Robert Wood Johnson Foundation
Clinical Scholars

Reflections on 45 years of Scholarship, Friendship, and Leadership
Genesis of the Clinical Scholars program

By the late 1960s, subspecialties had become common practice in medicine, with physicians focusing their knowledge and skills in one specific area. As the healthcare system in the United States has grown increasingly complex, these silos detached physicians from having a necessary holistic understanding of health care.

Prior to the Robert Wood Johnson Foundation Clinical Scholars program, physicians had limited educational opportunities to develop the cross-disciplinary skills needed to navigate the health care system.

In response, the original RWJF Clinical Scholars Board of Directors proposed that “….a Clinical Scholar will become an agent of change… [and] will learn disciplines and skills which will equip them for a career devoted to the improvement of clinical medicine and health care.”¹

Clinical Scholars Program Elements

Since its beginning in 1972, the Robert Wood Johnson Foundation Clinical Scholars program has provided university-based, post-residency training for physicians interested in research and leadership careers in health policy, academic medicine, government, and elsewhere. When the Clinical Scholars program began, health services and health policy research were new ideas. By making a long-term commitment to training clinicians in these fields, the program helped legitimize and institutionalize them within academic medicine. As Gary Gottlieb, MD, MBA, president and CEO of Partners Healthcare Boston explained, “The first 25 years of the program are responsible for the legitimacy of health services research and health policy research as major disciplines in the country. The program and its investments have created a national base of physician leadership in academic medicine and in health care delivery.”²

The Clinical Scholars program was founded on the belief that equipping physicians to transform U.S. health and health care involves scholarship, a community of diverse specialties, support through mentorship, and continued clinical practice. Over the last decade, the program also added the components of health policy electives and community-based participatory research. Each of these key elements has provided scholars tools to support their drives to be agents of change. Throughout its 45-year history, the Clinical Scholars program has produced 134³ scholars with investments from the Foundation of over $210,000,000 and the support of the following 15 universities.

Case Western Reserve  McGill University  University of Michigan
Columbia University  Stanford University  University of North Carolina
Duke University  University of California Los Angeles  University of Pennsylvania
George Washington University  University of California San Francisco  University of Washington
Johns Hopkins University  University of Chicago  Yale University

Our scholars have gone on to hold many significant leadership positions in all levels of government, foundations, academia, and throughout healthcare. As central drivers of change, scholars have and will continue to work to improve health and health care in the United States. To quote alum and UCLA associate director Paul Chung, the Clinical Scholars program is filled with people “who want to change the world, and they won’t be satisfied with anything less.”

As the current iteration of the program comes to a close, we look to build on our rich history and continue the legacy of the Robert Wood Johnson Foundation Clinical Scholars program for many years to come.

VA Partnership

The U.S. Department of Veteran Affairs (VA) began partnering with the Clinical Scholars program in 1978. The VA has offered tremendous support and opportunities to scholars through funding and resources for research, including stipends for numerous scholars each year. Providing further support to scholars, VA faculty representatives are located at each university where scholars are trained and have served on the program’s National Advisory Committee.

National Advisory Committee

The National Advisory Committee (NAC) took on an essential role in the Clinical Scholars program. Members, appointed by the president of RWJF, served for three-year terms, with the possibility of reappointment for a second term. While serving on the NAC, members selected incoming scholars, mentored and monitored the progress of Scholars, and made regular visits to each training site.

Multi-Disciplinary Community

A foundational characteristic of the Clinical Scholars program is the multi-disciplinary community of scholars, mentors, and alums. By breaking through the silos of specialties, scholars are able to learn from and build relationships that aid in the ability to successfully navigate the complex healthcare system. During the program, scholars also learn how to effectively work with communities, organizations, practitioners, and policy-makers to make a difference in health care.

The word family has often been used to describe the network of connections scholars and alums build through involvement in the program. The Clinical Scholars family provides personal and professional support, forming a reliable resource for scholarship, friendship, and service. Over the years, scholars have learned from one another and collaborated to transform health care in the United States.

Mentorship

Research and career mentorship is a signature facet of the Clinical Scholars program. The dedication of program directors, faculty, and national advisory committee members over the past several decades to mentor scholars around research questions and projects, specialty/clinical work, potential collaborations, and career planning is remarkable. In turn, scholar alumni have become mentors for future generations of scholars.

Community Partners

Community-based participatory research was first officially introduced into the Clinical Scholars program with the 2005 cohort of scholars. The new concept recognized the need for collaborating with the public to develop

4 RWJF Clinical Scholars Commemorative Video (2017).
effective programs that are responsive to community needs. Community-based participatory research aims to not only collect essential data, but to have a direct, meaningful impact and develop lasting relationships with communities.

In addition to scholars and community members, the program’s shift to community-based participatory research has benefited the organizations partnering with Clinical Scholars. These partners now have increased knowledge of the properties of sound research, contributing to their ability to show programs’ positive impacts and therefore strengthen funding applications. All around, community-based participatory research sets physicians, service organizations, and communities up for implementing meaningful healthcare system changes.

The Future

While we look back on an impressive history, we also look forward to the continued accomplishments of our scholars. To continue the legacy of the program, current scholars and alumni have come together to form the Clinical Scholars Program Alumni Association. This association will allow alumni to maintain the relationships that have been built over the years, and continue cross-disciplinary collaboration to improve health and healthcare.

