



Episode 15: Getting Involved
Valerie P. Jackson, MD, FACR
November 21, 2019

American College of Radiology, through its Radiology Leadership Institute (RLI), offers this podcast as one of a series of educational discussions with radiology leaders. The podcasts reflect the perspectives of the individual leaders, not of ACR or RLI. ACR disclaims liability for any acts or omissions that occur based on these discussions. Listeners may download the transcript for their own learning and share with their colleagues in their practices and departments. However, they may not copy and redistribute any portion of the podcast content for any commercial purpose.

[00:00:13]

Geoff: Hello and welcome to "Taking the Lead." A podcast from the Radiology Leadership Institute that profiles radiologists' leaders seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. Today, I'm speaking with Dr. Valerie Jackson, Executive Director of the American Board of Radiology and President of the Radiological Society of North America. Val is a Hoosier all the way having earned a bachelor's degree, a medical degree, and radiology residency at Indiana University, joining the IU faculty in 1981, rising to Professor in 1990, and becoming chair of the department in 2004, a role in which she served for 10 years. Val rose to prominence in radiology as an expert on breast imaging and education. She has served numerous leadership positions with national organizations, including President of the American College of Radiology, the Society of Breast Imaging, the Society of Chairs of Academic Radiology Departments, and her current role as President of the RSNA. Val was an active volunteer of the American Board of Radiology for 20 consecutive years, including nine as ABR trustee, before retiring from academia in 2014, to become the ABR executive director. Within this role, Val oversees over 100 ABR staff, who support more than 1,300 professional volunteers that oversee the certification of diagnostic radiologists, interventional radiologists, radiation oncologist, and medical physicists.

Our goal in creating the "Taking the Lead" podcast is to support your leadership journey. And with that in mind, I'd like to tell you about a new sponsor, Carnegie Mellon University's Master of Medical Management program. Carnegie Mellon offers this degree exclusively to experienced physicians to build expertise in evidence-based management, business strategy, and technology for the future of healthcare leadership. We'll put a link on the page for this episode. Be sure to visit to learn more about Carnegie Mellon University's MMM program.

Val, welcome.

[00:02:41]

Dr. Jackson: Thanks so much, Geoff. I really appreciate the opportunity to talk with you and that kind introduction. Thanks.

[00:02:48]

Geoff: We're really delighted that you're with us today. As I just mentioned, you spent many years during your higher education and faculty career at IU. Were you born in Indiana?

[00:03:00]

Dr. Jackson: No, actually I was born in California. And my family didn't move to Indiana until I was starting fourth grade. So we moved, actually from Rochester, Minnesota where my dad was at the Mayo Clinic to South Bend. And that's where I spent the bulk of my childhood through high school.

[00:03:19]

Geoff: I see. And what did your parents do for a living?

[00:03:22]

Dr. Jackson: My dad was a pathologist. And interestingly, my mom had trained as an X-ray technologist and worked very briefly. That's how she met my father. But she was after that a stay-at-home mom, which is a very busy job.

[00:03:40]

Geoff: Absolutely. And now, how about brothers and sisters. You have any of those?

[00:03:44]

Dr. Jackson: I have one sibling. My brother is 13 months younger than I am. And he is still back working at IU School of Medicine.

[00:03:54]

Geoff: Fantastic. So it's really been a family affair working at IU.

[00:03:59]

Dr. Jackson: Very much so. Although neither of my parents went to IU. But my brother and I both have spent most of our careers there.

[00:04:07]

Geoff: Excellent. So what was life like growing up for you? I imagine that the years before arrival in South Bend are a little bit of a blur pre fourth grade, but how would you describe your upbringing in your childhood?

[00:04:23]

Dr. Jackson: We had a small family and we didn't have any close family near us. My mother's family was from western Iowa, and my dad's family was from Utah. And so we were very close family. But again, not with an extended family at the time. My parents were fairly strict. My brother and I didn't get to do a lot of the things that our friends got to do. But my parents put education and kind of moral values ahead of everything else. And so they emphasized the need for my brother and I had to be serious about our education. My parents set aside money for college and graduate school for both of us. And that was in lieu

of having a big house or fancy cars. And so I think that the upbringing that both my brother and I had was pretty important in determining the kind of people we turned out to be.

[00:05:24]

Geoff: Yeah, sounds like it. Now, thinking back. What was your first job?

[00:05:30]

Dr. Jackson: My very first job was working in the office of an apartment complex in South Bend, where I did some typing, answering the phone. And when apartments would turn over, I got to be the apartment cleaner.

[00:05:47]

Geoff: Wow, that must have been an enlightening experience.

[00:05:52]

Dr. Jackson: It was but it was not as enlightening as my second job, where I was a housekeeper in a hospital. Which was grueling and taught me that I wanted to have a real career so that I wanted to make sure I got through college and persevered. And also gave me a really different perspective on how some people treat other people.

[00:06:20]

Geoff: How so? Do you have a recollection?

[00:06:22]

Dr. Jackson: Yeah, very much so. So even though I was the daughter of a physician in the hospital system, people didn't know who I was. And a pathologist is kind of more of an invisible doctor, just as radiologists are. And so it was impressive to me how many people just didn't even perceive the housekeeper as being a person? It was very enlightening on how many people have to endure their lives being invisible to others who should know better, I think,

[00:06:57]

Geoff: Can I assume that that was a formative realization that you bring to bear in your leadership positions today?

[00:07:06]

Dr. Jackson: Oh, absolutely. I've always felt it's important to be friendly to everyone, to treat everyone on the team equally, that just because somebody has the best education doesn't mean that they actually have any more value than the

people who help me by emptying my trash every day. So I think that that was a really important phase of my life. I learned a lot of lessons.

[00:07:36]

Geoff: What age? When was that happening?

[00:07:38]

Dr. Jackson: That was when I was between junior and senior year of college, I think. So, I was fairly far along. It was about the time actually that I decided to go to medical school to apply for medical school. So it really was eye opening in terms of I'd always kind of thought that all physicians were like my dad, which is very caring and polite to people. And I learned that that's not the case.

[00:08:04]

Geoff: Of all the jobs that you might have chosen to take on at that point where you already had some academic cred, you're between your junior and senior year, you know, or you're thinking that you're heading to med school. What led you to dive in to the housekeeping role? I mean, was there something premeditated there?

[00:08:26]

Dr. Jackson: There was no premeditation. It was just a job that was open. I think I was looking for something that might be medically related. My brother had actually been an orderly at that hospital. I don't know if they even have orderlies anymore. But my brother had been an orderly there for some summers, and so I decided that I would give it a try.

[00:08:52]

Geoff: That's great.

[00:08:53]

Dr. Jackson: It was not quite what I was expecting.

[00:08:56]

Geoff: Character building, at least.

[00:08:59]

Dr. Jackson: Yes, very much so.

[00:09:01]

Geoff: Now, how about your first experience as a leader? Did you hold any leadership positions in high school or in college?

[00:09:08]

Dr. Jackson: Interestingly, no. In fact, I would say that I pretty much avoided leadership positions. I didn't realize it at the time, but I am an introvert, a compensated introvert, and I had no desire to do any leadership in any organization. Even at the time that I started my faculty position at IU, I had no plans to do any leadership stuff.

