



UCSF Department of Medicine ZUCKERBERG SAN FRANCISCO GENERAL

WOMEN IN ZSFG CLINICAL LEADERSHIP

As part of our Women's History Month, we celebrate the leadership of three extraordinary members of our faculty. They lead patient-centered teams, provide steady and creative guidance through challenging times, and help mentor the next generation of health care professionals. They also discuss some of the particular challenges for women in academic medicine, as well as transformational ideas for ensuring that everyone can contribute their talents to our mission-based work.

Building a Joyful Workplace

Patients who develop advanced kidney disease face difficult decisions: whether to pursue a kidney transplant, go on dialysis, or choose "conservative care" – taking medications to manage symptoms but declining more invasive treatment. At this challenging juncture, the ZSFG Renal Plus Clinic provides multidisciplinary support to help each patient make informed choices that are right for them.



Harini Sarathy, MBBS, MHS

"There's a lot of fear and anxiety for patients," said Harini Sarathy, MBBS, MHS, Assistant Professor in the ZSFG Division of Nephrology, who has directed the Renal Plus Clinic since 2019. "These discussions often require months of close contact, talking with them, supporting them, and helping them navigate."

Together with a nurse practitioner, physician assistant, nephrology fellow, dietitian, nurses and medical assistants, Dr. Sarathy and her team explain each of the options. If patients want a tran-



CELEBRATING
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plant, they refer them for an evaluation and help them fill out paperwork to get on the waitlist. They connect them with dialysis nurses who give them a tour of the dialysis clinic and explain the different kinds of dialysis. They also discuss what conservative care might look like for each patient, including life expectancy and quality of life, and partner with the palliative care team to help manage symptoms. The clinic team also helps manage overall health, providing injections to treat anemia, keeping track of needed immunizations, and providing nutritional guidance as patients' kidneys become less able to process salt and potassium.

"I'm immensely grateful for the people who work with me," said Dr. Sarathy. "They are always willing to go that extra mile if a patient needs something." Her team brings a broad range of skills to the work, including fluency in Spanish, Cantonese, Urdu and Hindi. "Although we are resource-limited in some ways, one of the joys of working at San Francisco General is having resources that

really serve our patients, like staff who speak these languages," she said.

Always an Advocate

Dr. Sarathy grew up in India, earned her medical degree from Seth G.S. Medical College and K.E.M. Hospital in Mumbai, then completed her master's degree in genetic epidemiology at Johns Hopkins Bloomberg School of Public Health. She completed her internal medicine residency at the Albert Einstein College of Medicine-affiliated Jacobi Medical Center and her nephrology fellowship at UCSF. "My medical school and residency training were in safety net settings serving vulnerable, marginalized and uninsured people," she said. "San Francisco General feels like home to me."

She originally came to UCSF to pursue research with the San Francisco Veterans Affairs Medical Center-based Kidney Health Research Collaborative. However, immigration challenges affected



her ability to obtain National Institutes of Health (NIH)-supported grants and caused her to pivot to a career as a full-time clinician. “I have no regrets – I like to make lemonade when lemons are given,” said Dr. Sarathy.

She joined the ZSFG Division of Nephrology, and soon stepped up to lead the Renal Plus Clinic. Then COVID hit. “One of the greatest challenges was finding a way to examine our patients more frequently, because the symptoms of kidney failure are pretty subtle,” said Dr. Sarathy. “We were among the earliest clinics to resume partially in-person visits during COVID, because I needed to see these patients.”

In 2021, Dr. Sarathy experienced health issues that required her to take leaves of absence. “I learned to be very humble about asking for help, and was incredibly supported by my division,” she said. “I want to thank everyone who helped me get through that time, including patients. I sometimes had to cancel clinics, but patients knew I was sick and asked, ‘How are you doing?’”

