“... That deep part of you that allows you to stand for those things without which humankind cannot survive.

Love that conquers hate, peace that rises triumphant over war, and justice that proves more powerful than greed.”

— Mr. Fred Rogers
Dear colleagues,

Our June newsletter is dedicated to our male colleagues, trainees and staff: We appreciate your devotion and important contributions to the Radiology Department and Stanford Medicine! And we want to send a specific note of appreciation to our male colleagues who support their URM and female colleagues and diversity efforts throughout the world. This newsletter is dedicated to your story. Your voice, your mind, your insights and your vision are amazing. We are inspired by your motivation and experiences.

Our newsletter also shows that not everyone sees the need for a diverse workforce. A big part of creating an inclusive culture is about increasing awareness about the impact of stereotyping and its effect on confidence and the ability to contribute. Bias is often not visible to you if you do not suffer from it. This is because it literally does not target you personally. If you have never been part of a minority group, you might not fully grasp the cruelty of constant criticism, disapproval and rejection – and its impact on our collective morale and productivity.

Why should the lucky members of a majority team care about diversity? Firstly, we are all members of an increasingly complex world: We cannot be at the top of the innovation curve if we do not form teams with a variety of skills and abilities. We need disruptive ideas, male and female insights, multi-lingual competencies and different viewpoints to solve increasingly complex problems. In addition, cultural and political power structures might change. Through unforeseen circumstances, anyone of us might suddenly find themselves in the minority group. But if we created a world where the term “minority” has been replaced by “rare and unique”, this will not matter any more. Because we created a meritocracy where the best ideas will win!

Heike E. Daldrup-Link
Associate Chair for Diversity
Department of Radiology

https://www.youtube.com/watch?v=Kb7_E12FFLw

https://www.youtube.com/watch?v=WR261GB4jTo
I came to Stanford 23 years ago, as a graduate student in EE. (Yes, do the math, that means I was just 8 years old!!). I had been working in a company that I loved, but frankly was tired of working on version 1 of a product when version 3 was being planned already - the idea of developing a product just to move money around, and which would be obsolete in a year got old. So I came to Stanford grad school, got my PhD, and ultimately found a position in Radiology.

Along the way I've been fortunate with opportunities, and been impressed at the efforts Stanford often goes to in embracing diversity. As an RA in graduate residence I met some 200 new people each year, in all disciplines. Before long I would live the principle of “What's your story?” Everyone had some unique experience, from moving across the world and learning a new language and culture, to moving across the bay and rooting for the wrong college team. The key was to talk to people and get to those experiences, because every single person had something interesting if you could just get to talking about it. I feel very fortunate in Grad school to have interacted closely with the most diverse group of peers than at any point in my (sheltered) life.

Now things are a bit more busy. The information firehose never ends for most of us. I brew my coffee while I fetch the cream so as to get back to work as fast as possible. But everyone still has a story, and it’s just a matter of talking about it. Oddly most people are comfortable sharing something personal that, if you take the time to stop and think, challenges your views that have often been simplified to maximize efficiency. So my challenge, to you and to myself, is to take some more time to talk to the people around you. Radiology has staff, students, faculty and post-docs, mothers, fathers, aunts, uncles, brothers, sisters, MDs, PhDs, BAs, from all over the world. They've all had some experience, and probably have something really important to them that most of us never know. So go and find out a unique fact about that person you see most days, and you'll be better for it.

Often we talk about ‘science communication’ and how we must learn to tell our story. But equally important is to hear the stories from others. We live in a bubble - if we can’t learn from the diverse experiences of people at Stanford, how are we to go out into the world and help solve much greater challenges, with even greater diversity of cultures, wealth, abilities and much more? I look forward to hearing your stories, and those you hear!

Brian Hargreaves, PhD
Associate Chair for Research
Department of Radiology
Stanford University
I am an Asian American man and am considered a minority in America although not in Medicine. That latter statement is important because while there are many Asians and Asian Americans in healthcare, there is marked heterogeneity within this “umbrella” group. In reality, there is a large education and socioeconomic gap between East and Southeast Asians, which makes our stories different. Although I was born here, my parents escaped the “Cambodian genocide” in the 1970s to start a new life in America. My father, who was once a nurse in Cambodia, obtained a job as a postal worker to make ends meet, while my mother cared for my two siblings and me at home. Growing up, access to resources was not abundant, but my parents were adamant that their children succeeded in life. Because of my background and upbringing, I always felt a personal sense of having something to prove—proving to others that I belonged despite not having as much as them and proving to myself that I could overcome any obstacle in my path, including ignoring those figures who told me that I was not going to make it very far in life. It’s this drive that helped me get to where I am today. Fortunately and thankfully, Stanford embraces diversity and nurtures the fire within. As such, I feel appreciative to be here and feel the importance of being visible as a Cambodian American Radiologist. Growing up, it would have been great to see someone from my background (or a similar background) succeed in life. This is more important than ever now, so it is wonderful that this newsletter is providing a platform for all of us to celebrate our individual differences and stories.

