The new dean and senior vice chancellor is planning for Pitt to be a model in health sciences for decades to come.
There’s an issue with the way we teach our care providers. In the real world, doctors and nurses work shoulder to shoulder every day with pharmacists and discuss how to help their patients. Surgeons turn over post-op treatment to therapists. No one professional can meet the multiplicity of a patient’s needs.

For the most part, these caregivers learn how to work together on the job. Miscommunication can mean medical errors, poorer outcomes for patients, perhaps even unnecessary death. But when these professionals actually make care decisions together and know how to collaborate, patients do better and are more satisfied, studies show. Team members also feel more valued.

And yet for all these benefits, schools often allot only a day or two in the curriculum for interprofessional education. The University of Pittsburgh wants to do better—and accrediting agencies now demand better.

When Pitt went looking for the right person to oversee its health sciences schools, it wasn’t looking for someone who was content to manage the status quo of six nationally respected programs. The search committee wanted someone who would forge new connections; someone who would see new paths forward.

It found Anantha Shekhar at Indiana University, home to the nation’s largest medical school. This summer, Shekhar, an MD/PhD, joined Pitt as the John and Gertrude Petersen Dean of the School of Medicine and senior vice chancellor for the health sciences. Taking the job, he says with eagerness, was an opportunity for him “to bring together all of the health sciences—not just medical, but nursing and public health and various other kinds of ways one can disrupt health care.”

One achievement on Shekhar’s long resume while in Indianapolis was to bolster the institution’s interprofessional collaborations.

At one point in that work, he encountered a snag: IU has no pharmacy school. Shekhar was undeterred. “He reached out to another university that had a pharmacy school, to bring them into the fold, so that he could make a complete health professions team,” says Jacqueline Dunbar-Jacob, dean of Pitt’s School of Nursing and a member of the search committee that helped bring him to Pitt. Such effort to get schools at IU, and beyond, talking to one another was “just incredibly exciting” to the committee, says Dunbar-Jacob.

Shekhar has made a career of pushing past existing fences and into the fertile fields that lie beyond. Since his arrival at Pitt on June 1, he already has begun to tackle that issue, modifying what was to be a medical school building to create shared space among health professionals. He also assembled a group from the various schools to produce an education plan, says Dunbar-Jacob.

The year’s upheaval has not much slowed his efforts, she says.

“The University of Pittsburgh is only as successful as our students and scholars,” says Chancellor Patrick Gallagher. “That’s why, when we sought to fill this position, we looked for a leader who could spark unprecedented levels of collaboration, innovation and impact. Anantha was it—he checked every box on our ambitious list—and the future of Pitt Health Sciences looks even bolder and brighter in his capable hands.”

Shekhar doesn’t cut the figure of a trespasser across borders and a tilter at siloed institutions. In conversation he speaks with the even, approachable voice of a psychiatrist, which he is. (He met his wife, Gina, a child psychiatrist, in residency. The couple has two children, an attorney and a cancer geneticist.) Even on a Zoom call, he wears a tie, knotted neatly below a trim mustache that is salted with his 63 years. In meetings, he is known for listening more than talking.

Time and again at IU, however, where he was on faculty for 29 years, some of his most intriguing successes resulted from a willingness to walk right past the tired lines that separate disciplines and link people with different perspectives to see what results. He is a shepherd who favors his flocks mismatched, believing that a diversity of skills and views make for more productive, vigorous offspring than what the standard flock delivers.

“I have really enjoyed bringing people together, connecting the dots,” he says.

Shekhar now brings that passion to an enormous job at Pitt. In his new role, he helps shape the careers of more than 6,000 faculty and staff and the success of 5,000 students. He is responsible for encouraging the growth of Pitt’s medical research enterprise and succeeds Arthur S. Levine, who steered the health sciences to national research prominence and more selective admissions during his two-decade-plus tenure.

The upside of such responsibility is having a hand on so many levers.

“What I could do in Indiana, I can do three times faster and three times bigger with Pitt. There’s tremendous skill here,” he says.

He works closely with UPMC, which operates a large health insurance company, UPMC Health Plan. “We have an insurance product that could actually pay for transforming health care,” he says. “So, that was a really unique opportunity that very few academic centers can provide.”

In a late August discussion, Shekhar outlined eight ambitious goals he has for the
Shekhar has made a career of pushing past existing fences and into the fertile fields that lie beyond.
school, began to have trouble seeing. One night, as the two walked together, the friend walked straight into a pillar. It turned out that a brain tumor was pressing on his optic nerve. Soon the young man’s personality changed and then changed again. Shekhar’s friend died a few months later. By the end, his friend felt no sadness at what was happening, only happiness. The tumor had stripped him of grief, of regret.

“That sort of led me to saying, ‘How does the brain regulate everything we do and everything we feel?’” Shekhar says. Today in addition to being a psychiatrist, Shekhar is a well-respected neuroscientist. His work has resulted in five novel approaches to treating psychiatric disorders that are in various stages of commercialization. (See “On Path to the Clinic.”)