Her experience gave her new insight into her patients’ lives. “The fatigue was way worse than I might have imagined,” said Dr. Sarathy. “I now share with trainees that we should do everything we can to help manage the fatigue of chronic illness. It also made me think about quality of life being as important as life expectancy. As a leader, I now focus more on engaging patients in conversations about quality of life. That’s why I don’t always recommend dialysis to an 85-year-old person. I tell them, ‘This might actually make you feel worse, and if you’re doing quite well now, I wouldn’t want to take that away from you.’ You have to be brave to say that.”

During the pandemic, the Renal Plus Clinic started conducting telehealth visits. Although blood pressure management is an essential part of kidney care, insurance does not cover blood pressure monitoring machines, a simple \$30 device, and many patients were unable to afford to buy one on their own. Dr. Sarathy shared her frustration with Delphine Tuot, MD, MAS, Professor and now Interim Chief of the ZSFG Division of Nephrology. They successfully applied to the SFGH Foundation’s Hearts Grants program, and used the money to buy 200 blood pressure machines

for patients. “I led that effort, but implementation was so dependent on an enthusiastic clinic staff who trained patients how to check their blood pressure at home,” said Dr. Sarathy. “My next steps are advocating at a higher policy level so insurance will cover blood pressure machines.”

She also identified resources to address other patient needs, such as working with Dr. Tuot to secure administrative support to help patients fill out the extensive paperwork associated with joining kidney transplant waitlists. Dr. Sarathy wishes she could add a social worker, financial counselor, physical therapist, and psychologist to her team. “These patients would require a lot of support if they were members of my family, and I have a house, a job, insurance and family support,” she said. “But most of my patients don’t have at least one or two of those things, and often deal with other issues.”

Lessons in Leadership

Dr. Sarathy considers Dr. Tuot one of her prime mentors. “When I ask her for something, she may say, ‘This isn’t happening right now,’ but she’ll update me a few months later,” she said. “She’s never dismissive. Once she knows what I need, it’s in the back of her mind to advocate for me.” She also appreciates Dr. Tuot’s example of leadership. “Delphine leads from the front,” said Dr. Sarathy. “She is present. She gives other people opportunities to grow. She delegates and holds people accountable in a beautiful way. That’s the kind of leader I hope to be.”

Dr. Sarathy was also inspired by the late Anitha Toke, MBBS, former Medical Director of the ZSFG Renal Center. “She encouraged me to think bigger and said, ‘Why are you not putting your name forward?’” she recalled. “Anitha was firm and stern, like that strict mama you didn’t want to upset. I always sought her approval.”

She also worked with nephrologist Carmen Peralta, MD, MAS, co-founder of the Kidney Health Research Collaborative and now a Volunteer Professor of Medicine and Chief Clinical Officer at Interwell Health. “I always credit Carmen with teaching me to say no,” said Dr. Sarathy. “I realized I cannot do it all. Letting go of certain opportunities so I can prioritize what appeals to me most, do

a great job, and keep my commitments manageable has been one of the most valuable lessons. It’s okay to say no this time, because opportunities keep coming.”

Dr. Sarathy is part of the inaugural cohort of the Healthforce Center at UCSF’s Foundations for Excellence in Physician Leadership program. “They validate that relationship-building is one of the important skills for a leader, and the way they articulate things and provide practice opportunities benefits me in my professional and personal life,” she said. “I get to learn how people in other divisions and departments tackle problems creatively, and feel like my army of mentors has suddenly expanded.”

She enjoys celebrating the success of her team members. “I’m never shy to acknowledge them,” said Dr. Sarathy. For example, she praises her nurse practitioner’s superb ability to encourage patients to get a fistula in their arm to provide an access point for hemodialysis. “Her success rate is higher than mine, and I appreciate what she brings to the table,” she said. “I also benefit from everyone’s perspectives, whether it’s fellows making suggestions that we’ve implemented, or sharing stories with the team about what went right or wrong. I don’t have all the answers, and I’m very willing to share where I’m struggling. I don’t see it as ‘my’ clinic – we’re all part of it, and I’m just managing it.”

