



Episode 34: Leading for Access
Amy K. Patel, MD

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Dr. Rubin: Hello, and welcome to "Taking the Lead," podcast from the Radiology Leadership Institute that profiles radiologists as leaders, seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Ruben. Today, I'm speaking with Amy Patel, medical director for women's imaging at Liberty Hospital in Liberty, Missouri. Partner of Alliance Radiology, assistant professor of radiology at the University of Missouri, Kansas City, and chair of the Young and Early Career Professional section of the American College of Radiology. Since finishing a post-residency fellowship in breast imaging less than four years ago, Dr. Patel has committed herself to numerous leadership roles within the University of Missouri, the Kansas City Chapter of the American Cancer Society, the Missouri Radiological Society, the American College of Radiology, the American Association of Women Radiologists, and the Society of Breast Imaging.

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A tireless advocate for women's health, Dr. Patel successfully partnered with the Missouri state Senator to pass legislation guaranteeing breast cancer screening coverage for women 25 years and older who are at high risk. When the WWE or World Wrestling Entertainment teamed up with Susan G. Coleman to celebrate champions of hope, patients, doctors, and breast cancer advocates who have gone above and beyond in the search for a cure, Dr. Patel was named a top-five finalist. A proud advocate and trailblazing leader, Dr. Patel has set an inspiring example for how radiologists just a few years removed from their training can make a huge impact in advancing health care, both locally and nationally.

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Dr. Rubin: Amy, welcome.

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Dr. Patel: Thank you for having me.

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Dr. Rubin: Let's start at the beginning. You were born in Chillicothe. Is that correct?

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Dr. Patel: Chillicothe, Missouri.

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Dr. Rubin: All right. Chillicothe. Where is that?

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Dr. Patel: So Chillicothe, Missouri is a rural town in Northwest Missouri. Population now is about 10,000. Growing up, it was about 8,000 people. So I was born and raised in Northwest Missouri in Chillicothe.

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Dr. Rubin: And what was life like for you growing up there?

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Dr. Patel: You know, I had a really fantastic upbringing. I come from just a really awesome family, incredibly supportive parents. I'm very close with my one sibling, my brother, and I had a really great experience. I know that, you know, others who might be of minority status growing up in rural areas may not have had as great of an experience as I did, but I felt that I had a really great upbringing in that town, was very welcomed. I'm still very close with a lot of my friends there. But, you know, growing up in a rural town made me also see disparities very early on and I realized that if I did go into a field where I could make a difference to close the gap to those disparities, that would ultimately benefit the people that I grew up with. So not only was it a great upbringing, but also an eye-opening upbringing to see the work that needed to be done quite early in my life.

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Dr. Rubin: What did your parents do for a living?

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Dr. Patel: So my dad is a medical technologist and my mom is a manager of a surgery center. They both are at rural hospitals. My mom is at the rural hospital

in my hometown of Chillicothe, and my dad serves at a rural hospital about 40 minutes outside of Chillicothe. So also dedicated to health care. I'm trying to get them to retire. They just haven't done it yet.

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Dr. Rubin: So you were exposed to healthcare at a young age?

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Dr. Patel: Absolutely. You know, my grandfather, he was a surgeon, my dad's dad, and sort of inspired all of us to pursue healthcare if that was something we were interested in, no greater calling in his mind, which sort of permeated to us. So a lot of my cousins, my brother, a lot of us are physicians, or pharmacists, nurses really feeling compelled to serve.

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Dr. Rubin: Terrific. And you mentioned, one brother?

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Dr. Patel: Yes. I have an older brother. He lives in Atlanta, Georgia.

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Dr. Rubin: And he's a physician as well?

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Dr. Patel: Yes. He is clinical director of a psychiatry private practice in the Atlanta, Georgia area.

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Dr. Rubin: All right. When you were growing up, what, what was the first job that you had outside of the home.

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Dr. Patel: Well, to be completely honest, my first job was being an intern. I did not have a job growing up. My job was to do well in school, get good grades. I was involved in a lot of extracurricular activities that really took up my evenings, whether it was choir or band or community service activities through things, through school like the key clubs. So I really didn't have time to work. So I was very blessed in that regard that I didn't, you know, work outside of my

scholastic activities, although that arguably is very hard work in and of itself. But my first real job was when I was an intern. I did a year of internal medicine at the University of Missouri, Kansas City after I graduated medical school.

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Dr. Rubin: All right. And we'll get to that in a moment, but I am intrigued by this full pallet of extracurriculars. You said you played in the band, what instruments you play?

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Dr. Patel: The alto saxophone. And I also played the soprano saxophone.

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Dr. Rubin: Excellent. Do you still play today?

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Dr. Patel: Unfortunately, no. I still have my saxophone, so I should pick it up and dust it off, but, you know, a lot of people don't know that if I didn't go into medicine, I actually would have been a music major. So music has played a very large role in my life.

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Dr. Rubin: Yeah. Yeah. It's true of many physicians. You should dust off that alto sax or at least the soprano.

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Dr. Patel: Yes.

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Dr. Rubin: Great. You know, looking back at your childhood, were there any defining moments or influences that you might recall that might have, you know, affected your interest in leadership and your career path?

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Dr. Patel: I think one of the big things was, you know, when I looked around, there were such opposity of women physicians. All around me were male physicians. Albeit, they were fantastic doctors. You know, my doctors growing up were amazing, I have nothing but good things to say, but I saw that, you

know, lack, that disparity there of women physicians and a lack of emphasis on women's care and, you know, the focus on women's care. So I really thought that after medical school, I was going to do residency in primary care with a focus on women's health, go back home, and serve the community. But then, you know, I fell in love with breast radiology pretty early on, actually my second to last year of medical school after doing a breast imaging elective. And so my trajectory changed a bit, but my emphasis and passion for women's health never waned.

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Dr. Rubin: Yeah. Great. Now, you know, coming out of childhood, you went to college with a combined BA MD program at the University of Missouri in Kansas City. So presumably you were 17 or 18 when you started that program?

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Dr. Patel: Yes. I was 18.

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Dr. Rubin: And so at what age did you decide to pursue medicine?

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Dr. Patel: You know, I probably got serious about it in middle school, about seventh grade, because I remember in sixth grade, I wasn't getting the best grades, which they still arguably weren't bad, but I was getting like Bs and B-minuses. And I remember my parents saying to me that, "You know, Amy, if you do want to pursue something like medicine, you are going to have to, you know, get some better grades." And so, you know, I really thought like, "Wow. I think I'm gonna need to be more disciplined with my schoolwork." And after that, I sort of went, I guess, to the other extreme where I arguably was maybe a little too hard on myself in high school to get, you know, straight As and that sort of thing. But I think I decided in middle school really that that's probably the direction I was going.

