

Ann Poncelet, MD

Professor of Neurology

Director, Academy of Medical Educators and UCSF Brachial Neuritis Center

In conversation with

Nerissa Ko, MD, MAS

Professor of Neurology

Vice Chair for Diversity

Nerissa Ko: I have the great pleasure today of welcoming one of the great women in neurology, Dr. Ann Poncelet, who I've had the pleasure of knowing for pretty much my whole career at UCSF. I really wanted to make sure that for all the women who have not had a chance to meet Ann, we get to highlight all of the great things that Ann has meant to me over the years. So as part of the Great Women in Neurology Series, I want to welcome you today and really just have a wonderful conversation about you, which is well deserved.

We go back to when I was a neurology resident, and you were one of the few women senior faculty, or actually, you know, just *faculty* in general back in the day! I think that over time I've gotten to know you for all of your academic accomplishments. But it would be nice to hear your story of how you even came to UCSF in the first place. So if you'll take a journey back to those early years, and maybe highlight your path to get here to academic neurology.

Ann Poncelet: Well, thank you, Nerissa, and it's an honor to participate. So it's fun to think about back in the beginning. I grew up in Pittsburgh, Pennsylvania, and went to school at Colby College, so East Coast. And always had had an interest in coming out to California, particularly San Francisco, and when I was a senior in college my folks moved out here. So when I graduated, I got in a drive-away with my brothers -- in those days you could take someone's car across the country as a favor to them and have a ride. So we drove out to California, and I got a job in a lab in Langley Porter, which isn't there anymore. Now it's a giant pile of dirt at Parnassus. And that year was really interesting experience. I hadn't had a chance to do any kind of basic science work or research work. And this was a lab that -- one of the seminal things it did was measure secondhand smoke. So that's a kind of legacy of that time, although I was just a helper, not directly involved in that research. And that year I applied to medical school and got into UCSF. I was very blessed to be able to stay and start here as a medical student, and our class was -- in kind of an echo of today -- was at the heart of the AIDS epidemic. I think it really did shape what kind of doctor I became and what kind of values were put into place because there was a lot of ... not kind thoughts about gay people, and the government wasn't paying attention, when I was a student on the wards at San Francisco General on the AIDS Ward. The Pope came to San Francisco and refused to go and visit the people who were dying with AIDS. And this was before AZT, so everybody died, just about. I just learned so much from my patients who taught me about

dignity and respecting one another as people, and I'm really grateful for that time, even though it was really painful.

Nerissa Ko: No, it's incredible how those formative experiences, even as you are just entering into the medical field really, is what I see in how you model that today. I think this is something that I know is one of your identities as an academic neurologist, as a master clinician, and someone who cares deeply about her patients. And it's always something that I've looked up to in terms of a style of being an academic neurologist, where we often are asked to wear many roles, but one as a physician has been key in all of that. And it's been amazing to see how you've really continued that thread through your entire career. And even as you've become a specialist over the time.

I feel like that's always been something I've tried to aspire to, as well is to really kind of continue to wear that identity as that physician and caregiver. And with that ultimate respect for the patients that we're privileged to care for. I know that you did take some time away from UCSF. You know, your journey as a neurologist and a specialty neurologist. But it's so amazing that that was such an early foundational experience for you that you continued to take forward.

So tell us what was that next step like in that journey for you.

Ann Poncelet: Yeah, I was kind of unusual in that. I thought I wanted to do neurology. When I started med school, I'd gotten really interested in the brain. I ended up going to Stanford for residency. And I think again, in part because of the kind of patients I was taking care of....AIDS patients had a lot of really unusual nerve and muscle issues, and I kind of moved away from thinking I was going to do higher cortical function and to really getting excited about neuromuscular medicine. And I've never looked back, right? [I] Had had a year of training at Mayo Clinic Rochester to for my EMG training. But kind of echoing what you said a little bit earlier is that I am a firm, firm believer in the clinical approach to patients and doing a good history. A good exam beats out lab tests and MRIs a lot of the time, and if you miss those you can end up wandering about and not really knowing what's wrong with the patient. I've had the opportunity be to be trained by some very, very skilled clinicians like Bob Laser, for example, who really brought home the importance of doing a good exam. [I] continue to do it in my practice, and when the pandemic hit, me and Jeff Ralph were very early back to the office, we never stopped coming in completely. Because, you know, if you're getting paralyzed, you can't wait an indefinite period of time for your EMG. You know, I manage medications in my myasthenics and patients with vasculitic neuropathy and inflammatory myositis. So much of it is based on how their exam is changing. So that was a hard time having to really limit the bedside, and [I] was grateful to come back fairly quickly.