‘Say Yes to Leadership’

Dr. Sarathy feels fortunate to work in an environment with so many women leaders, and does not feel she has experienced gender-based discrimination in the workplace. Still, she wishes there were more flexible work options, especially for mothers of young children. Even with a supportive husband who is an equal partner in parenting, juggling childcare schedules has been challenging. “Daycare opens at 8:30 a.m., and that’s when I have to be at work,” she said. “It closes at 5 p.m., but I see patients until 4:30. Could we think more creatively, like a clinic that starts at 10 a.m. and ends at 3 p.m., and we all take turns doing extra work? COVID showed us that remote work is doable. Why can’t we have telehealth appointments earlier in the day and in-person appointments later, for example?”

She also wishes the culture would change to support more equal division of family duties. “We should ensure that men take paternity leave, and that they don’t answer email or do research during that time,” said Dr. Sarathy. “That would help women have permission to be fully present for their maternity leave.... As women, we have to be part of leadership so we can make it easier for other women. The workforce is set up for men with wives at home. The culture is changing, and we have to be the leaders to implement that change. Sometimes we get overwhelmed by the many responsibilities we have and choose to say no to leadership. But we should be unafraid to give up something else and say yes to leadership.”

Dr. Sarathy loves her job. “This is a joyful place to work,” she said. “There is innovation happening all the time. Opportunities for leadership abound, and there are people willing to support you. I know if I put it out there, I can find the resources to effect change, because people are very engaged in the mission. That makes it very gratifying to work here.”

Empowering Mission-Driven Teamwork



Emily Wistar, MD

“Since I was young, I saw working with underserved populations in health care as a way to do meaningful social justice work,” said Emily Wistar, MD, Interim Medical Director of the Richard Fine People’s Clinic (RFPC) and Associate Professor in the

ZSFG Division of General Internal Medicine.

After graduating from Swarthmore College with a bachelor’s degree in history and earning her medical degree at the Perelman School of Medicine at the University of Pennsylvania, Dr. Wistar did her internal medicine residency through the San Francisco General Internal Medicine Primary Care Track at UCSF (SFPC). “The minute I started the program, I felt like I had found my people – SFPC attracted people who were interested in the intersection of medicine and social justice,” she said. She also developed longitudinal relationships



Nurses at the Richard Fine’s People’s Clinic commissioned this work as a gift to the community they serve. Precita Eyes Muralists: Elaine Chu, Marina Perez-Wong and Priya Handa

with her primary care patients at RFPC. “Our patients are incredibly resilient and have lived through many traumas, and I had the great privilege of hearing their stories,” she said.

After completing her residency, she worked as a hospitalist at ZSFG, then became a physician specialist at Potrero Hill Health Center. She gravitated towards leadership roles, including recruiting volunteers, supporting quality improvement efforts, and leading staff meetings.

As employees of the San Francisco Department of Public Health, she and her colleagues were disaster service workers. So when the pandemic started, the center’s medical director was redeployed to another assignment. “It was May 2020, and we really needed somebody to step up as interim medical director,” said Dr. Wistar. “It was a scary time, but there were also some really innovative, fast-paced things that happened, and it was a privilege to be part of that. What allowed me to do that was working with my team. We had a really close-knit staff who had been with the center for a long time and had a next-level dedication to the community.”

She led implementation of several rapid response initiatives, including standing up telehealth visits for the first time at Potrero Hill Health Center, and enlisting the skills of nursing students, medical assistants and community volunteers to provide up to 200 COVID tests a day. “Being able to provide that level of service to the community was really valuable,” said Dr. Wistar. “I felt tremendously lucky getting to do that in the midst of a pandemic. That made me realize that leading bigger systemic changes was within my career path.”

Coming Full Circle

At the beginning of 2021, Dr. Wistar stepped down from the interim medical director role to go on maternity leave. She returned part-time as a physician, then decided to return to ZSFG and RFPC in 2022 as the associate medical director. “I had been precepting at SFPC all along, and was really excited to come back to a clinic that allowed me to teach residents and also receive mentorship,” she said. “RFPC is a big, complex clinic on the leading edge of many innovations in our system. A lot of the movers and shakers in primary care work here.”

