

**Q.** *Why did you want this job?* When I came here in 2001, I really thought NYU was unique. It was more exciting than the other places I'd been. It was different because the people were incredibly dedicated—not just to themselves, but to the institution. That is a remarkable asset.

You have to understand, I was committed to my position as a radiologist. I wasn't looking to be a dean. When I was asked if I wanted to be a candidate, I thought about it for a while. I always said that I viewed being Chairman of Radiology as a vehicle, not a destination. I feel the same way about being Dean & CEO. The title itself doesn't do it for me.

**Q.** *What has surprised you so far?* Fortunately, I pretty much knew what I was "buying" here, so there have been no real surprises. We have to solve a number of problems, one of which is the structural deficit at the School. And we have to invest in our Hospitals, basic science, and educational enterprises, and build a new medical facility. Those are big challenges.

I've spent a lot of time trying to get up to speed. I've heard from a lot of constituencies. I've tried to understand the issues and come up with what I thought would be an optimal management structure. You're never going to please everybody, but that's what leadership is all about. It's being able to listen, weigh the data, and make decisions, as fairly and openly as possible.

**Q.** *What makes you most excited about the future?* Many things. I'm excited about the entire institution. There is so much depth here. It's not only the scientists and the physicians, but all the people who work here. They are incredibly decent, hard-working, fine individuals, many of whom have spent a lifetime here.

People come to academic medical centers because they believe in the three-legged stool of research, education, and patient care. And they don't want to be at a second-class place. They aspire to greatness. I'm with them! What excites me most is the energy I feel from everybody.

**Q.** *What are the most urgent needs?* We need a lot of philanthropy. That will enable us to grow academically, and provide the quality educational experience that students richly deserve. We need to put up a new hospital, and meanwhile, refurbish Tisch and Rusk.

**Q.** *Why do you feel it's so critical to bring the School and the Hospitals together?* We don't have infinite resources, so we can't afford to be fighting among ourselves. In school/hospital silos, the school people do what's best for the school, and the hospital people do what's best for the hospital. Now, for an academic medical center, that doesn't make a lot of sense. What makes us great are the links between the two. Everything needs to be prioritized for the Medical Center as a whole. There are many, many examples—IT, HR, you name it. And the nice part is that

people responsible for those areas will now be able to make decisions in light of the bigger picture, rather than trying to please competing constituencies. We have to get rid of the barriers. We're one family.

**Q.** *Is there a particular advantage in coming to this position as an insider?*

It's extremely hard to come to an institution facing a lot of challenges as an outsider. The learning process is probably six months to a year for an outsider, and I think that sets the institution back, especially when you need rapid decision-making.

The culture here is very, very complex. I can't imagine coming in cold and trying to learn the entire organization because, ideally, you need people who are proven quantities in the milieu that you're asking them to perform in.

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## A Conversation with NYU's New Dean & CEO, Dr. Robert Grossman

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But I should also say that I wasn't a total insider, because I had spent most of my professional life at other organizations. I think that helped me because I could bring good things from elsewhere, as well as emphasize what's good here. I was lucky to be able to have that dual perspective.

**Q.** *How do you plan to improve the research portfolio?* Right now, we have spectacular science going on here, but it mostly involves the RO1 level—investigator-initiated grants. What we haven't done is leverage our research to do the big, interdisciplinary science.

The mission of the NIH is really to improve the health of the population. They fund a lot of basic science, and they want to see it impact on society. So the real key is translational research. I think clinicians have to reach out, and embrace the basic sciences. We have to help them do that. That's why we have a new Vice Dean for Science, who is trying to motivate and expedite that type of behavior.

If we do that, it actually provides a lot of vitality. You engage so many more people. Scientists who, by partnering with people outside their domain, can see their discovery have a meaningful impact on the treatment or diagnosis of a patient—well, that's remarkable. I mean, that's different.

**Q.** *Do you plan to continue your own research?* I love my research. I was fortunate enough to have my two RO1 grants renewed just in the past six months. One is on multiple sclerosis and the other is on head trauma. They're programs I've had since before I came here and that have allowed me to make

some substantive discoveries. Somehow I hope to continue. But we'll see.

**Q.** *Do you still take time out to run?*

Yes, I do. I run five days a week, usually at 5:30 in the morning. I try to run about four miles in 30 minutes. On weekdays, I like the treadmill because it saves time and I know I have to keep up the pace. On weekends, I run outside.

**Q.** *You describe yourself as an optimist. Why?* Because I always think things can be done. I'm a very resourceful person, and resourceful people believe they can find ways to accomplish their goals. I'm also a passionate person. You have to care about things.

I have high standards, very high standards. But I also appreciate and genuinely like people. I see the good in them. I like talking to them, engaging them, hearing their feelings. Individuals can disagree with my ideas and we can still like each other. Is that an optimist? You have to be an optimist to take a job like this. Right?

**Q.** *What are the biggest issues in medical education?* I think we have incredibly dedicated teachers here, and we have already made some important curricular changes. The question is: What's the next step?

On the macroscopic level, we obviously need to train more physicians. And we have to figure out how best to train them, because medicine has evolved dramatically over the past quarter of a century and—I'm speaking generally here—I'm not sure that medical education has kept pace.

Our obligation is to provide students with a process that really is relevant to the way they think. For example, when I was in school, you went to the lecture hall, you took notes by hand, and you bought the books. Now, you have portable computers and web casts. Today, MR and CT imaging is so precise and so important to the way you take care of patients. How do you integrate that into the teaching of anatomy? We have all these opportunities now that weren't there before.

So we have to optimize what should be in a curriculum. What do students really need to know? How should we teach it? And how do we make them better doctors? Part of it is also teaching them how to work with other healthcare providers—nurses, pharmacists, physical therapists, alternative medicine practitioners—that whole dimension that you just never thought about 25 years ago. I think there are some creative new solutions to be found, and I want NYU to be at the forefront of finding them.

**Q.** *What's the most important thing you hope to accomplish?* I really want to make NYU a world-class institution. This is an excellent Medical Center—a wonderful place with amazingly gifted people. I'd like to focus our efforts so that we are second to no one. That's really the goal. And I'm going to be working toward it every day. ●



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