Nerissa Ko: I think that one of the fields that prides itself on the clinical exam is certainly neurology, and I think what attracted many of us to use our skills to diagnose and manage and treat. And it's still quite an art, even in the era of modern technology and imaging. I think that is such a sort of foundational piece of what we do, and especially in the neuromuscular field where a lot of it is the art of subtlety and changes over time, where you have longitudinal kind of experiences with your patients. Definitely some of the great neurologists that I know of, including yourself, have all been really the master clinicians in the outpatient neuromuscular area, because

it's really where you hone your skills. And it really is so dependent on that. I think it's part of the area that you know. Obviously, that's something that you know. You continue to move forward and progress in all of the learners and trainees, all the many, many that have crossed your path, and I guess it's a natural transition into the other area that I know you well from: as one of the few women who really champion the importance of training the next generation in education.

It was really rare to see someone dedicate so much of themselves to this, because traditionally, the value placed on the clinical and research sides of academic medicine have always been the pillars. But I think education and educating the next generation is such a profound need, and you really exemplify that. I know at some point in your career, this became such a high priority for you, in addition to all your other passions. How did that happen? How did that shift happen for you?

Ann Poncelet: Yeah, a little bit of luck and a lot of passion. When I came back on faculty after my training, I think people were like, "Oh, would you be willing to teach this?" And that's how I ended up teaching the weakness lecture to medical students, which I still teach now with Mark Terrelongue as my co-partner. From the very beginning, I brought in a patient so the learners could figure out anatomic localization from a neuromuscular perspective in the classroom.

Early on, it must've been three or four years on faculty, the department chair pulled me into his office. At that time, we were a small department, with maybe 30 faculty, and he asked, "Would you consider being the clinic director or the clerkship director?" I didn't do any research about this, and I didn't think for long. I said, "Clerkship director sounds like so much fun." Back then, the only times education people came together was for an oversight committee, the Clinical Clerkship Operations Committee. Our main job was to prepare for LCME site review. No one was really doing creative work. The only person publishing was Maxine Papadakis, with her early work on professionalism. I didn't even know there was a literature on education or any education theory.

But as I got into this world, I did the Harvard Macy program for educators and then for leaders, and my brain exploded. I learned all about the learning sciences, leadership, and how to manage a course. It really put me in a position to build skills that were useful across my entire career, both clinical and non-clinical. It also got me meeting people outside of my department who I really respected and who became peer mentors across my career. It allowed me to work with colleagues around the world. It's opened so many doors.

It's been incredibly rewarding to help teach the next generation.

Nerissa Ko: You're quite humble in your account of all this. You were really the first true clerkship director for neurology, which transformed what it is today. It didn't exist in that form before you took on the role. It's amazing to think about how we teach neurology now; it's a core part of the medical school curriculum. It wasn't very well defined before, and you were one of the first to create a clerkship for neurologists in an academic setting at UCSF. You helped spread that model to other sites and places.

Nerissa Ko: I don't know if you had that vision ahead of time, or if it was more about seizing fortuitous opportunities and making the most of them.

Ann Poncelet: I think it was a rotation, mostly taken by fourth-year students, and I took over from Bob Messing — I'm trying to remember who was the clerkship director before me. One thing I'm really proud of is that I was able to advocate for neurology to become a required foundational clerkship part of the third-year curriculum, instead of just a rotation some students would take. That really put us on par with the core clerkships, and I'm very proud of that. Of course, others have taken it even further, and it's been fantastic to watch.