In November 2023, Dr. Wistar became interim medical director of RFPC. In her new role, she hopes to address new challenges that have arisen as the COVID pandemic recedes. “During COVID, we were singularly focused on a common goal,” she said. “There was a lot of community support for what we were doing. Now, as things return to ‘normal,’ it’s actually been more challenging. There’s burnout across providers and frontline staff who worked tirelessly to keep people safe during the pandemic. One of my goals is to address well-being, both by building community through things like potlucks and after-work gatherings, but also deep-seated work to make our day-to-day work more sustainable and joyous.”

For example, Epic went live shortly before the start of the pandemic, but COVID made it difficult to optimize its implementation. “We need to refine it and make it a tool for us, rather than a burdensome step that creates extra work,” said Dr. Wistar. “We also need to streamline our workflow clinic-wide, so people understand who needs to do what, and messages aren’t bouncing around. Un-



like COVID, where we were standing up brand-new systems, this work is more long-term, which can make it easy to forget that it needs to be done.” These systems issues are vital in supporting employees who gave everything they had during the pandemic. “Burnout leads to staffing shortages, and people have to work harder, which contributes to burnout,” said Dr. Wistar. One of the ways she hopes to address this dynamic is to support robust teams in clinic. “There’s more work to be done to create workflows so that people can operate at the top of their license and handle a lot of the tasks that come in, and feel satisfied and effective at their jobs,” she said. “We have amazing staff who are so mission-driven. I want our nurses, medical assistants, front office staff and others who are already really accustomed to problem-solving to feel further empowered to do that work, so a lot of things never have to touch the physician. You don’t do this work without a team.”

For example, Dr. Wistar hopes to further strengthen teamwork by consistently pairing specific medical assistants with the constantly rotating roster of physicians, many of whom work part-time at RFPC. “I almost always get to work with the same medical assistant, week in and week out, thanks to our amazing lead medical assistant,” she said. “Some other providers have their medical assistant partners, who get to know these patient panels. I want to grow that into larger teams who know a subset of our patients. It’s tremendously tricky logistically, with as many providers, residents and schedules as we have, working in a clinic that’s open 8 a.m. to 9 p.m. and has three shifts.”

She also is working with her colleagues to ensure that all RFPC patients are assigned to a specific doctor who is active in the clinic. “Until now, we’ve waited until patients had a visit to the clinic before they were empaneled with a doctor, but we want to make sure they have a touchpoint at the clinic at all times,” said Dr. Wistar. “I think that patients knowing there’s a doctor in clinic who is assigned to their care and looking out for them will improve patient satisfaction.”

She has also convened a multidisciplinary workplace safety committee at RFPC to strategize how to create better care plans that support patients who have behavioral challenges. “I hope that will support improved outcomes for patients struggling

to fit into the mold of a regular primary care visit, and also help our staff feel more supported and safe at work,” said Dr. Wistar.

Seeking Guidance and Training

She is grateful for her many mentors. Reena Gupta, MD, Professor in the ZSFG Division of General Internal Medicine and former Associate Medical Director of RFPC, helped lead the development of team-based care in clinic and was Dr. Wistar’s primary preceptor during residency. “Some of her best advice was to be tempered in how aggressive we are in change management,” said Dr. Wistar. “She encouraged us to be thoughtful about the timeline and make sure we do something, as opposed to trying to do everything but then getting none of it done.”

She also checks in with other faculty in the ZSFG Division of General Internal Medicine, including Anne Rosenthal, MD, outgoing Medical Director of RFPC, as well as previous Associate Medical Directors Vanessa Thompson, MD, and Lisa Ochoa-Frongia. “A lot of what’s helpful in thinking about new initiatives is learning what has already been tried,” said Dr. Wistar. “Having access to institutional memory has been fantastic in helping me figure out what to do next.”