[00:09:37]

Geoff: So what changed?

[00:09:39]

Dr. Jackson: A lot of things changed. I became more comfortable in the level of expertise that I was developing. I had great mentors who reinforced my feeling of self esteem or ability. And I think the key thing was when I took on the job of being the residency program director at IU, which I think was in 1993. And I really had to step into what I considered to be a leadership role.

[00:10:10]

Geoff: Terrific. We'll return to that in just a moment. I wanna catch up a little bit with some of your formative years in education. And so from undergrad through your years as department chair, you spent them all at IU, as we've discussed. Were you ever tempted to go elsewhere? And if not why?

[00:10:31]

Dr. Jackson: That's interesting. Actually, IU is where I wanted to go to undergrad. And then when I decided to go to medical school, I actually only applied to two places. I applied to IU and I also applied to Mayo, which was at that time, a new medical school. And I wanted to do that because I had fond memories of growing up in Rochester and my dad had done his residency there. I didn't get in there. And if I had I don't know whether I would have gone there I probably still would have gone to IU. But IU was, again, where I went to medical school. And then I got married during medical school and was married to a lawyer, they don't transport very well. And actually at that time IU had, and they still do have a great residency program. And so I felt very fortunate that that's where I ended up doing my training.

[00:11:26]

Geoff: What role have mentors played in your decision to stay at IU? I mean, were you ever compelled to consider that maybe you would have broader horizons if you were to leave IU, and did anyone provide you with advice to say, "Oh, no, don't worry about that. You're doing great. Just stay put."?

[00:11:47]

Dr. Jackson: Well, I had great mentors at IU. One was my Chairman when I trained and early in my career, which was Eugene Clady, and then my other big mentor there, Bob Holden, was the Chief at the County Hospital, ultimately became the Chair and the Dean of the medical school. And they both were really instrumental in giving me opportunities and helping me to feel comfortable in what I was doing. They pushed me to expand my horizons, and I always felt that I was being treated very fairly by the system at IU. I didn't really consider going elsewhere until some years later, probably about, I don't know, 5 to 10 years later. My best friend at the time was Larry Bassett at UCLA and who's also a breast imager, and I seriously considered, we seriously considered moving to California, for me to go to UCLA and work there. But for a variety of reasons, decided not to, which turned out to be the right thing to do. But that's really the only time I've seriously considered going anywhere else.

[00:12:57]

Geoff: I see. Now, you have described breast imaging and radiology education as your passions in radiology. I'd like to explore them both and perhaps starting with breast imaging. When did you realize that that was a passion of yours and what led to that realization?

[00:13:16]

Dr. Jackson: It's interesting that it was not a passion when I started it. I, like many breast imagers of my era, did not have specific training other than a couple of months during residency, I really did not want to do it. I started on the faculty as a body ultrasound person, and loved that, but then the breast imaging person, faculty person left, and the chairman said, "Okay, Val, been cross-covering when that person's gone. You're a girl." No joke. That's what he said. "And so you're gonna do this." This was obviously a different era. And so I kind of got stuck with it. Again, this was fairly common back then. But it didn't take too long before I really started to feel like I was developing expertise in it, and was getting more opportunities to get involved in research, and in education, and and things at a national level. And so I stopped doing the body ultrasound stuff and just did strictly breast imaging for the remainder of my career.

[00:14:28]

Geoff: Now, you said that this was pretty common back then. Are you referring to the job focus reassignment by a chair or specifically the identification of a woman as being appropriate for breast imaging?

[00:14:43]

Dr. Jackson: Both. Definitely the woman card was played, but it was also that most people really were not looking at having a primary career focus in breast. Mammography volumes were very limited. It was really kind of at the beginning of the screening era as we know it today.

[00:15:01]

Geoff: And so within the context with which you became the head of breast imaging at IU and launching off your career at that moment in time, how did you achieve national prominence in a relatively short period?

[00:15:20]

Dr. Jackson: Well, when I became the chief of breast imaging at IU, I was the chief of myself because I was the only person in the section. So, I guess it's easy to have notoriety within my local environment for that reason. But again, I had mentors that helped me to get out there and overcome a lot of my shyness, to be able to interface and network with people. And again, Bob Holden, who was the chief of my hospital at the time, was very good at contacting people and saying, "Here's somebody you should consider for putting on a committee or whatever." And again, it was also that there were lots of research opportunities. And IU had, for a long time, had a very strong breast ultrasound with automated equipment research program that I got involved in and that helped to propel my career to some degree.

[00:16:19]

Geoff: So the mentorship, it sounds like was principally internal, and you mentioned Bob Holden, as somebody who really reached out to essentially open doors for you. Were there are also folks nationally that served as key mentors at that time?

[00:16:38]

Dr. Jackson: Yes. And I would say Larry Bassett became one of the key mentors partly because we used to have an annual postgraduate course at IU that covered a bunch of different areas. And Larry came and spoke at one and we got to know each other very well, and Larry opened a lot of doors for me nationally. And then things tended to just snowball. After that, I find that if you volunteer and then you do the best you can and try and get things done on time that then you keep getting asked to do more. But I did have a number of national mentors over the years. One of them was Bob Hattery. I still don't know how I got put on an ACR committee that Bob Hattery was the chair of. It was about accreditation of continuing medical education programs at the ACR,

and I got put on this and Bob then became a mentor and somebody that opened a lot of opportunities over many years.

[00:17:43]

Geoff: It's interesting how it seems that serendipity almost plays a role in the key people that we meet along the way.

[00:17:51]

Dr. Jackson: Absolutely.

[00:17:53]

Geoff: Just eight years after you finish your residency, you begin a two-year term as the president of the Society of Breast Imaging, serving as its fourth president. With so many senior breast imagers who serve in that prestigious role around the country, what do you believe led to your selection at a relatively early career stage? You're laughing.

[00:18:18]

Dr. Jackson: I am laughing because I don't know. By that time, Larry and I have become really good friends. And thanks to Bob Holden, who like then found out about this society, and kind of did an introduction of me to whoever was the president at the time, and I got into that. But I got a call kind of out of the blue from Carl Dorsey, who I think he may have been the president at that time. This, I'd already become a member. It was a close society of about 75 people. And Carl said, "We think you should be the next president." I think I laughed then. It's like, "This is ridiculous." But it worked out well. But I am not quite sure how that happened.

[00:19:02]

Geoff: Well, you clearly had a certain something, and people recognized it at an early stage. Whether you are an introvert or whatever, it seemed to work very, very effectively. And that's fantastic. Now, after completing your presidency and term on the board, what has been your perspective on maintaining connection and lending support to the SBI?

[00:19:23]

Dr. Jackson: Well, the SBI is still really important to me. But I found that after I left IU, I guess I should backtrack. So while I was department chairman, I did a lot less clinical work. And by the last year, I was only doing a day a month, because we had enough people in the section and because my administrative duties as chair were so great. And so I felt like I was losing my skill set. So

when I moved to Tucson for the ABR position, I decided that I would no longer attend the meeting. I'm no longer doing any clinical work, which I think is a good thing for the public, because I think my skills have have diminished in that regard. But I still think it's a really important society, and I'm really proud of the fact that we opened it up, not just me, but several of us opened it up from a closed society of 75 or so people to a real force now that has membership in the thousands.

