

Paging Dr. Girod

Popular surgeon and administrator answers the call again at KU Medical Center, this time as executive vice chancellor



Twelve minutes into what was likely the most important public presentation of Douglas Girod's distinguished and varied career as a head and neck surgeon and medical center administrator, the unthinkable happened: a pager sounded.

His colleagues on Nov. 20 filled a Kansas City lecture room to hear Girod's "town hall" speech, in which he made his case for why Chancellor Bernadette Gray-Little should name him the next executive vice chancellor for KU Medical Center, one of the most critical leadership positions at the University. Since arriving at KU in 1994, Girod had established himself as a gifted surgeon and popular administrator with a reputation for intelligent, compassionate and fair-minded leadership.

He was—and is—one of the good guys, so Girod was talking to a friendly audience; they *wanted* him to do well. Regardless, top-level higher education leadership positions are rarely filled from within, so Girod still had to lay out a strong argument for why he was the man for the job. His presentation was crisp, informative, even humorous, and it was flowing along about as smoothly as these things can when somebody's beeper beeps.

Girod was in the midst of explaining growth in residencies and fellowships in otolaryngology-head and neck surgery, the department he had chaired for more than a decade, when the electronic chirping forced him to halt. The room went still for an awkward moment, everyone wondering who among them had forgotten to silence their ever-present pagers, when Girod pushed a hand inside his suit jacket and reached toward his hip.

"That isn't really mine, is it?" he asked in that exasperated tone that both admits minor transgressions and begs forgiveness. Pulling the device from his belt, Girod answered his question: "It is." He chuckled, turned to his audience and, with an endearing grin, cracked, "The disadvantage of the internal candidate, right?"

None but the decision-maker really knows how jobs are won, but the moment



certainly didn't hurt Doug Girod.

In those unscripted 10 seconds, he showed his ability to think quickly, react appropriately, and, critically for a job that would require endless rounds of public outreach, win over a room. He paused long enough to read the beeper's screen, making sure there was not a critical emergency, and slipped effortlessly back into his talk.

Those unscripted 10 seconds also reminded everybody in the room, and those watching the video feed at School of Medicine outposts in Wichita and Salina, that when it comes to the enormous task of delivering patient care, medical education and life-saving research at KU Medical Center, few are in any greater demand than the man standing before them, asking for the opportunity to do even more.

In the Salem, Ore., of Doug Girod's youth, where he zoomed around logging roads on dirt bikes and funded his passion for speed by working in motorcycle shops, lumber was king. By the time he graduated high school, the local economy had collapsed. "Lumber," he

Girod recently enjoyed a visit from Boi, a Malian boy who came to KU Medical Center four years ago for a 23-hour operation to remove a massive facial-skeleton tumor. Boi returns each summer to visit his hosts and doctors. Girod and his team encountered Boi during a medical mission trip to West Africa; images behind Girod on the cover photograph are from a medical trip to Antigua, Guatemala.

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recalls, "was no longer king." The mid-1970s hatched the emergence of a new age in electronics and computing, and Girod wanted in on the action. "I had a four-function calculator," he says with a laugh. "It was mind-boggling."

He headed to Silicon Valley, enrolled in night school at a local junior college with an eye toward becoming an electrical engineer, and went hunting for work. For four less-than-glorious days, he assembled Pong video game consoles, but even a break room filled with Atari games was not enough to hold his interest, so Girod moved on, relishing the opportunities he saw in a place that was literally inventing itself by the day. By the time he was 20, Girod was running the manufacturing department for a startup company with about 40 employees.

by Chris Lazzarino | portraits by Steve Puppe

COURTESY DR. GIROD



“I think he went through a period in his life, early on, when he sort of got some bugs out, got some things out of his system,” says Mark Richardson, dean of the school of medicine at Oregon Health & Science University and a mentor during Girod’s residency at the University of Washington. “He definitely brought a level of maturity with him that I clearly recognized.”