Michael Iv, MD
Clinical Assistant Professor
Department of Radiology, Neuroradiology Division
Stanford University Medical Center
“Echalé ganas, mijo,” my grandpa would often say — apply yourself and put efforts into your studies. Throughout my childhood in Northern California, this phrase was ubiquitous; I'd hear it at Mass, at the taquería, and certainly at home. Whenever I met family members for the first time, I came to expect these three words.

I’m one of the lucky few. Whereas I received financial aid to attend both a private prep school and now an Ivy League university, many students in East San Jose are simply told to “stay in school.” There’s a world of difference between that sentiment and “echalé ganas,” though on the surface they seem similar.

Students from all backgrounds, but especially those who have too often been left behind in a system that has historically favored the white and wealthy, should not merely be staying in school — they must be thriving in school.

Read Cayo’s full story: http://hechingerreport.org/student-voice-we-must-offer-underprivileged-students-more-than-a-meager-stay-in-school/

Cayo Gonzalez
Former student in Dr. Sanjiv Sam Gambhir’s lab (2016-2017).
Currently, a student at Columbia University.
I am excited for the opportunity to represent clinical imaging with Jayne Seekins as part of the Stanford Center for Innovation in Global Health (CIGH) PLC (power line communication) network ([https://globalhealth.stanford.edu/about.html](https://globalhealth.stanford.edu/about.html)). My background in global health dates back to 1999 when I lived and worked in Kosovar refugee camps and continued during my medical training as I served as vice president at Rad-Aid ([https://www.rad-aid.org](https://www.rad-aid.org)). Rad-Aid is the largest international radiology global health non-profit organization. I oversaw the establishment of outreach (clinical and education) programs for Rad-Aid in China and India and created the largest international resident trainee chapter program, which has since grown substantially and now includes representatives from more than 30 academic institutions serving 14 countries. It has also been an honor to once again serve as senior editor on the first textbook on the subject of imaging applications in global health titled “Radiology in Global Health”, which is now in the second edition and which we have just finished for release later this year. Finally, my current research efforts using artificial intelligence applications in medical imaging have led to an exciting collaboration with Jayne Seekins where we are leveraging AI models on a smartphone platform to provide instant point-of-care world-class radiology diagnostics to parts of the world that lack radiology expertise - our hope is to find partnerships through our work on the committee here at Stanford to expand this project. We are hopeful that these new technologies could provide a powerful supplement to resource-poor populations all over the world for sustainable screening and diagnostic applications.

Matthew Lungren, MD, MPH
Associate Director, Stanford Center for Artificial Intelligence in Medicine and Imaging
Stanford Child Health Research Institute Faculty Scholar
Assistant Professor of Radiology, Department of Radiology
Stanford University School of Medicine and Lucile Packard Children’s Hospital
It is no secret that historically, radiology has been, and continues to be a male dominated specialty. Women make up about 46-47% of all medical students, yet radiology residencies comprise only about 27% women. Interestingly, in 2016 the AMA placed radiology as number 9 in the top 10 specialties for women based on work-life balance, predictable and reasonable work hours, compensation, and significant impact on patient care. Despite this endorsement, the number of women entering radiology residency programs, unfortunately has not changed significantly in the past few years.

This begs the question, why aren’t more women entering the field of radiology? The answer is multifaceted, but data from a 2013 study from the Journal of the American College of Surgery found that women are more likely to enter specialties with higher proportions of female residents, as these women directly serve as role models to women medical students. Furthermore, certain specialties tend to offer more in the way of patient contact, continuity of care, and long-term patient relationships that may appeal more to some women. There also may be a perceived sense of work-life imbalance with radiology, or conversely, a lack of knowledge of what radiology actually does offer in terms of work-life balance. Radiation exposure and its effect on fertility has also been raised as a concern for some women. Lastly, one cannot discount how the culture or perception of a specialty’s culture influences the type of people attracted to said specialty. From the outside looking in, radiology has all the makings of a Boy’s Club, so those who “fit” the mold tend to usher themselves into the party, and those who do not look elsewhere.

