Interview With Thaddeus P. Dryja, MD

THADDEUS P. DRYJA, MD, CURRENTLY IS VICE President and Global Head of Ophthalmology Research at the Novartis Institutes for BioMedical Research (NIBR). While on the faculty of Harvard Medical School and the Massachusetts Eye and Ear Infirmary, Dr Dryja published the discovery of the retinoblastoma tumor suppressor gene in 1986 and the discovery of the first retinitis pigmentosa gene (the rhodopsin gene) in 1990. He was elected to the National Academy of Sciences in 1996.

G.B.B.: How would you describe your leadership style?
T.P.D.: My managerial goal is to maximize the productivity and innovation of a group of highly intelligent people. Lots of styles can work, and styles probably have to be customized for each manager-team combination. In the end, it’s a balancing act between letting associates or teams have independence and convincing them that my ideas might occasionally have merit.

G.B.B.: Is your management approach different today than 5 years ago?
T.P.D.: Definitely. When I was at the Massachusetts Eye and Ear Infirmary, I had a small research group (about 10 postdocs, students, and research associates), while now at Novartis the group numbers more than 200. At the Infirmary, I was heavily involved in choosing the research projects, writing grant proposals, and writing papers. At NIBR, I serve more as a sounding board for the ideas that associates and teams come up with.

G.B.B.: How do you communicate with your associates and teams?
T.P.D.: E-mail, in person, and by phone, in that order of frequency. Even though e-mail is the ubiquitous and incessant method of communication today, face-to-face meetings are still essential. I schedule a one-on-one, 30-minute meeting once per week with each of my direct reports, and I additionally try to meet them for a few minutes every day. I’m amazed how infrequently telephones are used (except to send text)!

G.B.B.: How about group meetings? Any suggestions for running them effectively?
T.P.D.: I try to keep everyone engaged. I call on people who I think are too quiet. Leadership teams and workstream teams must have honest relationships, and all members must feel free to express their views. One especially wants the naysayers and those with criticisms of a plan to feel comfortable voicing their opinions. I try to let the members of a meeting set the agenda and come up with goals, but I have a backup plan in advance in case the flow of the meeting flounders.

G.B.B.: When interviewing a new hire, what are the one or two most important questions you wish to ask?
T.P.D.: In general, I’ll ask about prior research or job-related activities of the candidate, but I rapidly delve into the details. All candidates can rattle off general accomplishments like, “I worked on a project that led to a publication.” What distinguishes a good candidate is the ability to explain how the assays were done, what the actual results were, and how the results were interpreted. A second question is one I learned from Dr Mark Keating, the cardiologist-scientist who brought me to NIBR. He asked what was more important as a personal lifetime goal: developing a cure for blindness or winning a Nobel Prize. NIBR is a place where the goal is to develop a cure rather than get a personal prize.

G.B.B.: Once they’re on board, what have you found to be the most useful method of evaluating your direct reports?
T.P.D.: There are 2 aspects to an evaluation. The easier aspect is to determine whether a person has achieved their objective goals, ie, has she developed the assay, validated the animal model, or conducted the set of experiments that were predetermined as the goals for the year. The more difficult aspect regards behavior: how well the person works with others in the group. I’m still trying to develop a method for evaluating an associate’s overall contribution—perhaps there is no best method available.

G.B.B.: How do you most effectively motivate your staff?
T.P.D.: Leading by example is important. One must keep up with the literature if that is what one wants the group to do. But the question about motivation is moot if one can recruit self-motivated people who innately want to achieve. If one has a group like that, one only has to maintain a workplace where everyone has an outlet for their creativity and is rewarded for it through recognition and status, as well as monetarily.

G.B.B.: How do you create, sustain, or change the culture of an organization?
T.P.D.: By being uncompromising in requiring everyone to be honest, hardworking, and team oriented.

G.B.B.: Any tips for effective time management?
T.P.D.: I write a daily to-do list but it's a rare and happy day when I complete the items on the list. I'm still looking for a way to better manage my own time.

G.B.B.: What is the most important feedback you've ever received?

T.P.D.: My wife telling me I'm too self-critical.

G.B.B.: What did you learn from your biggest mistake?

T.P.D.: I've made too many mistakes to figure out which was the biggest. And what I learned from some mistakes was a mistake as well. The most frustrating disappointments occurred when an experiment failed or when I came to a dead end and only then realized that had I paid more attention to the literature or had I gotten advice from someone who had traveled a similar path, I could have anticipated a fatal problem and saved myself months or years of effort. Such experiences make me always try to learn as much as possible before starting on a new path.

G.B.B.: Who are your role models or mentors?

T.P.D.: Dan Albert was a fantastic mentor when I was in medical school, residency, and early in my academic career at Harvard. I would have had a less happy and less productive career were it not for his encouragement and his way of opening doors for me. From midcareer to the present I've not had a mentor. Instead, I've learned lots of things from lots of individuals. Some of my most valuable lessons have come from bad examples among my supervisors and associates.

G.B.B.: What are your thoughts about the future of medicine and ophthalmology's place in it?

T.P.D.: We have to change the attitude that the health care sector is a burden to society. Public policy makers should recognize that it's the best industry to encourage the growth of since its product is to allow citizens to have healthier, longer, happier, and more productive lives. It is sad that so many of the best young minds today are going into careers that produce commodities or financial services, and that they are choosing those careers mainly because they desire the financial rewards rather than because they actually enjoy the work.

G.B.B.: What career advice would you give someone just finishing his or her training?

T.P.D.: Give your first job, be it an academic appointment, a clinical practice, or a job in an industry or a hospital, 2 to 3 years and then decide if it is right for you. If you don't see a path to career satisfaction or success, start looking for a new opportunity.

Thaddeus P. Dryja, MD
George B. Bartley, MD

Author Affiliations: Department of Ophthalmology, Harvard Medical School, and Ophthalmology Research, Novartis Institutes for BioMedical Research, Cambridge, Massachusetts (Dr Dryja); and Department of Ophthalmology, Mayo Clinic, Rochester, Minnesota (Dr Bartley).

Correspondence: Dr Dryja, Novartis Institutes for BioMedical Research, 500 Technology Sq, Sixth Floor, Cambridge, MA 02139 (thaddeus.dryja@novartis.com).

Financial Disclosure: Dr Dryja is a full-time employee of Novartis.