“In your life’s defining moments there are two choices - you either step forward in faith and power or you step backward into fear.”

— James Arthur Ray
Dear colleagues,

Our October newsletter discusses “defining moments, i.e. specific events in life that shape us as the people we are today, including our external circumstances, worldviews and values. Defining moments can be major, life changing events or a brief experience that significantly impacts our view of the world.

We might only recognize the power of influential times in retrospect. Our diverse backgrounds and circumstances substantially impact our trajectory. If we find ourselves in an intellectually, physically or financially scarce environment, we can only make incremental lurches – until an extraordinary event catapults us into a new reality. If we are encouraged, supported and celebrated, we can enjoy the gleaming high-rise of creative productivity.

Sometimes, we may wish to go back in time and change a defining moment that had a negative impact. Writer Andrew Solomon eloquently outlines in his TED talk, that our reflection and authenticity to share these experiences can be a gift to ourselves and others. Sharing our stories can fuel empathy and the courage to support each other.

I want to thank our authors for sharing their stories and our readers for joining the conversation!

Heike E. Daldrup-Link, M.D, Ph.D.
Associate Chair for Diversity
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WHAT I LEARNED ABOUT HOSPITALS AS A TRAUMA PATIENT
An experience as a trauma patient provided Stanford Health Care President & CEO David Entwistle with first-hand knowledge of the importance of empathy in health care and the role that technology can play in supporting patients. Those values drove the philosophy and design of the New Stanford Hospital:
https://www.linkedin.com/pulse/what-i-learned-hospitals-trauma-patient-david-entwistle/?sf110675049=1

THE AMAZING STORY OF TWO HEROS OF AMERICAN HISTORY
Learn about defining moments created by two heroes of American history: Easy Eddie and Butch O’Hare. They might inspire you to reconsider your choices. Presented by Radhanath Swami:
https://www.youtube.com/watch?v=EwcAhka12w0

HOW THE WORST MOMENTS IN LIFE MAKE US WHO WE ARE
Writer Andrew Solomon has spent his career telling stories of the hardships of others. Now he turns inward, bringing us into a childhood of adversity, while also spinning tales of the courageous people he’s met in the years since. In a moving, heartfelt and at times downright funny talk, Solomon gives a powerful call to action to forge meaning from our biggest struggles.
https://www.ted.com/talks/andrew_solomon_how_the_worst_moments_in_our_lives_make_us_who_we_are

CREATE A DEFINING MOMENT FOR THE NEXT WOMEN INNOVATOR
We can all create defining moments by sharing the stories of amazing role models in the fields of science, technology, engineering, and mathematics. The producers of the Nevertheless podcast have arranged for free use of some really cool posters celebrating women innovators in STEM:
https://medium.com/nevertheless-podcast/stem-role-models-posters-2404424b37dd
When asked by Heike to share a “defining moment” in my life, I immediately knew what the moment was. Admittedly, I was initially hesitant to publicly share a personal response, but because of the openness shown by so many colleagues in this newsletter, I felt comfortable enough to add my own voice.

On an unbelievably stormy day in January 1996, I found myself, drenched from the rain, in my blue interview suit sitting in the Lucas Center with Gary Glazer, late Chair of Radiology. I had a six-month-old at home and was working as an Advertising Account Executive in San Francisco which required considerable travel, late nights and a long commute. I needed to find a position that was closer to home which would allow for better balance in my life. My husband (who was at Stanford) had encouraged me to apply for the vaguely-described position of “Special Projects Coordinator” in the Department of Radiology because he had heard great things about Gary. While I did not have much hope that the role was right for me, I thought the interview practice was worthwhile.

It truly felt like a Noah’s Ark kind of day: the streets were flooded and the power was out (resulting in Gary’s car being stuck in the garage and no lights in the Lucas Center). The crazy weather somehow distracted me from any nerves and during the interview I was drawn in by his passion for Radiology, his excitement for the future and in his faith in the people around him. Gary offered me the position and I honestly couldn't even describe to my friends what my new job entailed. I accepted it because I believed in Gary. From day one, Gary believed in me and trusted that I could do anything. I came here without experience in research, healthcare, radiology, academia, or finance. He didn't care. He had a vision for the future and my job was to work with the faculty and my colleagues to help make that vision a reality. He trusted in me to “figure everything out” and was always pushing me to make things better, to constantly improve. He was my biggest champion.