She sees her leadership style as collaborative and thoughtful. “I want to know where people are at, and to ensure everyone feels like they’re contributing their strengths,” said Dr. Wistar. “I don’t want to be the only problem-solver. I try to be thoughtful about how decisions impact our clinic, patients and staff.”

She encourages other early-career leaders to be deliberate in seeking out leadership training. “In medicine I think we assume that because we’re an excellent doctor, we’ll also be an excellent leader,” said Dr. Wistar. “I don’t actually think that’s the case. I just started a physician leadership seminar, and am finding it tremendously helpful. It’s helpful to understand your philosophy of leadership in the same way you do your philosophy of being a physician or teacher.”

To further encourage the cultivation of women leaders, she wants to normalize part-time work. “Especially for leadership positions, there’s not

really a precedent for that,” said Dr. Wistar. “It would be really helpful to make it acceptable, and maybe even the norm, for people to work 80 percent time, for example, and have time for their family or passions outside of work. The other piece is having accountability around deliverables, but flexibility about where and when you do the work, unless you’re seeing patients in person. Our department, and our division specifically, has been quite flexible and thoughtful about how to enable that.”

In addition to taking six or seven months off after the birth of each of her two children, Dr. Wistar initially returned to work part-time. She currently works about 90 percent, taking most Tuesday mornings off to go for a run and do errands. “In some ways, being part-time is a strategy to maintain a 35 to 40-hour workweek, instead of a 60-hour workweek,” she said. “It’s also okay to spend some of your time off doing other things besides being with your children, and have time that’s just for you.... I appreciate colleagues who put a note in their signature block that says, ‘I don’t respond on nights or weekends, and I don’t expect you to.’ Making that more of the norm for working parents would go a long way, and I’ve seen some progress already.”

Dr. Wistar is grateful for the opportunity to lead the clinic where she trained, and to continue on her leadership journey. “We can have a lot of impact in individual patients’ lives by being a primary care doctor, but I feel like the biggest impact comes from leading systems change in clinics,” said Dr. Wistar. “That’s what medical directors get to do.”



Finding Purpose and Joy

“There’s a Japanese concept called ikigai, which is a reason for you to live,” said Jaya Mallidi, MBBS, MHS, Assistant Professor in the ZSFG Division of



Jaya Mallidi, MBBS, MHS

Cardiology. “An ideal reason would be something you’re good at, passionate about, can get paid for, and which helps people. For a long time, I thought that interventional cardiology was akin to an ikigai for me.”

After earning her medical degree at Jawaharlal Institute of Postgraduate Medical Education and Research in India and her master’s degree at John Hopkins Bloomberg School of Public Health, Dr. Mallidi completed her internal medicine residency, cardiology fellowship, and interventional cardiology fellowship at Baystate Medical Center, which is affiliated with Tufts University. She practiced at Santa Rosa Memorial Hospital for five years as an interventional cardiologist before deciding to make a career change after unexpected health issues. Interventional cardiologists use X-rays to help them “see” a patient’s anatomy during procedures, but Dr. Mallidi found it increasingly difficult to wear the heavy protective lead apron during procedures, and decided she also wanted to avoid additional radiation exposure.

She switched gears, transitioning to a clinical position in general cardiology at ZSFG. In 2022, she joined the ZSFG Division of Cardiology faculty, and also became Director of Inpatient Cardiology at ZSFG and Site Director for the UCSF Cardiology Fellowship Program. “That whole experience taught me that you can always find another ikigai,” said Dr. Mallidi. “Take what the universe has to offer and make new opportunities. Now for me at ZSFG, my ikigai is patient care, mentoring and teaching fellows and residents, and learning new things.”

The Power of Listening

Six months after she assumed her leadership roles, she was called upon to lead the inpatient cardi-

ology service through a challenging time: during the winter surge the cardiology service census was extremely high, and faculty and trainees experienced significant fatigue and burnout. “It was a difficult time, and required, number one, listening to our faculty,” said Dr. Mallidi. “Then we collaborated with leaders across internal medicine and hospital administrators to also listen to faculty. We worked together to make some changes in census management. It’s an ongoing challenge, and I don’t have the perfect answers in a resource-limited setting, but the main thing was acknowledging the burnout and what the teams were going through. Listening was what helped the most.”