[00:20:27]

Geoff: Yeah, it's phenomenal, a very important organization. My observation, having had the opportunity to serve as president of several societies as well is that some folks after their presidential year tend to step back and don't remain involved in any way. And then there's other folks that feel such a commitment after so many years on the board and such that they want to give back at least for the years that they're clinically active and such. What are your thoughts and insights about that?

[00:20:59]

Dr. Jackson: Oh, I totally agree. And for many years afterwards, I remained on the program planning committees, as well as ACR used to have their national conference on breast cancer every other year, the two meetings would flip flop every other year. And so I remained active in the breast imaging community, and I still am passionate about the work that is done. But I also feel like there's a time for the leader to step back and let a new generation of people have the opportunities to become leaders.

[00:21:38]

Geoff: Definitely. So important. Now, education has been another passion. What are the origins of that and how did you nurture that interest?

[00:21:47]

Dr. Jackson: So it's interesting that one of the things my dad really loved was the education part of his pathology job. They had a residency program where he worked, and I used to watch him preparing lectures at home in the evenings, and I always thought that was really fun. And so when I was in college, I actually was a teaching assistant for a couple of courses and really enjoyed interfacing and teaching. And again, when I was in medical school, I had some opportunities to teach and during residency, I also had some opportunities. But then when I joined the faculty, it was just great working with the residents every day, being able to interface with medical students on our rotations or actually giving lectures or workshops to them. So it's been an easy transition or was an easy transition for me. And IU has always had a really great reputation

for radiology education, and it's been that way since well before my time. So I think that it was a nurturing environment to become an educator.

[00:22:55]

Geoff: Now, you establish the Valerie P Jackson Education Fellowship at the ACR which provides direct exposure to the operations of the ACR education team. When considering to find a fellowship, what led you to choose one that connected ACR members with the education staff?

[00:23:15]

Dr. Jackson: So a lot of my early National Education volunteer activity was through the College, where I kind of moved up. When I was on the board, I chaired the Commission on Education, and the college has always had a great education staff. And in those days, it was, I mean, it was really fantastic. And so it's common for the outgoing president of the ACR to give some sort of a gift to the college. And people had done a variety of things over the years, but I really wanted to have to be able to give the opportunities that I had to interface with the staff. And so I decided that instead of giving like an object to the college, that I would provide funding for this fellowship so that other people could start to benefit from the interactions that I had had.

[00:24:12]

Geoff: It's really a marvelous legacy, and there's some fantastic testimonials online of people who have had the opportunity to go through that training, particularly as trainees. And so you're to be congratulated, and you should take a strong measure of pride in creating that connection for people.

[00:24:31]

Dr. Jackson: Thank you. But again, it's like the volunteer activities that I've had over the years like the education stuff at the ACR, I've reaped far more rewards than I've put in. And so I would love to have everybody have an opportunity to have those experiences.

[00:24:50]

Geoff: Now, as a distinguished leader, and a passionate advocate for a medical student and resident education, I'm curious what you see as the role of leadership and management training for physicians and radiologists in particular.

[00:25:04]

Dr. Jackson: I think that leadership and management training is critical. I think that no longer can we just sit in our reading rooms and kind of ignore what's

going on around us. And so even though, "worker" B type radiologists who just crank out a lot of clinical work, if they have some leadership and management experience, they're better able to deal with their colleagues, with the staff that work with them, with patients, with the hospital systems that we deal with. I think it's really, really important.

[00:25:41]

Geoff: And what do you see as the recipe for driving that adoption throughout the field?

[00:25:49]

Dr. Jackson: Well, I think that's a tough, that's a tough thing to answer. I know that more and more residency programs are incorporating leadership and management training. I know back when I was at Indiana, I think we were one of the first programs in the country to have optional leadership and management track for our residents. I think there is a downside, as there are so many requirements now for residents to learn that I am a bit concerned that residents aren't necessarily learning radiology. But I think there can be a good balance between those non-clinical kinds of educational things that residents do and learning some things about leadership and management.

[00:26:41]

Geoff: I wanna get to your role with the Board of Radiology, American boards in just a moment. But one of the things you just said compels me to ask a more specific question to that, and within the context of all your experience with the ABR and the establishment of competency testing. To what extent do you see the possibility of the examination process including the assessment of competencies around leadership and management?

[00:27:13]

Dr. Jackson: Well, I think that leadership and management competencies are already covered a bit in what we call our non-interpretive skills part of the examination, but I think that... That's a tough question. I think there are so many clinical areas to be covered in education and in our assessment processes that I don't see that that's going to become a major component of the exam process. I feel like a lot of the skills that people should be getting about leadership and management might be better done after somebody has started practice. I think there's a bit of a tendency when people start practice, it's really easy to just get completely involved in the practice, especially as busy as they are today, and maybe take a hiatus from learning new things. But I think that would be an ideal time to start taking advantage of the many resources to learn leadership and management skills.

[00:28:20]

Geoff: You are, I think, the first guest that we have had who has served as the president of so many radiology organizations. I know that you ...

[00:28:30]

Dr. Jackson: I don't believe that.

[00:28:32]

Geoff: I think it's true. I know that you mentioned the important attributes of doing things well and doing them on time. But I'm curious if you have any other insights into the qualities that you believe have led you to fulfill top positions in the SBI, the ACR, your state organization, SCAR, the ABR and the RSNA.

[00:28:58]

Dr. Jackson: First of all, you have to understand that I have impostor syndrome. So I'm just waiting for somebody to figure out that she really has no idea what she's doing, and I have no idea how I got where I got. I think that really one of the keys is that to get into a leadership role you have to extend outside of your own world. And whether that's a local leadership role or a national or even international role, you need to kind of get out of your comfort zone of what you do day to day, and kind of put yourself out there, volunteer. And then it's really, really important, I can't say this enough, that when you commit to do something that you actually do what you say you're going to do, do it to the best of your ability, and try and do it on time. I know people over the years who want to put a line on their CV that they have are a volunteer for something, but they never show up for meetings, they never do what they're asked to do, and then later on, they wonder why nobody asks them to do things. And I think that it's also really important to have passion for the things that you do spend your time on, including your paying day job. I don't know if I answered your question or not.

[00:30:16]

Geoff: I think you did. I mean, I want to just underscore you have to love it, right? I mean, you have to love doing it, because that's where the commitment comes from.

[00:30:24]

Dr. Jackson: Absolutely. Because this is stuff that you get paid in frequent flyer miles, or you get paid in, you know, a dinner here or there. These are not paying things. I know that a lot of boards outside of medicine pay their board

members a lot of money. I just didn't know this until like a year ago. That's not the case in radiology. This is all purely, you're doing this on your free time. And so you've got to love it. And I've have loved all the volunteer activities I've done.

[00:30:58]

Geoff: I'm interested in a few , what I would consider intriguing tidbits amongst your remarkable run of leadership roles. And the first one I wanna ask you about is after serving as the president of the college, the American College of Radiology, you then became president of the Indiana State Chapter. A lot of folks would think of a state chapter presidency is a stepping stone toward national leadership, but you followed that path in reverse. How did that come about?