Around that same time, UCSF had a negative LCME review of the medical school. Dean Debas at the time didn't want us to just be an adequate medical school — he wanted us to be great, just like we were in clinical and science. He hired a Vice Dean of Education, Dave Irby, who was a PhD educator. Dan Lowenstein, one of my biggest influences as an educator, had the idea of creating an Academy of Medical Educators and convinced the Dean to invest in it. I was an inaugural member, along with other folks across departments, and it really created a community to help us identify as educators, grow, get skills, and do research. It transformed what used to be a job you did on top of your day job, with no recognition or promotion. I was the first person in my department to be promoted to full professor based on my educational accomplishments. It's transformed the entire landscape here at UCSF.

I love inventing and creating things that don't exist. It was incredibly rewarding to help lay the groundwork for this and to be part of that first generation of educators.

Nerissa Ko: It's remarkable. Many people take for granted that the role of the educator in modern academic portfolios is so different now than when it wasn't seen as a legitimate pathway. In the past, folks were sometimes discouraged from going down that route because it wasn't seen as a way to advance. It was seen as a distraction from the "real work." You were groundbreaking in bringing that to neurology.

It's incredible how we now take that for granted, but the foundation you helped lay was key. You were part of that early class of Academy members, and it must feel amazing to come full circle into your current leadership role in the Academy. You've gone from being in the inaugural class to now guiding its vision into the future. What challenges do you see moving forward? Also, where do you feel things are moving in the right direction?

Ann Poncelet: I applied for the director role in 2016 and was selected, which was very exciting. It's a role that aligns with my values. I have resources, and I work with really good people. Our mission is to support educators and education at UCSF and across our affiliate partnerships. I've been able to push the Academy to build on the prior director's steps, especially in terms of training faculty about DEIA and addressing structural inequity in our processes. For example, we shifted to a more holistic approach to membership selection and how we select endowed chairs. We also have an innovations funding in education program that allows us to support junior faculty in doing creative work. And you know, over my tenure, I've also been able to engage partners across campus to help co-fund projects. So we double our resources every year to fund as many creative projects as possible. You know, my class was 24 members back in 2001. We now have 288 members who have all met the bar of being outstanding educators. And every year, I'm like, well, we must be there in terms of accepting the best educators at UCSF and we have yet the next generation of young, amazing faculty who are just doing incredible work. Watching that growth

and how more and more really impactful educators are thriving here has just been incredible to watch.

I think you know, especially in our current kind of greater context, having this kind of a community to really support science, education, taking care of one another, patient care, valuing each of us, and being able to bring our full authentic selves to UCSF, helping the organization continue to evolve, as all organizations should. And I'm very, very grateful to have this kind of community, and also the greater leadership at UCSF, including our department chair, has been fantastic. And my own division chief is just incredible! So Andy Josephson and Cathy Lomen-Hoerth.

I think the headwinds...you know one of the things that really drives the financial solvency of academic medical centers is the clinical enterprise and so it is not an accident that there are clinical pressures on our faculty to be productive. And that you know all well and done, to want to do all these other things. But if you're not meeting the bottom line in terms of productivity that those are, you know, that's a real pressure you have to contend with. And I observe that this is a disincentive to teach. We're like, well, if I have a learner, I won't be as productive. If I have to take off a clinic to give a lecture, then I'm not being productive. And I think that's a real pressure that we have to contend with. And so I do think that going forward, we need to continue to engage across the missions of the school so that we're not, you know, favoring one to the detriment of another and I think our challenge certainly on the education side is that we're not generating revenue right?

Nerissa Ko: Right? Right! And it's always, you know, the difference between practicing outside of an academic institution and one of the benefits of being within an institution that values education as its mission. It's really one of the reasons we've attracted so many great people. And yet we're facing a lot of the sort of rigors of clinical care and competing with private sector, and it doesn't really fit the model of an academic practice. So I think you're right. It's been a tension for a long time. But I think, as we move into this next era moving forward where medicine is much more of a business, and the work. Our views become the more dominant conversations. I feel like education has to align all of those things. And I think one of the interesting areas that I know you are very much a part of, trying to add value or create some kind of some way to value education, is something that I think is so innovative in our neurology department. Talking a little bit about our views as a way to try to address this even in a small way.