But why do we care if women aren’t entering the field of radiology? Because diversity matters. Not only gender diversity, but also racial, ethnic, and religious diversity. Our work force needs to reflect the patient populations we serve because perspective matters. The perspective offered by having a diverse workforce made up of people that can relate to our patients from different backgrounds cannot be understated. As men who dominate the field, I believe it is our duty to strive for inclusion and our charge is to do any and everything we can to increase the number of women entering into the specialty.

Again, for many years radiology has been touted as a great choice for women, yet the number of women entering the field remains stagnant. So how do we tackle what seems likes such an insurmountable obstacle? Certainly, we could come up with a laundry list of very reasonable tactics and strategies, but if we could start small and focus on 3 principle areas, our efforts would go a long way.

EXPOSURE – Early exposure to radiology is critical. Radiology is not a required medical school clerkship at most medical schools across the country. In fact, many of us currently in the field could attest to the fact that we did not discover radiology until late in medical school, or stumbled upon the field late by complete chance, or never really even knew what a radiologist did down there in that dark room until we began pursuing the specialty. Further, how many of us recall receiving any lectures from radiologists during the 1st and 2nd years of medical school? Or how
many of us recall having a radiology resident, fellow, or attending as a gross anatomy lab instructor during our 1st year of medical? I certainly did not experience any of the above, and who better to teach anatomy than a radiologist? As radiologists we need to more actively insert ourselves into the medical school curriculum. Early exposure can also serve as a platform to dispel some of the myths women medical students may have about radiology.

MENTORSHIP – Many of us can trace our career path directly back to one or a couple mentors we had in medical school who were critically important in helping us find our way to the field of radiology. There are myriad opportunities for us to avail ourselves to medical students that we should take full advantage of; from participating in medical student interest groups, to soliciting help with our research and educational endeavors from medical students, to directly volunteering our time as mentors through the school of medicine's mentorship program, just to name a few. Good quality mentorship will lay the foundation for more medical students, and specifically more women medical students, to feel compelled to enter the field.

ROLE MODELS – As aforementioned, women medical students tend to go into specialties with higher proportions of female residents. It is completely logical that we tend to follow the path of those to whom we can relate, and look like us. Too often women in the workforce are passed over for promotions and leadership roles not for lack of ability or qualifications, and the field of radiology is no exception. It is our duty as men to not allow our field to continue to be a statistic, and we must make a concerted effort to recruit and make more leadership roles available to qualified women. If we want to inspire and increase the number of female residents in our field, it is critically important that they see more women leaders in the field that will serve as role models.

Our goal as men in radiology should be to challenge the status quo and attract individuals to the profession that are going to add real value, irrespective of gender or any other demographic factor. Everyone benefits when we are all able to pursue subspecialties based on our ability and interest, and no one feels shut out because of who they are. Diversity adds to the richness of our specialty and ultimately has a direct and beneficial impact on the most fundamental pillar of our mission – patient care.

Ibrahim Idakoji, MD, MPH
Clinical Instructor, Department of Radiology
Stanford University School of Medicine

It was disheartening to think that the epicenter of innovation and progressive societal disruption could foster a culture of exclusivity and inequality when it came to gender. It was even more disheartening to see the comments from some physician colleagues on the social media platform Doximity in response to Dr. Daldrup-Link’s efforts to promote diversity in our Radiology Department. Here are some of the comments from actual physicians in response to our diversity efforts:

“Again another out of touch far left liberal institution clueless about reality. A highly specialist field of Radiology needs the best and the brightest. Not about diversity but the best qualified should meet the task. Wake up Stanford.”

“I think this is complete and utter garbage. Pick the person that is qualified to be the best radiologist they can be. Do not pick someone based on their race, sex or religious beliefs. This forced diversity is nothing but reverse racism.”

I personally think these colleagues are missing the point. Promoting diversity and inclusion in our field is much bigger than setting quotas for minorities and women or setting up “reverse discrimination” policies to lower standards by which we recruit physicians into residencies and practices. This is about empowering individuals that are overtly or passively discriminated against and ensuring they have the opportunity to prove that they are able to become professionals. Wage disparity is a fact in all industries so the claims of rewarding people in a meritocracy do not always hold muster.

We also owe it to our patients to diversify our faculty to reflect the communities we strive to treat. We all must do our part to promote the diversity of our faculty and staff. It will take significant struggle and sacrifice. However, in the end, these efforts will make us a better health provider, colleague, department and institution.

Safwan Halabi, MD
Medical Director of Radiology Informatics at Stanford Children’s Health
Clinical Assistant Professor, Department of Radiology
Stanford University School of Medicine
For the second year in a row, the American College of Radiology (ACR) has chosen to support the #HeForShe initiative at the annual leadership meeting. This year the meeting was May 19-23rd in Washington DC.