Sites finishing out the Clinical Scholars program (University of California Los Angeles, University of Michigan, University of Pennsylvania, and Yale University) will be building on the program’s legacy through a new National Clinician Scholars Program (NCSP). The NCSP will train physicians, as well as nurse scholars, to continue changing the landscape of healthcare and impacting communities nationwide. The NCSP website offers additional information: nationalcsp.org.

The Robert Wood Johnson Foundation has launched four new national leadership programs to advance a Culture of Health. One of the national leadership programs, the new Clinical Scholars Program, is hosted at the University of North Carolina at Chapel Hill. More information can be found at clinical-scholars.org.
The Robert Wood Johnson Foundation assumed responsibility for the Clinical Scholars program in 1972, which was built upon a program dreamed up in a 1967 San Francisco conversation between Margaret “Maggie” Mahoney and 5 medical school department chairs who suggested incorporating new knowledge from the social sciences into medicine could be transformative. Now 45 years later, with over 1,300 physicians trained by leading academic medical institutions funded by the Robert Wood Johnson Foundation Clinical Scholars program in clinical epidemiology, health services research, social sciences, humanities, leadership, policy, and more recently community-based participatory research, we are witness to the effectiveness of that vision.

We are at an inflection point; the Foundation is beginning 4 new leadership development programs that are not site-based. At the same time, the four universities training the final cohort of this modern iteration of the Clinical Scholars program are continuing and adapting the well-developed model of site-based coursework, mentorship, supervised research, community-partnered research, policy electives, VA collaboration, and leadership training for new generations of physician and nurse leaders in what is known as the National Clinician Scholars Program.

What is evident now, is the dramatic transformation Clinical Scholars have made on American medicine. In 1972, many of the topics attended to by Scholars—quality of care, health services research, geriatrics, child abuse pediatrics, and adolescent medicine, among others—were nascent or not yet even imagined. Who would have guessed that this one program would produce so many state and city health directors, state secretaries of health, state Medicaid program directors, deans of medical and public health schools and so many leaders within medicine? Our program's leadership record in public health, the Veterans Health Administration, Centers for Medicare and Medicaid Services, academic medicine, and in health care industries and foundations is unrivaled in history. One small marker is that a remarkable percentage of our graduates who are 10 or more years out of training have been elected to the National Academy of Medicine.

Many of the outstanding achievements of the Scholar alumni have been made possible by collaborations with other alumni or through the mentorship of senior alumni, reaching out to embrace and support newer Scholars. Alumni have fostered leadership training, policy electives, and research collaborations. The ties of shared training, language, and understanding of the health care system have bridged generations and facilitated important new initiatives and even new subspecialties.

The impact of the program has been much greater because of the collaboration and cooperation between the universities. This cooperation and standard setting began with Annie Lea Shuster at the Foundation and the University of Arkansas over a 25-year period and then continued with the leadership of Dr. Iris Litt and Ms. Sally Schroeder at Stanford University from 2002 to 2007. We owe much to the wisdom and dedication of these leaders. An additional recognition for her substantive contribution to the success of the RWJF Clinical Scholars program is owned to Kristin Siebenaler, MPA, who served as Deputy National Program Director from 2007 to 2017. Her stamp is also on this formidable program.

We also owe a sincere debt of gratitude to the many individual community partners and community partner agencies who collaborated with Clinical Scholars the past decade and for the long-standing direct stipend support and in-kind support to Clinical Scholars from the Veterans Health Administration and its faculty and staff. While the current program may be ending a chapter, the wisdom of the Foundation in building a corps of physician health leaders and involving a host of universities will continue to be demonstrated by our alumni and the future alumni of the National Clinician Scholars Program and the new Clinical Scholars Program. We have much to anticipate in improving the health of our nation.

Des Runyan
National Program Director, RWJF Clinical Scholars
UNC CSP 1979-81
Reflections
This is a bitter sweet communication for me. It is bitter because it marks the end of one of the most influential health training programs in the history of American medical education. But it is sweet in that the occasion rightly celebrates the program's many achievements.

I first learned of the Clinical Scholars Program during its infancy, when it was developed by The Carnegie Corporation and the Commonwealth Fund and before it moved to the Robert Wood Johnson Foundation. At the time I was a fellow at the Harvard Center for Community Health, which was a single site program sharing many elements of the Clinical Scholar Program, but only lasted about ten years. Over the years I tracked the sites and graduates of the Clinical Scholars Program, and when I joined the faculty at UCSF I assumed the role of deputy director of the UCSF site of the now defunct Stanford/UCSF program. I need to muse here that I may have been the kiss of death for training programs, in that my internal residency program at the Harvard Medical Service of Boston City Hospital also closed. So far, at least, the EIS program at the CDC-- where I served between 1966-1968--is still alive and well.

Between the time I was chosen to be the RWJF president in January 1990 and actually assumed the office, I did a listening tour in which I interviewed a great many leaders in health and health care. I asked their opinions about the goals and programs that were then sponsored by the foundation, as well as other opportunities to achieve the foundation's mission of improving the health and health care of the American people. Not surprisingly, I heard a wide variety of opinions, generally reflecting the viewpoints of those interviewed. But there was general consensus that the Clinical Scholars Program was the single most influential program. When I arrived at the foundation, an early all staff meeting was devoted to debriefing about what I had learned from my listening tour. Virtually all the staff (Annie Lea Shuster notably excepted!) were surprised by the luster of the Clinical Scholar Program, which was relatively invisible to the RWJF staff.