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I did shadow like, you know, some dentists in high school. I thought maybe at one point I might do dentistry, or pharmacy, health care, of course. But ultimately I thought, "I'll apply to this medical school at UNMKC. Let's see, let's roll the dice, see if I get accepted." And I did. So then I had to decide, you know, do I really wanna do this, or go into, like I mentioned earlier, music

because I got an offer from the UMKC Conservatory, but I ultimately chose the UMKC School of Medicine.

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Dr. Rubin: Wow. Yeah. I mean, that must've been a very competitive program. It was all compressed BA and MD into five years. That seems pretty intense.

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Dr. Patel: Yeah. The first couple of years, I mean, I'm not going to sugarcoat and say that it was just a breeze for me. You know, I struggled early on. No doubt. You know, coming from rural training, sometimes the schooling may not be at the level that maybe some of your peers have going to private schools and large urban cities. And so, you know, that first semester I really struggled and I got a tutor, but I realized that I needed to have these things in place to succeed. So I would say, you know, the first semester, the first year were pretty difficult because they have you combine essentially four years of undergraduate education into two years and then your medical school training really starts after that in terms of your clinicals and all that. So very intense. And then already I was sort of playing the catch-up game just try to stay at that level with the others in my class.

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Dr. Rubin: Yeah. Now, did you get a chance to explore courses outside of medicine and bio-sciences with such a small window for general education?

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Dr. Patel: Yes. So what was really unique was that I was able to take vocal music lessons through the conservatory because I also sing. That's probably my biggest musical passion. So every week as a college credit, I was able to take a voice lesson through the MKC conservatory. So not only did those credits count, but I also had a really awesome stress reliever, got to do something I love. And I never finished it, but I'm about four hours away from having a philosophy minor. So I took a lot of philosophy classes as well, which I really, really enjoyed. I kind of surprised myself. I didn't think I would love it as much as I did.

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Dr. Rubin: Yeah. It's great that you were able to explore those areas. Are you singing much today?

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Dr. Patel: Well, not as much because of COVID, but what's really ironic is my vocal music teacher who worked for the conservatory those years ago. She's retired now, but she gives voice lessons at her house. So once I moved back to the area to practice, I contacted her and I picked up taking lessons from her. So I'm still doing that, which is amazing. Obviously have held it off right now because of COVID, but before COVID, and then, you know, I'm still singing at my hometown church Christmas Eve service, Easter service, you know, still do weddings and funerals here and there. So I'm still keeping up with it a little bit.

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Dr. Rubin: That's terrific. You know, I don't mean to put you on the spot. Did you have something acapella for us?

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Dr. Patel: Oh, my gosh. Well, oh goodness. I don't know. I mean, it's been a long day. I don't wanna embarrass myself.

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Dr. Rubin: All right. We'll take a recording and piece it in.

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Dr. Patel: Sounds good.

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Dr. Rubin: All right. Bravo. Extracurriculars, it seems like, you know, the classes were pretty diverse. But, you know, were you as busy in college with other activities as well?

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Dr. Patel: Well, not as much until sort of the tail end of my medical school training because those last couple of years aren't as, I would say, rigorous as the front-end. So I started really getting involved, particularly in the Gold Humanism Society at the school of medicine. I was president of Gold Humanism the last two years of my medical school training. That was just an incredible experience where you really understand the humanistic side to medicine and patient care. And I think that that's carried with me now, why I'm so passionate about that human element of breast imaging, my work with the

ACR patient, and family-centered care. So I really think that the work that I'm doing now stems from those activities at an early age.

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Dr. Rubin: Yeah. And I noticed that while in medical school, you received a named research prize for a project investigating the relationship between personality, psychology, and selection of therapy for early breast cancer. This project seems to both reflect the humanistic aspects that you were just describing but also foreshadows a very direct path toward breast cancer care and advocacy. When did you realize your passion for combating breast cancer?

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Dr. Patel: Well, like I had mentioned previously, you know, I thought I was going to go home and do primary care. And then one of my best friends in medical school, his mom was a breast radiologist and he said, "You know, why don't you go shadow my mom or do an elective with her, see if you like it because I think this might fit with your personality and your passions." So I ended up doing a one-month breast imaging elective with his mom and I just fell in love with it. And I think that's when I really fell in love with breast imaging and all of its aspects. And also, the patient care aspect where we're talking to patients and connecting with them on a different level. So I would say that, you know, it started the second to last year of my medical school training and then from there it just never waned. I tried to keep an open mind in radiology residency that perhaps I would seek another fellowship, but my passion for breast just did not wane and I just kind of never looked back after that.

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Dr. Rubin: Yeah. Fantastic. So you must have been, what, 23 years old when you graduated with an MD?

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Dr. Patel: No. So I ended up like 24, 25. Yeah. So pretty young still.

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Dr. Rubin: Yeah. And then straight to internal medicine internship at the University of Missouri, Kansas City, I'm guessing that you were a few years younger than the rest of your intern class. Was that a tough transition?

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Dr. Patel: Well, for me it was actually a fairly easy transition since I had trained at UMKC medical school-wise. We did all of our inpatient rotations and all of that at one of the main hospitals that I rotated at as an intern. So that transition was quite easy in terms of learning, you know, EMR and how to dictate reports and all of those logistical aspects, the transition was quite easy. And honestly, although some of my co-interns were older than me, it really wasn't horrible. I mean, we had such a strong class of interns. A lot of us still keep in touch for which I'm very grateful. A lot of them have now ended up practicing, coming back to the area, or never leaving and practicing here in Kansas City. So I was blessed to have a really great intern year in all ways.

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Dr. Rubin: You headed about three hours Southwest from Kansas City to Wichita, Kansas for your radiology residency immediately after this internship. What kept you so close to home through all of this education and training?

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Dr. Patel: Honestly, you know, it was my family and my friends. I think that having a strong support network, sometimes people underestimate and I realized that particularly after my training when I started practicing out in Boston, Massachusetts, and realizing my support system was gone. But I felt that, you know, being in residency for four years was going to be very rigorous call, just the learning curve of radiology in general since we're not taught a lot of radiology in medical school depending on where you attend and just getting through boards. And I just felt like being closer to home would be great for me from a support standpoint. Again, I have really amazing parents who have supported every career move, decision I've made. And so it's sort of an invaluable situation there that I acknowledge not a lot...you know, some people don't have, so really what kept me close to home was my family.

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Dr. Rubin: It looks like during the early part of your residency, sometime you established resident and fellow section for the Kansas Radiological Society, ultimately serving as president during the subsequent year. Tell us the story of what inspired this initiative and how it came to pass.

