some people are natural leaders, not born. Patient care is a team-based, and physicians must be leaders to function effectively. Physicians can—and should—study leadership styles, best practices and communication methods.

As a medical student I aspired to be a primary practice-family physician. But while serving as chief medical resident in the mid-80s, I discovered that I enjoyed solving problems in clinical problems, and found being a chief resident very rewarding. That’s when I realized I could become a career in academic medicine. In 1989, I became the fellowship program director for the UC Davis Division of Hematology and Oncology and then division chief in 2005, and became associate dean for research in 2011. After Len Fisher became the School of Medicine’s interim dean in 2011, I stepped into the CTSC principal investigator role.

UC Davis Health is, and will continue to be, indispensable. That’s one of the key perspectives about academic medicine that David Lubarsky, UC Davis Health’s chief executive officer and chief executive for the University of California, shared with faculty leaders after taking the reins in this summer. Lubarsky, who became the top administrative and academic leadership role of health systems, enters in the midst of an ongoing seismic shift in American health care. Like similar organization-related colleagues, UC Davis Health is poised to adapt and innovate in order to sustain its academic mission and unique tertiary and quaternary services, while simultaneously advancing clinical and financial performance.

UC Davis Health has a number of initiatives to address greater integration for impact.

Lubarsky spent much of the past decade tackling such challenges in senior executive roles at the large University of Miami Health System (known as University, most recently as chief medical and surgical systems integration officer. He was also named chief in roles in UHealth’s long-term chief executive officer and president with faculty leaders after taking the reins in this summer. Lubarsky, who became the top administrative and academic leadership role of health systems, enters in the midst of an ongoing seismic shift in American health care. Like similar organization-related colleagues, UC Davis Health is poised to adapt and innovate in order to sustain its academic mission and unique tertiary and quaternary services, while simultaneously advancing clinical and financial performance.

The success of UC Davis Health has been built upon an environment of best practice in academic medicine with faculty leaders after taking the reins in this summer. Lubarsky, who became the top administrative and academic leadership role of health systems, enters in the midst of an ongoing seismic shift in American health care. Like similar organization-related colleagues, UC Davis Health is poised to adapt and innovate in order to sustain its academic mission and unique tertiary and quaternary services, while simultaneously advancing clinical and financial performance.

Thank you.


davidlubarsky.com

UC Davis Health has a number of initiatives to address greater integration for impact.

UC Davis Health is an indispensable institution for our region, our state and our nation. We are here to serve our community and patients in the most effective and efficient way possible. We must reorganize and become more efficient, more effective and more entrepreneurial. We must integrate our systems and our workforce in order to be successful, and that means integrating all of our services, including administrative, clinical and academic services. We must be able to work together as a team, and we must be able to adapt and innovate in order to sustain our academic mission and unique tertiary and quaternary services, while simultaneously advancing clinical and financial performance.
David Lubarsky, MD, will continue to be, indispensable! That’s one of the key perspectives about academic medicine that David Lubarsky, UC Davis Health’s new chief executive officer and vice chancellor for health systems, delivered during his inaugural address in early November. His leadership style, and reflecting on it ten years ago when he was called upon to serve as interim chief executive officer, will continue to be, indispensable…

David Lubarsky spent much of the past decade tackling such challenges in senior executive roles at the large health systems, as an administrator and academic leader. But, he was drawn by the opportunity to lead a world-class academic health system, with faculty leaders after taking the helm in this winter at UC Davis Health. Lubarsky will lead UC Davis Medical Center and UC Davis Health from the campus in Sacramento to the health system’s extensive footprint in the Bay Area and Northern California. With the transition of leadership, academic medicine – with its broad influence on health outcomes – faces a unique moment in time, as society confronts new challenges. Lubarsky is keenly aware of the importance of the diversity, equity and inclusion challenges faced in the health care sector. He knows these challenges don’t come easy, in addressing them. And he is ready to lead UC Davis Health as it中存在的 challenges in academic medicine and unique teritary and quaternary services, as an institution of excellence, and as part of a group of institutions that developed the M.D.-Ph.D. and M.D.-PhD programs. We must reinforce and become the health care system of the future, and do that as well as we can.

CONTINUED ON PAGE 3

Welcome David Lubarsky
New office address for greater impact