During my 12 ½ years at RWJF I frequently encountered Clinical Scholar alumni, many of whom had populated many leadership roles in academia and in government. We used them to manage many of the foundation's programs, and drew on their research and experiences to inform the development and execution of our new efforts. I also had the privilege of attending the Program's annual meeting in Fort Lauderdale. Highlights of that experience included the sparkling presentations, the careful mentoring by Program faculty, and the special opportunity to have breakfast or lunch with each of the scholars.

So, I want to close by saluting the graduates and faculty of the various Clinical Scholar sites. They have contributed to the institutions and knowledge that safeguard the health of the American people as well as improving the way medicine is practiced. Saying you are graduate of the Clinical Scholar Program is a singular badge of distinction.

Thanks to all who made that possible.
David Grossman, MD, MPH  
University of Washington CSP 1988-1990  
Senior Investigator, Group Health Research Institute

I’m deeply grateful to the RWJ Foundation and to the many amazing leaders of the RWJF CSP, program office leadership, faculty and alumni who have all contributed so much to make this program profoundly impactful for its participants, academia, healthcare, public health and for the public. The program gave me such a strong foundation of knowledge and skills that I continue to rely on to this day. I’m particularly grateful for the mentorship by Drs. Tom Inui and Rick Deyo, who were the UW CSP directors during my 1988-90 fellowship, and for the inspiration and collaboration by my CSP classmates and other colleagues who all contributed to this rich fellowship experience. The Foundation’s investments clearly had an enormous return that will be palpable for decades to come. Thank you for this grand opportunity, trust and inspiration.

Patrick Conway, MD, MSc  
University of Pennsylvania CSP 2005-2007  
Chief Medical Officer, Centers for Medicare & Medicaid Services

As a second year pediatrics resident in Boston, I was not sure what I wanted to do after residency. A co-resident talked to me about the RWJF CSP and then I spoke to a mentor of mine and read about the program. It seemed like excellent general training that would prepare me well for multiple next steps in my career. When I came to the University of Pennsylvania on the interview, Sandy Schwartz was one of the most welcoming people that I had ever met. He literally drove me around Philadelphia after my interview to give me a tour of the neighborhoods before dropping me off at the train station. I knew after meeting him and others that I wanted to pursue the program and I wanted to match at Penn if possible. Luckily I was accepted into the program and started at Penn in the summer of 2005.

The program changed the course of my career in so many ways. It is of course superb health services research training. And this foundation has served me well. However, it was also a community of scholars and mentors that fostered my career growth and exploration. I took (or sat in on) classes at Wharton business school each semester to round out my learning. I pursued multiple research projects and delved into leadership and ethics issues, as well as health policy. I have had a few step changing career experiences in my life and RWJF CSP was definitely one of them. It has been invaluable to my career.

In terms of mentors, I had too many to name them all but I will name a few. From Sandy Schwartz, I learned how to be both a mentor and truly care about people. This has stuck with me. From Josh and Katrina who came to lead the program toward the end of my first year, I learned how successful faculty balanced family and scholarship and learned a deep appreciation for solid methods and science. Ron Keren was my primary mentor and we remain close to this day. He believed in me when we submitted my first paper to JAMA and helped me write and edit the paper to be accepted. I could not have done it without him. He is an excellent writer, researcher, and person. From so many others at CHOP – Lou Bell, Evie Alessandrini, David Rubin, and so many others, I learned so much. David Asch was leading LDI and was a career mentor as was Kevin Volpp. The fact that so many people took time to help mentor me is amazing in many ways.

I have tried to pay this mentorship forward. I have now hosted dozens of RWJF Clinical Scholars on summer or other internships in D.C. for policy experiences. Many of these people have gone on to health policy jobs in D.C. or at the state and local level. I have hired over 10 RWJF Clinical Scholars into various government roles including Kate Goodrich who succeeded me as CMO of CMS and Director of our Clinical Standards and Quality. One of the senior leaders at CMS said to me, “Conway you are stacking up these RWJ doctors at CMS like cord wood. The good news is they are all excellent.” That sort of says it all. I am not sure if I have mentored as well as those who mentored me but I have certainly tried. Mentorship is so critical and can be hard to come by in the health policy world.
I truly think of RWJF CSP as a family. If any RWJF Clinical Scholar emails or calls me, I return the message and try to help. And the same has been done for me. We collectively have made our health system much better and have done it together. Our system still needs to improve significantly but with the RWJ family pushing for a better health system and culture of health for all people – who knows what we can achieve. I have been blessed to be part of the RWJF CSP that has given so much to me and shaped my entire career.

Evan Fieldston, MD, MBA, MSHP  
University of Pennsylvania CSP 2007-2010  
Director of Clinical Operations, Children’s Hospital of Philadelphia

It is hard for me to believe that ten years have passed since I started in the Robert Wood Johnson Foundation Clinical Scholars program. This is in no small part due to the indelible mark my experience in the program has left on my approach to research, engagement with communities, policy and advocacy, clinical care, and my mentorship of trainees. My years in the program were pivotal in launching my career working at the intersection of operations, research, and patient care. I have always appreciated the formal curriculum and mentorship, as well as peer mentorship and experiential learning, that came from being a Clinical Scholar. I thank all those who made this program possible over the decades and especially those who were directly involved in my experience as teachers, mentors, advisors, colleagues and friends.