And I think we've been very successful in that model, although it's not perfectly aligned with everything that you're talking about. But hopefully, you know, does sort of reward people for the time that's there. Do you want to take a little bit of time just to talk a little bit about how that came to be? Because I feel like it was really one of these things that at the time was a small attempt to quantify or qualify what we do as educators, and how much effort and time really goes into that. And I think it is a model that other departments are starting to look at neurology, and how we were able to even begin that journey of evaluation of education in actual RVU equivalents.

Ann Poncelet: I don't know. There was a time, particularly with recruiting. We can talk later if we have time about longitudinal models of training. We were, you know, having trouble recruiting preceptors for the longitudinal clerkship students. And the small groups and the Brain, Mind and

Behavior course. There's difficulty again recruiting, and I was kind of looking at the landscape ahead, going, "Well, this is only going to get worse."

I remember meeting with our department chair at the time and framing the problem. And what he said was, "Why don't you lead a task force?" We called it NCOST (Neurology Committee on Sustainable Teaching). You have to have a good acronym, right? And it was really what I would call a High Power Committee in that we had really strong representation of leadership across the sites. But also more junior people, and we had a chance to come together to frame the problem.

We started out by trying to get a sense of what support departments were giving to education in neurology departments across the country. And the answer was -- not a lot. So the next thing we did was to really work hard on was, what is essential for a student to graduate medical school, or a resident to complete a neurology residency? And whatever those core teaching elements are, we should prioritize those first. And so we spent a lot of time gathering what those were and then starting to think about well, how might you give credit? Should it be an education value unit where it's kind of an offset of salary? Or should it be done as an incentive, or should there, could there be an offset in terms of time? We had all kind of ideas of how we might go after this. And around the time that we presented our recommendations to the chair and the department, I took on the role as director of the Academy.

At that time I held the Mr. and Mrs. David George Rowe and Stephen W. Rowe Endowed Chair for Teaching in Neurology, which is an academy-matched endowed chair between the Department and the Academy. So I stepped out of that, and Susannah Cornes became the next endowed chair holder, and continued the work of the NCOST committee to really develop the NTEACH program. And I think one of the goals of that program is for people to really feel like education is valued, seen, rewarded in this department. And it was set up more of as an incentive program than an offset. And it turns out nationally, if it's a straight Education Value Unit, there's a dark side. You really start to get into what teaching counts and what teaching doesn't count. And you know, kind of bean-counting, as opposed to feeling like, "I'm being valued. I'm wanted." We want to enable people who have a passion for teaching to teach.

Nerissa Ko: Yeah.

Ann Poncelet: And so Susannah really brought in theory around motivation, and taking it to the next level. It's been fantastic to watch that play out. And as the Academy director, one of the things I did is I tapped her and Erick Hung from Psychiatry who has developed a similar -- but their own -- contextually resonant program for Psychiatry to run something called the Finance Interest Group. It's made up of Academy members, but also more broadly across campus, folks who are interested in how we advocate for and finance education, and really helped us as a greater community to think about how to do this. In our most recent Academy meeting, we had one yesterday, they've been working with us around how we advocate this, and to support direct teaching, and getting at the root cause of why do people say no when they really want to teach? And then how, what do we have to put in place so that everyone who wants to teach can say yes?

Nerissa Ko: We could go on and on about all of these amazing things that have really advanced education, and the role of the educator, that you have [been] directly responsible for, or have some hand in, its development, creation, and promotion.

I also want to make sure we have time to talk a little bit about other things that you enjoy doing. We've touched on some of the clinical aspects and obviously education, but you know, I know that you do so many other things, and even things outside of work as well that folks don't know about. And I think one of the things I really have appreciated and looked up to you for is your ability to really... you know, really take care of that balance, and to be able to really prioritize. You know your family and your life outside of work, and to really bring that together, so that that you've had such a nice longitudinal career. That seems like, "Okay, I could do this!" and it's sustainable. That doesn't mean that it's always perfect, I know. But... but you know, as someone who's always looked up to you and watched your career. It's something that I appreciated, that as a woman in a very competitive, highly charged academic environment. What does it take to still be yourself and honor who you are, and still be accomplished and feel like you're taking care of all the other aspects of your life. And I just want to make sure people also realize that you don't have to just work 24/7. And it is something that's always in our mind. But one of the things I really, truly admire about you is that you are a whole person, and you do a lot of things that really stay true to yourself, and that is so admirable when there's a lot of pressures out there not to be. So if you would indulge us a little bit, in terms of some of the your things that just bring you joy that's not always work-related.