I learned early on that who you work with and who you work for is everything. It truly is the people that matter the most. I was able to contribute to the growing department and I genuinely enjoyed everyone around me. My fairy tale job only continued when Sam Gambhir was appointed Chair and he asked me to remain on his team. I am in awe of Sam’s leadership, achievements, generosity and bold view of what is possible. Both Gary and Sam embody integrity and kindness that is very rare to find. How I got so lucky, I’ll never know. My incredible fortune to work for two of the best people I will ever meet and preeminent leaders in our field is mind boggling.

The job I started 23 years ago because of that interview enhanced my life in so many ways. That interview became a career. It has been unbelievably rewarding to witness advances in patient care and research resulting from the vision of innovators. I appreciate the true brilliance of the faculty around me.
and that I have the opportunity work with people that make me better every day. I was fortunate to be able to travel the world with our faculty through our CME efforts which built life long memories and deep friendships. I have helped launch programs that many thought were impossible. And I have had so much fun. That rainy-day interview truly changed the direction of my career and my life forever.

Susie Spielman
Senior Director, Strategic Programs and Projects
Stanford Medicine | Radiology
According to the Oxford dictionary, a defining moment is “an event which typifies or determines all subsequent related occurrences.” If you had asked me in March of 2008, what I was going to be when I grew up, I would have told you a veterinarian. It had been the same answer since I was four years old; no wavering, no second guessing. But as life would have it, April of 2008 became the beginning of my defining moment, whether I wanted it to be or not.

I was a senior in high school, preparing for graduation, excited for college, and all of which life had to offer post high school. It must have been a Sunday and my dad, sister, and I were watching football and my sister asked my dad why he kept twitching his arm. Why was he making it move up and down sporadically? He hadn't even noticed it was happening, but she had since her head was resting on it. Little did we know that would be the moment that started the defining moment. Those arm twitches lead to doctor appointment after doctor appointment, which lead to specialists, and trips to UCSF and suggestions to “try this” and “try that”, all the while the twitches became muscle cramps, which lead to lack of control, which lead to my dad becoming permanently disabled.

As I moved four hundred plus miles away from home to go to college (dad said I wasn't allowed to stay because of him – he'd always been stoic that way), my dad was given multiple diagnoses, which lead to an un-diagnosis. At first, they thought he might have Amyotrophic lateral sclerosis, and then it might be multiple sclerosis, and then they didn't know what it was. Test after test after test, so many trips across the bay to UCSF to the 9th floor where most people went to go to get a diagnosis of a death sentence. Finally, the doctors said he had a combo of chronic inflammatory demyelination polyneuropathy and multifocal motor neuropathy. “Don't worry you won't die from this.” That didn't mean a thing to me when I saw my superman, my hulk, crumble and cripple in front of me. My dad was always larger than life. He was the backbone of our family and held us all up and now it was our turn. My mom, sister, and I didn't know this at the time, but we would then become the backbone to hold us all up from there on out.

Since he was diagnosed in late 2008, my dad has had severe muscle atrophy, lack of control for his extremities, and gets to endure four days of treatment, for six hours a day, every three weeks, where he gets pumped with IV lg with the hopes of ‘keeping the monster at bay’ (everything gets planned around dad's treatment, no ifs, ands, or buts). Every patient I saw in the infusion clinic with my dad has since died. They tried the other treatment options of chemo and steroids, and eventually that is what killed them. My dad constantly gets told to drink water to make sure his treatment doesn't destroy his kidneys, which is what could happen, and to make sure his port stays clean, because that clog that put him in the ER could mean another surgery to put a new one in.
In the years since my dad's un-diagnosis my path has changed drastically. I chose to not become a veterinarian, but to instead go to graduate school and earn a PhD in genetics, with the hopes of one day finding out what caused my superman to crumble. I quit studying animals, and now focus on humans, because the most important human to me, can no longer help himself. I moved back to California to be closer to my family, to help my parents, and to take some of the stress off of my mom. My dad's disease became my defining moment. I view my life in two chapters now; pre-disease and post-disease. The dad who could lift the world, and the dad that needs help being fed and getting dressed. Instead of hiking, we now play a lot of cards and watch movies; activities that are inclusive for him since walking is a challenge. He will always be my superman, with this larger than life personality and unimaginable strength, but he also raised two daughters to follow in his footsteps and to help those in need.