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Dr. Patel: Yes. Well, I started getting very interested in organized radiology when I was a first-year resident. So we're really fortunate in the state of Kansas that all first year residents can attend the ACR annual meeting for free to get exposed to the college. And so we were offered to go as first-year residents for free and I wanted to see what it was all about. One of my beloved mentors is active in the college, John Lowness, who is a radiologist in Wichita, and he really pushed me. He said, "You know, I think you're going to really like the meeting. I'll introduce you to some, you know, radiologists there and see if you like it." And I just absolutely loved it. And that's how I got to know Geraldine McGinty, was through John Lowness, who is one of my most beloved mentors who has guided me up until this point and does every day.

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So went back home to Kansas after that and realized, "Wow. So a lot of states have resident fellow sections, but Kansas is not one of them." So I got to work. I asked, you know, Dr. Lowness and the rest of the KRS board, if I did put together a constitution, if I did have resident interests, could we establish one? And luckily, we had the support. So through people like Andy Moriarty who is now one of my best friends of all time who I met through the ACR, he and others helped me craft a constitution, taking language from other RFS constitutions around the country to devise one that could fit with the Kansas structure. Fortunately, it was unanimously approved and that was it. So very proud of that endeavor. The KRS RFS is still strong and I hope that they continue to build that in the years to come.

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Dr. Rubin: Yeah. Congratulations. That's a great outcome. When you were founding that section, and you mentioned Andy as a key participant, was it a team activity, and were you mostly creating a team that was composed of folks from outside Kansas or did you have a strong team within the state to help push it through?

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Dr. Patel: So initially just gathering the information, Andy played a really big role in that because he was in a position to do so as he was the ACR RFS chair at the time. So I went to Andy and asked him for his help and being Andy, as everyone knows he is, he's such a helpful, dedicated person. He helped me gather different state radiological societies for the RFS constitutions. Also, Neil Lall is a good friend of mine. He also helped with Louisiana. So I had

Louisiana, Michigan. I had Texas, I had so many states. So from there, I put together what I felt was a constitution that could best fit Kansas. And then I shared that with my peers and co-residents and the other residents in Kansas to really look at it and see if there's something I'm missing, if there's something we need to revise. So I sort of put together the framework first with help from people at the college level and then from there, was able to work with Kansas residents to essentially get it to where it was able to be approved.

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Dr. Rubin: It appears that around the same time, you also engaged with the college at a national level within the resident and fellow section, becoming secretary of the RFS and then a two-year term as chair. While also serving as chief resident of your program, how did you balance the substantial task of learning radiology with all these leadership and organizational roles?

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Dr. Patel: Honestly, I don't know. I think that one element of it is probably time management. I think that stemmed from high school where I had to really learn time management to balance all of the activities that I was in and my schoolwork, you know, maintaining a high GPA, but also being involved with all of my extracurriculars. That served me well with the accelerated medical school program that I was in learning that time management early on. And so I think that has been a really beneficial strength of mine in terms of, you know, managing my time. So that's why I was able to sort of take these things on. And, you know, becoming secretary, it was sort of before I became the chief. So things sort of came in waves, so to speak, not a lot was overlapping of one on the other, but I would just say time management is really important. I'm very focused when I sit down and it's time for me to knock something out, I knock it out because I know there's something else behind it that needs a detention afterwards, so.

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Dr. Rubin: And what techniques do you use to execute your time management? Is there any tools, software, any sort of old-school tools? What advice do you have on how to manage time?

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Dr. Patel: I would say that although I'm younger, I use old-school tools. I'm a big list-taker. I make a lot of lists, I do a lot of post-it notes at my home office

for reminders and I also do a lot of email. So I'll do like, if it's a Sunday evening and I remember I've got three priority items for Monday, I will draft an email that says, "Monday," type in what I need to get done and send it to me, so when I get to work first thing, that's the first email that pops up and I know, "Okay. These are the three things I have to knock out." So between email and my lists, and post-its, there's a method to my madness and the chaos, but it seems to work.

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Dr. Rubin: That's great. That's the important thing. Now, looking back at that time period, you know, both for the national RFS as well as the Kansas state RFS, are there any accomplishments in particular that you're most proud of?

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Dr. Patel: You know, I think there's two in particular that really sort of pop out in my mind. One of them is I was very proud to be the first chief resident in an all-male program. K. Wichita had never had a female chief, and it was an elected position, which meant a lot to me. I was not appointed. I was elected by my peers in the faculty. So I felt like I earned that position. And I knew that I could set that precedent for other women in the years to come. So that I was very proud of. And then also, something very near and dear to my heart was I was able to, with the support of the ACR, establish the resident and fellow section chapter of the commission on women and diversity. So at the time, we had in the college back in 2014, '15, we only had the main Women and Diversity Commission which was championed, if you recall, at the time by Dr. Ellenbogan, he was so instrumental in making that happen. But we didn't have an RFS branch of that. So I got a lot of support from the college, Dr. Ellenbogan, Dr. Katia Missoura, and others to establish that. And now that committee, the, you know, resident and fellow section Women and Diversity Committee has really blossomed, proliferated more than I ever expected. So really proud of those two things in general to advance equity.

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Dr. Rubin: Deservedly so. Those are terrific accomplishments to highlight. Now, after residency, you, again, cross state lines to return to Missouri and a great imaging fellowship at Mallinckrodt for breast imaging in St. Louis, and then after that, you did something very surprising. You left the heartland and headed to Boston. Tell us about that decision.

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Dr. Patel: Well, that decision was essentially embedded in a few things. I felt like I had done all of my training, all of my schooling in the Midwest, and there was that element of what is out there? And so that was, you know, is there more to the world than just the Midwest? So I wanted to see what was out there. I knew I wanted to start my career in academics and I thought that, you know, out of, you know, all the academic institutions, I think, you know, Boston has a lot of great academic institutions. So that was another factor that played into my decision, but really it was where do I wanna start my career at a strong academic institution? And then seeing essentially what was out there and seeing if I was missing anything.

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Dr. Rubin: Terrific. An experiment, an exploration. What did you learn from your year in Boston?

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Dr. Patel: Well, I learned that... Again, I underestimated my support system. I think it was really hard for me not having my close friends and family nearby. And that played a role, I think, in my decision to come back to the Midwest. I learned that I did see myself in a leadership role earlier in my career than later and I also realized that there was such a paucity of sub-specialized breast care in the area in which I was raised. You know, in Boston, you can turn a corner and there's a breast, you know, imaging specialist. But where I practice, we are, you know, very few and far between. There's not a lot of us who are dedicated breast imaging specialists. And so I felt very passionately that, hey, if I went back, if there was an opportunity at some point, I could really make an impact and elevate breast care, breast education in the area. So that's what I learned. I have no regrets. I still keep in touch with a lot of my former colleagues, best friends. There's a couple of them. Had a really great experience on that front. But ultimately, my heart was sort of pulling me back home.