People don’t always like change. Shekhar acknowledges that his even demeanor and his training have served him well as he’s asked others to stretch beyond their comfort zones. “People are very complex and have various complex motivations, reactions,” he says. “So, that sort of helps me be much more tolerant of deviance from my own mission, if you will, and at the same time be more empathic. It also helps me get to the idea of what would be a win for that person,” he says. “That’s very critical, especially when you are trying to persuade people to do things that they may not naturally think about doing.”

Among all of this—the getting grants, the making stuff, the cajoling—he tries to never lose sight that it is only a means to bigger ends. What’s at stake? Delivering the best care, healing our patients, making our communities healthier.

The world shifted seismically in the months between when Shekhar accepted the job in January and when he arrived on campus. He came on board in the thick of a global health crisis, assuming the responsibility to keep tens of thousands safe at an enormous institution—and within neighboring communities, too—while navigating closures and reopenings. Immediately, he sat at the head of the table for a new advisory group responsible for guiding University decisionmakers as they respond to the virus. Shekhar also pulled together a panel of physicians and other medical experts to staff Pitt’s COVID-19 Medical Response Office, which oversees COVID-19 testing, contact tracing, reporting procedures and isolation and quarantine protocols at all five University campuses.

Meanwhile, Pitt scientists are determined to find a way out of the pandemic. Three coronavirus vaccines are under development here along with promising potential interventions.

Not only the coronavirus convulsed American society this year, of course. There has been new focus nationwide on structural racism and social equity. In June, some 400 medical school students and faculty attended a virtual town hall. At the meeting, Shekhar was asked to respond to a nine-page list of demands, several of those devoted to making the School of Medicine more equitable and welcoming.

It was his third day on the job. “It was trial by fire,” he recalls. That day, he mostly listened.

“He was careful not to overpromise and say that all these changes can be made right away,” says Pooja Humar, a second-year medical student who was on the search committee that had identified him. But Shekhar says these issues have long been important to him. At IU, he’d established several programs to increase minority representation.

At Pitt, Shekhar made social equity a top priority. He’s creating an ombudsman program, which students across all the health sciences schools will be able to use to confidentially and anonymously address their concerns. He created three fully paid scholarships for underrepresented minori-

“**What I could do in Indiana, I can do three times faster and three times bigger with Pitt.**
ties. Shekhar also created a Rapid Response Team of more than two dozen faculty and students—with strong representation from the Black community—to help review the student concerns raised.

Low numbers of Black and Latinx faculty in the health sciences is an issue nationwide, and Pitt is no exception. He wants to see a significant increase in minority representation in the health sciences faculty in the next five years.

Humar has noted—with approval—that the medical school’s curriculum has changed already. Required sessions now address bias and racism in medicine. Students and faculty discuss specific cases and ways in which a doctor-patient interaction reflected a lack of thought, or blind spot, or prejudice.

The curriculum is on Shekhar’s desk for other reasons, too. In America medical school usually runs four years. It is not uncommon for a student to emerge with $170,000 to $200,000 in medical school debt alone, says Shekhar. As a result, a majority of students, staggering under this burden, head into high-paying specialties such as dermatology, radiology and anesthesiology.

“We aren’t hurting for specialists in these areas, notes Shekhar. “Whereas you don’t get that many pediatricians, family medicine doctors and primary care doctors whom we need more of to actually improve our health care.”

A national movement has been under way to change medical school. If the curriculum could be rejiggered to teach students the bulk of what they need to know in three years, then part of the fourth year could be a paid hybrid year in which the student is a trainee. That could reduce a student’s debt by as much as $75,000, says Shekhar.

Pitt is now moving to join other universities that have adopted this model, but it will take time. A new curriculum may be ready for students entering in fall 2022.

With the world in disarray, some might wonder if all of this is a lot to tackle—if maybe a steady hand on the tiller would be job enough.

But to Anantha Shekhar, now has always been the right time to get to solutions.

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**BOLD GOALS**

This summer, Shekhar laid out eight ambitious goals to make our academic health center—Pitt Health Sciences and UPMC—among the very best in the country by 2025.

1. **Research excellence. Be top 3 in the nation.**  
   A first step: Recruit, retain or rebuild in the most promising areas of science to grow NIH funding by an average of 10% per year.

2. **Educational excellence. Be top 10 in the nation.**  
   A first step: Transform the curriculum so that it provides the best integration of biological, social and cultural determinants of health and disease and the comprehensive basis of clinical medicine.

3. **Clinical excellence. Be top 10 in the country.**  
   A first step: Partner with UPMC to build more transformative therapy programs, on par with Pitt’s famed transplantation program.

4. **Translational excellence. Be top 10 in the country.**  
   A first step: Align top research programs with tech transfer pathways and entrepreneurs in residence.

5. **Community engagement and health justice. Be best in class.**  
   A first step: Design community programs that make our neighbors healthier. With UPMC, put Allegheny County on track to being among the top 10 healthiest counties in Pennsylvania.

6. **Faculty diversity, growth and leadership development. Be in top quartile of the country.**  
   A first step: Create a cluster hiring program to increase underrepresented minority faculty.

7. **Commercialization and product development. Be top 5 in the nation.**  
   A first step: Create a precommercial incubator and begin plans for a biotech corridor.

8. **Interprofessional education. Be a top performer among university health sciences.**  
   A first step: Create an interprofessional education program across all six health sciences schools.