Robert Ross, MD  
University of Pennsylvania CSP 1988-1990  
President and CEO, The California Endowment

I was an RWJF CS at Penn from 1988 thru 1990, and it was a pivotal moment for me in my career path. Prior to the CS program I was practicing pediatrics in a community health center in Camden, New Jersey. When the crack cocaine epidemic emerged, it completely re-framed how I thought about the practice of health care, by harshly introducing me to the social determinants of health. Watching the effects of the crack epidemic unfold in my practice and in the neighborhood I served, I wanted to shift from patient care to the pursuit of community wellness. I needed a “switching station” of sorts; an opportunity to gather my experiences, explore the world of public health policy and urban health, and be mentored and connected to a new network of leaders. The RWJF CS program provided me with an extraordinary opportunity to explore a different trajectory as a healer.

A number of mentors provided inspiration and guidance. People like John Eisenberg, Sankey Williams, Mark Smith, Sam Martin, Risa Lavizzo-Mourey and others provided in the hallway, at the water cooler wisdom. Sankey taught us about the power of data, research, and a clean, uncluttered presentation to assert ourselves in the policy debate. Sam Martin, Sandy Schwartz, and John Eisenberg were there to walk through the sharp-elbowed political landscape of health policy. The program provided the right balance of flexibility and structured support, allowing us to feel more confident about the career vision that we each held on to as Clinical Scholars.

I believe the RWJF CS prepared me to be a better mentor and leader in my later years. Even now, when mentoring younger physicians or colleagues, I recall the line of questioning that provided clarity for me as a scholar: What are you passionate about? What are you particularly gifted or skilled at? What difference do you want your work to make? Can you describe your career vision in five minutes or less? These were the questions that the CS program posed to me as a young physician, nudging me towards clarity of mission.

I will always be indebted to the RWJF CS family and network. It was a moment in my career where I enjoyed the gifts of learning, creativity, reflection, fellowship, and love of the work.
People succeed in groups. The Clinical Scholars program has been the foundation for the developmental network I have been able to call on throughout my career.

In 1991, I went to my first RWJF Clinical Scholars meeting. Annie Lea Shuster was the spirit and mastermind of the program. At these meetings she was insistent that we all attend the sessions and not drift off into other activities. The experience of being shepherded by Annie Lea contributed to the cohesiveness among scholars that has continued for decades.

The meeting was great, but that weekend, the house my husband and I were renting burned down in the Oakland Hills fire, which destroyed 4,000 homes. My RWJF CSP program director, Bernie Lo, also lost his house. Resettling took a while, and many people helped us, including my fellow clinical scholars. Jim and I got married 6 months later, and this is our clinical scholars group at my wedding.

As a clinical scholar, I worked with a county public health department to look at the health insurance and preventive care sources of children who used public health clinics for their immunizations. I collaborated with experts at Kaiser Permanente and CDC to do the seminal study of the cost-effectiveness of varicella vaccination, which was used in decisions by the ACIP and the Red Book Committee to adopt the vaccine nationwide. I enjoyed fabulous mentorship from Bernie Lo, Tom Newman, Nancy Adler, and other terrific senior people.

Twenty-five years later, I am in frequent touch with the scholars of my era as well as with scholars from every vintage of the program. Of the cohort that I was part of at UCSF, 5 are professors and program leaders in medical schools. One is a practicing psychiatrist and journalist, and one is president of a state health institute. I am the director of the Division of Research, a group of more than 500 people at Kaiser Permanente Northern California. The CSP has been an incredibly resourceful and supportive professional family, and I’m extremely grateful for the uncommon opportunities the program has offered us.

One of the many traditions that made the CSP unique (and uniquely valuable) was the role visiting professors played in bringing different ideas and perspectives to each program, and the work of individual scholars. In addition to giving a formal presentation, the visiting professor would meet with each scholar to hear about his or her work and offer advice. I had several memorable experiences with visitors, but one in particular stands out. It was the fall of my second year in the University of Washington CSP, and the visiting professor was John Eisenberg.

John had flown out that same morning, and as luck would have it, mine was his final consultation of the day. He pulled his metal chair near mine, and asked me to describe my research. I began to relate, in painful detail, my thesis – a turgid analysis of the impact of qualitative drug testing on diagnostic confidence and decision-making in the Harborview Emergency Department. The logistics required to pull off this project were formidable, and my presentation was filled with comments about log likelihood ratios, diagnostic and clinical efficacy and so forth. It was at that point that the combined fatigue of John’s early morning departure from Philadelphia, the long flight, his prior meetings and my less-than-compelling presentation began to take hold. Although John was seated less than 5 feet from me, his eyes glazed over, his chin sagged to his chest, and he began to snore.
Somewhat perplexed, I decided to change topics.

“Dr. Eisenberg?” I interjected.

“Uhhhh” he softly replied.

“There’s one other project I thought I’d mention. It’s a small side project, very basic, but you might find it interesting.”

“Whaat’s that?” he mumbled.

“It’s a descriptive epidemiological analysis of gunshot deaths in the home.”

Instantly, John’s head whipped back, his pupils dilated and he stared straight at me. “YOU’RE DOING WHAT”

“I’m working with Don Reay, the Chief Medical Examiner of King County, to conduct an epidemiological study of firearm-related fatalities in homes in King County.” I said. “Basically, we’re using police records and forensic findings to quantify how often guns kept in the home are used to kill in self-defense versus how often they are involved in an accidental gunshot fatality, a domestic homicide or a suicide. It’s really basic. No p values or anything. Just counting.”

“Tell me about it!” He scooted his chair closer.

For the next 10 minutes, I briefly described what I was doing. Glancing at the clock, I saw my hour was nearly up. “Sir, maybe I should go back and finish talking about the drug screen study.”