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Dr. Rubin: Yeah. Yeah. Well stated. So when you considered coming back home to Missouri, what factors entered into your consideration when trying to identify the right professional role at that stage of your career?

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Dr. Patel: So I really thought I would be in Boston for maybe three to five years or something once a position opened up in the Kansas City area that was a

leadership position. So I knew that if I go back to Kansas City, I want a leadership role. So that was right off the bat. And again, I thought, "Okay, that probably won't happen for three, five, seven years, who knows?" Well, very quickly, a position opened up at a hospital that is about an hour away from my hometown in North Kansas City area called Liberty Hospital. And they're partnered with Alliance Radiology, which is a private practice of about 29 radiologists in the Kansas City, Missouri, and Kansas City, Kansas area. So they were looking someone to essentially build their breast program. And so I ended up applying for the job and ended up getting interviewed and they must have liked me because they offered me the job and I accepted. And, you know, here we are today.

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Dr. Rubin: Super. Was it a lot of different positions that you were weighing and considering, or this one just sort of popped up and just seemed perfectly suited to what you were looking for?

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Dr. Patel: There were a couple other options in the Kansas City area, but this option really spoke to me because I felt like I could be positioned to really succeed. I saw the really fantastic relationship between the radiology group and the hospital system. I just felt, you know, I really try to trust my woman's intuition, I guess you could call it, and I really felt a connection with the hospital leadership and the radiology department leadership. So I felt like, with all of these elements, I could really succeed here and hopefully expand on the vision that I had to build and grow the program, which is a vision that I shared during my interview. You know, these are the things that I think we could do, this is where I think we could go, this is how long I think it could take to get there, that sort of thing. And once I sort of received those reassurances, it just felt like the right fit. Not saying that the other places I interviewed wouldn't have, you know, supported me, I just felt like this practice in which I'm currently in, they were going to support me on a whole different way.

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Dr. Rubin: Now, in your current position, is it all community practice, or is there some academics in there? Tell us about that balance.

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Dr. Patel: Yes. So, you know, by strict definition Alliance Radiology is private practice and then we're affiliated with Liberty Hospital, which is a community-based hospital, but I also have an academic appointment through the University of Missouri, Kansas City. So I teach radiology residents, medical students. I actually, this year, I'm teaching a medical student, a second-year medical student class that I took when I was a second-year medical students. So that's been a lot of fun. We haven't had room to have trainees rotate at our breast center up until this point, but we have a new breast center opening in June. And so we'll be having some trainees that are rotating here. So it's just been really fantastic that I've been able to sort of have that sort of private practice aspect and, you know, the pros that come with private practice, but then also still have academic involvement. It's just been really nice. And, for me, you know, everybody has to find their path. And, for me, I think this hybrid sort of setup works best for me.

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Dr. Rubin: Yeah. Now you mentioned that one of the attractions of joining Liberty Hospital was the administrative role as medical director of women's imaging. It's remarkable that this opportunity came to you at a point where you were just one year out of fellowship. Was it difficult to negotiate that role and what were your key sponsors in supporting you for that effort?

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Dr. Patel: Yes. So, first of all, you know, as I was quite surprised, you know, coming...I was very young and in my career, you know, I will say, like I said, when I was at the interview, I, you know, laid out my vision of execution, you know, "This is where I see us going, this is what, you know, we could do together to really achieve buy-in." So I came with a really solid game plan. I was confident in my delivery, I felt, and ultimately, the support that I think really pushed this through was my now partner, Dr. John Pope. I think he saw maybe something in me I didn't see in myself and he really pushed to the hospital leadership like, "This is our girl..." or not a girl, "...a woman. And I think that she could just do great." And he's one of my strongest advocates here today for anything with our breast program. A great mentor, a great sponsor, a great friend. So I think having the buy-in from a radiologist who is so well respected, not only in our practice, but with the hospital system, you know, he's former president of med exec at the hospital. Very well-respected. Having someone in a position of leadership to really believe in me and to help elevate

my platform and to have everyone have buy-in about the hiring decision to me, I think that's what really sort of propelled all of this.

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Dr. Rubin: What advice would you offer to others just out of fellowship, looking to engage in local leadership opportunities?

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Dr. Patel: I really think that it's important to continue having a dialogue with your peers and with your mentors. You know, I always say having a diverse cadre of mentors and sponsors is so important. So all career, you know, steps of your career, you know, all different practice types, I think it's so important because you garner so many tools, and knowledge, and wisdom from whether it's someone in the same year practice as you are, someone who's been practicing for 20 years. I think we can even learn from trainees, honestly. So that I think is really important. For me, you know, getting to this point, I mentioned Dr. Geraldine McGinty has been a huge influence on my career this far, Dr. Zeke Silva, you know, and even, you know, Dr. Larry Liebscher who's a private practice radiologist in Iowa. Again, I think just having diverse mentors and sponsors can really, really help you and navigate the waters of leadership, especially when you're young.

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Dr. Rubin: Well stated. What are some of your top priorities within your women's imaging directorship role?

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Dr. Patel: Well, we have a lot going on, but it's all good things, you know? I am just really pleased. We have grown at such a quick rate of which I am truly grateful. I mentioned we have a new breast center that is opening this summer, which I'm very, very excited about. We are hiring another, you know, breast imaging specialist. We have a plastic surgeon coming on board to support the breast program because in addition to my medical director role with women's imaging, which we're changing our name, or the branding is changing and everything soon will be the Breast Care Center, Liberty Hospital, which is really great. I'm also chairman of our cancer committee at the hospital. So I oversee all the cancer programs, not just breast. So I see a lot of exciting potential for us to, you know, close the gap for inequities when it comes to lung cancer screening. I think there's such an underutilization of lung cancer

screening in this area when there are so many, unfortunately, people who smoke. So I'm excited about the breast program and all of the growth we are having to be able to serve our patients, but I'm also excited about the other initiatives, in general, at the hospital that just will better serve our patients.

[00:37:03]

Dr. Rubin: I wanna talk a moment about radiology in rural environments. You mentioned you grew up in a town of less than 10,000 people, so you're familiar with small-town life, and your practice, while on the outskirts of Kansas City, is not far from rural communities. What efforts does your organization take to meet the needs of nearby communities, particularly rural communities?