Ann Poncelet: Oh, I appreciate that, Nerissa. The first thing to say is, it's not like you get it right, and then it's fine. I think there's absolutely been moments along my journey that have been really hard. And it is iterative. And you're always kind of trying to balance the things that are important in your life. And work is really important to me. My family and community are incredibly important to me. And so I think, knowing that and making decisions that keep that in mind, I think, are really important.

You know, when I had my daughter, which was now 27 years ago, the department hadn't really had women faculty who had had babies, so we kind of invented it together. And you know, people like John Engstrom and Steve Hauser were really kind and generous with letting us co-create what might work, and I was definitely happier to be able to come back to work and you know, how be a mom, but also a *professional* mom. There was a time when my daughter was approaching 2 years old where it was not working. And Steve invited me into his office to talk about whether I could move from straight Clinical to Clinical X because of the clerkship work I was doing, and I was just aghast. And I was like... you know, "I'm really honored, but I'm already doing more. I'm not sure how I could do *more* than more, and do the kind of creative work and dissemination that would really be required to move into that track." And he encouraged me to take two weeks a year where I just blocked everything off and did writing weeks, and it allowed me to write for grants and write papers and research areas of interest and co-create with other educators. You know, research projects that really put me on the map nationally and internationally. That was just this moment where I kind of hit this wall and said, "How am I gonna do this?" and got just a little bit of help to bring it back, right? Or in 2016. My dad was diagnosed with metastatic lung cancer. And he was a non-smoker. So it kind of came out of nowhere. And just remember, you know, really having to apply mindfulness. You know, driving to work and saying, "What are three things I really want to accomplish today?" And at the end of the day, "What are three things I feel good about today?" Like, very simple. And the other thing that happened at that time, which I think in part rescued my career at that time, was that the clinic decided to provide nursing support. And I was

like, I can't deliver good care without support. And that decision, and I was part of advocating for it -- it didn't come out of nowhere. Cathy asked me to help put together a proposal to clinic admin for why this was important. It really brought it back right so that I could give the kind of care I wanted [for] my patients, give the kind of care I needed for myself and my family, and continue my creative work. And again, those are just touch points where that thing was needed to kind of bring it back right.

Nerissa Ko: Yeah.

Ann Poncelet: And then the last thing, which I think you've heard about, is that when my daughter was about 4, I decided I needed a creative project that wasn't family and wasn't work. So I started an acapella women's group in my kitchen. And I just went to all the moms from pre-K, and the Frisbee moms (because I played ultimate Frisbee). Whoever I could ... you know, the people I would sail with. I just found people, like, "Do you sing? Do you want to sing?" and then about 10 years ago or so we actually got a choral director who comes and trains us all up. So we're learning right? We're creative. We're learning. We're singing. We're in our bodies. We perform once a year for the partners and the kids. We have a lot of fun, but I'll admit to being a little bit geeky, you know. Having an activity that just is so right-brain! Sound, patterns. It just, it's good. It's good to have those things that kind of really bring you into a different way of thinking and being.

