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Commentary

Time to Step Outside the Box, Look Back, and PAUSE

By George J. Weiner, MD



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Commentary Overview

- In just a few weeks I will step aside as director of the University of Iowa Holden Comprehensive Cancer Center, a role I have served in since 1998.
- Shifts in my perspective and approach to serving as cancer center director resulted from observing others' experiences, as well as my own, including administrative successes, near-misses, and, frankly, some missteps.
- When a decision needs to be made I imagine taking myself out of the situation. Instead of "*thinking* outside the box", I *step* outside the box and look back. From there, I can assess the situation more objectively.
- The acronym **PAUSE** describes the approach I now use: **P**erspective, **A**nxieties, **U**nderstanding, **S**ervice and **E**xecution.

In just a few weeks I will step aside as director of the University of Iowa Holden Comprehensive Cancer Center, a role I have served in for quite some time, roughly bookended by Y2K and COVID-19. Much has changed since August 1998 (*gulp*) when I was appointed--naïve and unprepared--as interim director of what was then known as the University of Iowa Cancer Center.

I vividly recall some activities from the start of my tenure that thankfully are now in the rearview mirror. Gone are the days when the pocket of my white coat held a small, handmade notebook that included all the chemotherapy regimens I needed to know (most of which are now known to have been minimally effective). Gone are the days when I spent inordinate amounts of time trying to find an x-ray, hunting for journal articles in the medical library, or running sequencing gels in the laboratory. Gone too are the days when the giants in the field referred to cancer immunotherapy as a "failed hypothesis", and, with very rare exception, when stage IV cancer

was considered uniformly and rapidly fatal.

Key aspects of the cancer center culture have stood the test of time. I am thankful for the support and trust of so many colleagues, at Iowa and beyond, who have played central roles in my career, and, more importantly, in the remarkable changes we have seen in patient care. I joined these colleagues in coming to work every day focused on the clear and meaningful mission of reducing the burden of cancer. We were able to face such an immense task by working together as a team with diverse backgrounds, areas of expertise and in many cases home institutions.

What a joy it has been not to question a colleague's motive even when I did not fully agree with their approach or conclusion. While there were disagreements, and making needed change was at times frustratingly slow, there is no question that cancer research and cancer medicine has made enormous progress because we worked together. We still have a long way to go, but I am confident we can accelerate our ability to reduce the burden of cancer if we continue to lean into our collaborative and mission-driven culture, building on the foundation currently in place, as exemplified so well by AACI.

A Changing Approach to Being Cancer Center Director

It goes without saying that I have changed personally since 1998 (beyond the whitening of my beard). Shifts in my perspective and approach to serving as cancer center director resulted from observing others' experiences, as well as my own, including administrative successes, near-misses, and, frankly, some missteps.

My approach has evolved significantly over the years, including how I:

- address differences of opinion
- manage conflict and share bad news
- partner with those who have a different style or approach
- look beyond the actual spoken words to better understand the perspective of a patient (or student, colleague, department chair or dean)
- respond when a comment or decision makes me frustrated or angry
- prioritize decisions
- balance the short-term versus long-term consequences of a plan

Whether big or small, I have learned to apply a similar approach to thinking through a decision, taking a moment to pause and assess a situation before responding. I imagine taking myself out of the situation. Instead of "*thinking* outside the box", I *step* outside the box and look back. From there, I can assess the situation more objectively.

The acronym **PAUSE** came to me as I was thinking about this *Commentary*. It describes the approach I now use--**P**erspective, **A**nxieties, **U**nderstanding, **S**ervice and **E**xecution.

- Perspective. How does the situation look to others who come to it from a different perspective?
- Anxieties. Are there unstated anxieties that are influencing others' responses to the situation? Do I have unrecognized anxieties that are affecting my own response?
- Understanding. How does my understanding of the situation take my perspectives and anxieties, and those of others, into account? Am I being objective, rational and constructive in assessing the situation, as opposed to reactive, emotional and potentially damaging?
- Service. Who will be served by the decision I'm considering? Will the decision be a disservice to others? Is the focus and balance of who is served and who is not appropriate?
- Execution. Is the planned approach to executing the decision honest and ethical, balanced, efficient, minimally disruptive and sequenced appropriately?

For some decisions, it only takes a few seconds to run such a checklist through my head. For larger, more complex decisions, I PAUSE and think through each bullet carefully, often putting a major decision aside for a time so I can take a step back and walk around the proverbial box repeatedly to assure that I have looked at it from all angles.

Taking a PAUSE and Stepping Aside

With respect to my role as cancer center director, I conceptually stepped outside the box and

took a PAUSE before making the decision to step aside after so many years:

Perspective. In my 24 years as cancer center director, our cancer center has changed enormously but its position within our institution's structure has not. It was clear that the time was right to reimagine our cancer center so that the challenges and wonderful opportunities ahead can be addressed more effectively and efficiently.

Anxieties. Change after a long period of stability is anxiety-provoking. For the vast majority of our faculty, staff and community supporters, I've been the only cancer center director. For some, a change in director will be difficult while I suspect others will be thinking "It's about time!". From my perspective, I love being the cancer center director. My emotional reaction is to want to remain in this role that has been central to my professional success, identity, and friendships. On the other hand, when I look at the options objectively, I see that change will reinvigorate me and the cancer center, making it possible for me to focus greater attention on interests that are currently beyond my bandwidth to consider.

Understanding. It is natural to think that we are, to some degree, irreplaceable. On the other hand, I understand that it is hard to view someone who has been doing a given job for nearly a generation (*gulp* again) as a change agent. Fortunately, a quality cancer center is much more than one person, and our center has a great team in place. My stepping aside in a thoughtful manner will allow others to step in, while also providing impetus for institutional leadership to get behind the now-critical reimagining of the cancer center.

Service. A cancer center's mission is to decrease the pain and suffering caused by cancer. Each decision must remain focused on how it will impact that mission. That includes what I do with my own next chapter. With serving our patients front and center, and after carefully considering all the factors I have just summarized, I reached the clear conclusion that the time was right for a change.

Execution. We have been working towards a smooth transition for many months. The center will be in the excellent hands of my colleague, Dr. Michael Henry, who will be interim director. He is supported by a superb team, and I look forward remaining an active participant and advisor.

It has been an honor of my lifetime to serve as cancer center director at the Holden Comprehensive Cancer Center and to work with so many fantastic colleagues as an active member of AACI. Thank you for your support, your friendship, and most importantly, your commitment to the mission we share. My next chapter will certainly include continued participation in the cancer center community and AACI. Meanwhile, I look forward to taking a PAUSE and looking towards the future from a new angle ... one outside the cancer center director box.

Our Mission

The Association of American Cancer Institutes (AACI) represents 108 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.



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