As a leader, in group meetings she makes a conscious choice to speak last. “It’s easy to put in what you think first, but it’s best to read the room, let everyone speak, and then speak towards the very end, especially if you’re running the meeting” said Dr. Mallidi. “That way, everyone feels like their input is valued and has a chance to speak. It also provides an opportunity to frame your own thoughts, hear other ideas, and put it all together at the end.”

She also practices respectful listening as an attending physician, working closely with trainees throughout the year. “I don’t interrupt when fellows or residents are presenting,” said Dr. Mallidi. “I usually let them finish their presentation and provide their entire thought process. If I agree, I’ll say, ‘That idea is great. This is how I would think about it.’ If I don’t agree, I provide my rationale and share evidence for why that is so. I also encourage trainees to go back to the literature and provide any evidence for their opinions.”



As site director for the UCSF Cardiology Fellowship program, she works to optimize fellows’ experience at ZSFG. “For them to flourish, it’s important to maintain that balance between autonomy and supervision,” said Dr. Mallidi. “Too much supervision and not giving them the chance to have their own thoughts won’t help them thrive, whereas too much autonomy can affect patient care. At ZSFG we do a phenomenal job of striking that balance. I also strongly believe in respecting their experiences. As fellows, they are reading a lot, so I value their opinions and learn from them.”

Dr. Mallidi is grateful for the many mentors in her life. Her grandfather, a physics teacher, taught her how to write, and later taught her math and physics. During residency at Baystate Medical Center, Michael Rothberg, MD, taught her about evidence-based medicine and researching the literature to answer clinical questions, and interventional cardiologist Amir Lotfi, MD, demonstrated deep empathy not only for patients but for trainees and their well-being.

At ZSFG, she is grateful to have found female role models for the first time, including Priscilla Hsue, MD, Chief of the ZSFG Division of Cardiology. “Priscilla has been a remarkable mentor and friend since Day One,” said Dr. Mallidi. “She is remarkably kind and understanding, and has provided me with so many opportunities, some of which I have not even asked for. She has the ability to recognize talent. One thing she has really modeled is that being a leader is not just climbing up the ladder, but also pulling people up along with you.”

Overcoming Gender-Based Inequity

Dr. Mallidi also aspires to be that kind of leader. Her own experience motivates her to encourage more women to pursue careers in cardiology. “At the medical school level, usually 50 percent of the class is women, and perhaps half of internal medicine residents are women,” said Dr. Mallidi. “But there is a huge drop when you move to cardiology fellowship. Within cardiology, women are grossly underrepresented, particularly in procedural fields such as interventional cardiology and electrophysiology. When I was doing [general cardiology] fellowship, I was one of the only women, and I was the only female interventional cardiology fellow [in my program] in almost 30 years. At UCSF and



ZSFG, we have seen that direct efforts can actually improve that. Our cardiology fellowship classes for the last few years have been 50 percent women. That's not how the rest of the country or world are."

At ZSFG and UCSF, Dr. Mallidi is active in Women in Leadership Development (WiLD), and offers to mentor anyone who is interested in pursuing a career in cardiology. On service, she often asks both male and female residents if any of them are interested in cardiology, and makes herself available to provide advice and guidance about applying for cardiology fellowships.

She notes some of the obstacles for pursuing procedural subspecialties in cardiology, such as interventional cardiology. "They are very demanding in terms of the overnight call schedule," said Dr. Mallidi. For example, if patients are having an acute heart attack, the interventional team needs to be at the hospital within 20 minutes of being paged. "Having families and young kids at home makes it challenging to handle that," she said. "The field has to think about various ways to restructure call schedules and promote women being able to do this."