Nerissa Ko: No, it's really incredible. And yet another moment that you are role modeling for me when I feel like I am missing something, and I need that outlet that's not work, not family. And it generally happens when you know the little kids don't need you anymore. And they're all grown up and yes, the sandwich generation is real -- where you are now taking care of elders in your life, and they really do demand a different kind of caregiving role. And I'm so happy that you shared all of those things: advocacy for women, to be able to function and do all the things they need to do at work. You know, there weren't systems in place to support that. And it really took women from your generation to really set those foundations so that they're so normal now: taking parental leaves and childcare leaves, and now the new elder care leaves are conversations that we have to make better. But these did not exist before. There wasn't anything to have a conversation about! It was a lot of individuals figuring out hopefully with supportive workers and supervisors to somehow make it so. And it was really a conversation a little bit in the shadows and not promoted. It was a lot of trying to stay under the radar a little bit and try to keep your head down, and keep productive while you were still trying to balance all those things. And so, you know, I really am so appreciative of you and many others that advocated for women having equal salaries. To have benefits that included the freedom to take childcare, and leave when it was really the right thing to do, and to also -- not just for yourself, but also thinking of others -- that we have to change the system so that others who come after don't have to work so hard for these things. And so there are many points along the way that had you not had that moment to level-set, or you know, things could have been very different. I fear that that happens to too many women who decide to walk away from their academic careers because they didn't get the chance, to kind of reset and to sort of feel like, "Okay, I can, you know, lean into this a little bit more." I think that these are really important in the journey of women's careers. And we've come a long way in neurology, thanks to you and many others. And I'm so grateful for that, and myself and Andy have really taken upon ourselves to build upon that, and really make the future for any woman, or anyone in neurology,

to feel supported and be able to do all these things. But you know it is like you said, recognizing what you need, and being an advocate for it, being brave enough to say something, and even in this next phase here, to know that you know what you need, and having that community that's outside of work. It sounds so wonderful, and I think it sounds like it really fills your bucket when you need it. I love to hear that. And it's okay to have interest outside of work and not have work be all consuming all the time. It's actually recommended. And it's great!

You know, I can keep talking about how wonderful you are, Ann. But I wanna also make sure that we close on some thoughts about -- after seeing all of the growth and changes -- what advice would you have given yourself at the start of your career? Things that that would have really helped you along the way when maybe things weren't going as perfectly as you'd like. Were there moments that you would have encouraged yourself to kind of, you know, be resilient and do more things? I don't know if you've kind of talked a little bit about this already. But maybe in the tone of advice you would give to someone now who might be kind of having that debate with themselves?

Ann Poncelet: Oh, things that I think I've mostly done along the way that have worked out in the end, and have been important, is that when I've made decisions about what to put effort into or what direction to go, I have always made sure that my heart was in it. You can be strategic or tactical about advancement, or what path you want to take. And I think it's important. I knew so little when I was starting. So I didn't really ask questions like, well, am I gonna get paid for this? I didn't know to ask those questions. But that that's not enough. Really pursuing your passion, I think, is really important. And it wasn't always clear there was going to be a path as an educator here. And it turns out there was, and I was able to help build that in my own little way, in the midst of a greater context.

And I also think that having, you know, people you can talk to, both inside of medicine and outside, is really helpful. And so along the way I've just managed to have some fantastic peer colleagues at UCSF. But then, through national meetings and presenting and meeting folks, have developed this international community that you know. I'm not sure I would have applied for the Academy position if I hadn't been nudged by mentors who are like, "Ann, that's a perfect job for you. You should apply for that." Right? and the things that happen in unexpected ways.

And I love to tell the story, because to me it's like the perfect kind of coincidence of things. I was invited to go to Northern Ontario to be part of the second consortium of longitudinal integrated clerkships conference. And through innovation I've been doing, it helped to launch the first academic longitudinal integrated clerkship here called PISCES. I had a family medicine doc with me, and we were off to Northern Ontario to the Thunder Bay. And we get to Toronto, and we're supposed to shift to this little plane that's going to take us there, and thunderstorms roll in, and the planes are canceled.

And so we all end up in this long line trying to book flights for the next morning and lodging. We were talking and going, "Gosh! You know, we really wanted to hear the morning speaker." And this woman with a lovely Australian accent pipes up behind us and goes, "I really wanted to hear that lecture, too!" And the three of us decided to rent a car and drive all night to get to Thunder Bay, because it's a long, long way north.

We had this situation where there'd be two in the front talking to one another, and then one would sleep in the back, and then we would just rotate as we drove to Thunder Bay, and that woman, Nicki Hudson, was really interested on the impact of longitudinal models of training on the patient and the patient experience, and she was doing a study at her institution at University of Wollongong, in Australia. And I had gotten some funding to do a study here to study the impact on patients and do a patient interview study. We started collaborating and then became lifelong friends.