[00:31:27]

Dr. Jackson: Well, you're gonna love this. That's because actually, the Indiana Radiological Society was not very strong in being able to get people who would do leadership roles. And so there were a fair number of us who had already been involved in the ACR or doing other things. I stepped up may not be the right word, talked into. But, you know, again, I felt like it was a really important thing to do, and I felt more like I was filling a void. And we had several years of the presidents kind of being more like me, and then recognizing the need to get our younger radiologists in the state more involved in leadership. Yeah, it's a bit odd.

[00:32:18]

Geoff: Well, honestly, I mean, I think it's remarkable. And I'll tell you why. I mean, I think the message here for folks that see leadership as this sort of staircase that is one step above the next is that that's not necessarily the path at all. And what you have shown here is that when there is a need, and when you are a leader, leaders lead and they step in, and that's exactly what you did.

[00:32:44]

Dr. Jackson: Thank you. That's actually quite a compliment. I also think that I've never looked at any of my leadership positions as being a stepping stone to something. I think we all know of people who they get a position and they're always looking at something higher, which there's nothing wrong with that. But they sometimes tend to be quite verbal about that and make it all about themselves. And I've just looked at every opportunity is something separate and not something is going, you know, I'm going up or I'm going down. It's just something different.

[00:33:19]

Geoff: Now, another intriguing role was your service as president of the Radiology Research Alliance. Would you tell us a bit about that organization, and what you sought to accomplish as it's president?

[00:33:34]

Dr. Jackson: I don't think you really wanna hear this.

[00:33:36]

Geoff: Now, I really do.

[00:33:38]

Dr. Jackson: So, it is a great organization, but it was also at a time where it was having trouble getting people to engage. And my dear friend, Norm Beauchamp, said, "We need some people to help with this. Val, why don't you help with this?" And so I did. I was not the best fit for that because by that point in my career, research had kind of fallen off my plate a bit. But it was one of those things, again, where they needed people to step in. So I think Norm was maybe the president right ahead of me, and I think Bill Bradley was after him. Bill at least had a better research track record at that point. But it was really to try and get that organization re-energized. That was my goal. I didn't have any fancy strategic plan.

[00:34:28]

Geoff: Were you able to do that, to get it re-energized?

[00:34:30]

Dr. Jackson: Yeah, actually, because we were able to find some new younger members who did have the passion for it and did have the appropriate research track record at that time. Sorry.

[00:34:47]

Geoff: No, it's perfect. Having been in the position of ascending to president so many times, what do you do to prepare yourself for the role? Have you kind of developed a rhythm or some sets of thoughts around what you can do to be most effective?

[00:35:05]

Dr. Jackson: Well, I think that I've had the advantage... In all of these organizations, except for the Radiology Research Alliance, I've had the advantage of kind of, you know, your work up, that's maybe not the right analogy, but I've been involved with the board for long enough to kind of know

what is going on, what the strategic plan is, what are the initiatives that need to happen? So that by the time I'm a president, I feel comfortable in the role. And then when you're a president, as you know, I mean, you have a lot of staff people that help you along the way and really kind of help tell you what to do and guide you.

[00:35:48]

Geoff: Do you set specific goals, kind of sit down for an hour on a weekend by yourself and say, "I'm just gonna jot down some goals of what I'd like to accomplish after my term as president," or do you sort of take it as it comes more?

[00:36:05]

Dr. Jackson: I've done it both ways. I certainly have thought about what my goals would be, but then I found that you can't be too rigid about that because you kind of have to wait and see what the resources are and what other unexpected things may be coming your way. And then I also do a lot of talking with the other organizational leaders, both, you know, volunteers as well as staff.

[00:36:36]

Geoff: Yeah, all super important. Great to have an eye on both, you know, what is right in front of you, but also, what strategically is important that if you only focus on putting out fires, you may not ever get to. You served as Chair of the Department of Radiology for 10 years, 2004 to 2014. Among the chairs and past chairs of academic radiologists that have appeared as guests on the podcast, you're actually the first to have ascended to that role as an internal candidate. Can you take us through the progression of leadership roles that you had in the department that led to your selection as chair?

[00:37:16]

Dr. Jackson: Sure. As I said before, I was the chief of breast imaging when it was just me, and then we had one other faculty person, and then I actually gave the role to the other faculty person when I became the residency program director. So I did residency program director for 10 years, never wanted to be a department chair. But the chair right before me, stepped down rather abruptly because we were trying to merge with one of the other big hospitals or radiology practice, and there were a lot of political issues. So I got asked to be the new chair of the new department by the dean, by others, even though I felt I was totally unprepared, I did not want to do this. But as my dean, who is a very good friend even to this day says I was bludgeoned into becoming the chair of the department. I think part of it was because the department felt they needed

someone with national notoriety to help push some political issues, and I think that that did work. But in my mind, I was not the best person for the job. But in the minds of others, I guess it worked out fine. And that actually was in January of 2003. So I was interim for over a year.

[00:38:45]

Geoff: You're a very humble person.

[00:38:47]

Dr. Jackson: You just think that .

[00:38:50]

Geoff: I believe it's true. And I'm interested, the extent to which you can kind of see through that to try to ascertain what was it that the dean and other leaders saw in you and the approach that you presented beyond your national roles? Because clearly, you were the person that they wanted to serve as chair, and whether you felt that it was the right role for you or not, there must have been some things that you did that really impressed upon them that you were the right person to lead the department. Can you think of anything?

[00:39:23]

Dr. Jackson: Well, I think the fact that I had been residency director for 10 years and in that role had also served on the Department Executive Committee, had been involved in School of Medicine, GME activities, never as a leader, but certainly, as a participant. And I was known to be somebody that kind of played by the rules, was known to be pretty reasonable, could listen to all sides and form an opinion, but not be too far out there. I guess. How's that?

[00:40:02]

Geoff: Great. Great insights. Yeah. Now, how do you feel that your perspective as essentially an IU native, if I could call you that, influence your decisions as chair?

[00:40:14]

Dr. Jackson: Well, since I'd been in the department forever, and had a very strong passion for the success of the department, that colored everything that we did. And so I was very quick to defend the department and try to make sure that the changes that were made to the department by the health system would be as fair to our department members, and to our department mission, including our education mission and research missions as possible. I wasn't always successful, but I think that it was apparent in the many, many, many meetings that we would have with the hospital system, that my arguments were not for

myself, my argument's for what's the right thing so that we can provide the best care for patients and the best education for our residents and medical students.

[00:41:11]

Geoff: Clearly, having deep institutional knowledge, familiarity both with the culture as well as people throughout the organization is a huge asset to a leader and to a department chair. But to a certain extent, that's at the expense of having ideas and practices from the outside to bring innovation and invigoration. And I'm curious whether you actively sought to have external perspectives to accommodate for that element, not being a part of your leadership coming in from internally.