[00:37:25]

Dr. Patel: Yes. So I am very, very fortunate to have a foundation at our hospital that we work very closely with. So our Liberty Hospital Foundation is so instrumental in serving so many patients. And in the foundation, we have the women's health fund and this women's health fund is another essentially component of funding that helps women who essentially are at the 200% poverty level. And whether they can afford a screening mammogram, a diagnostic mammogram, an ultrasound, if they need a biopsy, all of these things can be funded through our women's health funds. So particularly in these rural areas, if we have patients who cannot afford to have a mammogram or they have a problem, we're fortunate in that we have referring providers who will call our breast center, let us know, and we're able to get those patients in for timeliness of care. So that's been really fantastic.

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We also, through our women's health fund, have gas cards for women. I think people forget that sometimes it's a matter of don't have gas to get from A to B. So we had a lot of gas cards on hand for patients who need it and we coordinate that through our nurse navigator and the patient or social work to make sure that they can get here. Or if they themselves can't drive, we figure out transportation for those patients. So, you know, serving a large rural population because, you know, like you mentioned, yes, we're in that North Kansas City area, but we're also serving a large swath of Northwest Missouri, even Southern Iowa. You know, it's a different ball game. I think that some people who might have practiced in urban settings all their life, they may not realize that there are some real challenges to serving this population. And it is at times very exhausting, but I feel really fortunate to be in a position where everyone has bought in that

everybody will go that extra mile to make sure that we get these patients here in timely fashion for access to care.

[00:39:37]

Dr. Rubin: Sounds like a lot of organizational commitment that you've really been able to tap into. Congratulations. That's terrific.

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Dr. Patel: Thank you.

[00:39:47]

Dr. Rubin: Who is Lauren Arthur and how did you come to invite her to visit your practice?

[00:39:52]

Dr. Patel: So Senator Lauren Arthur, she is our Senator here that represents this area in Missouri. She is the youngest woman Senator from the state of Missouri, very, very inspirational figure. And so she, like I said, she represents this county as well as others. And so through my activities in RADPAC, as you know, that I serve on the RADPAC board and a lot of times we'll set up site visits where an elected official will meet with radiologists in a practice, see what they do day to day because, you know, what's really unfortunate is, you know, studies have shown that most elected officials still think that we as radiologists interpret images on a view box, you know, they don't realize that we have entered the digital age. So I think it's important for us to bring in our elected officials to see what we do.

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And again, fortunately, our hospital also feels that that's important too. So invited Senator Arthur to come and tour the breast center to see what we do, what services we provide and she was very gracious and she came here and she also has a vested interest in women's health and closing the gap to health care inequities. So that's how I met her there. And then at about the time, you know, I was having a lot of patients say to me that, you know, "I am high risk, but my insurance is denying me for whether it was an MRI or earlier mammographic screening." And I was getting this a lot because in our breast center we risk-assess patients. So if we were risk assessing them and deeming them high risk, they did want additional surveillance and a lot of times were getting denied from insurance providers.

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So I asked the Senator if she would meet me for a cup of coffee one day. And so she...again, very gracious, she met with me. And also a representative in the house, John Carpenter, and they both met with me and I sat down with them and I just said, "You know, these are the recommendations that the American College of Radiology has an above-average risk women. These are the states that cover supplemental screening, earlier mammographic surveillance for women and we need to be one of those states." And I'm very fortunate that both of them, you know, drank the Kool-Aid, so to speak. He sponsored it in the Senate. He sponsored it in the house. We got this legislation submitted by the deadline, which was Christmas Eve of 2019 and then we testified in Jeff City in March right before the shutdown and then by some sort of miracle, it passed and the governor signed it into law on August 28, 2020. So it was quite a whirlwind, but would never have come to fruition really without Senator Arthur. She really pushed and made sure that she got support from both sides of the aisle.

[00:42:52]

Dr. Rubin: What a marvelous accomplishment. That's stupendous story. What skills did you need to apply in order to really engage these legislatures and to carry this initiative across the finish line?

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Dr. Patel: You know, I think that we as physicians, you know, we go through such rigorous training and scientific training and sometimes what we may be explain to a patient is not enough in layman's terms, if that makes sense. Maybe we're a little too scientific. And so I think it's important that to be equipped with the knowledge and the scientific data, but to be able to translate that in a way that our elected officials, that our patients can comprehend, it makes all the difference. So I acknowledge, you know, when people talk to me, I do feel very blessed that I think I do have that ability where I can take the data, I can take the facts and I can mold it in a way that is discernible and understandable by someone who may not be in healthcare. And I think that if more and more of us in the field of radiology can work to refine and develop that strength, it will only better serve our patients if we can work with our elected officials to get radiology legislation passed.

[00:44:11]

Dr. Rubin: Yeah. Such an important message. Now, Amy, you have developed a strong presence through social media, and I'd like to explore that involvement a bit. Firstly, what platforms are you on and how do you view these different channels from a mission-based perspective?

[00:44:28]

Dr. Patel: Sure. So I am currently on LinkedIn, which with LinkedIn, you know, I connect more with whether it's a local business leaders, whether it's vendors, healthcare vendors, more of sort of the business aspect, local aspect. I'm very involved, you know, locally as well with organizations like Susan G. Komen American Cancer Society, Kansas City. Then I'm also on Facebook where I use Facebook for both professional and personal, you know, utilizations. And then I'm on Instagram, where, again, it's also sort of a mix of personal and professional. And then I also am on Twitter, which predominantly I use for more professional reasons aside from sharing information on the Chiefs and Royals, which are, you know, I'm a big Kansas City sports fanatic, but otherwise, I keep it pretty professionally focused on Twitter. So I've sort of carved out with each of my platforms that I'm on, you know, what is my mission? Who am I trying to reach? You know, my target audience on each platform. And I've crafted that as such.

[00:45:38]

Dr. Rubin: Yeah. I kind of anticipated that. You might have a well-formed structure to how you use social media, and I appreciate your articulating that. You know, many folks bristle at the time commitment associated with a strong social media presence. How much time do you spend on social media and how do you manage that time?

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Dr. Patel: Well, I can honestly say I was on it a lot more as a resident. And no, I'm not on it as much now, although, you know, I still have a pretty robust presence, I think. I would say at this point it really varies during the week. I could be on it for maybe 20 minutes a day or up to an hour. I think I'm on it more during the weekends where it's maybe like an hour, 30 minutes a day. I also, you know, scheduling tweets is I think a really great way if you wanna maintain a social media presence, particularly like on Twitter, scheduling tweets, and having them released at certain times of the day can be a really great way to maintain your presence and not necessarily be actively on all the

time. So that's kind of, I think where I fall, but when I was in training, I was definitely on it a lot more.