In her previous workplace she also faced other challenges, where she was the only woman cardiologist. "There was a lot of skepticism from colleagues and patients because they had never

seen an interventional female attending," said Dr. Mallidi. "There were comments like, 'You may not be able to handle this case. It's too complicated for you,' or people being reluctant to refer patients to me. There were sometimes microaggressions and comments within the cath lab as the case was going on. The one thing that helped me was focusing on patient outcomes and patient care. Everything else was more or less noise. I earned trust by consistently having good outcomes, limited or no complications, being nice to the patients, and being collegial with cath lab staff. It took about a year, but once it happened, that skepticism was no longer present."

Although she personally chose to tune out that skepticism, she encourages others to feel free to address discrimination directly with others, or to talk with mentors and supervisors about it. "As an attending here, I haven't noticed any of these microaggressions, but if I did, I would always step up and directly confront it, because it would be affecting team members," said Dr. Mallidi.

Continual Improvement and Innovation

Dr. Mallidi has worked to improve patient care and the faculty and trainee experience. She helped streamline workflows for transferring patients to UCSF, and improved communication between Coronary Care Unit charge nurses and night residents and fellows. She is also helping to initiate morbidity and mortality conferences within the ZSFG Division of Cardiology. In her fellowship site director role, she helped streamline the echocardiography rotation for fellows and is leading discussions about how to reduce fatigue and burnout among fellows.

In collaboration with the ZSFG Division of Hematology-Oncology and the new Section of Cardio-oncology and Immunology within the UCSF Division of Cardiology, Dr. Mallidi also established a new cardio-oncology clinic at ZSFG. Most of the 80 to 90 patients they have seen since the clinic's inception are oncology patients who have cardiovascular disease or risk factors, or cardiovascular effects from their cancer treatments. "As I was shifting from interventional cardiology into general cardiology, I wanted to find a niche area for growth, and this was an area of need," she said.

"Cardio-oncology is usually available at centers like UCSF, but not so much in safety net hospitals, especially in the outpatient population. This new clinic has been great not only for enhancing patient care and providing access to underserved populations, but also because of the opportunities for learning and collaboration it's provided."

Dr. Mallidi cherishes the diversity of her colleagues as well as the patients they serve. "There is no way you can ever experience all the things that patients or colleagues from diverse background have experienced, so the learning point is listening more, which adds so much to your own growth," she said. "There will never be just one shoe that fits all, because we serve such a heterogeneous population."

'Learning and Curiosity'

Dr. Mallidi finds the term "work-life balance" a little odd. "For the most part, work is part of life," she said. "I think when we talk about work-life balance, what we really mean is balancing between work and non-work-related activities so that you enjoy your life, both at work and outside of work. To do that, the first thing is to accept that no day has a perfect balance. There will be ups and downs. When I'm on service, work takes precedence. Other times, I have more time for other activities. Over the course of a year, I think there will be an adequate balance."

For women aspiring to leadership roles, Dr. Mallidi encourages them to be their authentic selves. "I encourage a leadership journey of learning and curiosity," she said. "Always think about it as an opportunity to help those around you and benefit the community, rather than just another accomplishment to put on your record. Have gratitude for the opportunity to be a leader."

She also encourages women to be open to new directions. "Life taught me that you can't be anchored onto just one thing," said Dr. Mallidi. "I'm grateful I did the interventional cardiology training, and for what it was. I'm also grateful for what now is, for the present, too."

Elizabeth Chur

Editors: Neil Powe, Laurae Pearson

SPOTLIGHT

March is Women's History Month

For UCSF events and recordings please see: <https://womenofucshealth.ucsf.edu/international-womens-day-2024>

Alicia Fernandez, MD, General Internal Medicine received the 2024 Academic Senate Distinction in Mentoring Award.

Payam Nahid, MD, MPH, Division of Pulmonary and Critical Care has been named the next Executive Director of the UCSF Institute of Global Health Sciences.

Nynikka Palmer, DrPH, MPH, General Internal Medicine was recently elected Vice President for the Academy of Communication in Healthcare.

Neda Ratanawongsa, MD, General Internal Medicine, has been named Interim Chief Medical Officer for the San Francisco Health Network.