Girod jokes that his wife, Susan, whom he met on a blind date arranged by a co-worker shortly after arriving in California, reminded him for years about how long it took him to earn a salary better than the one he left behind as a manufacturing supervisor back when 20-megabyte memory drives the size of a pizza platter sold for \$10,000. But despite its allure, Silicon Valley never convinced Girod to embrace the electronics revolution; as much as he liked science and math, being stuck in an office working on computer designs was not for him.

Around the same time that he first started thinking he might be an electrical engineer, back when he was racing motorcycles across Oregon’s expansive back country, Girod had also considered medicine, but chafed at the prospect of dedicating himself to so many years of education.

“The beautiful thing about working for a living is, school starts to look a lot more attractive,” he says. “Suddenly it occurred

to me that school wasn’t so bad after all.”

Girod zoomed through junior college and completed his chemistry degree at the University of California, Davis. He enrolled in medical school at the University of California, San Francisco, finding himself in yet another nexus of modern America: the then-unnamed HIV-AIDS epidemic tearing through the San Francisco Bay area. Half of all patients at San Francisco General, where Girod trained, had AIDS symptoms. “It was,” he says, “a fascinating time in public health.”

Girod joined the U.S. Navy scholarship program during his second year at UC San Francisco and graduated as both a medical doctor and Navy lieutenant. He deferred his three-year military commitment for a postgraduate residency at the University of Washington in Seattle, where he studied otolaryngology and won National Institutes of Health funding for audiology research.

“When Doug was part of the training program,” Richardson recalls, “we all wanted him [in their programs] and we all tried to give him confidence about his leadership capacity.”

Just months before he completed his residency, the U.S. launched its first war against Iraq and Girod was summoned to active duty. The Navy, however, reconsidered and chose not to activate its medical residents, so Girod remained in Seattle and completed his medical education. He

Girod (left) still occasionally performs surgery, but largely gave up his practice to become executive vice chancellor. Mentor Mark Richardson, now a dean in Oregon, says few outside of medicine appreciate the sacrifice doctors make to become administrators: “Your rewards have to come from taking that energy and putting it into the system. It’s really hard to do.”

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then reported to his long-delayed officer training, after which he was posted to the Navy’s teaching hospital in Oakland, Calif.

The end of his three-year commitment coincided with base and force reductions, so Girod left the military and in 1994 began looking elsewhere. He secured job offers in Minnesota, Iowa, Alabama and even at Johns Hopkins University in Baltimore, but chose KU.

There was nobody in the region doing his specialty, micro-vascular reconstruction of tissues and bones for head-and-neck cancer patients. (Girod says that while the number of hospitals performing the surgeries has doubled since 1994, to about 40, KU remains the only such provider between St. Louis and Denver.) He and his wife liked what they saw in the local schools, and appreciated the monetary boost available to their young family in Kansas City, in contrast with the financial burdens of California or the East Coast. KU’s winning pitch has stayed with Girod as he continues to lure top-flight surgeons and researchers to Wyandotte and Johnson counties.

“You know what to sell, and it gives you some credibility in saying why you should be here,” Girod says. “And, from my perspective, we make sure that when candidates come to interview, they see not just the institution and the job and the partners and the environment, all of which are a big plus, but also the standard of living that you can offer a faculty member and their family.”

At KU, Girod established himself as a star physician and surgeon as well as a valued faculty colleague and administrator. A complete listing of his leadership positions runs two single-spaced pages, and even a scant listing of

highlights can be overwhelming:

A year after his 1994 arrival, Girod was named vice chair of the department of otolaryngology-head and neck, and rose to interim chair in 2000 and permanent chair in 2002. He was named senior associate dean for clinical affairs in 2008, and previously served as physician in chief of KU Cancer Center and chaired the clinical strategic planning committee for the School of Medicine. He led three national otolaryngological organizations and published 65 manuscripts or book chapters. He joined the board of University of Kansas Physicians in 1997, and was treasurer from 2002 to '09. Girod was a key player in the creation of the KU Hospital Authority, lending his expertise in both medicine and finance to help the hospital and medical center forge bright futures as an alliance of two organizations.