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Dr. Rubin: And so how do you use social media to advance your professional priorities?

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Dr. Patel: So I think, you know, I use it for many things. I like to connect with others in our field. I think that radiology has such an engaging and welcoming, particularly, Twitter community. And so, you know, I love to engage with our colleagues from there, you know, whether it's a mentorship or sponsorship, opportunity arises where I'm the mentor or the mentee, or even collaborating with colleagues on manuscripts. You know, I've collaborated with many people on manuscripts that I haven't even met yet, or maybe met once in my career thus far at a radiology meeting. So I think that's the power of social. Or even, you know, a matter of I connected with this lovely breast radiologist in Paris and so when I went and visited France in 2018, I actually spent the day with her at work to see how breast imagers in France and Paris practice. And that was through meeting her through social media.

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So I think it's such a great way to connect with colleagues, but I also, you know, for professional purposes, use it to educate, you know, I wanted to educate patients. I think that, you know, particularly in breast imaging, there can be a lot of myths out there and we want to debunk those breast cancer myths as best as we can. And so that, you know, is the whole premise of the website that I launched last October, was really to empower patients and to educate patients about their breast health.

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Dr. Rubin: And, you know, you articulated a bit of a strategic definition for the different channels, but I'm curious the extent to which you really try to think about your formal strategy for social media and formulated and pursue it. Is that something that you think about?

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Dr. Patel: Well, honestly, if I'm being completely honest here, I never really sat down and said, "Okay. I'm going to use this platform for this, this platform for

this." For me, it happened very organically, kind of like it did for my, you know, if you would say I have a brand. You know, for me, my brand, I think, is political advocacy and, you know, women and diversity and health equity, which all happened pretty organically. So I think that, you know, over time it sort of organically happened where I realized, "Okay. I think that Facebook is a great way to reach patients, particularly age 40 to 75. Plus, it's the oldest platform. I can reach patients, particularly our rural patients who I may not be able to reach otherwise." You know, most people these days have a smartphone and are on Facebook in that demographic.

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So from there, our breast center, we have a social media account where we try to reach our patients and not only share information about the breast center, but also equip them with facts and figures and things that we think would be of importance to educate patients. So, like I said, I think this all sort of happened organically, but over time I was able to identify, based on activity and really analyzing social media metrics, which you can do on platforms like Simpler and, you know, Buffer and things like that where you can actually look at the analytics and see kind of who you're engaging and when and what content. And from there, I sort of said, "Okay. This is how I'm going to tailor my social media strategy." But, again, like I said, I never really sat down to do it. It just sort of happened organically.

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Dr. Rubin: Yeah. Interesting. And, you know, one of the things you mentioned, this is, it sounds like some of the time on social media, you're representing the perspective as an individual and other times as an organization.

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Dr. Patel: Yes. As you know, I'm very actively involved in organized radiology at the state and the national level. And so I'm really fortunate, you know, that I'm in that position where I can represent myself, but then I can represent other organizations. And if you, you know, look at my Twitter account, I like to celebrate people's successes, particularly those who are doing incredible work that in these organizations, I think it's important to celebrate other successes and hard work. And so if I can use my platform to help elevate others, you know, I fervently feel I should do that.

[00:51:22]

Dr. Rubin: Yeah. Fantastic. Now, there's been a proliferation of medical image sharing in the form of interesting cases or a day in the life type perspective on social media. What are some of the underlying tensions in this practice and how do you see them resolving?

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Dr. Patel: Well, I think that, you know, patient PHI or patient health information is a big issue because, you know, I think you have to be very, very vigilant if you're going to be sharing case that there is no information. And sometimes, you know, you might be sharing something really quickly and not realize that if somebody zooms in, maybe in the upper, you know, right-hand corner, you can see maybe the sliver of somebody's name. So those kind of situations can really put you in a bind. And also, you know, many, many healthcare systems now have social media accounts. And so they're watching you. You know, our PR marketing department here, I know they're watching us. We have a specific social media person. A lot of health systems have multiple social media people that are watching. So I think that that, you know, can be a very dicey situation.

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You know, some institutions have a policy that you can't share images of cases for at least a year after it happened. Some don't have any policy in place. So recently, you know, we just put together a social media policy at our hospital because we did not have one, which I was really fortunate to work with our PR and marketing staff to put something together because when I was practicing in Boston, I served as the physician representative for our social media committee at Beth Israel. So I was able to really learn a lot from that experience and sort of bring it back here and help them craft that social media policy. But I think that's something that's going to be ongoing. I think it's a point of contention. I think some people think that, you know, free access to education on social is wonderful. And I do see the pros, especially for trainees who are learning who may not see particular cases at their institution. They can see them on social, but I also see the cons of that as well and protecting, you know, a patient's privacy.

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Dr. Rubin: What do you see as the cutting edge in social media platforms and approaches? Is this an evolving field?

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Dr. Patel: I do think it's evolving. I remember, oh, maybe five years ago somebody saying to me, when I first, you know...I only joined Twitter, like I think about five, six years ago and I remember somebody saying to me, "Oh, in five years, social media is gonna be dead. This is all a fad." And look where we are now. I mean, it's not going anywhere. And if anything, the platforms are continuing to increase and we're seeing platforms develop in radiology. You know, we have ACR Engage with the Society of Breast Imaging, Connect. SIR has its own platform. So I think that we're going to see this more and more. I think we'll see more of a social and more interactive video kind of formatting, really excited about which I am not going to spill the entire beans because it's, you know, I want to build the anticipation, but, you know, I am associate editor for Digital Media for the JACR and in June, we're going to be launching a new social interactive platform, which is really, really neat. So I just see this continuing to proliferate in the years to come.

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Dr. Rubin: That's exciting. Looking forward to it. Now, your advocacy on behalf of breast imaging, and in particular, digital breast tomosynthesis has led to several appearances on television. Clearly, it's very empowering for a radiologist to be featured on broadcast news programming. How did those opportunities come about?

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Dr. Patel: Well, again, I'm very fortunate to our PR marketing team here. You know, we may not be as robust as a marketing team, maybe, you know, Dr. Rubin, at your institution or somewhere large, but they have developed really formidable relationships with the media in Kansas City which has really helped, you know, essentially get me in front of that...in a camera to talk to patients. And I've been fortunate too, you know, through these experiences and opportunities and through my community involvement, like with American Cancer Society, I've been fortunate to meet reporters and become friends with them and from there, you know, I get opportunities to, you know, they want to know what I think. And that's a pretty amazing thing, where they want to know what I think about some sort of cutting edge breast cancer treatment, or what's going on in breast imaging, or artificial intelligence, or what have you. So really fortunate to have that groundwork laid out by our PR and marketing team here and just the relationships I've developed myself since I took on this role.