Another thing I invented with colleagues from the longitudinal clerkship world is that one year, the neurology meeting was going to be in Vancouver, and Ruth, who is another Australian colleague of mine, and Nicki were coming. We decided to rent a car and drive into the middle of British Columbia, and we started a Women's Conference we call GALS, which is for women physicians, basically mostly Canadians, me, Nicki, Ruth and another buddy of mine from England, we meet every year now. We just created a community where we meet once a year for three days to just nurture each other in our work. I still get to see Nicki at that conference every year. And that friendship again! You know those women were the ones who are like, "Hey, you know you should apply for that job."

Nerissa Ko: Oh, what a wonderful story! And you know that kind of hits a couple of our talking points about who are some of these people who were influential, and you've obviously mentioned the usual mentors and work style. But it's really the kind of peers and folks that you would never, you know, necessarily categorize [as] a traditional mentoring role that have been maybe in some ways more influential [for] you, and were there at the right time and place to encourage you to take a leap of faith and try things and do things. And I certainly feel that way about you, that you have really been someone that encourages folks to be themselves and follow their passions. I think that is such a strong message that people need to hear, especially when there's a lot of counter narrative to not doing those things that that we do need to have a little bit of optimism around. You know, if you lead with your heart that good things come of that, and maybe unexpectedly so, not the traditional way.

Ann Poncelet: Oh well, that's it. And I think the other thing that's hard to know when you're younger, and you're trying to make your way and to get some credibility in your role, is that you know failures happen. And that those you know it's easy to have imposter syndrome and say, "Well, of course they hired me by accident, and you know that's why this isn't working, it's that I'm not the right person for this job." I've had a couple of events along the way that really opened a door that I wouldn't have expected. When I was running the PISCES program, we tried to go from our pilot of eight students, we wanted to expand so that all Parnassus would be in this model. I went and talked to all the clerkship directors and all the deans, and I was kind of lining up the kind of leadership to really lobby for this. But when we presented at the Operations Committee there was a huge, huge pushback, including half the clerkship directors I've talked to in private! Just shut it down, right? It was terrible, and you know we ended up being able to expand to 16. But I was like, wow. I felt like I'd lost all of my leadership, you know, my credibility with the other clerkship directors. Just this really very, very painful kind of failure, and Patty Robertson was my co-chair at the time. [I] love Patty, who's a senior OBGYN now, and you know she and I kind of looked at each other like, "Wow! That. Where did that come from?"

But I was at the Macy that summer, helping as a returning faculty to teach the leaders program and talking to a buddy, Tim Grennan, who is from Kaiser. And we came up with this idea. Wouldn't Kaiser be the perfect place? and ended up getting leadership excited. And then we started talking to the folks at Kaiser, and that's how the Oakland Kaiser got kicked off. And then, more recently, the San Francisco Kaiser now takes our students, and, you know, just had to pivot. Learn. You know it wasn't the right time. It wasn't the right place, but to continue to grow the model which has been so powerful. So you know you can't just -- I mean, you have to learn. You can't just ignore that something happened that didn't go well. But I think there is an opportunity to say, "Well, okay, there are reasons why this didn't go well." Some of them may have been I didn't do it right, but there may be other contextual things like, it's overwhelming to imagine how Parnassus would look like that, or we don't have the resources, right? And so those are opportunities, you know, if you apply for a leadership position and you don't get it, we'll learn. That doesn't mean it was the wrong thing to do. Or believe me, you try to get a paper published? You may take a lot of feedback and a number of iterations before it gets published, but we can't let rejection get in the way of a really good idea getting out there. So you know, I think a certain amount of resilience and learning. That's really important.

Nerissa Ko: Right. Spoken like a true educator, that you know we try to look for that value in the things that didn't go as we predicted, and not to lose faith. Especially when you believe in it, like you really believe that this is something that's good, and it may need a little bit of tweaks here and there. But no, it's really important in that sort of path forward for most things in life, and especially in academia, where there's lots of barriers to doing good things.