[00:41:49]

Dr. Jackson: So I completely understand the value of having an outside perspective. The other value of having somebody from the outside come in is that you get some kind of a package that gives you additional resources, which, of course I didn't get. But the fact of the matter is, and I'm going to be very frank here, that department was in a really bad situation. So at that point, we were trying to hold together a department and keep it afloat. We were not looking, at that time, to really advance things. It was really a matter of survival. And so I think that's, again, where the faculty were comfortable with having an internal person that they knew did have a deep affection for the department and for the people in it. But later on, as we kind of got through the first year or two, that was really the critical part of organizing a new department. After that, we did get some external people to come and help us out with new ideas.

[00:42:58]

I remember distinctly when Rich Baron came down and spent a couple of days with us. And he was really helpful in terms of some of the business organization of our department, but also some other ideas about education and research. So we did, but it took a while before we felt we had the bandwidth to look at anything outside of the immediate fires that were going on in 2003.

[00:43:25]

Geoff: Understood, understood. Looking across your 10 to 11 years as chair, what do you identify as some of the accomplishments that you're most proud of?

[00:43:37]

Dr. Jackson: Well, I'm most proud of the fact that we survived, and that we really flourished. And I think that we built a lot of research productivity, we increased the number of people in our research division, gained a lot of new

research equipment. We always were aspiring to be in the top 10 of NIH. Frankly, I don't think that that was ever gonna be accomplished at that point in time. But also, we continued to really improve our resident and medical student education programs. And I'm really proud of those because I think they're top tier. And then, there are a variety of the sections of the department where we were able to support faculty and give them resources to go on to develop their own national and international reputations. And I think for me, that's always the most rewarding thing is when you see another generation flourish, even if they end up leaving IU to take on some higher position, that's, to me, a sign of success. So those are the things I'm most proud of.

[00:44:46]

Geoff: That's a terrific set. Absolutely. Having served on the executive board and as president for a number of organizations, upon taking on the full-time role of a Executive Director of the ABR, how did you view that responsibility in relation to your prior national leadership roles?

[00:45:10]

Dr. Jackson: That's an interesting question, because I knew that coming in as executive director was going to be a lot different than my many years of volunteering for the ABR and serving on its board. And one of the most important things for me was understanding the transition between being a department chair, where you're sort of the boss, but we all know that that's not the case really anymore in medicine. You always have bosses ahead of you, or on top of you. But going from a role where I could help to set policy to a role where my job is to implement policy set by our board, and to manage the staff and the day-to-day operations. And actually, I found that transition to be easy.

[00:45:59]

I was happy not to be in the same kind of role that I'd had as a department chair, but I also found that the skills that I had developed over the years as chair, were really helpful in my transition here. Like, I already knew how to manage problem individuals, I knew how to deal with HR things, I knew about resource management. A lot of things that if I had not had that chairmanship role, I think would have been a lot more difficult for me to come in here. The one thing that really delighted me was I found that I could come in here and actually make changes without it taking a year. Prime example, at IU if we wanted to change a faculty office, it seemed to take a year to be able to move somebody from one office to another, to get all the permissions and get whatever renovations had to be made. Here in my first week, they asked, "Well, can so and so move across the hall into this office?" It's like, "Well, sure, why not?" And it happened that day. So it's been a really nice transition for me.

[00:47:14]

Geoff: When you're serving as an organization's president for one year, or in some cases, a two-year term. Time, can move quickly.

[00:47:23]

Dr. Jackson: Yes.

[00:47:25]

Geoff: If one doesn't discipline themselves to set goals and establish priorities, then one can find themselves at the end of their presidency with less accomplished than they would have hoped. As executive director, did you feel a similar pressure to get moving, or did you take a slower, more methodical pace to change and innovation knowing that this was a at least initially a five-year term?

[00:47:51]

Dr. Jackson: So that's a very good question. When I got here, I was in no rush to make changes other than changing the office. When I got here, I knew there were certain things that had to be acted on quickly, and other things that were going to take some time. And I'm a big fan of you come in to anything and you spend a good percentage of your time in the first number of months learning the organization, learning the people learning what the real problems are. Because, when you show up someplace, you usually have people that pretty immediately come in wanting to bend your ear and petition for something that may be their pet project, but may not really be the best thing for the organization. So I spent a lot of time just listening. Again, there were some things that we had to sort out pretty quickly, and then I would take the advice of the staff that were here at the time. And also, I spent a lot of time talking with the president who started at the same time I started that was Mickey Guiberteau. That was his first year of being board president and the two of us work together well, to kind of guide each other through this. It was a bit novel for both of us.

[00:49:14]

Geoff: Yeah. That's fantastic. Essentially, you're describing a partnership, and that's really a valuable opportunity to be able to lead as partners with different tasks. And I'm interested in how you saw and continue to see your role as an enabler of the president and the board as a whole.

[00:49:35]

Dr. Jackson: That is one of the things that I am most proud of is that there have been times where the relationship between the staff and the board has not been

ideal. But I think that we have a really great working relationship between the staff and the board, and there's a lot of dialogue about what's the best thing for the organization, for our candidates and diplomates. It's interesting that our presidents, it's a two-year term, and they spend two years before that as the president-elect. And we make sure that those two individuals, I have a call with them every week. And so by the time somebody becomes president, they already have a really good sense of what's going on. There's been some shared decision making as appropriate. But I also have to adjust to the style of whoever the new president is going to be, which has been very easy. I've been really fortunate to work with great presidents. But I think part of my role is help enable them. I want them to be successful because I want the ABR as a whole to be successful. And that also means that there are times where someone may have an idea for something that seems great, but I kind of knowing, maybe the staff and me knowing more history or analyzing something differently might say, "That's probably not the best idea, and let's talk about this and why we feel this way," so that we can come to agreement about what's the best path.

[00:51:13]

Geoff: Are there any strategies in particular that you found most effective to enhance the performance of the board and its leadership?

[00:51:25]

Dr. Jackson: Well, I think that being able to have honest discussions with the board is critically important. And there's a two way street of mutual respect. There are some times where a board kind of looks down on the staff that works with them and doesn't understand that that staff has a level of expertise that's different from the board members. And I think that that's one of the areas where if there isn't that mutual respect and the board and staff aren't working together as a team, and recognizing the contributions of each that you can get into real trouble.

[00:52:11]

Geoff: Did you actively try to bring staff and the board together in order to principally just allow them to appreciate what each side brings to the table and to just kind of get a general appreciation for the strengths that exists on both sizes? You know, whether it was a retreat or some other kind of activity outside of the day-to-day work?

[00:52:42]

Dr. Jackson: Yes, definitely. We have staff, particularly our directors, who are kind of the leaders of each of our division, who attend all of our board meetings, and then a couple of key staff who are really integrally involved with

working with me on the analysis and implementation of a lot of our work, who come to all of our Board of Governors meetings. We have board members that come here and work with the staff to get things implemented or to plan strategy for things. I think it's a great working relationship and something that I'm really proud that we've been able to do that. And it's not because of me, it's been because of hard work by the board members, and president, as well as by staff.

[00:53:36]

Geoff: Have you ever attempted to coach the board or felt the need to coach the board? And if so, what strategies have been most effective in asserting influence without threatening the executive order?