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Dr. Rubin: It's superb. What advice do you have for radiologists seeking public awareness of important health issues?

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Dr. Patel: You know, I think that if you don't know where to start, I think that reaching out to others who think have done a good job demonstrating that is really important. Again, I think that networking is so important. I think that a lot of my successes up until this point would not have happened without the power of networking. And, in fact, I give a talk some years at the ACR RFS annual meeting, how to network. They have asked me a couple of years to come and give a talk on how to network effectively or something like that. So I think that networking can be so important in situations where you're really seeking guidance.

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Dr. Rubin: Superb. I wanna ask you about an award that you received from the WWE and Susan G. Coleman. Congratulations on that, by the way. Being recognized as just one of five in the nation is spectacular. The connection between your work and Susan G. Komen is evident, but what about the WWE? Do you have an affinity for professional wrestling?

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Dr. Patel: Well, so, you know, growing up in Northwest Missouri wrestling is sort of a big deal and it still is. And so my brother, and even to this day, he is a big WWE fan. He's a huge wrestling fan. So growing up, he would say, "You're watching wrestling with me." So at first, you know, I really was not into it at all, but then I started getting into it because I was watching it all the time. So whether it's not your Macho Man, Randy Savage, or, you know, Hulk Hogan or, you know, all of these stars. And so then when this Champions of Hope contest arose, it's a really fantastic contest that happened when John Cena from the WWE partnered with Susan G. Komen many years ago, and that's how this came to fruition.

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And so my brother was the one who actually nominated me and I didn't know. And he essentially, you know, laid out what I do here, you know, that I came back to serve this area and then, of course, the love of wrestling and from there I was one of the finalists. So I went through an interview process and ultimately the winner was this incredible survivor and advocate. And I'm so happy she

won, but just to be chosen as one of the five was such an honor. They gave me ringside tickets to WWE SmackDown when it was in town and then our nurse navigator, she's a huge fan. So I took her with me and she was just on cloud nine. So it was just a really cool experience. And the intermingling of both something from my childhood with breast cancer awareness, it was just such a unique experience.

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Dr. Rubin: That's super cool. So have you ever been in the ring?

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Dr. Patel: I've never been in the ring, I've just watched it. I think I'm too much of a Winnie to go in there.

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Dr. Rubin: Maybe something for the bucket list.

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Dr. Patel: Yeah. Maybe.

[00:59:34]

Dr. Rubin: Maybe you've mentioned a little bit about mentors in your leadership journey, you know, what is your perspective on mentors and sponsors? You know, what role are they playing on an ongoing fashion and what advice would you have for folks, you know, early on in their leadership journeys in terms of finding the right mentors?

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Dr. Patel: I think that mentors and sponsors are complete are just absolutely invaluable, and especially if you are going to assume a position of leadership very young, you know, I will be the first to admit, I do not know it all. And a lot of the things that I do is trial by error. And I have a lot of successes, but I have a lot of failures. And I think that, you know, when you do fail, it's important to take a step back, analyze why did this initiative fail? And a lot of times I will talk to one of my mentors who I think would best fit giving me advice for that situation of, you know, "What do you think I could have done differently here?" That sort of thing. So I think, you know, from that standpoint, having mentors and sponsors is so important as you cultivate your career and from, especially if you have assumed a position of leadership.

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I also feel that, you know, for me, I have been so blessed with such amazing mentors and sponsors at this point. I really feel fervently about paying it forward and I want to do the same for those that come after me. So I do feel that pipeline creation is important. And I think if you invest the time, particularly knows who are coming up the ranks, I think it will only, you know, benefit our profession that much more. Of course, you know, I am so fortunate to have accomplished a lot on my own, but really, it's not about me. It's about the big picture. It's about all of us in radiology. And I think if one of us succeeds, we all collectively succeed. So, for me, you know, this is a lifestyle and I hope to mentor and sponsor many more in the years to come.

[01:01:36]

Dr. Rubin: Yeah. Fantastic. Terrific. What advice would you give to a young radiologist who is inspired by your journey, and it's an inspirational journey and it's just getting started. What advice would you give them if they'd like to pursue leadership in the manner that you have?

[01:01:53]

Dr. Patel: I would say that, you know, take that leap of faith. I have a lot of young rads that reach out to me now just with my ACR YPS chair role that are afraid to take that leap of faith, they're afraid to take a different job where they will be building something pretty much from scratch. There's a lot of fear and uncertainty and a fear of failure. And, you know, the JACR had a tweet chat on failing up actually yesterday. And I think in medicine, we're just so afraid to fail, but I think it's important to realize it's okay, you're going to fail and it's okay and you're going to learn from any failure that you have. So I think, you know, I would say, you know, to them, especially as you're navigating the waters of leadership.

[01:02:43]

Dr. Rubin: What's an example of a failure that you've experienced that ultimately turned into a positive, it revealed something important to you?

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Dr. Patel: Well, I guess... I don't know if it's so much of a failure, but, you know, I feel like maybe there's a part of me that should I have maybe stayed longer in my prior role in Boston at the BI, you know, did I give up too early or,

you know, should I have given it more time to maybe, you know, marinade there and who knows what I would have maybe been able to assume from a leadership position there, what have you. So, honestly, I did feel which might be, you know, strange to some. I did feel an element of failure that maybe I'm, you know, giving up too soon and it triggered some feelings of failure there, but ultimately, you know, I think assuming this job that I'm now in, I think all the things do happen for a reason and it has turned out to be such an incredible positive, but, you know, I did feel at times that like maybe, you know, I need to be giving this a little bit more time, but I essentially took this position and sort of never looked back.

[01:03:58]

Dr. Rubin: Yeah. Yeah. That's good. That's really great. You know, you mentioned that your current role as chair of the young and early career professionals section of the ACR. You know, it's fantastic that you're in that role. It almost feels like a natural progression from your leadership at the RFS. Help us with some context around the work that you're doing with that section and, you know, if there's a way for you to sort of summarize the perspective that the young and early career professional section has on our field and what you're trying to bring forward, specifically as this demographic group.