As much as this moment has defined my life and my career, it does not define him, nor my mom, nor my sister, or myself. We all are more than my dad's disease. If anything, his disease has shown us our inner strengths and love for one another, and that no diagnosis can bring superman down.

Ps. It takes nearly a million blood donors a year to make the treatment my dad receives. There is an international shortage for IV Ig, so if you are able, please donate blood to help those who can't. Thank you, sincerely.

Katherine L. Lucot, PhD
Postdoctoral Scholar
Montine Laboratory | Pathology
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Stanford Medicine
As soon as the technologist placed the probe on my uterus, I immediately saw it. One of my identical twins had anhydramnios. He was “stuck”. And his brother was swimming in a sea of amniotic fluid. I had developed twin-twin transfusion syndrome (TTTS). This is the most feared complication of identical twin pregnancies. I remember being told as a resident that it is exceedingly rare and that I’d probably never see it, but had to learn about it for boards. When I asked my obstetrician about it, she told me that she had been working in her field for 30 years and had never encountered it, so there was nothing to worry about.

I now had the right to worry. Only one center in our state even treated the condition, but they could not see us until the next day. What ensued was 24 hours of reading everything on the internet and learning that this condition inferred a close to a 100% mortality rate without surgery. I read horror stories from heartbroken parents who lost their twins. I learned of support groups for survivors with cerebral palsy. I was strong throughout that first day and tried to approach it as much like a scientist as possible.

We saw the only specialist in our state, who explained that my babies likely didn’t have a great chance. She said that my donor twin would likely die in the coming days, and given the shared blood supply, this would result in catastrophic stroke or even death for his brother. She advised selective feticide. She wanted me to consent to killing one of my babies.

It was clear that we needed a different doctor. That meant we had to move across the country to be treated by someone with documented experience and results. We quickly made the move, and when we met our new doctor, he immediately won me over by stating that he doesn’t offer selective feticide for ethical reasons because it requires using the same tools and procedure that could effectively save both babies. I was ready for the surgery and wanted it done by him as soon as possible. Unfortunately, I was only 15 weeks gestation and the amniotic membranes had not even fused to the wall of the uterus at that point, so we had to watch and wait. Having the surgery too soon would result in losing both babies, so I had to go in every two days and be checked for fetal heart beats to make sure there was still a battle to be fought, and to see if the membranes had yet fused. Finally, at 16 weeks and 5 days, my doctor found one little spot that he felt looked fused and said, despite it still being very risky, the alternative was waiting with no guarantee that my boys would hang on in there. We decided to have the surgery, with all its risks.

The surgery was performed at 17 weeks gestation. It went perfectly. We were told that, on average, women deliver 11 weeks after surgery and that the morbidity results from prematurity. I was on bed-rest for 5 long months. With a toddler at home. To say it was difficult is an understatement. Time became a measurement of organ development and viability. Every day that passed felt like a million bricks lifted off of our shoulders. Luckily, the twins made us very proud and beat the odds. They stayed in as long as they were allowed.
I had to be induced at 37 weeks, and delivered two healthy babies. They were given a death sentence that I was asked to sign off on. Instead, we were all incredibly blessed to see them born healthy and grow into spunky, happy, smart little boys. They just turned 2 years old, and are already giving us a run for our money. While their identical gestation worked against them in the womb, they’ve already learned how to use it to their advantage. If you ask one of them their name, you will almost certainly witness his eyes twinkle as he get a brilliantly mischievous grin on his face and tells you his brother’s name. We do not know what the future will hold, but are grateful for every single minute we get with our miracle babies. And their older brother, whose uncomplicated pregnancy was very much taken for granted.