Well, we're almost at the top of the hour here, and maybe I will end with: What's next? You know you've done so, so much, and we did barely touch on some of the amazing things you've done, and you continue to inspire me every day. I'm just so grateful that you're a colleague and a friend, and I may not see you as much as I used to, but every time I do, it's a strong reminder of all the things that you represent to me. I just want more people to have just a little bit of that essence, because it's such a good thing to be in your in your sphere of wonderfulness.

But you know, what are you excited for? What's next that you're thinking about? And what can we look forward to from the good Dr. Poncelet?

Ann Poncelet: Well, you know, one of my pandemic projects was I launched a Center for Brachial Neuritis, so kind of pivot it in a totally different direction in terms of creating a clinical center. And that's been a really fantastic creative project. Noriko Anderson works with me in that, and she's amazing. And that I think that kind of putting together something again that didn't exist before, that is really making a difference for patients. And I thought I knew a lot about brachial neuritis, but I've so learned so much working with the group in the Netherlands and this other group in New York. And now I'm part of my first-ever consensus group where we're creating a consensus statement around the criteria for diagnosis of brachial neuritis, and doing research projects therein. And you know, that's just been really exciting to see that come into fruition, and learning things that if I'd done more of a clinical science path, I might have, you know ... At the age of 60, I applied for my first ever NIH grant. That took a lot of help from my colleagues who know how to do this. We weren't successful, but I learned a lot, and it did pull together this international group. Now, that is this consensus group that's using a Delphi methodology. And this whole thing, right?

Like I've heard about it. I've just never done it. So that that's been kind of fun to do something different that I had never had a chance to do so. That's been great.

Nerissa Ko: It's wonderful to hear that you continue to find creative outlets in in new areas. And maybe that's some of the messaging I've been hearing in our conversation today is, you know, finding those moments to, really outlets for your creativity. It opens up so many doors for collaboration, and meeting new people, expanding your sphere, and all the amazing people you've met all over the years. Just kind of, you know, would never have happened if you didn't take a chance on some of these projects of yours and some of these opportunities to do something different. And, you know, think outside of the box a little bit, and it seems to be one of the pathways to really opening up these new opportunities for you. But I'm so excited to hear that that's kind of the next venture, and, you know, coming full circle back to improving patient care and kind of like the things that were very near and dear to your heart, and all the other things that you do are continuing to need your care and feeding. But this is really amazing to hear the new venture, and we'll be looking forward to more. And I'm sure this is going to be an amazing consensus paper that will make a huge impact internationally. So that's really terrific.

Well, I am so grateful for you taking the time today. And hopefully, we'll spread this out amongst our Department of Neurology and beyond, and really highlight you today in honor of all of that. Thank you so much for sharing a little bit of you today with us.

Ann Poncelet: Thank you, Nerissa. We can't end without me having a chance to say how impactful it has been to have you in your role. I think that you know we've come a long way from when we first started to look at gender disparities in the department, and I think you and I share a deep belief that this is a beautiful institution, and that we have a way of making it better, and really to Andy and others who have also taken this to heart. You know, every time there's an open search for a new division chief or more women who have an endowed chair -- where the number used to be zero! -- and who have FTE positions. And you know, I just think that the change that has occurred, I'm not sure I believed would happen during my career. And you you've been a huge part of that. So I'm very, very grateful for you being the champion for us all in the department.

Nerissa Ko: Well, thank you for that. Like I said, I am, take my inspiration from those before me, and this is a little bit of me giving back and making sure that, you know, acknowledging all of the amazing work and sacrifice that a lot of folks had to do to get to where we are today. There's still so much to be done. But we're starting in a really good place, thanks to you and many others who paved the way. It's an important thing to not forget that we're only as good as the folks whose legacies we stand on. We stand on the shoulders of some amazing women in our department. We're very lucky that we have many great women in neurology, and I'm glad to have you as the inaugural class of this. And I think this is hopefully something we'll do more than just once a year! But we wanted to start with honoring you today and thank you so much again for everything that you do.

Ann Poncelet: My pleasure, Nerissa, have a great rest of your day.

Nerissa Ko: Alright. You as well.