"He's the hardest working person that I know," says daughter Callie, 24, a nurse at KU Medical Center who tends to ear-nose-throat, neurology and progressive-care patients. "He's always looking to improve himself, always looking to improve the department. He told me that throughout his career he would set personal goals for himself, and then when he would meet those goals he would set more goals for himself, and then he'd meet those and set more goals. And he said, 'You know, it got to the point where I set these goals and I met them and our department was in a great spot and my career was in a great spot and I was ready to move on and take the next step and meet higher goals.'

"He needed a different career path to set goals that he wanted."

With extensive experience and leadership in organizational structure, finance, education, research, philanthropy, outreach, community engagement, legislative outreach, and an elite reputation for delivering the best health care possible, Girod overcame higher education's traditional reluctance against hiring in-house candidates for boss jobs and proved himself the strongest candidate to be the next executive vice chancellor.

"Dr. Girod has been a steadfast leader during a time of profound transformation

at the University of Kansas Medical Center," says Chancellor Gray-Little, "playing crucial roles over the last several years as we saw dynamic growth in all of our educational, clinical, research and community engagement missions.

"He is enormously respected by his colleagues, his students, his fellow physicians and our community, and his vision will undoubtedly lead to more significant transformation in the years ahead."

Girod's hiring as executive vice chancellor represents a national change in attitudes, says Oregon's Mark Richardson, as immensely complex organizations like academic medical centers begin to trust and develop their own future leaders rather than reflexively looking elsewhere for saviors.

"If you've got somebody who has the trust of the faculty and who has the grasp of the culture of the institution, you automatically gain the 12 or 18 months that it would take for an individual to gain knowledge, and Lord knows how long it would take to gain the trust of the faculty and the other administrators within the university," Richardson says. "So yes, if you have a talented individual, it's a huge advantage."

Girod concedes that his new job came at a high price: Despite an administrative workload that seems nearly superhuman, he always maintained a half-time clinical practice. Becoming executive vice chancellor brought that nearly to a halt. He still sees his long-term patients for a half-day a week and performs surgery as needed, perhaps once every other week or so, but otherwise, Girod is now a full-time administrator.

"That's a pretty big decision when you spend your whole adult life training for something that you've become reasonably proficient at, to think about hanging that up and focusing in a different area," he says. "But the people at KU are great. It's a great team. The leadership is amazing, and that's the advantage of being an internal candidate: You know all that, and it's not always true as an external candidate. You know who the players are, and I had great confidence in the players. So that made

that part of the decision a lot easier; it was a little tougher to give up the other part."

The Girods' eldest daughter, Katelyn, 28, a Head Start educator for the KU-affiliated Project Eagle, in Wyandotte County, says that when her father decided to pursue KUMC's top job, everyone in the family asked him how he felt about giving up his practice. She says the joy he finds in the snippets of time he still finds for patients is evidence of his sacrifice, but she's also confident that he sees it as worthwhile.

"The way he's spun it to me and to the family is, the reason he's in academic medicine is because there's always something else to pursue, there's always a direction to be moving in, there's always growth to be had, both personally but also for the institution you're working with," she says. "That's what appealed to him about academic medicine in the first place, so I see this step in his career as an extension of that."

If he thought micro-vascular facial reconstruction was complex, intricate and difficult to master, the new executive vice chancellor might have found its equal in wrangling with the Kansas Legislature. A particularly cantankerous spring in Topeka resulted in \$48.7 million in cuts for higher education in Kansas over two years, including \$5.26 million for KU's Lawrence and Edwards campuses and \$8.27 million at KU Medical Center.

Girod has promised no across-the-board cuts at the medical center, but the budget setbacks mean 20 fewer graduate and advanced-practice nursing students, five fewer health professions students, four fewer residencies and elimination of two slots in the MD/PhD program. Employees, including faculty, residents and fellows, will receive no pay raises for the sixth time in seven years. Tuition rose 5 percent.

The state continued its \$5 million in annual funding of the KU Cancer Center, much of which supports the Midwest Cancer Alliance, built across 19 hospitals statewide, and, somewhat oddly, authorized \$2 million over two years for a mandated stem-cell research center, which KU prizes but did not request.