Not all TTTS parents are as lucky as we were. Many end up losing one or more baby. Many end up having children with severe disabilities. Many aren't screened early enough and find the condition when it is too late to be treated. Many never even know that there is a cure for TTTS and lose their kids to lack of knowledge and resources. Having endured such a trying experience changed the way I see the world. I am embarrassed to say that the day I was diagnosed, I still went in to work. I was in tears and a total wreck, but I still went to work because I believed that work was the priority above all else. Of course, my colleagues sent me out the door with strict instructions to take care of myself and my babies. They researched my condition and provided me resources, advice, and support. I was reminded how big of a difference kindness can make in someone else's struggle by my colleagues and the team of health professionals that cared for us. This experience forced me to reprioritize all the things that matter. If you have children, go home and hug them, and never ever take their presence or health for granted. Prioritize them above all else. If you had children, hang on tight to their precious memories. Some people send their children to heaven before even getting to see their smile or hold their little hands. And, please, always be kind. You never know what someone is struggling with and how something as simple as kindness may change the trajectory of their entire story.

Nelly Salem, MD
Clinical Assistant Professor
Stanford Medicine | Radiology
I believe that “defining moments” are often realized in retrospect, and may sometimes occur in the midst of relative chaos when things do not go as planned.

When I was in my last year of medical school, some first year medical students approached me about an idea they had for a student-run free health clinic affiliated with a women’s shelter within the outskirts of the city. The students had conducted a needs assessment survey among the 24 shelter residents, and had determined that underemployment and unemployment were two of the most common issues that shelter residents were facing. When they approached me, they wanted to establish a job-skills training program for the residents in order to improve job-readiness. I joined them in the challenge and searched for partnerships through various avenues, and eventually found an established job-skills training program that was willing to partner with the shelter administration in order to screen and enroll any willing participants from the shelter into the job-skills training program.

Shortly after we piloted the program, things fell apart. Out of four women who initially agreed to join the pilot, two eligible women decided they didn't want to be in the program, another tested positive for drugs and was dismissed, and the fourth one called me on the phone to tell me that I wasn't doing enough to help her just three weeks into the program.

The students who had the initial idea became busy with boards studying and clinical rotations, and I was left feeling in over my head and unappreciated.

I eventually stepped outside of myself, and realized if I put my hurt feelings aside, there were more possible answers than there were questions. The fourth shelter resident probably just wanted to be heard. Not every resident would be in a position to take advantage of a new opportunity. Not every resident in a position to take advantage of a new opportunity would want to put in the required time. It was okay that everything was not as envisioned.

We proceeded with the one remaining resident, and I collaborated with graduate student groups at a nearby business school to incorporate volunteering at the job-skills training program as part of their yearly community service efforts.

The one remaining shelter resident graduated the training program, and she got an interview at a nearby hospital. She didn't ultimately get the job, but she got a team of staff helping her with the job search for the next 18 months.
Defining Moments are Something You See in Retrospect

Looking back at the situation, I didn't know whether to classify the effort as a failure or a success. I just knew that I had stepped wholeheartedly outside of the zone of what was known and comfortable for me in order to explore creative solutions to issues that systemically affected disadvantaged groups. I still am not sure how I will incorporate this interest during training and beyond, but I know that when the opportunity arises, I will be more equipped to endeavor something that I've never done before.