[00:53:51]

Dr. Jackson: That's a good question. And yes, I have felt the need to do that. Sometimes it's something as simple as when we used to have one big board of, I don't know, 25-plus board members, and half the board members were kind of checked out during the meetings, not paying attention at times of critical votes that you would like, say, "Okay, put away your phones and put your computers over there. You gotta pay attention to this." But a lot of what we do now, because we have the strategic board, which is the policy making board or Board of Governors, they're really the ones that are making these important decisions. And so we have very close discussions with them about the pros and cons of all of the issues that are important. And that's really been my strategy is that the best way to make good decisions is by providing the appropriate education and thoughtful discussion.

[00:54:55]

Geoff: What qualities have you come to value in an organizational board member or a president?

[00:55:03]

Dr. Jackson: Well, I like people who are in it because they have a passion for the organization more than their own personal agenda. That doesn't mean they don't have things that they personally want to accomplish. But, you know, the person that just wants to do this to be the star, to be able to say they've done it, but they're looking out more for themselves. I really value somebody who has what's the best thing for the organization and its mission over what's the best thing for me personally? I like people who are good team players, who are optimistic, who want to learn new things, and have an open mind about new ideas, and people who are honest and have integrity. And I've been really fortunate that all the presidents that I've worked with have all fit all of those characteristics.

[00:55:58]

Geoff: Excellent set of qualities. Social media can be tremendously empowering platform for leaders and has been a key focus for a number of leaders that have been our guests on the podcasts. On the other hand, social media can be a megaphone for critical voices. Over the past few years, the ABR as well as other medical boards have faced levels of public criticism that I imagine to have been unprecedented in the 75 year history of the board. What have been your strategies to address this new public forum? And how have you engaged the board in this effort?

[00:56:37]

Dr. Jackson: So that's a really good question. And it's the one area that I have really struggled with the most during my time at the ABR, because the social media stuff has really ramped up in our daily lives since I came here in 2014. I'm of a generation that I have a smartphone and all that stuff, but I don't do much in the way of social media. I have a Facebook account that I never post in. I got a Twitter account for a while. But I also found that social media allows a lot of people to be very mean and what I feel is inappropriate, and a lot of them hide behind anonymity. And some of them are brave enough to put their names on things. But I feel that it has fostered a severe lack of professionalism. And a lot of that has been directed at the ABMS boards. And it's interesting, it's not the public, it is physicians, and some of them are totally out of control, and can be very, very hurtful. So, we actually have staff who monitor the social media. I personally don't look at it.

[00:58:00]

They will send me the stuff that our staff feel is appropriate for me to look at. But I can't do the important work that I'm supposed to do if I am having to think about the fact that somebody doesn't like something about me, and believe me, they name me personally, and they name board members, and they name presidents. And it's interesting. It's not just in the U.S. I was at a meeting in New Zealand a couple weeks ago for the RSNA, and everyone was discussing what are the things that keep you awake at night? And for a number of us it was a great deal of unprofessional behavior that we're seeing around the world now.

[00:58:44]

Geoff: Yeah, that must be tremendously frustrating and challenging to have to deal with that. It's a headwind that I think many never anticipated.

[00:58:54]

Dr. Jackson: Right.

[00:58:56]

Geoff: Nevertheless, it seems to be a headwind that's at least not going away for the time being. And you identified HR as a important characteristic and competency for an executive director, and you identified that there are staff now at the ABR, who are focused on social media and addressing it. How do you as the essentially CEO of the organization set forth and approach to potentially changing how the ABR approaches its affairs, and in particular, how it engages with this public element out there in social media that simply isn't going away? Is ignoring it the only strategy? Is that what your experts are saying?

[00:59:49]

Dr. Jackson: No, I personally am ignoring it. Now, I've Facebook and Twitter, LinkedIn accounts. And what we've been advised to do is not go in head-to-head battle with people who on this variety of websites want to criticize us. With the exception of when there are things that are posted that are absolutely untrue, we will generally post a response, just stating what the truth is. But we also are putting out our own positive messages through our own social media endeavors, knowing that the people who probably hate us the most are not necessarily gonna ever look at our stuff because many of them are probably too busy posting their own stuff on their own sites.

[01:00:48]

Geoff: I think that that's a perfect counterbalance is to simply use the platform as an effective method to communicate with the broad community about all the great things that the ABR is doing, the diligence that it's bringing to its day-to-day deliberations and its operations. And the incredible network of volunteers, in many respects represents some of the best of our field in contributing.

[01:01:16]

Dr. Jackson: No, that's absolutely true. And in fact, I'm glad you mentioned volunteers, because we have over 1,300 people who dedicate part of their free time, which as you know is diminished these days, to helping us fulfill our mission, as opposed to a tiny percent of people who just wanna complain about us all the time. So it's important for us to keep our eyes on the big picture and the fact that people don't volunteer for something that they don't want to try and help with the mission or improve the organization.

[01:01:58]

Geoff: Yeah. You've held the leadership positions with the RSNA since joining the program committee in 1990. Upon joining the board of the RSNA as liaison for education in 2012, you began a commitment that is culminating in your presidency this year, but that has also seen you serving as RSNA board chair in 2017. How have you approached accommodating the simultaneous performance of demanding leadership roles for two different organizations?

[01:02:30]

Dr. Jackson: Well, that's a good question. But, you know, there are a number of people, I'm not unusual in this, who do fulfill major activities. It's always at the expense of something else. I have somebody that helps me clean my house. This year where there is a lot of international travel as RSNA president, I have not been going on vacations. I may take a day or two when I'm in the vicinity of my son who lives in Australia to spend some time, a day or two there. But I've sacrificed my regular vacations with friends. And that's been well worth it to me. But I was on the RSNA board at the time that I took this executive director position. And I was very clear that I wanted to continue in that role, and that I would use, basically my vacation or discretionary time would be a lot of that would be going for the RSNA role. And so that's been basically the trade off.

[01:03:36]

Geoff: Have you found yourself establishing formal guideposts regarding time allocation and prioritization for activities associated with the two organizations?

[01:03:48]

Dr. Jackson: Oh, absolutely. RSNA, you know, when you come on that board, how many meetings there are a year, how many days they are, what are the travel commitments for your particular portfolio. And so when I joined the board, I was the chair at IU, but I also had discussed it with the key people in leadership in my department so that they would know that I'm going to be gone at these times. But I've spent my whole career spending a great deal of my vacation time in volunteer activities, which has been my choice. I have really enjoyed that very much. So it wasn't a big deal.

[01:04:33]

Geoff: Are there any vignettes that you can recall that put these principles of separation to the test?

[01:04:42]

Dr. Jackson: I don't know. The IU department of Radiology was always very specific in how much time you could have for vacation, how much meeting

time. Ultimately, it was just time out of the department. And I've always been like, "Okay. I'm gonna count up the number of days I'm gonna have this year, and I'm gonna apportion this to this." That's how I've always done it. I know here at the ABR, all the staff, we have a set number of days that we can be gone, and it's a matter of managing those things. I know that there are some academic departments that are a lot less strict about it than IU might have been.

[01:05:27]

Geoff: And I'm thinking more in terms of unanticipated crises. And it comes up at the head of any organization, and if a crisis were occurring in each organization simultaneously, and you're maybe in another part of the world, fulfilling a responsibility that you have, have you had to face anything like that?