“Oh, [forget about] the drug screen study – it’s boring.” He said. “Tell me more about the guns.”

At the end of my appointed hour, John said, “Look, I know you’ve got to complete your thesis to get your MPH. But this “little study” of yours is the one that matters. Don’t let anyone talk you out of working on it. Push on!”

John was right. The two papers I subsequently published on drug screening promptly sank out of sight. However, my “little side study” became a special article in the New England Journal of Medicine, opened the door for 2 decades of research on firearm injury prevention, and remains to this day the most widely-cited article I ever published.

The Clinical Scholars program was built on the radical idea of investing in human capital rather than a particular research proposal. The RWJF Foundation invested heavily in us without particularly caring what we’d do with the opportunity. As a result, many who entered the program with one career plan exited pursuing another. That wasn’t unusual; it was the norm.

Today, John Eisenberg is gone and so is the CSP. But I will always be grateful to him, to my program directors Jim Logerfo and Tom Inui, and everyone – program directors, faculty, staff, and fellow scholars, who made the Robert Wood Johnson Foundation Clinical Scholars program such an extraordinary force for good in American medicine and health.
Robert Wood Johnson Foundation Clinical Scholars Program - I will miss you. I’m the Clinical Scholar from Chicago (’00-02) who keeps coming back to the Clinical Scholars program meetings every year, even though my own program closed down years ago and even though my peers told me it’s really not cool to keep coming back after fellowship ends. I’m pretty sure I’ve been to 17 or 18 Clinical Scholars meetings now, giving me empirical evidence to support the claim that actually it is cool to keep coming back. From the start, including at the most micro-level in the cozy office on the second floor of the B corridor of the University of Chicago hospitals that I shared with pediatrician Craig Garfield, CSP felt like a home to me. I could be myself. My nerdy self. My silly self. My activist self. My question-asking self. And special thanks to Craig who took it like a self-respecting pediatrician and scholar of fatherhood should, my breastfeeding self who had to pump milk several times a day in our tiny shared office where, fortunately, our desks were positioned so it was our backs that faced.

I miss Lago Mar. It’s been a long time now, but I still think of her. Annie Lee Shuster dragging my feet from behind a toilet stall to make sure I wasn’t tardy to the next session. Beach volleyball and giant sand chess at dusk. Swimming in the ocean during the 7 minutes of free time on the schedule. I have one distinct memory from 2000 of chatting with Bob Brook in the ocean, while trying not to drown or lose my bathing suit, about uterine artery embolization (who knew Bob was also interested in fibroids). Scrabble games organized by John Lantos that revealed the limits of my attention span. Nursing babies hidden behind planters to be fed secretly between sessions because Clinical Scholars with nourished babies weren’t allowed then. Key lime pie. Key lime pie. Did I mention the key lime pie.

I am missing a file. You remember them, those hanging rectangular folders where you organized and stored important papers for all your ideas and meetings? I remember Paul Chang having the most organized files with the nicest handwriting and I bet he still does. He might have actually been an architect disguised as a Clinical Scholar. It was Caleb Alexander who said we should keep detailed documentation of the University of Chicago – University of Washington Biennial Health Economics Conference for posterity sake and I remember agreeing with him. But where is that file with the agenda for the 2002 conference that included then Illinois State Senator Barack Obama as a panelist on the topic of health insurance reform? Where is the transcript of the session? Fortunately, those of us who were there will never forget that the man who would become the President of the United States and pass the Patient Protection and Affordable Care Act of 2010 was a speaker at our conference. I will certainly never forget because, I will just own it, it was my good idea to invite Senator Obama to speak and thankfully so because it was with that single act of genius that I catapulted from obscurity to fame in the CSP. No, Harlan Krumholz, it wasn’t my show-stopping podium presentation where I revealed the detailed findings from the nation’s first comprehensive study of sexuality and aging. And, no Stanley Frencher, Som Saha and Cary Gross, Kavita Patel and Stephen Cha, Des Runyan and Kathy Nelson (some of the many co-conspirators) it was not the grass roots mobilization of the 2009 doctor’s “own dime own time” march on Washington to implore our senators to pass the health reform legislation that propelled my meteoric rise to the NAC (and landed Cary in the New York Times 3/29/10 with a curious chart of STDs over his head). It was my idea to invite Senator Obama to speak as a panelist at the world’s most obscure health economics conference that put me in the RWJF CSP spotlight.

I already miss the NAC. I’d like to thank and recognize Som Saha for vacating a seat just in time for me to get NAC’ed before the NAC and you, Clinical Scholars Program, had to close your doors. My husband and I bought our house at about the same time as I joined my intellectual home with the RWJ CSP. The woman who sold us the 3 bedroom, 100 year old house, mother of 4 sons, stopped by to say hello as we were carrying in the last few items from the moving truck. “Be careful in this house!” she said. “We got lucky here.” And I’m still not sure, but I think she was referring to the success of their fertility while living under this roof. I am lucky to know you RWJF CSP. Thank you for fertilizing the soil and giving me the tools to tend to the garden. Thank you for giving me colleagues who are today among my most trusted and cherished friends and collaborators. Thank you for creating a home where all cool ideas can grow. For good.
I first heard about the Clinical Scholars program during my residency in obstetrics and gynecology. At that time, I was having a bit of a career crisis. I loved caring for women and advocating for their unique healthcare needs; however, I often witnessed our healthcare system fail my patients in times of greatest need. I was privileged to have Clinical Scholars alums (Judy Chang, Aletha Akers, and Elizabeth Krans) as early mentors. They saw potential in me and nurtured my sense that the entire healthcare system was my patient to heal. “Some doctors aren't meant to care for only one patient at a time,” Judy Chang once told me.