“He’s the hardest working person that I know. He’s always looking to improve himself.”

—Callie Girod

“We wanted to build the lab that they funded for us, so we’re pretty excited about it,” Girod says. “Given our priorities, that’s not how it would have played out, but it is useful and helpful.”

The next site visit for KU Cancer Center, which last year achieved hard-won official designation by the National Cancer Institute, commences in four years; while KU years to achieve an even-more prestigious designation as a comprehensive cancer center, the immediate goal is to maintain its current designation. Girod says that while losing \$4.2 million from the KUMC budget for the current fiscal year and \$4 million next year can be expected to crimp the cancer center in the same manner as every department on campus, he is not particularly concerned that the cutbacks are an imminent threat to NCI designation.

Of immediate concern is the October visit by the School of Medicine’s official accreditation organization. Preparation for that visit has been one of Girod’s pressing tasks since Gray-Little announced his promotion Dec. 26, and Girod had dearly hoped that the centerpiece of KU’s presentation would be an authorized and funded plan to construct a \$75 million health education building.

Girod, the chancellor and the Kansas Board of Regents had hoped the Legislature would authorize \$15 million for the project and also remit to KU Medical Center \$25 million in federal payroll tax refunds, delivered this year from the federal government to state coffers after a decade of uncertainty in the 1990s over how to classify medical residents. (The rest of the project would be funded with \$20 million from private giving and \$15 million from tuition and other KUMC sources.)

Instead, the state chose to allocate only \$1 million for ongoing planning, and the \$25 million FICA refund remains up for grabs. The chancellor has already told the

Regents that both the FICA refund and the health education building remain priorities for KU; the Regents’ response, detailing what the board will propose to the governor and Legislature for 2014, is expected to be announced in early fall.

The health education building is the hottest priority at KU Medical Center because it represents the very future of health care education. Current medical education at KU consists of about 75 percent lectures and 25 percent small-group, active learning; that’s now seen as an outdated model that does little to prepare new doctors and nurses for the collaborative, interdisciplinary work environment that will be their professional reality.

“We need to invert that relationship,” Girod says of the current 75/25 split. “We know it’s the right thing to do, we know it’s the appropriate direction to go, and I think we frankly could be national leaders in that, but we also know the expectation is going to be there from our accrediting bodies that we are headed that way.”

Girod warns that with antiquated facilities and an out-of-date educational platform, the School of Medicine and other educational components within KU Medical Center will lose top students and will be unable to increase class sizes to meet growing needs for doctors, nurses and other caregivers across the state.

“It is a little ironic that they want you to do more, they want you to raise your rankings and they want you to meet the demands of their communities, and then turn around and do this to you,” Girod says of lawmakers’ refusal to move ahead on the health education building. “But the realities are two-fold: One is, they created an \$800 million deficit for themselves; the second was really a lack of understanding of who we are and what we do.”

He explains that some lawmakers view the cuts not as 4 percent of the medical center’s budget but rather as a relatively

painless 1 percent. That’s because, Girod says, some lawmakers don’t recognize distinctions among the hospital budget that pays clinical faculty, federal research funding that must be used only for research, and KU Endowment funds pegged for specific projects.

“It’s less than 1 percent for the total budget,” Girod says, “but not for the things we need to use those dollars for. In all honesty, we still have a lot of work to do with those folks. We are working hard to meet with people and help them understand us better, run through budgets with them, and explain why we can’t use NIH dollars to pay for student education, those sorts of things.”

“No question it’s a big learning curve for me. Not only understanding how things work, but really understanding the importance of doing a better job of telling our story. It’s not just a story of, ‘Look at the wonderful things we’ve done.’ It’s a story of what our core missions are, this is how we meet them, and this is how we utilize the resources we have.”

A particular sore point for Girod is hearing charges that “your spending is out of control” because the medical center has increased its research funding.

“Well, you know, we should want to double that. We shouldn’t want to cut it,” Girod says. “That brings jobs. It brings money to the state that otherwise wouldn’t be in the state. And it brings talent. It’s about helping people understand what we’ve done in the face of fewer state dollars. If you look at the return on investment, we’re leveraging those dollars better than we ever, ever have.”