[01:05:48]

Dr. Jackson: Well, I've been lucky that I haven't had to face anything major. My first responsibility is gonna be to the ABR because if there's a crisis at the ABR I physically and mentally have to be a leader in that no matter where I am in the world. RSNA, if there's a crisis at RSNA, then Mark Watson, who's the executive director there, he and the staff, and the board will deal with it, but it's not quite as critical for me to be the leader in that crisis management. I've been lucky that we haven't had anything major that has happened. I went to Cambodia and Vietnam on a vacation almost two years ago, and during that time, there was something that came up, and I don't remember the specifics, at the ABR and I didn't have any email access for several days. And so the president of the ABR at that time, she stepped up and kind of handled a lot of it. It wasn't anything that was a major life or death crisis. It was something more of a PR issue. But I try and be accessible all the time. Part of the reason I'm looking forward to retiring is to not have to be accountable all the time.

[01:07:14]

Geoff: You mentioned Mark Watson, and boy, he's such a talented leader and has done tremendous things with the RSNA. And Bill Fortworth has been with us on a prior episode as a radiologist, Executive Director of the ACR. What is your perspective of a physician, a specialist serving in that executive director role of a major organization such as the RSNA versus, you know, someone with Mark's skill set?

[01:07:41]

Dr. Jackson: Well, I think that depends on the organization and it depends on the individual that might be in that role. For the ABR, the executive director has always been a physician, and it's always been a diplomate of the board. So that's very, very narrow. Prior to Harvey Nieman at the ACR, that was not a

physician. Harvey was the first one at ACR. And then, all of the other radiology organizations that I can think of off the top of my head all have non-physicians as their CEO or Executive Director, whatever they're called. So it really varies. And I think for the role for the ABR, it's really important, it's a relatively small staff, and the mission is such that I think it really helps having somebody that is a diplomate of the ABR to be in this role, maybe not absolutely necessary, but I think it's an advantage. On the other hand, I don't know that it's quite as necessary for others. Hey, Mark has done a super, super job and he's got a skill set that includes some things that physicians don't necessarily have the expertise for. So I don't know what the answer is. I think it's variable

[01:09:00]

Geoff: Yeah. No, I think that was a very articulate answer, and within it, you're highlighting the organizational mission as a key determinant, I think is certainly very appropriate. And there's certainly no cookie cutter approach, no one answer. So, thank you for that. Now, as you enter your presidency at the RSNA, what priorities do you have for the year ahead?

[01:09:23]

Dr. Jackson: Well, I'm actually almost at the end of my year. My term started after last year's RSNA and so I will finish up at this year's RSNA. And so now, I'm thinking back, I don't know if I had any priorities. No, I did.

[01:09:41]

Geoff: To make it to the finish line.

[01:09:43]

Dr. Jackson: Yeah, yeah. But I knew I would make it to the finish line. RNSA has a super staff. Mark is just an example of how great they are. So they make it easy to get through things. A lot of the things that a president does for RSNA, you're much more of an ambassador for the RSNA internationally, so that's the main role. A lot of the things in terms of helping to set strategy or develop new projects, that's the role of the chairman of the board, which was two years ago for me. It's a little different than a lot of other organizations where the president is the one who's really setting the tone for things. At RSNA, this is the year that you get to do a lot of really interesting travel and meet all sorts of international folks.

[01:10:31]

Geoff: Sure. Now, we've talked about you've had so much experience as a president, but this has been your first organizational presidency and board chairmanship, or chairpersonmanship, since serving as executive director for

the past five years. How has your ABR executive director experience uniquely informed your approach to leading within the RSNA?

[01:10:58]

Dr. Jackson: Well, I think it's important because I now have a staff perspective as well as a physician and board member perspective, and I have a better understanding of resource management within the constraints of a not for profit organization, that's a lot different than my experience that I had even as a department chair.

[01:11:22]

Geoff: So I'd like to turn a moment to family life. And one of the concerns that I hear expressed amongst radiology leaders is a work-life balance and in particular as it pertains to raising a family. Can you share some details of your journey in that regard with us?

[01:11:39]

Dr. Jackson: Sure. First of all, I'm that mid baby boomer, maybe early baby boomer generation, where work-life balance was not a thing. And I married a lawyer, so it was a two-profession family. We were married about nine years, I think, before we had one child and so that was at a time where I had just joined the faculty and really hadn't established much in the way of a career, and my husband was, well, he still is a lawyer. He's just no longer my husband. But back then the generational stuff and the expectations of women were different than they are now. And so I found that a lot of my time away from work was either spent with cleaning the house kind of things, running errands, cooking, spending some time with my son, which I wish I would have spent more time with him now, but he turned out great. And so other activities, especially like taking care of myself, were really kind of off the radar. But that was kind of the way it was back in the 1980s and early 1990s.

[01:13:00]

I know that people talk about work-life balance now and sort of act like, "Well, that's a generational thing. It's a dirty word." But I think that that's usually old people putting kind of our value system. I think we all overworked too much. But in the long run, I don't have any regrets about it. I took work home a lot. But I also realized there were reasons why I liked working at home in the evenings. And they were things that were self-inflicted.

[01:13:34]

Geoff: Yeah, a lot of great points in there, including particularly taking care of ourselves, but also in helping to take care of the family and ideally sharing the

load with a spouse on equal terms. What advice do you offer leaders today who are seeking balance, particularly between parenting responsibilities and professional responsibilities? I'm sure you encounter these concerns and people who are struggling with that. What do you offer in that regard?

[01:14:04]

Dr. Jackson: Well, I've always felt that your family is incredibly important. And your children are... This is gonna sound terrible, but it may be it was just my situation. My son was the most important thing in my life. Because my now ex-husband, he was an adult, he could take care of himself, and a child has needs that are really important. Plus, children are so delightful, and they grow up so fast. And you wanna really cherish the time that you have them at home. And I also struggled, in that we didn't have a nanny or a babysitter that came to our house. So my son grew up in daycare, and worrying about me getting him to school, and getting him home from school, and after school programs, and all those things that are incredibly stressful. And so I've always felt that whether it's a mother or a father, either parent that has the responsibility for childcare, you have to cut them some slack. You have to understand that they can't always come to the 7:00 a.m. conference or that they can't stay until 6:00, that they have things that have to be done in order to be able to take care of their child. But that also means that they need to be more focused during their working hours so that they aren't leaving stuff for other people all the time. It is a delicate balance. To me. It's the time that I was working and not spending time with my son is time I'll never get back. And now he lives half a world away.

[01:15:53]

Geoff: Such valuable points and especially your point about, there's absolutely nothing wrong with the view that taking care of a child and meeting a child's needs is the most important thing in your life as a parent, I mean, we have a lot of responsibilities as physicians, to our patients, to our colleagues and such. But I'm really glad that you underscored that importance because a lot of kids don't benefit from parents who have that perspective, and it's certainly an important one. I understand that you've recently developed a passion for photography. Can you tell us a bit about that?