When I got to the Clinical Scholars program at the University of Michigan, I knew very little about health policy and statistics. But once again, my mentors and teachers (Matt Davis, Michele Heisler, Rod Hayward, Caroline Richardson, Joel Howell, Jack Iwashyna, Stacy Lindau, Maureen Phipps) saw something in me and nurtured it. “What is the injustice that you simply cannot tolerate in this world?” they asked. “What talents can you bring to bear on this issue? How is your career going to make a difference?” They gave me knowledge and skills, but most importantly, they taught me to insist on meaning and purpose in my career. They encouraged me to strive for bolder ideas and more transformative impact, guiding me to become a true change agent.

In addition to superb mentorship, I benefited immensely from the friendship of my classmates in the fellowship. The “bubble of love” incubated our creativity, self-discovery, and deep bonds of friendship. #BMCE was born and continues to be my favorite work family. I will forever be indebted to the Clinical Scholars for investing in me at this pivotal point in my career. I am thrilled to see the National Clinician Scholars continue the legacy of this extraordinary training program.

Having attended a medical school (1966-70) that strongly encouraged specialization, I was in the midst of a surgical internship when the opportunity arose to do general practice in a new community health center in rural Virginia (US Office of Economic Opportunity) that was medically indigent. Not only did this experience help me to considerably pay off a major medical school debt, it also introduced me intensively to the ideas, experiences, and challenges of general practice. I had almost forgotten about my GP heroes who took care of me and my family when I was a child. So once there, I decided to change my career to a generalist path. However, I realized I needed help to better understand the bigger healthcare system process, something that was not at all included in my formative medical education experiences.

Having had the special fortune to be referred in 1972 to Dr. Sidney Kreider at JHU by a personal mentor and the only general internist (and woman!) on the faculty at the University of Virginia at the time, I was welcomed as a Hopkins clinical scholar and medical resident at BCH for 1973-75. Not only did this experience enable me to complete my postgraduate IM training, it also introduced me to the world of health services education and research, better preparing me for both healthcare practice and leadership in a medically indigent rural area of Virginia. More than anything, the broadened healthcare system ideas exposure, both locally and nationally, of the RWJF CS experience changed my professional life forever. I remained active in rural general practice for 20 years, following which I became involved as a fulltime medical education faculty when the needs arose for such physician-educator participation in the academic med ed world (1985). I will always be grateful to the RWJ Foundation for this special and unique GME opportunity!
Anisha Patel, MD, MSHS, MSPH  
University of California-Los Angeles CSP 2006-2009  
Associate Professor, UCSF School of Medicine

I am so grateful that I had the opportunity to participate in the Robert Wood Johnson Clinical Scholars program. I first learned about the program when I completed a masters in public health between my third and fourth years of medical school at the University of North Carolina, Chapel Hill. Some of my colleagues in the master program were fellows in the clinical scholars program. I was intrigued by these scholars who were melding population health and clinic medicine in their careers. After completing my pediatric residency at Stanford, I was ecstatic to match in the clinical scholars program at the University of California, Los Angeles.

During my time in the program I had the opportunity to learn about community-based participatory research from renowned experts in the field. Those early experiences have profoundly shaped my career path and research program today. Indeed, because a group of students at a suburban Los Angeles middle school voiced concerns about the lack of fresh, cold water with their school lunch, there is now federal law that requires water to be offered with meals in schools. Thanks in part to the Clinical Scholars Program and other Robert Wood Johnson Foundation programming (e.g., Healthy Eating Research), drinking water access in schools and community spaces is making waves!

Sidney Coupet  
University of Michigan CSP 2011-2013  
Founding Physician & CEO, Coupet Quality Clinic

My time as a RWJF-clinical scholar was a transformative experience! As a fellow, I was able to learn vital skills in research and health policy, but the most transformative part of my experience was the self-awareness of my abilities and how to stand true to my possibility. I had the opportunity to meet some of the world's most amazing people who dedicated their lives to improving healthcare around the world. I remembered Dr. Michelle Heisler who was my local mentor and will always be listed in my book as a phenomenal woman. She never allowed her circumstances to get in the way of standing for my possibility as a fellow and was able to share herself and knowledge in a way that left me touched, moved and inspired. Her commitment to my academic and professional growth was evident. I also remembered my national mentor, Dr. Karen Hein, who did not allow distance to be a barrier in her ability to be related to me as a mentee. This was to the point that I considered her like a mother figure who always provided me with vivid roadmaps to accomplish my possibility as a human being in this world. In addition, my fellow colleagues in the program, who I have grown to admire, were the daily reminders that supported the integrity that I needed to pursue my commitment in transforming healthcare systems around the world. The RWJF-CSP has provided me the opportunity to achieve my possibility which is that everyone receives quality healthcare services no matter where they live.

Kelly Doran, MD, MHS  
Yale University CSP 2011-2013  
Assistant Professor, NYU School of Medicine

I am so thankful for the Robert Wood Johnson Foundation Clinical Scholars program. It shaped the way I think about research and the world. I remain in awe of the CSP faculty and my co-Scholars and Scholar alumni, and in the ability of a relatively small group of people to create such a profound and positive impact in improving health and health care in the U.S. and beyond. Despite the program ending, its influence will continue to multiply for years to come. I hope that in some small way my own work does justice to the lessons I learned and people I met as a Clinical Scholar.
As I embark on a new role, as Secretary of the Delaware Department of Health and Social Services, I have the chance to reflect on the contributions of the Robert Wood Johnson Clinical Scholars program to my professional path. As Secretary, I will lead the principal agency charged with keeping Delawareans healthy, ensuring they get the health care they need in a fast-changing world, and providing children, families and seniors with essential social services including food benefits, disability-related services, and mental health and addiction treatment. In this role, I will oversee one of the largest departments in Delaware's government with an annual budget of more than $2 billion.