[01:04:37]

Dr. Patel: Sure. So I actually just recorded my YPS annual report yesterday for the annual meeting. So this is all sort of fresh in my mind. But, you know, the YPS, our goal is to give the young radiologists in this country a voice. And that by definition is those radiologists within the first eight years of practice are under the age of 40. That's the definition by the ACR. So we want to give our young radiologists a voice and we also want to help cultivate their skills, whether it's leadership or other areas. So one thing that we did this year, particularly because of COVID is, you know, nobody was meeting anymore, right? Everything shut down and we had to find ways to connect with the YPS. So this past year, last year, we launched the inaugural YPS virtual journal club where now we periodically have these journal clubs where we cover various topics that are pertinent to the YPS demographic.

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It has been very, very well received and we plan to continue with that in the years to come. Lots of great content. So we found innovative ways to connect with the YPS as well as through, you know, social media. We are connecting

with them, we are bringing more content with our YPS account to them. But we're also giving them a voice. So we are sponsoring...particularly Neil Al is our vice-chair. I am the chair, of course. We are sponsoring a resolution this year in the ACR about associates and private equity transactions. And that essentially came out because we had a lot of young radiologists who are associates in private practices that were getting bought out by private equity groups and they felt there was a lack of transparency. And so we got to work. So our executive committee actually put together the resolution but then in terms of sponsoring it, only the counselors can sponsor it, of course. So Neil and I are the YPS counselors who sponsored it and the RFS counselors, Natasha Monga, and Jamal Benjamin, the chair and vice-chair of the RFS also sponsored it. So, again, we want to give our young radiologists a voice, we want to make sure they're treated fairly, and we also want to equip them with the tools to lead in the next generation.

[01:07:05]

Dr. Rubin: Super. That's great. And I really appreciate your articulating that particular initiative that you recently brought forward the resolution. It's so timely and well-targeted as a YPS initiative. It really brings things into beautiful focus. Now, I saw that you've also been featured on the "Grill Nation" podcast several times. Now, for me, I love to slow smoke a brisket on the weekend. And when I saw that you were featured on "Grill Nation," I thought, "Wow. What is Amy grilling?"

[01:07:38]

Dr. Patel: Well, you know, the "Grill Nation" show is from Jason Grill. I mean, that's his last name. And, you know, I love being on his show. You know, we do talk about some Kansas City barbecue. I, myself, I'm not much of a griller. I'm gonna be completely honest. My fiancé is the grill master. So I'm very spoiled. I supplied the grill and he does the grilling. So it works out really, really well. And I like to eat what he grills. So it's a match made in heaven.

[01:08:09]

Dr. Rubin: Super. So seriously, though, what do you do for fun and relaxation out of all that you're contributing to leadership breast cancer care and advocacy?

[01:08:19]

Dr. Patel: Yes. So, you know, pre-COVID times I really enjoyed traveling. I think it really helps me unwind. It helps me sort of open my perspective to the world. One of the coolest places I've been to was in 2019, I went to Lake Como with my now fiancé. Just an amazing experience. You know, he studied abroad. He's an architect and he studied abroad in Italy and he's very fond of that country. And just, you know, experiences like that, I think are invaluable and really help me unplug. So traveling is a huge thing I like to do. My fiancé has a boat, so we do a lot of lake life, and that's just a really great way for me to unwind. Exercising, whether it's taking walks with him or running is a great way for me to unwind. I'm very still passionate about the fine arts, so I have season tickets to the symphony. I like going to the opera. And then, of course, you know, like I said, I'm a Kansas City Chiefs fanatic. So I have season tickets and I love going to the games. I went to the Superbowl in 2019 in Miami and got to see them win, which was one of the most surreal experiences of my life. So my mentality is work hard, play hard, and I definitely play hard when it's time to play.

[01:09:40]

Dr. Rubin: That's nice. You know, I spent a good part of my life in the Bay Area and you guys beat my 49ers in that Superbowl if I remember correctly.

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Dr. Patel: I know. I'm sorry.

[01:09:51]

Dr. Rubin: Yeah. Well, Patrick Mahoney is a pretty special quarterback. Have you had a chance to meet him?

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Dr. Patel: I have not. I'm hoping to, you know, sooner than later, but he is just such an upstanding guy. I mean, not only is he phenomenal on the field, but what he does for the community, he's just such a solid down-to-earth, well-rounded athlete.

[01:10:13]

Dr. Rubin: Well, I hope you get to meet him sometime soon.

[01:10:16]

Dr. Patel: Thanks. I do too.

[01:10:18]

Dr. Rubin: Yeah. I bet. Looking ahead, from where you're sitting today, what excites you most about the field of radiology?

[01:10:27]

Dr. Patel: Well, so many things excite me. I'm excited about, you know, artificial intelligence and how we're going to integrate that in our clinical workflow and the implications to take radiology to the next level. I am in the mindset that AI will make us better at what we do, it will not hinder us, and I'm excited about that potential. I'm excited about breast imaging and all the cutting-edge technology that's coming out in breast imaging to just contribute in advanced precision patient care for our breast cancer patients, in particular. And I'm excited about, you know, particularly our field, placing an emphasis on equity, health equity, diversity. I think that we're just going to see inherently a more diverse workforce in the years to come. And I find that incredibly exciting. And who knows from that, you know, how much our profession will be elevated as a result?

[01:11:27]

Dr. Rubin: Well, Dr. Amy Patel, you are a very bright light in our field of radiology and are setting an example and a blazing, unique path in so many ways and such an inspirational source for leadership, particularly for folks that are just entering the field, showing them the path and the way that they can have an impact right away. Congratulations. It's a lot that you've accomplished and I am fully confident that the sky is the limit for you and a lot more exciting things ahead. I wanna thank you for joining us today on the podcast.

[01:12:08]

Dr. Patel: Thank you so much.

[01:12:17]

Dr. Rubin: Please join me next month when I speak with Brent Wagner, executive director of the American Board of Radiology. After starting his career in the Air Force and a key role as head of genital urinary radiology and program director at the Armed Forces Institute of Pathology, Dr. Wagner went into private practice in Redding, Pennsylvania, where he served as president of this group for 12 years, a chairman of the board of directors of the Redding Health System and Tower Health for 4 years. He has been a long-time volunteer for the

American Board of Radiology, serving as trustee for GE radiology for five years and ABR president for two years. While serving as ABR president and Redding Health System board chair, Dr. Wagner earned a master's in business administration from the Carey Business School at Johns Hopkins University. Last summer, he left his radiology practice of 22 years to assume the role of ABR executive director, taking on this demanding leadership role to unprecedented challenges of the COVID-19 pandemic.

[01:13:17]

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[01:13:43]

Finally, thank you, our audience, for listening and for your interest in Radiology Leadership. I'm your host, Geoff Rubin, from the University of Arizona College of Medicine in Tucson. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter at G-E-O-F-F R-U-B-I-N, or using the hashtag #RLITakingTheLead. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."

[01:14:16]

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