[01:16:29]

Dr. Jackson: Sure. It is my major hobby. I absolutely adore it. I did a lot of photography in college, including taking two semesters of scientific photography when I was in college. And then, you know, you get busy with med school, and residency, and young family, and I kind of forgot about it. But interestingly, when my son moved to Australia for graduate school, he picked up photography and really helped me to reignite my interest in it so I love it. I

spend a lot of time doing it here, a lot of my travel, I do photography, I actually have taken a lot of photography, specific trips. I love learning new things and it helps with my creative outlet.

[01:17:22]

Geoff: What sorts of subject matter and styles are most interesting to you?

[01:17:27]

Dr. Jackson: I do a lot of macro photography, so plants and stuff, and I like flowers with bees on them. I do a lot of bird photography. I have no idea what the birds are, but I just love taking pictures of them. I'm starting to do more landscape photography. I also really like to do street photography, which kind of just hang out someplace and you take pictures of interesting people. That probably is the majority of it, but I can find things to photograph no matter where I am.

[01:18:01]

Geoff: That's fun. It sounds like with your son's interests that even though he is half a world away in Australia that perhaps you're gravitating towards photography has provided a basis for the two of you to share something collectively?

[01:18:17]

Dr. Jackson: That's absolutely true. And it's very common when I'm there, or he's here that we'll go out to do photography together.

[01:18:26]

Geoff: I'm curious. Are there any lessons that you've gleaned from photography that inform your leadership?

[01:18:35]

Dr. Jackson: Actually, yes. That's an interesting question I never thought about. I think one of the things is particularly from some of the photography class trips that I've taken, I've worked a lot with a National Geographic photographer, Ira Block. And one of the things you do you go out and you take pictures all day, and then you come back and you download your stuff and do your editing. And then there's a critique. And I've learned a lot about being able to take that constructive criticism, and not let it emotionally wreck me. Like, I don't burst into tears. And that has helped me to put things in perspective when I get criticized in a meeting or whatever, that my idea isn't the best thing. I feel like that's helped me a lot. The other thing is that when you start looking at things from different perspectives, you realize that something that appears to be

one way, when you actually get around the back of it is something completely different. And that's helped me to realize how especially working with individuals and how they appear in one situation may not be how they actually are.

[01:19:52]

Geoff: Do you recall any failures or really difficult times that set the stage for later success or taught you something that you later realized have great value?

[01:20:07]

Dr. Jackson: I've had a lot of failures in my life, so many that I probably can't remember a lot of specifics. And I've gotten better over the years of recognizing that those failures are learning opportunities. I think I look back on my first year, so being department chair, which was very stressful, and I was unprepared. And I also was very emotional and I became very defensive. And because I was in the department I'd lived in, people knew how to push those buttons and get me upset, which was not good.

[01:20:45]

Geoff: Well, let me ask you. What do you attribute to your being able to have overcome that circumstance where people were pushing your buttons and it was so difficult and emotions were taking hold?

[01:20:57]

Dr. Jackson: Well, I actually spent a lot of time talking with some of my friends and mentors about how I wasn't accomplishing anything by having those kinds of reactions. And I think, this is gonna sound strange, that's also something I learned in my divorce, but I kind of forgot it when I was in the chair job, in that there are some people who do like to push your buttons. And as long as they are getting the desired result, which is you being upset, they will continue to do it. And once you learn to ignore it, that behavior on their part tends to go away. I just needed some extra reinforcement that I wasn't accomplishing what I wanted and that the attacks were more out of that individual's frustration with their situation, their sense of loss of control, rather than at me personally.

[01:21:48]

Geoff: Yeah, great message. Great message. What advice would you give to a young radiologist who's inspired by your journey and would like to pursue leadership?

[01:21:57]

Dr. Jackson: My piece of advice is get involved. And that may not be able to happen at every stage of your career because you got a lot of competing activities or priorities. But when you have the time, get involved, whether it's in your own practice or whether it's in your state, CSR chapter or volunteering time to do something at a non-medical organization. I think that the rewards from giving your time to something else are far greater than the actual time that you put in. I'm so fortunate to have had the opportunities I've had, because my very dearest friends in the world are all people that I have met through my volunteer activities, or through my leadership work when I was back at IU. So you gain a lot and it really broadens your perspective of the world to be able to have these experiences.

[01:23:04]

Geoff: Well, Valerie Jackson, you have been an amazingly articulate voice of leadership and marvelously inspirational thoughts. I can't thank you enough for joining us today on "Taking the Lead."

[01:23:20]

Dr. Jackson: Geoff, I can't thank you enough for offering to let me do this. It's been a lot of fun. You've made it very easy. And I appreciate what you're doing. I've listened to a number of your podcasts in this series, and I think you're doing a great job. So thank you very much.

[01:23:43]

Geoff: As we close this episode of the RLI's "Taking the Lead" podcast, I want to, once again, thank our new sponsor, Carnegie Mellon University's Master of Medical Management Program, offered exclusively to physicians. This professional degree from Carnegie Mellon builds expertise and evidence-based management, business strategy, and technology for the future of healthcare leadership. To learn more about the MMM program, please be sure to check out the link on the page for this episode. And please join me next month when I speak to Dr. Elias Zerhouni, who immigrated to the United States from his native Algeria after attaining his medical degree at the age of 24. After completing a radiology residency at Johns Hopkins University, he began a highly productive career on the Johns Hopkins faculty contributing fundamental tools to the use of CT and MRI in the diagnosis, and characterization of cardiothoracic disorders that remain fundamental to practice today. He rose to become Chair of the Department of Radiology and Executive Vice Dean of the Johns Hopkins Medical School where he simultaneously lead radiology while sequentially overseeing the clinical practice and research enterprise for the whole of the medical school.

[01:24:59]

Following six years in those roles, he was appointed by then President George W. Bush to become the 15th Director of the National Institutes of Health, the only radiologist and immigrant to the United States with that distinction. While serving as director, he introduced the roadmap for medical research, navigated the politically charged topic of embryonic stem cell research, and saw the passage of the NIH Reform Act of 2006, among many other accomplishments. Upon completing his tenure as NIH Director, he served President Obama as presidential science envoy, and the Bill and Melinda Gates Foundation as a senior fellow. Within three years, he, again, reoriented his career serving eight years as president of Global Research and Development at Sanofi, a global pharmaceutical company headquartered in Paris, France. One year after concluding that role, he continues to provide his vision and expertise as Professor Emeritus at Johns Hopkins University, while serving on the boards of the Lasker Foundation, Research America, the Danaher Corporation, and the Foundation for the National Institutes of Health.

[01:26:14]

If you've enjoyed this podcast, I invite you to do three easy things. Subscribe to the series so you can never miss an episode. Share the link so your peers can listen too, and like or rate every episode, so more people will discover it. "Taking the Lead" is a production of the Radiology Leadership Institute and the American College of Radiology. Special thanks go to Ann Marie Pascoe, Senior Director of the ROI and co-producer of this podcast, Peg Helminski for production support. Linda Sowers for our marketing, Brian Russell for technical support, and Shane Yoder for our theme music. Finally, thank you, our audience, for listening and for your interest in radiology leadership. I'm your host Geoff Rubin, from Duke University. We welcome your feedback, questions, and ideas for future conversations. You can reach me on twitter @GEOFFRUBIN or the RLI @rli_ACR. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."