This role combines my passions that I brought to Clinical Scholars, including: working across stakeholders, creating pathways to improving health and healthcare, finding ways to use and develop evidence that improve quality and cost, and most importantly, serving underserved and vulnerable populations. The Clinical Scholars program provided key skills in research and evidence generation through the health services training curriculum and formal training. It provided real-world opportunities to work with stakeholders and trained us in community based participatory research approaches. The program gave us opportunities to manage a research budget, teams and resources. Most importantly, it gave us open doors to mentors, alumni, and a path to follow.

I was able to talk to people who automatically said they could help, guide and shape my thinking in my research and career. I also met so many leaders who said they were willing to take a chance on new opportunities and roles, but often weren't seeking those roles. I have found the same to be true, even as I served at PCORI. I was previously the Deputy Chief Science Officer at the Patient-Center Outcomes Research Institute (PCORI), a nonprofit, nongovernment organization in Washington that is authorized by Congress to improve evidence available to help patients, caregivers, employers, insurers and policymakers make informed health care decisions. I started there when it was just a startup and had little clue what I would do and how I would contribute. Over time, I managed the Institute's research investments, which totaled $1.6 billion in 2016, toward a planned total of $2.5 billion by 2019. Additional training at Harvard Business School's Program for Leadership Development helped with some of the financial skills needed to work with the organizations leadership.

All of these opportunities would not have been available if I hadn't been told “take chances,” “Clinical Scholars can do anything,” and “create change in the world.” I am forever grateful to the Clinical Scholars Program and the RWJF for committing to creating a strong leadership cohort.

As a naïve young general surgery resident, I applied for the RWJF Clinical Scholars program by mistake. It was the best mistake I ever made. One of my role models was Dr. Celia Maxwell, an alumna of another RWJF human capital program aimed at senior health professionals. Not knowing that there was more than one RWJF program, I applied to the CSP and matched at Yale. Looking back, this “mistake” was the first step in an unforgettable journey. Being an RWJF Clinical Scholar gave me the essential skills, invaluable mentoring and lifelong network of colleagues and friends that made it possible for me to pursue my passion for improving healthcare quality and access for vulnerable populations. I owe a tremendous debt of gratitude to the teachers who mentored me during my time at Yale, and who continue to support, encourage and inspire me throughout my career. I absolutely credit Dr. Harlan Krumholz with my being in my current leadership role, as well as the many other incredible teachers I had at RWJF CSP.

During the RWJF Clinical Scholars program, I trained in rigorous health services research from investigators who de-
veloped the methodology, learned about health policy from the leaders who defined our national health care system, and developed relationships with colleagues who became life-long friends. My first newspaper policy op-ed appeared in the LA Times, my first health services research publication was published in what is now known as JAMA Surgery, and my first “SAS” coding laid the groundwork for my career in outcomes research - all during my two years in the rooftop classroom on Cedar Street in New Haven. But there were many other firsts during my time at RWJF CSP – dancing barefoot at the Bon Jovi concert in Central Park with Erica, taking a road trip to Rhode Island and laying on the beach talking about life, love and dreams with Rachel, Chisara and Jill, seeing the Mets hit a home run in Shea Stadium with Cary and Anna. These “firsts” aren’t in any syllabus, but they are truly the memories that define me. As much as the classroom curriculum was critical in my work as a health services research, the lessons learned from my Yale RWJF CSP family are the fuel that drive my passion.

After the RWJF Clinical Scholars program at Yale, I completed my surgery training, then became the first female full time General Surgeon at Overton Brooks VA, where I founded and served as Director of the Center for Innovations in Quality, Outcomes and Patient Safety, served as Assistant Chief of General Surgery, Chair of the Systems Redesign Committee, and the Quality, Safety & Value Board. During this time, my work reducing patient mortality & morbidity and decreasing adverse safety events was profiled by the VA National Center for Patient Safety and my work increasing veterans’ access to care through clinic efficiency was profiled by the Association for VA Surgeons, with the templates we developed disseminated for implementation at VA medical centers across the country. Today, I currently serve as Chief Medical Officer for Medicaid in the Louisiana Department of Health. As CMO for Louisiana Medicaid, I lead the drive for improving healthcare quality, promoting cost effectiveness and increasing health information technology adoption in a $14 billion health system serving 1.6 million patients. Under my leadership, Louisiana Medicaid was the first state to develop a Zika prevention strategy for pregnant Medicaid patients; became the first state in the south to implement a prescription opioid policy and naloxone standing order to tackle the opioid crisis; enabled women with breast cancer to have access to needed reconstructive surgery and BRCA testing, and led efforts to coordinate medical disaster relief efforts during Louisiana’s Great Flood. I developed novel health performance metrics called “Medicaid Expansion Early Wins” that enable the state of Louisiana to assess how access to healthcare directly impacts lives, which has been profiled by NPR and is being emulated by other Medicaid programs across the country.