“That should be a positive. Not a negative.”

At the time of her 2012 departure, Barbara Atkinson had been both executive vice chancellor and executive dean of the School of Medicine. Chancellor Gray-Little chose to return to KU’s traditional structure separating those two leadership posts. Now that Girod is in place as executive vice chancellor, one of his primary tasks is identifying the next dean of medicine.

The first half-dozen candidates began visiting KUMC in August. Girod hopes to bring three finalists back in October and hire a dean by Nov. 1.

Girod is eager for a new leadership partner, not to lessen his burdens, but because there is important work to be done, quickly and well.

And whatever the stresses, none within his inner circles are concerned that Girod could find himself overwhelmed. Throughout his career, while establishing himself as a nationally recognized surgeon and a respected administrator willing to tackle thankless chores with zeal, he has maintained his good humor, prized relationships and free-time passions—all the stuff that makes life grand.

Though he recently gave up sports car racing as a tad too dangerous and expensive, Girod is still a Porsche enthusiast and participates in rally events at Kansas Speedway and team-structured endurance racing. He and his family have long cherished annual ski trips to New Mexico. Fly fishing is the latest hobby to capture his attention, and he and his son, Jimmy, '13, chart for themselves elaborate motorcycle roadtrips.

"It's always been extremely impressive to me, and it still is to this day," Callie Girod says of her father's ability to maintain a balanced life. "He's so passionate about his career, and the job that he has and the work that he does and his patients, but he's also passionate about his family. The two have never gotten in the way of each other, and I have no idea how he's done that. It blows my mind, but he's done it. He's succeeded.

"Our family is extremely close, and the foundation of that is our parents. They're an incredible team. Their marriage is something that I strive to have in my marriage, whenever that day comes."

Katelyn Girod says her father "really wants to hear what you have to say" and that he "was always looking to meet me where I was at" rather than impose his own goals and ambitions on her life. Three decades ago, Dr. Mark Richardson saw in young Dr. Doug Girod "somebody who is fun to be around," and now knows him as a leader who "creates an environment



Daughters Katelyn (left) and Callie both chose careers helping others thanks in part to the example set by their father. "I'm just really proud of my dad," Katelyn says, "and he continues to be such an inspiration. I know it sounds kind of cheesy, but it's just incredible to watch him grow in his career."

where his faculty feel supported in their endeavors."

"The most important thing about this," Richardson says, "is that it wasn't about Doug. It was about the department and the individuals who constituted the department, and his ability to make sure they were developing professionally and that they were moving ahead together as a department to become better as a unit. I think he's bringing to the table that very same skill for the University as a whole."

Katelyn Girod says her interest in helping families build strong educational foundations for their children grew in part from the many medical mission trips she made to Guatemala with her father, whose annual itineraries also include Mexico, Africa and the Philippines. He helped her understand the good fortune we enjoy here and inspired her to help others build better worlds for themselves.

He gained her trust not by demanding it, but by being a man in full whom she could admire. By asking her to accompany him to the hardware store and then extending their getaway with a stop for lunch, where he would "spark up a conversation that engages you on a level

where you think your opinion is really valued. I think that's how he approaches professional relationships, too. It's just his character."

"He's exactly the kind of leader I'd like to work for," Richardson says, "and I mean that sincerely. He's a great guy with a good sense of humor who I think has a great vision and direction. The people who work for him really like him, and that's because he wants them to be better.

"And that's terrific."

Cancer surgeon Doug Girod has extensive training and long experience in delivering bad news. But because he's prepared and skilled and dedicated, he can then move along to a message of hope: Here's what we can do. Together. Here's how we can fight this thing. Together.

Ultimately, the news can be good. That's the message Doug Girod delivers with a hopeful and sincere smile, whether to a scared patient, a nervous medical center or a cash-strapped state starved for physicians willing to work here.

"Challenges," he says, "are opportunities—opportunities to think about doing things differently."

Advantage, in-house candidate. 