As a dear friend of mine, Dr. Amy Patel, a breast imager at Beth Israel Deaconess Medical Center and instructor in radiology at Harvard Medical School, explained in her ACR Blog post (https://acrbulletin.org/topics/social-media/1568-heforshe-at-acr-2018):

"#HeForShe is a solidarity movement by the United Nations Women which promotes gender equality across all spectrums, including healthcare, education, politics, identity, violence, and work. As a result, this effort has now permeated into medicine with subspecialties such as surgery and radiology taking a stand and promoting gender equality at specialty society meetings and on social media."

During the ACR meeting, members of the ACR Commission on Women and Diversity acted as ambassadors, with signs, stickers and other educational materials available to help inspire awareness, discussion and promotion of the #HeForShe initiative through social media. Attendees were encouraged to take pictures with the #ACR2018 #HeForShe signage and post on social media as a show of solidarity of their underrepresented female radiology colleagues.

As a member of the ACR Commission on Women and Diversity, I was fortunate to be able to work with the talented ACR staff to help organize the initiative this year. In an effort to allow participation from our greater radiology community, the ACR staff developed a tool kit, which included downloadable materials. These materials enabled members of our radiology community who were not physically at the meeting, to demonstrate #HeForShe support from afar via social media channels. I was completely overwhelmed with joy and pride at the tremendously powerful response from the Stanford Radiology community. The outpouring of photographs of staff, residents and fellows demonstrating awareness and solidarity for this movement was truly seen and heard around the county. Stanford Radiology was certainly a strong voice in the #ACR2018 event this year, and I know the women of Stanford Radiology and the greater ACR community felt wonderfully supported and celebrated.

The website:  http://www.heforshe.org/en

**Emma Watson’s incredibly powerful speech at the UN in 2014, such a good listen (worth.your.time): https://www.youtube.com/watch?v=gkjW9PZBRfk

ACR’s HeForShe page:  https://www.acr.org/Member-Resources/Commissions-Committees/Women-Diversity/HeForShe

Kristina Hoque, MS, MD, PhD
Clinical Instructor, Department of Radiology
Stanford University School of Medicine
In support of

HeForShe

Men in Radiology
How many disruptive inventions have been created by a consenting group of people sitting in a meeting room? Being creative requires a high degree of individualism - and our ability to recognize, nurture and support it. As a community, we have to suspend judgement and open our minds to new and perhaps controversial ideas, which can move us beyond the status quo.

Sir John Bertrand Gurdon, FRS, Nobel Prize in Physiology or Medicine 2012

Thomas Lindahl, Nobel Prize in Chemistry 2015

“At school I had a teacher that didn’t like me and I didn’t like him. At the end of the year, he decided to fail me. The ironic thing is that the topic was chemistry.”

“I have the distinction of being the only Chemistry Laureate who failed the topic in high school!”

-Thomas Lindahl
Stanford Clinical Opportunity for Residency Experience (SCORE)
SCORE welcomes qualified final year visiting MD students who are underrepresented in medicine, socially, economically, or educationally disadvantaged, and others whose backgrounds and experiences would diversify their clinical fields, for a 4-week residential clinical rotation at Stanford School of Medicine. A $2,000 stipend for incidentals plus housing is provided during clinical rotation. Please forward the link below widely to visiting MD students considering Stanford Medicine for residency.
https://med.stanford.edu/clerkships/score-program.html

Faculty and Staff Help Center (FSHC)
FSHC provides professional, confidential counseling to faculty and staff at Stanford University, SLAC, Stanford Hospital, Lucile Packard Children’s Hospital and Menlo Medical Clinic. For a list of others who are eligible for these services, visit the FSHC website: https://cardinalatwork.stanford.edu/faculty-staff-help-center/services Consultation and training for Stanford community members who need assistance with interpersonal issues or job stress are also available. Supported by employee benefit funds, all FSHC services are free of charge.
(650) 723-4577 helpcenter@lists.stanford.edu

Stanford Peer Support
The Bridge Peer Counseling Center is Stanford's student run peer-counseling center. We offer anonymous and confidential 24/7 counseling to members of the greater Stanford community. Staffed by trained undergraduate and graduate Stanford students, we are here to listen and support.

Call Us 24/7: (650) 723-3392 (closed on university holidays and breaks)

Drop by In-Person: 9 AM to Midnight ▸ Roger’s House 581, Capistrano Way
https://stanfordbridge.wordpress.com/