I was selected to be a Presidential Leadership Scholar, a joint program by President Clinton and President Bush and run by the presidential centers of Lyndon B. Johnson, George H.W. Bush, William J. Clinton and George W. Bush and was awarded the Oregon Health & Sciences University School of Medicine Early Career Achievement Award. I also received Business Report’s 40 Under 40 Award for work to improve healthcare quality in the Louisiana Medicaid population and the Ford Foundation’s Gerald E. Bruce Community Service Award for work serving veterans. None of this would be possible without the support of my RWJF CSP mentors, teachers and friends. I am deeply grateful to the RWJF Clinical Scholars program, which has provided such an essential foundation for my work in healthcare policy, and continues to support my growth. I am so thankful for the “mistake” that led me to becoming an RWJF Clinical Scholar.

Joann Elmore, MD, MPH
Yale University CSP 1990-1992
Professor of Medicine, University of Washington

Many of us have heard or used the term “retrospectroscope”—often pejoratively—to describe perfect hindsight of medical decisions and outcomes. It’s useful at times like this to look back at where we started, consider why we chose certain paths, mark how far we’ve come, and then to envision the future.

When I focus the retrospectroscope on my career in clinical research, I discover important influences, unexpected diversions, surprising challenges, and unforgettable rewards. At every turn, the RWJF Clinical Scholars program has been a stabilizing, motivating, and guiding force for me.
The core of the program is the gift of mentorship and training in research methods. Alvan Feinstein—that tough curmudgeon, master of Boolean algebra, and towering figure of clinical epidemiology—was Director of the Yale program when I was a scholar. Alvan nearly brought me to tears when he critiqued the first research proposal I submitted as a new fellow. He said it was an atrocious design for a stupid idea that would not help patients (to paraphrase a likely longer, stronger statement)—and I must admit he was right.

Alvan embodied old-school toughness, but he was unparalleled in his commitment, support, and care as a mentor. He went above and beyond to help me every step of the way. With gentle nudges and stronger pushes, he taught me the importance of pursuing research of clear benefit to patients. For whose benefit do we conduct research, if not our patients? What inspires research, if not the goal of improving patient care? This lesson continues to guide my research and mentoring.

The Yale program leadership included other brilliant and committed individuals, like Ralph Horwitz, Jim Jekel, David Ransohoff, and Carolyn Wells. I am forever appreciative of their support and great influence they had on my life. Part of the program’s magic was also the diverse personalities of the fellows and how much we learned from each other.

Through the benefit of hindsight, I can trace the unbroken thread of the Clinical Scholars program connecting those early days at Yale to all the many iterations of my research (from infectious diseases to diagnostic accuracy in breast cancer and melanoma, and now to technology and patients’ access to their electronic medical records). The program has connected me to impressive and accomplished colleagues and many wonderful mentees.

Having shared a common purpose with all of you makes you feel truly like family. I wouldn’t be where I am or have achieved what I have without my RWJF Clinical Scholars program family. Looking back, you have always been behind me in full support. Looking forward, I offer my support back to the new program in any way I can.

Thank you, Clinical Scholars Family, for guiding my journey and accompanying me every step of the way.
CSP Alumni Association

Alumni and current scholars, with support from the national program office, have been busy building the Clinical Scholars Program Alumni Association to continue the legacy of the Clinical Scholars program. This association will provide alumni with a structure through which to continue building on the relationships formed throughout involvement with the program. Consider following @CSP_AA on Twitter for updates on the organization’s progress.

Mission Statement: This Alumni Association, composed of alumni and faculty of the Robert Wood Johnson Foundation Clinical Scholars program (1968-2017), National Clinician Scholars Program and their community partners past and present fosters an expanding network of scholars committed to improving the health and wellbeing of all people; to lifelong connections to each other and to current trainees; and to creating a culture of health, leadership, mentorship and scholarship.

National Clinician Scholars Program

After the Robert Wood Johnson Foundation announced a plan to close its Clinical Scholars Program at the University of Pennsylvania, University of California, Los Angeles, University of Michigan, and Yale University; those schools formed their own consortium to continue “a critically needed training program.” The new program, the National Clinician Scholars Program (NCSP), builds on the legacy of the RWJF Clinical Scholars program and expands the program by including nurse scientists in addition to physicians to address new and emerging issues related to health care delivery and improving the health of communities. The goal of the new inter-professional research training program is to cultivate health equity, eliminate health disparities, invent new models of care, and achieve higher quality health care at lower costs by training nurse and physician researchers who work as leaders and collaborators embedded in communities, health care systems, government, foundations, and think tanks in the U.S. and around the world.

The National Clinician Scholars Program has successfully launched its inaugural 2016-2018 cohort and will welcome its newest class of interdisciplinary physician and nurse Scholars, Cohort 2017-2019, on July 1, 2017.

Planning is also underway for the NCSP’s first Annual Meeting, to take place in November 2017 in New Haven, CT. For more information on the program, eligibility requirements, and application information, please access the NCSP website nationalcsp.org. Any questions can be directed to the NCSP at admin@nationalcsp.org.

Clinical Scholars Program

The Robert Wood Johnson Foundation (RWJF) has launched four new national leadership programs as part of their Leadership for Better Health theme. One of these programs is Clinical Scholars: clinical-scholars.org. Through this program the University of North Carolina at Chapel Hill supports interdisciplinary teams of clinicians who collaborate across sectors, tackling complex health problems in their communities, and building a Culture of Health nationwide.
A special thank you to our community partners, institutional deans, and the Veterans Health Administration for the long-standing partnerships and friendships.