Lola Kofoworola Oladini, MD

Resident
Stanford Medicine | Radiology
On my flight on my way to take the ABR certifying exam, as I was reviewing the non-interpretative skills packet with my baby sleeping soundly on my chest, I heard the dreaded overhead announcement: “Is there a doctor on board?” As a radiologist, I always worry it’s going to be a real medical emergency requiring me to run a code or something. I put the call light on and the flight attendant came over and immediately started speaking to my husband, assuming he was the doctor. In any case, I had the honor of assisting an elderly lady with shortness of breath. I took her vitals, listened to her heart and lungs, and gave her some oxygen, water and orange juice (for low blood sugar). Thankfully, she seemed stable enough to make it to the landing, and didn’t have more serious or progressive symptoms! That was a little unexpected excitement in my day. So much for studying on the plane - but it feels good to be able to help in a situation like that!

Crystal Norgren-Farrel, MD
Pediatric Radiology Fellow
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Same thing happened to me! I pressed the button and the flight attendant said: “I can’t help you now. We have an emergency! “

Karen Ordovas, MD
Professor of Radiology
University of California San Francisco
“The roster’s full for this year.” The coach on the other end of the phone line finished, leaving little room for doubt about how tryouts would go.

“Ok.” I acknowledged. “But can you at least tell me the fitness tests that will be run at tryouts? Or confirm when tryouts start?”
“August 2nd, 7:30 am.” The phone line went dead.

I exhaled slowly. Trying out for a Division 1 soccer team was already going poorly. I expected the tryouts to be exhausting. I expected the competition to be steep. I didn’t expect to be dismissed on the phone before I’d even been given a chance to prove I could play at an elite level. What was the point of “tryouts” if people who weren’t already on the team were discouraged from being there? Her coldness and negativity didn’t make sense to my work-hard, can-do up-bringing. Incensed, I resolved to train as hard as I reasonably could over the next 6 weeks to get ready for tryouts. Playing collegiate soccer had been a childhood dream of mine, and while academics came first, I was determined to give it my best effort.

Fortunately, two friends and teammates of mine were training that summer to play collegiate soccer. They’d been given a list of fitness tests they were expected to perform at their “tryouts,” so we used them as a target, hoping that mine would be similar enough. We banded together, hiring our athletic trainer to help us design a fitness regimen that would get us ready for these tests in 6 weeks, and training hard together to get in shape. Sometimes I wanted to collapse. My arms ached from push-ups, my lungs threatened to explode from two mile “sprints,” my quads burned from the rapid and repeated stopping and bursts of speed required for suicides. But I couldn’t stop. I couldn’t give up on my teammates and I couldn’t give up on myself.

Soon tryouts arrived. I shouldn’t have been surprised by the fact that I was the only girl who wasn’t already on the team—anyone else had probably been dissuaded from trying out after a similar phone call to mine. Tryouts consisted of a grueling two weeks of double days, 6-7 hours each day in 95 degree heat with 80% humidity. Sweat oozed out of our entire bodies as we played, and refused to evaporate into the supersaturated air. Some girls got heat exhaustion; many vomited. We had to take ice baths after every workout to minimize soreness so that we’d be ready for our next training session and trial. Intensity breeds bonding and I started to feel like part of the group. But, there was a giant chasm between me and all the other girls: they could fail, as they had been recruited and resources already invested in their success; whereas, I could not. It was perfectly clear that I would be sent home if I didn’t exceed expectations.
Over the course of those weeks, my training paid off and I passed every single fitness test. Finally, the tryout was over. My stomach churned and I felt nauseous with dread and anticipation. What would happen? I knew I’d worked hard and I felt like I’d earned a place on the team, but I couldn’t help replaying our phone conversation over and over in my head: “We don’t take walk-ons. The roster is full.” The coach called me into her office. I opened the door with trepidation and sat down across from her desk. “We’d like to offer you a spot on our team,” she stated. My heart soared. It was a childhood dream to play soccer at a university, and now I had earned that opportunity. I felt proud of myself for standing up to someone who tried to make me feel unworthy, who tried to stop me from doing what I love.

This coach would not be the last person I encountered in my life who would make assumptions about my abilities. But I learned that with a good team, a solid plan, and hard work, I could push myself to achieve great things. I believe we all can.

Marta Nicole Flory, MD
Clinical Instructor, Body Imaging
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“There is no failure except in no longer trying.”

– Elbert Hubbard